



Good Samaritan Regional Medical Center Community Health Needs Assessment 2020-2023



Good Samaritan
Regional
Medical Center

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Introduction

Every three years, Good Samaritan Regional Medical Center conducts its Community Health Needs Assessment (CHNA). This CHNA was conducted in cooperation with several community partners along with community surveys, focus groups, key informant interviews and listening sessions. We also utilized information and data from the Benton County Community Health Needs Assessment that was completed in 2018 under the direction of the Benton County Health Department, as well as the Robert Wood Johnson/University of Wisconsin 2019 County Health Rankings, Children First for Oregon 2018 County Data Book, U.S. Census data and other Oregon-specific data. Many of the documents and websites used will be referred to throughout the CHNA.

This CHNA is based on the social determinants of health by describing information about the conditions and factors affecting people’s health across the county as well as indicators of health status. This CHNA was also developed by examining health through an equity lens to ensure everyone has the opportunity to be healthy throughout the region regardless of race, ethnicity, sexual orientation, gender, gender identity, age, faith, spirituality, physical abilities, mental abilities or veteran’s status.

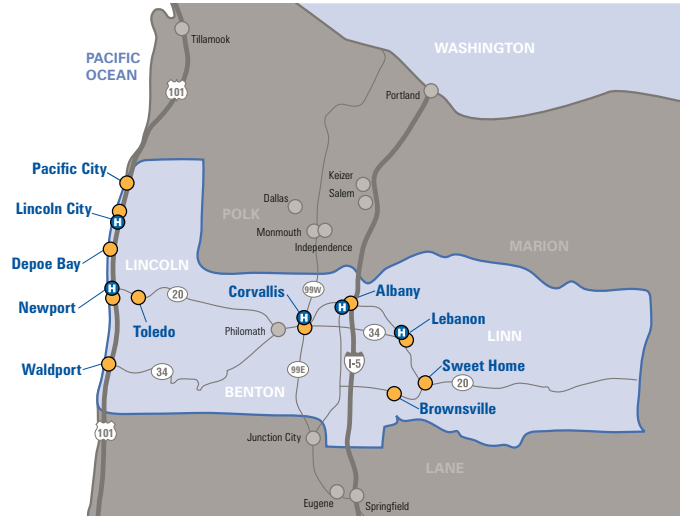
Organization

Good Samaritan Regional Medical Center (GSRMC), the largest of the five hospitals within Samaritan Health Services, Inc., is a 188-bed Level II trauma center. Established in 1913, construction began in 1918 with the doors opening in 1922. GSRMC serves all of Benton County as the primary medical facility. However, GSRMC also serves residents of Linn and Lincoln counties with regional programs including cancer, cardiac surgery, cardiology, vascular surgery and orthopedics. More than 1,700 employees and 200 volunteers keep the medical center and its clinics running and supporting our mission, “building healthier communities together.” In alignment with our values of **P**assion, **R**espect, **I**ntegrity, **D**edication and **E**xcellence, GSRMC supports the overarching goals of the social and physical environments that promote good health for everyone.

Service area

GSRMC service area covers all of Benton County. This includes the city of Corvallis, classified as a metropolitan service area, and home of Oregon State University.

Additionally, GSRMC serves the cities of Philomath, Monroe, Adair Village and Alsea along with very rural and frontier communities of Wren, Blodgett, Summit, Bellfountain and Kings Valley. GSRMC also serves portions of Polk County (Monmouth and Independence).



Community demographics

The community demographics of the GSRMC service area represents Benton County.

Based on the US Census, 2018 Quick Facts, Benton County has a population of 92,101 with the city of Corvallis having the largest population of 56,641. According to the Oregon Office of Rural Health, the population of the rural cities are: Alsea — 1,201; Monroe — 3,094; and Philomath — 4,715. The remainder of the population is scattered throughout unincorporated rural communities.

The community demographics based on race and ethnicity is the following:

Race/ethnicity	Population
White/Caucasian	86.5%
Black/African American	1.2%
American Indian/Alaska Native	0.8%
Asian	7.1%
Latino	7.3%
Native Hawaiian/Pacific Islander	0.3%
Reporting two or more races	4.1%

Source: U.S. Census Bureau, 2018 Census Quick Facts, Public Law 94-171 Summary File

The Hispanic population continues to be the highest growing group in the county, with Asian being the second largest. Although the majority of the population resides in Corvallis, at least 16% are Oregon State University students.

Health and social indicators are used to generalize the conditions of Benton County:

Health and social indicators	Totals
Median income	\$54,682
Unemployment	4.3%
Poverty	16%
Adequate prenatal care	81.7%
Immunizations	65%
Uninsured children	3.3%
Child abuse	8.8/1,000
Children on free and reduced lunch	38%
Homeless students	4.3%
Teen pregnancy	5.6/1,000
High school graduation rates	84.8%
Juvenile justice referrals	10.7/1,000

Source: Oregon Employment Department December 2018, Oregon Department of Education, U.S. Census Bureau, 2018 Census Quick Facts, Public Law 94-171 Summary File, 2018 Child Well-Being in Oregon County Data Book

Existing health care facilities

GSRMC is the only hospital serving the Benton County area. GSRMC also has 44 outpatient clinics, including a cancer resource center and a heart center. The Benton County government operates the Federally Qualified Health Clinics in Corvallis, Monroe and the rural health clinic in Alsea. The Corvallis Clinic, which is a for-profit health system, offers health care services in the cities of Corvallis and Philomath in Benton County. Advantage Dental Care, Capitol Dental Care and Willamette Dental are the major dental providers in the county, serving the Medicaid population as well as individuals on private insurance. Private practice oral health care providers are located throughout the county as well as private practice mental/behavioral health providers. There are also non-traditional health care services available in the county such as acupuncture, naturalists and alternative medicine providers. Private practice clinicians offer vision and hearing care. Birthing centers, urgent care facilities and medical express care services are other health care options available in the county. Community Outreach Inc., a local non-profit organization, offers free medical, dental and mental health clinics to uninsured and homeless populations in Corvallis and surrounding communities.

Data collection process

This CHNA contains both primary and secondary data. The data was identified and collected in a variety of ways. Local coalitions and community partners reviewed secondary data that is included in the CHNA such as homelessness, county obesity rates for children and adults, children on free and reduced lunch programs, immunization rates, etc. Primary data in the document is from GSRMC electronic medical records (excluding any patient personal information), surveys, focus groups and key informant interviews. This data was collected in the following ways:

- Online survey available to the public from January through April 2019.
- Paper surveys distributed to community partners and local agencies January through April 2019.
- Focus group held during March through July 2019.
 - Communities of color
 - Limited English Proficiency speakers
 - Seniors
 - Veterans
 - Youth
 - Low-income
- Key informant interviews conducted January through June 2019.
 - Agency Directors
 - Elected Officials
 - Community Leaders
 - Chief Executive Officers
- Listening session held July 2019.

A consultant facilitated focus groups, key informant interviews and the listening session. Qualitative information was also collected from internal committees of GSRMC by Community Health Promotion staff.

Examples of websites where secondary data was obtained is included in the Appendix.

Limitations

Data collected and included in the CHNA helps identify health issues in Benton County; however, the data is not inclusive of all the health-related issues that exists in the communities. The CHNA should not be considered a

formal study or a research document that analyzed and synthesized the primary and secondary data.

Significant health needs

The significant health needs of the community were identified through the data collection process. Health needs identified through the various data sets revealed mental and behavioral health services for children, youth and adults is the highest health need in the county. Treatment for substance use disorders including opioids, methamphetamines, heroin, cocaine, marijuana and alcohol ranked as the second highest need. Safe and affordable housing for veterans, families and seniors is also a significant health need. Other significant health needs and concerns identified are access to healthy food, incidents of child abuse/neglect, poverty, transportation, teen pregnancy, sexually transmitted disease, affordable child care and equitable services for marginalized community members.

Social determinants of health

Opportunities for health among residents of Benton County begin within their communities including their homes, neighborhoods, places of worship, workplaces and schools. A growing body of scientific research shows that all people benefit when communities invest in health.

The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”ⁱ These non-medical factors contribute to a large percent of preventable poor health outcomes. Social determinants include influences such as “early years’ experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health.”ⁱⁱ These aspects of health are often referred to as “upstream factors” since their effect occurs well before illness is manifest and curative intervention becomes necessary. GSRMC considered the social determinants of health when identifying the priorities and goals.

Prioritization

The prioritization process to address the needs in the community was inclusive of hospital and community partners in the region. The Good Samaritan Regional Medical Center Social Accountability Committee reviewed all of the primary and secondary data for Benton County. The committee also reviewed the data from the 2017–2021 Benton County Community Health Needs Assessment (co.benton.or.us/health) and the 2018–2022 Benton County Community Health Improvement Plan (co.benton.or.us/health/page/public-health). The priorities identified by the community are as follows: (1) healthy food systems, (2) housing, transportation and development, (3) mental wellbeing and community resiliency and (4) communicable disease prevention.

Based on the local and state data, along with the 2017–2021 Benton County Community Health Needs Assessment (co.benton.or.us/health) and the 2018–2022 Benton County Community Health Improvement Plan (co.benton.or.us/health/page/public-health), GSRMC has prioritized the following health needs to address during 2020 to 2023:

- Mental health/behavioral health
- Substance use prevention and treatment
- Housing/homelessness
- Access to care (medical and dental)
- Poverty
- Food insecurity
- Chronic disease/obesity
- Child abuse/neglect
- Transportation
- Diversity, equity and inclusion

Mental health/behavioral health



Thousands of adults and children across the U.S. and Oregon experience a mental/behavioral health disorder every day. This can include episodes of depression, anxiety, feeling isolated, suicidal ideation, etc. The 2019 County

Health Rankings reports the number of poor mental health days each month, both as a proxy for mental health diagnoses and as an indicator of overall mental wellness.

Residents of **Benton County reported an average of 4.2 poor mental health days over the previous month.** This measure is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Substance use prevention and treatment



The younger a person begins drinking regularly, the greater the chance that person will develop a clinically defined alcohol disorder. Youth who start drinking before the age 15, compared to those who start at 21, are far more likely to be injured while under the influence of alcohol, to be in a motor vehicle crash after drinking or to become involved in a physical fight after drinking.^{viii}

Middle and high school youth in Benton County report similar rates of binge drinking as other Oregon youths. Based on the 2018 Oregon Student Wellness Survey, **1.3% of Benton County 6th graders and 4.7% of 8th graders reported binge drinking in 2018.** This rate increases to 7.5% among 11th graders.^{ix} Binge drinking is consuming five or more drinks of alcohol in a row within two hours.

Housing/homelessness



Safe and adequate housing is crucial to the overall health of an individual and a community. With poor quality and inadequate housing, health problems such as infectious and chronic diseases, injuries and poor childhood development occur in families. Homelessness in Benton County and particularly Corvallis continues to be a very high concern in the community especially during the cold winter nights and hot summer days. The latest information for the homeless population data from **2017 indicates Benton County’s homeless rate at 3.2 out of every 1,000 people.**

Access to care



Access to care has broader implications than the ability to keep a medical or dental appointment. Access to care includes issues such as insurance coverage, transportation, capacity at a medical or dental site, language, physical mobility and co-payment requirements.

Approximately 6.3% of Benton County residents are uninsured, according to the U.S. Census Bureau 2013-2017 American Community Survey.

Poverty



Poverty can be directly linked to poor health outcomes. Poverty is related to both limited income and lack of economic stability, limited choices in education, employment, living conditions, and reduced access to safe places to live, work and play.

The U.S. Census Bureau determines the Federal Poverty Level (FPL) each year. The FPL was originally an estimate of the amount of money required to meet the cost of living for individuals or families. Currently, the FPL is a statistical threshold of poverty.ⁱⁱⁱ According to the 2018 County Data Book, Children First for Oregon, **13% of Benton County children live in poverty. The U.S. Census Quick Facts lists overall poverty level at 16% for Benton County.**

Food insecurity



Food security is defined as having enough to eat and being able to purchase or obtain healthy food in socially acceptable ways.^{iv} Adequate nutrition is particularly important for children, as it affects their cognitive and behavioral development. Children from food-insecure, low-income households are more likely to experience irritability, fatigue and difficulty concentrating on tasks, especially in school, compared to other children.^v The most recent data indicates a **15% food insecurity rate for Benton County.**

Chronic disease/obesity



Stroke, heart disease, diabetes, asthma and obesity are the primary chronic diseases that impact the communities throughout Benton County. Samaritan Health Services clinicians diagnosed **16,054 patients with diabetes in 2018 across Benton, Lincoln and Linn counties; 14.6% of those patients live in Benton County. Thirty-three percent of the 1,600 patients diagnosed with breast cancer live in Benton County.**

Child abuse/neglect



Child abuse/neglect are violations against children, from birth to 18 years of age, that result in imminent risk or serious harm to a child's health and welfare. The offense is committed by a parent, caregiver or a person who is responsible for the child's safety and protection.

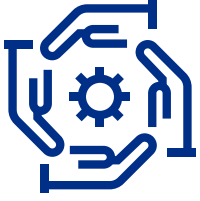
In 2018, there were a total of 1,591 reports of child abuse/neglect in Benton County. Of those reports, **59% were closed** at the time of screening and **41% were referred for investigation.** This resulted in 149 founded cases of abuse/ neglect against children.^v

Transportation



Access to public transportation is an important public good. Not only does taking public transportation provide additional opportunities for exercise, but the presence of public transportation also makes it easier for individuals and families without private transportation to access goods and services vital to maintaining health. These include grocery stores, health and dental care, and recreation facilities. In Oregon, counties with large metropolitan areas relative to county population size tend to have more public transportation options. **Approximately 50% of Benton County residents live within one-quarter of a mile from a bus stop.**^{vii} Most of those residents live in Corvallis and Philomath. Although distance to a public transportation route is one measure of the strength of a public transportation system, additional factors impact the strength of public transport, including frequency and hours of operation, direct routes and connections to other routes.

Equity, diversity and inclusion



In 2019, Samaritan Health Services (SHS) as a health system prioritized equity and inclusion as one of its focus areas under its four strategic priorities. After close examination of internal data focused on non-English speaking patients, ethnically and racially diverse patients, veteran, lesbian, bisexual, gay, transgender and queer patients, seniors and patients with physical and emotional disabilities, SHS is determined to provide health care at its highest level to all patients. Recently, SHS adopted the following equity and inclusion statement: “Samaritan Health Services strives to create an inclusive, respectful and responsive health care system that ensures everyone feels welcomed and supported. We are committed to treating all patients, visitors, employees and partners with compassion and dignity regardless of their race, ethnicity, sex, gender, sexual orientation, gender identity, religion/spirituality, physical or mental abilities, age, national origin, culture or class.”

Goals for the next three years

The GSRMC Social Accountability Committee agreed that its goals for 2020 to 2023 will remain the same as the prior three years. These goals helped establish the priorities to address significant health needs of the community while focusing on the social determinants of health through an equity lens.

- **Goal 1: Healthy families** — Increase physical activity, fitness and access to healthy, nutritious foods for children, youth and families.
- **Goal 2: Greater access** — Increase access to medical, dental and mental health support and services in the community.
- **Goal 3: Better networks** — Increase social supports for families.
- **Goal 4: Healthy kids** — Increase services and supports for children 0 to 12 years of age.
- **Goal 5: Healthy teens** — Increase services for adolescents and youth 13 to 20 years of age.
- **Goal 6: Healthy seniors** — Increase social supports for seniors residing in the community.

Services at Good Samaritan Regional Medical Center

The following six indicators provide a snapshot of the breadth and type of services provided by GSRMC over the past four years:

- Inpatient visits
- Emergency department visits
- Surgeries
- Infants delivered
- Imaging procedures performed
- Clinic visits

Inpatient visits

Inpatient care begins when a doctor makes a formal order to admit a person as an inpatient to the hospital. The length of inpatient care depends on the severity of the health issue and when the doctor deems it safe for the patient to leave. **From 2015 to 2018, GSRMC saw 35,804 inpatient visits averaging 8,951 patient stays per year.**

Emergency department visits

From 2015 to 2018, there were **113,367 emergency department visits** at GSRMC with an average of **28,342 visits per year.**

Surgeries

GSRMC offers surgical services in a number of specialties including, but not limited to, cardiac, cancer, gynecology, obstetrics, orthopedics, neurosurgery, urology and weight loss surgery. **From 2015 to 2018, a total of 39,557 surgeries** were performed at GSRMC **averaging 9,889 surgeries per year.**

Infant deliveries

The Center for Women and Families at GSRMC is a birthing center that offers a range of services and options including midwives, tub births and cesarean births.

From 2015 to 2018, there were 4,111 infant deliveries at GSRMC.

Imaging procedures

From 2015 to 2018, there were 254,308 imaging procedures performed at GSRMC. The past four years have seen a gradual increase in the number of imaging procedures annually, from **85,300 procedures in 2015 to 94,716 in 2018.**

Clinic visits

GSRMC offers **44 outpatient** clinics in the hospital's service area. Services provided include specialty care, family medicine, internal medicine, obstetrics/gynecology, pediatrics and urgent/walk-in care. With the implementation of the Affordable Care Act, an increased emphasis has been placed on holistic and preventive care, which can be provided efficiently at medical clinics. **From 2015 to 2018 there were 944,528** clinic visits at the various locations.

The annual hospital data is included in the appendix.

Community interest

GSRMC has strong partnerships with agencies and organizations in the community. To ensure an involved and inclusive process for developing the CHNA, a consultant was hired to conduct the focus groups and key informant interviews in Benton County to obtain the community's interest. This guaranteed representation of community members across Benton County. GSRMC serves on the Coast to the Cascades Community Wellness Network (CCCWN), a coalition of community leaders across the region and sectors includes public health, elected officials, education, higher education, oral health, mental/behavioral health and health care that are charged with overseeing the health and wellness of each county. The CCCWN is a reviewer and approver of the CHNA.

Community impact

GSRMC has provided services and supports to address the health needs prioritized in the previous CHNA. Through both internal and external activities focused on the community benefit areas, GSRMC utilizes a process evaluation method to determine community impact. The most significant health needs identified in the prior community health needs assessments included access to health care, substance abuse, homelessness, poverty, child abuse, oral health, mental health, alcohol abuse and transportation.

A variety of actions were taken to address the identified needs such as offering health fairs, workshops and classes to the community that addressed child abuse, homelessness, oral health, substance abuse and mental health. Since 2016, more than 15,000 residents participated in one or more of these events. To address the access to health care, GSRMC has provided transportation, interpretive services, increased medical office hours, expanded urgent care site hours, added SamCare Express sites and offered screenings, exams and complete physicals in local schools, Boys & Girls Clubs and senior centers. During this same timeframe, more than 3,600 residents were transported to a medical appointment and more than 20,000 were screened, examined or received supportive services. More detailed information on activities that support the priorities are contained in the 2019 Community Benefit Plan Implementation Strategy. GSRMC also provided more than \$2 million to non-profit organizations through direct financial support or in-kind contributions.

As highlighted throughout this document, there are many factors that influence and affect health outcomes, both positively and negatively, in Benton County. The CHNA provides an opportunity to identify the many health concerns and disparities that impact residents in their daily lives.

A health assessment is truly important to help identify needs and opportunities for improvement. At the same time, it is important to highlight the various resources and assets that are already successful within our communities. These resources and assets refer to the many types of human, social and economic resources that Benton County can offer to address problems. Organizations, agencies and partners within Benton County can collaborate to improve the health and quality of life for residents.

General health status

Benton County is considered to be one of the healthiest counties in the state, ranking first for health factors and second for health outcomes in the 2019 County Health Rankings. As one of the healthiest counties in Oregon, individuals are living longer and have a better quality of life.^x

Promoting health

Benton County is part of a three-county region that shares a long history of collaboration and partnership among various organizations and agencies to improve and promote health.

- Good Samaritan Regional Medical Center and Samaritan Health Services work together to improve the health of the people of Benton County by providing excellent health care and supporting social programs.
- Benton County has strong tobacco ordinances and other population-based prevention care programs that reduce the onset and incidence of many illnesses.
- The county has a commitment to and many years of experience with effective partnerships across a wide variety of public and private sectors, including a unique partnership between county and city departments that has grown strong over 10 years of working on public health issues together.
- The county has a history of caring and extensive community involvement in offering low-cost and/or free clinics for families.
- The county is particularly strong in offering excellent choices in medical care, dental care, vision care, elder

care, medical clinics, doctors, nurse practitioners and alternative medicine.

Social support networks

- Benton County has a long tradition of supporting diversity and inclusion, with an extensive list of non-profits, faith-based and university organizations that support building an inclusive community.
- The county has specialized support for people with mental illness, developmental disabilities and addictions.
- The county provides specialized support for at-risk school children and teens and their caregivers (through Community Services Consortium and the Old Mill School, e.g.)
- Community Services Consortium serves as the community action agency supporting the most vulnerable populations in the county.

Without being able to call out every organization and project that supports the health of Benton County, what is shown above only highlights a few examples; each example is the result of efforts by many community partners. A wealth of collective action and resources exists

within Benton County. Overcoming the many health challenges facing residents depends on this collective action and the vitally important part that each of our community partners play.

- Benton County has an excellent basic framework to assist homeless persons (e.g. emergency shelter, transitional housing and permanent affordable housing).
- The county is particularly strong in offering a wide choice in public schools, private schools and alternative schooling opportunities.
- The county has several service providers which provide adult education (e.g. literacy, GED and parenting courses).
- The county is particularly strong in offering job-seeking services, vocational training and general support for unemployed persons.
- The county maintains safe, well-marked roads and bike lanes that help prevent traffic injuries and chronic disease.
- The county has a history of collaboration among various sectors to promote many successful and progressive transportation and built environment programs (e.g. alternative mode options, Dial-A-Bus, PDX transit, safety sidewalk and ramp program, public transit).

References, hospital data and website resources

References

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- ⁱⁱⁱ U.S. Census Bureau. (n.d.). Poverty: How the Census Bureau Measures Poverty. Retrieved from census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html
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- ^v Bhattacharya, J., Currie, J., & Haider, S. (2004). Poverty, food insecurity, and nutritional outcomes in children and adults. *Journal of Health Economics*, 23(4), 839-862.
- ^{vi} Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. (2014). Linn County Snapshot: Poor mental health days. Retrieved from countyhealthrankings.org/app/oregon/2014/rankings/linn/county/outcomes/overall/snapshot
- ^{vii} Oregon Health Authority. (2015). Environmental Public Health Tracking. Retrieved from public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/EnvironmentalPublicHealthTracking/Pages/index.aspx
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- ^{ix} Oregon Health Authority, Public Health Division. (2015). Oregon Healthy Teens Survey: 2014/2015 School Year Results, 2015 County Reports. Retrieved from public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/2015.aspx
- ^x County Health Rankings 2019 Annual Report. Retrieved from countyhealthrankings.org/app/oregon/2019/rankings/benton/county/outcomes/overall/snapshot

Benton County hospital data: 2015-2018

Emergency department visits

2018	2017	2016	2015
29,238	28,539	27,912	27,678

Clinic visits

2018	2017	2016	2015
251,247	254,451	221,562	217,268

Surgeries

2018	2017	2016	2015
10,167	9,853	9,692	9,845

Inpatients

2018	2017	2016	2015
8,182	8,990	9,181	9,451

Deliveries

2018	2017	2016	2015
949	1,004	1,090	1,068

Imaging

2018	2017	2016	2015
94,716	86,161	88,131	85,300

Year	Diabetes	Prostate cancer	Breast cancer	Lung cancer
2018	14.6%	20.53%	33.63%	16.9%
2017	14.27%	21.75%	34.79%	16.59%
2016	14.76%	19.36%	32.12%	14.74%
2015	15.41%	20.43%	30.19%	14.31%

2019 Community Health Needs Assessment data websites

Adult health data: survey results

- Oregon Health Authority: oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/index.aspx

Adult justice data: arrest, crimes

- Benton County Sheriff's Office: co.benton.or.us/sheriff/page/your-benton-county-jail
- Lincoln County Sheriff's Office: co.lincoln.or.us/sheriff/page/jail-inmate-info
- Linn County Sheriff's Office: linnsheriff.org/jail/jail-history-and-population/

Assistance programs: food stamps, financial assistance

- Oregon Department of Human Services: oregon.gov/DHS/assistance/pages/data.aspx

Asthma conditions: asthma hospitalizations

- Oregon Health Authority: oregon.gov/oha/ph/healthyenvironments/trackingassessment/environmentalpublichealthtracking/pages/data-explorerer.aspx

Child abuse and neglect data: reports, foster care

- Oregon Department of Human Services: oregon.gov/oha/ph/healthyenvironments/trackingassessment/environmentalpublichealthtracking/pages/data-explorerer.aspx

Chronic diseases: Oregon chronic disease data

- Oregon Health Authority: oregon.gov/oha/ph/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx#hdd

County data books: substance use, mental health

- 2019 Oregon Data Books: countyhealthrankings.org/app/oregon/2019/overview
- Children First of Oregon: cffo.org/programs/research-data/
- Robert Wood Johnson: rwjf.org
- Centers for Disease Control: cdc.gov

County demographic: populations, income, health insurance, poverty

- U.S. Census Quick Facts: census.gov/quickfacts/fact/table/lincolncountyoregon,bentoncountyoregon,linncountyoregon,US/PST045218

County health services data: local health services, substance use, behavioral and mental health

- Benton County Health Department: co.benton.or.us/health
- Lincoln County Health and Human Services: co.lincoln.or.us/hhs
- Linn County Health Services: linncountyhealth.org

Employment data: unemployment rates

- Homefacts: homefacts.com/unemployment/Oregon/Benton-County.html
- Homefacts: homefacts.com/unemployment/Oregon/Lincoln-County.html
- Homefacts: homefacts.com/unemployment/Oregon/Linn-County.html

Food distribution data

- Community Outreach Inc.: communityoutreachinc.org/
- Food Share of Lincoln County: foodsharelincolncounty.org/
- Linn Benton Food Share: communityservices.us/nutrition/detail/category/linn-benton-food-share
- Oregon Food Bank: oregonfoodbank.org/

Healthy teen data: survey results

- Oregon Health Authority: oregon.gov/oha/PH/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx

Higher education data: enrollments, degrees, certificates

- Oregon Higher Education Coordinating Commission: oregon.gov/highered/research/Pages/student-data-univ.aspx

Housing and homeless data

- Community Outreach Inc.: communityoutreachinc.org/ and communityoutreachinc.org/2018report/
- Community Services Consortium: communityservices.us/housing/
- U.S. Council on Homelessness: usich.gov/homelessness-statistics/or/
- Oregon Public Health: oregon.gov/oha/PH/About/Pages/HealthStatusIndicators.aspx

Hunger data: food insecurity

- Feeding America Benton: map.feedingamerica.org/county/2017/overall/oregon/county/benton
- Feeding America Linn: map.feedingamerica.org/county/2017/overall/oregon/county/linn
- Feeding America Lincoln: map.feedingamerica.org/county/2017/overall/oregon/county/lincoln
- Children First of Oregon: cffo.org/programs/research-data/

Juvenile justice data: arrests, crimes

- Oregon Youth Authority: oregon.gov/oya/Pages/jjis_data_eval_rpts.aspx

K-12 education data: school enrollments, high school completion, high school dropout rates

- Oregon Department of Education: oregon.gov/ode/reports-and-data/students/Pages/default.aspx

Public health programs data: general health services

- Oregon Health Authority: oregon.gov/oha
- Oregon Health Authority Public Health: oregon.gov/oha/PH/Pages/index.aspx

Teen pregnancy data: births, prenatal care

- Oregon Health Authority: oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/birth/documents/2018/birthapc18.pdf
- Oregon Health Authority: oregon.gov/oha/ph/healthypeoplefamilies/datareports/prams/pages/index.aspx

Tobacco use: tobacco fact sheets

- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Linn-TobaccoFactSheet_FINAL.pdf
- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Benton-TobaccoFactSheet_FINAL.pdf
- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Lincoln-TobaccoFactSheet_FINAL.pdf



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