



Samaritan  
Health Services

GOOD SAMARITAN REGIONAL MEDICAL CENTER

# Community Benefit Plan Implementation Strategy 2020–2023



# 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.

Mental and behavioral health continue to be a priority for our community. To address these urgent needs, GSRMC has placed a mental health professional in all of its primary clinics. Behavioral health teams provide inpatient support as well as our latest addition of a partial hospitalization program with structured outpatient care.

We also implement specific community benefit activities 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 three years.

### **Becky Pape**

*Chief Executive Officer*

*Good Samaritan Regional Medical Center*

## INTRODUCTION

Community benefit remains a central concept for Samaritan Health Services (SHS) as well as Good Samaritan Regional Medical Center (GSRMC). The 2020–2023 *Good Samaritan Regional Medical Center Community Benefit Plan Implementation Strategy* is a result of the 2019 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, 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.

### OUR MISSION

Building Healthier Communities Together.

### OUR VISION

Serving our communities with PRIDE.

### OUR VALUES

Passion

Respect

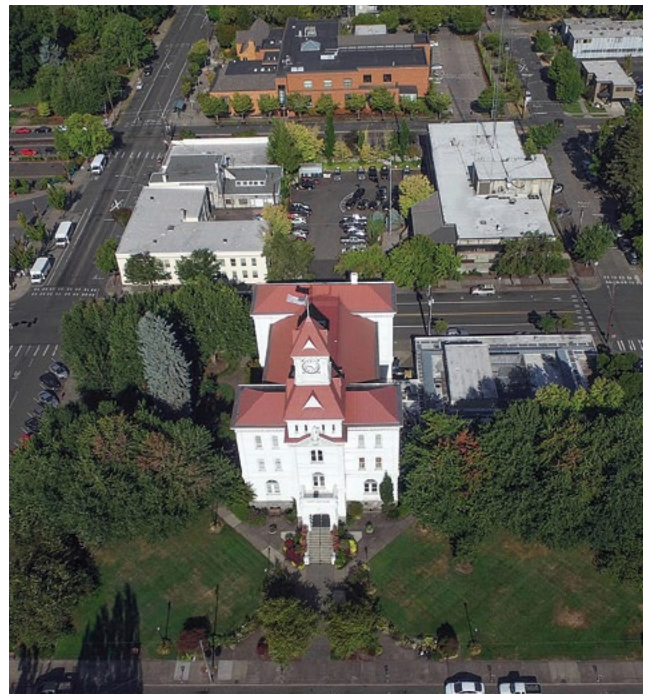
Integrity

Dedication

Excellence

## HOSPITAL PROFILE

Good Samaritan Hospital Corvallis, d.b.a. Good Samaritan Regional Medical Center, is the largest of the five hospitals within Samaritan Health Services, Inc. This 188-bed Level II trauma center is the primary medical facility serving all of Benton County. In addition, GSRMC provides residents of Linn and Lincoln counties with regional programs and services.



GSRMC has 1,700 employees as well as more than 200 volunteers who keep the regional medical center running smoothly.

GSRMC also provides intensive inpatient and outpatient mental health services for the region. Outpatient services are provided in primary care settings, allowing patients to receive complete and comprehensive care. GSRMC is rated as a four-star hospital by Center for Medicare and Medicaid Services.

## 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.

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.

In the University of Wisconsin and the Robert Wood Johnson Foundation’s *County Health Rankings* for 2019, Benton County ranked 1st out of 36 counties for positive Health Factors and 2nd for Health Outcomes.

**DEMOGRAPHICS**

As of 2018, Benton County has a population of 89,780. The major cities and their populations follow.

COMMUNITY	POPULATION
Corvallis	57,213
Monroe	715
Philomath	4,702

Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, DP05 Demographic and Housing Estimates.

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

RACE / ETHNICITY	POPULATION
White / Caucasian	86.5%
Black / African American	1.2%
American Indian / Alaska Native	0.8%
Asian	7.1%
Pacific Islander / Native Hawaiian	0.3%
Latino / Hispanic	7.3%
Reporting two or more races	4.1%

Source: U.S. Census Bureau QuickFacts (July 1, 2019).

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

HEALTH & SOCIAL INDICATORS	TOTALS
Median income	\$58,655
Unemployment	4.3%
Poverty	15.8%
Homelessness (adults)	331
Adequate prenatal care	85.7%
Childhood immunizations	67.0%
Uninsured children	3.1%
Child care slots (2012)	17/100
Child abuse and neglect (per 1,000 ages 0–17)	9.9%
Childhood overweight/obesity rate	31.1%
Free and reduced-price lunch eligibility	36.8%
Children 0–18 enrolled with a dental care organization (2018)	53.4%
Homeless students (2018–19 school year)	259
Teen pregnancy rate (ages 15–19, 2017)	5.6%
High school graduation rate	86.0%
Juvenile justice referrals (per 1,000 ages 0–17)	9.1%
Eighth-grade alcohol use in past 30 days	12.3%
Eighth-grade marijuana use in past 30 days	3.9%
Eighth-grade prescription drug use in past 30 days without a doctor’s orders	4.0%

Note: Figures above are for 2019 unless otherwise noted. Please see References for more information.



## DATA SOURCES

The 2019 Benton County Community Health Needs Assessment (CHNA) gathered primary and secondary data to complete this document. Primary data were collected through a locally developed online survey. Nearly 650 surveys were completed by residents across Benton, Lincoln and Linn counties.

Additional primary data were collected through 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 Needs Assessment
- Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System

- CDC National Health and Nutrition Examination Survey (NHANES)
- 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 2019 and Children First for Oregon's *County Data Book 2019*.

## SIGNIFICANT HEALTH NEEDS

In order to comply with the Affordable Care Act and Internal Revenue Service regulation section 1.501(r)-3, GSRMC has completed its 2019 CHNA to identify significant health needs for Benton County. Survey data, along with focus group and key informant interview responses, were examined by the GSRMC Social Accountability Committee (SAC), the SHS Community Benefit Advisory Committee (CBAC) and the Coast to Cascades Community Wellness Network (CCCWN).

Due to the high number of health needs prioritized by the community, the 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 and food insecurity.

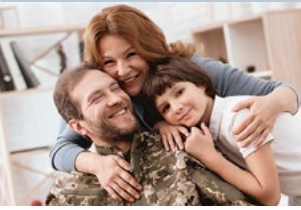
### GOAL 2: GREATER ACCESS



**Increase access to medical, dental and mental health supports and services.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.

### GOAL 3: BETTER NETWORKS



**Increase social supports for families.**

**Priorities:** Homelessness, housing and transportation.

### GOAL 4: HEALTHY KIDS



**Increase services and supports for children.**

**Priorities:** Child abuse and neglect.

### GOAL 5: HEALTHY TEENS



**Increase services and supports for teens.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.

### GOAL 6: HEALTHY SENIORS



**Increase social supports for seniors.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.

## ADDRESSING HEALTH NEEDS

The CBAC, the site-based SACs and the CCCWN 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.

Responses from focus groups and key informants indicate that health equity is a major concern. SHS and GSRMC recognize the importance of equity and inclusion to meeting community health needs. Therefore, investing in language services, equity/diversity training, and community outreach is a priority. It is also crucial to weave diversity, equity and inclusion throughout all services, supports, programs, activities, policies and practices for GSRMC and SHS.

Mental health and behavioral health, dental health, and alcohol and drug treatment continue to be significant needs, with mental and behavioral health being the county's number-one priority. GSRMC continues to

build quality health services by integrating behavioral health into primary clinics.

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.

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 use and tobacco use; high housing costs; employment; literacy; transportation; parenting education; child abuse and neglect; child care slots and





availability; K-12 education and after-school activities; and teen pregnancy.

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

The CHNA was used to develop the required 2020–2023 *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 conducted by staff during work hours to 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. 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). 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.

**PLANNED ACTIVITIES**

The following activities are based on the 2019 Community Health Needs Assessment and represent only a sample of activities that support Benton County communities. 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

**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.

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

**Strategy.** Conduct workshops, support groups, health screenings and provide access to care.

Activities	Measurements	Data Source
Breast cancer support groups	Mammograms, screenings	GSRMC data
Diabetes support groups	Prevalence of diabetes, 2018	GSRMC data
Living Well workshops	Chronic disease diagnosis, 2018	OHA Living Well program stats
Maternity care coordination	1st-trimester prenatal visits, 2018	GSRMC clinic data

**CATEGORY B: HEALTH PROFESSIONS EDUCATION**

B1: Physicians / Medical Students | B2: Nurses / Nursing Students | B3: Health Care Support Services

**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.

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

**Strategy.** Provide education and training to current and future health care professionals.

Activities	Measurements	Data Source
Continuing medical education	Staff enrolled in continuing education classes	Enrollment records
Medical internships Nursing education Pharmacy students Scholarships Externships	Students enrolled in medical education classes and programs	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	Community Benefit Inventory for Social Accountability (CBISA) reports

## 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 Management disaster preparedness reports
Community coalitions, commissions and boards	Employee involvement	Community Benefit Inventory for Social Accountability (CBISA) reports
Mental Health Workgroup	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 many 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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*Building healthier communities together*