



Samaritan  
Health Services

SAMARITAN LEBANON COMMUNITY HOSPITAL

# Community Benefit Plan Implementation Strategy 2020–2023



# Community Benefit Plan Implementation Strategy



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## MESSAGE FROM THE CEO

Samaritan Lebanon Community Hospital believes strongly in its commitment to improving the health of our local communities. Our community benefit efforts aim to expand access to care, increase social supports for families and children, and improve individual health for all community members.

We are committed to working with local organizations to provide our community members with services that support these goals. Our board, which reviews and approves the *Community Benefit Plan Implementation Strategy*, consists of hospital staff, physicians and community members. This allows us to know the community in which we live, work and play, and to see where we are able to benefit it most.

We implement specific community benefit activities through our annual social accountability grants. Our committee listens to needs in the community and allocates funds to help make our community healthier. We are proud to support local partner organizations as they work to improve the health of our communities. We are also proud to report that in 2019, SLCH was rated a four-star hospital by the Center for Medicare and Medicaid Services.

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

### **Marty Cahill**

*Chief Executive Officer*

*Samaritan Lebanon Community Hospital*

## INTRODUCTION

Community benefit remains a central concept for Samaritan Health Services (SHS) as well as Samaritan Lebanon Community Hospital (SLCH). The 2020–2023 *Samaritan Lebanon Community Hospital Community Benefit Plan Implementation Strategy* is a result of the 2019 Community Health Needs Assessment that identified significant health needs, goals and priorities in east Linn 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 SLCH 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

## HOSPITAL PROFILE

Mid-Valley Healthcare, Inc. (MVH) is a member of SHS and includes SLCH, a 50-bed acute care hospital established in 1952 and operated by Mennonite Health Services. SLCH was converted to a 25-bed Critical Access Hospital in 2005. In 1997, SLCH and Good Samaritan Regional Medical Center joined to form SHS. Approximately six months later, Samaritan

Albany General Hospital joined SHS to create a more comprehensive regional health care system.

With a strong faith-based history, SLCH primarily serves east Linn County's major cities of Lebanon, Sweet Home and Brownsville, as well as smaller communities. The hospital comprises skilled medical and support staff representing many health care fields. All are committed to providing personalized, quality care to patients and to promoting the good health of the entire community.

In 2019, SLCH received a four-star rating from the Center for Medicare and Medicaid Services for its outstanding quality of care. Recognized for its commitment to addressing the ever-growing issue of alcohol, drug and opioid dependency, SLCH will open the Samaritan Treatment and Recovery Program at the Barbara and Larry Mullins Center in Lebanon in May 2020.

## COUNTY PROFILE

Linn County was created in 1847 from the southern portion of what is today Marion County. It consists of 2,297 square miles bounded by Marion, Deschutes, Jefferson, Lane and Benton counties. The U.S. Census Bureau lists the county's 2018 population as 122,870, making it the most populous county in the Benton, Lincoln, Linn tri-county region. Although the majority of residents live in the county seat of Albany, Linn County extends from the I-5 corridor to the Cascade range. Rural areas include Gates, Millersburg, Halsey, Tangent, Scio, Shedd and Crabtree.

Due to its wide annual climate range, Linn County is considered a highly diversified agricultural area, with major annual crops including strawberries in June and cabbage in November. It also leads the nation in producing perennial ryegrass.



Linn County remains near the bottom of the county health rankings conducted each year by the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation.

The 2019 *County Health Rankings* rates Linn County 18th out of 36 counties for Health Outcomes and 17th for Health Factors. Although these rankings are relatively low, they represent an improvement over the past five years.

**DEMOGRAPHICS**

As of 2018, Linn County has a population of 122,870. The major cities and their populations follow.

COMMUNITY	POPULATION
Albany	52,736
Brownsville	1,867
Lebanon	16,599
Sweet Home	9,435

Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, DP05 Demographic and Housing Estimates.

Linn County's racial and ethnic distribution reflects similar populations in counties across the state:

RACE / ETHNICITY	POPULATION
White / Caucasian	92.6%
Black / African American	0.8%
American Indian / Alaska Native	1.7%
Asian	1.2%
Pacific Islander / Native Hawaiian	0.2%
Latino / Hispanic	9.3%
Reporting two or more races	3.5%

Source: U.S. Census Bureau QuickFacts (July 1, 2019).

The following health and social indicators are used to generalize about conditions in Linn County:

HEALTH & SOCIAL INDICATORS	TOTALS
Median income	\$52,097
Unemployment	4.2%
Poverty	12.7%
Homelessness (adults)	217
Adequate prenatal care	83.8%
Childhood immunizations	64.0%
Uninsured children	3.5%
Child care slots (2012)	17/100
Child abuse and neglect (per 1,000 ages 0-17)	20.4%
Childhood overweight/obesity rate	35.5%
Free and reduced-price lunch eligibility	41.2%
Children 0-18 enrolled with a dental care organization (2018)	45.5%
Homeless students (2018-19 school year)	1,044
Teen pregnancy rate (ages 15-19, 2017)	28.1%
High school graduation rate	73.9%
Juvenile justice referrals (per 1,000 ages 0-17)	21.5%
Eighth-grade alcohol use in past 30 days	8.6%
Eighth-grade marijuana use in past 30 days	4.2%
Eighth-grade prescription drug use in past 30 days without a doctor's orders	5.0%

Note: Figures above are for 2019 unless otherwise noted. Please see References for more information.



## DATA SOURCES

The Linn County Community Health Needs Assessment (CHNA) collected primary and secondary data to complete this document. Primary data were gathered through a locally developed online survey. Nearly 650 surveys were completed by residents across Benton, Lincoln and Linn counties. Additional primary data were collected through a series of focus groups and key informant interviews.

Survey respondents, focus group participants and key informants included representatives of racial and ethnically diverse communities, as well as seniors, veterans, low-income residents, non-English speakers, and people residing in rural areas.

Secondary data were obtained from state and federal sources, including:

- Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System

- CDC National Health and Nutrition Examination Survey (NHANES)
- Oregon Health Authority (OHA), Oregon State Cancer Registry (OSCaR)
- Oregon Division of Medical Assistance Programs
- OHA teen pregnancy data
- State of Oregon ALERT Immunization Information System
- Oregon Department of Education
- Oregon Youth Authority Juvenile Justice Information System

Additional secondary data came from the University of Wisconsin and Robert Wood Johnson Foundation's *County Health Rankings* for 2019 and from Children First for Oregon's *County Data Book 2019*.

## SIGNIFICANT HEALTH NEEDS

In compliance with the Affordable Care Act and Internal Revenue Service regulation section 1.501(r)-3, SLCH has completed its 2019 CHNA to identify significant health needs in Linn County. The survey data, along with focus group and key informant interview responses, were examined by the SHS Community Benefit Advisory Committee (CBAC), the Coast to Cascades Community Wellness Network (CCCWN) and the SLCH Social Accountability Committee (SAC).

Due to the high number of health needs prioritized by the community, the committees agreed to categorize them under the following goals and objectives established by CBAC (see next page). Note that some priorities fit under more than one of these goals.

## GOALS & HEALTH PRIORITIES

### GOAL 1: HEALTHY FAMILIES



**Increase physical activity, fitness and access to nutritious foods for children and families.**

**Priorities:** Poverty and food insecurity.

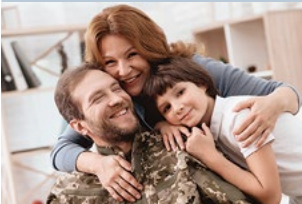
### GOAL 2: GREATER ACCESS



**Increase access to medical, dental and mental health supports and services.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.

### GOAL 3: BETTER NETWORKS



**Increase social supports for families.**

**Priorities:** Homelessness, housing and transportation.

### GOAL 4: HEALTHY KIDS



**Increase services and supports for children.**

**Priorities:** Child abuse and neglect.

### GOAL 5: HEALTHY TEENS



**Increase services and supports for teens.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.

### GOAL 6: HEALTHY SENIORS



**Increase social supports for seniors.**

**Priorities:** Access to medical, dental, and mental/behavioral health care; chronic disease; substance use prevention and treatment.



## ADDRESSING HEALTH NEEDS

The CBAC, the CCCWN and the site-based SACs jointly identified priority goal areas for addressing significant community health needs. The CBAC and SACs also reviewed and approved specific health indicators with available data that can serve as metrics for measuring the impact of interventions.

Based on responses from focus groups and key informants, health equity is a major concern. SHS and SLCH recognize the importance of equity and inclusion to meeting community health needs. Thus, investing in language services, equity/diversity training, and community outreach is a priority. It is also important to weave diversity, equity and inclusion throughout all services, supports, programs, activities, policies and practices for SLCH and SHS.

Mental health, behavioral health, dental health, and alcohol and drug treatment continue to be significant needs in Linn County. SLCH continues to offer quality health services by integrating behavioral health into

primary clinics. SLCH physicians have also offered cooking classes and nutrition education to parents and children.

Alcohol and drug treatment services are a priority for the hospital. Through a regional approach, SHS plans to provide residential services for patients in Lebanon who need alcohol and drug treatment. Services will include inpatient, outpatient and group treatment for adult residents of Benton, Lincoln and Linn counties.

SLCH will continue to address significant health needs, chronic conditions and community wellness through direct care, financial and in-kind contributions, partnerships, and collaborations. Priorities include poverty and homelessness; obesity, nutrition and food insecurity; access to mental, medical and dental care; chronic disease prevention and management; substance use and tobacco use; high housing costs; employment; literacy; transportation; parenting education; child abuse and neglect; child care slots and availability; K-12 education and after-school activities; and teen pregnancy.





The CHNA has also identified significant health needs SLCH is *not* addressing, such as safe and healthy housing, environmental issues, and issue advocacy. Due to staffing and financial limitations, or lack of alignment with mission and vision, SLCH relies on community partners and local and state agencies to meet these needs.

The CHNA was used to develop the required 2020–2023 *Community Benefit Plan Implementation Strategy*, which describes how SLCH will address identified 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 or financial contributions that support local schools, nonprofits and coalitions. SLCH also addresses these significant health needs by grouping services, support and activities under community benefit categories (i.e., community health improvement, health professions, subsidized health services, research, cash and in-kind contributions, and community-building).

Both internal and external community benefits must:

- Generate a low or negative margin.
- Respond to the needs of special populations, such as minorities, seniors and people with disabilities who are living in poverty; people with chronic mental illness; and other disenfranchised people.
- Supply services or programs that would likely be discontinued or would need to be provided by another nonprofit or government provider if the decision were made on a purely financial basis.
- Respond to public health needs.



- 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.

**PLANNED ACTIVITIES**

The following activities are based on the 2019 Community Health Needs Assessment and represent only a sample of activities that support Linn County communities. Note: *Category D: Research* is not included here because medical research is not conducted at the hospital level.

**CATEGORY A: COMMUNITY HEALTH IMPROVEMENT**

A1: Community Health Education | A2: Community-Based Clinical Services | A3: Health Care Support Services

**Goal 2: Greater Access.** SLCH will continue to offer workshops, support groups and health screenings, while also working to improve access to care for patients and the community.

**Objective.** Increase access to medical, dental and mental health supports and services in the community.

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

Activities	Measurements	Data Source
Breast cancer support groups	Mammograms, screenings	SLCH data
Diabetes support groups	Prevalence of diabetes, 2018	SLCH data
Living Well workshops	Chronic disease diagnosis, 2018	OHA Living Well program stats
Maternity care coordination	1st-trimester prenatal visits, 2018	SLCH clinic data

**CATEGORY B: HEALTH PROFESSIONS EDUCATION**

B1: Physicians / Medical Students | B2: Nurses / Nursing Students | B3: Health Care Support Services

**Goal 2: Greater Access.** SLCH plans to offer internships, externships and scholarships to qualified individuals to increase the number of health care professionals in the community.

**Objective.** Increase access to medical, dental and mental health supports and services in the community.

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

Activities	Measurements	Data Source
Continuing medical education	Staff enrolled in continuing education classes	Enrollment records
Medical internships Nursing education Pharmacy students Scholarships Externships	Students enrolled in medical education classes and programs	Enrollment records

### CATEGORY C: SUBSIDIZED HEALTH SERVICES

C3: Hospital Outpatient Services | C5: Women’s and Children’s Services

[Goal 2: Greater Access](#) | [Goal 2: Greater Access](#) | [Goal 3: Better Networks](#) | [Goal 4: Healthy Kids](#) |

[Goal 5: Healthy Teens](#) | [Goal 6: Healthy Seniors](#). Subsidized health services are clinical programs provided despite generating a financial loss. These services create a negative margin after removing the impact of financial assistance, bad debt and Medicaid shortfalls. SLCH will continue to provide these services based on community need.

**Objective.** See all objectives in goal areas and health priorities section.

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

Activities	Measurements	Data Source
Clinical care	Clinic visits	SLCH clinic visits

### CATEGORY E: FINANCIAL & IN-KIND DONATIONS

E1: Cash | E2: Grants | E3: In-Kind Donations | E4: Cost of Fundraising for Community Programs

[Goal 2: Greater Access](#) | [Goal 2: Greater Access](#) | [Goal 3: Better Networks](#) | [Goal 4: Healthy Kids](#) |

[Goal 5: Healthy Teens](#) | [Goal 6: Healthy Seniors](#). SLCH plans to continue offering financial support and in-kind donations to local agencies that advance the mission and vision of the hospital.

**Objective.** Address all six objectives.

**Strategy.** Support organizations and agencies that promote community health.

Activities	Measurements	Data Source
Grants	Funded programs	Agency progress reports
Financial contributions	Cash donations	Community Benefit Inventory for Social Accountability (CBISA) reports
In-kind donations	Materials and supplies donated	Community Benefit Inventory for Social Accountability (CBISA) reports



**CATEGORY F: COMMUNITY-BUILDING & SUPPORTS**

F1: Physical Improvements/Housing | F2: Economic Development | F3: Community Support | F4: Environmental Improvements | F5: Leadership Development/Leadership Training for Community | F6: Coalition Building | F7: Community Health Improvement Advocacy | F8: Workforce Development

**Goal 3: Better Networks.** As a commitment to supporting efforts in the community, SLCH will continue to participate in local, state and national disaster preparedness, as well as community coalitions and boards, to improve health and outcomes in Linn County.

**Objective.** Increase social support for families.

**Strategy.** Provide services and supports that promote healthy communities.

Activities	Measurements	Data Source
Disaster preparedness	Response time to disasters	Office of Emergency Management disaster preparedness reports
Community coalitions, commissions and boards	Employee involvement	Community Benefit Inventory for Social Accountability (CBISA) reports
Mental Health Workgroup	Opioid-related admissions	SLCH admission records
Workforce development	Unemployment rate	Oregon Employment Department

**UNADDRESSED COMMUNITY HEALTH NEEDS**

SLCH recognizes that all significant health needs prioritized by the community are important to address. However, as previously stated, some of these health needs are not being directly addressed by SLCH due to limited staffing and financial resources. As a community, Linn County is fortunate to have strong elected leadership, established community programs, robust community collaborations, and involved community members. The ongoing need for affordable housing and reducing homelessness is being addressed by local agencies that have the necessary expertise and financial support for this issue. Poverty, domestic violence, food insecurity, safe communities, and parenting education are also being addressed by community agencies, with SLCH staff often serving on agency boards or leading local coalitions working on these issues.



## CONCLUSION

Samaritan Lebanon Community Hospital (SLCH) has been supporting Linn County communities for several years. As one of the county's major health care providers, the hospital implements community benefit services and activities through a comprehensive strategic approach. Support groups, community education, and support services are available to residents of all communities, along with financial support through grants and donations to local nonprofit agencies.

SLCH is a key partner in many local coalitions and a strong collaborator in initiatives that advance the mission, vision and values of the organization. By partnering with local government agencies, schools, faith groups, and nonprofit organizations, SLCH strives to provide coordinated, comprehensive and equitable health care for all Linn County residents.

## REFERENCES

- Center for Health Systems Effectiveness, Oregon Health & Science University. *Issue Brief, January 2020: Dental Care for Oregon's Medicaid-Enrolled Children in 2018*. Portland, OR, 2019.
- Children First for Oregon. *County Data Book 2019*. Portland, OR, 2019. <https://www.cffo.org/wp-content/uploads/2019/11/CFFO-County-Data-2019.pdf>
- Oregon Department of Education. *Oregon Statewide Report Card 2018–19*. Salem, OR, 2019. <https://www.oregon.gov/ode/schools-and-districts/reportcards/Documents/rptcard2019.pdf>
- Oregon Employment Department. “Northwest Oregon Area, County: Linn.” Salem, OR, 2019. Accessed February 10, 2020, through <http://www.qualityinfo.org>
- Oregon Health Authority, Center for Health Statistics. *Vital Statistics Annual Report 2017, Volume 1*. Portland, OR, 2019. <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Documents/2017/2017VitalStatsVolume1.pdf>
- Oregon Health Authority, Office of Health Analytics. “Hospital Reporting.” Portland, OR, 2019. <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Hospital-Reporting.aspx>
- Oregon Health Authority, Public Health Division. “Oregon Behavioral Risk Factor Surveillance System (BRFSS).” Portland, OR, 2019. Accessed February 10, 2020. <https://www.oregon.gov/oha/PH/BirthDeathCertificates/Surveys/AdultBehaviorRisk/brfssresults/Pages/index.aspx>
- Oregon Health Authority, Public Health Division. *2019 Oregon Healthy Teens Survey: Linn County Report*. Portland, OR, 2019. <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/County/Linn%20County%20Profile%20Report.pdf>
- Oregon Housing and Community Services. “2019 Point-In-Time Count: Linn.” Salem, OR, 2019. Accessed February 10, 2019. <https://public.tableau.com/profile/oregon.housing.and.community.services#!/vizhome/2019Point-in-TimeDashboard/Story1>
- Oregon Housing and Community Services. *2008 Report on Poverty*. Salem, OR, 2009. [http://library.state.or.us/repository/2009/200905111613341/OHCS\\_docs\\_PovRpt\\_PovertyReportWeb\\_2008.pdf](http://library.state.or.us/repository/2009/200905111613341/OHCS_docs_PovRpt_PovertyReportWeb_2008.pdf)
- Oregon Office of Rural Health. “Oregon Service Areas and their ORH Urban/Rural/Frontier Designation.” Portland, OR, 2019. Accessed February 10, 2020. <https://www.ohsu.edu/oregon-office-of-rural-health/orh-service-areas>
- Oregon State Archives. “Oregon Administrative Rule 409-023-0100: Hospital Reporting.” Salem, OR, 2009. [http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_409/409\\_023.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_409/409_023.html)
- Proehl, Risa S. and Julia Crain. *2009 Oregon Population Report*. Portland, OR: Portland State University, Population Research Center, 2010. [https://www.pdx.edu/sites/www.pdx.edu/prc/files/Replace\\_PopRpt09c\\_12\\_2010.pdf](https://www.pdx.edu/sites/www.pdx.edu/prc/files/Replace_PopRpt09c_12_2010.pdf)
- Samaritan Health Services, Research Development Office. “SHS Pediatric BMI Report.” Corvallis, OR, 2020.



- U.S. Census Bureau. “QuickFacts: Linn County, Oregon: Population estimates, July 1, 2019, (V2019).” Washington, DC, 2019. Accessed February 11, 2020. <https://www.census.gov/quickfacts/fact/table/linncountyoregon/PST045219#>
- U.S. Census Bureau. “2018 American Community Survey 5-Year Estimates, DP05 Demographic and Housing Estimates.” Washington, DC, 2018. Accessed February 11, 2020. [https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP05&tid=ACSDP5Y2018.DP05&g=0400000US41\\_0500000US41043](https://data.census.gov/cedsci/table?d=ACS%205-Year%20Estimates%20Data%20Profiles&table=DP05&tid=ACSDP5Y2018.DP05&g=0400000US41_0500000US41043)
- U.S. Congress. “Public Law 111-148—Mar. 23, 2010: An Act Entitled The Patient Protection and Affordable Care Act.” Washington, DC, 2010. <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.” Washington, DC. <https://www.irs.gov/pub/irs-tege/rr69-545.pdf>
- University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. “Oregon County Health Rankings and Roadmaps: Oregon 2019: Linn (LN).” Accessed February 11, 2020. <https://www.countyhealthrankings.org/app/oregon/2019/rankings/linn/county/factors/overall/snapshot>



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