



Samaritan
Health Services

SAMARITAN NORTH LINCOLN HOSPITAL

Community Benefit Plan Implementation Strategy 2020-2023



Community Benefit Plan Implementation Strategy



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MESSAGE FROM THE CEO

Samaritan North Lincoln 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 North Lincoln Hospital

INTRODUCTION

Community benefit is not a new concept for Samaritan Health Services (SHS) and Samaritan North Lincoln Hospital (SNLH). The 2020–2023 *Samaritan North Lincoln Hospital Community Benefit Plan Implementation Strategy* is a result of the 2019 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 SNLH 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

Established in 1967, Samaritan North Lincoln Hospital was designated as a 25-bed Critical Access Hospital (CAH) in 2000. With the construction of a new hospital in 2020, SNLH is now designated as a 16-bed CAH serving north Lincoln and south Tillamook counties. The hospital's licensed professional staff includes more than 40 local physicians, physician assistants and nurse practitioners. Services include obstetrics,

emergency and critical care, and health and medical/surgical services.

SNLH operates within the North Lincoln Health District, the mission of which is to deliver high-quality health care services to the District's residents and visitors. The SNLH organization comprises a wide range of health care services and delivers continuous care to this diverse and geographically dispersed 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.

Lincoln County is largely rural, with a population of only 47,881. However, it has seen roughly 18% population growth in the last decade. The largest populations are in Newport and Lincoln City, but many residents live in unincorporated areas such as Depoe Bay, Otis, Gleden Beach, Eddyville, Seal Rock and Agate Beach. Northern Lincoln County includes the Siletz Indian Reservation, which was created by treaty in 1855. In 1954, the Siletz's tribal status was terminated by the federal government. In 1977, the Tribe was the first in Oregon to have its federal tribal status reinstated as the Confederated Tribes of Siletz Indians. The reservation 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 the county health rankings conducted by the

University of Wisconsin and the Robert Wood Johnson Foundation. The 2019 *County Health Rankings* rated it 31st out of 36 counties for Health Outcomes and 29th for Health Factors. The low ranking relates closely to high rates of tobacco use, substance use disorders, chronic diseases and obesity, as well as low rates of childhood immunizations and preventive screenings.

DEMOGRAPHICS

As of 2018, Lincoln County’s estimated population is 47,881. The major cities and their populations follow.

COMMUNITY	POPULATION
Lincoln City	8,684
Newport	10,381
Toledo	3,540
Waldport	2,043

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

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

RACE / ETHNICITY	POPULATION
White / Caucasian	88.2%
Black / African American	0.6%
American Indian / Alaska Native	2.9%
Asian	1.1%
Pacific Islander / Native Hawaiian	0.2%
Latino / Hispanic	9.1%
Reporting two or more races	4.8%

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

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

HEALTH & SOCIAL INDICATORS	TOTALS
Median income	\$46,061
Unemployment	4.3%
Poverty	16.7%
Homelessness (adults)	216
Adequate prenatal care	80.6%
Childhood immunizations	61.0%
Uninsured children	5.6%
Child care slots (2012)	17/100
Child abuse and neglect (per 1,000 ages 0–17)	18.0%
Childhood overweight/obesity rate	38.1%
Free and reduced-price lunch eligibility	58.5%
Children 0–18 enrolled with a dental care organization (2018)	58.4%
Homeless students (2018–19 school year)	943
Teen pregnancy rate (ages 15–19, 2017)	14.4%
High school graduation rate	82.0%
Juvenile justice referrals (per 1,000 ages 0–17)	13.9%
Eighth-grade alcohol use in past 30 days	13.2%
Eighth-grade marijuana use in past 30 days	9.4%
Eighth-grade prescription drug use in past 30 days without a doctor’s orders	5.5%

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



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 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:

- 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
- 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 2019 and Children First for Oregon's *County Data Book 2019*.

SIGNIFICANT HEALTH NEEDS

In compliance with the Affordable Care Act and Internal Revenue Service regulation section 1.501(r)-3, SNLH has completed its 2019 CHNA to identify significant health needs in Lincoln County.

Survey data, along with focus group and key informant interviews, were examined by the SNLH 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.

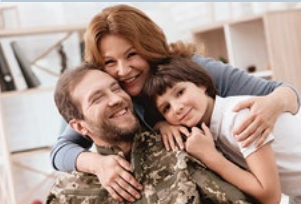
GOAL 2: GREATER ACCESS



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

Priorities: Not specified.

GOAL 3: BETTER NETWORKS



Increase social supports for families.

Priorities: Homelessness and adult shelter.

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: Child abuse and neglect, poverty, food insecurity.

GOAL 6: HEALTHY SENIORS



Increase social supports for seniors.

Priorities: Poverty and food insecurity.

ADDRESSING HEALTH NEEDS

The CBAC, the CCCWN and the site-based SACs jointly identified priority goal areas for addressing significant community health needs. 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. SHS and SNLH 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. It is also important to weave diversity, equity and inclusion throughout all services, supports, programs, activities, policies and practices for SNLH and SHS.

Mental health, behavioral health, dental health, and alcohol and drug treatment continue to be significant needs. SNLH continues to offer quality health services by integrating behavioral and mental health into primary

care clinics. SNLH also plans to integrate dental services into primary care clinics 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, SNLH 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.

SNLH 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 has also identified significant health needs SNLH is *not* addressing, such as safe and healthy housing, environmental issues and transportation barriers. Due to staffing and financial limitations, or lack of alignment with mission and vision, SNLH relies on 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 SNLH 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 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. SNLH 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.

PLANNED ACTIVITIES

The following activities are based on the 2019 Community Health Needs Assessment and represent only a sample of activities that support Lincoln 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. SNLH 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	SNLH data
Diabetes support groups	Prevalence of diabetes, 2018	SNLH data
Living Well workshops	Chronic disease diagnosis, 2018	OHA Living Well program stats
Maternity care coordination	1st-trimester prenatal visits, 2018	SNLH clinic data

CATEGORY B: HEALTH PROFESSIONS EDUCATION

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

Goal 2: Greater Access. SNLH 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 2: Greater Access | 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. SNLH 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	SNLH clinic visits

CATEGORY E: FINANCIAL & IN-KIND DONATIONS

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

Goal 2: Greater Access | Goal 2: Greater Access | Goal 3: Better Networks | Goal 4: Healthy Kids | Goal 5: Healthy Teens | Goal 6: Healthy Seniors. SNLH 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, SNLH 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 Management disaster preparedness reports
Community coalitions, commissions and boards	Community assessments and plans	County Health Improvement Plans Activities Reports – County Health Department
Mental Health Workgroup	Opioid-related admissions	SNLH admission records
Workforce development	Unemployment rate	Oregon Employment Department

UNADDRESSED COMMUNITY HEALTH NEEDS

SNLH 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 SNLH 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 SNLH staff often serving on agency boards or leading local coalitions working on these issues.



CONCLUSION

Samaritan North Lincoln Hospital (SNLH) has been supporting Lincoln 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 prevention services are available to residents of all communities, along with financial support through grants and donations to local non-profit agencies.

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

REFERENCES

- Center for Health Systems Effectiveness, Oregon Health & Science University. *Issue Brief, January 2020: Dental Care for Oregon's Medicaid-Enrolled Children in 2018*. Portland, OR, 2019.
- Children First for Oregon. *County Data Book 2019*. Portland, OR, 2019. <https://www.cffo.org/wp-content/uploads/2019/11/CFFO-County-Data-2019.pdf>
- Oregon Department of Education. *Oregon Statewide Report Card 2018–19*. Salem, OR, 2019. <https://www.oregon.gov/ode/schools-and-districts/reportcards/Documents/rptcard2019.pdf>
- Oregon Employment Department. “Northwest Oregon Area, County: Lincoln.” Salem, OR, 2019. Accessed February 10, 2020, through <http://www.qualityinfo.org>
- Oregon Health Authority, Center for Health Statistics. *Vital Statistics Annual Report 2017, Volume 1*. Portland, OR, 2019. <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Documents/2017/2017VitalStatsVolume1.pdf>
- Oregon Health Authority, Office of Health Analytics. “Hospital Reporting.” Portland, OR, 2019. <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>
- Oregon Health Authority, Public Health Division. “Oregon Behavioral Risk Factor Surveillance System (BRFSS).” Portland, OR, 2019. Accessed February 10, 2020. <https://www.oregon.gov/oha/PH/BirthDeathCertificates/Surveys/AdultBehaviorRisk/brfssresults/Pages/index.aspx>
- Oregon Health Authority, Public Health Division. *2019 Oregon Healthy Teens Survey: Lincoln County Report*. Portland, OR, 2019. <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/County/Lincoln%20County%20Profile%20Report.pdf>
- Oregon Housing and Community Services. “2019 Point-In-Time Count: Lincoln.” Salem, OR, 2019. Accessed February 10, 2019. <https://public.tableau.com/profile/oregon.housing.and.community.services#!/vizhome/2019Point-in-TimeDashboard/Story1>
- Oregon Housing and Community Services. *2008 Report on Poverty*. Salem, OR, 2009. http://library.state.or.us/repository/2009/200905111613341/OHCS_docs_PovRpt_PovertyReportWeb_2008.pdf
- Oregon Office of Rural Health. “Oregon Service Areas and their ORH Urban/Rural/Frontier Designation.” Portland, OR, 2019. Accessed February 10, 2020. <https://www.ohsu.edu/oregon-office-of-rural-health/orh-service-areas>
- Oregon State Archives. “Oregon Administrative Rule 409-023-0100: Hospital Reporting.” Salem, OR, 2009. 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. https://www.pdx.edu/sites/www.pdx.edu.prc/files/Replace_PopRpt09c_12_2010.pdf
- Samaritan Health Services, Research Development Office. “SHS Pediatric BMI Report.” Corvallis, OR, 2020.

U.S. Census Bureau. “QuickFacts: Lincoln County, Oregon: Population estimates, July 1, 2019, (V2019).” Washington, DC, 2019. Accessed February 11, 2020. <https://www.census.gov/quickfacts/fact/table/lincolncountyoregon/PST045219#>

U.S. Census Bureau. “2018 American Community Survey 5-Year Estimates, DP05 Demographic and Housing Estimates.” Washington, DC, 2018. Accessed February 11, 2020. https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP05&tid=ACSDP5Y2018.DP05&g=0400000US41_0500000US41041

U.S. Congress. “Public Law 111-148—Mar. 23, 2010: An Act Entitled The Patient Protection and Affordable Care Act.” Washington, DC, 2010. <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.” Washington, DC. <https://www.irs.gov/pub/irs-tege/rr69-545.pdf>

University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. “Oregon County Health Rankings and Roadmaps: Oregon 2019: Lincoln (LI).” Accessed February 11, 2020. <https://www.countyhealthrankings.org/app/oregon/2019/rankings/lincoln/county/factors/overall/snapshot>



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