

# Samaritan Albany General Hospital

## **Community Benefit Plan**

Implementation Strategy

2016



Samaritan  
Albany General  
Hospital



## Message from the CEO

Community benefit is not a new concept for Samaritan Health Services and Samaritan Albany General Hospital. The SAGH Community Benefit Plan is a result of identified community health needs, goals and priorities in our county. The plan is designed to guide our efforts as we work to build healthier communities together.

The Community Benefit Plan is reviewed and approved by the SAGH Board that is made up of hospital staff, physicians and community members. The committee will review and monitor the progress of the plan each year.

As our communities grow, and as the health care profession continues to undergo transformation, our community benefit efforts will become increasingly important. This plan reflects a significant step toward positioning SHS and SAGH to successfully address the needs of our region and community moving forward.

### **David Triebes**

CEO

Samaritan Albany General Hospital





# Samaritan Albany General Hospital

## Community Benefit Plan, 2016

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# Introduction

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Samaritan Health Services Inc., (SHS) is the not-for-profit parent organization for a network of Oregon hospitals, physicians, senior care and health plans serving 250,000 residents of Benton, Lincoln and Linn counties.

## Mission

SHS was formed in the late 1990s with the mission to improve the health and well-being of the community by providing high quality, caring services, regardless of any individual's ability to pay. The current mission of SHS is: "We enhance community health and achieve high value through quality services across a continuum of care."

## Vision

The collective vision of the SHS system is as a "values-driven organization governed by community members, physicians and other health care providers. We seek to be the first choice of consumers in the region and to lead collaborative efforts among those who share similar goals."

## Values

The community-based hospitals and physicians that form Samaritan Health Services believe it is possible to create a successful regional health system based on collective organizational values. Decisions continue to be made by local community members, physicians and hospital leaders within the following values framework.

- **Excellence:** Striving to achieve the highest standards of care within our varied health professions
- **Respect:** For ourselves, our co-workers and those we serve
- **Service:** Recognizing the value of exemplary service in creating a positive experience for patients, visitors and co-workers
- **Integrity:** Aligning our words with our deeds
- **Stewardship:** Ensuring that we act responsibly with the resources that have been entrusted to our care
- **Compassion:** Demonstrating on a daily basis the healing power of the human touch
- **Leadership:** Modeling and sharing best practices in the midst of tremendous change in how health care is delivered and paid for

# Hospital Profile

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[Samaritan Albany General Hospital](#) (SAGH) has been providing care to area residents since 1924. SAGH is a 79-bed acute care facility and health center providing medical services to the greater Albany area. There are 132 health care providers, more than 700 employees and 253 clinic employees serving the health needs of the community.

In 2011, Samaritan Albany General Hospital's Joint Replacement Program was recognized by Health Grades with the Joint Replacement Excellence Award, making its program among the top 10 percent in the nation and top five hospitals in Oregon.

Albany has been coined the "All-American City" and is located just off Interstate 5 in the heart of the beautiful Willamette Valley. Albany offers direct access to all areas of the state to its more than 50,000 residents. The city of Portland, the Cascade Mountains and the Pacific Ocean are all within an hour and a half driving time, making Albany an excellent locale for economic and recreational opportunities. Within the city limits, historians have noted the collection of historic buildings and residences as one of the largest and most varied in Oregon.



## County Profile/Community Served

### **Linn County**

Linn County was created in 1847 from the southern portion of what is known today as Marion County. Linn County consists of 2,297 square miles with boundaries of Marion, Deschutes, Jefferson, Lane and Benton counties, and the county seat is located in Albany. Linn County is the most populous county in the Benton, Lincoln, Linn tri-county region.

With the wide range of climate changes throughout the year, Linn County is considered a much diversified agriculture area in the state, with a range of crops from strawberries in June to cabbage in November. Linn County leads the United States in producing perennial ryegrass.

The U.S. Census Bureau lists the 2010 Linn County's population at 116,672. Although the majority of residents live in Albany, Linn County geographically reaches from the I-5 corridor to the Cascade Mountain range. Rural areas include Gates, Millersburg, Halsey, Tangent, Scio, Shedd and Crabtree.

Linn County continues to remain in the bottom section of county health rankings conducted each year by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The 2016 County Health Rankings listed Linn County 22 out of 33 counties measured for Health Outcomes and 26 for Health Factors. Although these rankings are low, they are an improvement over the past five years. The low ranking continues to relate closely to mortality, premature death and risk behaviors. Linn County also has high rates of tobacco use, substance abuse, chronic diseases and obesity, as well as low rates of childhood immunizations and preventative screenings.

# Demographics

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According to the 2010 U.S. Census Bureau, Linn County has a population of 116,672 including rural and urban communities. The major cities in Linn County are outlined below.

Community	Population
Albany	50,158
Brownsville	1,668
Lebanon	15,518
Sweet Home	8,925

Source: U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File

Linn County racial and ethnic distribution reflects similar populations in counties across the state of Oregon.

Race/Ethnicity	Population
White/Caucasian	87.1%
Black/African American	.4%
American Indian/Alaska Native	1.1%
Asian	.9%
Pacific Islander	0.1%
Hispanic/Latino	7.8%
Reporting two or more races	2.6%

Source: U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File





Health and social indicators are used to generalize the conditions of the tri-county region.

Health and Social Indicators	Totals
Median Income	\$44,965
Unemployment (December 2015)	6.4%
Poverty	19.1%
Homelessness	182*
Early Prenatal Care	79.9%
Immunizations	57.9%
Uninsured Children	5.4%
Child Care Slots	8/100
Child Abuse	12.9/1000
Early Childhood Obesity	27.8%
Children on Free and Reduced Lunch (2015-2016 school year)	44.1%
Children Enrolled with a Dental Care Organization ( December 2015)	91.8%
Homeless Students (2014-2015 school year)	989
Teen Pregnancy	31.1/1000
High School Drop Out	3.0%
Juvenile Arrests	14.8/1000
8th Grade Alcohol Use	21.5%
8th Grade Drug Use	10.4%

\* There is no accurate way to count the number of homeless people in a county. Homeless data is based on point in time shelter counts.

## Existing Health Care Facilities

Linn County has many public, private and non-profit health care facilities and resources within the community that are available to respond to health needs. Facilities include Albany Internal Medicine, Aspen Dental Clinic, Calapooia Family Medicine, The Corvallis Clinic at Waverly, The Corvallis Clinic at North Albany Village, InReach Clinic, Linn County Department of Health, Linn County Mental Health Services, Mid-Valley Children's Clinic, Smile Keepers Dentistry and Willamette Dental Clinic. Additionally there are approximately 30 psychiatrists, psychologists and counselors/therapists serving the Linn County area.

## Data

The Linn County community health needs assessment obtained primary and secondary data to complete the document. Primary data was collected from a locally developed Quality of Life survey that was administered by face-to-face, online and paper surveys delivered by the postal service. More than 1,225 surveys were completed by residents representing all of Linn County. Additional primary data was collected through key informant interviews. Thirty key individuals were identified in the county who are connected by either providing direct services, working in education or a high-level executive in an organization. The surveys and interviews were conducted by representatives serving on the Linn County Community Health Needs Assessment Committee. Membership included staff of SHS and SAGH.

Secondary data was obtained from various state and federal databases including the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey, the Behavioral Risk Factor Surveillance System, Oregon Health Authority's Oregon State Cancer Registry, State of Oregon Division of Medical Assistance Programs, Oregon Health Authority Teen Pregnancy Registry, State of Oregon Immunization Registry, Oregon Department of Education and the Oregon Youth Authority Juvenile Justice Data System.

Additional secondary data was collected from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation 2016 County Health Rankings; 2015 County Data Books Children First for Oregon; and the Linn, Benton, Lincoln, 2011/2012 Regional Homeless Plan.

# Health Issues

Samaritan Albany General Hospital (SAGH) actively participates in assessing the health care needs of the community. In partnership with the Linn County Health Department and other community partners, the SHS Community Health Promotion Director and SAGH staff actively participated in a community health assessment during 2016. This process included examining primary data collected through surveys, focus groups and personal interviews with several community members from throughout Linn County. Secondary data was gathered from state and local agencies that address health needs of children, youth and families. As a result of the community health assessment, SAGH is able to update the annual community benefit plan that outlines goals, priorities and services that expand across the Samaritan Health Services system and respond to community needs.



## **Overarching Goal:** Promote Healthy Behaviors

The plan also includes the established six major goal areas, activities, strategies and objectives that were previously approved by the site social accountability committees and are in alignment with Healthy People 2020 goals and objectives for improving community health.

**Goal 1: Healthy families** — Increase physical activity, fitness and access to nutritious foods for children and families.

**Goal 2: Greater access** — Increase access to medical, dental and mental health supports and services in the community.

**Goal 3: Better networks** — Increase social supports for families.

**Goal 4: Healthy kids** — Increase services and supports for children.

**Goal 5: Healthy teens** — Increase services and supports for adolescents.

**Goal 6: Healthy seniors** — Increase social supports for seniors.

The top 10 health priorities were identified for Linn County:

1. Access to mental health care
2. Child abuse and/or neglect
3. Access to medical care
4. Access to dental care
5. Employment
6. Domestic violence
7. Poverty
8. Homelessness
9. Obesity
10. Alcohol abuse

In alignment with Linn County residents, the SAGH Social Accountability Committee has identified the following health priorities.

- Tobacco use/cessation
- Health related services
- Chronic care
- Substance abuse prevention
- Access to care



# Community Benefits

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Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They are not provided for marketing purposes.

A community benefit must meet at least one of the following criteria:

- Generates a low or negative margin
- Responds to needs of special populations, such as minorities, older persons, and persons with disabilities who are living in poverty, persons with chronic mental illness and other disenfranchised persons
- Supplies services or programs that would likely be discontinued — or would need to be provided by another not-for-profit or government provider — if the decision was made on a purely financial basis
- Responds to public health needs
- Involves education or research that improves overall community health

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

- Improves access to health care services:
  - Available to the public
  - Participants include vulnerable or underserved populations
  - Reduce or eliminate access barriers
  - The community would lose access to a needed service
- Enhances health of the community:
  - Designed around public health goals
  - Measurable improvements in health status
  - Community health status would decline
  - A public health agency provides comparable services
  - Operates in collaboration with public health partners
- Advances medical or health care knowledge:
  - Train health professionals/students
  - Does not require trainee to join the staff
  - Open to other professionals in the community
  - Involves research with findings available to the community
- Relieves or reduces the burden of government or other community efforts:
  - Relieves a government financial or programmatic burden
  - Government provides the same or similar services
  - Government provides support of the activity
  - If the program closed would increase government costs
  - Supported through community volunteers



# SHS Community Benefit Financial Overview

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In 2015, Samaritan Health Services provided more than \$113 million in community benefit support for the region. This number encompasses nine main community benefit areas.

1. **Charity Care** is the estimated cost of providing discounted or free services to patients that qualify for financial assistance.
2. **Public Programs** include Medicare, Medicaid and other government-sponsored programs. Unpaid costs are the estimated costs of care in excess of reimbursement from these government programs.
3. **Community Health Improvement Services** are free services offered to the community such as classes, clinics and workshops.
4. **Health Professions Education** includes the cost of training programs for students pursuing health care careers.
5. **Subsidized Health Services** are the estimated costs of providing certain clinical services despite a financial loss because the service meets a community need. Examples include emergency and trauma care, behavioral health services, hospice and home health care.
6. **Cash and In-Kind Contributions** are grants given to individuals in need and charitable organizations in the community.
7. **Research** includes the costs associated with clinical trials whose results are made available to the public.
8. **Community Building Activities** include programs such as Samaritan Early Learning Center, designed to address the root causes of health problems.
9. **Community Benefit Operations** are costs required to conduct and coordinate community benefit activities.

## Community Benefit Services (in 000s)

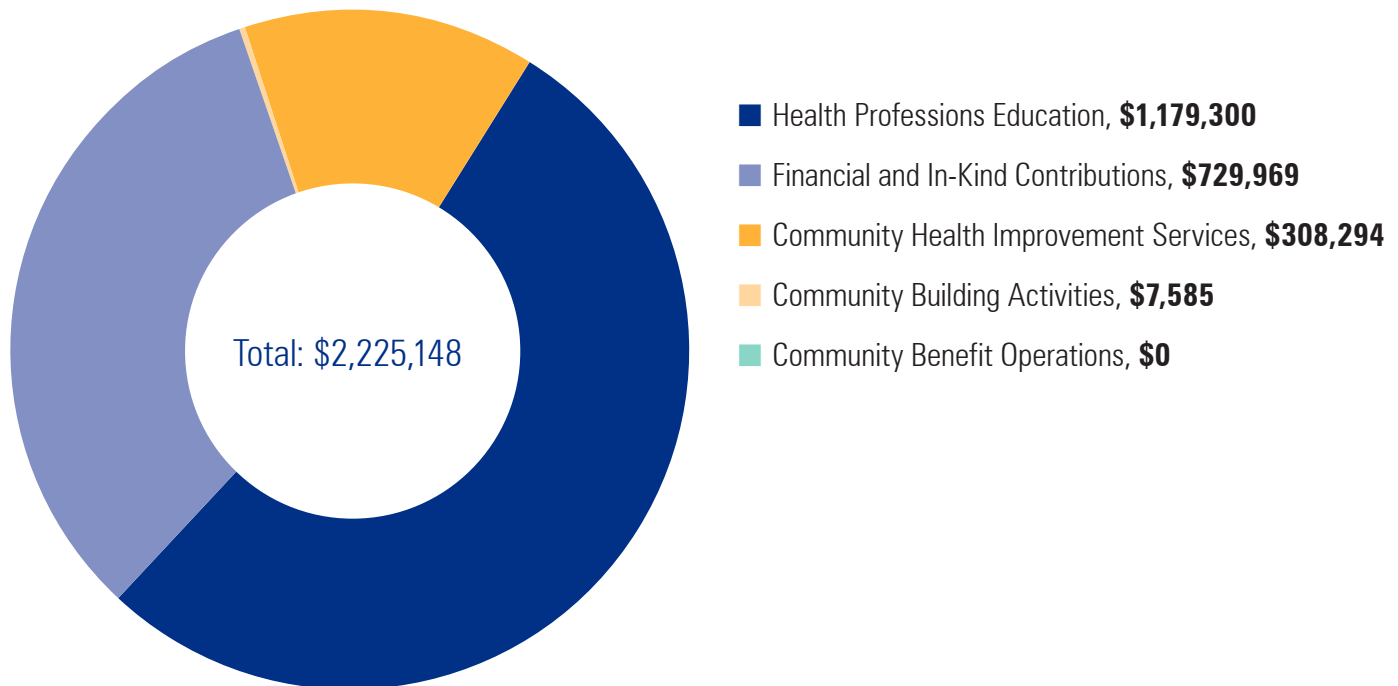
<b>Activity</b>	<b>2015</b>	<b>2014</b>
Charity Care	\$12,298	\$ 9,689
Unpaid Costs of Public Programs	\$82,982	\$89,104
Community Health Improvement Services	\$1,319	\$1,120
Health Professions Education	\$8,092	\$8,596
Subsidized Health Services	\$4,279	\$4,533
Cash and In-Kind Contributions	\$2,496	\$2,294
Research	\$542	\$794
Community Building Activities	\$1,167	\$1,062
Community Benefit Operations	\$273	\$223
<b>Total</b>	<b>\$113,448</b>	<b>\$117,375</b>

# SAGH Community Benefit Summary 2015

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Samaritan Albany General Hospital (SAGH) community benefit activities include both internal and external services. Internal activities are services or programs provided by hospital personnel to improve the health of the community. Internal activities include cardiac support groups, diabetes education, childbirth education, tobacco cessation, parish nurses, community health fairs, maternity care coordination, palliative care services, continuing medical education, scholarship programs and disaster preparedness. The external activities are those services or programs supported by SAGH through either cash contributions or in-kind donations. Some of the external activities include the Family Tree Relief Nursery, ABC House and representation on local health related committees and coalitions.

## 2015 Community Benefit Activities



SAGH partners with local agencies to provide and support external community benefit activities. A brief list of the key partners working with SAGH:

- Linn County Health Department
- In-Reach Clinic
- Boys & Girls Club of Albany
- Cascades West Council of Governments
- Greater Albany Public Schools
- Kidco Head Start
- Linn-Benton Community College
- Oregon State University
- Oregon State University Extension Services

# Community Benefit Services Inventory 2015

## Category A1: Community Health Education

**Activities:** Support groups and trainings

**Strategy:** Conduct education, support groups and trainings

**Goal:** Promote healthy behaviors

1) *Goal 1* — Increase physical activity, fitness and access to healthy, nutritious foods for children, youth and families

2) *Goal 2* — Increase access to medical, dental and mental health supports and services in the community

3) *Goal 4* — Increase social supports for children and families

**Objective:** Provide education, support groups and training to patients, family members and caregivers

**Baseline/Target Population:** Number of participants attended support groups in 2015: 2,742

Inputs	Activities	Outputs
Staff facilitator Meeting space Materials Supplies Food	Organize and advertise group meetings Identify meeting locations Facilitate groups Conduct education services	Conducted the following support groups: <ul style="list-style-type: none"> <li>• Better Breathers</li> <li>• Breast cancer awareness</li> <li>• Clinical pastoral education</li> <li>• Diabetes education</li> <li>• Grief education</li> <li>• Health fairs</li> <li>• Hoop Jam</li> <li>• Library information</li> <li>• Look Good, Feel Better</li> <li>• Nutrition education</li> <li>• Palliative care</li> <li>• Parish nurse</li> </ul>



**Category A2:** Community Based Clinical Services  
**A3:** Health Care Support Services

**Activities:** Health clinics and screenings

**Strategy:** Conduct health clinics and screenings services

**Goal:** Promote healthy behaviors

- 1) *Goal 2* — Increase access to medical, dental and mental health supports and services in the community
- 2) *Goal 5* — Increase social supports for seniors residing in the community
- 3) *Goal 6* — Increase services and supports for high-risk teens

**Objective:** Provide screenings and clinical services to patients, family members and caregivers with chronic illnesses and diseases

**Baseline/Target Population:** Number of participants attended screenings and clinics in 2015: 1,886

Inputs	Activities	Outputs
Medical staff Materials Supplies Food	Organize and advertise health screenings Arrange health screenings Conduct health screenings	Conducted the following health screenings: <ul style="list-style-type: none"> <li>• Homeless shelter services</li> <li>• Cardiac rehabilitation</li> <li>• Cardiac screening</li> <li>• Maternity care coordination</li> </ul>

## Category B: Health Professions Education

**Activities:** Health profession education, externships, internships and scholarships

**Strategy:** Provide education and training to current and future health professionals.

**Goal:** Promote healthy behaviors

1) *Goal 2* — Increase access to medical, dental and mental health supports and services in the community

**Objective:** Provide education and training to current and future health care professionals

**Baseline/Target Population:** Number of participants in 2015: 343

Inputs	Activities	Outputs
Medical staff Materials Supplies	Organize and advertise health education classes  Advertise and promote health related education internships and scholarships  Arrange continuing medical education opportunities, internships and scholarships	Conducted the following health education opportunities: <ul style="list-style-type: none"> <li>• Medical clerkships</li> <li>• Medical internships</li> <li>• Medical student training</li> <li>• Nursing education</li> <li>• Pharmacy student</li> <li>• Externship/internships</li> <li>• Scholarships</li> <li>• Student training</li> </ul>

## Category E: Financial and In-Kind Donations

**Activities:** In-kind donations

**Strategy:** Provide support to local agencies to promote health

**Goal:** Promote healthy behaviors

1) *Goal 2* — Increase access to medical, dental and mental health supports and services in the community

2) *Goal 4* — Increase social supports for children and families

3) *Goal 5* — Increase social supports for seniors residing in the community

**Objective:** Provide support to agencies and organizations that promote health in the community

**Baseline/Target Population:** Number of participants in 2015: 16,909

Inputs	Activities	Outputs
Staff Meeting space Supplies Materials Food	Identify community service projects and programs	Participated in the following projects and programs: <ul style="list-style-type: none"> <li>• Cancer Resource Center</li> <li>• Community meetings</li> <li>• Community outreach</li> <li>• Facials for patients</li> <li>• Food donations</li> <li>• Gift baskets</li> <li>• Grant writing</li> <li>• In-kind donations</li> <li>• Inreach assistance</li> <li>• Massages for cancer patients</li> <li>• Springhill Caring Partnership</li> <li>• Medication assistance programs</li> </ul>

## Category F: Community Building and Supports

**Activities:** Community building and supports

**Strategy:** Provide services that support the community

**Goal:** Promote healthy behaviors

- 1) *Goal 3* — Reduce the number of children who are abused and/or neglected
- 2) *Goal 4* — Increase social supports for children and families

**Objective:** Provide services that promote health in the community

**Baseline/Target Population:** Number of participants in 2015: 107

Inputs	Activities	Services/Agencies
<p>Staff</p> <p>Facilities</p> <p>Materials</p> <p>Supplies</p>	<p>Identify services, projects and programs</p> <p>Organize services</p>	<p>Participated in the following projects and programs:</p> <ul style="list-style-type: none"> <li>• Workforce development education</li> <li>• Foundation community support</li> </ul>



# Community Benefit Activities

External 2015/2016

## Goal: Promote Healthy Behaviors

**Area 1:** Increase physical activity, fitness and access to healthy, nutritious foods for children, youth and families

**Community Need:**

- Percentage of children on Free and Reduced Lunch: 44.1%
- Percentage of children who are overweight/obese: 27.8 %
- Percentage of families receiving food stamps: 30%

**Target Population:** Low-income, uninsured, and underinsured families

**Focus Issue:** Access  Community Health Improvement

**Community Benefit Reporting Category:** Financial and In-Kind Contributions

Agency/Area	Activity	Outputs
Boys & Girls Club of Albany	Healthy Kids Initiative	Provide organized physical activity and healthy eating activities for 600 children.

**Area 2:** Increase access to medical, dental and mental health supports and services in the community

**Community Need:**

- Percentage of children who are uninsured: 5.4%
- Percentage of children living in poverty: 26.3%

**Target Population:** Low-income, uninsured, and underinsured families

**Focus Issue:** Access  Community Health Improvement

**Community Benefit Reporting Category:** Financial and In-Kind Contributions

Agency/Area	Activity	Outputs
Fish of Albany	Medical transportation	Provided transportation and support services to 11,542 residents to medical and dental appointments.

### Area 3: Reduce the number of children who are abused and/or neglected

**Community Need:** Percentage of children who are victims of abuse and/or neglect: 12.9% (per 1000 children)

**Target Population:** Children

**Focus Issue:** Access  Community Health Improvement

**Community Benefit Reporting Category:** Financial and In-Kind Contributions

Agency/Area	Activity	Outputs
ABC House	Family advocate	Provided advocacy, counseling and support to 199 children.
CASA of Linn County	Child advocate	Trained 19 new CASA volunteers
Family Tree Relief Nursery	Support and education	Provided assessments, prevention education and support to 58 families.

### Area 4: Increase social supports for children and families

*No agencies were funded under this goal area.*

### Area 5: Increase services and supports for high-risk teens

*No agencies were funded under this goal area.*

### Area 6: Increase social supports for seniors residing in the community

**Community Need:** Percentage of residents age 65 and older living in poverty: 18%

**Target Population:** Low-income, uninsured and underinsured seniors

**Focus Issue:** Access  Community Health Improvement

**Community Benefit Reporting Category:** Financial and In-Kind Contributions

Agency/Area	Activity	Outputs
Volunteer Caregivers	Transportation services	Provided transportation to 72 seniors to various appointments.

# Community Benefit Activities

## 2016/2017 Funding Goals/Priorities

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### Goal: Promote Healthy Behaviors

**Area 1:** Increase physical activity, fitness and access to healthy, nutritious foods for children, youth and families

*No agencies funded under this goal area*

**Area 2:** Increase access to medical, dental and mental health support and services in the community

**Priority:** Access to care

**Agency:** Boys & Girls Club of Albany

**Area 3:** Reduce the number of children who are abused and/or neglected

**Priority:** Access to care

**Agencies:** ABC House

CASA of Linn County

Family Tree Relief Nursery

**Area 4:** Increase social supports for children and families

**Priority:** Access to care

**Agency:** Fish of Albany

**Area 5:** Increase services and supports for high-risk teens

**Priority:** Health related services

**Agency:** Jackson Street Youth Shelter

**Area 6:** Increase social supports for seniors residing in the community

**Priority:** Chronic care

**Agency:** Volunteer Caregivers

# Summary

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Samaritan Health Services (SHS) has been supporting the communities of Benton, Lincoln and Linn counties for several years. As a regional health care system, SHS implements community benefit services and activities through a strategic comprehensive approach. Support groups, community education and support services are available to residents throughout the five hospitals. Each hospital also provides financial support through grants and donations to local non-profit agencies in each community. SHS is a key partner in many local coalitions and a strong collaborator in initiatives that address the mission, vision and values of the organization. Partnering with local government agencies and non-profit organizations, SHS participates in conducting a needs assessment in each county to determine health priorities. SHS also relies on community involvement to identify priorities and to help direct the type of services to be offered in each service area. During 2015 SHS provided more than \$113 million in community benefit, charity care and other services.



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