

**2017-
2019**

Samaritan Pacific Communities Hospital



Community Benefit Plan Implementation Strategy



**Samaritan
Health Services**

Samaritan Pacific Communities Hospital Community Benefit Plan Implementation Strategy

TABLE OF CONTENTS

MESSAGE FROM THE CEO	1
INTRODUCTION	2
Executive Summary.....	2
Mission.....	2
Vision.....	2
Values.....	2
HOSPITAL PROFILE	3
COUNTY PROFILE	3
Demographics.....	3
DATA SOURCES	5
SIGNIFICANT HEALTH NEEDS	5
Goals & Health Priorities.....	6
ADDRESSING HEALTH NEEDS	6
Unaddressed Community Health Needs.....	10
CONCLUSION	11
REFERENCES	12





MESSAGE FROM THE CEO

Samaritan Pacific Communities Hospital 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.

Dr. Lesley Ogden
Chief Executive Officer
Samaritan Pacific Communities Hospital

INTRODUCTION

EXECUTIVE SUMMARY

Community benefit is not a new concept for Samaritan Health Services (SHS) and Samaritan Pacific Communities Hospital (SPCH). The 2017-2019 *Samaritan Pacific Communities Hospital Community Benefit Plan Implementation Strategy* is a result of the 2016 Community Health Needs Assessment that identified significant health needs, goals and priorities in Lincoln 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 SPCH 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

Samaritan Pacific Communities Hospital (SPCH), d.b.a. Samaritan Pacific Health Services, was established in 1952 as a 17-bed acute care facility. On July 1, 2003, SPCH received its designation as a 25-bed critical access hospital. SPCH serves south Lincoln County and recently opened the first dialysis center in the Newport area. Other services include emergency care, obstetrics, critical care, diabetes education, and health and medical/surgical services.

SPCH operates within the Pacific Communities Health District, the mission of which is to deliver high-quality health care services to District residents and visitors. The service area stretches from Depoe Bay to Waldport. The SPCH organization comprises a wide range of health care services and delivers continuous service to a very diverse and geographically diffuse regional population.

COUNTY PROFILE

On February 20, 1893, Lincoln County was created by the Legislative Assembly from the western portions of Benton and Polk counties. With an area of 992 square miles, it is bordered by Tillamook County on the north, Polk and Benton counties on the east, Lane County on the south, and the Pacific Ocean on the west. Newport, the county seat, is a major tourist attraction on the Oregon coast.

Lincoln County is largely rural, with a population of only 46,034. However, it has seen 18-percent population growth over the last decade. The largest populations are concentrated in Newport and Lincoln City, but many residents live in unincorporated areas such as Depoe Bay, Otis, Gleneden Beach, Eddyville, Seal Rock and Agate Beach. Northern Lincoln County includes the Siletz Indian Reservation, which comprises 3,666 acres and includes a gaming casino and resort.

Like other coastal counties, Lincoln County has a high retirement-age population. It ranked sixth in the state for independent seniors. However, it remains near the bottom of county health rankings conducted each year by the University of Wisconsin and the Robert Wood Johnson Foundation. The 2016 *County Health Rankings* rated it 29th out of 36 counties for Health Outcomes and 24th for Health Factors. The low ranking relates closely to mortality, premature death and high-risk behaviors. Lincoln County has high rates of tobacco use, substance abuse, chronic diseases and obesity, as well as low rates of childhood immunizations and preventive screenings.

DEMOGRAPHICS

According to the 2010 U.S. Census Bureau, Lincoln County has a population of 46,034. The county's major cities and their populations are listed below:

Community	Population
Lincoln City	7,930
Newport	9,989
Toledo	3,465
Waldport	2,033

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

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

Race / Ethnicity	Population
White / Caucasian	84.4%
Black / African American	0.3%
American Indian / Alaska Native	3.1%
Asian	1.0%
Pacific Islander	0.1%
Latino / Hispanic	7.9%
Reporting two or more races	2.9%

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 Lincoln County:

Health & Social Indicators	Totals
Median income	\$42,429
Unemployment	6.5%
Poverty	18.8%
Homelessness (adults)	1,658*
Early prenatal care	74.1%
Immunizations	58.7%
Uninsured children	8.2%
Child care slots	18/100
Child abuse	22/1000
Early childhood obesity	28.9%
Children on free / reduced lunch (2015-16 school year)	59.7%
Children enrolled with a dental care organization (May 2016)	90.5%
Homeless students (2014-15 school year)	517
Teen pregnancy	5.8/1000
High-school graduation rates	18.8%
Juvenile arrests	19.7/1000
Eighth-grade alcohol use	22.5%
Eighth-grade drug use	13.5%

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

DATA SOURCES

The Lincoln County Community Health Needs Assessment (CHNA) gathered primary and secondary data to complete this document.

Primary data were collected through a locally developed health and quality of life survey that was administered in person, online and through the postal service. Nearly 650 surveys were completed by residents representing all of Lincoln County.

Additional primary data were collected through interviews with 30 key informants who were identified either as providing direct services, working in education, or serving as a high-level executive in a county or regional organization.

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

- 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
- 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 the Robert Wood Johnson Foundation's *County Health Rankings* for 2016, Children First for Oregon's *County Data Book 2015*, and the *Linn, Benton, and Lincoln Counties Regional Homeless Plan* for 2011-2012.



SIGNIFICANT HEALTH NEEDS

In compliance with the Affordable Care Act and Internal Revenue Service regulation section 1.501(r)-3, SPCH has completed its 2016 CHNA to identify significant health needs in Lincoln County. Survey data, along with focus group and key informant interview responses, were examined by the SPCH 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 the community. 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 SPCH 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. SPCH continues to offer quality health services by integrating behavioral health into primary clinics. SPCH also plans to integrate dental services into primary care clinics in order to improve these medical homes.

Alcohol and drug treatment services are a priority for the hospital. Although there is a regional approach to providing residential services for patients who need alcohol and drug treatment in Lebanon, SPCH is also working with Lincoln County Health and Human Services to develop a detox and alcohol/drug treatment facility on the coast. Until that facility is finalized, treatment services available at the regional site will include inpatient, outpatient and group treatment for adults in Benton, Lincoln and Linn counties.

SPCH 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.

The CHNA has also identified significant health needs SPCH 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, SPCH relies on community partners and local and state agencies to meet these needs.

The CHNA was used to develop the required 2017-2019 *Community Benefit Plan Implementation Strategy*, which describes how SPCH 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.

External community benefits include in-kind donations or financial contributions that support local schools,



nonprofits and coalitions. SPCH 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).

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

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 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 Lincoln 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. SPCH 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
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. SPCH 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. SPCH 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	SPCH 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. SPCH 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, SPCH will continue to participate in local, state and national disaster preparedness, as well as community coalitions and boards, to improve health and outcomes in Lincoln 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
Mental Health Workgroup	Opioid-related admissions	SPCH admission records
Workforce development	Unemployment rate	Oregon Employment Department

UNADDRESSED COMMUNITY HEALTH NEEDS

SPCH 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 SPCH due to limited staffing and financial resources. As a community, Lincoln 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 SPCH staff often serving on agency boards or leading local coalitions working on these issues.

CONCLUSION

Samaritan Pacific Communities Hospital (SPCH) has been supporting Lincoln 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 Lincoln County residents, along with financial support through grants and donations to local nonprofit agencies.

SPCH 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, SPCH strives to provide coordinated, comprehensive and equitable health care for all Lincoln County residents.



REFERENCES

- Children First for Oregon. *County Data Book 2015*. Portland, OR: Children First for Oregon, 2015. Accessed February 12, 2017. <http://www.cffo.org/wp-content/uploads/2015/09/2015-County-Data-Book.pdf>
- Community Services Consortium. “Linn, Benton, and Lincoln Counties Regional Homeless Plan: A Collaborative Plan to Address Homelessness.” 2012. Accessed February 12, 2017. <https://communityservices.us/files/collaborative-plan-to-end-homelessness.pdf>
- Oregon Department of Education. “Students Eligible for Free/Reduced Lunch — Lincoln County” [Data files, 2014-2015.] Accessed February 12, 2017. Available through <http://www.ode.state.or.us/sfda/reports/r0061Select.asp>
- . “Oregon Statewide Report Card 2014-15.” Salem, OR: Oregon Department of Education, 2015. Accessed February 12, 2017. <http://www.ode.state.or.us/data/annreportcard/rptcard2015.pdf>
- Oregon Health Authority, Center for Health Statistics. *Oregon Vital Statistics County Data 2012*. Portland, OR: Oregon Health Authority, 2012. Accessed February 12, 2017. <https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/Documents/2012/County%20Data%20Book%202012.pdf>
- , Office of Health Analytics. “Hospital Reporting.” Accessed February 12, 2017. <https://www.oregon.gov/oha/analytics/Pages/Hospital-Reporting.aspx>
- , Public Health Division. “Oregon Behavioral Risk Factor Surveillance System (BRFSS).” [Data files, 1998-2008.] Available through <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx>
- , Vital Records, Health Statistics Unit. “Teen Pregnancy Data.” [Data files, 2015.] Available through <https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/TeenPregnancy/Pages/index.aspx>
- Oregon Housing and Community Services. “2008 Report on Poverty.” Salem, OR: Oregon Housing and Community Services, 2009. Accessed February 12, 2017. http://library.state.or.us/repository/2009/200905111613341/OHCS_docs_PovRpt_PovertyReportWeb_2008.pdf
- Oregon Labor Market Information System. “Lincoln County.” [Data files.] Accessed June 2015 through <http://www.qualityinfo.org>
- Oregon Office of Rural Health. “Health Service Area: Benton, Lincoln and Linn Counties.” [Data files, 2006.] Available through <http://www.ohsu.edu/xd/outreach/oregon-rural-health/>
- Oregon Pacific Area Health Education Center. “2007 Needs Assessment: Benton, Lincoln and Linn Counties.”

Oregon Progress Board. "Oregon Benchmarks: County Data Snapshot." Accessed February 12, 2017. <http://library.state.or.us/repository/2008/200809181312334/2007.pdf>

Oregon State Archives. "Oregon Administrative Rule 409-023-0100: Hospital Reporting." Accessed February 12, 2017. http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_409/409_023.html

Proehl, Risa S. and Julia Crain. *2009 Oregon Population Report*. Portland, OR: Portland State University, Population Research Center, 2010. Accessed February 12, 2017. https://www.pdx.edu/sites/www.pdx.edu/prc/files/Replace_PopRpt09c_12_2010.pdf

University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. "Oregon County Health Rankings." [Data files, 2010-2016.] Available through <http://www.county-healthrankings.org/app/oregon/2016/rankings/outcomes/overall>

U.S. Census Bureau. "Census 2010 Quick Facts — Benton, Lincoln and Linn Counties." [Data files.] Accessed February 12, 2017. <http://www.census.gov>

—. "2010-2012 American Community Survey 3-Year Estimates" [Data files]. Accessed February 12, 2017. Available through <http://www.census.gov/>

U.S. Congress. "Public Law 111-148—Mar. 23, 2010: An Act Entitled The Patient Protection and Affordable Care Act." 2010. Accessed February 12, 2017. <https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>

U.S. Department of Internal Revenue. "Revenue Ruling 69-545 1969-2 C.B. 117." Accessed February 12, 2017. <https://www.irs.gov/pub/irs-tege/rr69-545.pdf>





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