

SAMARITAN ALBANY GENERAL HOSPITAL

Community Health Needs Assessment 2023–2026



Samaritan
Health Services



Table of Contents

01	INTRODUCTION	1	09	PRIORITIZATION—continued	
02	ORGANIZATION	2		Child care, abuse + neglect	10
03	SERVICE AREA	2		Domestic violence	10
04	COMMUNITY DEMOGRAPHICS	2		Housing costs + houselessness	11
05	HEALTH + SOCIAL INDICATORS	3		Poverty	11
06	EXISTING HEALTH CARE FACILITIES	4		Culturally + linguistically appropriate care	12
07	DATA COLLECTION PROCESS	5	10	COVID-19 IMPACTS	12
08	SIGNIFICANT HEALTH NEEDS	6	11	SERVICES PROVIDED IN 2021	12
09	PRIORITIZATION	7	12	COMMUNITY INTEREST	13
	Access to health care	8	13	COMMUNITY IMPACT	13
	Suicide prevention	8	14	GENERAL HEALTH STATUS	13
	Substance use disorder	9	15	PROMOTING HEALTH	14
	Anxiety + depression	9	16	SOCIAL SUPPORT NETWORKS	15
	Food insecurity	10	17	REFERENCES	16

Map of the tri-county region and its larger communities.



Samaritan Albany General Hospital: Community Health Needs Assessment 2023–2026

Introduction

As a nonprofit hospital, we are committed to building healthier communities together through community benefit activities that address needs identified in our triennial assessment of community health needs.

Every three years, Samaritan Albany General Hospital (SAGH) conducts a Community Health Needs Assessment (CHNA).

This CHNA was undertaken in partnership with InterCommunity Health Network Community Care Organization (IHN-CCO), the Confederated Tribes of Siletz Indians, United Way and the health departments of Lincoln, Linn and Benton counties.

All partners focused on the social determinants of health and indicators of health status, particularly as they relate to race/ethnicity, sexual orientation, gender, gender identity, age, faith/lack of faith, spirituality, physical abilities, mental abilities or veteran status.

Samaritan Health Services (SHS) is grateful to these partnering agencies and colleagues for their expertise, as well as their dedication to the health of their communities.

Data sources

SHS and its partners gathered primary data through a jointly developed online and written survey. Across the region, respondents completed a total of 2,812 surveys.

Additional qualitative primary data was collected through focus groups and key informant interviews, many of which targeted marginalized people who are often left out of the health needs assessment process, as well as seniors, veterans, low-income people, non-English

speakers, and rural. These findings were then reviewed and prioritized by community members during listening sessions held in August 2022.

This assessment also draws on data from the *Regional Health Assessment, Benton, Lincoln & Linn Counties, Oregon, 2022 Data Report*, which was completed by the Regional Health Assessment & Alignment Collaborative. Secondary data sources included:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
- U.S. Census Bureau, American Community Survey.
- Oregon Violent Death Dashboard, 2015-2018.
- Oregon Public Health Assessment Tool, 2014-2017.
- InterCommunity Health Network Coordinated Care Organization statistics, 2021.
- Oregon Housing and Community Services, Point-in-Time Homeless Count, 2019.
- Oregon Employment Division.
- University of Wisconsin and Robert Wood Johnson Foundation, *2022 County Health Rankings*.



Organization

Established in 1924, SAGH is a 79-bed acute care facility and health center serving the greater Albany area, which includes Tangent, Millersburg, North Albany in Benton County and Jefferson in Marion County. The facility is part of SHS's award-winning network of hospitals, clinics, health plans, and health and fitness centers primarily serving Benton, Lincoln and Linn counties.

SAGH employs more than 132 health care providers, more than 700 support staff and close to 260 clinic

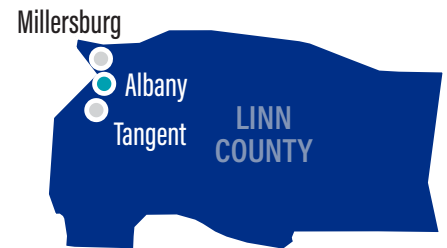
staff who support the SHS mission of *building healthier communities together.*

They are committed to providing personalized, quality care and to promoting the good health of the entire community in alignment with SHS's values of *Passion, Respect, Integrity, Dedication and Excellence.*

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

Service area

SAGH serves the western third of Linn County. This includes the designated metropolitan service area of Albany, as well as Harrisburg, Tangent, Millersburg, Halsey, Shedd and the neighboring rural and unincorporated areas.



Community demographics

Extending from I-5 to the Cascades, Linn County comprises 2,297 square miles bounded by Marion, Deschutes, Jefferson, Lane and Benton counties. Although designated as rural, Linn County has the tri-county region's highest total population with an estimated 129,839 residents as of 2021.

Most residents live in the county seat of Albany. Rural cities and unincorporated communities in west Linn County include Millersburg, Tangent, Shedd and Crabtree. Approximately 29% of residents live in unincorporated and/or isolated areas with limited services, resources, grocery stores, health care providers, and public transportation options.

COMMUNITY	POPULATION
Albany	56,828
Lebanon	18,945
Sweet Home	9,955

RACE/ETHNICITY	PERCENT
American Indian/Alaska Native	1.8
Asian only	1.3
Black/African American	0.9
Hispanic/Latino	10.2
Native Hawaiian/Pacific Islander	0.1
Two or More Races	3.7
White only	92.1

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

Health and social indicators

Median household income by race/ethnicity, 2020.

RACE/ETHNICITY	LINN	OREGON
American Indian/Alaska Native	\$41,900	\$44,300
Asian	\$84,000	\$78,800
Black/African American	\$83,200	\$41,800
Hispanic/Latino	\$53,500	\$52,500
Native Hawaiian/Pacific Islander	—	\$62,800
Some other race	\$58,400	\$54,400
Two or more races	\$52,300	\$55,600
White	\$56,200	\$64,400

Source: U.S. Census Bureau, American Community Survey, Table B19013, 2020.

Percentage of poverty by race/ethnicity, 2020.

RACE/ETHNICITY	LINN	OREGON
American Indian/Alaska Native	13.7	22.4
Asian	9.0	13.6
Black/African American	2.2	26.3
Hispanic/Latino	16.6	20.1
Native Hawaiian/Pacific Islander	64.2	21.0
Some Other Race	17.5	17.2
Two or More Races	15.9	17.9
White	12.7	11.3

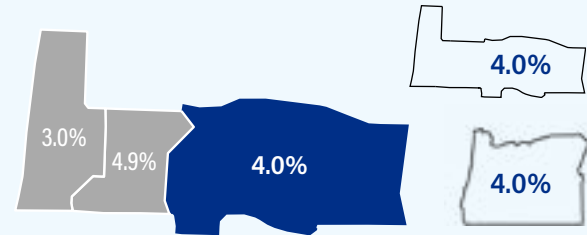
Source: U.S. Census Bureau, American Community Survey, Table B17001, 2020.

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

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

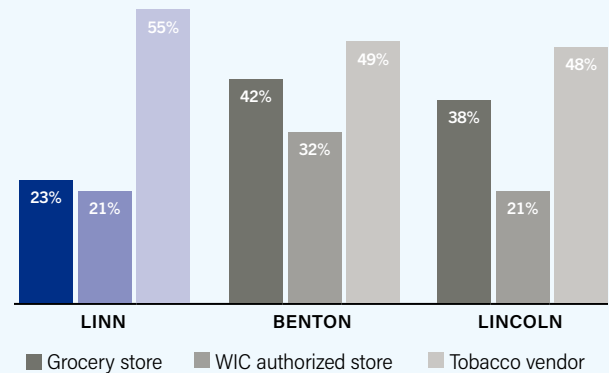
Source: U.S. Census Bureau, American Community Survey, Table S2701, 2020.

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



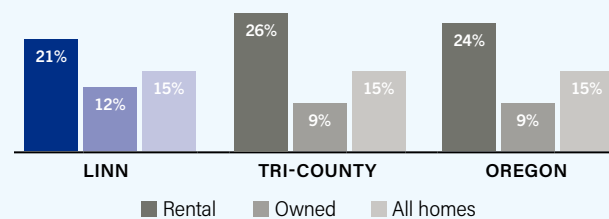
Source: State of Oregon Employment Department, August 22, 2022.

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



Source: U.S. Census Bureau, 2013-2017 ACS, 2019 store registries.

Linn 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.

Existing health care facilities

SAGH serves the western portion of Linn County, while Samaritan Lebanon Community Hospital serves residents in the eastern portion. SAGH has 31 outpatient clinics, including Samaritan Cancer Resource Center and a SamCare Express clinic.

Albany InReach Services of SAGH, and Community Outreach Inc., a local nonprofit, offer free medical, dental and mental health clinics to uninsured and unhoused residents of Albany and surrounding communities.

Other SHS facilities in the Albany metropolitan area include SamFit health and fitness center, Samaritan Mental Health, Samaritan Rebound Physical Therapy, Samaritan Heartspring Wellness Center, Samaritan Family Medicine, Mid-Valley Children's Clinic, Albany OB/GYN, Samaritan Urgent Care Walk-In Clinic in North Albany, Samaritan Neuropsychology, and Samaritan Sleep Centers in North Albany and South Albany.

Other facilities and providers

- Linn County Health Services is a major provider of mental and behavioral health services as well as substance use disorder treatment.
- Linn County operates federally qualified health clinics in Lebanon and Sweet Home.
- The for-profit Corvallis Clinic offers health care services in Albany.
- Advantage Dental Care, Capitol Dental Care and Willamette Dental are the county's major dental providers, serving the Medicaid population as well as private insurance carriers.
- The Boys & Girls Club of Albany offers dental care to children and uninsured adults.
- The River Center in Lebanon oversees the Adult Emergency Dental Voucher Program.
- Private practice oral health care providers are located throughout the county as well as private practice mental/behavioral health providers.
- Nontraditional health care services include acupuncture, naturopaths and other alternative providers.
- Private practice clinicians offer vision and hearing care.
- Birthing centers, urgent care facilities and medical express care services are also available in larger communities around the county.

Data collection process

This CHNA draws on primary and secondary data identified and collected by SHS and its partner organizations.

Primary data comes from SAGH 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:

- Online survey available to the public from May through June 2022.
- Paper surveys distributed through community partners and local agencies May through 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 Samaritan Health Services and its partners identify current and emerging health issues in west Linn 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.

Significant health needs

Prevalence of disability in Linn County and Oregon by age, 2020.

AGE RANGE	LINN	OREGON
Under 5 years	0.0%	0.7%
5 to 17 years	7.0%	6.2%
18 to 34 years	11.3%	8.4%
35 to 64 years	17.1%	13.6%
65 to 74 years	31.1%	26.0%
Over 75 years	51.7%	49.6%

Source: U.S. Census Bureau, American Community Survey, Table S1810, 2020.

Primary data collection revealed that access to care — particularly mental and behavioral health services for children, youth and adults — is the highest health need in west Linn County. This includes services for substance use disorder (SUD) as well as issues like depression, anxiety and suicidality.

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

Increasing housing, employment and supportive services are also major community concerns. Access to safe and affordable housing remains a pressing need, along with wraparound services to support 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 COVID-19 pandemic.

Providing culturally and linguistically appropriate services is essential not just to ensure quality of care for people of all ages, backgrounds, races/ethnicities, gender identities, cultures and religions, but also to improve communication, coordination, collaboration and — most importantly — trust among culturally specific organizations, leaders and advocates, who emphasized their frustration with the exclusion and/or exploitation of culturally specific partners and with the persistent failure of regional institutions to improve the cultural humility, diversity and accountability of their leadership and workforce.

Social determinants of health

County Health Rankings: Linn County Health Factors, 2022.

Social/economic factors	16
Physical environment	30
Clinical care	10
Health behaviors	20
Overall rank	16

Source: County Health Rankings: Linn, Oregon, 2022.

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.” These nonmedical factors contribute to a large percentage of preventable health problems.¹

Major social determinants of health include childhood experiences, educational opportunities, economic status, employment, housing, the built and natural environment, and equitable access to health care.

CHNA key informants cited the following five social determinants of

health as the most significant ones for west Linn County.

- Access to safe and affordable housing and shelter.
- Access to mental and behavioral health care.
- Transportation.
- Access to healthy food.
- Racism, discrimination and inequity.

Prioritization

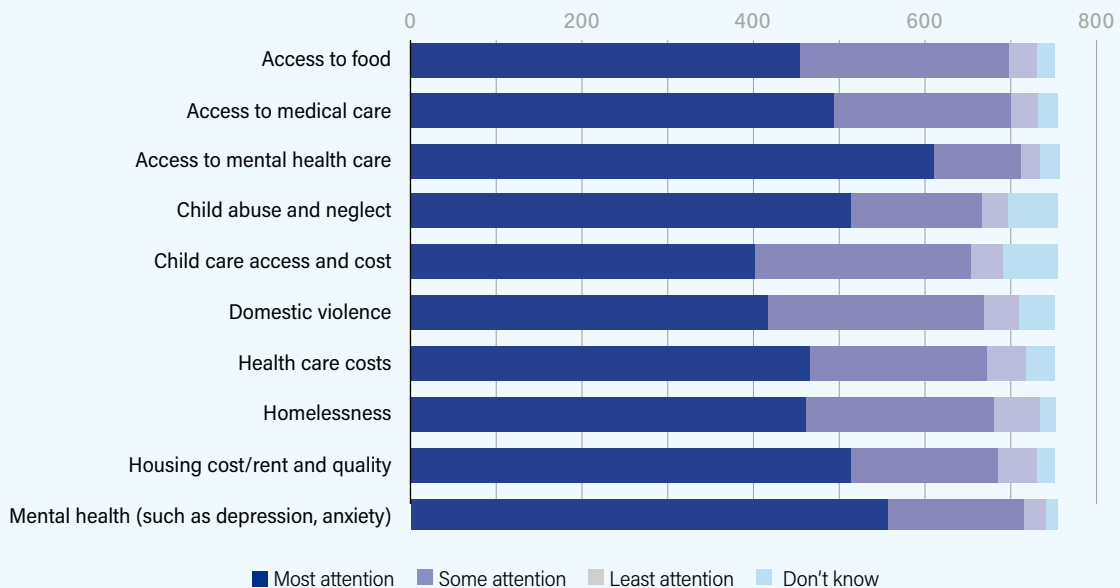
The prioritization process engaged regional health, social services, government, nonprofit, tribal and community partners. Members of the SAGH Social Accountability Committee reviewed all data gathered by the Regional Health Assessment & Alignment Collaborative as well as input from community members, partner organizations and county agencies. Based on this data, they identified the following priorities for improving community health as well as equitable access to the 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 and linguistically appropriate services.

SAGH goals, objectives and priorities for 2023-2026.

1	GREATER ACCESS Objective: Increase community access to medical, dental and mental/behavioral health services.	2	HEALTHY FAMILIES Objective: Increase community access to healthy food, child care and safety.	3	HEALTHY COMMUNITIES Objective: Increase housing, employment and supportive services in the community.
	Priorities <ul style="list-style-type: none"> • Access to health care • Suicide prevention • Substance use disorder • Anxiety and depression 		Priorities <ul style="list-style-type: none"> • Food insecurity • Child care • Child abuse/neglect • Domestic violence 		Priorities <ul style="list-style-type: none"> • Housing costs and houselessness • Poverty • Culturally and linguistically appropriate services

Highest priorities in Linn County according to CHNA survey responses.





Access to physical, mental/behavioral and dental care

Ratio of Linn County population to providers, 2019.

Primary care	1,630:1
Dental care	1,620:1
Mental health	550:1

Source: County Health Rankings: Linn, Oregon, 2021.

Pregnancies with inadequate or no prenatal care by race/ethnicity, 2011-2022.

RACE/ ETHNICITY	LINN	OREGON
American Indian/Alaska Native	14.5	22.1
Asian/Pacific Islander	18.6	15.2
Black	13.9	19.6
Hispanic	15.3	16.3
White	10.2	11.3

Source: Oregon Public Health Assessment Tool, 2011-2022.

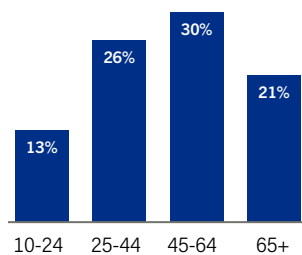
Frequently cited factors affecting access to care include:

- Lack of workforce and capacity. As an example, Brownsville and Scio have no mental health providers, while the rest of the county has fewer than 1 per 1,000 people. Provider turnover/retirement rates increased in the wake of COVID, as did wait times for appointments.
- Lack of insurance and/or insurance literacy. Roughly 8.3% of people in Linn County are uninsured.²
- Lack of navigation and patient advocates. The complexity of the regional health care system can be daunting, especially for lower-income people, people with mental health issues, migrant workers, and people with specific linguistic or cultural needs and expectations. People with limited English skills face additional barriers in receiving one-on-one care and in navigating the system, as do people with disabilities.
- Lack of culturally appropriate facilities, policies and workforce. Marginalized people are less likely to seek care due to mistrust, trauma and related issues. For those who do seek care, the lack of culturally competent providers can make care less effective and more traumatic.
- Lack of workforce diversity (e.g., trans or trans-friendly providers and mental health providers of color who have lived experience of stresses relating to racism and discrimination).
- Transportation. People in rural communities, people of color, people in poverty, people with disabilities, and people with language barriers are more likely both to depend on public transit and to live in areas with poor transit service, fewer destinations, and poor connectivity. These burdens increase costs and personal stress while also limiting access to quality housing, healthy foods, and physical activity.



Suicide prevention

Suicide rate per 100,000 in Linn County by age, 2015-2018.



Source: Oregon Violent Death Dashboard, 2015-2018.

Suicide is influenced by a wide variety of factors, which may include physical health and disease, mental and behavioral disorders, social isolation, socioeconomic status, and/or access to health care and counseling, as well as personal relationships, bereavement and other life events. Many of these factors were exacerbated by COVID-19, especially for people already living with issues like depression and anxiety.

Linn County had the tri-county region's highest suicide rate among ages 25-44 (26%) between 2015 and

2018. Although Lincoln County had a higher percentage of 11th-graders who considered suicide, 11th-graders in Linn County more commonly reported a suicide attempt.³

Oregon Health Authority notes that "easy access to guns may increase the risk of suicide attempts and deaths." Among eighth and 11th graders surveyed on the availability of firearms, roughly one-third said they could get one in less than a day, while one-quarter they could get a loaded gun in less than 10 minutes.⁴



Substance use disorder

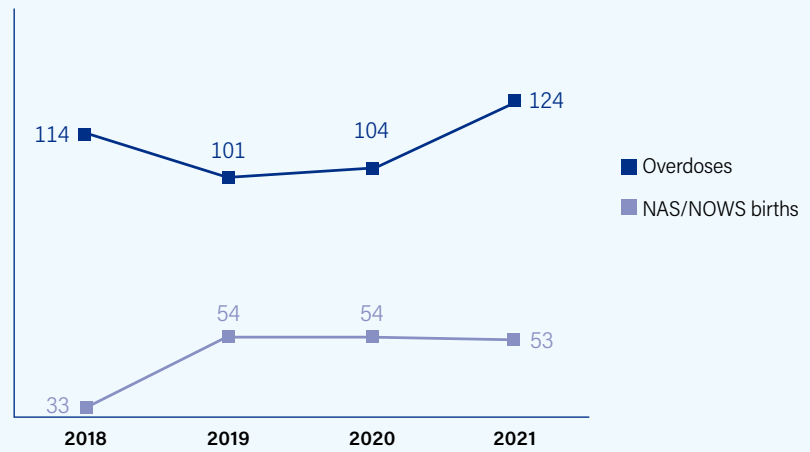
Oregon has one of the nation’s highest rates of misuse and abuse of prescription and illicit drugs. Drug overdoses are a leading cause of injury and death. On average, five Oregonians die each week from opioid overdose, often in combination with other drugs.⁵

SUD affects students across the entire region, with older students generally reporting more illicit substance use than younger students.

In Linn County, the most commonly reported substances used by eighth graders in 2019 were alcohol (8.6%) and e-cigarettes (9.8%).

By 11th grade, reported alcohol use had risen to 25.8% while e-cigarette use reached 37.4% — nearly double the state average for this age group. By contrast, 2019 rates for 11th-grade marijuana use (23%) and prescription drug abuse (5.2%) were slightly above the state average.⁶

Drug overdose encounters and neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS) births at SAGH, 2018-2021.

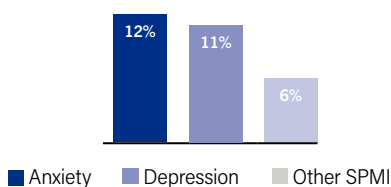


Source: EPIC.



Anxiety and depression

Linn County IHN-CCO members with serious and persistent mental illness (SPMI), 2021.



Source: InterCommunity Health Network Coordinated Care Organization, 2021.

Oregon continues to have a high prevalence of mental health disorders and low access to mental health care. In 2020, the state ranked last in the nation for mental health. Depression in the tri-county region is slightly higher than the state average (27% versus 25%, respectively).

In the 2022 *County Health Rankings*, Linn County community members reported 4.9 poor mental health days in the last 30 days, the region’s highest number. The county also had the region’s highest rates of diagnosed depression (29%).

IHN-CCO member data on serious and persistent mental illness (see chart at left) likely represents patients with more severe illness, as opposed to the region’s total burden of disease, especially among marginalized and stigmatized people.

The need for culturally responsive and trauma-informed mental health resources is likely to increase as children, adults and care providers cope with long-term COVID effects, including increased depression, bereavement, anxiety, isolation, SUD, suicidality, racism and social conflict.



Food insecurity

SNAP use by household demographics, Linn County and Oregon, 2020.

	LINN	OREGON
SNAP households	18.6%	15.0%
with children under 18	43.7%	40.8%
with a disability	53.0%	49.9%

Source: U.S. Census Bureau, American Community Survey, Table S2201, 2020.

Use of WIC program benefits, 2021.

	LINN	OREGON
WIC participants	4,160	110,890
Families on WIC	2,241	64,450
Pregnant women on WIC	30%	27%

Source: Oregon Health Authority, WIC Data Sheets, 2021.

Access to healthy, affordable food is an important predictor of health status. Recent Linn County data estimates a food insecurity rate of 23%.

The ability to shop at grocery stores depends on proximity as well as on household income and the overall cost of living. The rising cost of food, gas, housing and other basic needs, along with ongoing supply chain issues, affects the ability of people in Linn County — especially those in rural areas or urban food deserts — to access and afford healthy foods.

In all three counties, people are more likely to live close to a tobacco vendor than a grocery store (see table on page 3). This is especially true of Linn County, where 55% of people lived within half a mile of a

tobacco vendor; only 23% lived the same distance from a grocery store.

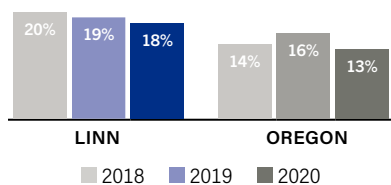
The Women, Infants, and Children Program (WIC) provides healthy foods to pregnant, breastfeeding women, infants, and children to promote optimal childhood development. The Supplemental Nutrition Assistant Program (SNAP) provides access to healthy food for low-income families. Linn County's utilization rate for these programs is higher than that of Oregon as a whole (see chart at left).

As wildfires, heat waves and other environmental effects of climate change become more severe, public health practitioners are increasingly worried about the impacts on food distribution, access and cost.



Child care, abuse/neglect

Child abuse rates in Linn County and Oregon, 2018-2020.



Source: U.S. Census Bureau, American Community Survey, Table S2701, 2020.

Child abuse is a major form of adverse childhood experience. In 2020, the tri-county region had 5,553 reports of child abuse, 54% of which were referred to Child Protective Services. Linn County accounted for 18% of 2020 reports and has consistently higher abuse rates than the state. Primary family stress factors in child abuse are substance use, domestic violence, and parental involvement with law enforcement. Rates of abuse and neglect during COVID are unknown, but cases are expected to

be higher than in previous years and to have received fewer interventions from protective and social services.

The 2022 County Health Rankings reports that Linn County has only 23 child care centers per 1,000 children under 5. Access to safe, affordable and quality care is an important factor in child health and development as well as in other family members' access to health care, education and employment opportunities.



Domestic violence

Domestic violence entails the use of violence, threats, intimidation, or emotional abuse against a family member or intimate partner. Although it can affect people of any age, race/ethnicity, background, or gender identity, women — especially trans women — experience domestic violence at higher rates than the general population. Both the housing

crisis and COVID have complicated or limited the ability of domestic violence survivors — including children — to find safe housing or shelter.⁷

Linn County had 240 arrests for reported domestic violence in 2021.⁸ However, incidents of domestic violence often go unreported.⁹



Housing costs and houselessness

Unhoused people experiencing chronic houselessness, 2019.

	LINN	OREGON
Chronically unhoused	42%	31%
Chronically unhoused veterans	52%	43%

Unhoused people by race/ethnicity, 2019.

	LINN	OREGON
Asian	0%	4%
Black/African American	3%	2%
Native American	2%	1%
Native Hawaiian/Pacific Islander	1%	0.4%
Two or more races	6%	5%
White	85%	85%

Source for both tables: Oregon Housing and Community Services, Point-in-Time Homeless Count, 2019.

Having a severe housing problem is defined as overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities.

Between 2014 and 2018, 14% of households in Linn County were affected by severe housing problems.¹¹ In east Linn County, housing costs have continued to rise as people who have been priced out of Corvallis increasingly move to smaller towns like Sweet Home and commute to the Albany/Corvallis area.

Studies indicate that Oregon Health Plan members are less likely to own their own homes and more likely to be unhoused than the general

population.

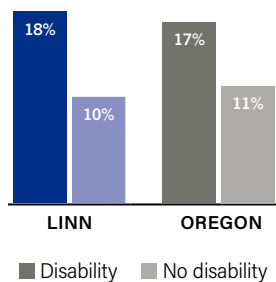
According to the 2019 point-in-time count conducted by Oregon Housing and Community Services, Linn County had approximately 277 unhoused community members. (Benton and Lincoln counties had 331 and 260, respectively, during the same period.)¹²

Linn County also had the highest percentage of unhoused people experiencing chronic houselessness. Further, it has higher rates of houselessness than the state of Oregon by most measures (see chart at left).



Poverty

Poverty by disability status in Linn County and Oregon, 2020.



Source: U.S. Census Bureau, American Community Survey, Table C18130, 2020.

Poverty affects access to health care, child care, quality housing, transportation, healthy food, education and most other social determinants of health. It can also be a cause and intensifier of mental and behavioral health issues ranging from depression and anxiety to domestic violence and SUD.

Across the tri-county region, people identifying as white were less likely to live in poverty compared to people of other races and ethnicities.

Although Linn County has lower rates of income inequality and poverty than Benton and Lincoln counties, it has the region's highest rate of poverty (64%) for people identifying as Native Hawaiian/Pacific Islander (see chart on page 3).

The county also has the region's highest poverty rate for people with disabilities (18%), which is especially

significant given its aging population and the expected long-term health effects of the COVID-19 pandemic (see chart at left).

More generally, multigenerational poverty is common in Linn County, especially in rural areas. Families that have been stressed by poverty for generations typically have higher rates of behavioral health issues, including SUDs.¹⁰



Culturally and linguistically appropriate care

Although it's listed as an individual priority, this is an essential component of every other priority. It is necessary not only to provide respectful, welcoming, medically appropriate and trauma-informed care to everyone who seeks it, but also to build trust and collaboration with community leaders and organizations serving marginalized and stigmatized people, many of whom are currently unwilling to seek or recommend care from SHS. (As one informant noted, using correct pronouns means little if facilities, policies and procedures reflect a binary conception of gender.)

A central part of building trust is acknowledging and overcoming the historical and current exclusion and/or exploitation of culturally specific partners and the repeated, ongoing failures of regional institutions to acknowledge trauma and improve cultural competence.

These efforts should include providing help with culturally responsive navigation, patient advocacy and care coordination, and, when possible, reducing barriers and friction points that arise when patients need to move between agencies and providers.

COVID-19 impacts

COVID-19 mortality rates by county, March 2020 – March 2022.

	DEATHS	POPULATION	DEATHS /100,000
Linn	274	128,610	213
Benton	75	95,184	79
Lincoln	88	50,395	175

Source: OPERA, 2020-2022.

The COVID-19 pandemic has taken more than 7,568 lives in Oregon, including 437 lives in the tri-county region.¹³ The pandemic has had far-reaching effects on regional health care capacity, resources and workforce, resulting in longer wait times, postponed care and related access issues. Related supply chain issues and labor shortages have also affected supplemental food programs and other social services.

In addition to the pandemic's heavier toll on seniors and low-income communities, it disproportionately affected nonwhite populations.

Almost all nonwhite communities had higher than expected case rates, while cases in white populations remained below the rate expected given their share of the population.

Along with the threat of future variants, potential effects include the still-unknown health impacts of "Long COVID"; the delayed diagnosis of cancer and other illnesses; the effects of isolation, trauma and bereavement, especially on children and youth; increased mistrust of authorities; and a sharp increase in SUDs, disability and suicidality over the coming decade.

Services Provided at Samaritan Albany General Hospital in 2021

The following indicators demonstrate the breadth and type of services SAGH has provided over the past four years. Specialized surgical services at SAGH include cardiac, cancer, gynecology, obstetrics, orthopedics and urology. SAGH also has 23 outpatient clinics offering specialty care, family medicine, obstetrics/gynecology, pediatrics and urgent/walk-in care.

INPATIENT VISITS

2,525

SURGERIES

4,159

EMERGENCY VISITS

22,915

DELIVERIES

424

IMAGING

75,438

CLINIC VISITS

144,911

Community interest

SAGH has strong partnerships with organizations and agencies in east Linn County and across the region. To ensure diverse responses to the CHNA, a consultant worked with the Regional Health Assessment Committee to distribute surveys, conduct key informant interviews and focus groups, and facilitate listening sessions. As a result, input was received from diverse racial/ethnic groups, LGBTQIA2S+ community members, veterans, non-English speaking people and other marginalized populations. Despite

outreach to youth 18 and under, only a few took the survey.

The CHNA will be reviewed and approved by the Coast to Cascades Community Wellness Network, a consortium of tri-county leaders, executives and elected officials that works with local coalitions to identify and address regional health issues. Members represent public health, primary care, education, social services, mental/behavioral care, dental care, Medicaid providers and community action agencies.

Community impact

The CHNA offers a valuable opportunity for SAGH to work directly with the community to address health concerns and disparities in east Linn County.

SAGH provided services and supports to address health needs prioritized in the 2020-2023 CHNA, including mental/behavioral health, substance use prevention and treatment, housing/houselessness, access to medical and dental care, poverty, food insecurity, chronic disease, obesity, child abuse/neglect, transportation, and diversity, equity and inclusion.

SAGH offered in-person and virtual education through health fairs, workshops and classes. Topics included *Adverse Childhood*

Experiences, Understanding Stigma for Substance Use Disorder, Implicit Bias and Addressing Homelessness.

During the pandemic, SAGH was the first responder for many medical, mental/behavioral, dental and social needs. In addition to treating thousands of COVID patients, SAGH continued providing emergency care, birthing services and urgent surgeries.

SAGH provided \$350,000 to 20 agencies through social accountability funding, as well as additional funding, food, clothing and other resources to support local communities through the pandemic and 2021 wildfires. SAGH also provided transportation, telehealth and home visits to over 2,000 people in west Linn County.

General health status

In the 2022 *County Health Rankings*, Linn County was ranked 16th out of 35th for health outcomes and 17th out of 35 for health factors — an improvement over its 2019 rankings.

Clearly, more opportunities exist to collaborate on community health. Based on the CHNA survey, focus

groups, key informant interviews, listening sessions and secondary data, each community in east Linn County has many positive attributes. From building affordable housing to providing SUD treatment and other behavioral health needs, the region continues to thrive through collaborations and partnerships.

Promoting health

Linn County is part of a three-county region that shares a long history of collaboration, coordination and partnerships to promote health.

- SAGH and SHS work together to improve community health in west Linn County by providing excellent health care and supporting social programs.
- Linn County's Tobacco Prevention and Education Program aims to reduce tobacco-related illness and death. Other population-based prevention and chronic disease programs in the region also work to reduce the onset and incidence of chronic conditions and help community members take control of their health.
- The College of Osteopathic Medicine of the Pacific-Northwest has been a valuable resource for the community and the region. As the only medical school in the Mid-Willamette Valley, COMP-NW provides medical students and their staff hands-on activities that support rural communities. The school offers support to unhoused community members and to pregnant and parenting teens, hosts youth academies to recruit future medical students, and has a representative who serves on the CCCWN.
- Linn County Health Department promotes health through its various divisions within the organization. This includes pregnancy prevention, mental/behavioral health, alcohol and drug services are just a few health promotion efforts available by the county. Federally Qualified Health Centers and rural clinics are part of the Linn County organization that also offer health promotion services.
- West Linn County is home to a variety of community-based organizations and agencies that offer health promotion services to all community members. This includes food banks, shelters, churches, synagogues, community gardens, farmers markets, child care centers, assisted living facilities, dental providers, alternative medicine providers, and recreation and community events that also promote health.

Social support networks

Linn County has a strong network of social supports and opportunities.

- Linn County's commitment to the health and well-being of children and youth includes a focus on family stability, kindergarten readiness, equitable services and service coordination.
- Several organizations provide nutrition, healthy lifestyles and social supports for youth. The Boys & Girls Club of Albany offers after-school activities for elementary and middle school youth and has expanded to include high school-aged youth. The club also provides low-cost child care to families who meet their eligibility requirement.
- Community Services Consortium is the regional community action agency serving the most vulnerable community members.
- Through Oregon Cascades West Council of Governments, transportation is available to

low-income community members for medical, dental and mental/behavioral health appointments. Volunteer Caregivers provides transportation to grocery stores and nonmedical appointments to elderly, low-income and people with disabilities.

- Albany and Linn County is currently working on a comprehensive plan to address unhoused populations in the community. The community leadership has identified a need for emergency shelters, transitional housing and permanent affordable housing.

Without listing every organization and project that supports health in west Linn County, these examples demonstrate the wide range of services and supports available to the community.

References

- 1 World Health Organization. (2022). Social determinants of health. www.who.int/health-topics/social-determinants-of-health.
- 2 University of Wisconsin and Robert Wood Johnson Foundation. (2022). County Health Rankings & Roadmaps: Linn, Oregon. countyhealthrankings.org/app/oregon/2014/rankings/linn/county/outcomes/overall/snapshot
- 3 Oregon.gov. (2022). Oregon Violent Death Reporting System (ORVDRS) Data Dashboard, Suicide Data 2015-2018. <https://www.oregon.gov/oha/PH/DiseasesConditions/InjuryFatalityData/Pages/nvdrs.aspx>
- 4 Oregon Health Authority. (2021). *2021 youth suicide intervention and prevention plan annual report*. https://sharesystems.dhs.oha.state.or.us/DHSForms/Served/1e8874_2021.pdf?utm_medium=email&utm_source=govdelivery
- 5 Oregon Health Authority. (n.d.). *Reducing opioid overdose and misuse: Opioid crisis in Oregon*. <https://www.oregon.gov/oha/PH/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx>
- 6 Oregon Health Authority. (2019). *Oregon healthy teens survey*. <https://www.oregon.gov/oha/ph/birthdeathcertificates/surveys/oregonhealthyteens/pages/index.aspx>
- 7 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>
- 8 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>
- 9 Vanardo, D. (2019, October 24). "Most domestic violence incidents still unreported, report says." USC Annenberg Center for Health Journalism. <https://centerforhealthjournalism.org/fellowships/projects/most-domestic-violence-incident-still-unreported-report-says>
- 10 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>
- 11 University of Wisconsin and Robert Wood Johnson Foundation. (2022). County Health Rankings & Roadmaps: Linn, Oregon. countyhealthrankings.org/app/oregon/2014/rankings/linn/county/outcomes/overall/snapshot
- 12 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>.



www.samhealth.org