



Samaritan Albany General Hospital Community Health Needs Assessment 2020-2023



Samaritan
Albany General
Hospital

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Introduction

Every three years, Samaritan Albany General Hospital conducts a Community Health Needs Assessment (CHNA). This CHNA was conducted in cooperation of several community partners along with community surveys, focus groups, key informant interviews and listening sessions. We also utilized information and data from the Linn County Community Health Needs Assessment that was completed under the direction of the Linn County Health Services as well as the Robert Wood Johnson/University of Wisconsin 2019 County Health Rankings, Children First for Oregon 2018 County Data Book, U.S. Census Data and other Oregon-specific data. Many of the documents and websites used will be referred to throughout the CHNA.

This CHNA is based on the social determinants of health by describing information about the conditions and factors affecting people’s health across the county as well as indicators of health status. This CHNA was also developed by examining health through an equity lens to ensure everyone has the opportunity to be healthy throughout the region regardless of race, ethnicity, sexual orientation, gender, gender identity, age, faith, spirituality, physical abilities, mental abilities or veteran status.

Organization

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 that includes Tangent, Millersburg, North Albany in Benton County and Jefferson in Marion County. Based in the heart of the beautiful Willamette Valley, SAGH is part of Samaritan Health Services, an award-winning network of hospitals, physician clinics, health plans, health and fitness centers, a hospice house and a senior care facility 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 employees serving the health needs of the community and supporting our mission, “building healthier communities together.” In alignment with our values **Passion, Respect, Integrity, Dedication** and **Excellence**, SAGH supports the overarching goals of the social and physical environments that promote good health for everyone.

Service area

The SAGH service area covers the western portion of Linn County. This includes the city of Albany, classified as a metropolitan service area, Harrisburg, Tangent, Millersburg, Halsey, Shedd and unincorporated areas of west Linn County.



Community demographics

Linn County is designated a rural county. However, it maintains the highest total population in the tri-county region, with 127,335 residents (2018 U.S. Census Population Estimates). Linn County includes the cities of Albany, the county seat, with a population of 54,453; Lebanon, with a population of 17,109; and Sweet Home with a population of 9,816 residents. Approximately 29% of the population resides in rural unincorporated areas.

Community demographics based on race and ethnicity is the following:

Race/ethnicity	Population
White/Caucasian	92.6%
Black/African American	0.8%
American Indian/Alaska Native	1.7%
Asian	1.2%
Latino	9.3%
Native Hawaiian/Pacific Islander	0.2%
Reporting two or more races	3.5%

Source: U.S. Census Bureau, 2018 Census Quick Facts, Public Law 94-171 Summary File

Health and social indicators are used to generalize the conditions of Linn County:

Health and social indicators	Totals
Median income	\$49,515
Unemployment	4.8%
Poverty	14.3%
Adequate prenatal care	83.4%
Immunizations	68%
Uninsured children	3.8%
Child abuse	14.3/1,000
Children on free and reduced lunch	41.2%
Homeless students	4%
Teen pregnancy	28.1/1,000
High school graduation	74.8%
Juvenile justice referrals	19.2/1,000

Source: Oregon Employment Department December 2018, Oregon Department of Education, U.S. Census Bureau, 2018 Census Quick Facts, Public Law 94-171 Summary File, 2018 Child Well-Being in Oregon County Data Book

Existing health care facilities

SAGH serves the western portion of Linn County. Samaritan Lebanon Community Hospital serves residents living in the east Linn County area. SAGH has 31 outpatient clinics including a cancer resource center and a SamCare Express. The Linn County government operates federally qualified health clinics in Lebanon and Sweet Home. The Corvallis Clinic, which is a for-profit health system, offers health care services in the city of Albany in Linn County. Advantage Dental Care, Capitol Dental Care and Willamette Dental are the major dental providers in the county and serves the Medicaid population as well as private insurance carriers. The Boys & Girls Club of Albany offers oral health 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. Linn County Health Services is a major provider of mental and behavioral health services as well as substance use disorder treatment. Samaritan Treatment & Recovery Services facility will complete construction in Lebanon in the near future, providing a 16-bed residential treatment center for adults in the region. There are also non-traditional health care services available in the county such as acupuncture, naturalists and alternative medical providers. Private practice clinicians offer vision and hearing care. Birthing centers, urgent care facilities and medical express care services are other health care options available in the county. Albany InReach Services of SAGH, and Community Outreach Inc., a local non-profit organization, offer free medical, dental and mental health clinics to uninsured and homeless populations in Albany, Lebanon and surrounding communities.

Data collection process

This CHNA contains both primary and secondary data, identified and collected in a variety of ways. Local coalitions and community partners reviewed secondary data that is included in the CHNA such as homelessness, county obesity rates for children and adults, children on free and reduced lunch programs and immunization rates. Primary data in the document is from SAGH electronic medical records (excluding any personal patient information), surveys, focus groups and key informant interviews. This data was collected in the following ways:

- Online survey available to the public from January through April 2019.
- Paper survey distributed to community partners and local agencies January through April 2019.
- Focus groups held March through July 2019.
 - Communities of color
 - Limited English proficiency speakers
 - Seniors
 - Veterans
 - Youth
 - Low-income
- Key informant interviews conducted January through June 2019.
 - Agency directors
 - Elected officials
 - Community leaders
 - Chief executive officers
- Listening session held July 2019.

A consultant facilitated focus groups, key informant interviews and the listening session. Qualitative information was also collected from internal committees of SAGH by Community Health Promotion staff.

Limitations

Data collected and included in the CHNA helps identify health issues in Linn County, however the data is not inclusive of all the health-related issues that exist in the communities. The CHNA should not be considered a formal study or a research document that analyzed and synthesized the primary and secondary data.

Significant health needs

The significant health needs of the community were identified through the data collection process. Health needs identified through the various data sets revealed the highest health need in Linn County is mental and behavioral health services for children, youth and adults. Treatment for substance use disorders including opioids, methamphetamines, heroin, cocaine, marijuana and alcohol ranked as the second highest need. Safe and affordable housing for veterans, families and seniors is also a significant health need. Other significant health needs identified are access to healthy food, incidents of child abuse/neglect, poverty, transportation, teen pregnancy prevention, sexually transmitted disease, affordable child care and equitable services for marginalized community members.

Social determinants of health

Opportunities for health among residents of Linn County begin within their communities including their homes, neighborhoods, places of worship, workplaces, and schools. A growing body of scientific research shows that all people benefit when communities invest in health.

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”.ⁱ These non-medical factors contribute to a large percent of preventable poor health outcomes. Social determinants include influences such as “early years’ experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health.”ⁱⁱ These aspects of health are often referred to as “upstream factors” since their effect occurs well before illness is manifest and curative intervention becomes necessary. SAGH considered these social determinants of health when identifying the priorities and goals.

Prioritization

The prioritization process to address the needs in the community was inclusive of hospital and community partners in the region. The Samaritan Albany General Hospital Social Accountability Committee reviewed all of the primary and secondary data for Linn County. The committee also reviewed the data from the 2017–2021 Linn County Community Health Needs Assessment (co.Linn.or.us/health) and the 2018–2022 Linn County Community Health Improvement Plan (co.Linn.or.us/health/page/public-health). The priorities identified by the community are as follows: (1) Community Resiliency, (2) Healthy Neighborhoods and (3) Reproductive and Sexual Health.

Based on the local and state data, along with the 2017–2021 Linn County Community Health Needs Assessment (co.Linn.or.us/health) and the 2018–2022 Linn County Community Health Improvement Plan (co.Linn.or.us/health/page/public-health), SAGH has prioritized the following health needs to address during 2020 to 2023:

- Mental health/behavioral health
- Substance use prevention and treatment
- Housing/homelessness
- Access to care (medical and dental)
- Poverty
- Food insecurity
- Chronic disease/obesity
- Child abuse/neglect
- Transportation
- Diversity, equity and inclusion

Mental health/behavioral health



Thousands of adults and children across the U.S. and Oregon experience a mental/behavioral health disorder every day. This can include episodes of depression, anxiety, feeling isolated and suicidal ideation. The 2019 County Health

Rankings reports the number of poor mental health days each month, both as a proxy for mental health diagnoses and as an indicator of overall mental wellness. Residents of **Linn County reported an average of 6 poor mental health days over the previous month.** This measure is based on survey responses to the question: “Thinking about

your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Substance use prevention and treatment



The younger a person begins drinking regularly, the greater the chance that person will develop a clinically defined alcohol disorder. Youth who start drinking before the age 15, compared to those who start at 21, are far more likely to be injured while under the influence of alcohol, to be in a motor vehicle crash after drinking, or to become involved in a physical fight after drinking.

Middle and high school youth in Linn County report similar rates of binge drinking as other Oregon youths. Based on the 2018 Oregon Student Wellness Survey, **0.9% of Linn County 6th graders and 5.1% of 8th graders reported binge drinking in 2018.** This rate increases to 13.4% among 11th graders. Binge drinking is having five or more drinks of alcohol in a row within two hours.

Housing/homelessness



Housing and homelessness is crucial to the overall health of an individual and a community. With poor quality and inadequate housing, health problems such as infectious and chronic diseases, injuries and poor childhood development occur in families.

Homelessness in Linn County and particularly Albany continue to be a very high concern in the community especially during the cold winter nights and hot summer days. The latest information for the homeless population data from **2017 indicates Linn County at 1.4/1,000 homeless rate.**

Access to care



Access to care has broader implications than the ability to keep a medical or dental appointment. Access to care includes issues such as insurance coverage, transportation, capacity at a medical or dental site, language, physical mobility and co-payment requirements. **Approximately 8.3% of Linn County residents are uninsured,** according to the U.S. Census Bureau 2013–2017 American Community Survey.

Poverty



Poverty can be directly linked to poor health outcomes. Poverty is related to both limited income and lack of economic stability, limited choices in education, employment, and living conditions, and reduced access to safe places to live, work and play.

The U.S. Census Bureau determines the Federal Poverty Level (FPL) each year. The FPL was originally an estimate of the amount of money required to meet the cost of living for individuals or families. Currently, the FPL is a statistical threshold of poverty. According to the 2018 County Data Book, Children First for Oregon, **14.3% of Linn County children live in poverty. The U.S. Census Quick Facts lists Linn County overall poverty level at 16.1%.**

Food insecurity



Food security is defined as having enough to eat, and being able to purchase or obtain healthy food in socially acceptable ways. Adequate nutrition is particularly important for children, as it affects their cognitive and behavioral development. Children from food insecure, low-income households are more likely to experience irritability, fatigue and difficulty concentrating on tasks, especially in school, compared to other children. The most recent data shows a **23.3% food insecurity rate for Linn County.**

Chronic disease/obesity



Stroke, heart disease, diabetes, asthma and obesity are the primary chronic diseases that impact the communities throughout Linn County. The total Samaritan Health Services patients diagnosed with diabetes in 2018 were **16,054 in which 58% live in Linn County. Forty-seven percent of the 1,600 patients diagnosed with breast cancer live in Linn County.**

Child abuse/neglect



Child abuse/neglect are violations against children birth to 18 years of age that result in imminent risk or serious harm to a child's health and welfare. The offense is committed by a parent, caregiver or a person who is responsible for the child's safety and protection.

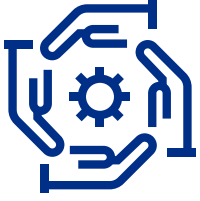
In 2018, there were a total of 3,527 reports of child abuse/neglect in Linn County. Of those reports, 42.6% were closed at the time of screening and 47.4% were referred for investigation. This resulted in 583 founded cases of abuse/neglect against children.

Transportation



Access to public transportation is an important public need. Not only does taking public transportation provide additional opportunities for exercise, but the presence of public transportation also makes it easier for individuals and families without private transportation to access goods and services vital to maintaining health. These include grocery stores, health and dental care and recreation facilities. In Oregon, counties with large metropolitan areas relative to county population size tend to have more public transportation options. **Approximately 50% of Linn County residents live within one-quarter of a mile from a bus stop.**^{vii} Most of those residents live in Albany. Although distance to a public transportation route is one measure of the strength of a public transportation system, additional factors impact the strength of public transport, including frequency and hours of operation, direct routes and connections to other routes.

Equity, diversity and inclusion



In 2019 Samaritan Health Services (SHS) as a health system prioritized equity and inclusion as one of its focus areas under its four strategic priorities. After close examination of internal data that targeted non-English speaking patients, ethnically and racially diverse patients, veteran, lesbian, bisexual, gay, transgender and queer patients, seniors and patients with physical and emotional disabilities, SHS is determined to provide health care at its highest level to all patients. Recently, SHS adopted the following equity and inclusion statement, “Samaritan Health Services strives to create an inclusive, respectful, and responsive health care system that ensures everyone feels welcomed and supported. We are committed to treating all patients, visitors, employees and partners with compassion and dignity regardless of their race, ethnicity, sex, gender, sexual orientation, gender identity, religion/spirituality, physical or mental abilities, age, national origin, culture or class.”

Goals for the next three years

The SAGH Social Accountability Committee agreed that its goals for 2020 to 2023 will remain the same as the prior three years. These goals helped establish the priorities to address significant health needs of the community while focusing on the social determinants of health through an equity lens.

- **Goal 1: Healthy families** — Increase physical activity, fitness and access to healthy, nutritious foods for children, youth and families.
- **Goal 2: Greater access** — Increase access to medical, dental and mental health support and services in the community.
- **Goal 3: Better networks** — Increase social supports for families.
- **Goal 4: Healthy kids** — Increase services and supports for children 0 to 12 years of age.
- **Goal 5: Healthy teens** — Increase services for adolescents and youth 13 to 20 years of age.
- **Goal 6: Healthy seniors** — Increase social supports for seniors residing in the community.

Services at Samaritan Albany General Hospital

The following six indicators provide a snapshot of the breadth and type of services provided by Samaritan Albany General Hospital (SAGH) over the past four years:

- Inpatient visits
- Emergency department visits
- Surgeries
- Infants delivered
- Imaging procedures performed
- Clinic visits

Inpatient visits

Inpatient care begins when a doctor makes a formal order to admit a person as an inpatient to the hospital. The length of inpatient care depends on the severity of the health issue and when the doctor deems it safe for the patient to leave. **From 2015 to 2018, SAGH had 10,557 inpatient visits, averaging 2,640 patient stays per year.**

Emergency department visits

From 2015 to 2018, SAGH had **115,842 emergency department** visits with an average of **28,960 visits per year.**

Surgeries

Samaritan Albany General Hospital offers surgical services in a number of specialties, including, but not limited to, general, cancer, gynecology, obstetrics, orthopedics and sports medicine, vascular and urology. **From 2015 to 2018, at total of 22,949 surgeries** were performed at SAGH **averaging 5,737 surgeries per year.**

Infant deliveries

The Women's Center at Samaritan Albany General Hospital is a birthing center that offers a range of services and options including midwives, tub births and cesarean births.

From 2015 to 2018, a total of 2,246 infants were born at SAGH.

Imaging procedures

From 2015 to 2018, there were 253,820 imaging procedures performed at SAGH. The last four years have seen a gradual increase in the number of imaging procedures annually, **from 59,915 procedures in 2015 to 68,085 in 2018.**

Clinic visits

SAGH offers **31 outpatient clinics** in the hospital's service area. Services provided include specialty care, family medicine, obstetrics/gynecology, pediatrics and urgent/walk-in care. With the implementation of the Affordable Care Act, an increased emphasis has been placed on holistic and preventive care, which can be provided efficiently at medical clinics. **From 2015 to 2018, there were 665,813 clinic visits** at the various locations.

The annual hospital data is included in the appendix.

Community interest

SAGH has strong partnerships with agencies and organizations in the community. To ensure an involved and inclusive process for developing the CHNA, a consultant was hired to conduct the focus groups and key informant interviews in Linn County to learn about the community's areas of interest. This guaranteed representation of community members across Linn County. SAGH serves on the Coast to the Cascades Community Wellness Network, a coalition of community leaders across the region and sectors including public health, elected officials, education, higher education, oral health, mental/behavioral health and health care that are charged with overseeing the health and wellness of each county. The network is a reviewer and approver of this CHNA.

Community impact

SAGH has provided services and supports to address the health needs prioritized in the previous CHNA. Through both internal and external activities focused on the community benefit areas, SAGH utilizes a process evaluation method to determine community impact. The most significant health needs identified in the prior community health needs assessments included access to health care, substance abuse, homelessness, poverty, child abuse, oral health, mental health, alcohol abuse and transportation.

A variety of actions were taken to address the identified needs such as the offering health fairs, workshops and classes to the community that addressed child abuse, homelessness, oral health, substance abuse and mental health. Since 2016, more than 15,000 residents participated in one or more of these events. To address the access to health care, SAGH has provided transportation, interpretative services, increased medical office hours, expanded urgent care site hours, added Sam Care Express sites and offered screenings, exams and complete physicals in local schools, Boys & Girls Clubs and in senior centers. During this same timeframe, more than 3,600 residents were transported to a medical appointment and more than 20,000 were screened, examined or received supportive services. More detailed information on activities that support the priorities will be included in the 2019 Community Benefit Plan Implementation Strategy. SAGH also provided more than \$1 million to non-profit organizations through direct financial support or in-kind contributions.

As highlighted throughout this document, there are many factors that influence and affect health outcomes, both positively and negatively, in west Linn County. The CHNA provides an opportunity to identify the many health concerns and disparities that impact residents in their daily lives.

A health assessment is truly important to help identify needs and opportunities for improvement. At the same time, it is important to highlight the various resources and assets that are already successful within our communities. These resources and assets refer to the many types of human, social and economic resources that west Linn County can offer to address problems. Organizations, agencies and partners within and across the neighboring counties can collaborate to improve the health and quality of life for residents.

General health status

In 2019, Linn County was ranked 18th out of 36 counties for health outcomes, and 17th out of 36 for health factors. It is clear in these numbers that Linn County has a lot of opportunity ahead to work on improving overall health status for the residents who live here. The County Health Rankings look at the different factors and conditions that affect the health and wellbeing of county residents, and are made up of four categories: health behavior, clinical care, social and economic factors and physical environment.

In the 2019 County Health Rankings report, Linn County had strengths in its primary care physician ratio, the proportion of residents who had attended college and clean air.

Promoting health

West Linn County is part of a three-county region that shares a long history of collaboration and partnership among various organizations and agencies to improve and promote health.

- Samaritan Albany General Hospital and Samaritan Health Services work together to improve the health of the people of west Linn County by providing excellent health care and supporting social programs.
- Linn County's Tobacco Prevention & Education Program aims to reduce tobacco-related illness and death. The region is also home to other population-based prevention and chronic disease programs that reduce the onset and incidence of many chronic conditions and help residents take control of their health.

- Linn County is home to a variety of medical care, dental care, vision care, elder care, medical clinics, doctors, nurse practitioners and alternative medicine options which can be expanded upon to meet the needs of all residents.

Social support networks

Linn County has a comprehensive network of social support and opportunity for the aging population.

- The county offers specialized support for people with mental illness, addictions, disabilities, and children with behavioral or emotional problems.
- The county has a strong commitment to the health and wellbeing of children and youth. This commitment includes a focus on issues such as increasing family stability, kindergarten readiness and equitable service coordination. Numerous organizations exist to address education, nutrition, and social support for children and families.
- The Albany Partnership for Housing and Community Development has supportive housing services, so that stable housing and case management is the first step forward to ending homelessness.
- Community Services Consortium serves as the community action agency supporting the most vulnerable populations in the county.

Without being able to call out every organization and project that supports the health of west Linn County, what is shown above only highlights a few examples.

Each example is the result of efforts by many community partners. A wealth of collective action and resources exists within Linn County. Overcoming the many health challenges facing residents depends on this collective action and the vitally important part that each of our community partners play.

- Linn County has an excellent basic framework to assist homeless persons (e.g. emergency shelter, transitional housing and permanent affordable housing).
- The county is particularly strong in offering a wide choice in public schools, private schools and alternative schooling opportunities.
- The county has several service providers which provide adult education (e.g. literacy, GED and parenting courses).
- The county is particularly strong in offering job-seeking services, vocational training and general support for unemployed persons.
- The county maintains safe, well-marked roads and bike lanes that help prevent traffic injuries and chronic disease.
- The county has a history of collaboration among various sectors to promote many successful and progressive transportation and built environment programs (e.g. alternative mode options, Dial-A-Bus, PDX transit, safety sidewalk and ramp program and public transit).

References, hospital data and website resources

References

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- ^v Bhattacharya, J., Currie, J., & Haider, S. (2004). Poverty, food insecurity, and nutritional outcomes in children and adults. *Journal of Health Economics*, 23(4), 839-862.
- ^{vi} Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. (2014). Linn County Snapshot: Poor mental health days. Retrieved from countyhealthrankings.org/app/oregon/2014/rankings/linn/county/outcomes/overall/snapshot
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- ^x County Health Rankings 2019 Annual Report. Retrieved from countyhealthrankings.org/app/oregon/2019/rankings/benton/county/outcomes/overall/snapshot

Linn County hospital data: 2015-2018

Emergency department visits

Site	2018	2017	2016	2015
SAGH	28,377	29,557	28,876	29,032
SLCH	21,483	20,976	21,047	19,750

Clinic visits

Site	2018	2017	2016	2015
SAGH	163,403	167,295	169,016	166,099
SLCH	114,455	119,047	118,865	117,598

Surgeries

Site	2018	2017	2016	2015
SAGH	5,714	5,555	5,704	5,976
SLCH	2,989	3,001	3,360	2,602

Inpatients

Site	2018	2017	2016	2015
SAGH	2,557	2,473	2,590	2,937
SLCH	1,524	1,624	1,712	1,722

Deliveries

Site	2018	2017	2016	2015
SAGH	565	541	541	599
SLCH	306	290	316	318

Imaging

Site	2018	2017	2016	2015
SAGH	68,085	62,564	63,256	59,915
SLCH	48,894	47,649	47,044	43,848

Year	Diabetes	Prostate cancer	Breast cancer	Lung cancer
2018	57.61%	52.45%	47.44%	58.53%
2017	58.63%	50.31%	46.37%	58.08%
2016	58.65%	53.32%	46.89%	61.35%
2015	58.07%	52.95%	47.41%	62.09%

2019 Community Health Needs Assessment data websites

Adult health data: survey results

- Oregon Health Authority: oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/index.aspx

Adult justice data: arrest, crimes

- Benton County Sheriff's Office: co.benton.or.us/sheriff/page/your-benton-county-jail
- Lincoln County Sheriff's Office: co.lincoln.or.us/sheriff/page/jail-inmate-info
- Linn County Sheriff's Office: linnsheriff.org/jail/jail-history-and-population/

Assistance programs: food stamps, financial assistance

- Oregon Department of Human Services: oregon.gov/DHS/assistance/pages/data.aspx

Asthma conditions: asthma hospitalizations

- Oregon Health Authority: oregon.gov/oha/ph/healthyenvironments/trackingassessment/environmentalpublichealthtracking/pages/data-explorer.aspx

Child abuse and neglect data: reports, foster care

- Oregon Department of Human Services: oregon.gov/oha/ph/healthyenvironments/trackingassessment/environmentalpublichealthtracking/pages/data-explorer.aspx

Chronic diseases: Oregon chronic disease data

- Oregon Health Authority: oregon.gov/oha/ph/DiseasesConditions/ChronicDisease/DataReports/Pages/index.aspx#hdd

County data books: substance use, mental health

- 2019 Oregon Data Books: countyhealthrankings.org/app/oregon/2019/overview
- Children First of Oregon: cffo.org/programs/research-data/
- Robert Wood Johnson: rwjf.org
- Centers for Disease Control: cdc.gov

County demographic: populations, income, health insurance, poverty

- U.S. Census Quick Facts: census.gov/quickfacts/fact/table/lincolncountyoregon,bentoncountyoregon,linncountyoregon,US/PST045218

County health services data: local health services, substance use, behavioral and mental health

- Benton County Health Department: co.benton.or.us/health
- Lincoln County Health and Human Services: co.lincoln.or.us/hhs
- Linn County Health Services: linncountyhealth.org

Employment data: unemployment rates

- Homefacts: homefacts.com/unemployment/Oregon/Benton-County.html
- Homefacts: homefacts.com/unemployment/Oregon/Lincoln-County.html
- Homefacts: homefacts.com/unemployment/Oregon/Linn-County.html

Food distribution data

- Community Outreach Inc.: communityoutreachinc.org/
- Food Share of Lincoln County: foodsharelincolncounty.org/
- Linn Benton Food Share: communityservices.us/nutrition/detail/category/linn-benton-food-share
- Oregon Food Bank: oregonfoodbank.org/

Healthy teen data: survey results

- Oregon Health Authority: oregon.gov/oha/PH/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx

Higher education data: enrollments, degrees, certificates

- Oregon Higher Education Coordinating Commission: oregon.gov/highered/research/Pages/student-data-univ.aspx

Housing and homeless data

- Community Outreach Inc.: communityoutreachinc.org/ and communityoutreachinc.org/2018report/
- Community Services Consortium: communityservices.us/housing/
- U.S. Council on Homelessness: usich.gov/homelessness-statistics/or/
- Oregon Public Health: oregon.gov/oha/PH/About/Pages/HealthStatusIndicators.aspx

Hunger data: food insecurity

- Feeding America Benton: map.feedingamerica.org/county/2017/overall/oregon/county/benton
- Feeding America Linn: map.feedingamerica.org/county/2017/overall/oregon/county/linn
- Feeding America Lincoln: map.feedingamerica.org/county/2017/overall/oregon/county/lincoln
- Children First of Oregon: cffo.org/programs/research-data/

Juvenile justice data: arrests, crimes

- Oregon Youth Authority: oregon.gov/oya/Pages/jjis_data_eval_rpts.aspx

K-12 education data: school enrollments, high school completion, high school dropout rates

- Oregon Department of Education: oregon.gov/ode/reports-and-data/students/Pages/default.aspx

Public health programs data: general health services

- Oregon Health Authority: oregon.gov/oha
- Oregon Health Authority Public Health: oregon.gov/oha/PH/Pages/index.aspx

Teen pregnancy data: births, prenatal care

- Oregon Health Authority: oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/birth/documents/2018/birthapc18.pdf
- Oregon Health Authority: oregon.gov/oha/ph/healthypeoplefamilies/datareports/prams/pages/index.aspx

Tobacco use: tobacco fact sheets

- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Linn-TobaccoFactSheet_FINAL.pdf
- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Benton-TobaccoFactSheet_FINAL.pdf
- Smokefree Oregon: smokefreeoregon.com/wp-content/uploads/2015/12/OHA-Lincoln-TobaccoFactSheet_FINAL.pdf



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