

GOOD SAMARITAN REGIONAL MEDICAL CENTER

# Community Health Needs Assessment 2023–2026



Samaritan  
Health Services



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



# Good Samaritan Regional Medical Center: Community Health Needs Assessment 2023–2026

## Introduction

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

Every three years, Good Samaritan Regional Medical Center (GSRMC) conducts a Community Health Needs Assessment (CHNA).

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

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

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

### Data sources

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

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

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

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

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



## Organization

GSRMC is the largest of the five regional SHS hospitals in Benton, Lincoln and Linn counties. This 188-bed Level II trauma center is one of only five such facilities in Oregon. Since 1922, it has been Benton County's primary medical facility.

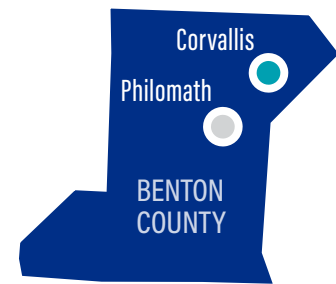
GSRMC's many specialties include comprehensive cancer care, a full-service cardiology and cardiovascular surgery program, neurosurgery, orthopedic and spine surgery, and inpatient mental health. It also serves Linn and Lincoln county communities with regional programs.

More than 1,700 employees and 200 volunteers keep GSRMC and its clinics running to support our mission of *building healthier communities together*. They are committed to providing personalized, quality care and to promoting the good health of the entire community in alignment with our values of *Passion, Respect, Integrity, Dedication* and *Excellence*.

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

## Service area

GSRMC's service area covers all of Benton County. This includes the metropolitan service area of Corvallis, which is the home of Oregon State University. It also serves neighboring communities and rural areas as well as regional patients needing specialized care.



## Community demographics

With a total area of 679 square miles, Benton County is Oregon's fourth-smallest county by land area and its third-smallest by total area. Its 2021 population was estimated at 96,017, with the county seat of Corvallis having the largest population of 59,864. Corvallis also has a large and highly diverse population of international students attending Oregon State University.

Smaller rural communities include Alsea, Monroe, Adair Village and Philomath. The remainder of the county's population is scattered throughout unincorporated rural communities with limited services, resources, grocery stores, health care providers, and public transportation options.

RACE/ETHNICITY	PERCENT
American Indian/Alaska Native	1.0
Asian only	6.6
Black/African American	1.3
Hispanic/Latino	8.2
Native Hawaiian/Pacific Islander	0.3
Two or More Races	4.1
White only	86.6

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

## Health and social indicators

### Median household income by race/ethnicity, 2020.

RACE/ETHNICITY	BENTON	OREGON
American Indian/Alaska Native	\$56,600	\$44,300
Asian	\$31,200	\$78,800
Black/African American	—	\$41,800
Hispanic/Latino	\$50,300	\$52,500
Native Hawaiian/Pacific Islander	—	\$62,800
Some other race	\$38,300	\$54,400
Two or more races	\$63,900	\$55,600
White	\$65,800	\$64,400

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

### Percentage of poverty by race/ethnicity, 2020.

RACE/ETHNICITY	BENTON	OREGON
American Indian/Alaska Native	23.7	22.4
Asian	42.0	13.6
Black/African American	34.7	26.3
Hispanic/Latino	26.8	20.1
Native Hawaiian/Pacific Islander	15.2	21.0
Some Other Race	32.7	17.2
Two or More Races	21.9	17.9
White	15.9	11.3

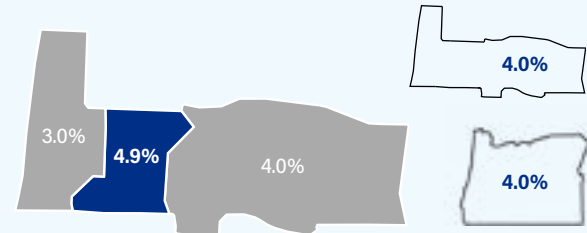
Source: U.S. Census Bureau, American Community Survey, Table B17001, 2020.

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

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

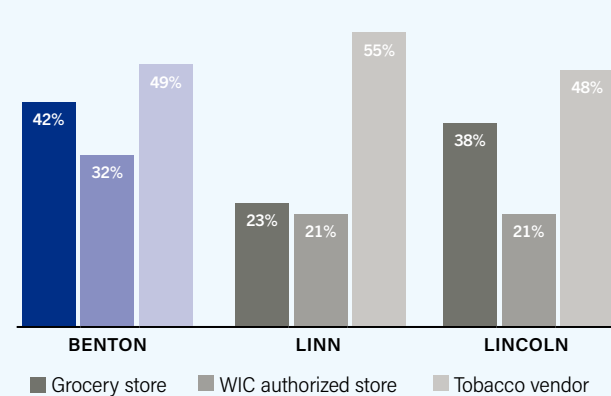
Source: U.S. Census Bureau, American Community Survey, Table S2701, 2020.

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



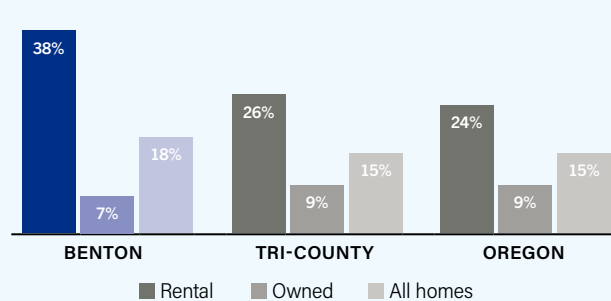
Source: State of Oregon Employment Department, August 22, 2022.

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



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

### Benton County, regional and state households paying more than 50% of income on rent, mortgage, insurance, and utilities, 2020.



Source: U.S. Census Bureau, American Community Survey, Table B25091, 2020.

## Existing health care facilities

GSRMC is the only hospital serving the Benton County area. It has 44 outpatient clinics, including Samaritan Mental Health Family Center, Samaritan Pastega Regional Cancer Center, Samaritan Cancer Resource Center, and SamCare Express.

Other SHS facilities in Benton County include SamFit health and fitness center, Samaritan Urgent Care Walk-In Clinic, Samaritan

Medical Group Family Medicine, Samaritan Mental Health, Samaritan Obstetrics & Gynecology, Samaritan Pediatrics, Samaritan Medical Group Brain & Spine Center, Samaritan Physical Rehabilitation Specialists, Samaritan Athletic Medicine Center, Samaritan Weight Management Institute, SamCare Mobile Medicine, and Samaritan Outpatient Nutrition Clinic.

### Other facilities and providers

- Benton County operates the federally qualified health centers in Corvallis and Monroe as well as the rural health clinic in Alsea.
- The for-profit Corvallis Clinic offers health care services in Corvallis and Philomath.
- Advantage Dental Care, Capitol Dental Care and Willamette Dental are the major dental providers in the county, serving the Medicaid population as well as individuals on private insurance.
- Community Outreach Inc., a local nonprofit, offers free medical, dental and mental health clinics to uninsured and unhoused populations in Corvallis and surrounding communities.
- Private practice oral health care providers are located throughout the county, as are private practice mental/behavioral health providers.
- Nontraditional health care services include acupuncture, naturopaths and other alternative providers.
- Private practice clinicians offer vision and hearing care.
- Birthing centers, urgent care facilities and medical express care services are also available in larger communities around the county.

## Data collection process

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

Primary data comes from GSRMC electronic medical records (excluding any personal patient information), surveys, focus groups, key informant interviews, and community listening sessions. This data was collected in the following ways:

- Online survey available to the public from May through June 2022.
- Paper surveys distributed through community partners and local agencies May through June 2022.
- Fifteen focus groups held in May and June 2022 with communities of color, LGBTQ2SIA+

community members, non-English speakers (Spanish, Arabic, Mam), unhoused people, international students, and health and social service providers.

- Key informant interviews in English and Spanish, conducted in May and June 2022, with diverse community leaders, disability rights advocates, agency and nonprofit directors, mental and behavioral health providers, elected officials, and chief executive officers.
- Bilingual community listening sessions were conducted in Corvallis on August 23 and in Newport on August 24, 2022.

Local coalitions and community partners reviewed secondary data for inclusion in the CHNA.

### Limitations

The primary and secondary data included in the CHNA helps Samaritan Health Services and its partners identify current and emerging health issues in Benton County. However, the CHNA does not encompass all health issues that may exist across the region or in specific communities and should not be viewed or cited as a formal study or research document.

## Significant health needs

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

AGE RANGE	BENTON	OREGON
Under 5 years	0.4%	0.7%
5 to 17 years	4.8%	6.2%
18 to 34 years	7.6%	8.4%
35 to 64 years	10.5%	13.6%
65 to 74 years	18.4%	26.0%
Over 75 years	42.9%	49.6%

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

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

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

Increasing housing, employment and supportive services are also major community concerns. Access to safe and affordable housing remains a pressing need, along with wraparound services to support unhoused community members. Because poverty affects overall health as well as access to health care, child care, quality housing and healthy

food, addressing poverty is a major need in regard to all of these issues.

Reducing institutional discrimination and bias, and partnering more closely, respectfully and transparently with culturally specific organizations, are long-standing needs that have taken on an even greater urgency since the COVID-19 pandemic.

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

## Social determinants of health

County Health Rankings: Benton County Health Factors, 2022.

Social/economic factors	14
Physical environment	21
Clinical care	8
Health behaviors	14
Overall rank	11

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

The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.” These nonmedical factors contribute to a large percentage of preventable health problems.<sup>1</sup>

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

CHNA key informants cited the following five social determinants of

health as the most significant ones for Benton County.

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



## Prioritization

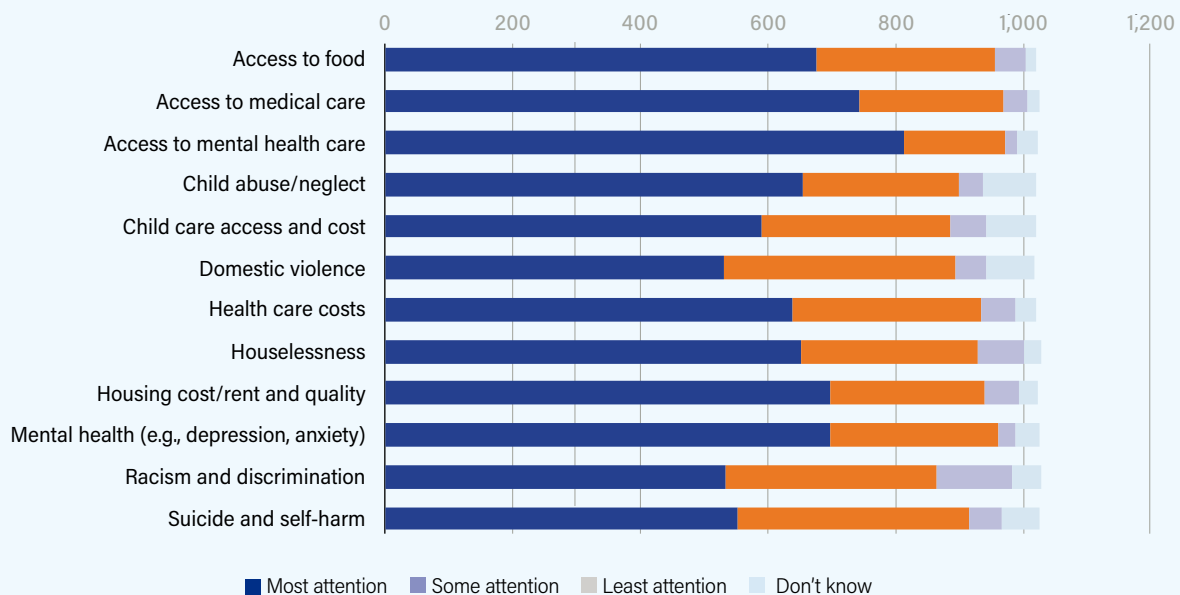
The prioritization process engaged regional health, social services, government, nonprofit, tribal and community partners. Members of the GSRMC Social Accountability Committee reviewed all data gathered by the Regional Health Assessment & Alignment Collaborative as well as input from community members,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

- Access to health care.
- Suicide prevention.
- Substance use disorder.
- Anxiety and depression.
- Food insecurity.
- Child care.
- Child abuse/neglect.
- Domestic violence.
- Housing costs and houselessness.
- Poverty.
- Culturally and linguistically appropriate services.

## GSRMC goals, objectives and priorities for 2023-2026.



## Highest priorities in Benton County according to CHNA survey responses.





## Access to physical, mental/behavioral and dental care

### Ratio of Benton County population to providers, 2019.

Primary care	<b>870:1</b>
Dental care	<b>1,390:1</b>
Mental health	<b>90:1</b>

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

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

RACE/ ETHNICITY	BENTON	OREGON
American Indian/Alaska Native	20.0	22.1
Asian/Pacific Islander	11.2	15.2
Black	13.0	19.6
Hispanic	15.5	16.3
White	10.5	11.3

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

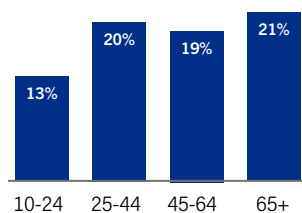
Frequently cited factors affecting access to care include:

- Lack of workforce and capacity. Recruiting and retaining culturally competent providers and staff continues to be a major challenge in this isolated coastal area. Provider turnover/retirement rates increased in the wake of COVID, as did wait times for appointments.
- Lack of insurance and/or insurance literacy. Roughly 7% of people in Benton County are uninsured.<sup>2</sup>
- Lack of navigation and patient advocates. The complexity of the regional health care system can be daunting, especially for lower-income people, people with mental health issues, migrant workers, and people with specific linguistic or cultural needs and expectations. People with limited English skills face additional barriers in receiving one-on-one care and in navigating the system, as do people with disabilities.
- Lack of culturally appropriate facilities, policies and workforce. Marginalized people are less likely to seek care due to mistrust, trauma and related issues. For those who do seek care, the lack of culturally competent providers can make care less effective and more traumatic.
- Lack of workforce diversity (e.g., trans or trans-friendly providers and mental health providers of color with lived experience of stresses related to discrimination).
- Transportation. People in rural communities, people of color, people in poverty, people with disabilities, and people with language barriers are more likely both to depend on public transit and to live in areas with poor transit service, fewer destinations, and poor connectivity. These burdens increase costs and personal stress while also limiting access to quality housing, healthy foods, and physical activity.



## Suicide prevention

### Suicide rate per 100,000 Benton County residents by age, 2015-2018.



Source: Oregon Violent Death Dashboard, 2015-2018.

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

Between 2015 and 2018, Benton County had the tri-county region's lowest suicide rate for age ranges

10–24, 25–44 and 45–64, as well as its lowest suicide rate overall. In 2019, however, Benton County also had the region's second-highest percentages of eighth graders who considered suicide, and eighth graders who reported a suicide attempt.<sup>3</sup>

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



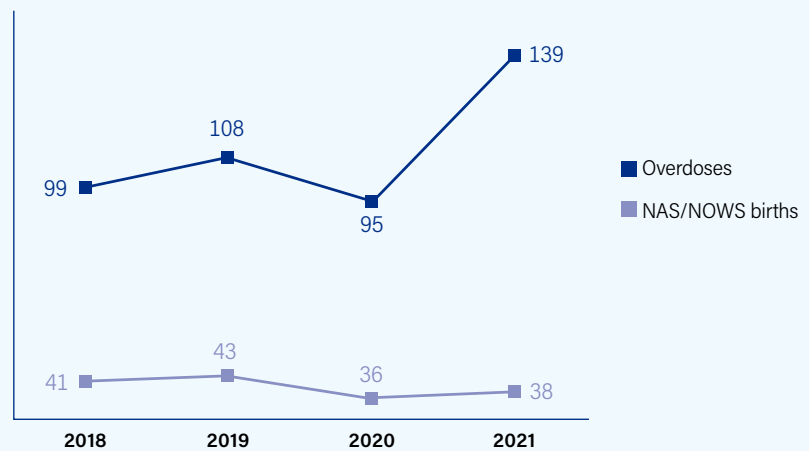
## Substance use disorder

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

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

In 2019, eighth graders in Benton County had the region’s second-highest rate of substance use for alcohol (12.3%) and e-cigarettes (7.5%). Although the prevalence of reported substance use — especially marijuana — was significantly higher among 11th graders, their overall use was lower than that of Oregon peers for all substances and lower than that of Linn County peers for all substances but e-cigarettes.

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

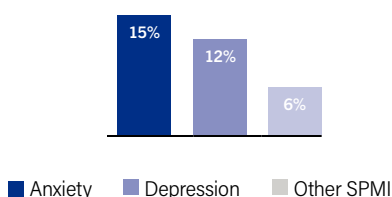


Source: EPIC.



## Anxiety and depression

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



Source: InterCommunity Health Network Coordinated Care Organization, 2021.

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

Benton County has lower overall rates of diagnosed depression and suicide deaths compared to the tri-county region and state. On the other hand, IHN-CCO members in Benton County have the region’s highest prevalence of serious and

persistent mental illness (see chart at left). Further, IHN-CCO’s data likely represents residents with more severe illness and/or more access to care, as opposed to the region’s total burden of disease, especially among marginalized communities.

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



## Food insecurity

### SNAP use by household demographics, Benton County and Oregon, 2020

	BENTON	OREGON
SNAP households	10.1%	15.0%
with children under 18	37.5%	40.8%
with one or more people with a disability	48.9%	49.9%

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

### Use of WIC program benefits, 2021.

	BENTON	OREGON
WIC participants	1,541	110,890
Families on WIC	875	64,450
Pregnant women on WIC	24%	27%

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

Access to healthy and affordable food is an important predictor of health status. The most recent Benton County data estimates a food insecurity rate of 10.8%.

The ability to shop at grocery stores depends on proximity as well as on household income and the overall cost of living. The rising cost of food, gas, housing and other basic needs, along with ongoing supply chain issues, limits access to healthy foods, especially for people in rural areas.

In all three counties, people are more likely to live near a tobacco vendor than a grocery store (see table on page 3). In Benton County, 49% of people lived within half a mile of a tobacco vendor, while 42% lived the same distance from a grocery store.

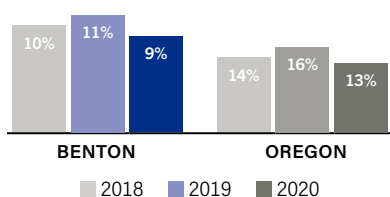
The Women, Infants, and Children Program (WIC) provides healthy foods to pregnant, breastfeeding women, infants, and children to promote optimal childhood development. The Supplemental Nutrition Assistant Program (SNAP) provides access to healthy food for low-income families. Benton County's utilization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

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



## Child care, abuse/neglect

### Child abuse rates in Benton County and Oregon, 2018–2020.



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

Child abuse is a major form of adverse childhood experience. In 2020, the tri-county region had 5,553 reports of abuse, 54% of which were referred to Child Protective Services. In 2020, Benton County accounted for roughly 9% of these reports, the region's lowest rate. Primary family stress factors in child abuse are substance use, domestic violence, and parental involvement with law enforcement. Rates of abuse and neglect during COVID are unknown, but cases are expected to be higher

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

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



## Domestic violence

Domestic violence entails the use of violence, threats, intimidation, or emotional abuse against a family member or intimate partner.

Although it can affect people of any age, race/ethnicity, background, or gender identity, women — especially trans women — experience domestic violence at higher rates than the

general population. Both the housing crisis and COVID have complicated or limited the ability of violence survivors — including children — to find safe housing or shelter.<sup>6</sup>

Benton County had 124 arrests for reported domestic violence in 2021.<sup>7</sup> However, incidents of domestic violence often go unreported.<sup>8</sup>



## Housing costs and houselessness

### Unhoused people experiencing chronic houselessness, 2019.

	BENTON	OREGON
Chronically unhoused	31%	31%
Chronically unhoused veterans	65%	43%

### Unhoused people by race/ethnicity, 2019.

Asian	1%	4%
Black/African American	3%	2%
Native American	4%	1%
Native Hawaiian/Pacific Islander	1%	0.4%
Two or more races	7%	5%
White	83%	85%

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

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

Between 2014 and 2018, 19% of households in Benton County were affected by severe housing problems. Renters in Benton County spent the largest proportion of household income on rent, with 54.1% of households spending more than 30% and 32.7% of households spending more than 50% of their total income on rent. This has also impacted east Linn County, where housing costs have continued to rise as people who have been priced out of Corvallis move to smaller towns like Sweet Home and commute to the Albany/

Corvallis area.

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

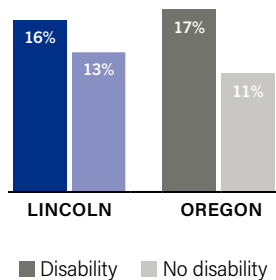
According to the 2019 point-in-time count conducted by Oregon Housing and Community Services, Benton County had approximately 311 unhoused residents. (Linn and Lincoln counties had 277 and 260, respectively, during the same period.)

Benton County also had the region's second-highest rate (65%) of unhoused veterans experiencing chronic houselessness (see chart at left).



## Poverty

### Poverty by disability status in Lincoln County and Oregon, 2020.



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

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

U.S. Census QuickFacts lists Benton County's overall poverty level at 15.7% as of 2021. However, the estimated poverty rate in Corvallis was 25.5% in the same year. Although Benton County has a higher median household income than its neighbors, the county's income inequality ratio remains the largest in the state. In 2020, more than half of young adults in Benton County were living below the federal poverty line.

Across the tri-county region, people identifying as white were less likely to live in poverty compared to

people of other races and ethnicities. In 2020, Benton County had the region's highest poverty rates for people who identify as American Indian/Alaska Native (24%), Black/African American (35%), Hispanic/Latino (27%) and white (16%). These rates were also higher than the state average for each population.

In the same year, Benton County had the region's lowest median incomes for people who identify as Asian (\$31,200), compared to the state median of \$78,800 for Asian households. By contrast, median household income for people who identify as white is \$65,800. This is the region's highest median income by a substantial margin; it's also slightly higher than the state median income for white households.



## Culturally and linguistically appropriate care

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

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

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

## COVID-19 impacts

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

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

Source: OPERA, 2020-2022.

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

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

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

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

## Services Provided at Good Samaritan Regional Medical Center in 2021

The following indicators demonstrate the breadth of services GSRMC has provided over the past four years. Specialized surgical services include cardiac, obstetrics/gynecology, cancer, orthopedics, neurosurgery, urology and weight loss surgery. GSRMC's 44 outpatient clinics offer specialty care, family medicine, obstetrics/gynecology, pediatrics and urgent/walk-in care. Annual hospital data is included in the appendix.

INPATIENT VISITS

8,195

SURGERIES

9,895

EMERGENCY VISITS

28,461

DELIVERIES

884

IMAGING

99,852

CLINIC VISITS

286,418

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## Community interest

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

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

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

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## Community impact

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

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

GSRMC offered in-person and virtual education through health fairs, workshops and classes. Topics included *Adverse Childhood Experiences*, *Understanding Stigma for*

*Substance Use Disorder*, *Implicit Bias* and *Addressing Homelessness*.

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

GSRMC provided nearly \$540,000 to more than 20 agencies through social accountability funding and in-kind support, as well as additional support for organizations assisting community members with food, child care, rent and other basic services during COVID. GSRMC also provided transportation, telehealth and home visits to over 60,000 people in Benton County.

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## General health status

In the 2022 *County Health Rankings*, Benton County ranked 1st out of 35 counties for health outcomes and 2nd out of counties for health factors. Benton County continues to rank in the top three counties each year. Based on the CHNA survey, focus groups, key informant interviews, listening sessions and secondary data, Benton

County has many health resources and positive attributes. From building affordable housing to treating people with SUD and other behavioral health needs, the community can continue to thrive by expanding collaboration and partnerships to ensure equitable access to health care services and community resources.

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## Promoting health

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

- GSRMC and SHS work together to improve community health by providing excellent health care and supporting social programs.
- Benton County's Tobacco Prevention program aims to reduce tobacco-related illness and death. Other population-based prevention and chronic disease programs in the region also work to reduce the onset and incidence of chronic conditions and help community members take control of their health.
- Located in Corvallis, Oregon State University (OSU) is a strong partner in Benton County. Through its research, education, outreach and support, OSU works closely with GSRMC and other partners to improve community health. OSU also provides internships for students who are interested in health careers as well as students interested in public health.
- The College of Osteopathic Medicine of the Pacific-Northwest has been a valuable resource for the community and the region. As the only medical school in the

Mid-Willamette Valley, COMP-NW provides medical students and their staff hands-on activities that support rural communities. The school offers support to unhoused community members and to pregnant and parenting teens, hosts youth academies to recruit future medical students, and has a representative who serves on the CCCWN.

- Benton County Health Department promotes health through its various divisions, which include pregnancy prevention, mental/behavioral health, and alcohol and drug services.
- Federally qualified health centers, school-based health centers and rural clinics offer health promotion services throughout the county.
- Benton County is home to a variety of community-based organizations and agencies that offer health promotion services to all community members. This includes food banks, shelters, churches, synagogues, community gardens, farmers markets, child care centers, assisted living facilities, dental providers, alternative medicine providers, and recreation and community events that also promote health.



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## Social support networks

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

- Benton County's commitment to the health and well-being of children and youth includes a focus on family stability, kindergarten readiness, equitable services and service coordination.
- Several organizations provide nutrition, healthy lifestyles and social supports for youth. The Boys & Girls Club in Corvallis and Strengthening Rural Families in Philomath not only provide after-school activities for elementary and middle school youth, but have also expanded programming to include high school aged youth. Both organizations also provide low-cost child care to families who meet their eligibility requirements.
- Alsea and Monroe support children and families through their rural health clinics and school-based health services.
- Community Services Consortium is the regional community action agency serving the most vulnerable community members.
- Through Oregon Cascades West Council of Governments, transportation is available to

low-income community members for medical, dental and mental/behavioral health appointments.

- Benton County is currently working on a comprehensive plan to assist its unhoused populations. Community leadership has identified a need for emergency shelters, transitional housing and permanent affordable housing through the HOPE (Home, Opportunity, Planning and Equity) advisory board.

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

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