

**2017-
2019**

Good Samaritan Regional Medical Center



Community Benefit Plan Implementation Strategy



**Samaritan
Health Services**

Good Samaritan Regional Medical Center Community Benefit Plan Implementation Strategy

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MESSAGE FROM THE CEO

Good Samaritan Regional Medical Center believes strongly in its commitment to improving the health of our local communities. Our community benefit efforts aim to expand access to care, increase social supports for families and children, and improve individual health for all community members.

We are committed to working with local organizations to provide our community members with services that support these goals. Our board, which reviews and approves the *Community Benefit Plan Implementation Strategy*, consists of hospital staff, physicians and community members. This allows us to know the community in which we live, work and play, and to see where we are able to benefit it most.

One of the ways we implement specific community benefit activities is through our annual social accountability grants. Our committee listens to needs in the community and allocates funds to help make our community healthier. We are proud to support local partner organizations as they work to improve the health of our communities. In this document, you will find our goals and health priorities, which will direct our community benefit efforts for the next two years.

Becky Pape

Chief Executive Officer

Good Samaritan Regional Medical Center

INTRODUCTION

EXECUTIVE SUMMARY

Community benefit is not a new concept for Samaritan Health Services (SHS) and Good Samaritan Regional Medical Center (GSRMC). The 2017-2019 *Good Samaritan Regional Medical Center Community Benefit Plan Implementation Strategy* is a result of the 2016 Community Health Needs Assessment that identified significant health needs, goals and priorities in Benton County. This plan will guide our efforts as we build healthier communities together.

As our communities grow and the health care professions continue to undergo transformation, our community benefit efforts will become increasingly important. This plan reflects a significant step toward positioning SHS and GSRMC to address the evolving needs of our region and our communities.

MISSION

SHS formed in the late 1990s with the mission of improving community health and well-being by providing high-quality, caring health care services regardless of any individual's ability to pay. The current mission of SHS is: "We enhance community health and achieve high value through quality services across a continuum of care."

VISION

The collective vision of the SHS system is to serve as a "values-driven organization governed by community members, physicians and other health care providers. We seek to be the first choice of consumers in the region and to lead collaborative efforts among those who share similar goals."

VALUES

The community-based hospitals and physicians that comprise SHS believe it is possible to create a successful regional health system based on collective organizational values. Decisions are made by local community members, physicians and hospital leaders within the following values framework:

- **Excellence.** Striving to achieve the highest standards of care and within our varied health professions.
- **Respect.** For ourselves, our coworkers and those we serve.
- **Service.** Recognizing the value of exemplary service in creating a positive experience for patients, visitors and coworkers.
- **Integrity.** Aligning our deeds with our words.
- **Stewardship.** Ensuring that we act responsibly with the resources that have been entrusted to our care.
- **Compassion.** Demonstrating on a daily basis the healing power of the human touch.
- **Leadership.** Modeling and sharing best practices in the midst of tremendous changes in how health care is delivered and paid for.

HOSPITAL PROFILE

Good Samaritan Hospital Corvallis, d.b.a. Good Samaritan Regional Medical Center (GSRMC), is a 188-bed Level II trauma center and the largest of the five hospitals within Samaritan Health Services, Inc.

GSRMC is Benton County’s primary medical facility. It also serves residents of Linn and Lincoln counties with cancer, cardiac surgery, cardiology, vascular surgery, stroke care and orthopedic programs, several of which have received a five-star quality rating. The cancer program also received the highest possible rating from the Commission on Cancer during its most recent onsite survey.

More than 1,700 employees and 200 volunteers keep the medical center running. GSRMC has been recognized by *Oregon Business* magazine as one of the top 100 companies to work for in Oregon.

COUNTY PROFILE

Established by the Provisional Legislature in 1847, Benton County occupies 679 square miles of the central Willamette Valley. It is bordered on the east by the Willamette River and Linn County, on the west by Lincoln County, on the north by Polk County, and on the south by Lane County. Its county seat of Corvallis is home to Oregon State University.

The U.S. Census Bureau lists the county’s 2010 population as 85,579. Although most residents live in Corvallis or other incorporated cities, many residents live in rural communities such as Alsea, Kings Valley, Wren, Blodgett, Summit and Bellfountain.

Over the last decade, Benton County has ranked first or second in the state for employment rates and economic standards. It continues to receive high state rankings for K-12 education, higher education and college graduation rates, including ranking 22nd in the United States for the percentage of adults with a bachelor’s degree or higher. In the University of Wisconsin and the Robert Wood Johnson Foundation’s *County Health Rankings* for 2010 through 2016, Benton County ranked first for positive Health Factors and between first and third for Health Outcomes.

DEMOGRAPHICS

According to 2010 data from the U.S. Census Bureau, Benton County has a population of 85,579. The county’s major cities and their populations are listed below:

Community	Population
Adair Village	840
Corvallis	54,462
Monroe	617
Philomath	4,584

Source: U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File

Benton County’s racial and ethnic distribution reflects similar populations in counties across the state:

Race / Ethnicity	Population
White / Caucasian	87.1%
Black / African American	0.9%
American Indian / Alaska Native	0.7%
Asian	5.2%
Pacific Islander	0.2%
Latino / Hispanic	6.4%
Reporting two or more races	3.6%

Source: U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File

The following health and social indicators are used to generalize about conditions in Benton County:

Health & Social Indicators	Totals
Median income	\$49,338
Unemployment	5.3%
Poverty	18.9%
Homelessness	306*
Early prenatal care	78.2%
Immunizations	53.8%
Uninsured children	5.3%
Child care slots	22/100
Child abuse	11.1/1,000
Early childhood obesity	20.6%
Children on free / reduced lunch (2015-16 school year)	38.3%
Children enrolled with a dental care organization (May 2016)	89.3%
Homeless students (2014-15 school year)	261
Teen pregnancy	8.1/1,000
High-school graduation rates	72%
Juvenile arrests	11/1,000
Eighth-grade alcohol use	13.7%
Eighth-grade drug use	6.4%

*There is no accurate way to count the number of homeless people in a county. Homeless data are based on local agencies serving Benton County.

DATA SOURCES

The Benton County Community Health Needs Assessment (CHNA) gathered primary and secondary data to complete this document. Primary data were collected through a locally developed survey that was administered online and delivered by the postal service. Nearly 750 surveys were completed by residents representing various Benton County communities. Additional primary data were collected through a series of focus groups and key informant interviews.

Survey respondents, focus group participants and key informants included representatives of racial and ethnically diverse communities, as well as seniors, veterans, low-income residents, non-English speakers, and people residing in rural areas.

Secondary data were obtained from state and federal sources, including:

- Benton County Community Health Improvement Plan (2013-2018)
- Centers for Disease Control and Prevention (CDC) National Health and Nutrition Examination Survey (NHANES)
- CDC Behavioral Risk Factor Surveillance System
- Oregon Health Authority (OHA), Oregon State Cancer Registry (OSCaR)
- Oregon Division of Medical Assistance Programs
- OHA Teen Pregnancy Data
- Oregon Department of Public Health
- State of Oregon ALERT Immunization Information System
- Oregon Department of Education
- Oregon Youth Authority Juvenile Justice Information System

Additional secondary data came from the University of Wisconsin and Robert Wood Johnson Foundation's *County Health Rankings* for 2015, Children First for Oregon's *County Data Book 2015*, and the *Linn, Benton, and Lincoln Counties Regional Homeless Plan* for 2011-12.



SIGNIFICANT HEALTH NEEDS

In compliance with the Affordable Care Act and Internal Revenue Service regulation section 1.501(r)-3, GSRMC has completed its 2016 CHNA to identify significant health needs in Benton County. Survey data, along with focus group and key informant interview responses, were examined by the GSRMC Social Accountability Committee (SAC) and the SHS Community Benefit Advisory Committee (CBAC).

Due to the high number of health needs prioritized by the community, both committees agreed to categorize them under the following goals and objectives established by CBAC (see next page). Note that some priorities fit under more than one of these goals.

GOALS & HEALTH PRIORITIES

Goal 1: Healthy Families

Increase physical activity, fitness and access to nutritious foods for children and families

Priorities: Poverty, obesity and food insecurity

Goal 2: Greater Access

Increase access to medical, dental and mental health supports and services in the community

Priorities: Access to mental health care, medical care and dental care; chronic disease; substance abuse and tobacco use

Goal 3: Better Networks

Increase social supports for families

Priorities: Homelessness, housing costs, employment, domestic violence, safe communities, literacy, higher education, parenting education, environmental issues, and transportation

Goal 4: Healthy Kids

Increase services and supports for children

Priorities: Child abuse and neglect, child care slots, child care availability, and afterschool activities

Goal 5: Healthy Teens

Increase services and supports for adolescents

Priorities: K-12 education, juvenile crime, teen pregnancy, parenting education, substance abuse and tobacco use

Goal 6: Healthy Seniors

Increase social supports for seniors residing in the community

Priorities: Access to mental health care, medical care, dental care, chronic disease, housing costs, and transportation

ADDRESSING HEALTH NEEDS

The CBAC and the site-based SACs jointly identified priority goal areas for addressing significant community health needs in Benton County. The CBAC and SACs also reviewed and approved specific health indicators with available data that can serve as metrics for measuring the impact of interventions.

Based on responses from focus groups and key informants, health equity is a major concern. Key informants recommended greater cultural competency for medical staff, including training on the diagnosis and treatment of patients of color. Providers should also be trained in patient interview techniques that address health concerns and perceptions in different cultures. Further, classes and programs should be more attractive and welcoming to communities of color. SHS and GSRMC recognize the importance of equity and inclusion to meeting community health needs. Thus, investing in language services, equity/diversity training, and community outreach is a priority.

Mental health, behavioral health, dental health, and alcohol and drug treatment continue to be significant needs, with mental health being the county’s number-one priority. GSRMC continues to build quality health services by integrating behavioral health into primary clinics. Under the leadership of the mental health navigator, GSRMC will offer evidence-based Mental Health First Aid classes that focus on veterans, law enforcement, and Spanish-speaking communities. In partnership with Lincoln County hospitals, GSRMC also plans to expand these classes to Newport and Lincoln City.



GSRMC plans to integrate dental services into primary care clinics in order to improve these medical homes. Alcohol and drug treatment services are also a priority. Through a regional approach, SHS will provide residential services for patients in Lebanon who need alcohol and drug treatment. Services will include inpatient, outpatient and group treatment for adult residents of Benton, Lincoln and Linn counties.

External community benefits include in-kind donations or financial contributions that support local schools, nonprofits and coalitions. GSRMC also addresses these significant health needs by grouping services, support and activities under community benefit categories (i.e., community health improvement, health professions, subsidized health services, research, cash and in-kind contributions, and community building).

GSRMC will continue to address significant health needs through direct care, financial and in-kind contributions, partnerships, and collaborations. Priorities include poverty and homelessness; obesity, nutrition and food insecurity; access to mental, medical and dental care; chronic disease prevention and management; substance abuse and tobacco use; high housing costs; employment; literacy; transportation; parenting education; child abuse and neglect; child care slots and availability; K-12 education and afterschool activities; and teen pregnancy.

Both internal and external community benefits must:

- Generate a low or negative margin
- Respond to the needs of special populations, such as minorities, seniors and people with disabilities who are living in poverty; people with chronic mental illness; and other disenfranchised people
- Supply services or programs that would likely be discontinued or would need to be provided by another nonprofit or government provider if the decision were made on a purely financial basis
- Respond to public health needs
- Involve education or research that improves overall community health

The CHNA has also identified significant health needs GSRMC is *not* addressing, such as safe and healthy housing, environmental issues, and issue advocacy. Due to staffing and financial limitations, or lack of alignment with mission and vision, GSRMC relies on community partners and local and state agencies to meet these needs.

Community benefits programs must also meet at least one of the following objectives:

- Improve access to health care services
- Enhance community health
- Advance medical or health knowledge
- Relieve or reduce the burden of government or other community efforts

The CHNA was used to develop the required 2017-2019 *Community Benefit Plan Implementation Strategy*, which describes how GSRMC will address identified health needs through internal and external activities. Internal community benefits are activities, programs, projects and initiatives that are conducted by staff during work hours and that benefit the community. Examples include classes, workshops, support groups, diversity events, and health fairs that are free and open to the public.

The following planned activities are based on the 2016-2019 Community Health Needs Assessment and represent only a sampling of activities that will support communities in Benton County. Note: *Category D: Research* is not included here, because medical research is not conducted at the hospital level.

CATEGORY A: COMMUNITY HEALTH IMPROVEMENT A1: Community Health Education, A2: Community-Based Clinical Services, A3: Health Care Support Services		
<p>Goal 2: Greater Access. GSRMC will continue to offer workshops, support groups and health screenings, while also working to improve access to care for patients and the community.</p> <p>Objective: Increase access to medical, dental and mental health supports and services in the community.</p> <p>Strategy: Conduct workshops, support groups, health screenings and provide access to care.</p>		
Activities	Measurements	Data Source
Breast cancer support group	Mammograms, screenings	OHA, Public Health Division, County Datasets
Diabetes support group	Prevalence of diabetes, 2018	
Living Well workshops	Chronic disease diagnosis, 2018	OHA Living Well program stats
Cardiac screenings	Heart disease diagnosis, 2018	OHA Oregon Public Health Assessment
Mental Health First Aid	ED/UC visits in 2018	Samaritan ED/UC usage data
Maternity care coordination	1st-trimester prenatal visits, 2018	OHA Center for Health Statistics

CATEGORY B: HEALTH PROFESSIONS EDUCATION B1: Physicians/Medical Students, B2: Nurses/Nursing Students, B3: Other Health Professional Education, B4: Scholarships/Funding for Education		
<p>Goal 2: Greater Access. GSRMC plans to offer internships, externships and scholarships to qualified individuals to increase the number of health care professionals in the community.</p> <p>Objective: Increase access to medical, dental and mental health supports and services in the community.</p> <p>Strategy: Provide education and training to current and future health care professionals.</p>		
Activities	Measurements	Data Source
Medical internships	Students enrolled in medical education classes and programs	Enrollment records
Nursing education		
Pharmacy students		
Scholarships		
Externships		
Continuing medical education	Staff enrolled in continuing education classes	Enrollment records

CATEGORY C: SUBSIDIZED HEALTH SERVICES

C3: Hospital Outpatient Services, C5: Women's and Children's Services

Goal 1: Healthy Families, Goal 2: Greater Access, Goal 3: Better Networks, Goal 4: Healthy Kids, Goal 5: Healthy Teens, Goal 6: Healthy Seniors. Subsidized health services are clinical programs provided despite generating a financial loss. These services create a negative margin after removing the impact of financial assistance, bad debt and Medicaid shortfalls. GSRMC will continue to provide these services based on community need.

Objective: See all objectives in goal areas and health priorities section.

Strategy: Provide care and services to community members regardless of their ability to pay.

Activities	Measurements	Data Source
Clinical care	Clinic visits	GSRMC clinic visits

CATEGORY E: FINANCIAL & IN-KIND DONATIONS

E1: Cash, E2: Grants, E3: In-Kind Donations, E4: Cost of Fundraising for Community Programs

Goal 1: Healthy Families, Goal 2: Greater Access, Goal 3: Better Networks, Goal 4: Healthy Kids, Goal 5: Healthy Teens, Goal 6: Healthy Seniors. GSRMC plans to continue offering financial support and in-kind donations to local agencies that advance the mission and vision of the hospital.

Objective: Address all six objectives.

Strategy: Support organizations and agencies that promote community health.

Activities	Measurements	Data Source
Grants	Funded programs	Agency progress reports
Financial contributions	Cash donations	Community Benefit Inventory for Social Accountability (CBISA) reports
In-kind donations	Materials and supplies donated	

CATEGORY F: COMMUNITY BUILDING & SUPPORTS

F1: Physical Improvements/Housing, F2: Economic Development, F3: Community Support, F4: Environmental Improvements, F5: Leadership Development/Leadership Training for Community, F6: Coalition Building, F7: Community Health Improvement Advocacy, F8: Workforce Development

Goal 3: Better Networks. As a commitment to supporting efforts in the community, GSRMC will continue to participate in local, state and national disaster preparedness, as well as community coalitions and boards, to improve health and outcomes in Benton County.

Objective: Increase social support for families.

Strategy: Provide services and supports that promote healthy communities.

Activities	Measurements	Data Source
Disaster preparedness	Response time to disasters	Office of Emergency Mgmt SAR report
Community coalitions, commissions and boards	Community assessments and plans	County Health Improvement Plans Activities Reports – County Health Department
Opioid Task Force	Opioid-related admissions	GSRMC admission records
Workforce development	Unemployment rate	Oregon Employment Department

UNADDRESSED COMMUNITY HEALTH NEEDS

GSRMC recognizes that all significant health needs prioritized by the community are important to address. However, as previously stated, some of these health needs are not being directly addressed by GSRMC due to limited staffing and financial resources. As a community, Benton County is fortunate to have strong elected leadership, established community programs, robust community collaborations, and involved community members. The ongoing need for affordable housing and reducing homelessness is being addressed by local agencies that have the necessary expertise and financial support for this issue. Poverty, domestic violence, food insecurity, safe communities, and parenting education are also being addressed by community agencies, with GSRMC staff often serving on agency boards or leading local coalitions working on these issues.

CONCLUSION

Good Samaritan Regional Medical Center (GSRMC) has been supporting Benton County communities for several years. As one of the county's major health care providers, the hospital implements community benefit services and activities through a comprehensive strategic approach. Support groups, community education, and support services are available to Benton County residents, along with financial support through grants and donations to local nonprofit agencies.

GSRMC is a key partner in many local coalitions and a strong collaborator in initiatives that advance the mission, vision and values of the organization. By partnering with local government agencies, schools, faith groups, and nonprofit organizations, GSRMC strives to provide coordinated, comprehensive and equitable health care for all Benton County residents.



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