OHSU Board of Directors Meeting

Friday, September 24, 2021
11:15am-1:00pm

YouTube Live Stream Link for the Public.
https://youtu.be/NMiqCX6zif3s

OHSU PHONE - Board of Directors Meeting
Join by phone
+1-503-388-9555 Portland Oregon Toll
Access code: 262 200 96989
11:15am  Call to Order/ Chairman's Comments  Wayne Monfries
President's Comments  Danny Jacobs, MD
Approval of Minutes June 25, 2021 (ACTION)  Wayne Monfries

11:30am  OHSU Onward: FY21 Financial Results  Lawrence Furnstahl

11:50am  Annual Assessment of Student Learning  David Robinson, PhD
          Constance Tucker, PhD

12:20pm  OHSU Diversity, Equity and Inclusion Update  Derick Du Vivier, MD

12:40pm  Racism is a Public Health Issue: School of Public Health  David Bangsberg, MD
          Dawn Richardson, DrPH

1:00pm  Meeting adjourned
Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 11:35am via a virtual WebEx and YouTube links.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the Secretary of the Board at 3225 SW Pavilion Loop, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

**Attendance**

Board members in virtual attendance were: Wayne Monfries, Danny Jacobs, MD, Chad Paulson, Steve Zika, Ruth Beyer, Stacy Chamberlain, Jim Carlson and Prashant Dubey. OHSU staff presenting material on the agenda were Lawrence Furnstahl, Elena Andresen, PhD, Derick Du Vivier, MD, Karen Eden, PhD, Bridget Barnes, Donn Spight, MD, Susan Bakewell-Sachs, PhD, RN, FAAN, and Karen Reifenstein, PhD, RN. Connie Seeley, Secretary of the Board and Alice Cuprill Comas, JD, Assistant Secretary of the Board were also in virtual attendance as well as other OHSU staff members and members of the public.

**Call to Order**  
*Wayne Monfries*

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 11:35am and welcomed all those in attendance.

**Chairman’s Comments**  
*Wayne Monfries*

Mr. Monfries opened by reviewing the meeting protocol. He followed by officially welcoming new board member Jim Carlson. He said Mr. Carlson was retired from the Oregon Healthcare Association where he served as CEO since 1997 and said OHSU is thrilled to have him as a member of the board. He stated he was proud of OHSU and the role it has played managing and leading through the pandemic and all of the challenges they have faced. He mentioned he was looking forward to in person meetings in the near future. He closed by reviewing the meeting agenda and then turned the meeting over to President Jacobs for his opening remarks.
President’s Comments
Danny Jacobs, MD, OHSU President

President Danny Jacobs began by highlighting COVID-19’s latest data and reports including OHSU’s hand in administering more than 900,000 vaccination doses. He said it was an honor and a privilege to serve the State of Oregon in that capacity. He mentioned that mass vaccination sites were closing down, however, OHSU would continue to vaccinate patients at several other OHSU sites. He also mentioned OHSU’s Vaccine Equity Committee would continue to collaborate with community organizations. He said US News and World Reports ranked OHSU’s Doernbecher as one of the best children’s hospitals in the nation. He spoke about several new advances and developments in the research department including techniques for blood clotting disorders, a new approach to gene therapy and an injectable treatment for deadly types of prostate cancers. He spoke about the convocation ceremony and this year’s keynote speaker, Governor Kate Brown. He also spoke about the recently passed state general fund appropriation for OHSU’s education programs. He mentioned the retirement of Provost Elena Andresen, PhD as of June 30th and that David Robinson, PhD would be serving as interim provost while they complete the national search. He also mentioned that Dean Sharon Anderson, MD will be stepping down as Dean effective September 30th and a new interim dean will be announced when they have one appointed. He discussed the start of a phased manner lifting of modified operations beginning June 21st with the completion to be expected by September 7th. He also discussed the implementation of a COVID-19 vaccination requirement for all OHSU members with badge access by September 1st. He closed by thanking everyone for their dedication through this tumultuous time and he remained confident in OHSU’s ability to face any challenges that may come.

Approval of Minutes
Wayne Monfries

Mr. Monfries asked for approval of the minutes from the April 16, 2021 OHSU Public Board meeting. Upon motion duly made by Chad Paulson and seconded by Stacy Chamberlain the minutes were approved by all board members in attendance.

FY21 YTD Results, Proposed FY22 Budget
Lawrence Furnstahl

Mr. Monfries recognized Lawrence Furnstahl, EVP and Chief Financial Officer.

Mr. Furnstahl gave an overview of the FY21 YTD results and the proposed FY22 budget including economic forecasts, operating income targets and losses, salaries and benefits. He also covered OHSU Health and School of Medicine budgets, tuition, revenue, CARES Act loans, growth and sustainable investment levels.
Board members asked Mr. Furnstahl for further information on revenue, equity, faculty salaries, and external comparisons.

**Presentation of the Academic Tuition and Fee Book**  
*Elena Andresen, PhD*

Mr. Monfries recognized Elena Andresen, PhD, EVP, Provost.

Dr. Andresen gave an overview and presentation of OHSU’s Tuition and Fee Book for 2021-2022. Including, entering class increases, change in full-time tuition and the tuition promise.

Board members had no questions for Dr. Andresen.

**Faculty Senate Response to the Budget**  
*Karen Eden, PhD*

Mr. Monfries recognized Karen Eden, PhD, Senate President, Professor, Medical Informatics and Clinical Epidemiology, School of Medicine.

Dr. Eden gave an overview of the Faculty Senate response to the budget including the senate’s mission and role and new development funds for the faculty. She also covered salary equity evaluation and implementation, requests from the faculty including an increase in the pool for salary increases and communication.

Board members made comments regarding the faculty’s commitment through the pandemic, wage adjustments, cost of living adjustments, monitoring of the budget and transparent processes. No further questions were noted.

**Approval of Budget and Academic Fees**

Mr. Monfries presented OHSU Board Resolution 2021-06-04 to approve the Budget and Academic Fees.

OHSU Board Resolution 2021-06-04, Approval of Budget and Academic Fees

Mr. Monfries asked for a motion to adopt Resolution 2021-06-04. Ruth Beyer moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

**Approval of Selection of Public Accounting Firm for Audit Services**

Mr. Monfries presented OHSU Board Resolution 2021-06-05 for Approval of Public Accounting Firm for Audit Services.
OHSU Board Resolution 2021-06-05, Approval of Investment Firm for Audit Services

Mr. Monfries asked for a motion to adopt Resolution 2021-06-05. Chad Paulson moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

OHSU 2025 Update
Bridget Barnes

Mr. Monfries recognized Bridget Barnes, Vice President and Chief Information Officer.

Ms. Barnes was absent but provided a video update covering the refresh work of the OHSU 2025 Strategic Plan. She provided information on the process to align the priorities with the current environment including changes from the pandemic and the aspiration to become an anti-racist organization. She covered objectives, tactics and financial support. She spoke of the mission-based councils and the OHSU performance management program and the process for initiating the new projects. She said the team will be providing a performance dashboard update at the January 2022 Board of Directors meeting regarding their progress.

Board members asked Ms. Barnes delegates Connie Seeley and Wayne Shields for additional information on community engagement, DEI and anti-racism funding and timing of the process.

OHSU Diversity, Equity and Inclusion Update on Anti-Racism
Derick Du Vivier, MD

Mr. Monfries recognized Derick Du Vivier, MD, Senior Vice President of Diversity, Equity & Inclusion.

Dr. Du Vivier gave an update on Diversity, Equity & Inclusion and OHSU’s journey to becoming an antiracist, multicultural institution. He spoke about The Lens of Systemic Oppression, State Advocacy including Senate Bill 398. He discussed Employee Resource groups and the Juneteenth Commemoration. He covered Antiracism and Equity Education and Action and gave a brief policy review. He concluded by speaking about the Health Disparities Reduction Hub and the Vaccine Equity Committee.

Board members asked Dr. Du Vivier for additional information on frontline healthcare workers, disability inclusion and shared best practices within the institution.
Vaccine Equity Committee Update
Donn Spight, MD

Mr. Monfries recognized Don Spight, MD, Professor of Surgery, Division of Bariatric Surgery, School of Medicine.

Dr. Spight gave an update on the Vaccine Equity Committee. He said the committee was founded in February 2021 with a charge to ensure that every Oregonian has access to the COVID-19 vaccine. The committee was assigned to be the resource for all OHSU COVID-19 processes. He covered, community centered, community focused and community VEC events. He spoke about Cultural Humility and the need to be humble, to ask questions so that they can better understand. He covered vaccine rates, vaccination data and the evolving landscape of vaccinations. He also discussed what was next for the Vaccine Equity Committee and lessons learned from four months in the community.

Board members asked Dr. Spight for additional information on community resistance of the vaccine, committee reactions, community lack of trust with government and the science around the vaccines, identification of community partners, vaccination rates and booster shots.

School of Nursing, Diversity, Equity, Inclusion and Anti-Racism Update
Susan Bakewell Sachs, PhD, RN, FAAN, and Karen Reifenstein, PhD, RN

Mr. Monfries recognized Susan Bakewell-Sachs, PhD, RN, FAAN, VP, for Nursing Affairs, Professor and Dean OHSU School of Nursing and Karen Reifenstein, PhD, RN, Senior Associate Dean for Student Affairs & Diversity.

Dr. Bakewell-Sachs and Dr. Reifenstein gave an update on Diversity, Equity, Inclusion and Anti-Racism within the School of Nursing. They spoke about the journey of the School of Nursing from 2012 to 2020. They covered student empowerment and their Professional Success Model. They discussed percentages of underrepresented minorities among Undergraduate and Graduate Nursing students from 2011-2020. They discussed the Listening and Dialog forum in June of 2020 and highlighted their commitment to Anti-Racism in the School of Nursing.

Board members asked Dr. Bakewell-Sachs and Dr. Reifenstein for additional information on Inclusion and percentages of students with disabilities, accommodation policies, lower level student recruitment and community support.
Approval of Committee Appointments
Mr. Monfries presented OHSU Board Resolution 2021-06-06, Approval of Committee Appointments.

OHSU Board Resolution 2021-06-06, Approval of Committee Appointments
Mr. Monfries asked for a motion to adopt Resolution 2021-06-06. Ruth Beyer moved to approve the motion. Steve Zika seconded the motion and it was approved by all OHSU Board members in attendance.

Adjournment
Wayne Monfries
Hearing no further business for discussion, Mr. Monfries thanked all of the Board members and presenters for their participation. The meeting was adjourned at 2:32pm.

Respectfully submitted,

Connie Seeley
Secretary of the Board
September 15, 2021

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl
Executive Vice President & Chief Financial Officer

Re: Unaudited FY21 Financial Results

In the late winter and spring of 2020, we planned for a “worse” case pandemic based on early COVID impacts in Italy and New York, the prior record of four years for developing a new vaccine, the Oregon State economist’s projection of 20% job loss, and experience from the Great Recession. The initial FY21 budget approved in June 2020 included a sharp and prolonged decline in patient activity, a major shift from private to government insurance, and potential for mid-biennium cuts to State funding.

Accordingly, OHSU adopted the approach of tightening first to loosen later, avoiding widespread layoffs by reducing faculty and management salaries instead, and acting as one University even though different missions would be impacted at different times and to different extents. Restoration of salary cuts were the first-dollar priority as revenues recovered.

Despite the current Delta variant surge, both the University and Oregon have weathered the pandemic with less damage than anticipated: massive federal fiscal and monetary support, rapid development of vaccines, Oregon’s success in limiting COVID cases, and OHSU’s careful navigation of the pandemic have resulted in more favorable results—nationally, in Oregon and at the University. Unaudited FY21 operating income is $72 million, much better than the large deficits budgeted, yet still about half prepandemic levels. (KPMG will report on their FY21 audit at the October meeting.)

As we have discussed, OHSU’s financial model relies on growth across missions both to serve the people of Oregon and to spread fixed costs across a larger base. For example, from FY12 through FY19, OHSU secured 7.4% annual revenue growth driven by 5.1% patient activity growth and 4.4% growth in grant awards, together with step-function increases from pharmacy sales, IGT funding for research & education, and the Knight Cancer Challenge. Sustained growth spread fixed costs and generated strong 4.8% operating margins and 11.4% EBITDA margins (adding back interest & depreciation). These earnings support investment in OHSU’s people, programs and places.

OHSU is a people-first organization: 60% of revenues fund salaries & benefits while 10% fund facilities, equipment and technology. Yet physical capital provides critical infrastructure without which OHSU’s people cannot do their best work and programs cannot flourish. For a quarter century, OHSU has made significant and parallel investments in facilities for patient care on one hand and for research & education on the other, funded through a mix of cash from earnings, debt on the University’s credit,
government grants, and philanthropy. Today, the major constraint on continued growth is not a lack of demand, but rather very high occupancy in adult medical/surgical beds, a chronic challenge highlighted by COVID-19 and only partially mitigated by community hospital partnerships.

Having tightened first, we are now continuing to loosen in a prudent way, including salary restoration, equity adjustments, base wage increases plus one-time payments, while also planning to meet imperatives for growth across OHSU’s missions. When we proposed the FY22 budget in June, we noted several potential upsides: higher hospital revenues, increased IGT funding for research & education, and tighter management of hiring and spending. Preliminary August results show evidence of these, supporting implementation of the new faculty compensation framework that arrays faculty salaries throughout the University against benchmarks for field and rank (largely as a function of years in rank), an approach that is also in line with the Faculty Senate proposal.

We expect the current Delta-variant surge to impact September results. At the start of the pandemic, deferring non-urgent procedures led to ~40% decline in patient activity for April 2020 with a corresponding loss of revenue. In contrast, today the hospital is full, so the challenge is higher costs, especially for overtime pay and temporary staffing, compounded by a shift from surgical to medical cases. These impacts should be temporary: current projections show COVID census falling from over 70 in September to below 15 by December. It is also worth noting that financial results in the early months of each fiscal year tend to be volatile.
OHSU Onward: FY21 Financial Results

OHSU Board of Directors / September 24, 2021
FY21 “COVID-19” Budget Approach

- In March 2020, we faced a financial abyss, with the State economist projecting 20% job loss followed by a four-year recovery, while the prior record for fastest vaccine development (mumps) was also four years.

- From the beginning of the pandemic, OHSU has taken the approach of:
  - Tightening first to loosen later
  - Avoiding widespread layoffs by reducing faculty & management salaries instead
  - Acting as one University even though different missions would be impacted at different times and to different extents.

- The original FY21 budget, developed from mid March – early May 2020 data on the impact of COVID-19, included:
  - Sharp decline in patient activity
  - Major shift from private to government insurance
  - Potential for mid-biennium cuts to State funding.

- Restoration of salary cuts were the first-dollar priority as revenues recovered.
FY21 Bottom Line: Big Deficit to Modest Gain

Despite the current Delta variant surge, the University and Oregon have weathered the pandemic with less damage than anticipated: massive federal fiscal and monetary support, rapid development of vaccines, Oregon’s success in limiting COVID cases, and OHSU’s careful navigation of the pandemic have resulted in more favorable results—nationally, in Oregon and at the University. However, unaudited FY21 operating income at $72 million is still about half pre-pandemic levels. (KPMG will present their report on the FY21 audit at the October meeting.)

<table>
<thead>
<tr>
<th>FY21 Operating Income</th>
<th>(millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original budget (6/20)</td>
<td>$(95)</td>
</tr>
<tr>
<td>Faster volume recovery</td>
<td>120</td>
</tr>
<tr>
<td>No payer mix shift</td>
<td>93</td>
</tr>
<tr>
<td>No Medicaid rate cut</td>
<td>16</td>
</tr>
<tr>
<td>No State funding cut</td>
<td>25</td>
</tr>
<tr>
<td>Full salary restoration</td>
<td>(90)</td>
</tr>
<tr>
<td>All other factors, net</td>
<td>4</td>
</tr>
<tr>
<td>Unaudited actual (9/21)</td>
<td>$72</td>
</tr>
<tr>
<td>FY21 oper income (millions)</td>
<td>$72</td>
</tr>
<tr>
<td>Shortfall from FY20 budget</td>
<td>(73)</td>
</tr>
<tr>
<td>Shortfall from 10% EBITDA</td>
<td>$(82)</td>
</tr>
</tbody>
</table>
Weekly Trend in Aggregate OHSU Hospital Activity

Trend in Hospital Gross Patient Charges by Week Ending (millions)

FY21 > 99% of pre-COVID
Light orange bars are holiday weeks
June 2020 and June 2021 results also include year-end true-ups for items such as health benefit, patient revenue and insurance reserves, IGT funding and State match for PERS pre-funding.
FY21 Operating Margin is Half Pre-COVID Levels

Applying $110m of CARES Act grants received to date to FY20’s loss would result in a 2.4% operating margin.
**FY21 Operating Gain $72M on Higher Revenue**

<table>
<thead>
<tr>
<th>OHSU June YTD (millions)</th>
<th>FY20 Last Year</th>
<th>FY21 Budget</th>
<th>FY21 Actual</th>
<th>Actual - Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$2,246</td>
<td>$2,351</td>
<td>$2,451</td>
<td>$100</td>
</tr>
<tr>
<td>Medical contracts</td>
<td>121</td>
<td>116</td>
<td>128</td>
<td>12</td>
</tr>
<tr>
<td>Grants &amp; contracts</td>
<td>475</td>
<td>464</td>
<td>513</td>
<td>49</td>
</tr>
<tr>
<td>Gifts applied</td>
<td>102</td>
<td>83</td>
<td>75</td>
<td>(8)</td>
</tr>
<tr>
<td>Tuition &amp; fees</td>
<td>77</td>
<td>80</td>
<td>83</td>
<td>3</td>
</tr>
<tr>
<td>State appropriations</td>
<td>40</td>
<td>40</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>IGT funding</td>
<td>130</td>
<td>130</td>
<td>144</td>
<td>15</td>
</tr>
<tr>
<td>Other revenue</td>
<td>200</td>
<td>203</td>
<td>226</td>
<td>23</td>
</tr>
<tr>
<td><strong>Operating revenues</strong></td>
<td><strong>3,391</strong></td>
<td><strong>3,466</strong></td>
<td><strong>3,664</strong></td>
<td><strong>198</strong></td>
</tr>
<tr>
<td><em>Year-over-year growth</em></td>
<td>4.2%</td>
<td>8.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Adjusted growth</em></td>
<td></td>
<td>7.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; benefits</td>
<td>2,078</td>
<td>2,156</td>
<td>2,198</td>
<td>42</td>
</tr>
<tr>
<td>Rx &amp; medical supplies</td>
<td>554</td>
<td>605</td>
<td>623</td>
<td>19</td>
</tr>
<tr>
<td>Other services &amp; supplies</td>
<td>573</td>
<td>547</td>
<td>559</td>
<td>11</td>
</tr>
<tr>
<td>Depreciation</td>
<td>177</td>
<td>177</td>
<td>179</td>
<td>2</td>
</tr>
<tr>
<td>Interest</td>
<td>37</td>
<td>36</td>
<td>33</td>
<td>(3)</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>3,419</strong></td>
<td><strong>3,521</strong></td>
<td><strong>3,591</strong></td>
<td><strong>71</strong></td>
</tr>
<tr>
<td><em>Year-over-year growth</em></td>
<td>11.1%</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Adjusted growth</em></td>
<td></td>
<td>4.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating income</strong></td>
<td><strong>$(28)</strong></td>
<td><strong>$(55)</strong></td>
<td><strong>$72</strong></td>
<td><strong>$127</strong></td>
</tr>
<tr>
<td>Operating margin</td>
<td>-0.8%</td>
<td>-1.6%</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>EBITDA margin</td>
<td>5.5%</td>
<td>4.6%</td>
<td>7.8%</td>
<td></td>
</tr>
</tbody>
</table>

*Adjusted for $14m passthrough of out-of-state hemophilia grant activity*
FY21 Patient Activity +7% Above Prior Year

- After plunging -40% in April 2020, patient activity recovered quickly last summer as non-urgent procedures resumed but then softened during the winter.

- The issue is not a lack of demand for OHSU’s tertiary and quaternary services, but supply: beds in double rooms are closed due to COVID, while nurse staffing shortages have reduced ICU beds and limited OR and procedural capacity.

- Volume rebounded last spring, while prior year comparisons now include the first months of COVID impact from last year: admissions are down -5.3% offset by +2.5% in casemix index or complexity, while the increase in behavioral health cases has further increased length of stay, and by June 30% of ambulatory visits were virtual.

<table>
<thead>
<tr>
<th>June YTD Patient Activity</th>
<th>FY20</th>
<th>FY21</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>27,055</td>
<td>25,612</td>
<td>-5.3%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>6.32</td>
<td>6.66</td>
<td>5.4%</td>
</tr>
<tr>
<td>Average daily census</td>
<td>453</td>
<td>448</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Day/observation patients</td>
<td>38,643</td>
<td>41,327</td>
<td>6.9%</td>
</tr>
<tr>
<td>Emergency visits</td>
<td>44,965</td>
<td>41,997</td>
<td>-6.6%</td>
</tr>
<tr>
<td>Ambulatory visits</td>
<td>978,492</td>
<td>1,103,642</td>
<td>12.8%</td>
</tr>
<tr>
<td>Surgical cases</td>
<td>32,672</td>
<td>33,124</td>
<td>1.4%</td>
</tr>
<tr>
<td>Casemix index</td>
<td>2.43</td>
<td>2.49</td>
<td>2.5%</td>
</tr>
<tr>
<td>Outpatient share of activity</td>
<td>53.6%</td>
<td>55.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>CMI/OP adjusted admissions</td>
<td>141,644</td>
<td>142,945</td>
<td>0.9%</td>
</tr>
<tr>
<td>Gross charges (5% rate adj.)</td>
<td>4,786</td>
<td>5,117</td>
<td>6.9%</td>
</tr>
</tbody>
</table>
Payer Mix Still Largely Unaffected by COVID-19

Trend in OHSU Hospital Payer Mix

100%

1.2% 1.1% 1.3% 1.3% 1.4% 1.4% 1.4%

26.0% 25.7% 24.6% 23.4% 23.0% 22.9% 23.8%

31.9% 32.1% 33.3% 34.2% 34.2% 32.5% 32.5%

26.0% 25.7% 24.6% 23.4% 23.0% 22.9% 23.8%

FY16 FY17 FY18 FY19 FY20 Feb FY20 Mar - Jun FY21

Self-Pay
Medicaid
Medicare
Commercial / Other Sponsored

Commercial / other sponsored coverage pays ~2x government
OHSU Employee Turnover Rates Holding Steady

Three-Year Trend in Turnover Rates for Major Employee Groups (with current headcounts)

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFSCME (7,417)</td>
<td>14.4%</td>
<td>12.7%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Faculty (3,199)</td>
<td>10.8%</td>
<td>10.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>ONA (2,862)</td>
<td>11.1%</td>
<td>10.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Unclass Admin (1,880)</td>
<td>13.0%</td>
<td>8.9%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>
Net Worth & Cash to Debt Through June 2021

- In addition to $72 million in operating income, we recorded:
  - $(67) million PERS pension accrual representing the GASB 68 expense in excess of required cash contributions (GASB 68 expense includes the impact of actual PERS investment returns compared to expected returns, booked with a lag)
  - $148 million of investment return on OHSU-held cash & investments with financial markets at or near record highs, due in part to Federal Reserve monetary policy
  - $73 million of additional CARES Act grants as non-operating income
  - Foundation net worth is up $261 million with endowment gains and gifts to the successful $2 billion OHSU Onward campaign.

- OHSU’s consolidated balance sheet continues to strengthen accordingly, with net worth approaching $4.1 billion by June 30, 2021.

➢ **Spanning the 24 months of FY20 plus FY21, net worth is up $479 million or 13%, almost entirely due to investment returns and philanthropy.**

➢ **Two-year operating income plus CARES Act grants totals $154 million, about half the pre-COVID target, and is largely offset by the increase in PERS pension liabilities booked under GASB 68 during FY20 and FY21.**
## FY21 Net Worth Up $493M from Investment Gains

### Balance Sheet (millions) 6/30/20 6/30/21 Change

<table>
<thead>
<tr>
<th>Account</th>
<th>6/30/20</th>
<th>6/30/21</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU-held cash &amp; investments</td>
<td>$1,408</td>
<td>$1,658</td>
<td>$250</td>
</tr>
<tr>
<td>Interest in OHSU Foundation</td>
<td>1,342</td>
<td>1,602</td>
<td>261</td>
</tr>
<tr>
<td>Net property, plant &amp; equipment</td>
<td>2,103</td>
<td>2,056</td>
<td>(48)</td>
</tr>
<tr>
<td>CARES Act loans</td>
<td>(170)</td>
<td>(192)</td>
<td>(22)</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>(997)</td>
<td>(970)</td>
<td>27</td>
</tr>
<tr>
<td>PERS pension liability</td>
<td>(504)</td>
<td>(595)</td>
<td>(92)</td>
</tr>
<tr>
<td>Working capital &amp; other, net</td>
<td>424</td>
<td>539</td>
<td>116</td>
</tr>
<tr>
<td><strong>Consolidated net worth</strong></td>
<td>3,605</td>
<td>4,098</td>
<td>493</td>
</tr>
</tbody>
</table>

### Subtotal - Increase in University net worth 232

<table>
<thead>
<tr>
<th>Account</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU operating income</td>
<td>72</td>
</tr>
<tr>
<td>PERS pension accrual</td>
<td>(67)</td>
</tr>
<tr>
<td>OHSU investment return</td>
<td>148</td>
</tr>
<tr>
<td>CARES Act grants</td>
<td>73</td>
</tr>
<tr>
<td>Gift &amp; grant funded capital</td>
<td>7</td>
</tr>
<tr>
<td>Other non-operating items</td>
<td>(1)</td>
</tr>
</tbody>
</table>

### Contributions to the Foundation (GAAP basis) 84

<table>
<thead>
<tr>
<th>Account</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation investment return</td>
<td>293</td>
</tr>
<tr>
<td>Gift &amp; endowment transfers to OHSU</td>
<td>(100)</td>
</tr>
<tr>
<td>Foundation operating expense</td>
<td>(21)</td>
</tr>
<tr>
<td>Other non-operating items</td>
<td>4</td>
</tr>
</tbody>
</table>

### Subtotal - Increase in Foundation net worth 261

<table>
<thead>
<tr>
<th>Account</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total increase in consolidated net worth</td>
<td>$493</td>
</tr>
</tbody>
</table>

### $441m combined investment return

*Note: The above table and text summarize the financial highlights for Oregon Health & Science University (OHSU) for the fiscal year 2021 (FY21). The combined investment return of $441 million contributed to the net worth increase of $493 million from various sources including investment gains, operating income, and contributions to the Foundation.*
FY21 Operating Cash Flow +$250M

- OHSU-held cash & investments increased by $250 million during FY21, from positive operating earnings, strong investment returns, CARES Act grants and loans, and deferral of capital expenditures, offset in part by a longer patient accounts receivable collection cycle.

- At fiscal year-end we have $192 million of short-term interest-free CARES Act loans (Medicare advances and employer FICA tax deferrals) that will be repaid through December 2022.

June YTD Cash Flow

<table>
<thead>
<tr>
<th>June YTD Cash Flow</th>
<th>(millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating income</td>
<td>$72</td>
</tr>
<tr>
<td>Depreciation</td>
<td>179</td>
</tr>
<tr>
<td>Investment return</td>
<td>148</td>
</tr>
<tr>
<td>CARES Act grants recorded</td>
<td>73</td>
</tr>
<tr>
<td>CARES Act loans, net</td>
<td>22</td>
</tr>
</tbody>
</table>

Sources of cash 494

- Principal repaid (27)
- Capital expenditures (131)
- Patient A/R & other, net (85)

Uses of cash (244)

Sources less uses of cash $250
## Change in Net Worth

<table>
<thead>
<tr>
<th></th>
<th>FY20</th>
<th>FY20</th>
<th>FY21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul - Feb</td>
<td>Mar - Jun</td>
<td>Jul - Jun</td>
<td>24 Months</td>
</tr>
<tr>
<td>Operating income</td>
<td>$91</td>
<td>$(120)</td>
<td>$72</td>
<td>$44</td>
</tr>
<tr>
<td>CARES Act grants</td>
<td>0</td>
<td>38</td>
<td>73</td>
<td>110</td>
</tr>
<tr>
<td>GASB 68 PERS pension accrual</td>
<td>0</td>
<td>(59)</td>
<td>(67)</td>
<td>(126)</td>
</tr>
<tr>
<td>Investment return, net gifts &amp; other</td>
<td>16</td>
<td>19</td>
<td>415</td>
<td>450</td>
</tr>
<tr>
<td>Total change in net worth</td>
<td>108</td>
<td>(122)</td>
<td>493</td>
<td>479</td>
</tr>
<tr>
<td>Beginning net worth</td>
<td>3,619</td>
<td>3,727</td>
<td>3,605</td>
<td>3,619</td>
</tr>
<tr>
<td>Ending net worth</td>
<td>$3,727</td>
<td>$3,605</td>
<td>$4,098</td>
<td>$4,098</td>
</tr>
</tbody>
</table>

## Balance Sheet (millions)

<table>
<thead>
<tr>
<th></th>
<th>6/30/19</th>
<th>6/30/21</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU-held cash &amp; investments</td>
<td>$1,216</td>
<td>$1,658</td>
<td>$443</td>
</tr>
<tr>
<td>Interest in OHSU Foundation*</td>
<td>1,363</td>
<td>1,602</td>
<td>239</td>
</tr>
<tr>
<td>Net property, plant &amp; equipment</td>
<td>2,073</td>
<td>2,056</td>
<td>(17)</td>
</tr>
<tr>
<td>Long-term debt (refinanced)</td>
<td>(979)</td>
<td>(970)</td>
<td>9</td>
</tr>
<tr>
<td>CARES Act loans</td>
<td>0</td>
<td>(192)</td>
<td>(192)</td>
</tr>
<tr>
<td>PERS pension liability</td>
<td>(456)</td>
<td>(595)</td>
<td>(139)</td>
</tr>
<tr>
<td>Patient A/R &amp; other, net</td>
<td>403</td>
<td>539</td>
<td>136</td>
</tr>
<tr>
<td>Total net worth</td>
<td>$3,619</td>
<td>$4,098</td>
<td>$479</td>
</tr>
</tbody>
</table>

*Primarily endowment & unspent gifts held at OHSU Foundation.

### 24 Months to 6/21: Securing Capacity to Invest

- **+$154m net vs $300m pre-COVID 2-year target**
- **+$263m net cash**
Pension Costs Rise with Lower Expected Returns

- For state and local governments, bonding authority is based on tax receipts.
- For OHSU, it depends on operating earnings as a percent of revenues, and on cash balances compared to debt obligations including unfunded pension liabilities.
- Accounted under GASB 68 rules with a lag, the book value of OHSU’s share of Oregon’s PERS liability rose from $504 million to $595 million during FY21, discounted at the plan’s assumed rate of return (7.2% for FY20 and FY21 but recently lowered to 6.9% by the PERS Board).
- The increase in PERS liability is largely due to differences between projected and actual earnings on pension investments that are amortized over 5 years.
- For budget purposes, OHSU counts PERS pension costs at the required cash contribution, $47 million in FY21.
- The GASB 68 accrued expense (used in the GAAP audited financial statements) is much higher, at $114 million, due to the increase in liability.
- When rating OHSU, Fitch assumes a 6% investment return and Moody’s even lower. Our disciplined plan of advance funding PERS ($10 million / year currently, rising to $25 million in FY22) has helped mitigate this negative credit impact.
- To date, the State has matched $5 million of OHSU’s funding under the Employer Incentive Fund (booked within FY21 State appropriations).
OHSU’s Credit Capacity: Impact of PERS

- While FY21 investment returns strengthened cash at OHSU, rating agencies and bond investors adjust long-term debt (mostly bonds for buildings) by the debt equivalent of operating leases and PERS pension liability adjusted to a lower 6% discount rate.
- On this basis, OHSU’s cash still falls $1.8 billion below the Fitch AA- median and $1 billion below the A+ median.
- Consistent with recommendations of the Governor’s UAL Task Force, we plan to pre-pay approximately $300 million of PERS liabilities over the next decade.

<table>
<thead>
<tr>
<th>FY21 Est</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted cash (millions)</td>
<td>$1,995</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>970</td>
</tr>
<tr>
<td>Debt equivalent of leases</td>
<td>103</td>
</tr>
<tr>
<td>PERS at 7.2% discount</td>
<td>595</td>
</tr>
<tr>
<td>Impact of lower (6%) discount</td>
<td>346</td>
</tr>
<tr>
<td>Debt equivalents per Fitch</td>
<td>$2,015</td>
</tr>
<tr>
<td>Cash to equivalent debt</td>
<td>99%</td>
</tr>
<tr>
<td>Fitch AA- median</td>
<td>188%</td>
</tr>
<tr>
<td>Fitch A+ median</td>
<td>149%</td>
</tr>
<tr>
<td>Cash short of AA- median</td>
<td>$1,800</td>
</tr>
<tr>
<td>Cash short of A+ median</td>
<td>$997</td>
</tr>
</tbody>
</table>
Preliminary FY22 August YTD Results

- Preliminary operating income through the first two months of FY22 is $11 million on 13% year-over-year revenue growth.

- When we proposed the FY22 budget in June, we noted several potential upsides: higher hospital revenues, increased IGT funding for research & education, and tighter management of hiring and spending.

- August results show evidence of these. For example, casemix index (a measure of inpatient complexity) is up 7% from last August YTD from an already nationally-high level.

- The FY22 budget already included funds for $4.5 million in equity adjustments for faculty plus a 3% or $19 million pool for other increases under the new faculty compensation framework, including FICA and pension costs.

- We are now able to further increase this by $12.5 million to $36 million in total, which is also in line with the Faculty Senate proposal.

- These dollars are sufficient to array faculty salaries throughout the University against benchmarks for field and rank, largely as a function of years in rank.

- Unclassified Administrative positions (mostly supervisors and managers) will receive average increases of 4% effective the end of September, as budgeted, in addition to the $5,000 one-time payment booked in FY21 and paid in the summer.
Preliminary FY22 August (continued)

- Frontline health care teams have shouldered an incredible and unique burden, especially in the past few months with the Delta variant.

- Because of this, OHSU will be offering a one-time payment of $1,000 to those in AFSCME-, House Officer-, OHSU Police Association- and ONA-represented roles, as well as clinical associates and faculty with clinical privileges, to be accrued in September and paid in October.

- We expect the current Delta-variant surge to have a significant impact on September results:
  - At the start of the pandemic, deferring non-urgent procedures led to a -40% decline in patient activity for April 2020 with a corresponding loss of revenue.
  - In contrast, today the hospital is full, so the challenge is higher costs, especially for overtime pay and temporary staffing, compounded by a shift from surgical to medical cases that typically generate lower margins.
  - These impacts should be temporary: current projections show COVID census falling from over 70 in September to below 15 by December.

- It is also worth noting that financial results in the early months of each fiscal year tend to be volatile.
## FY22 August YTD Income $13M > Budget

<table>
<thead>
<tr>
<th>OHSU August YTD (millions)</th>
<th>FY20 Last Year</th>
<th>FY21 Budget</th>
<th>FY21 Preliminary</th>
<th>Prelim - Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient revenue</td>
<td>$384</td>
<td>$433</td>
<td>$440</td>
<td>$6</td>
</tr>
<tr>
<td>Medical contracts</td>
<td>17</td>
<td>28</td>
<td>25</td>
<td>(3)</td>
</tr>
<tr>
<td>Grants &amp; contracts</td>
<td>76</td>
<td>82</td>
<td>82</td>
<td>0</td>
</tr>
<tr>
<td>Gifts applied</td>
<td>11</td>
<td>15</td>
<td>12</td>
<td>(3)</td>
</tr>
<tr>
<td>Tuition &amp; fees</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>(0)</td>
</tr>
<tr>
<td>State appropriations</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>IGT funding</td>
<td>22</td>
<td>23</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Other revenue</td>
<td>37</td>
<td>37</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td><strong>Operating revenues</strong></td>
<td><strong>566</strong></td>
<td><strong>637</strong></td>
<td><strong>641</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>Year-over-year growth</strong></td>
<td><strong>-0.5%</strong></td>
<td><strong>13.3%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; benefits</td>
<td>332</td>
<td>392</td>
<td>391</td>
<td>(1)</td>
</tr>
<tr>
<td>Rx &amp; medical supplies</td>
<td>102</td>
<td>109</td>
<td>114</td>
<td>5</td>
</tr>
<tr>
<td>Other services &amp; supplies</td>
<td>78</td>
<td>100</td>
<td>87</td>
<td>(12)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>28</td>
<td>33</td>
<td>32</td>
<td>(0)</td>
</tr>
<tr>
<td>Interest</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>545</strong></td>
<td><strong>639</strong></td>
<td><strong>630</strong></td>
<td><strong>(9)</strong></td>
</tr>
<tr>
<td><strong>Year-over-year growth</strong></td>
<td><strong>-0.2%</strong></td>
<td><strong>15.5%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating income</strong></td>
<td><strong>$21</strong></td>
<td><strong>$(2)</strong></td>
<td><strong>$11</strong></td>
<td><strong>$13</strong></td>
</tr>
<tr>
<td><strong>Operating margin</strong></td>
<td>3.6%</td>
<td>-0.3%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td><strong>EBITDA margin</strong></td>
<td>9.6%</td>
<td>5.7%</td>
<td>7.7%</td>
<td></td>
</tr>
</tbody>
</table>
Oregon still has fewer cumulative COVID-19 cases per capita than all but three states (New York Times)

The current Delta surge will impact earnings not by reducing revenues but by increasing costs.

Source: OHSU COVID Forecast Model, 9-9-21
Conclusion

- OHSU is a people-first organization: 60% of revenues fund salaries & benefits while 10% fund facilities, equipment and technology. Yet physical capital provides critical infrastructure without which OHSU’s people cannot do their best work and programs cannot flourish.

- By putting people first, the University aims to protect its core strengths:
  - 3,000 faculty, 15,000 staff and 4,000 learners
  - Market leader in AHC-level tertiary/quaternary care
  - Nationally ranked research program & state’s science leader
  - Statutory role to educate Oregon’s health care workforce
  - Public & legislative support
  - Balance sheet: in 24 months from June 2019 to June 2021, consolidated net worth is up $479 million and OHSU-held cash & investments are up a net of $263 million.

- Since the 1990s, OHSU has made significant investments in facilities for patient care on one hand and research & education on the other, funded through a mix of cash from earnings, debt on the University’s credit, government grants, and philanthropy.

- As OHSU and Oregon emerge from the pandemic, planning turns toward investments that meet the demand for growth across the University’s missions.
Date: September 24, 2021

To: OHSU Board of Directors

From: Office of the Provost

RE: Educational Update: Assessment, Learning during COVID, and Diversity Equity Inclusion and Anti-racism (DEIA) Initiatives in Education

Memo:

**WHAT:**
Assessment for Student Learning is essentially “what do we want our students to know and be able to do and how do we know they got it?” This presentation is to make the OHSU Board aware of our institutional assessment activities over the past year.

**Learning during COVID**
Partnerships across centers, programs, and schools allowed educators to support teaching and learning through turbulent times. The Teaching and Learning Center assessed the impact of the sudden transition to remote learning and the lessons learned will be presented.

**DEIA Initiatives in Education**
As OHSU refines its focus on becoming an anti-racist institution, the education mission will summarize current initiatives focused on educator development, data-informed decision making, student driven initiatives, and mentoring and professional development.

**WHY:**
This presentation is to make the OHSU Board aware of educational initiatives and lessons learned. Annual review of institutional assessment activities by the OHSU Board is an expectation of our regional accreditors.
Assessment of Student Learning: A Continuous Improvement Process

Constance Tucker, M.A., Ph.D.
OHSU Board Meeting
September 24, 2021
Why Assessment Matters:

1. Document quality
2. Reinforces equitable student experiences
3. Ensure alignment
4. Differentiate ourselves regionally and nationally
<table>
<thead>
<tr>
<th>Schedule</th>
<th>OHSU</th>
<th>NWCCU Peer Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 6: Policies, Regulations, and Financial Review</strong></td>
<td>Report • Financial Performance • Policies and Regulations</td>
<td>Offsite Review • Findings reported to Year 7 Team</td>
</tr>
<tr>
<td>Fall 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 7: Self-Study And Evaluation Site Visit</strong></td>
<td>Report and Onsite Review • Institutional Mission and Effectiveness • Student Learning • Student Achievement</td>
<td>Onsite Review • Review of Year 6 • NWCCU Commission Decision</td>
</tr>
<tr>
<td>Fall 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What do we want our students to know and be able to do and how do we know they got it?
### Programs Mapped To Competencies

<table>
<thead>
<tr>
<th>Cycle Year</th>
<th>Comp Type</th>
<th>Competency</th>
<th>Measure Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19 All</td>
<td>All</td>
<td>Communication</td>
<td>Programs Not Mapped To Competency: 83%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Evidence-Based Practice</td>
<td>Programs Mapped To Competency: 74%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Lifelong Learning</td>
<td>Min. Programs Required To Plan: 48%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Professional Knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Professionalism And Ethics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Reasoning and Judgement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Safety And Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Teamwork</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>Patient Centered Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-20 All</td>
<td>All</td>
<td>Communication</td>
<td>Programs Not Mapped To Competency: 87%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Evidence-Based Practice</td>
<td>Programs Mapped To Competency: 88%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Lifelong Learning</td>
<td>Min. Programs Required To Plan: 63%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Professional Knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Professionalism And Ethics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Reasoning and Judgement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Safety And Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Teamwork</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>Patient Centered Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-21 All</td>
<td>All</td>
<td>Comm. Eng., Social Justice &amp; Equity</td>
<td>Programs Not Mapped To Competency: 79%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Communication</td>
<td>Programs Mapped To Competency: 96%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Information Literacy</td>
<td>Min. Programs Required To Plan: 96%</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Prof. Identity &amp; Ethical Behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Professional Knowledge and Skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>Teamwork</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>Patient Centered Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2020-21 NWCCU Student Learning Indicators of Effectiveness

Objective 2.1: Engage in student learning outcomes assessment to evaluate quality and use results for improvement of academic programs and student services.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Percentage of academic programs that demonstrate alignment of the OHSU Graduation Core Competencies to their student learning objectives, activities, and assessments.</td>
<td>90%</td>
<td>74 %</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Percentage of academic programs that use OHSU Assessment Council feedback and/or other assessment data to improve assessment activities.</td>
<td>60%</td>
<td>89%</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Percentage of academic programs that use assessment data to improve or maintain the achievement of student learning outcomes.</td>
<td>60 %</td>
<td>65%</td>
</tr>
<tr>
<td>2.1.4</td>
<td>Percentage of central student support services that map their assessments to an OHSU Graduation Core Competency.</td>
<td>70%</td>
<td>92%</td>
</tr>
</tbody>
</table>
2020–2021 Student Services Action Steps

Communications

YOU REQUESTED: STREAMLINED OHSU PAGES, SEARCHABLE STUDENT SERVICES PAGES

In progress:
- We are working with university leadership to streamline webpages to make online systems more accessible
- Making student services information searchable on Google instead of on the OHSU Intranet to allow for more ease of access

Scheduling with Student Services

YOU REQUESTED: EASE OF SCHEDULING WITH STUDENT SERVICES

In progress:
- We are working with ITG on getting a scheduling app for students to schedule appointments with the different student services groups
- We are connecting with different student services groups to see if hours may be extended to support student access to services outside of class, clinic, and work obligations

Study Spaces & Library Space

YOU REQUESTED: MORE STUDY SPACES FOR STUDENTS ON CAMPUS AND IN THE LIBRARY

Completed:
- There is now a library system in place for reservation for personal study spaces at this link: Library Spaces | OHSU
- In order to meet future demand, we are continuing to investigate additional student study spaces

Support with Finances

YOU REQUESTED: SUPPORT WITH FINANCIAL DEBT MANAGEMENT & FINANCIAL AID AND BETTER COORDINATION

In progress:
- We recently hired a new financial debt management staff
- This request will be brought to the incoming Vice Provost of Student Affairs who will work with the Vice Provost of Enrollment Management and Academic Programs to identify future opportunities for alignment of resources and services

Career Counseling

YOU REQUESTED: MORE SUPPORT WITH CAREER COUNSELING AND PLANNING

In Progress:
- One of the approved 2025 strategic planning objectives has started the process of hiring someone who can address career services needs for OHSU educators and learners

Food Pantry Funding

YOU REQUESTED: A NEED FOR CONTINUED FUNDING OF THE FOOD PANTRY

In progress:
- We have received approval for funding from 2025 strategic planning objectives for the food pantry which Student Health and Wellness plans to use to hire staff to help distribute food
- Students can apply for and receive help with applying for SNAP through this link: https://o2.ohsu.edu/student-center/health-wellness/student-food-resources/index.cfm
Educators supporting teaching and learning through turbulent times
In this past year, what did you learn about yourself and how you learn?

“I have learned to adapt and to embrace change.”

“Staying at home and studying can be difficult. You need to create a space to learn.”

“The pandemic helped me realize the importance to balance emotional and professional stress.”

“I prefer the interactive nature of in–person classes and the ability to speak directly with professors. I learn best when there is a specialized learning location rather than through a computer screen from my busy, child–filled house.”
<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Spring 2020 N=1899</th>
<th>Summer 2020 N=1022</th>
<th>Fall 2020 N=2498</th>
<th>Winter 2021 N=1683</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I continued to learn effectively in this course despite it being taught remotely. (1-6 scale, 6 high)</strong></td>
<td>4.64</td>
<td>4.86</td>
<td>4.88</td>
<td>4.89</td>
<td></td>
</tr>
<tr>
<td><strong>Communication from my instructor about the course being remote was sufficient. (1-6 scale, 6 high)</strong></td>
<td>5.08</td>
<td>5.19</td>
<td>5.07</td>
<td>5.14</td>
<td></td>
</tr>
</tbody>
</table>
Teaching and Learning Center
COVID Evaluation Questions Spring 21

1. What elements of remote learning would you like to keep, if any, when we transition back to face to face classrooms?
   “The value of having **recorded lectures** that can be watched, rewound, and pause cannot be overstated.”

2. If OHSU had to return to modified operations for an extended period, what should the institution do differently, if anything, regarding teaching and learning remotely?
   - More **interactivity** during synchronous sessions
   - **Organized, clear, and consistent** Sakai sites
   - **Shorter** synchronous courses
Defining Diversity Statement
Diversity includes important and interrelated dimensions of human identity such as race, ethnicity, gender, gender identity and expression, socio-economic status, nationality, citizenship, religion, sexual orientation, ability/disabilities, and age.

What and how material is taught encouraged me to explore aspects of mine or others’ diversity (see definition of diversity above) to enhance our thinking.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- N/A

Comments: ____________________________________________

To make an inquiry or report an incident of discrimination or harassment, contact OHSU’s Affirmative Action and Equal Opportunity (AAEO) Department at 503-494-5148 or aaeo@ohsu.edu.
Recommendations

- Diverse set of guest lectures and speakers
- Prioritization of diversity and discussions
- Correct Pronoun Usage
- Trauma-Informed Practice in the Learning Environment
- Expand the definition of diversity beyond “visible” diversity
- Avoid reinforcement of stereotypes in course material
- Resource and tools to confront bias
Foster Respectful and Equitable Education

**Educator Development**
- Accessibility Resource Center
- Quality Matters: Accessibility Review
- Train Your Brain/Assessment Academy
- National Center for Faculty Development and Diversity
- F.R.E.E. Workshops and Consultation

**Data Informed Decision Making**
- Institutional Core Comps
- Course Evaluation: Culturally Inclusive Curriculum Question

**Student Driven Initiatives**
- State-wide student focus groups
- New Faculty News: Onboarding newsletters
- Project Rainbow: LGBTQ+ workgroups

**Mentoring and Professional Development** (Strategic Plan 2025)
- OHSU Mentorship Academy
Date: September 16, 2021

To: OHSU Board of Directors

From: Derick Du Vivier, Senior Vice President Diversity, Equity and Inclusion; and Director, Center for Diversity & Inclusion (CDI)

RE: OHSU Diversity, Equity and Inclusion Update

In alignment with our efforts to become an anti-racist organization grounded in trauma-informed principles, OHSU is engaged in measures to address health disparities and promote health equity. These initiatives include but are not limited to:

**Health Disparities Data Hub** - An ongoing endeavor to build institutional capacity to collect, store and disseminate disparities data to inform and facilitate health disparity reduction efforts.

**Washington State Hospital Association Health Equity Collaborative** - OHSU has joined an 18-month collaborative composed of 49 participants located in the Pacific Northwest. The goal of the collaborative is for members to utilize peer engagements to develop and implement "foundational health equity components". To date, an equity gap assessment has been completed and baseline data is being reviewed.

**Vaccine Equity Committee (VEC)** - The committee continues to support Covid-19 vaccination and testing efforts in marginalized communities experiencing a disproportionate burden of disease. In addition to community-centric testing and vaccination efforts, the committee has worked to provide wrap-around services at community events. The VEC is dedicated to focusing efforts to "ensure equitable access as well as cultural humility/competence across all OHSU Covid response sites and throughout the workforce".

An important aspect of anti-racism work at OHSU is the support of mentorship programs. This summer the CDI hosted its largest Summer Equity Research Internship cohort. "The goal of the Equity Program is to provide hands-on research experience and science exposure to underserved and underrepresented students in health and sciences research that is rich and diverse in content. The program strives to increase the enrollment of talented, disadvantaged and diverse applicants in OHSU academic programs."

Lastly, the CDI continues to provide ongoing educational programs such as Implicit Bias Training for Hiring Managers, Implicit Bias Training for Students and Implicit Bias Training - Foundations. The Stepping-in curriculum designed to teach bias mitigating tactics has started. We are impacting community through our educational services. Most recently, we provided implicit bias training for staff at the Expo Center Covid-19 Vaccination Site. However, this is not the first time our services have been sought. In the past, we have conducted training for staff at Eastern Oregon University and the Winding Waters Medical Clinic in Enterprise, OR. As our course offerings become more diverse and accessible, we will strive to support more partner and community requests.
THE LENS OF SYSTEMIC OPPRESSION

INDIVIDUAL
- A person’s beliefs and actions that serve to perpetuate oppression
  - conscious and unconscious
  - externalized and internalized

INTERPERSONAL
- The interactions between people—both within and across difference

INSTITUTIONAL
- Policies and practices at the organization (or “sector”) level that perpetuate oppression

STRUCTURAL
- How these effects interact and accumulate across institutions—and across history

Some phenomena playing out at each level

INDIVIDUAL
- Identity and difference
- Individual advantage and disadvantage
- Explicit bias
- Implicit bias
- Stereotype threat
- Internalized oppression

INTERPERSONAL
- Racist discourse ("Discourse T")
- Microaggressions
- Racist interactions
- Transferred oppression

INSTITUTIONAL
- Racist policies and practices (e.g., in hiring, teaching, discipline, parent-family engagement)
- Disproportional (e.g., racialized) outcomes and experiences

STRUCTURAL
- Systems of advantage and disadvantage
- Opportunity structures
- Societal history of oppressive practices and policies
“We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death. I see no alternative to direct action and creative nonviolence to raise the conscience of the nation.”

Dr. Martin Luther King Jr.
Medical Committee for Human Rights
March 25, 1966
OHSU Vaccine Equity Committee
Community centered, Community focused events

Talaalka COVID-19
Looma baahna inaad balan qabato

Munaasabad bilaash ah oo bulshada loo qabanaayo

- Talaalada Pfizer ee dadka waawaan iyo carruuta 12+ jirada ah
- Talaal amaan ah oo bilaash ah
- Shaaqale labo luqadood ku hada ayaa jooga goobta
- Ballamo kuuradaada 2aad adoo goobta jooga

833-647-8222
Call us to get your COVID-19 vaccination appointment or register at https://www.ohsu.edu/health/vaccine-scheduling-bsxc

接种 COVID-19 新冠疫苗
无需预约

6月21日
7月12日
3 - 7 p.m.

Harrison Park School
2225 SE 87th Ave, Portland OR 97216

社区免费接种

- Pfizer（辉瑞）疫苗，面向成人和12岁以上儿童
- 疫苗不仅安全，而且免费
- 现场有双语工作人员
- 现场预约接种第二剂疫苗

<table>
<thead>
<tr>
<th>Vaccination for 12+ year-olds available</th>
<th>Safe and free vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilingual staff on-site</td>
<td>Schedule your 2nd dose on-site</td>
</tr>
<tr>
<td>Not required to have a social security number, an Oregon ID or insurance. Not required to be an OHSU patient.</td>
<td></td>
</tr>
</tbody>
</table>

*OHSU 2025: Enhance Health and Healthcare in every Community
Race/Ethnicity of VEC Workforce

1309 OHSU Members have expressed interest in staffing VEC events

57% 384 OHSU members have filled 830 shifts for a total of 4,372 person hours
OHSU Community Vaccination Events (56) (1st and 2nd dose)

- 3/28 Emmanuel Central
- 3/29 Emmanuel Central
- 4/17 Portland City Blessings Church
- 4/18 Quest Integrative Center for Health
- 4/18 Emmanuel Central
- 5/11 Latino/Salud (extended hours)
- 5/13 Latino/Salud (extended hours)
- 5/15: Portland City Blessings Church
- 5/16 Latino/Salud @ Hillsboro Stadium
- 5/16 Muslim Community Center
- 5/19 Mt. Olivet Church – Beaverton/Aloha
- 5/20 Mt. Olivet Church – Beaverton/Aloha
- 5/22: Emmanuel Central Church
- 5/23: Quest Integrative Center for Health
- 5/26: Chinese Friendship Association
- 5/29: Common Ground Church – Central Beaverton
- 6/2: Lutheran Community Services NW
- 6/3 Prescott Elementary School
- 6/6: Muslim Community Center
- 6/7: Latino/Salud @ Hillsboro Stadium
- 6/11 Bridges Collaborative Care Clinic
- 6/12 Vietnamese Community of Oregon
- 6/13 Life Change Church
- 6/13 St. Peter’s Catholic Church
- 6/15 Trillium Family Services, Parry Center
- 6/16: Chinese Friendship Association
- 6/16: Mt. Olivet Westside
- 6/17: Mt. Olivet Westside
- 6/20: Evangel Baptist Church
- 6/21 | Harrison Park School
- 6/23: Lutheran Community Services NW
- 6/24: Prescott Elementary School
- 6/26: Common Ground Church
- 7/6: Trillium Family Services, Parry Center
- 7/10 IU Mien Association
- 7/10: VNCO Vietnamese Buddhist Temple
- 7/11: Life Change Church
- 7/11: St. Peter’s
- 7/12: Harrison Park Elementary
- 7/15: Mt. Olivet
- 7/25: Historic Parkrose Pop-Up Market
- 7/29: Multnomah County Corrections
- 8/1: Reynolds High School
- 8/2: Harrison Park Elementary School
- 8/7: Pan Pacifica Island Festival
- 8/7: Eterna Roca De La Cruz Church
- 8/14: Local Lounge
- 8/22: Historic Park Rose Pop up Market
- 8/24 McDaniel High School
- 8/25 McDaniel High School
- 8/26 McDaniel High School
- 8/28 Roca Del Luz Eterna
- 8/29: Reynolds High School
- 9/1: Park Rose Middle school
- 9/11: Scott High School
Evolving Landscape of Vaccination

**Tactics**

- **Strict criteria, Restricted access**
- **Mitigation of barriers to access:** Technology, Language, Immigration status, Transportation, Structural inequity
- **Education, advocacy, outreach, messaging, partnerships**
- **Incentives, Marketing, Strategy**
- **Data/Information sharing, Listening, “Moving at the speed of trust”, Meeting groups where they are Town Halls**
- **Restricted access for unvaccinated, Regulations Mandates**

**Motivated/Eager**
- Jan/Feb

**Willing but without information or access**
- March/April

**Willing but lacking confidence**
- May/June

**Willing but lacking motivation**
- July-August

**Unwilling**
- September-October

**Opposed**

**Mandated**

Unvaccinated patients found in the community
Vaccine Equity Committee: What is next?

- Continued data driven vaccination outreach in critical areas with increased emphasis on canvassing and lowering barriers to access.
- Focused education/outreach/advocacy approaches to narrow vaccination gaps:
  - African/African American, Latin X, Russian Speaking/Slavic Communities
  - Youth/Pediatrics
  - Houseless
  - Medicaid
- Broadening of resources to provide additional wrap around services
  - COVID education and support
  - Long COVID clinic information/access
  - OHP Registration
  - Other vaccines
What is next?

3rd doses, expanded child eligibility, increased mandates

- Recurring community sites to support distributed model of resource allocation in response to concurrent demands for: testing, vaccination, monoclonal antibody treatment.

- Expansion of VEC operational bandwidth through creation of “Community health navigator” roles.

- Focused efforts to ensure equitable access as well cultural humility/competence across all OHSU COVID response sites and throughout workforce.
Washington State Health Equity Collaborative

• “All teach, All learn” collaborative
• Focused on developing and implementing foundational components of health equity:
  – Leadership and Culture of Equity
  – Data Collection and Analytics
  – Addressing Social Determinants of Health
Washington State Health Equity Collaborative

- 18 months (July, 2021-December, 2022)
- 49 Participants, 13 from Oregon
- Process
  - Complete Equity Gap Assessment
  - Review Baseline Data
  - Learn and Create Action Plan
  - Implement in Three 90-day Sprints
  - Receive Peer Coaching
  - Share Lessons Learned
CDI Summer Equity Internship
2021
<table>
<thead>
<tr>
<th>Gender</th>
<th># of total applicants</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Female</td>
<td>205</td>
<td>68%</td>
</tr>
<tr>
<td>Male</td>
<td>83</td>
<td>27.5%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>13</td>
<td>4.47%</td>
</tr>
<tr>
<td>Transgender, non-binary, other</td>
<td>1</td>
<td>.03%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th># of total applicants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>4</td>
<td>1.44%</td>
</tr>
<tr>
<td>Asian</td>
<td>83</td>
<td>27.5%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>36</td>
<td>12%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>2</td>
<td>.07%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>56</td>
<td>18.5%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>56</td>
<td>18.5%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>.09%</td>
</tr>
<tr>
<td>Two more races</td>
<td>47</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year of College Completed</th>
<th># of total applicants</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>39</td>
<td>12.9%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>88</td>
<td>29.1%</td>
</tr>
<tr>
<td>Junior</td>
<td>111</td>
<td>36.8%</td>
</tr>
<tr>
<td>Senior</td>
<td>51</td>
<td>16.9%</td>
</tr>
<tr>
<td>5th year or more</td>
<td>13</td>
<td>4.3%</td>
</tr>
</tbody>
</table>
This year’s Equity Intern cohort was made up of 31 students:

- 2 Nursing Track
- 2 School of Public Health
- 1 Health Systems & Policy
- 2 Dentistry Track
- 9 Biomedical Sciences Track
- 15 School of Medicine Track
Count of Equity Track

- OHSU School of Public Health (SPH)
- OHSU School of Nursing (SON)
- OHSU School of Medicine (MD)
- OHSU School of Dentistry (DMD)
- Health Systems Policy
- Biomedical Science Graduate Program

Race/ethnicity demographics:

Race/Ethnicity

- White
- Native Hawaiian Pacific Islander
- Middle Eastern
- Latinx/White
- Latinx
- Black/White
- Black or African American
- Asian Persian Azeri
- Asian
Home city and state data for 2021 cohort:

![Bar Chart]

Home - city and state

- Taylor, SC
- San Jose, CA
- Salem, OR
- Pullman, WA
- Portland, OR
- Orange, CA
- Morganton, NC
- Hyattsville, MD
- Honolulu, HI
- Eugene, OR
- Corvallis, OR
- Central Point, OR
- Brownsville, TX
- Beaverton, OR
Count of Gender

- Female: 20
- Male: 10
Thank You!
Date: September 16, 2021

To: OHSU Board of Directors

From: David Bangsberg, Dean, School of Public Health & Dawn Richardson, Associate Dean for Social Justice, School of Public Health

RE: SPH Antiracism Initiative

Memo: This presentation will focus on the School of Public Health’s (SPH) development and implementation of the Antiracism Initiative.

In 2020, awareness of the great need to intervene on racial inequities in health spread far beyond the walls of public health institutions to the public at large, in part due to increased media focus on the Black-White gap in birth outcomes, the emergence of the COVID-19 pandemic, and widespread public involvement in the Black Lives Matter movement. But while the impact of racism on health is well-established, much less is known about how to dismantle racism in ways that can advance public health in far-reaching, sustained ways. OHSU and PSU—the parent institutions of the SPH—are both actively advancing organizational transformation towards becoming antiracist institutions, and the SPH is moving with them.

In the 2020-2021 Academic Year the SPH has promoted and support antiracism at multiple levels across the institution, in the following ways and with the following outcomes:

1. Development of our Team. We have hired two new Associate Deans (AD for Social Justice and AD for Research), both women of color. Two graduate student positions were created to support the Antiracism Initiative, both of which were filled by BIPOC students. An Antiracism Program Manager position was created and approved; we are currently receiving applications and interviewing candidates. Finally, we have created a Social Justice Council to function as an Advisory Board for this work.

2. Partnership Development. We have worked to align and integrate the antiracism work in the SPH with the broader OHSU and PSU mandates and efforts. AD Richardson participants on both the OHSU Antiracism Committee (led by Dr. Derick Du Vivier) and the PSU Equity Task Force. We developed a partnership (West Coast SPH Antiracism Collaborative) with four other schools of public health (University of Washington; University of California, Berkeley; University of California, San Diego; University of California, Los Angeles) to coordinate antiracism efforts, to collaborate on training opportunities, and to develop support networks for BIPOC scholars. We have also expanded our work with local partners (e.g., Multnomah County Health Department, Oregon Health Authority) to ensure we are meeting the needs of our BIPOC communities. We have
3. **Capacity Building.** We engaged in two major trainings efforts for faculty: First, the Chair of our DEI Committee led efforts to develop and implement a Reflexive Tool, and SPH faculty were trained in its use. Second, the Dean's Team and Faculty Council (SPH faculty leadership) participated in a six-month antiracism training led by The Praxis Project, external consultants who supported us in building racial literacy and normalizing our antiracism efforts. Further, Dean Bangsberg participated in PSU’s Intercultural University trainings led by Dr. Ame Lambert, VP for Global Diversity and Inclusion.

4. **Supporting BIPOC Faculty.** Addressing health inequities requires the expertise of those from the most impacted communities and populations, so in the SPH we created the Antiracism Faculty Fellowships, funding five faculty teams to advance antiracism research, pedagogy, and service.

5. **Supporting BIPOC Students.** We advanced several efforts in service of supporting our BIPOC students, including revisions to our admissions criteria and revisions to our Dean’s Scholarship review process. We have begun working to develop Trauma Informed Pedagogy Training and aim to implement that for faculty this coming academic year. We have also supported students in developing and implementing student-led Me & White Supremacy book circles in order to build the racial literacy of our student body.

We have learned many lessons in this work and look forward to building on our success in the coming year. We will continue with our capacity building efforts for faculty and are excited to be supported in this work by Dr. Constance Tucker, Graciela Vidal, and their team at OHSU’s Educational Improvement and Innovation office, who will be offering SPH specific pedagogical training. We will also be implementing the PSU Global Diversity and Inclusion office’s Intercultural University trainings within the SPH as a pilot site.

**Acronyms:**

- SPH- School of Public Health
- PSU- Portland State University
- GDI- Global Diversity & Inclusion
- DEI- Diversity, Equity, & Inclusion
- BIPOC- Black, Indigenous, and People of Color
- WOC- Woman of color
- AD- Associate Dean
Racism Is A Public Health Issue
Institutional Racism & Health

**Fundamental Causes**
- Racism
- Colonialism
- Capitalism
- Systematized Values

**Institutional Inequities**

**Living Conditions**

**Inequitable Outcomes**

**UPSTREAM**

**DOWNSTREAM**
Institutional Racism & Health

**Fundamental Causes**
- Racism
- Colonialism
- Capitalism
- Systematized Values

**Institutional Inequities**
- Policies
- Practices
- Procedures
- Norms

**Working Conditions**
- Teaching
- Research
- Service
- Mentoring
- Collaboration

**Inequitable Outcomes**
- Inequity in “success”
- DEI efforts challenged
- Adverse health & well-being

**UPSTREAM**
- Institutional Racism & Health

**DOWNSTREAM**
- Inequitable Outcomes
## 2020-21 Antiracist SPH Efforts

<table>
<thead>
<tr>
<th>Establishing Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Our Team</strong></td>
</tr>
<tr>
<td>• WOC AD Social Justice &amp; WOC AD Research hired</td>
</tr>
<tr>
<td>• Graduate student positions funded and hired</td>
</tr>
<tr>
<td>• Antiracism Program Manager position approved &amp; being hired</td>
</tr>
<tr>
<td>• Development of Social Justice Council</td>
</tr>
<tr>
<td><strong>Building Partnerships</strong></td>
</tr>
<tr>
<td>• West Coast SPH Antiracism Collaborative</td>
</tr>
<tr>
<td>• Association of Schools and Programs of Public Health</td>
</tr>
<tr>
<td>• Local health departments &amp; Oregon Health Authority</td>
</tr>
<tr>
<td>• PSU’s Equity Taskforce &amp; OHSU’s Antiracism Committee</td>
</tr>
<tr>
<td><strong>Capacity Building</strong></td>
</tr>
<tr>
<td>• Praxis Project SPH Leadership Training</td>
</tr>
<tr>
<td>• Pedagogical Reflexive Tool</td>
</tr>
<tr>
<td>• Intercultural University (PSU’s Office of GDI)</td>
</tr>
<tr>
<td><strong>Supporting BIPOC Faculty</strong></td>
</tr>
<tr>
<td>• Antiracism Faculty Fellowships</td>
</tr>
<tr>
<td>• Study Circles for Faculty of Color</td>
</tr>
<tr>
<td><strong>Supporting BIPOC Students</strong></td>
</tr>
<tr>
<td>• Clarifying Equity &amp; Compliance processes &amp; procedures</td>
</tr>
<tr>
<td>• Development of Affinity Groups</td>
</tr>
<tr>
<td>• Me &amp; White Supremacy Circles</td>
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</tbody>
</table>
2020-21 Antiracist SPH Efforts: What We’ve Learned

» Among the SPH community, we are leading!

» Transparency, Transparency, Transparency!
  – Accountability & Proactive Communication are critical

» Broad engagement is essential for success!
2021-22 Antiracist SPH Efforts: Where We’re Headed

» Continuing Capacity Building for Faculty
  – Faculty Pedagogical Training (OHSU’s Office of Education Improvement & Innovation)

» Expansion of Antiracism Training
  – PSU’s Intercultural University

» Trauma Informed Approaches for Student Support
  – Trauma Informed Pedagogy
Thank You

» Questions, concerns, thoughts, ideas:
  – Dawn.Richardson@pdx.edu
Glossary of Terms

A3 – Single page strategy
AAEO – Affirmative Action and Equal Opportunity
ACA – Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010
AFSCME – American Federation of State, County and Municipal Employees. A union that represents OHSU classified employees.
AH – Adantic Health.
AHC - Academic Health Center. A partnership between healthcare providers and universities focusing on research, clinical services, education and training. They are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.
AHRQ – Agency for Healthcare Research and Quality
AI/AN – American Indian/Alaska Native
AMD - Age-Related Muscular Degeneration is a common eye condition and a leading cause of vision loss among people age 50 and older.
APP – advanced practice providers
APR - Academic Program Review: The process by which all academic programs are evaluated for quality and effectiveness by a faculty committee at least once every five years.
A/R – Accounts Receivable. Money owed to a company by its debtors
ASF - Assignable Square Feet. The sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use.
AVS – After visit summary
A&AS – Audit and Advisory Services
BRB - Biomedical Research Building. A building at OHSU.
CAGR - Compound Annual Growth Rate measures the annual growth rate of an investment for a time period greater than a year.
CAO - Chief Administrative Officer.
Capex - Capital expense
CAUTI – catheter associated urinary tract infections
CDI – Center for Diversity & Inclusion
C Diff – Clostridium Difficile
CEI - Casey Eye Institute. An institute with OHSU.
CFO – Chief Financial Officer.
CHH - Center for Health & Healing Building. A building at OHSU.
CHH2 - Center for Health & Healing Building 2. A building at OHSU.
CHO – Chief Health Information Officer
CLABSI – Central line associated bloodstream infections
CLSB - Collaborative Life Sciences Building. A building at OHSU.
CMH - Columbia Memorial Hospital. A hospital in Astoria, Oregon.
CMI - Case Mix Index. Relative value assigned to a diagnosis-related group of patients in a medical care environment.
CMS - Centers for Medicare & Medicaid Services. A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.
CPI - Consumer Price Index measures the average prices of goods & services in the United States.
CY - Current Year.
DAC - Diversity Advisory Council
DEI – Diversity, Equity, & Inclusion
Downstream referral activity - specialty referrals that generate a higher margin and result from the primary care activity.
Days Cash on Hand - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.
DCH - Doernbecher Children's Hospital. A building at OHSU.
DMD - Doctor of Dental Medicine.
DNP - Doctor of Nursing.
DNV – Det Norske Veritas
EBIT – Earnings before Interest and Taxes. A financial measure measuring a firm’s profit that includes all expenses except interest and income tax.
EBITDA – Earnings before Interest, Taxes, Depreciation and Amortization.
ED - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.

EHR - Electronic Health Record. A digital version of a patient's medical history.

EHRS - Environmental Health and Safety

EMR - Electronic medical record

ENT - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.

EPIC - Epic Systems. An electronic medical records system.

ER - Emergency Room.

ERG - Electroretinography is an eye test used to detect abnormal function of the retina.

ERM - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risk and seize opportunities related to the achievement of their objectives.

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.

FY - Fiscal Year. OHSU's fiscal year is July 1 – June 30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly followed accounting rules and standards for financial reporting.

GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.

GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.

GIP - General in-patient

GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States. This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.

GPO - Group purchasing organization

H1 - first half of fiscal year

H2 - second half of fiscal year

HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems

HR - Human Resources.

HRBP - Human resources business partner

HSE – Harvard School of Education

HSPH – Harvard School of Public Health

IA - Internal Arrangements. The funds flow between different units or schools within OHSU.

ICU - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill

IGT - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency

IHI - Institute for Health Care Improvement

IP – In Patient

IPS – Information Privacy and Security

ISO – International Organization for Standardization

KCC - Knight Cancer Center. A building at OHSU.

KCRB – Knight Cancer Research Building

KPV - Kohler Pavilion. A building at OHSU.

L - Floor Level

L&D - Labor and Delivery.

LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer

LOI - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.

LOS – Length of stay

M - Million

MA - Medicare Advantage

M and A - Merger and acquisition.

MBU - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn

MCMC - Mid-Columbia Medical Center. A medical center in The Dalles, OR.

MD - Doctor of Medicine.

MOU – Memorandum of Understanding

MPH – Master of Public Health.

NFP - Not For Profit.

NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.
NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.

NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.

NPS: Net Promotor Score.

NWCCU - Northwest Commission on Colleges and Universities. OHSU’s regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

O2 – OHSU’s Intranet

OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.

OCBA – Oregon Commission on Black Affairs

OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.

OCT - Optical Coherence Tomography is a non-invasive imaging test.

OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.

OHA - Oregon Health Authority. A government agency in the state of Oregon.

O/E – observed/expected ratio

OHSU – Oregon Health & Science University

OHSUF - Oregon Health & Science University Foundation.


ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.

OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.

OPP – OHSU Practice Plan

OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

Opex: Operating expense

OR - Oregon

OR - Operating Room. A room in a hospital specially equipped for surgical operations.

OSU - Oregon State University.

P – Parking Floor Level

PAMC - Portland Adventist Medical Center.

PaWS – Parking and Workplace Strategy

PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

PERO - Perioperative. The time period describing the duration of a patient’s surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery

PERS - Public Employees Retirement System. The State of Oregon’s defined benefit plan.

PET/MRI - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.

PHB – Portland Housing Bureau

PPI – physician preference items

PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network.

Prrogram – Program

PSI – patient safety intelligence

PSU - Portland State University.

PTO - Personal Time Off. For example sick and vacation time.

PV - Present Value. The current value of a future sum of money or stream of cash flow given a specified rate of return.

PY - Previous Year.

Quaternary - Extension of Tertiary care involving even more highly specialized medical procedures and treatments.

R&E - Research and Education.

RFP – Request for Proposal

RJC – Racial Justice Council

RLSB: Robertson Life Sciences Building

RN - Registered Nurse.

ROI – return on investment

RPA - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do

RPV – revenue per visit

SCB – Schnitzer Campus Block
SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement.
SLM – Senior Leadership Meeting
SLO - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.
SoD – School of Dentistry
SoM – School of Medicine. A school within OHSU.
SoN – School of Nursing
SOPs – Standard Operating Procedures
SPH - School of Public Health. A school within OHSU.
SPD - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.
SSI – surgical site infection
TBD – to be decided
Tertiary - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.
THK – Total hip and knees
TTBD - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.
UBCI – Unconscious Bias Campus – wide initiative
Unfunded Actuarial Liability - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan. Represents amount owed to an employee in future years that exceed current assets and projected growth.
UO—University of Oregon
UPP - University Pension Plan. OHSU’s defined benefit plan.
URM – underrepresented minority
VBP – Value-based purchasing
VEC – Vaccine Equity Committee
VGTI - Vaccine and Gene Therapy Institute. An institute within OHSU.
VTE – venous thromboembolism
WACC - Weighted Average Cost of Capital is the calculation of a firm’s cost of capital in which each capital category is proportionately weighted.
WMG – Wednesday Morning Group
wRVU - Work Relative Value Unit. A measure of value used in the United States Medicare reimbursement formula for physician services
YoY - Year over year.
YTD - Year to date.