



Samaritan  
Health Services

SAMARITAN PACIFIC COMMUNITIES HOSPITAL

# Community Benefit Plan Implementation Strategy 2020-2023



# Community Benefit Plan Implementation Strategy



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## MESSAGE FROM THE CEO

Samaritan Pacific Communities 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.

One of the ways we implement specific community benefit activities is 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. In this document, you will find our goals and health priorities, which will direct our community benefit efforts for the next two years.

### **Dr. Lesley Ogden**

*Chief Executive Officer*

*Samaritan Pacific Communities Hospital*

## INTRODUCTION

Community benefit is not a new concept for Samaritan Pacific Communities Hospital (SPCH) as well as Samaritan Health Services (SHS). The 2020–2023 *Samaritan Pacific Communities 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 Lincoln County. This plan will guide our efforts as we build healthier communities together.

As our coastal communities grow and the health care professions continue to undergo transformation, our community benefit efforts will become increasingly important. This plan reflects a significant step toward positioning SHS and SPCH 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

Samaritan Pacific Communities Hospital, d.b.a. Samaritan Pacific Health Services, was established in 1952 as a 17-bed acute care facility.

On July 1, 2003, SPCH received its designation as a 25-bed Critical Access Hospital (CAH). In January 2019, SPCH opened the doors to its new 25-bed CAH

in Newport. SPCH serves all of south Lincoln County. Major services include emergency and critical care, obstetrics, diabetes education, and health and medical/surgical services.

SPCH operates within the Pacific Communities Health District, the mission of which is to deliver high-quality health care services to the District's residents and visitors. The SPCH organization comprises a wide range of health care services which delivers continuous service to a very diverse population. Its service area stretches from Depoe Bay to Waldport.

## COUNTY PROFILE

On February 20, 1893, Lincoln County was created by the Legislative Assembly from the western portions of Benton and Polk counties. With an area of 992 square miles, it is bordered by Tillamook County on the north, Polk and Benton counties on the east, Lane County on the south, and the Pacific Ocean on the west. Newport, the county seat, is a major tourist attraction.

Lincoln County is largely rural, with a population of only 47,881. However, it has seen roughly 18% population growth in the last decade. The largest populations are in Newport and Lincoln City, but many residents live in unincorporated areas such as Depoe Bay, Otis, Gleneden Beach, Eddyville, Seal Rock and Agate Beach. Northern Lincoln County includes the Siletz Indian Reservation, which comprises 3,666 acres and includes a gaming casino and resort.

Like other coastal counties, Lincoln County has a large retirement-age population. It ranked sixth in the state for independent seniors. However, it remains near the bottom of the county health rankings conducted each year by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

The 2019 *County Health Rankings* rated it 31st out of 36 counties for Health Outcomes and 29th for Health Factors. The county’s low ranking relates closely to its high rates of tobacco use, substance use disorders, chronic diseases and obesity, as well as its low rate of childhood immunizations and preventive screenings.

**DEMOGRAPHICS**

As of 2018, Lincoln County’s estimated population is 47,881. The major cities and their populations follow.

COMMUNITY	POPULATION
Lincoln City	8,684
Newport	10,381
Toledo	3,540
Waldport	2,043

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

Lincoln County’s racial and ethnic distribution reflects similar populations in counties across the state:

RACE / ETHNICITY	POPULATION
White / Caucasian	88.2%
Black / African American	0.6%
American Indian / Alaska Native	2.9%
Asian	1.1%
Pacific Islander / Native Hawaiian	0.2%
Latino / Hispanic	9.1%
Reporting two or more races	4.8%

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

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

HEALTH & SOCIAL INDICATORS	TOTALS
Median income	\$46,061
Unemployment	4.3%
Poverty	16.7%
Homelessness (adults)	216
Adequate prenatal care	80.6%
Childhood immunizations	61.0%
Uninsured children	5.6%
Child care slots (2012)	17/100
Child abuse and neglect (per 1,000 ages 0–17)	18.0%
Childhood overweight/obesity rate	38.1%
Free and reduced-price lunch eligibility	58.5%
Children 0–18 enrolled with a dental care organization (2018)	32.4%
Homeless students (2018–19 school year)	943
Teen pregnancy rate (ages 15–19, 2017)	14.4%
High school graduation rate	82.0%
Juvenile justice referrals (per 1,000 ages 0–17)	13.9%
Eighth-grade alcohol use in past 30 days	13.2%
Eighth-grade marijuana use in past 30 days	9.4%
Eighth-grade prescription drug use in past 30 days without a doctor’s orders	5.5%

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





## DATA SOURCES

The Lincoln County Community Health Needs Assessment (CHNA) gathered primary and secondary data to complete this document. Primary data were collected through a locally developed online survey that was administered online. Nearly 650 surveys were completed by residents across Benton, Lincoln and Linn counties. Additional primary data were collected through 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 the 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, SPCH has completed its 2019 CHNA to identify significant health needs in Lincoln County.

Survey data, along with focus group and key informant interview responses, were examined by the SPCH Social Accountability Committee (SAC), the SHS Community Benefit Advisory Committee (CBAC), and the Coast to Cascades Community Wellness Network (CCCWN).

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.

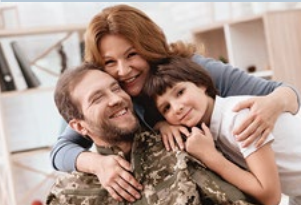
### GOAL 2: GREATER ACCESS



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

**Priorities:** Not specified.

### GOAL 3: BETTER NETWORKS



Increase social supports for families.

**Priorities:** Homelessness and adult shelter.

### 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:** Child abuse and neglect, poverty, food insecurity.

### GOAL 6: HEALTHY SENIORS



Increase social supports for seniors.

**Priorities:** Poverty and food insecurity.

## ADDRESSING HEALTH NEEDS

The CBAC, the CCCWN and the site-based SACs jointly identified priority goal areas for addressing significant community health needs in the community. 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 SPCH 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 SPCH and SHS.

Mental health, behavioral health, dental health, and alcohol and drug treatment continue to be significant needs. SPCH continues to offer quality health services by integrating mental and behavioral health into primary

care clinics. SPCH also plans to integrate dental services into primary care clinics to improve these medical homes.

Alcohol and drug treatment services are a priority for the hospital. Although there is a regional approach to providing residential services for patients who need alcohol and drug treatment in Lebanon, SPCH is also working with Lincoln County Health and Human Services to develop a detox and alcohol/drug treatment facility on the coast. Until that facility is finalized, treatment services available at the regional site will include inpatient, outpatient and group treatment for adults in Benton, Lincoln and Linn counties.

SPCH will continue to address significant health needs 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 afterschool activities; and teen pregnancy.

The CHNA has also identified significant health needs that SPCH is *not* addressing, such as safe and healthy housing, environmental issues, and transportation barriers. Due to staffing and financial limitations, or lack of alignment with mission and vision, SPCH 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 SPCH 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 and that 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. SPCH 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 Lincoln 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.** SPCH 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	SPCH data
Diabetes support groups	Prevalence of diabetes, 2018	SPCH data
Living Well workshops	Chronic disease diagnosis, 2018	OHA Living Well program stats
Maternity care coordination	1st-trimester prenatal visits, 2018	SPCH clinic data

**CATEGORY B: HEALTH PROFESSIONS EDUCATION**

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

**Goal 2: Greater Access.** SPCH 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. SPCH 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	SPCH 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.** SPCH 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, SPCH will continue to participate in local, state and national disaster preparedness, as well as community coalitions and boards, to improve health and outcomes in Lincoln 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	SPCH admission records
Workforce development	Unemployment rate	Oregon Employment Department

## UNADDRESSED COMMUNITY HEALTH NEEDS

SPCH 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 SPCH due to limited staffing and financial resources.

As a community, Lincoln 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 SPCH staff often serving on agency boards or leading local coalitions working on these issues.





## CONCLUSION

Samaritan Pacific Communities Hospital (SPCH) has been supporting Lincoln County communities for many 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 prevention services are available to Lincoln County residents along with financial support through grants and donations to local nonprofit agencies.

SPCH 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, SPCH strives to provide coordinated, comprehensive and equitable health care for all Lincoln County residents.

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