

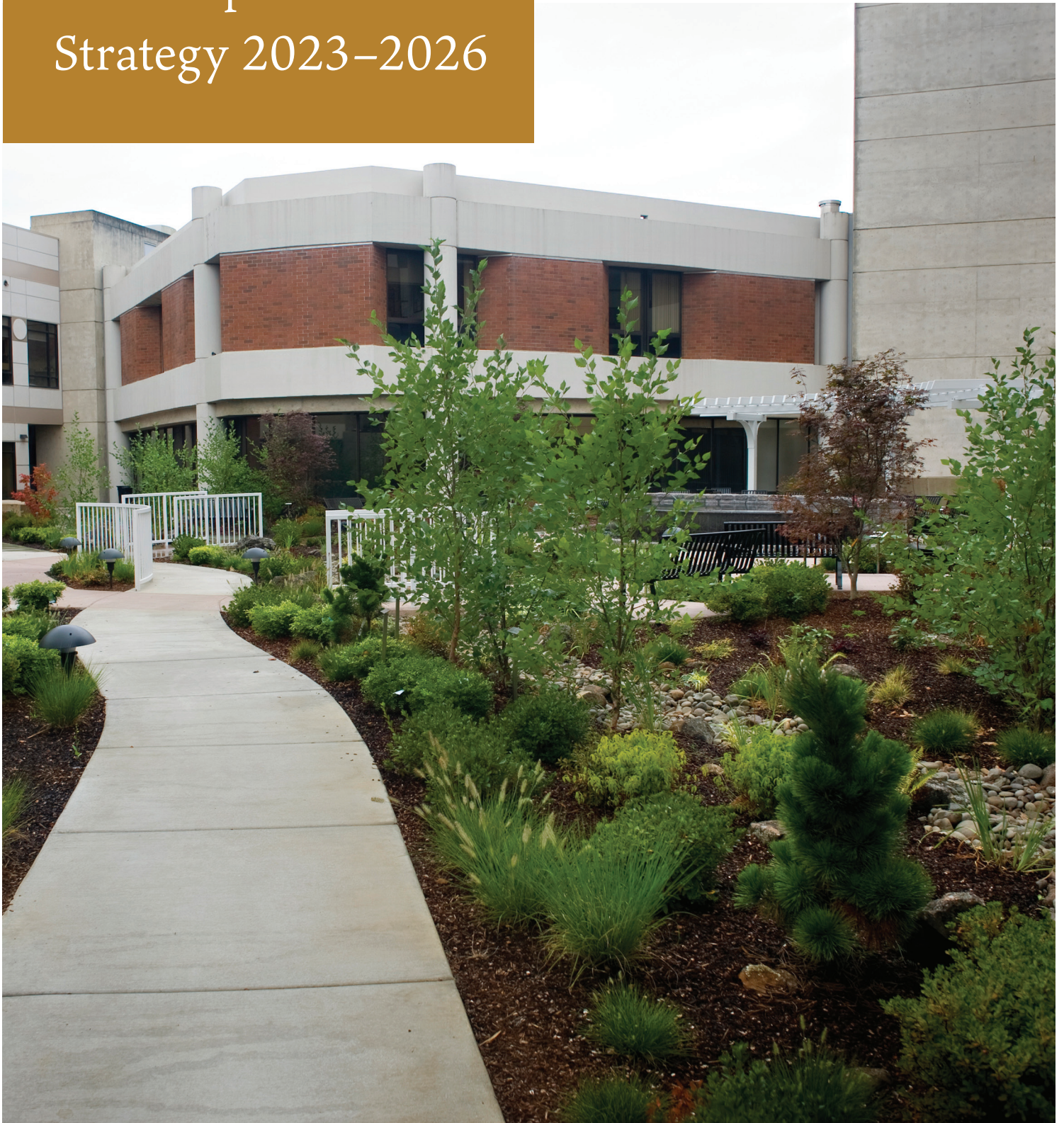
GOOD SAMARITAN REGIONAL MEDICAL CENTER

Community Benefit Plan Implementation Strategy 2023–2026



Samaritan
Health Services

Building healthier communities together





A MESSAGE FROM OUR CEO

At Good Samaritan Regional Medical Center, we believe strongly in our commitment to improving the health of Benton County communities. Our community benefit efforts aim to expand equi-

table access to care, increase social supports for families and children, and improve individual health for all community members.

We work closely with local organizations to provide services that support these goals. Our board of directors, which reviews and approves our Community Benefit Plan Implementation Strategy, consists of hospital staff, physicians and community members. This helps us to know the communities in which we live, work and play, and to see where and how to address their needs.

We implement specific community benefit activities by offering workshops, classes and support

groups to community members with specialized health needs. We provide our staff with education and professional development to keep them trained on the most up-to-date medical procedures, and we contribute to local and regional community organizations through grants and in-kind donations.

As an organization, we listen to community needs and provide services and supports that address the social determinants of health in order to improve overall health. We are proud to be a part of Benton County, where agencies work together to create healthier communities for all.

In this document, you will find our goals and health priorities, which will direct our community benefit efforts for the next three years.

Laura Hennem

Chief Executive Officer

Good Samaritan Regional Medical Center

CONTENTS

01 Introduction	1	06 Addressing Health Needs	6
Mission, vision, values	1	Planned activities	8
02 Hospital Profile	1	Unaddressed community health needs	10
03 County Profile	2	07 Conclusion	11
Population	2	08 References	12
Health and social indicators	3		
04 Data Sources	4		
05 Significant Health Needs	4		
Goals and priorities	5		

INTRODUCTION

Community benefit remains a central concept for Samaritan Health Services (SHS) as well as for Good Samaritan Regional Medical Center (GSRMC).

The 2023–2026 *Good Samaritan Regional Medical Center Community Benefit Plan Implementation Strategy* is a result of the 2022 Community Health Needs Assessment (CHNA) 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



02

HOSPITAL PROFILE

GSRMC is the largest of the five regional SHS hospitals in Benton, Lincoln and Linn counties. This 188-bed Level II trauma center is one of only five such facilities in Oregon. Since 1922, it has been Benton County's primary medical facility.

GSRMC's specialties include comprehensive cancer care, a full-service cardiology and cardiovascular surgery program, neurosurgery, orthopedic and spine surgery, and inpatient mental health. It also serves Linn and Lincoln county with regional programs.

More than 1,700 employees and 200 volunteers keep GSRMC and its clinics running to support our mission of *building healthier communities together*. They are committed to providing personalized, quality care and to promoting the good health of the entire community in alignment with our values of *Passion, Respect, Integrity, Dedication* and *Excellence*.

GSRMC supports the overarching goal of providing equitable access to social resources and physical environments that promote good health for all.

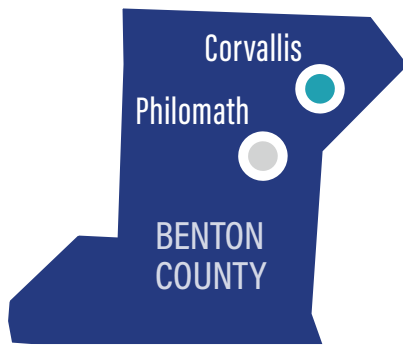
03

COUNTY PROFILE

With a total area of 679 square miles, Benton County is Oregon's fourth-smallest county by land area and its third-smallest by total area. Its 2021 population was estimated at 96,017, with the county seat of Corvallis having the largest population of 59,864. Corvallis also has a large and highly diverse population of international students attending Oregon State University.

Smaller rural communities include Alsea, Monroe, Adair Village and Philomath. The remainder of the county's population is scattered throughout unincorporated rural communities with limited services, resources, grocery stores, health care providers, and public transportation options.

GSRMC's service area covers all of Benton County. This includes the metropolitan service area of Corvallis, which is the home of Oregon State University. It also serves neighboring communities and rural areas as well as regional patients needing specialized care.



Population

RACE/ETHNICITY	PERCENT
American Indian/Alaska Native	1.0
Asian only	6.6
Black/African American	1.3
Hispanic/Latino	8.2
Native Hawaiian/Pacific Islander	0.3
Two or More Races	4.1
White only	86.6

Source: U.S. Census Bureau, QuickFacts, Population Estimates, July 1, 2021, (V2021).

Health and social indicators

Median household income by race/ethnicity, 2016–2020.

RACE/ETHNICITY	BENTON	OREGON
American Indian/Alaska Native	\$49,167	\$48,225
Asian	\$41,667	\$83,125
Black/African American	—	\$44,138
Hispanic/Latino	\$54,375	\$54,797
Native Hawaiian/Pacific Islander	—	\$69,547
Some other race	\$36,974	\$55,422
Two or more races	\$73,684	\$57,283
White	\$67,298	\$66,480

Source: U.S. Census Bureau, ACS, Table B19013A–B19013I, 2016–2020.

Percentage of poverty by race/ethnicity, 2016–2020.

RACE/ETHNICITY	BENTON	OREGON
American Indian/Alaska Native	19.9	22.1
Asian	41.2	13.1
Black/African American	44.9	27.4
Hispanic/Latino	22.6	17.8
Native Hawaiian/Pacific Islander	16.0	17.1
Some Other Race	30.8	16.5
Two or More Races	19.1	15.3
White	15.9	11.5

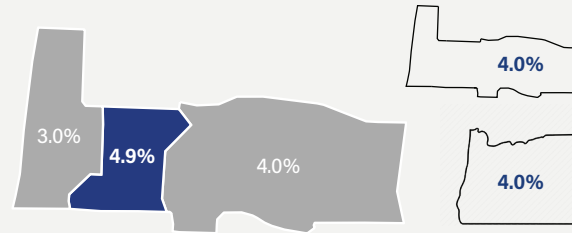
Source: U.S. Census Bureau, ACS, Table S1701, 2016–2020.

Percentage of health insurance coverage by age group in Linn, Benton and Lincoln counties and Oregon, 2016–2020.

AGE	LINCOLN	LINN	BENTON	OREGON
Under 6	95.7	91.5	98.4	97.2
6 to 18	95.8	93.3	95.9	96.2
19 to 25	80.4	87.6	93.2	89.3
26 to 34	78.3	87.8	88.7	87.8
35 to 44	81.0	88.9	93.0	89.9
45 to 54	83.5	93.3	93.1	91.6
55 to 64	91.6	93.1	96.0	93.4
65 to 74	99.4	99.1	99.3	99.3
Over 75	100.0	99.5	100.0	99.6

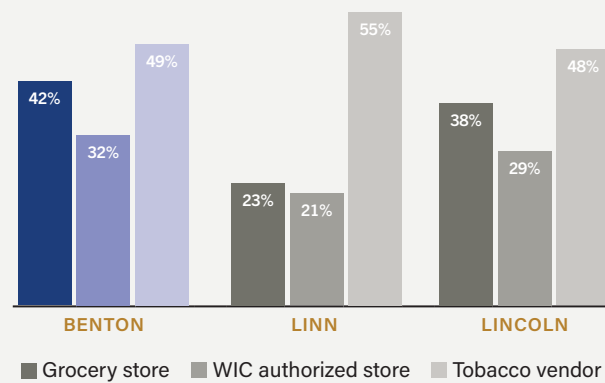
Source: U.S. Census Bureau, ACS, Table S2701, 2016–2020.

Unemployment rate for Benton County compared to Lincoln County, Linn County, the tri-county region and Oregon, August 2022.



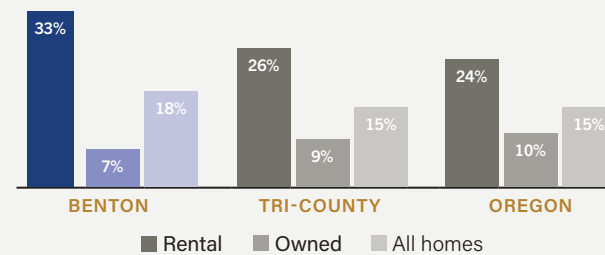
Source: State of Oregon Employment Department, August 22, 2022.

County residents living within half a mile of a grocery store, WIC authorized store, or tobacco vendor, 2019.



Source: Oregon Public Health Assessment Tool, 2019, retrieved by Benton County Health Department.

Benton County, regional and state households paying more than 50% of income on rent, mortgage, insurance, and utilities, 2020.



Source: U.S. Census Bureau, American Community Survey, Table B25091, 2020.

04

DATA SOURCES

This CHNA draws on primary and secondary data identified and collected by SHS and its partners:

- Benton County Health Department.
- Confederated Tribes of Siletz Indians.
- InterCommunity Health Network Coordinated Care Organization.
- Lincoln County Health Department.
- Linn County Health Department.
- United Way of Linn, Benton & Lincoln Counties.

Primary data comes from GSRMC electronic medical records (excluding any personal patient information), surveys, focus groups, key informant interviews, and community listening sessions. This data was collected in the following ways:

- Paper surveys distributed through community partners and local agencies May–June 2022.

- Online public survey available May–June 2022.
- Fifteen focus groups held in May and June 2022 with communities of color, LGBTQ2SIA+ community members, non-English speakers (Spanish, Arabic, Mam), unhoused people, international students, and health and social service providers.
- Key informant interviews in English and Spanish, conducted in May and June 2022, with diverse community leaders, disability rights advocates, agency and nonprofit directors, mental and behavioral health providers, elected officials, and chief executive officers.
- Bilingual community listening sessions were conducted in Corvallis on August 23 and in Newport on August 24, 2022.

Local coalitions and community partners reviewed secondary data for inclusion in the CHNA.

Limitations

The primary and secondary data included in the CHNA helps SHS and its partners identify current and emerging health issues in Benton County. However, the CHNA does not encompass all health issues that may exist across the region or in specific communities and should not be viewed or cited as a formal study or research document.

05

SIGNIFICANT HEALTH NEEDS

Primary data identified access to medical, dental and mental/behavioral care — especially mental/behavioral services for children and adults — as the most urgent health need in Benton County. This includes services for substance use disorder as well as issues like depression, anxiety and suicidality.

Healthy food and nutrition, child well-being, and community safety are immediate needs. Food insecurity; access to safe, affordable and developmentally appropriate child care; child abuse/neglect; and domestic violence are major priorities for services and supports.

Housing, employment and supports are also major community concerns. Access to safe and affordable housing remains a pressing need, along with wraparound services for unhoused community members. Because poverty affects overall health as well as access to health care, child care, quality housing and healthy food, addressing poverty is a major need in regard to all of these issues.

Reducing institutional discrimination and bias, and partnering more closely, respectfully and transparently with culturally specific organizations, are long-standing needs that have taken on an even greater urgency since the pandemic.

Prioritization

Prioritization engaged health, social services, government, nonprofit, tribal and community partners. Members of the GSRMC Social Accountability Committee reviewed data gathered by the Regional Health Assessment & Alignment Collaborative as well as input from Benton County Health Department, Confederated Tribes of Siletz Indians, InterCommunity Health Network Coordinated Care Organization, Lincoln County Health Department, Linn County Health Department, and United Way of Linn, Benton & Lincoln Counties. They identified the following priorities for improving community health and access to social determinants of health:

- Access to health care.
- Suicide prevention.
- Substance use disorder.
- Anxiety and depression.
- Food insecurity.
- Child care.
- Child abuse/neglect.
- Domestic violence.
- Housing costs and houselessness.
- Poverty.
- Culturally/linguistically appropriate services.

Goals and health priorities, 2023–2026

1

GREATER ACCESS

Objective: Increase community access to medical, dental and mental/behavioral health.

Priorities

- Access to health care
- Suicide prevention
- Substance use disorder
- Anxiety and depression



2

HEALTHY FAMILIES

Objective: Increase community access to healthy food, child care and safety.

Priorities

- Food insecurity
- Child care
- Child abuse/neglect
- Domestic violence



3

HEALTHY COMMUNITIES

Objective: Increase housing, employment and supportive services in the community.

Priorities

- Housing costs and houselessness
- Poverty
- Culturally and linguistically appropriate services



ADDRESSING HEALTH NEEDS

The *2023–2026 Community Benefit Plan Implementation Strategy* describes how GSRMC will address significant 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 and financial contributions that support local schools, nonprofits and coalitions.

GSRMC also addresses significant health needs by grouping services, supports and activities under the following community benefit categories:

- Community health improvement.
- Health professions education.
- Subsidized health services.
- Research.
- Cash and in-kind contributions.
- Community-building and supports.

(To learn more about these categories, please see the *Planned Activities* chart on pages 8 and 9.)

Internal and external community benefits must:

- Generate a low or negative margin.
- Respond to public health needs.
- Respond to the needs of special populations (e.g., racial/ethnic populations; seniors and people with disabilities who are living in poverty; people with chronic mental illness).

- Supply services or programs that would probably be discontinued, or delivered by another nonprofit or government entity, if the decision were made on a purely financial basis.
- Involve education or research that improves overall community health.

Community benefits programs must also meet at least one of the following objectives:

- Improve access to health care services.
- Enhance community health.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community efforts.

The Community Benefit Advisory Committee (CBAC), Coast to Cascades Community Health Network and site-based Social Accountability Committee (SAC) have jointly identified community health priorities. The CBAC, the SHS Diversity, Equity and Inclusion Council, and the SACs have reviewed and approved health indicators to measure the impact of interventions.

Based on CHNA data, health equity is a major concern. Culturally and linguistically appropriate services are essential not just to ensure quality of care for all community members, but also to foster communication, coordination and trust.

Local and regional community leaders and advocates for marginalized and stigmatized populations have often emphasized their frustration with the exclusion and/or exploitation of culturally specific partners and with the ongoing failure of hospitals, social service agencies and other institutions to improve the cultural humility, diversity and accountability of their leadership, service providers and staff.



SHS recognizes the vital importance of equity and inclusion to community health and well-being. Investing in language services, equity/diversity training, and community outreach is a priority, but it is equally important for GSRMC and SHS to weave diversity, equity and inclusion consistently throughout all services, supports, programs, activities, policies, internal and external communications, outreach, training, practices and spaces.

Access to mental health, behavioral health, dental health, and alcohol and drug treatment continues to be a significant need in Benton County and in the tri-county region as a whole. In response, GSRMC has improved the quality of care by integrating behavioral health into primary care clinics.

In addition, the Samaritan Treatment and Recovery Services (STARS) program, which GSRMC launched in May 2020 at the Barbara and Larry Mullins Center in Lebanon, provides inpatient, outpatient and group SUD treatment for tri-county adults.

GSRMC staff also offer cooking and nutrition education to parents and children. More generally, GSRMC will continue to address the full spectrum of CHNA-identified health priorities listed on page 5 while also promoting community health and well-being.

The 2022 CHNA has also identified significant community health needs that GSRMC is *not* addressing, such as teen pregnancy prevention, juvenile justice, tobacco use, environmental issues, and advocacy. Due to staffing and financial limitations, or a lack of alignment with institutional mission and vision, GSRMC relies on community partners and local and state agencies to meet these needs.

06 ADDRESSING HEALTH NEEDS CONTINUED

Planned Activities

The following activities are based on the 2022 CHNA and represent only a sample of activities that support Benton County communities.

A

COMMUNITY HEALTH IMPROVEMENT

A1: Community health education | A2: Community-based clinical services
A3: Health care support services

GOAL 1: GREATER ACCESS. GSRMC will continue to offer workshops, support groups and health screenings while also working to improve access to care.

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

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

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

B

HEALTH PROFESSIONS EDUCATION

B1: Physicians and medical students | B2: Nurses and nursing students
B3: Health care support services

GOAL 1: GREATER ACCESS. GSRMC plans to offer internships, externships and scholarships to increase the number of health care professionals in the community.

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

STRATEGY. Provide education and training to current and future health care professionals.

Activity	Measurement	Data source
Continuing medical education	Staff enrolled in CE classes	Enrollment records (CBISA)
Medical internships, Nursing education, Pharmacy students, scholarships, externships	Student enrollments	Enrollment records (CBISA)



C

SUBSIDIZED HEALTH SERVICES

C3: Hospital outpatient services

GOAL 1: GREATER ACCESS. GSRMC continues to offer subsidized health services despite the financial loss generated after removing the impact of financial assistance, bad debt and Medicaid shortfalls.

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

STRATEGY. Provide care and services to community members regardless of their ability to pay.

Activity	Measurement	Data source
Clinical care	Clinic visits	EPIC reports

E

FINANCIAL & IN-KIND DONATIONS

E1: Cash | E2: Grants | E3: In-kind donations

GOAL 2: HEALTHY FAMILIES; GOAL 3: HEALTHY COMMUNITIES. GSRMC plans to continue offering financial support and in-kind donations to local agencies that advance the hospital's mission and vision.

OBJECTIVES. Increase access to: healthy food, child care and safety; housing, employment and supportive services.

STRATEGY. Support organizations and agencies that promote community health.

Activity	Measurement	Data source
Social accountability grants	Funded programs	Agency progress reports
Financial contributions	Cash donations	CBISA reports
In-kind donations	Materials/supplies donated	CBISA reports

F

COMMUNITY-BUILDING & SUPPORTS

F3: Community support | F6: Building coalitions | F7: Community health improvement advocacy F8: Workforce development

GOAL 3: HEALTHY COMMUNITIES. GSRMC will continue participating in local, state and national disaster preparedness, as well as community coalitions and boards, to improve health and outcomes in Benton County.

OBJECTIVE. Increase housing, employment and supportive services in the community.

STRATEGY. Provide services and supports that promote healthy communities.

Activity	Measurement	Data source
Disaster preparedness	Disaster response time	Office of Emergency Management
Community coalitions, commissions and boards	Staff involvement	CBISA reports
Workforce development	Vacant positions at GSRMC	GSRMC human resources report

Unaddressed community health needs

Although all significant health needs prioritized by the community are important, GSRMC cannot directly address some of these issues due to limited staffing and financial resources. Benton County is fortunate to have strong elected leadership, robust community programs and collaborations, and involved community members. Local agencies with the necessary expertise and financial support are addressing the ongoing need for affordable housing and reducing homelessness. Community agencies are also addressing teen pregnancy, juvenile crime and tobacco, with GSRMC staff often serving on agency boards or leading relevant local coalitions.



08

CONCLUSION

Good Samaritan Regional Medical Center has been supporting Benton County communities for several years. As one of the county's major health care providers, the hospital implements effective community benefit services and activities through a comprehensive strategic approach.

Support groups, community education, support services and other resources are available to residents of all communities through multiple languages and platforms, along with financial support through grants and donations to local nonprofit agencies.

GSRMC is a committed partner in many local coalitions and a strong collaborator in local and regional initiatives that advance the

mission, vision and values of the organization as well as equitable access to the health care and the social determinants of health.

By partnering with schools, faith groups, nonprofit organizations, tribal governments, and federal, state and local government agencies, GSRMC strives to provide coordinated, comprehensive and equitable health care for all Benton County residents.

- American Academy of Pediatrics. (n.d.). *ACEs and toxic stress*. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx>
- American Psychological Association. (2017, September). *African Americans have limited access to mental and behavioral health care*. <https://www.apa.org/advocacy/civil-rights/diversity/african-american-health>
- Centers for Disease Control and Prevention. (2022, March 31). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic*. <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>
- Children First for Oregon. (2019). *County data book 2019*. <https://www.cffo.org/wp-content/uploads/2019/11/CFFO-County-Data-2019.pdf>
- Giardinelli, C. (2022, September 28). *Housing crisis affects those fleeing domestic violence in Oregon*. KATU Portland. <https://www.msn.com/en-us/news/crime/housing-crisis-affects-those-fleeing-domestic-violence-in-oregon/ar-AA12kngi>
- Oregon Employment Department. (2022). *Northwest Oregon area, county: Benton*. Accessed July 28, 2022, through <http://www.qualityinfo.org>
- Oregon Health Authority (OHA). (2021). *2021 youth suicide intervention and prevention plan annual report*. https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le8874_2021.pdf?utm_medium=email&utm_source=govdelivery
- OHA. (2020). *Healthier together Oregon: 2020–2024 state health improvement plan*. <https://www.oregon.gov/oha/PH/About/Pages/HealthImprovement.aspx>
- OHA. (2019). *Oregon healthy teens survey*. <https://www.oregon.gov/oha/ph/birthdeathcertificates/surveys/oregonhealthyteens/pages/index.aspx>
- OHA. (n.d.). *Reducing opioid overdose and misuse: Opioid crisis in Oregon*. <https://www.oregon.gov/oha/PH/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx>
- OHA, Office of Health Analytics (n.d.). *Hospital reporting program*. <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>
- OHA, Public Health Division (n.d.). *Oregon behavioral risk factor surveillance system (BRFSS)*. <https://www.oregon.gov/oha/PH/BirthDeathCertificates/Surveys/AdultBehaviorRisk/brfssresults/Pages/index.aspx>
- Oregon Housing and Community Services. (n.d.). *2019 point-in-time count*. <https://public.tableau.com/app/profile/oregon.housing.and.community.services/viz/2019Point-in-TimeDashboard/Story1>
- Oregon Housing and Community Services. (2022, March 28). *County profiles March 2022*. <https://public.tableau.com/app/profile/oregon.housing.and.community.services/viz/CountyProfilesMarch2022/LandingPage>
- Oregon Office of Rural Health. (2020, October 28). *ORH primary care service areas: Oregon service areas and their ORH urban/rural/frontier designation*. Accessible through <https://www.ohsu.edu/oregon-office-of-rural-health/orh-primary-care-service-areas>

- Oregon Secretary of State. (2020, December 21). *Oregon Health Authority health policy and analytics, Chapter 409, Division 23: Community benefit reporting*. <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1656>
- Partnership for Community Health—Linn, Benton & Lincoln Counties. [2023, March]. *Linn, Benton, and Lincoln Counties Regional Health Assessment 2022–2026* [Draft document].
- Petterson, S., Westfall, J.S., & Miller, B.F. (2020, May 8). *Projected deaths of despair from COVID-19*. Well Being Trust. https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf
- Samaritan Health Services. (2022, December). *Good Samaritan Regional Medical Center: Community health needs assessment 2023–2026*. <https://www.samhealth.org/about-samaritan/community-benefit-initiatives/community-benefit-and-grants/community-benefit-health-assessments>
- Samaritan Health Services, Research Development Office (2020). *SHS pediatric BMI report*.
- State of Oregon Uniform Crime Reporting. (2022). *State of Oregon report of domestic violence 2021 annual report*. <https://www.oregon.gov/osp/Docs/2021%20Annual%20Domestic%20Violence%20Report.pdf>
- Substance Abuse and Mental Health Services Administration. (2018, May). *First responders: Behavioral health concerns, emergency response, and trauma*. <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- U.S. Census Bureau. (2022). *American Community Survey: Benton County, Oregon: Table B19013A–B19013I, Median household income, 2016–2020*.
- . (2020). *American Community Survey: Benton County, Oregon: Table B2509I, Mortgage status by selected monthly owner costs as a percentage of household income, 2020*.
- . (2022). *American Community Survey: Benton County, Oregon: Table S1701, Poverty status in the last 12 months, 2016–2020*.
- . (2022). *American Community Survey: Benton County, Oregon: Table S2701, 2016–2020, Selected characteristics of health insurance coverage in the United States, 2016–2020*.
- . (2022). *QuickFacts: Benton County, Oregon: Population estimates, July 1 2021, (V2021)*. <https://www.census.gov/quickfacts/fact/table/bentoncountyoregon/PST045221#>
- U.S. Congress (2010, March 23). *Public law 111–148—Mar. 23, 2010, 124 STAT. 119: An act entitled the Patient Protection and Affordable Care Act*. <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*. <https://www.irs.gov/pub/irs-tege/rr69-545.pdf>
- University of Wisconsin and Robert Wood Johnson Foundation. (2022). *County health rankings & roadmaps: Benton, Oregon*. <https://www.countyhealthrankings.org/explore-health-rankings/oregon/benton?year=2022>
- World Health Organization. (2022). *Social determinants of health*. www.who.int/health-topics/social-determinants-of-health.



www.samhealth.org