Samaritan Albany General Hospital

Community Health Needs Assessment Appendix 2020-2023

Samaritan
Albany General
Hospital

Appendix A

Community perceptions on the health of Linn County

Overview of Samaritan Albany General Hospital

Key informants and focus group participants feel that health and quality of life have stayed the same or improved over the past three to five years in Linn County due to the economic recovery and expanded health coverage. Other positive factors include investments in early childhood education and a heightened focus on adverse childhood experiences, the social determinants of health and health equity. Quotes throughout this report were derived from key informants and focus group participants.

Linn County has begun to suffer from a lack of affordable housing, which has a negative impact on community health and stability. Low-income and rural communities have seen less improvement than others, while marginalized populations have suffered a decline in health and quality of life. Increased social tensions around race and immigration have taken a toll on communities of color. Oppression-related fears and stresses can both cause and worsen health problems, while also making people less willing to seek care. Other negative factors include food insecurity, lack of transportation, and a growing unmet need for mental health services.

What are the biggest health problems in Linn County?

Mental/behavioral health

Linn County has a severe lack of acute and long-term mental and behavioral health services for children and youth, people with substance use disorders (SUDs), marginalized communities and veterans. For children and youth in particular, wait times are dangerously long: Access to therapy can take six months to two years even with a DHS referral. The Oregon Healthy Teens Survey indicates rising levels of depression and anxiety for county teens, but existing services are not adequate to meet their needs.

Homelessness/housing

Lack of access to safe and affordable housing is a major health problem, taking a toll not just on the mental and physical health of individuals and families, but also threatening community stability. Services for the homeless are inadequate; also, a lack of transitional housing and caseworkers who would staff these facilities if they existed — limits options for people with mental health issues, SUDs and disabilities.

Food insecurity

Lower-income and rural residents often lack access to healthy food. Even where quality food is locally available, the lower cost of junk foods, coupled with time pressures and a lack of nutrition education and awareness, contributes to childhood and adult obesity, diabetes and other chronic conditions. Although fresh fruits and vegetables are often recommended as a key to better health, residents who lack access to dental care or dentures may not be able to chew these foods.

Access to care

Cost often leads even relatively affluent residents to avoid seeking care. Other barriers include a lack of providers, long wait times for appointments, health inequities, lack of child care and transportation, inadequate dental and vision coverage, and the difficulty of navigating the health care system.

Poverty

As housing and other costs rise, fewer county residents are earning a living wage, which increases their mental and physical stress and limits their access to medicine, nutritious foods, and other health essentials.

Who has poor health and quality of life?

Low-income

Low-income residents — including those on the Oregon Health Plan (OHP), the uninsured and underinsured — tend to have poorer health and quality of life as well as less access to preventive and primary care and to the social determinants of health. They may also be treated inequitably by providers.

The housing shortage affects health and quality of life across every age group and contributes to the county's mental health crisis. People struggling with housing costs are often forced to choose between shelter, food and medicine. Residents in substandard housing may face mold exposure, inadequate heating and other health

and safety issues. For people with no fixed address, the stress and stigma of living unhoused are compounded by the difficulties of navigating the health care and social service systems.

Underrepresented

Communities of color face "structural racism and bias that keeps them from being as healthy as they can be." The intensification of racist attitudes toward Latino communities is taking a heavy psychological toll on these residents, who are "constantly derided and chastised as being criminal and not being worthy of being in the United States." Migrant communities face additional "social pressures with federal immigration authorities and with the current socio-political atmosphere," which often causes them to avoid seeking care to which they are legally entitled. For those who do seek care, the lack of culturally competent providers can make that care less effective.

People with limited English skills, such as the region's recent influx of migrants from Guatemala, face barriers in receiving one-on-one care and in navigating the system.

LGBTQ communities face the stresses experienced by marginalized populations along with specific health issues providers may not recognize (e.g., issues relating to hormone therapy). These stresses lead to a higher rate of mental health issues and SUDs, including tobacco use. Providers and staff have a tendency to deadname trans individuals and some also reported resistance to being educated on this topic.

People with mental/behavioral health issues

Residents with mental and behavioral health issues including SUD face significant health challenges in addition to the costs, navigational difficulties and stigma associated with mental illness and substance use. Families that have been stressed by poverty for multiple generations experience higher rates of behavioral issues, including substance use, domestic violence and child abuse.

Seniors

As Linn County ages, seniors are challenged by the rising cost of living — especially those who are on a fixed income and struggling with housing costs. Low-income seniors who lacked access to health care for years or decades may have costly untreated health problems and also may not know how to access care.

Socially isolated

This includes people with a lack of family or relationship supports as well as a lack of social connections and a sense of belonging with the larger community.

- Veterans have unique health issues, including high rates of cancer (especially among veterans of Vietnam, Iraq and Afghanistan), chronic illness and suicide. For younger veterans, the main issue is lack of access. The region's two community-based outpatient clinics have limited capacity. Services in Salem are closed to new patients and wait times in Eugene are approaching three months. Veterans Choice has made local care more available but wait times can be as long as three weeks depending on the veteran's length of service.
- Parents who lack child care often have a lower quality of life than people with access to this resource.

What are the main barriers to improving health?

Access to care

The complexity of accessing health care can be daunting, especially for those of a low socioeconomic status (SES) and newly insured patients. Even affluent residents reported that they sometimes find it difficult to navigate the system and to understand insurance coverage.

While coverage has increased, costs remain prohibitively high for many working residents. The high cost and minimal coverage of dental and vision insurance has made these essential services hard to access even for many middle-class residents. These problems are exacerbated by the steep rise in housing costs.

Lack of transportation is a barrier not just in rural areas, but also for Albany residents who must leave town for specific services. Even within Albany, the county seat and largest city in the county, multiple seniors said they are afraid to ride public transportation due to the presence of homeless people and people with mental health issues.

Rural and isolated residents tend to lack local providers and health resources as well as adequate public transportation. Bad weather or flooding can complicate or prevent medical visits.

Many providers are not accepting new patients. Patients who have a provider may face wait times of several months, leading them to seek care at the emergency department instead. Hostile or unwelcoming staff can

discourage patients, as can strict office policies such as canceling appointments for patients who are slightly late or removing non-regular patients from the system. Also, some Linn County residents are unwilling to go to Samaritan Albany General Hospital, which may be increasing demand at Good Samaritan Regional Medical Center.

Lack of services and providers

A severe lack of mental health providers and facilities results in long wait times, especially for children who need counseling. A shortage of primary care providers has increased wait times and made it hard to find providers who will accept new patients. In addition, some informants feel that the hospital system discharges patients too early based on cost considerations and does not provide appropriate follow-up care.

Racial and ethnic inequities

Identification requirements make it difficult for undocumented residents to access urgent care, causing them to go to the emergency department or forgo care altogether. Due to a lack of non-English information and navigation services, people with limited English skills often have to rely on word of mouth to identify available resources.

Lack of information or motivation

Many residents lack basic health literacy and awareness. In some cases, they actively de-value or mistrust it due to negative experiences or beliefs.

Online health misinformation aggravates these problems by encouraging people to believe they know better than medical providers on issues like vaccines and water fluoridation; this makes some residents unwilling to access care even when it's available.

What are the main assets or strengths?

Samaritan Health Services (SHS), with which SAGH is affiliated, is a very strong asset and does tremendous things.

Community health resources/programs

Programs and campaigns that educate the public on health literacy and navigation are a vital asset, as are community workshops, classes and gyms.

Community-based organizations (CBOs) address a wide range of health problems and social-emotional needs. These include Spanish-language faith organizations that provide culturally and linguistically appropriate assistance. Various safety-net services provide "the immediate, basic human needs." These could be built on "to improve family-centered support services," especially for at-risk children. Linn County and SHS have partnered to provide trauma-informed training to service providers.

Last, the area has abundant natural resources and attractions that could be developed to improve access to healthy activities.

Medical providers/facilities

SHS is viewed as a major community asset and as an essential partner in health improvement efforts. Linn County Health Department was also praised for its strong community health planning: The region's health workforce is viewed as committed and compassionate, and InterCommunity Health Network CCO was cited for its work on health system transformation.

Urgent care clinics, particularly SamCare Express, were praised by key informants and focus groups.

Community coordination/collaboration

Existing partnerships between public health, social services, schools, the hospital system, local government and CBOs are a strong asset. Collaborating with health navigators and community health workers, like in school settings, is helping to increase access to care for under-served families. Sponsorship of community events by providers like SHS communicates a sense of investment in community well-being.

Linn County benefits from health advocates who are working not just to fill service gaps but to move the system toward equity. As a relatively small and close-knit community, Albany has a culture of engagement and empowerment that holds great potential for achieving change if informed by evidence-based guidelines.

What is Samaritan's role?

Samaritan is such a huge part of the overall workforce and the overall image of our community. I constantly hear people talking to me in my work, and then also in our community, about the fact that Samaritan needs to lead the charge on this. You know, all roads lead through Samaritan.

Community outreach

As a high-profile source of multilingual health literacy and disease prevention education, SHS plays "a huge part in helping folks lead better, more healthy lives." Classes and workshops on topics like diet and exercise help also increase the hospital's visibility as an active, engaged and trustworthy partner in community well-being.

Partnerships/collaboration

SHS is ideally positioned to collaborate with other agencies on identifying and addressing gaps and inequities: "It needs to be an equal partner with the health departments and other local agencies. They need to be at that table, and not necessarily be the leader or a follower, but they need to be an equal partner in those system discussions."

Access to care

The primary role of SHS is to coordinate transitions of care between the hospital and all other community providers. This includes follow-up, post-surgical care, transportation and medication assistance, as well as working with non-emergency services to reduce readmissions (especially for chronic and mental health conditions). SHS also needs to promote and deliver preventive care and wellness education. Because mental and behavioral health are integral both to individual and community health, acute and long-term services must be fully integrated into primary care and wraparound services.

Given the importance of housing to overall health and to the health workforce, SHS has a role to play in supporting transitional shelter, housing and caseworkers, and in providing workforce housing so that employees don't have to commute or to live in high-cost or substandard housing.

Health equity

As a high-profile employer, care provider and community partner, SHS has a basic responsibility to promote health equity and workforce diversity, ensure access for all communities, address organizational bias, and demonstrate cultural competence in interpersonal and clinical contexts so that all residents receive respect, dignity and appropriate care. SHS should use its credibility and visibility to disseminate information that will "help people understand what their best options are and what they need to learn" to be healthy. It should also make classes, workshops and facilities more welcoming, especially for communities of color.

Systems change

The social determinants of health make a "huge difference on community health" — especially for children already suffering adverse childhood experiences — and "have to be key considerations for pretty much everything Samaritan does." Housing and transportation were the most commonly cited concerns. Although "the housing issue is one that is really complicated and really expensive to address," it will have the biggest effect on improving community health.

Because "no one organization can solve this," new collaborations are necessary. Samaritan could also provide or fund caseworkers for homeless residents; one informant suggested that some amount of caseworker hours may be billable through OHP.

SHS should continue to value and act on the recommendations of staff who focus on health equity. To reach historically underserved communities, Samaritan should work closely with organizations that already know and serve them, such as the Office of International Studies at OSU, churches and faith communities, schools and nursing homes. It should also offer or support culturally appropriate navigation services and educational outreach programs.

SHS should train its workforce on cultural competence with all community members, including LGBTQ and lower-socioeconomic residents. Providers should understand how factors like race/ethnicity affect symptoms and diagnostic criteria. Historically, structural bias within the medical system has included a lack of training on issues affecting people who do not have white skin. As a result, conditions like jaundice in nonwhite babies may be missed, while dark birthmarks may be interpreted as indicators of domestic abuse. These factors contribute to a climate of mistrust that is based in part on Oregon's history as a state explicitly founded on the principle of white supremacy. Honest discussion of this history could help staff to understand the wariness communities of color often feel toward doctors and nurses, especially if the discussion is led by health care professionals of color who have experience of racism and bias both as patients and providers.

Last, SHS should deploy its resources and its influence to encourage upstream prevention and public health measures, especially for high-risk populations like the homeless. This includes facilitating and collaborating on CCO 2.0 by shifting financial drivers toward prevention and primary care.

To improve the quality of care, SHS should take steps to strengthen the doctor/patient relationship by offering more flexible scheduling options, reducing doctor turnover and taking patient preferences into account when assigning them to providers.

Because many seniors don't want to drive after dark and may be afraid of riding public transportation, SHS should look for ways to make classes more accessible, such as providing them at senior centers. It could also promote offerings at SAGH by offering "sample" versions of the classes in smaller communities.

To improve community navigation skills, SHS should help residents understand how to use insurance and how, when and where to access care. This can be done collaboratively with schools, CBOs and other partners who serve hard-to-reach populations. These efforts should emphasize the hospital's role as a source for preventive care. Among migrant communities, SHS should make it clear that "people have a right to health care regardless of immigration status."

Think outside of the buildings! Improving the health of the community isn't about a clinic or office. It's investing in the community — community projects, community-level work outside. Not making people come to you to be healthier, but going to where they are.

At the community level, SHS needs to focus on "the improvement of population health for the chronic diseases that we see most: cardiovascular disease, obesity, diabetes, mental health." It should also improve care coordination and follow-up: "Not just going to the doctor and getting your medication, but what are your barriers to taking your medication?" Because cost remains a major barrier, SHS should take steps to reduce costs where possible.

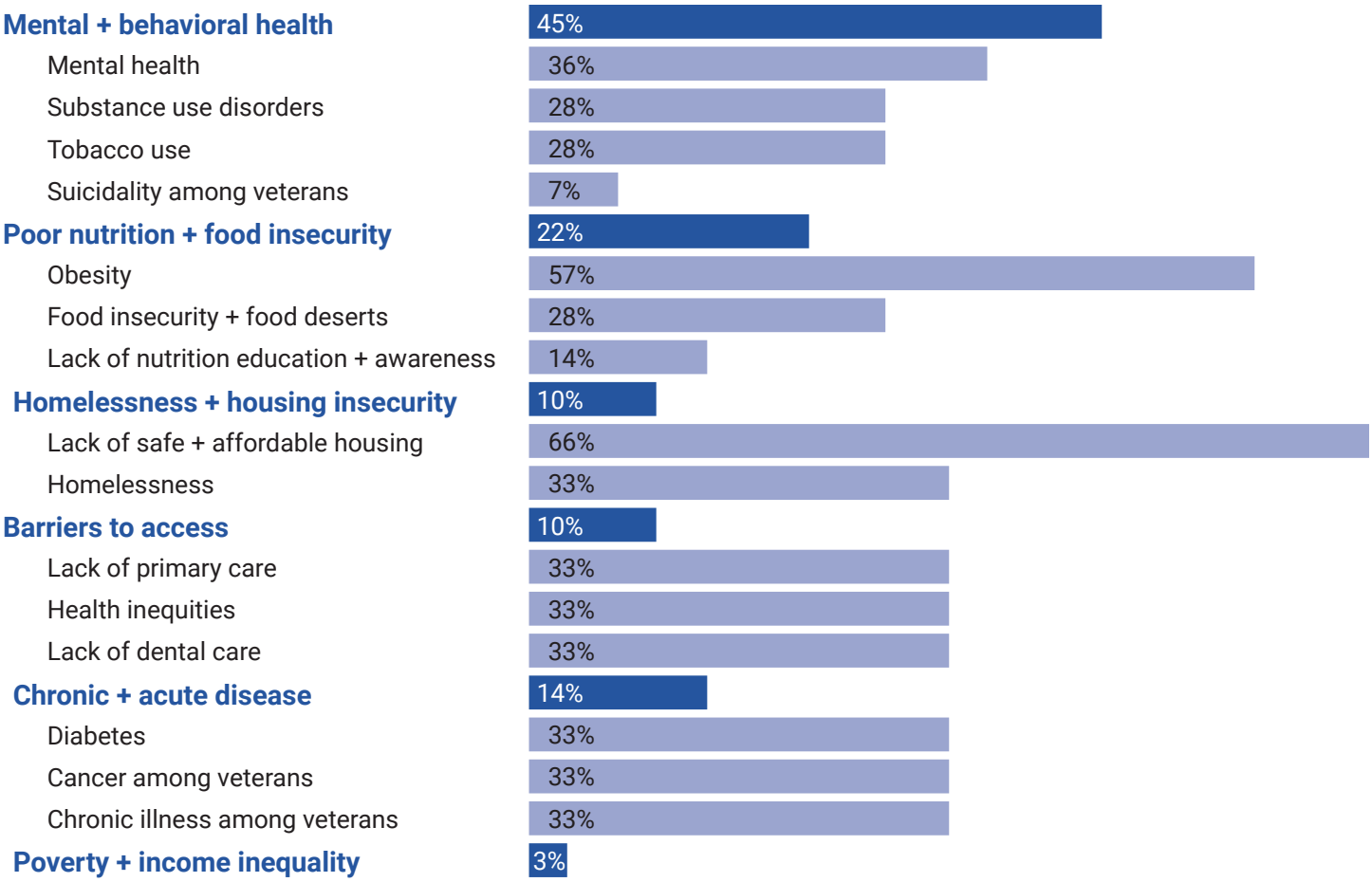
Workforce

SHS should focus on "recruitment and retention of mental health supports, all the way through from the therapists to the psychiatrists" and fully integrate mental and behavioral health. This includes promoting a deeper understanding of mental health crisis especially among emergency department staff that goes beyond ascertaining whether someone is suicidal: "The focus on just simply loss of life is not of value to the people that are in a crisis."

Timely services for children and youth are crucial because they can avoid costly and life-threatening problems later in life: "Getting that squared away as early as possible can have such a positive impact down the road that I think it can avoid a lot of those bigger things."

1. How healthy is your community?

2. What are the one or two biggest health problems in your community?



3. Has health and quality of life in your community improved, declined or stayed the same over the last three to five years?

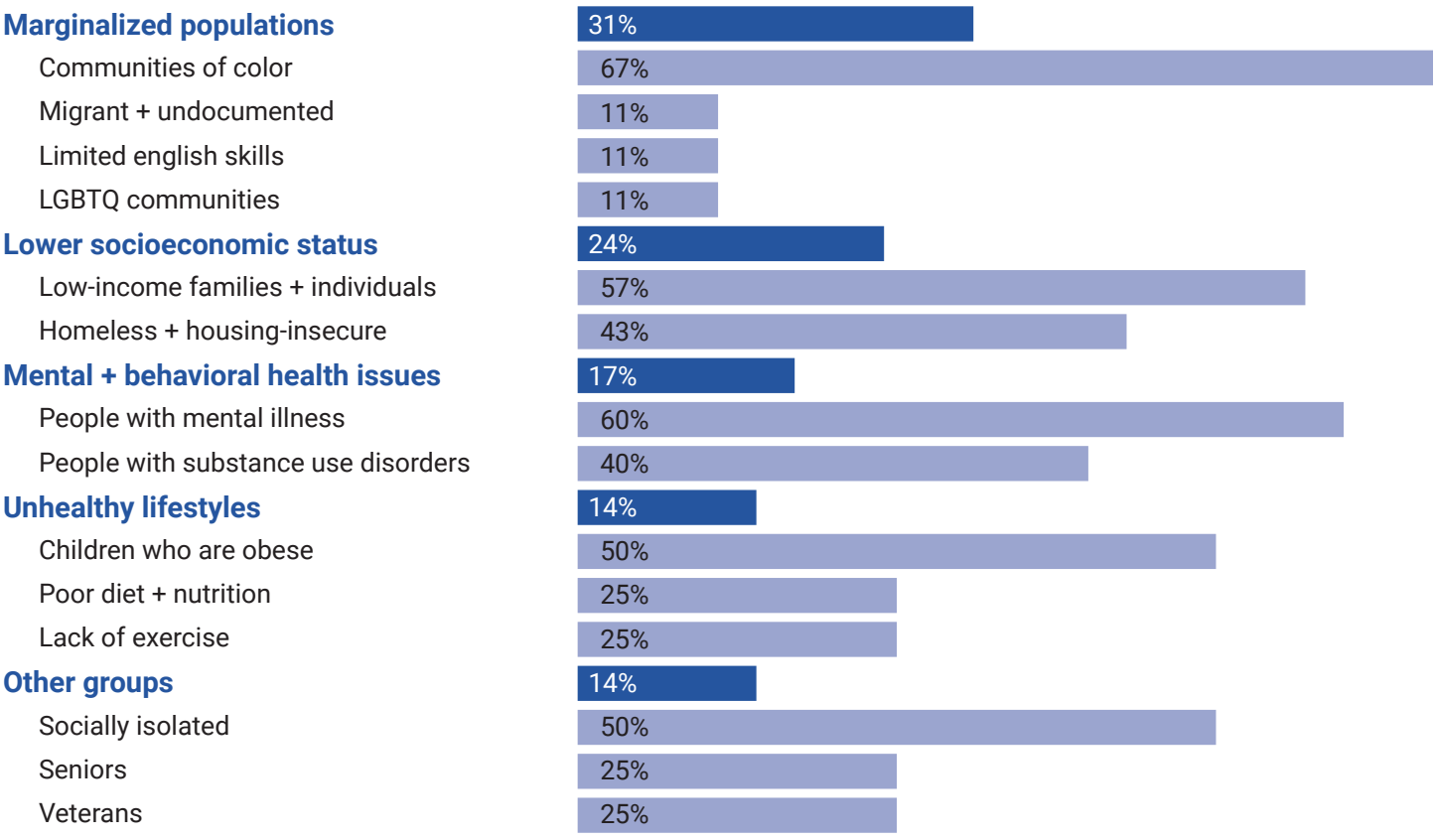
Negative Factors

- Housing crisis
- Substance use disorders
- Oppression-related stress
- Social division and online bullying
- Lack of political will
- Lack of bilingual resources
- Marijuana legalization
- Lack of mental health services
- Cost of care
- Lack of health literacy

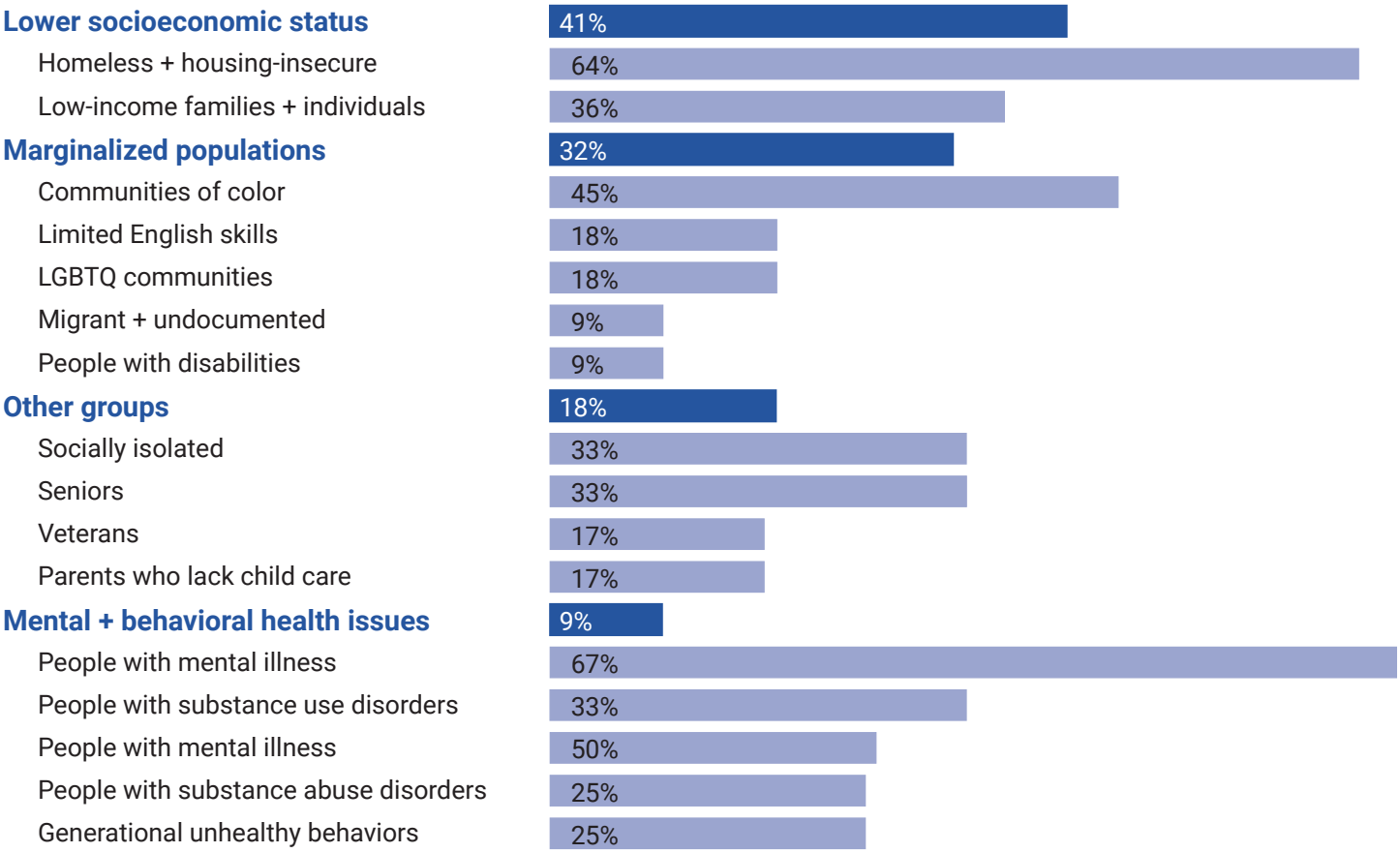
Positive Factors

- Veterans Choice program
- Expanded health coverage
- Stronger economy
- IHN-CCO
- Free events and amenities
- Robust social services
- CBO services + advocacy
- Improved awareness of health + wellness
- Investments in community

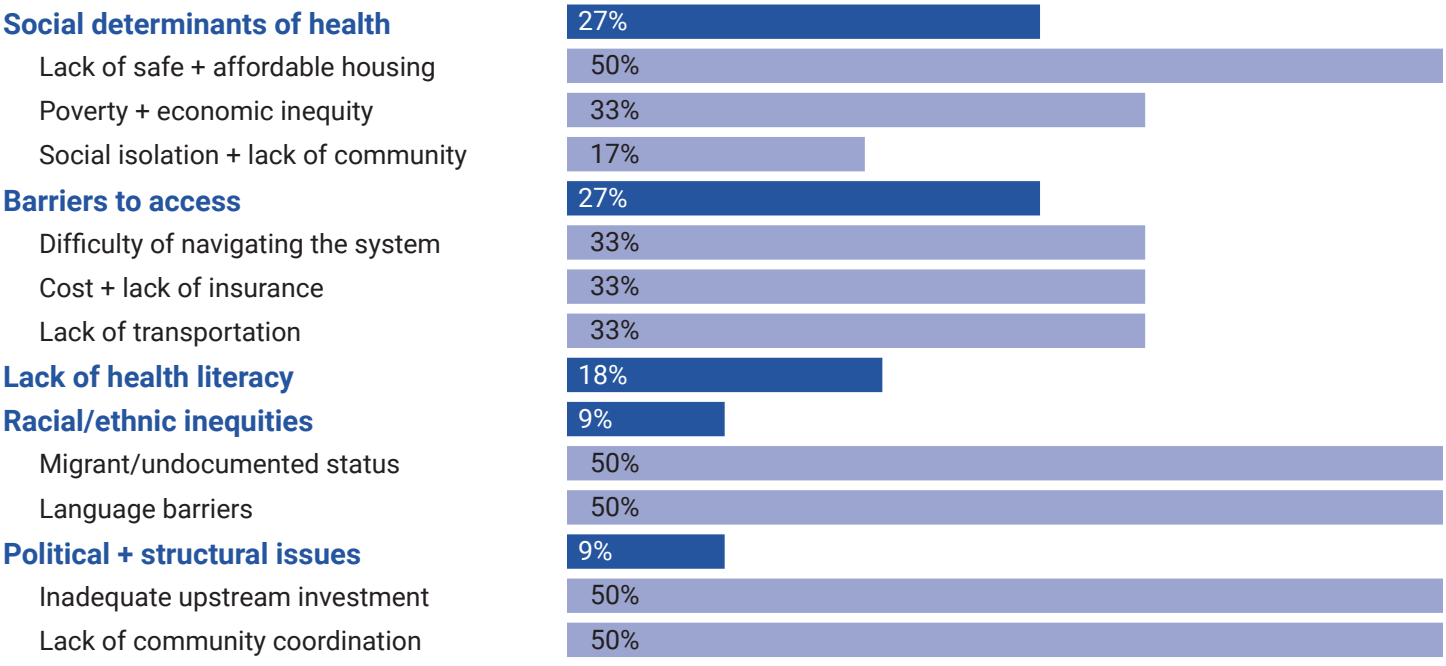
4. Who is most likely to have poor health in your community?



5. Who is most likely to have poor quality of life in your community?

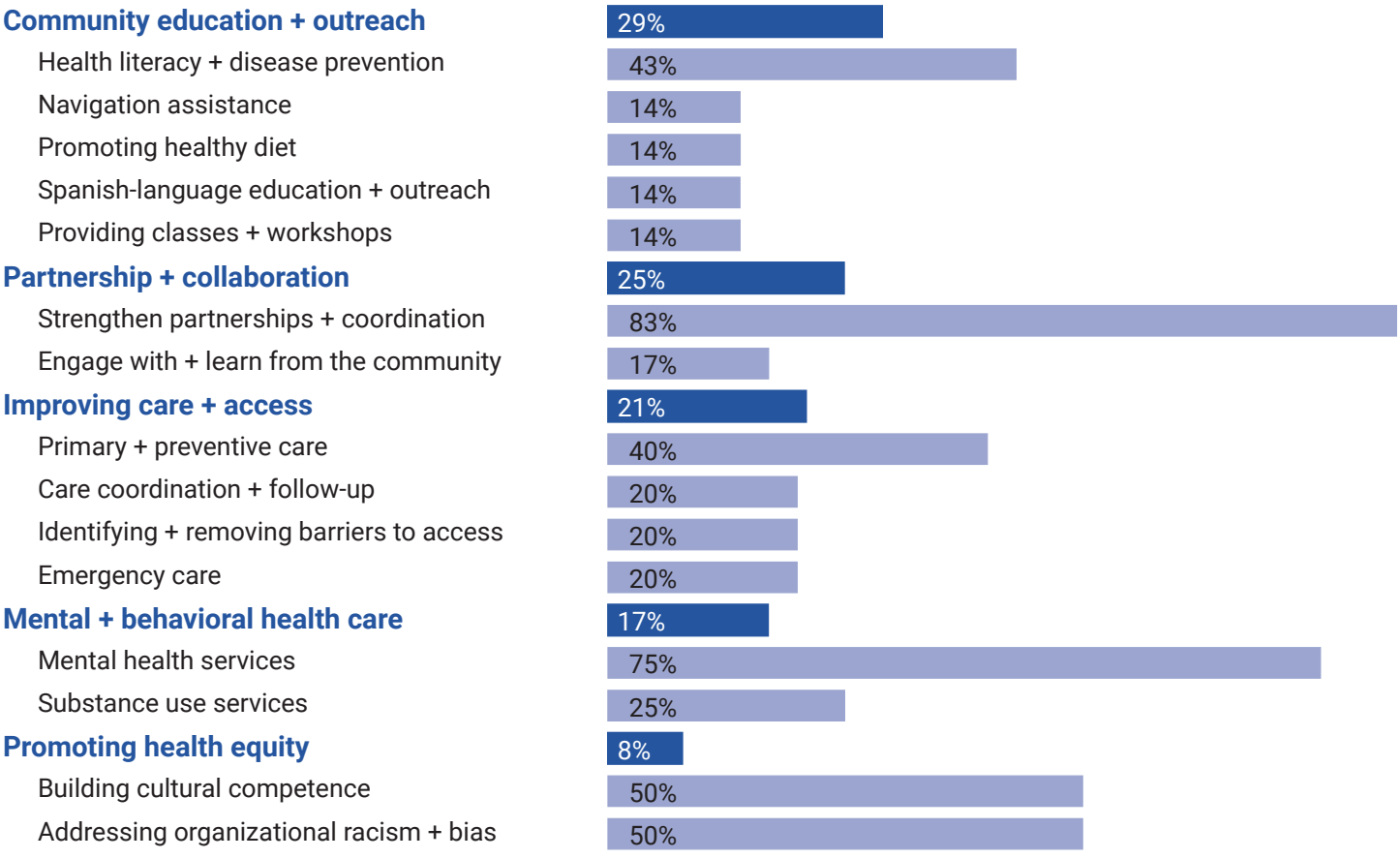


6. What are the most significant barriers to improving health in your community?

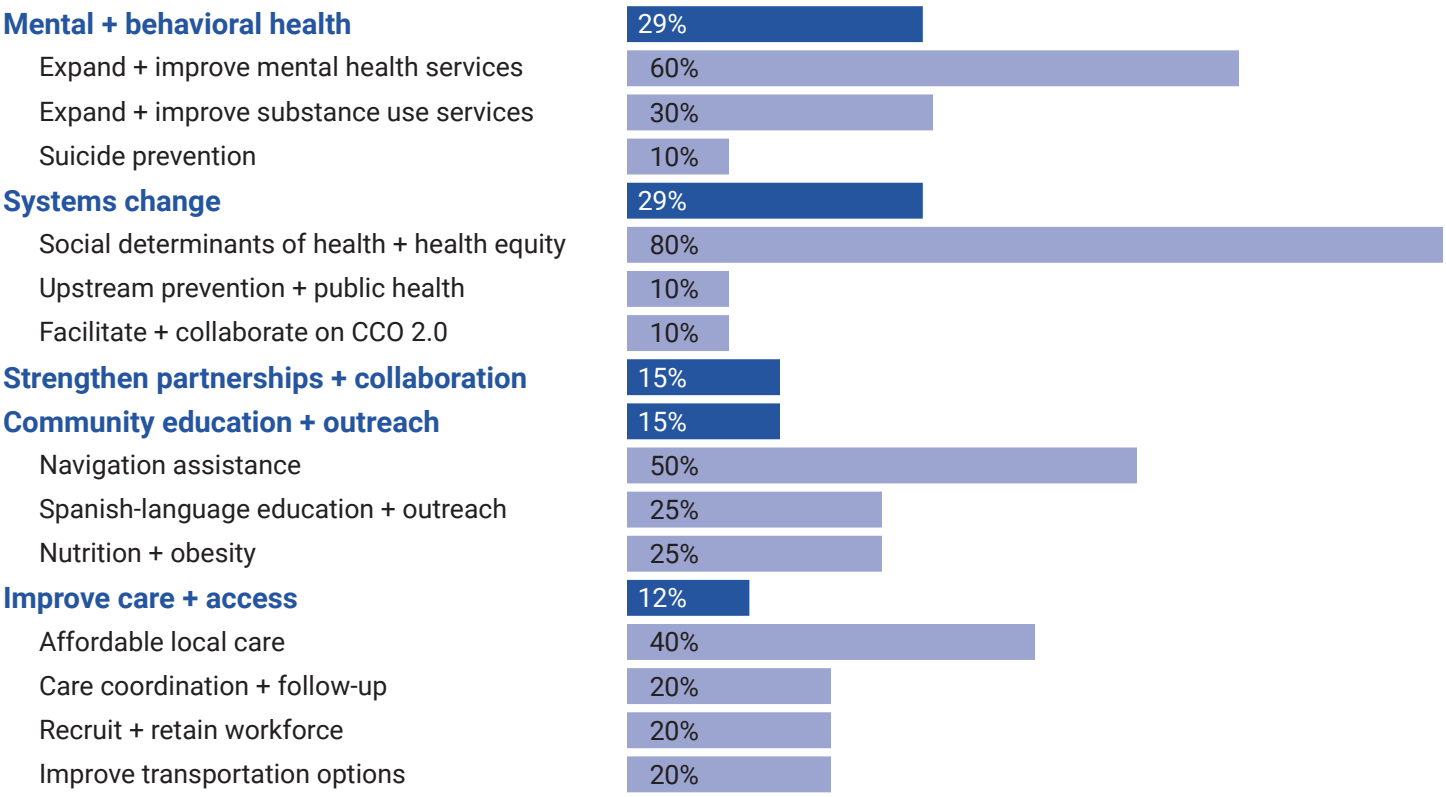


7. What are the most important strengths or assets for improving health in your community?

8. What is SAGH's role in improving community health?



9. What should Samaritan's priorities be over the next three to five years?



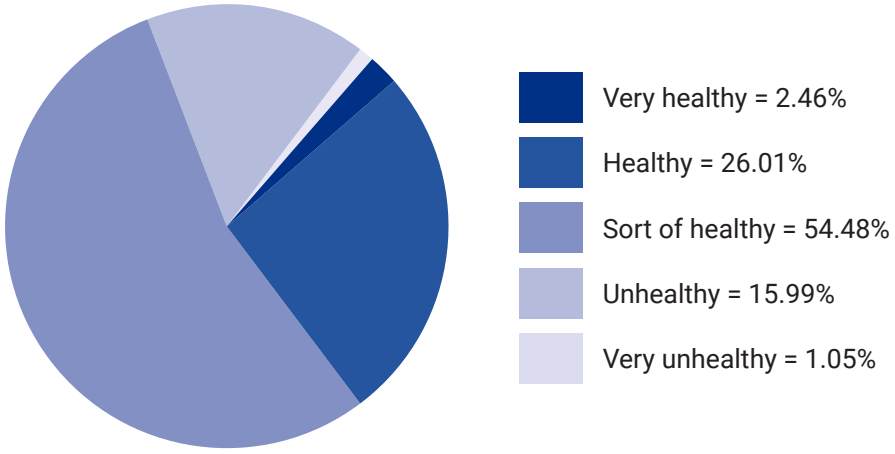
Appendix B
Survey Results: June 2019

Community Health Needs Assessment Survey:

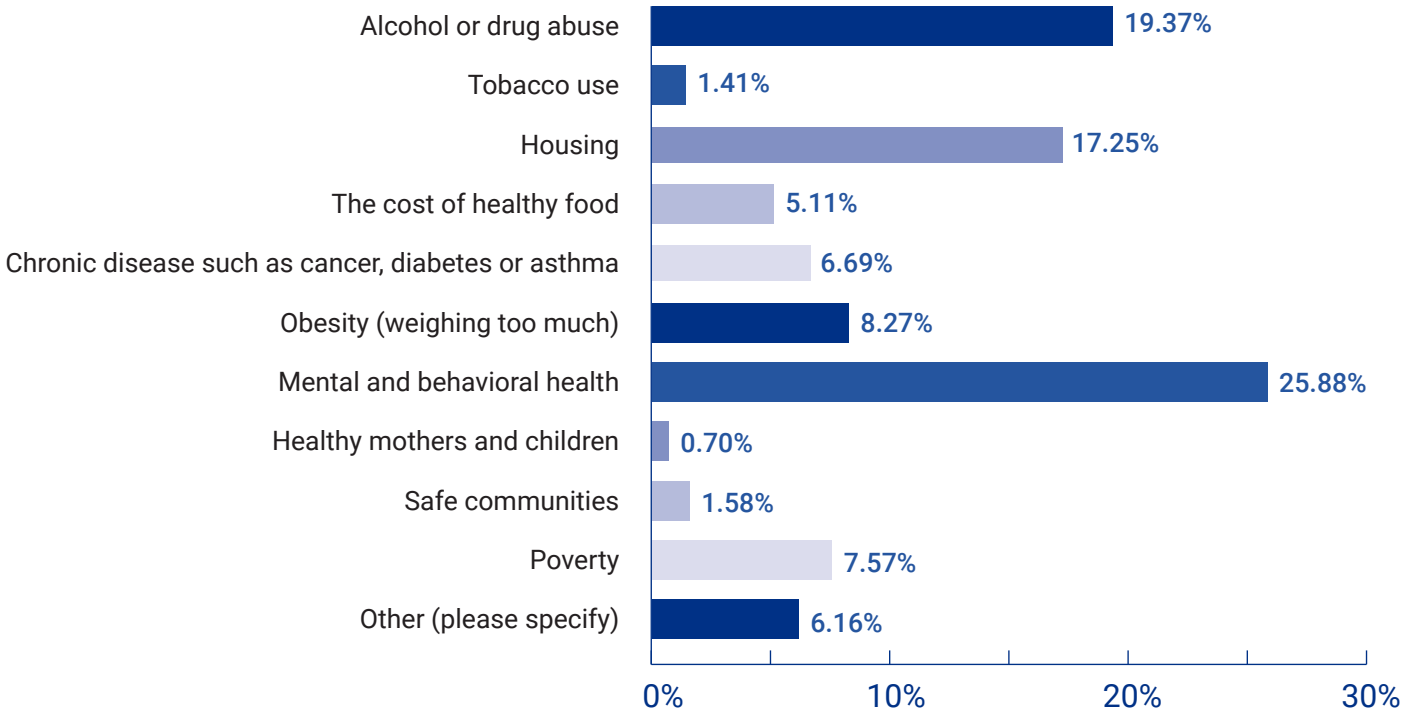
English, Spanish, Teens

Total N = 571; some questions were skipped, resulting in lower N value by 1 to 10.

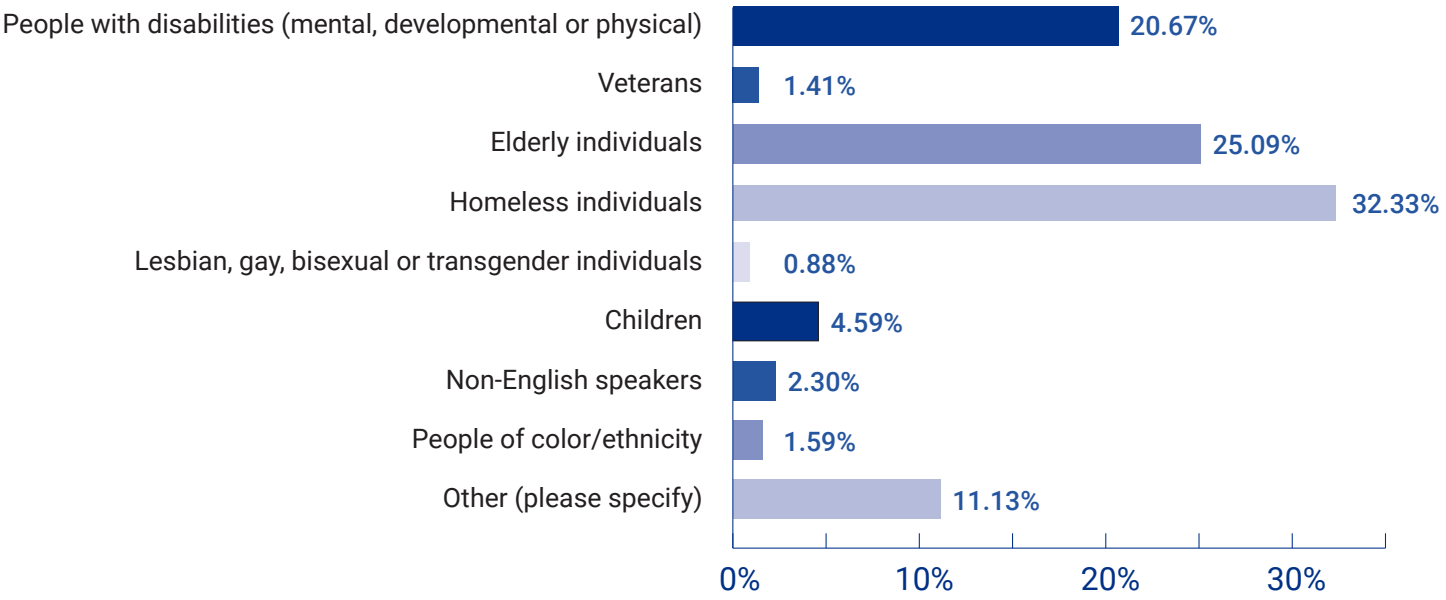
1. How healthy is your community?



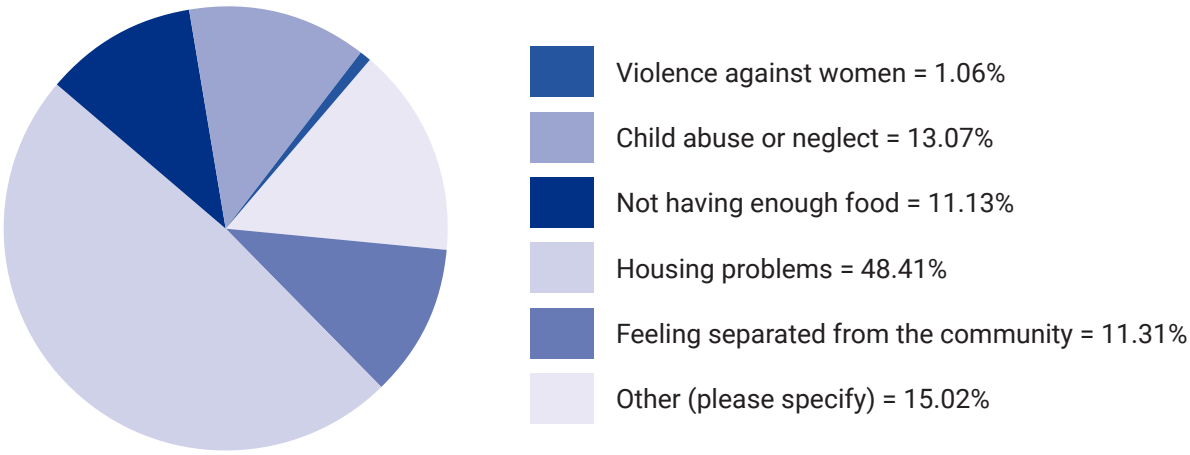
2. What is the most important health issue in your community?



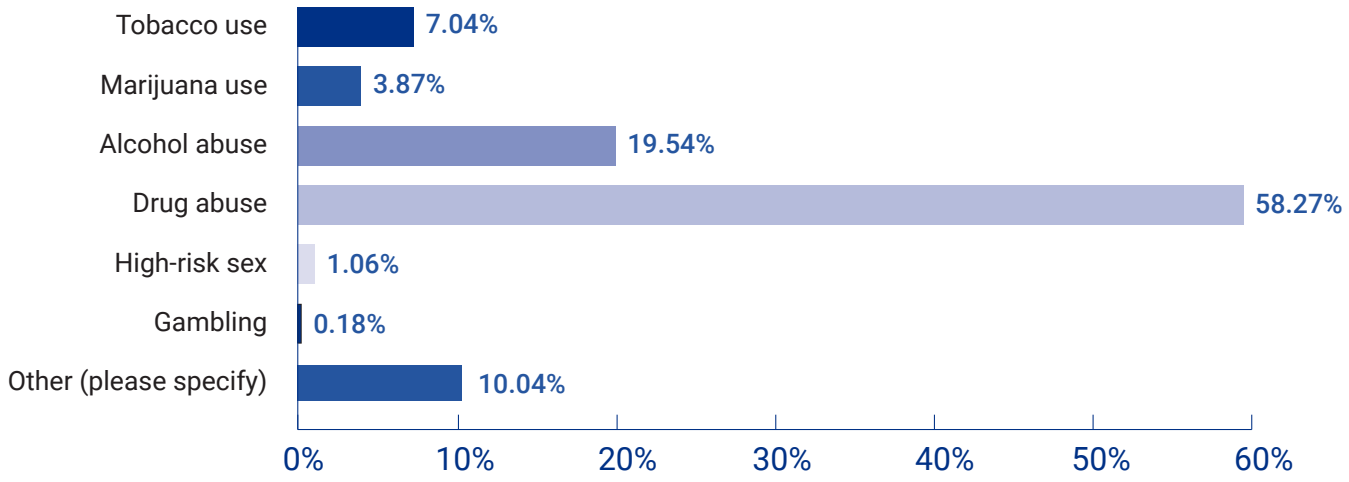
3. Who is most likely to have health problems in your community?



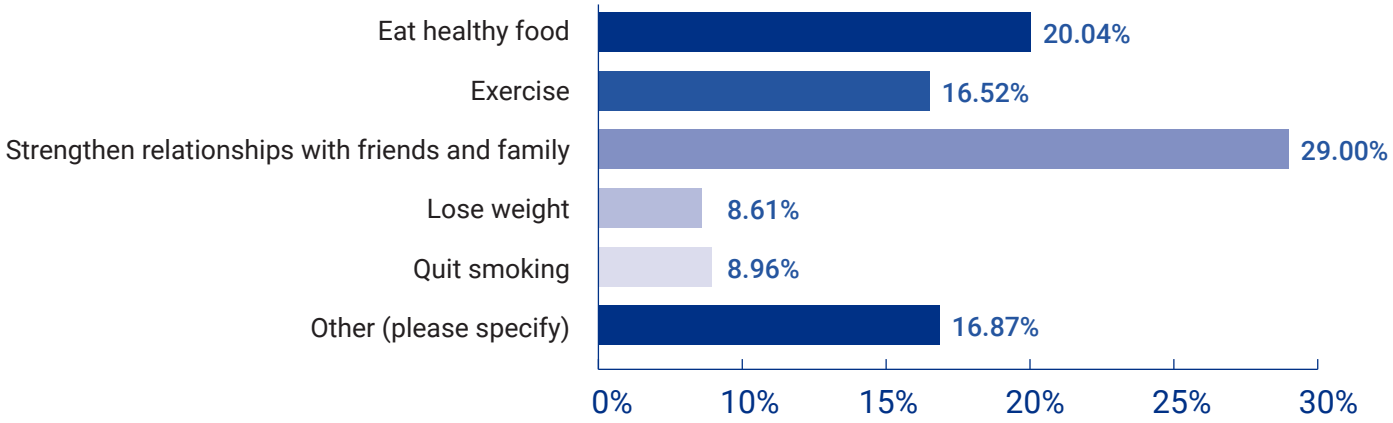
4. Which of the following has the worst effect on the health of families in your community?



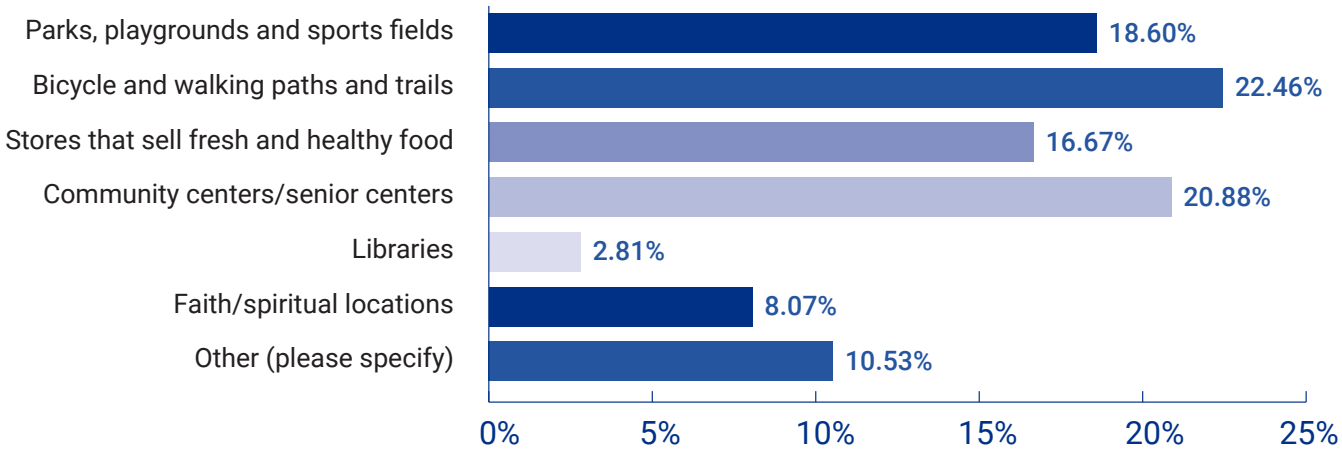
5. What behavior has the worst effect on the health of people in your community?



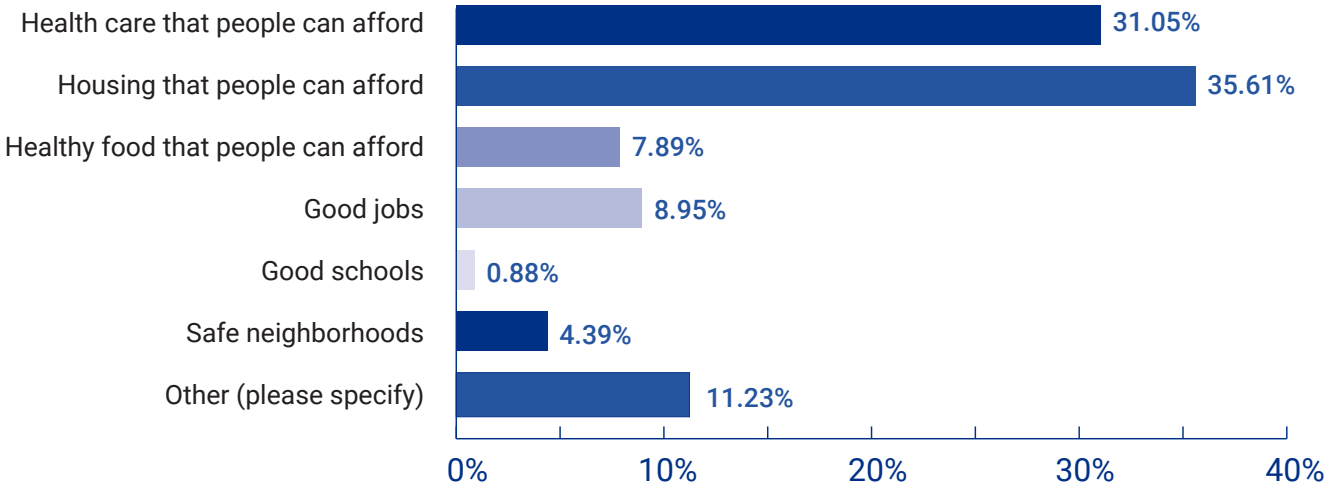
6. What is the most important thing that people in your community could do to improve their health?



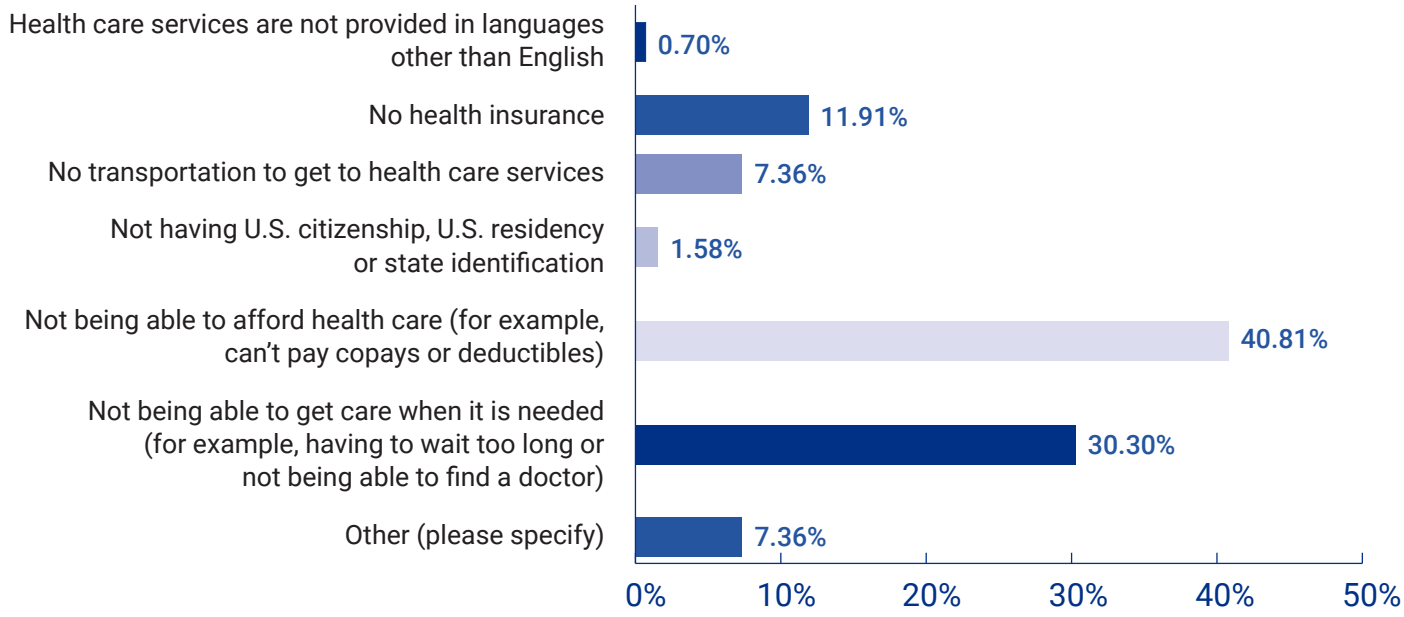
7. What kind of place has the best effect on the health of people in your community?



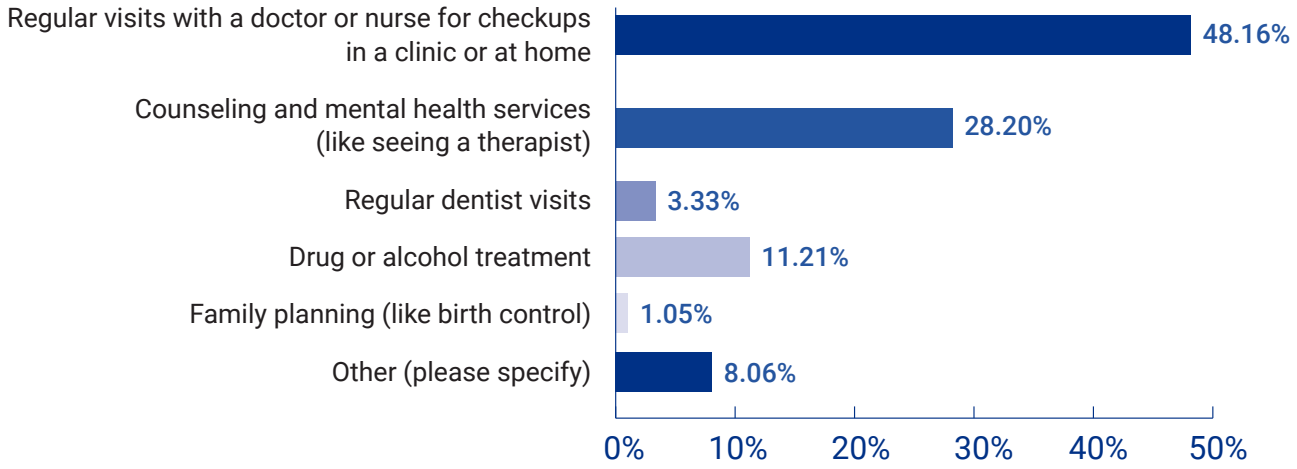
8. What is most needed to make a healthy community?



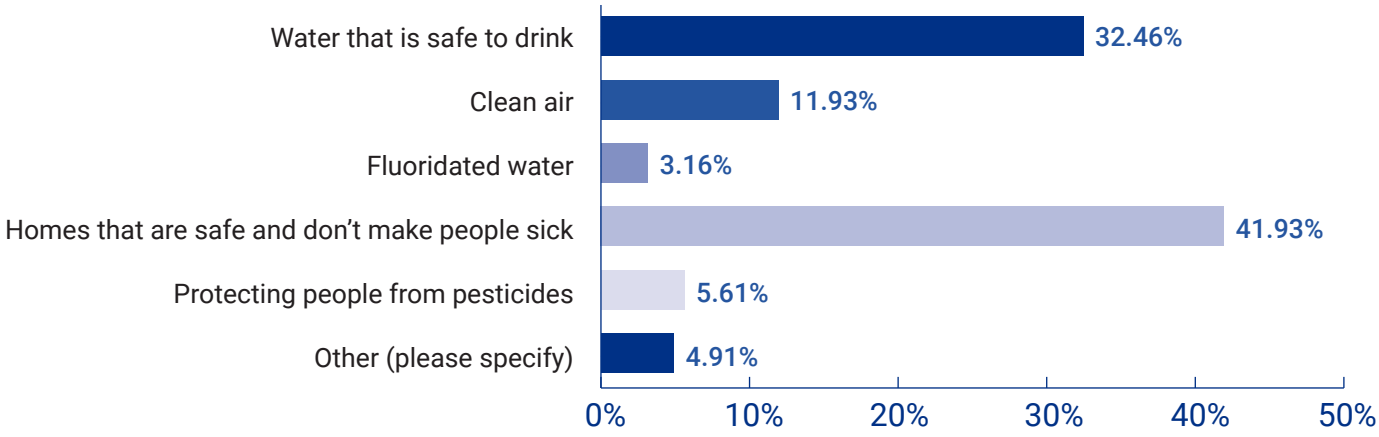
9. What keeps people in your community from getting health care?



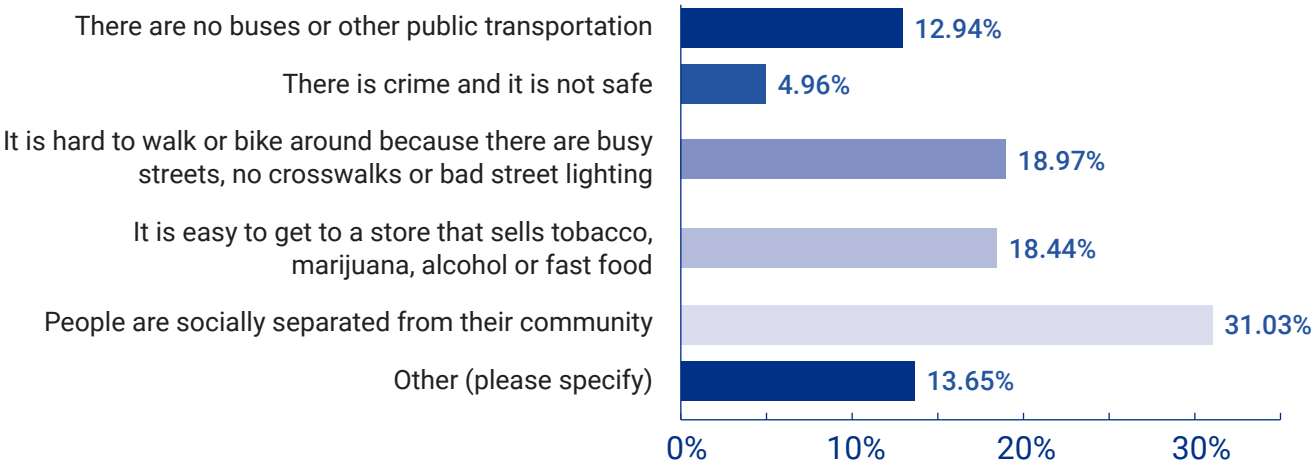
10. What health care service is the most important for people in your community?



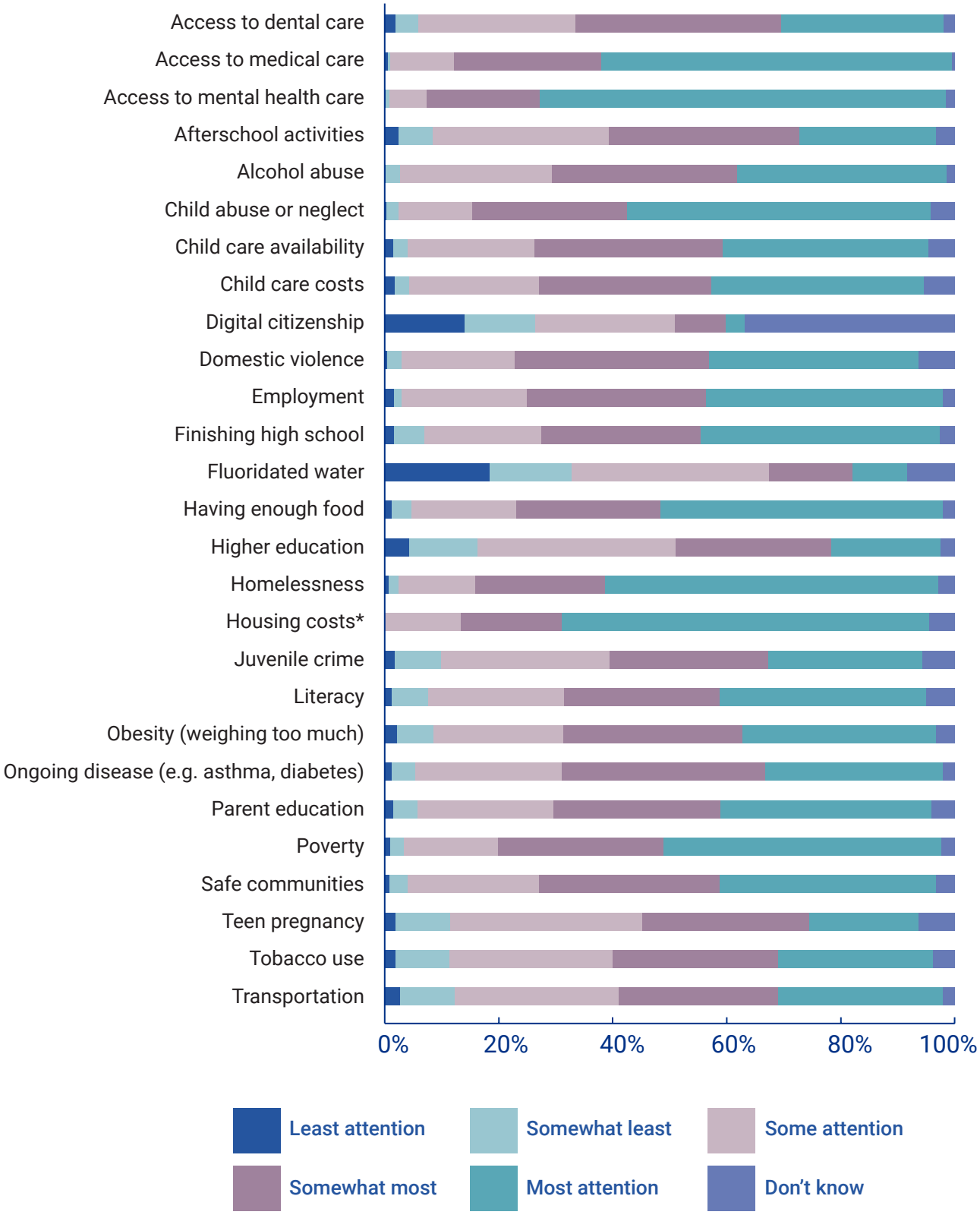
11. What one thing in the environment is most important for the health of your community?



12. What is the biggest concern in your neighborhood?



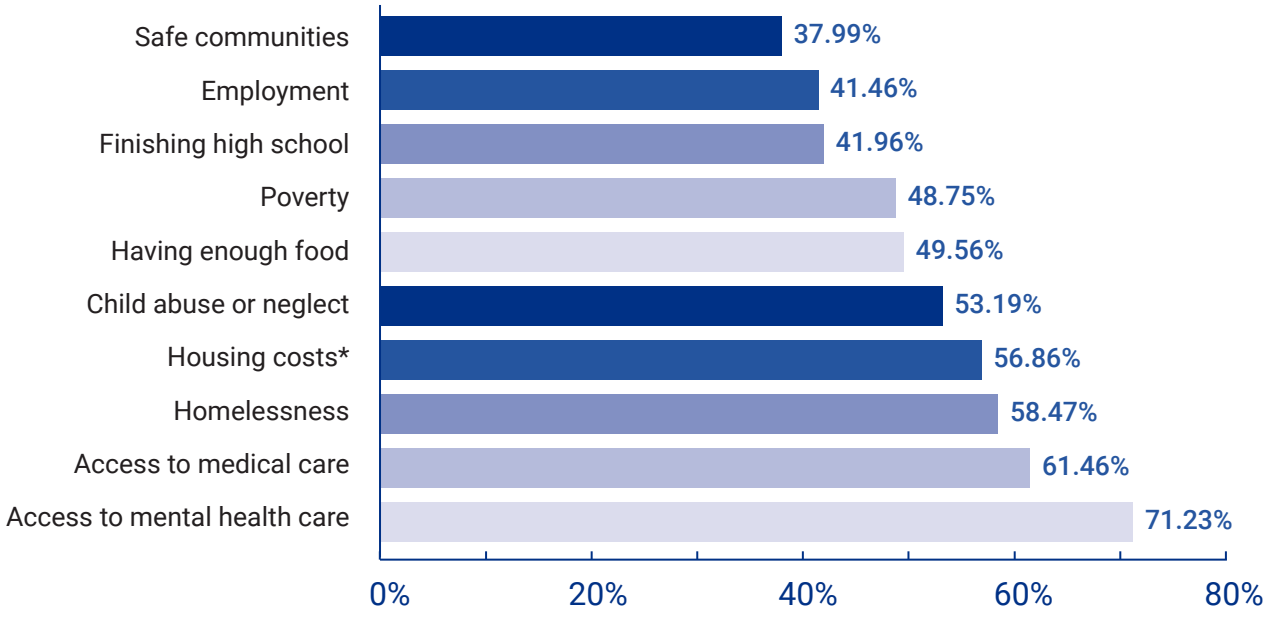
13. For the following issues that affect health, please check how much attention you think they should get in our communities on a scale of least attention to most attention.



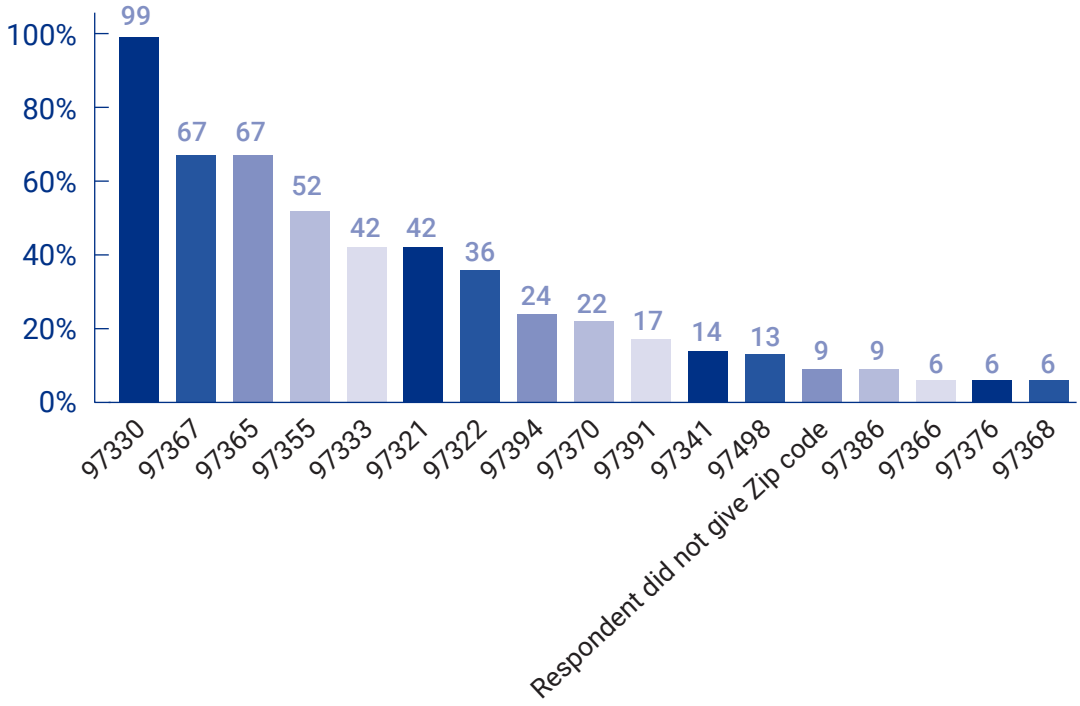
** 'Housing costs' N = 51*

13. Continued...

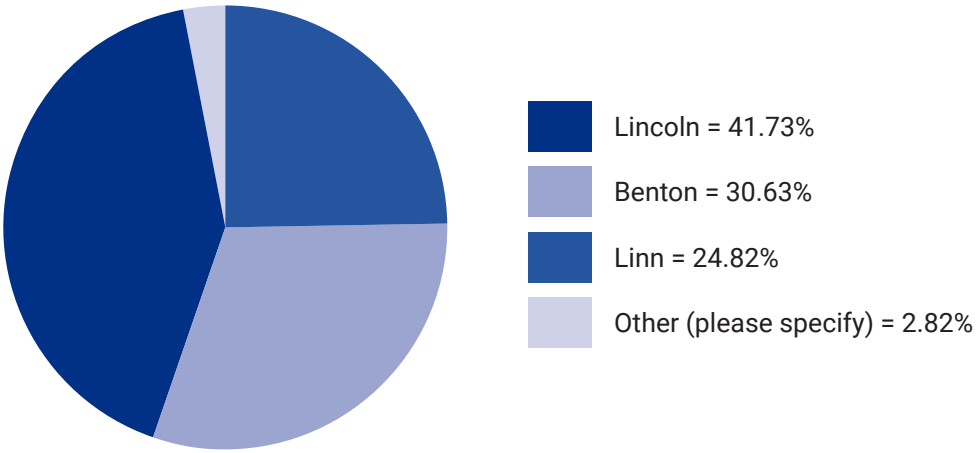
Top 10 responses of "Most Attention" desired to be given to issues effecting health



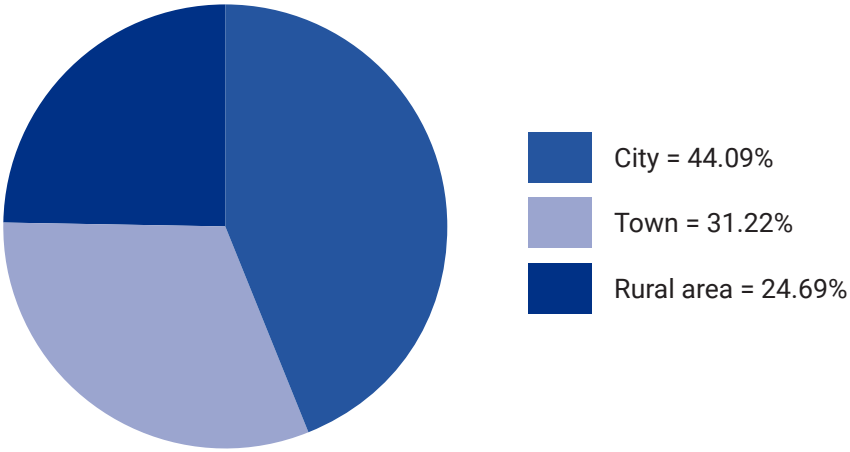
14. What is your Zip code?



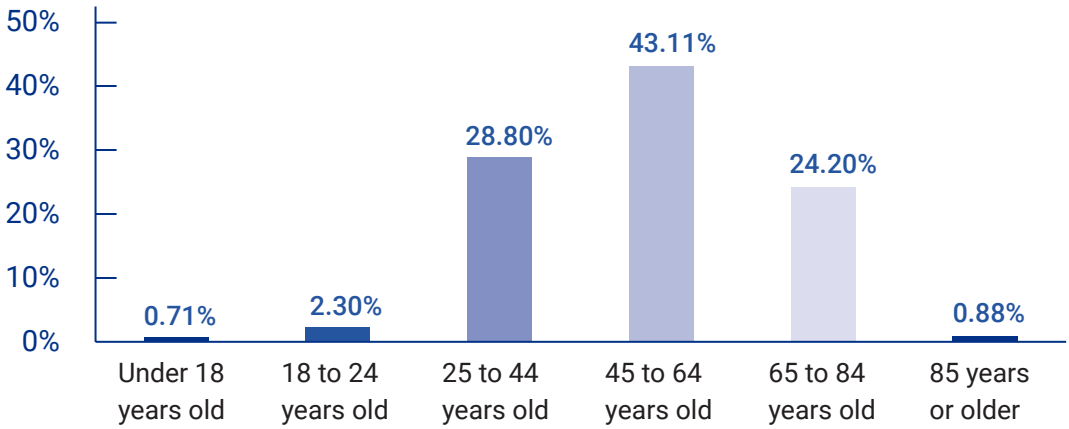
15. What county do you live in?



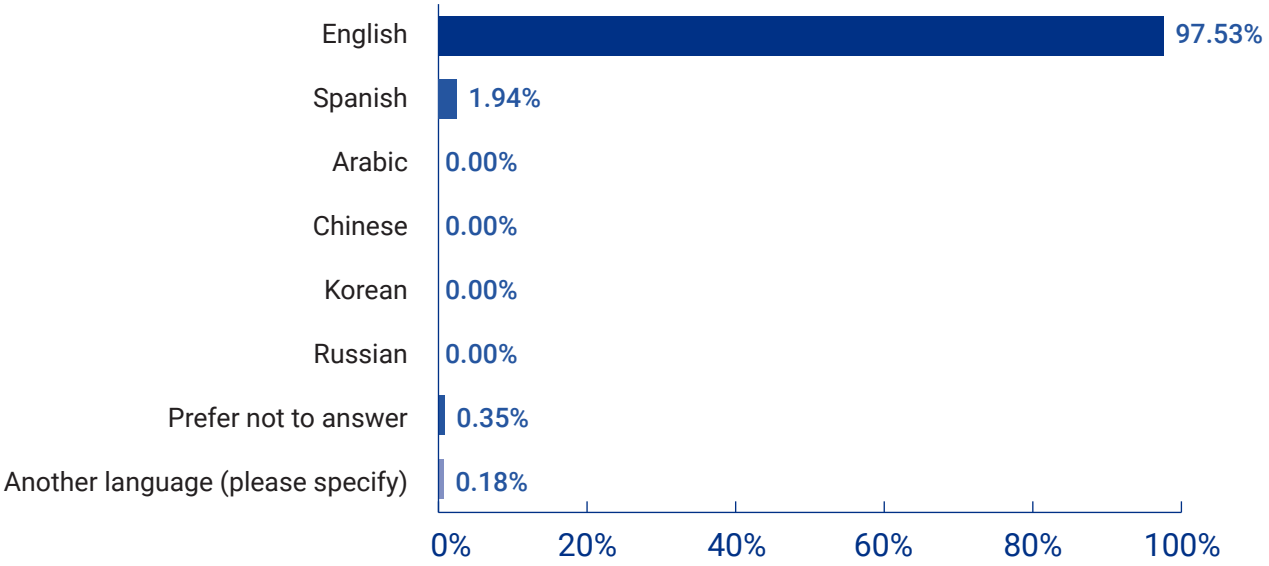
16. Do you live in a city, town or in a rural area?



17. How old are you?

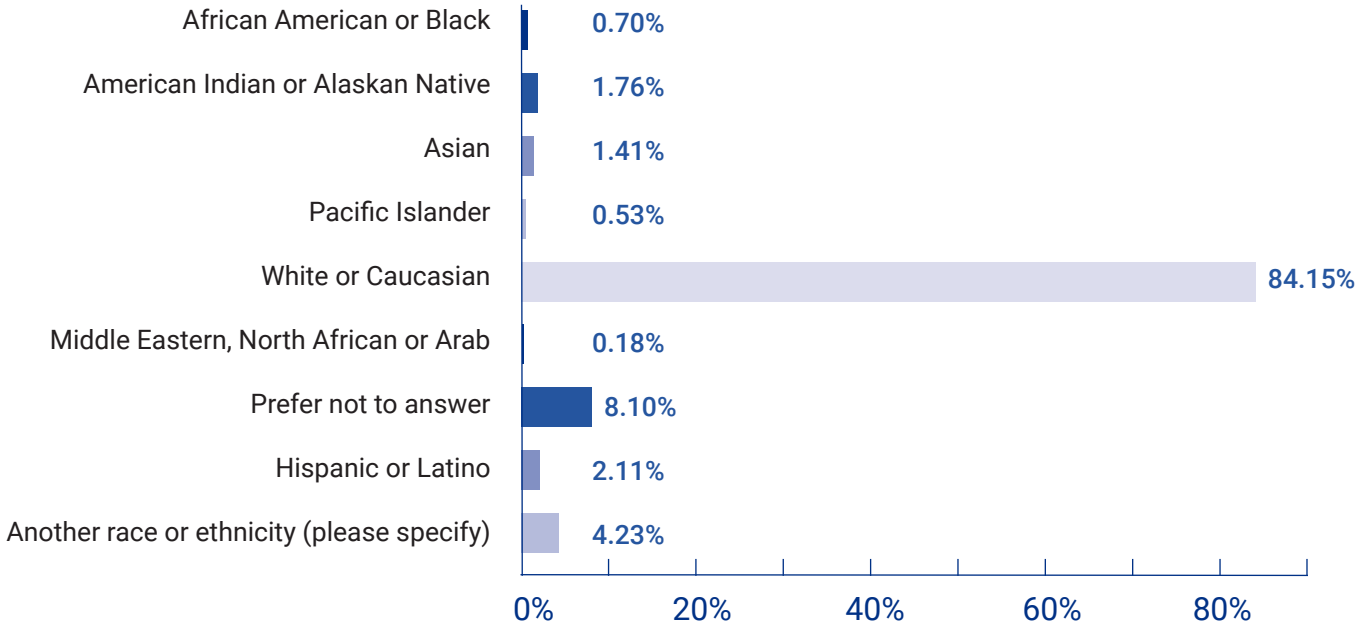


18. What language do you usually speak at home?

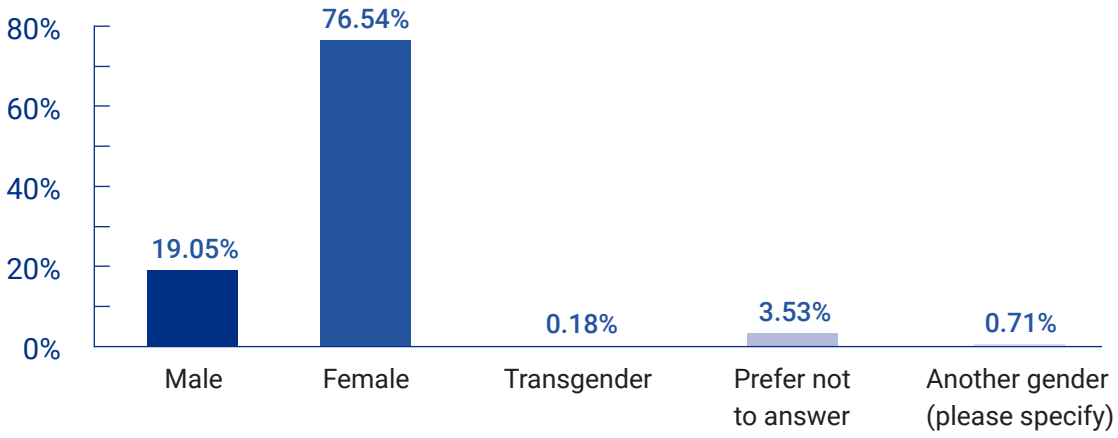


19. What is your race or ethnicity?

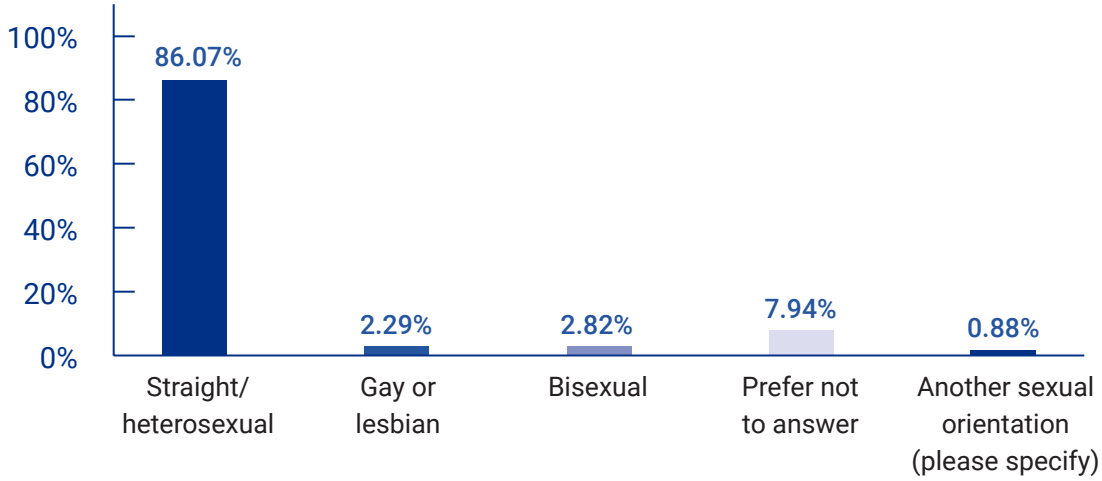
(Respondents may choose more than one)



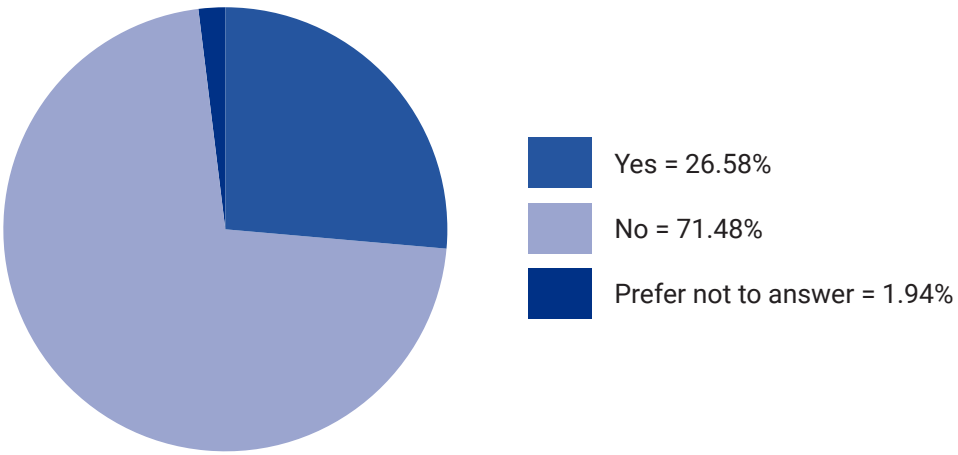
20. What is your gender or gender identity?



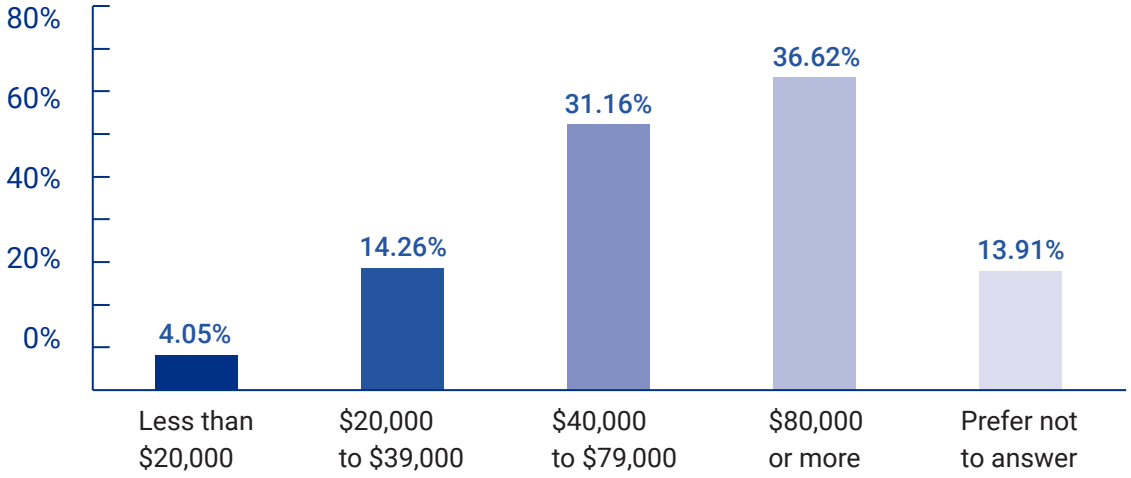
21. What is your sexual orientation?



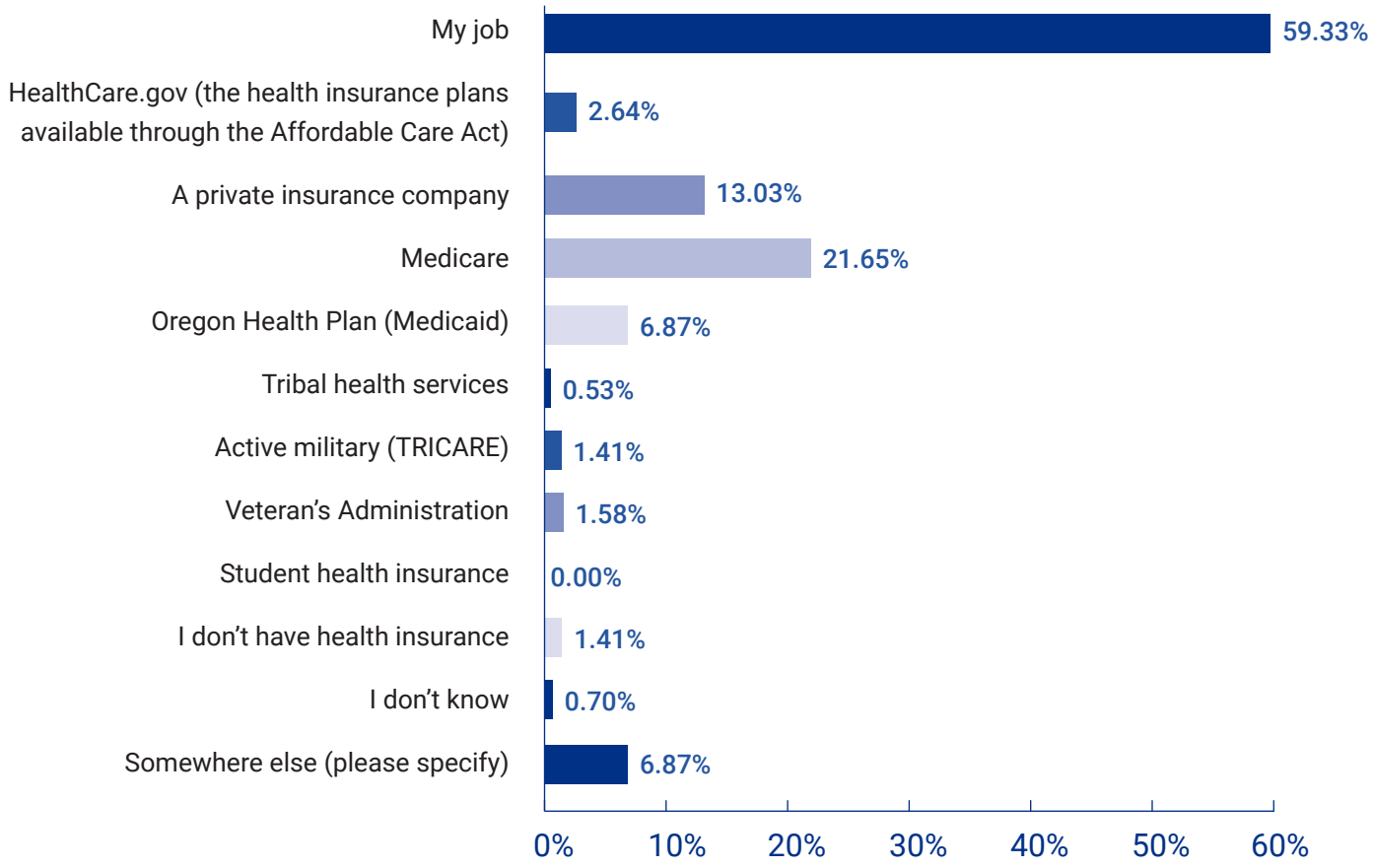
22. Are there children under 18 living with you?



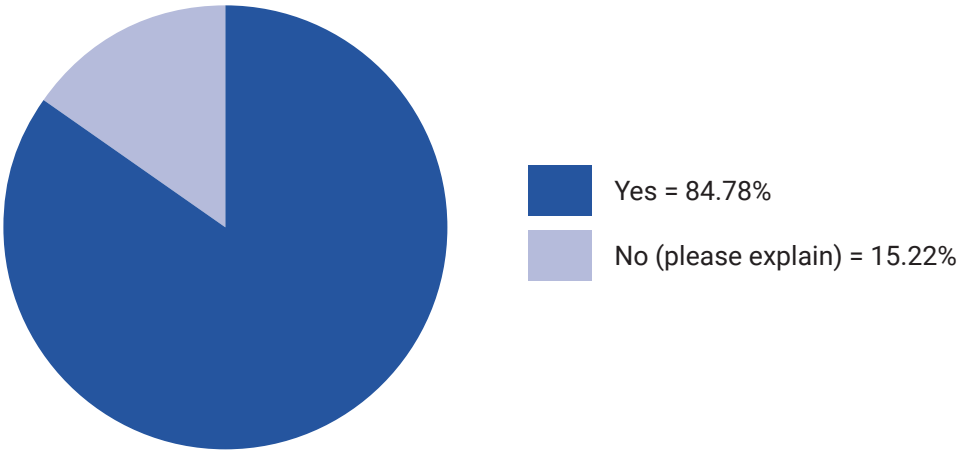
23. How much money does your family or household make each year before taxes?



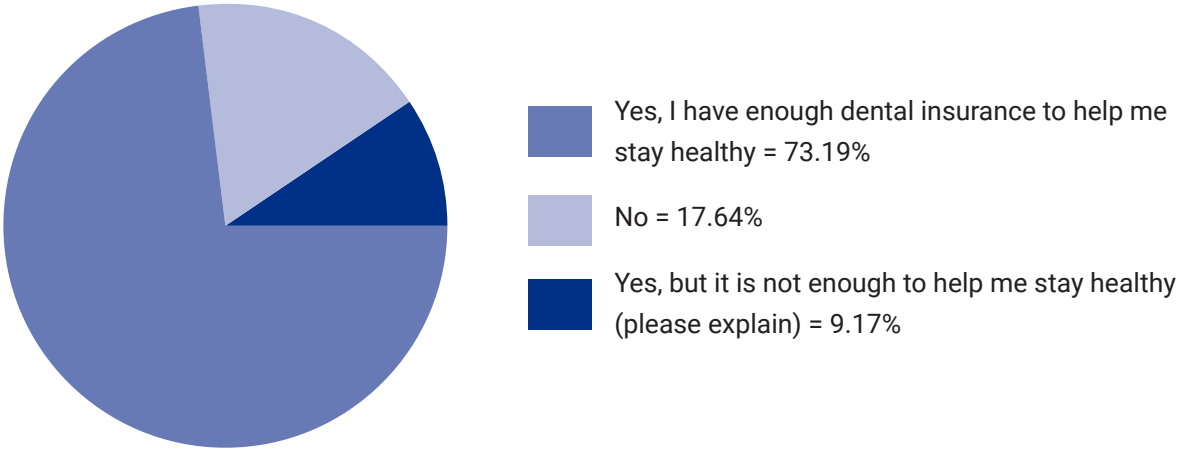
24. Where do you get your health insurance?



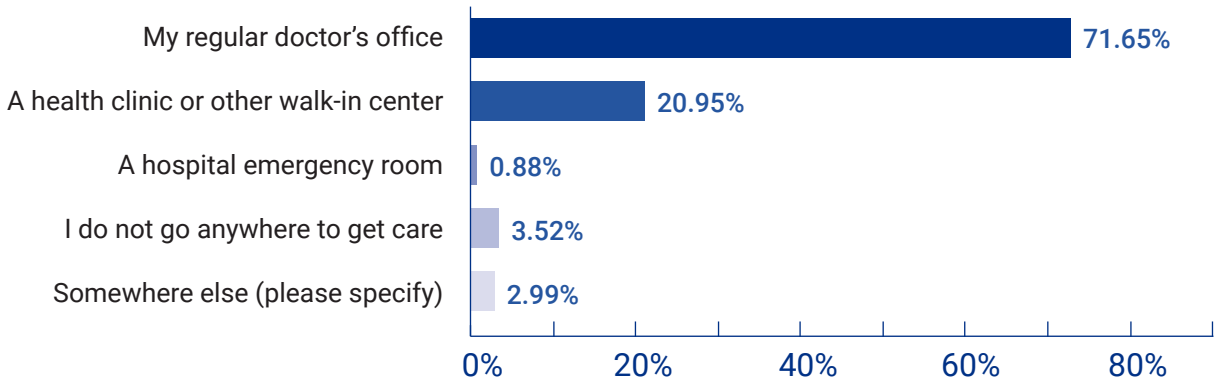
25. Do you have enough health insurance to help you stay healthy?



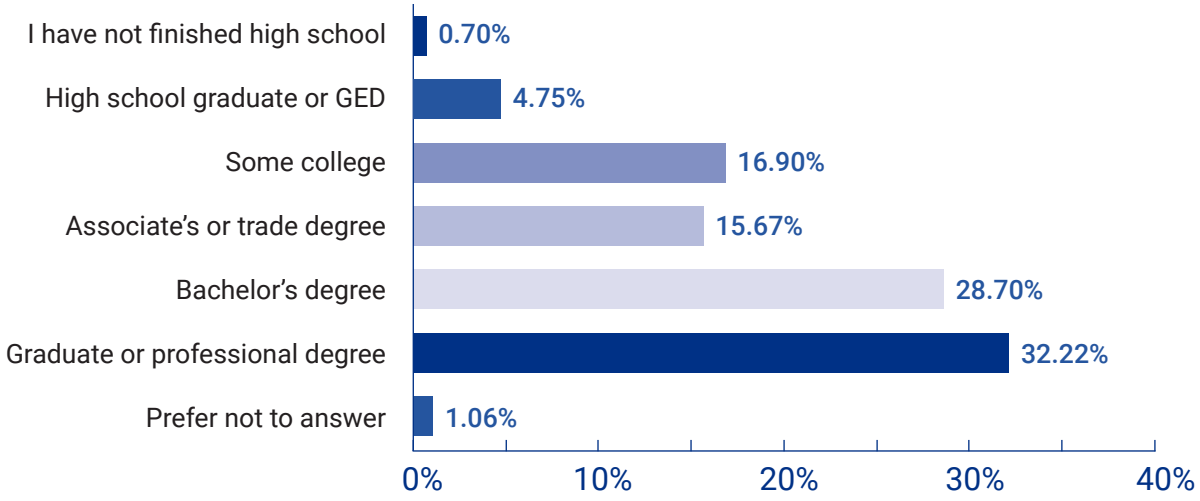
26. Do you have dental insurance?



27. Where is the first place you usually go when you need medical care?

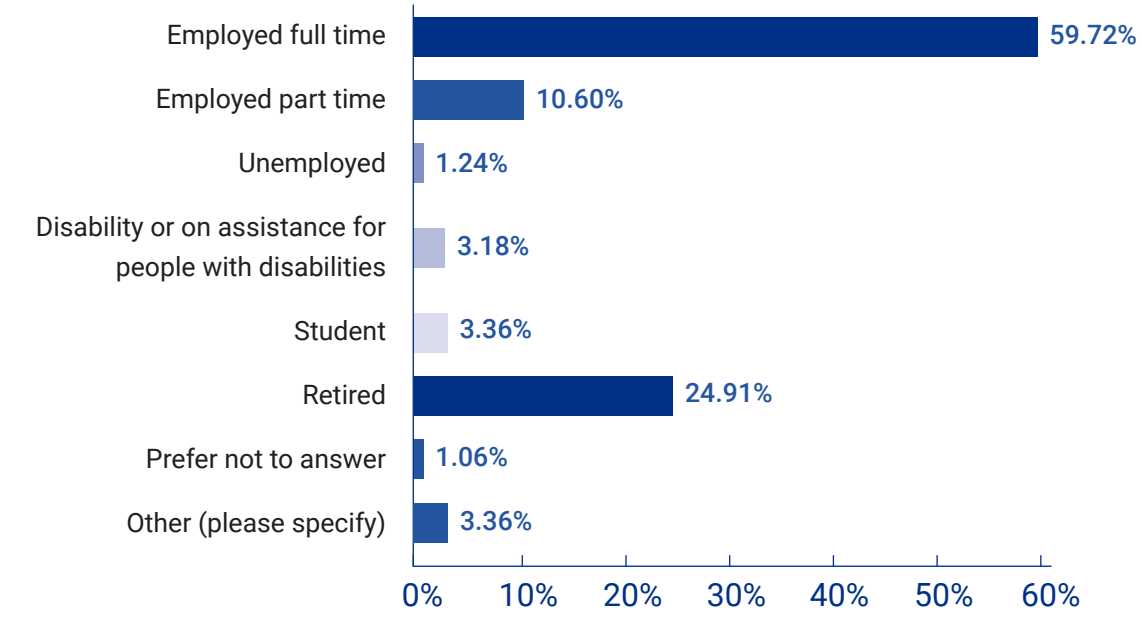


28. What is your highest level of education?

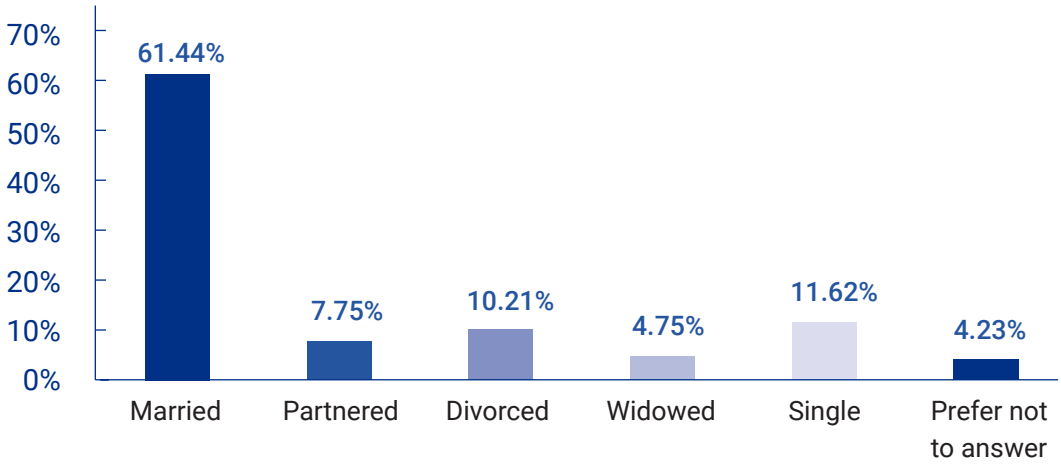


29. What is your employment status?

(Respondents may choose more than one)



30. Marital status



Samaritan
Health Services

3600 NW Samaritan Drive
Corvallis, OR 97330

152909 1019