

SAMARITAN PACIFIC COMMUNITIES HOSPITAL

Community Health Needs Assessment 2023–2026



Samaritan
Health Services

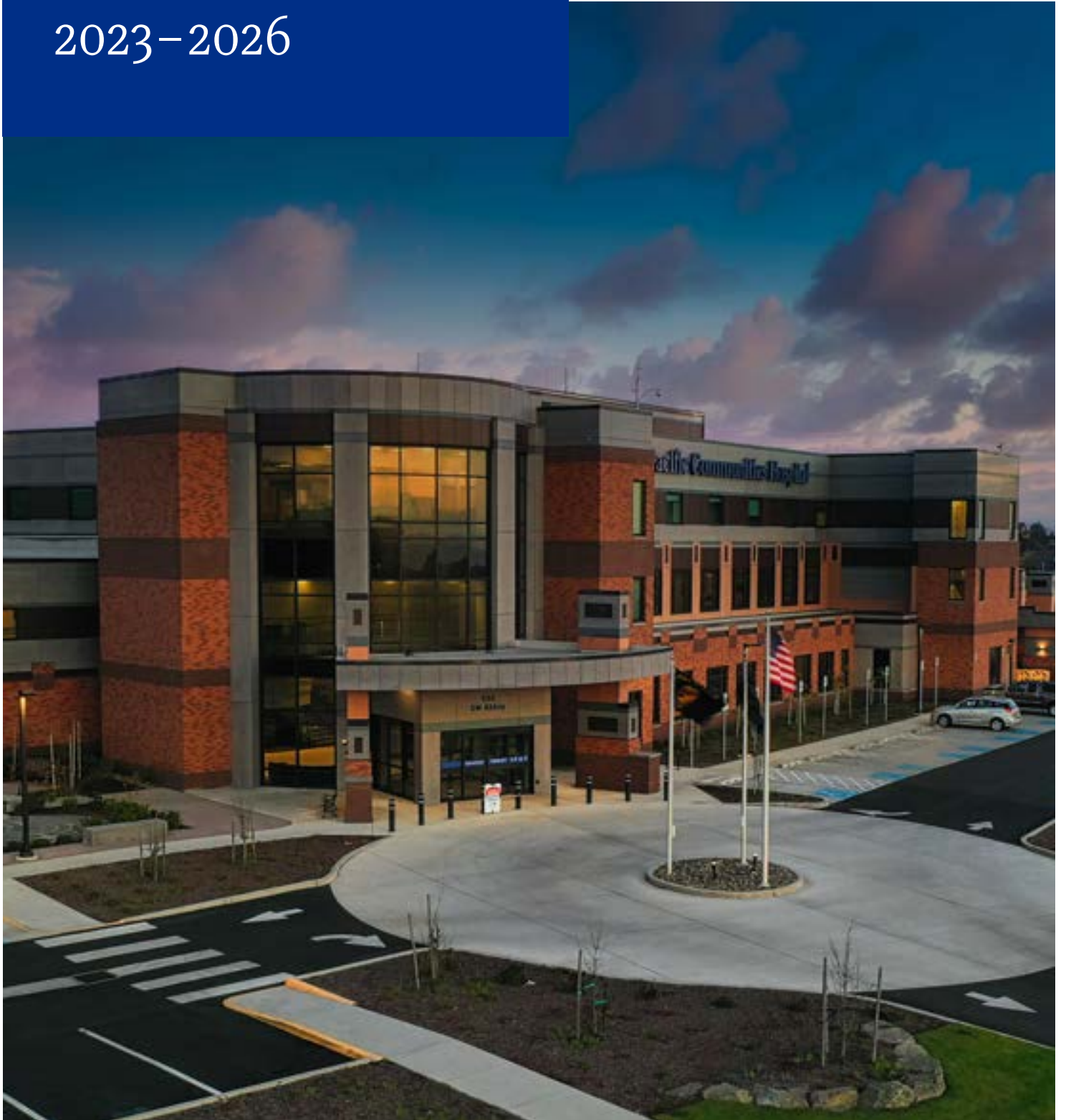


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Map of the tri-county region and its larger communities.



Samaritan Pacific Communities Hospital: 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, Samaritan Pacific Communities Hospital (SPCH) conducts a Community Health Needs Assessment (CHNA).

This CHNA was undertaken in close 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 assessment process, as well as seniors, veterans, low-income people, non-English

speakers, and people in rural areas. 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

Established in 1952, SPCH is an 25-bed critical access hospital serving residents and visitors of Depoe Bay, Newport, Toledo, Waldport and Yachats. It recently underwent a major redevelopment and expansion that included extensive remodeling of the original 40,000-square-foot building along with an 86,000-square-foot, three-story addition.

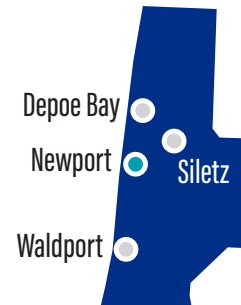
The hospital employs more than 30 local physicians, physician assistants and nurse practitioners who support the SHS mission of *building healthier communities together*. They are

committed to providing personalized, quality care and to promoting the health of the entire community in alignment with SHS's values of *Passion, Respect, Integrity, Dedication and Excellence*.

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

Service area

SPCH serves the people of south Lincoln County, which includes the communities of Depoe Bay, Newport, Toledo, Yachats, Siletz and Waldport as well as neighboring rural areas and the 3,666-acre reservation of the Confederated Tribes of Siletz Indians.



Community demographics

A designated rural county on Oregon's isolated central coast, Lincoln County has a population of 50,862, most of whom live in Newport and Lincoln City. It is also home to the Confederated Tribes of Siletz Indians, 23% of whose 5,600 members live in the county.

The U.S. Health Resources and Services Administration designates Lincoln County as a health provider shortage area for primary medical care and defines the seasonal migrant farmworker population as a medically underserved population. The reservation of the Confederated Tribes of Siletz Indians is also a federally designated health provider shortage area.

COMMUNITY	POPULATION
Newport	10,496
Lincoln City	9,979

RACE/ETHNICITY	PERCENT
American Indian/Alaska Native	4.1
Asian only	1.5
Black/African American	0.9
Hispanic/Latino	10.0
Native Hawaiian/Pacific Islander	0.2
Two or More Races	4.1
White only	89.1

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

Health and social indicators

Median household income by race/ethnicity, 2020.

RACE/ETHNICITY	LINCOLN	OREGON
American Indian/Alaska Native	\$30,000	\$44,300
Asian	\$41,900	\$78,800
Black/African American	—	\$41,800
Hispanic/Latino	\$49,300	\$52,500
Native Hawaiian/Pacific Islander	—	\$62,800
Some other race	\$61,000	\$54,400
Two or more races	\$39,900	\$55,600
White	\$48,400	\$64,400

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

Percentage of poverty by race/ethnicity, 2020.

RACE/ETHNICITY	LINCOLN	OREGON
American Indian/Alaska Native	21.7	22.4
Asian	43.0	13.6
Black/African American	17.9	26.3
Hispanic/Latino	22.1	20.1
Native Hawaiian/Pacific Islander	15.8	21.0
Some Other Race	16.2	17.2
Two or More Races	16.3	17.9
White	15.2	11.3

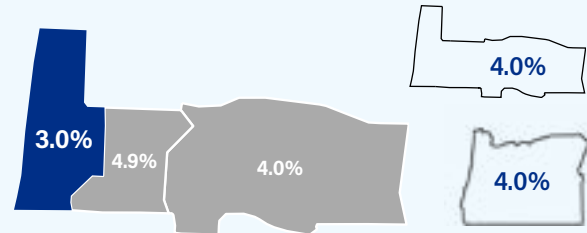
Source: U.S. Census Bureau, American Community Survey, Table B17001, 2020.

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

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

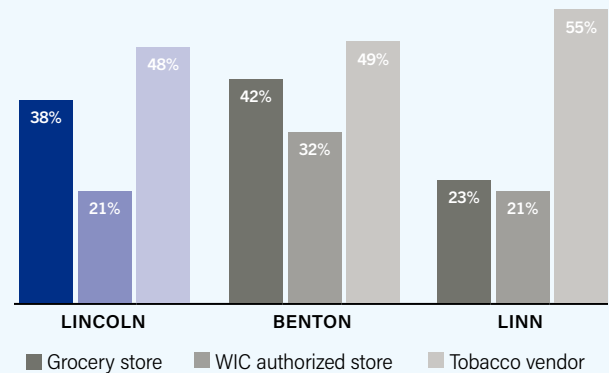
Source: U.S. Census Bureau, American Community Survey, Table S2701, 2020.

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



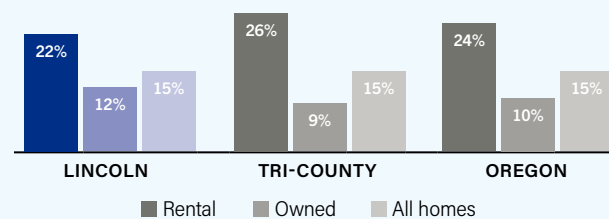
Source: State of Oregon Employment Department, August 22, 2022.

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.

Lincoln 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

The newly renovated and expanded SPCH site serves the southern portion of Lincoln County, while Samaritan North Lincoln Hospital serves communities in the northern portion.

In addition to family medicine and emergency care, hospital services include general surgery, sleep diagnostics, orthopedics and physical rehabilitation. Many other services are offered in Newport by SHS providers based in Corvallis. Additional outpatient services are available through primary and specialty care clinics in Depoe Bay, Newport, Toledo and Waldport.

The hospital also provides health screenings as well as community education on disease prevention and management.

SPCH has 17 outpatient clinics, including Samaritan Pacific Sleep Lab and Samaritan Women's Health.

Other SHS facilities in south Lincoln County area include Samaritan Medical Group Urgent Care, the Center for Health Education in Newport, Samaritan Health Center, Samaritan Physical Rehabilitation Specialists, and Samaritan Medical Group Occupational Medicine.

Other facilities and providers

- Lincoln County operates federally qualified health centers in Lincoln City, Newport, Toledo and Waldport.
- The Confederated Tribes of Siletz Indians provides health services through its clinics and is classified as a federally qualified health center.
- Lincoln County Health & Human Services is a major provider of mental and behavioral health services as well as substance use disorder treatment.
- Advantage Dental Care, Capitol Dental Care and Willamette Dental are the major dental providers in the county and serve the Medicaid population as well as private insurance carriers.
- Private practice oral health care providers are located throughout the county as well as 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 SPCH 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 south Lincoln 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 Lincoln County and Oregon by age, 2020.

AGE RANGE	LINCOLN	OREGON
Under 5 years	0.0	0.7%
5 to 17 years	7.9	6.2%
18 to 34 years	12.9	8.4%
35 to 64 years	22.2	13.6%
65 to 74 years	30.1	26.0%
Over 75 years	51.4	49.6%

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

Primary data collection revealed that access to safe, affordable and quality housing is the highest health need in north Lincoln County, along with wraparound services to support unhoused community members.

Access to care — particularly mental and behavioral health services for children, youth and adults — was an equally urgent need. 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 employment and supportive services are also major community concerns. 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.

Culturally and linguistically appropriate care is essential not just to ensure quality of care for people of all ages, backgrounds, races and ethnicities, gender identities, cultures and religions, but also to foster communication, coordination 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: Lincoln County Health Factors, 2022.

Social/economic factors	35
Physical environment	7
Clinical care	31
Health behaviors	19
Overall rank	33

Source: County Health Rankings: Lincoln, Oregon, 2022.

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.¹

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

CHNA key informants cited the following five social determinants of

health as the most significant ones for south Lincoln County.

- Access to mental and behavioral health care.
- Access to safe and affordable housing and shelter.
- Transportation.
- Access to healthy food.
- Economy, jobs and income.

Prioritization

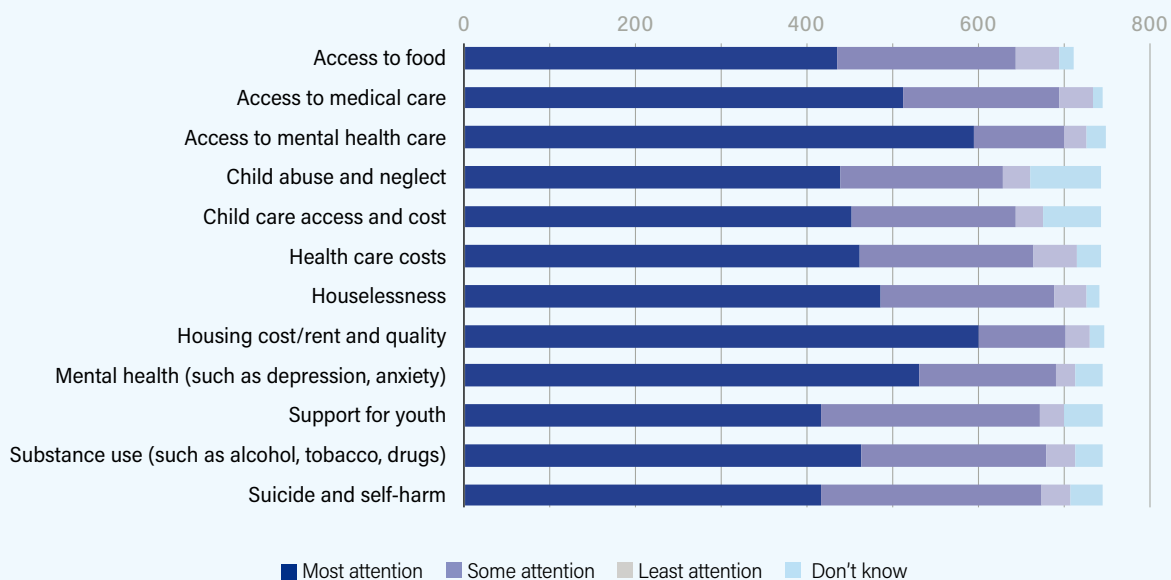
The prioritization process engaged regional health, social services, government, nonprofit, tribal and community partners. Members of the SPCH Social Accountability Committee reviewed all data gathered by the Regional Health Assessment & Alignment Collaborative as well as input from community members, 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.

SPCH goals, objectives and priorities for 2023–2026.

<p>1 GREATER ACCESS Objective: Increase community access to medical, dental and mental/behavioral health services.</p>	<p>2 HEALTHY FAMILIES Objective: Increase community access to healthy food, child care and safety.</p>	<p>3 HEALTHY COMMUNITIES Objective: Increase housing, employment and supportive services in the community.</p>
<p>Priorities</p> <ul style="list-style-type: none"> • Access to health care • Suicide prevention • Substance use disorder • Anxiety and depression 	<p>Priorities</p> <ul style="list-style-type: none"> • Food insecurity • Child care • Child abuse/neglect • Domestic violence 	<p>Priorities</p> <ul style="list-style-type: none"> • Housing costs and houselessness • Poverty • Culturally and linguistically appropriate services

Highest priorities in Lincoln County according to CHNA survey responses.





Access to physical, mental/behavioral and dental care

Ratio of Lincoln County population to providers, 2021.

Primary care	1,980:1
Dental care	1,670:1
Mental health	220:1

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

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

RACE/ ETHNICITY	LINCOLN	OREGON
American Indian/Alaska Native	23.3	22.1
Asian/Pacific Islander	20.9	15.2
Black	23.3	19.6
Hispanic	17.5	16.3
White	14.1	11.3

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

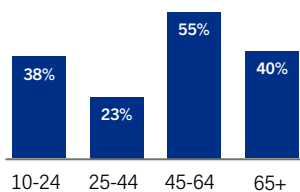
Frequently cited factors affecting access to care include:

- 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 12% of people in Lincoln County are uninsured.²
- Lack of navigation and patient advocates. 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 Lincoln 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, Lincoln County had the tri-county region's highest suicide rate for ages 10-24,

45-64 and 65+, as well as its highest suicide rate overall. In 2019, Lincoln County also had the region's highest percentage of eighth and 11th-graders who considered suicide, and its highest percentage of eighth graders who reported a suicide attempt.³

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.⁴



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.⁵

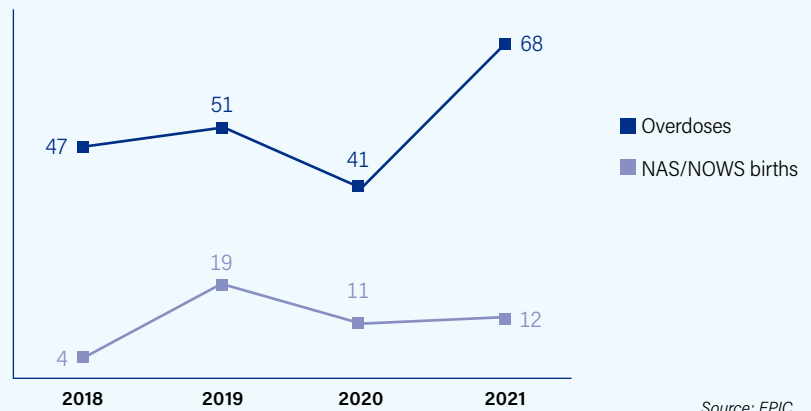
SUD affects students across the entire region, with older students generally reporting more illicit substance use than younger students.

In 2019, eighth graders in Lincoln County had the region’s highest rate

of substance use for alcohol (13.2%), marijuana (9.4%) and prescription drugs (5.5%). Although these rates were roughly double for 11th graders, substance use was lower than that of Linn County for all categories but prescription drugs.

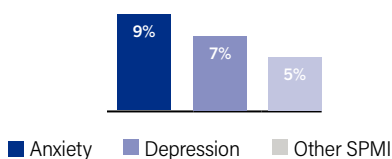
In the same year, Lincoln County had the highest rate of reported cigarette smoking for eighth graders (2.8%) and the second-highest rate for 11th graders. Interestingly, the county also had the region’s lowest rates of e-cigarette use by eighth and 11th graders.

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



Anxiety and depression

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



Source: InterCommunity Health Network Coordinated Care Organization, 2021.

Oregon continues to have 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. Depression in the tri-county region is slightly higher than the state average (27% versus 25%, respectively).

In the 2022 *County Health Rankings*, Lincoln County community members reported 4.3 poor mental health days in the last 30 days, the region’s lowest number. However, the county also has the region’s second-highest rate of diagnosed depression (28%).

IHN-CCO data on serious and persistent mental illness (see chart at left) likely represents patients with more severe illness, as opposed to the region’s total burden of disease, especially among marginalized and stigmatized people.

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, Lincoln County and Oregon, 2020

	LINCOLN	OREGON
SNAP households	20.6%	15.0%
with children under 18	29.5%	40.8%
with one or more people with a disability	58.5%	49.9%

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

Use of WIC program benefits, 2021.

	LINCOLN	OREGON
WIC participants	1,493	110,890
Families on WIC	856	64,450
Pregnant women on WIC	41%	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 Lincoln County data estimates a food insecurity rate of 14%.

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 Lincoln County, 48% of people lived within half a mile of a tobacco vendor; only 38% 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.

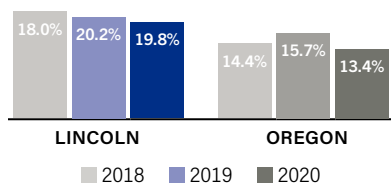
Lincoln County's utilization rate for these programs is higher than that of Oregon as a whole, particularly for households that include a person with a disability (see chart at left).

As wildfires, heat waves 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 Lincoln 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 2019 and 2020, Lincoln County accounted for roughly 20% of reports — higher than Benton, Linn and Oregon. 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 Lincoln County has only two 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.⁶

Lincoln County had 54 arrests for reported domestic violence in 2021.⁷ However, incidents of domestic violence often go unreported.⁸



Housing costs and houselessness

Unhoused people experiencing chronic houselessness, 2019.

	LINCOLN	OREGON
Chronically unhoused	35%	31%
Chronically unhoused veterans	67%	43%

Unhoused people by race/ethnicity, 2019.

Asian	0%	4%
Black/African American	1%	2%
Native American	7%	1%
Native Hawaiian/Pacific Islander	0%	0.4%
Two or more races	7%	5%
White	85%	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, 14% of households in Lincoln County were affected by severe housing problems.

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, Lincoln County had approximately 260 unhoused residents. (Benton and Linn counties had 270 and

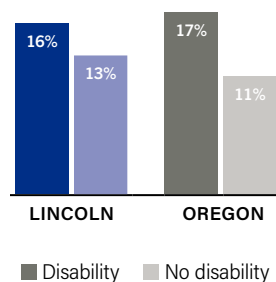
331, respectively, during the same period.)

Lincoln County also had the highest percentage of unhoused veterans experiencing chronic houselessness. Further, it has higher rates of houselessness than the state of Oregon for residents identifying as Native American (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 Lincoln County's overall poverty level at 14.4% as of 2021. At the city level, Lincoln City's poverty rate of 15.3% is slightly better than Newport's rate of 16.6%.

Lincoln County has the region's highest rate of poverty for children and youth ages 0 to 17 and for adults ages 35 to 64.

The county also has the region's highest poverty rate for people with disabilities (18%), which is especially significant given its aging population

and the expected long-term health effects of the COVID-19 pandemic (see chart at left).

Across the tri-county region, people identifying as white were less likely to live in poverty compared to people of other races and ethnicities. Lincoln County has the region's highest poverty rates for residents who identify as Asian (43%). It also has the region's lowest median incomes for people who identify as American Indian/Alaska Native (\$30,000), Hispanic/Latino (\$49,300), and white (\$48,400).

More generally, multigenerational poverty is common in south Lincoln County. Families that have been stressed by poverty for generations typically have higher rates of behavioral health issues, including SUDs.⁹



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.

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.

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

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 Samaritan Pacific Communities Hospital in 2021

The following indicators demonstrate the breadth and type of services SPCH has provided over the past four years. Specialized surgical services at SPCH include cardiac, cancer, gynecology, obstetrics, orthopedics, neurosurgery and urology. SPCH also has 17 outpatient clinics offering specialty care, family medicine, obstetrics/gynecology, pediatrics and urgent/walk-in care.

INPATIENT VISITS

1,351

SURGERIES

3,335

EMERGENCY VISITS

16,214

DELIVERIES

174

IMAGING

46,780

CLINIC VISITS

67,667

Community interest

SPCH has strong partnerships with organizations and agencies in north Lincoln 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.

Community impact

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

SPCH 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.

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

SPCH provided \$150,000 to six local agencies through social accountability funding, as well as \$109,000 in additional funding, food, clothing and other resources to support communities through COVID and the 2021 wildfires. SPCH also provided transportation, telehealth and home visits to over 1,500 people in south Lincoln County.

General health status

In the 2022 *County Health Rankings*, Lincoln County was ranked 27th out of 35 Oregon counties for health outcomes and 33rd for health factors — a decline from the 2019 rankings.

Clearly, more opportunities exist to collaborate on community health. Based on the CHNA survey, focus

groups, key informant interviews, listening sessions and secondary data, each community in Lincoln County has many positive attributes. From building affordable housing to providing SUD treatment and other behavioral health needs, the region continues to thrive through collaborations and partnerships.

Promoting health

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

- SNLH, SPCH and SHS work together to improve community health in Lincoln County by providing excellent health care and supporting social programs.
- The Confederated Tribes of Siletz Indians provide a wide range of clinical, preventive and health promotion services and activities to tribal members in Lincoln County. The Tribes are also a strong partner in several collaborative countywide projects, particularly around SUD prevention, treatment and recovery.
- Lincoln County's Tobacco Prevention and Education 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.
- Oregon Coast Community College is a valuable community resource for Lincoln County, providing training and education programs that address health care, oral health, and community health workers
- Lincoln County Health & Human Services promotes health through its various divisions. Their health promotion efforts 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.
- Lincoln 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.

Social support networks

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

- The 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. Neighbors for Kids, modeled after the national Boys & Girls Club, offers after-school and summertime activities for elementary and middle school youth. They also provide low-cost child care to families who meet their eligibility requirements.
- Free and low-cost parenting education programs are tailored to diverse parents and caregivers throughout the county.
- Lincoln County Community Club is a coalition working on community health indicators and priorities.
- Juntos en Colaboración, the Oregon State University Extension service, and the Olalla Center's Arcoíris Cultural program are addressing the specific health and social needs of Lincoln County's sizeable Latinx and Mam-speaking populations.
- Oregon Central Coast PFLAG and the Olalla Center's Project Bravery offer invaluable support, advocacy and education resources for LGBTQIA2S+ youth and adults. Project Bravery also provides identity-affirming mental health services and connects clients with gender-affirming care.
- 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. Volunteer Caregivers provides transportation to grocery stores and nonmedical appointments to elderly, low-income and people with disabilities.
- Through its many partnerships, Lincoln County will be opening a 16-bed alcohol and drug residential treatment facility in 2023. The facility will be open to anyone, with priority given to people living in Lincoln County.
- Lincoln County Sheriff's Office works closely with community-based organizations to support SUD treatment and recovery efforts, transitional housing, and other community-based supports.
- Lincoln County is currently working on a comprehensive plan to assist unhoused populations in the community. Community leadership has identified a need for emergency shelters, transitional housing and permanent affordable housing.
- The community has also supported the Project Turnkey housing program, which provides supportive and transitional housing to the most vulnerable populations in the community.

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

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