

SAMARITAN ALBANY GENERAL HOSPITAL



Samaritan
Health Services



COMMUNITY HEALTH NEEDS ASSESSMENT

2026 - 2028

samhealth.org

Samaritan Albany General Hospital

Community Health Needs Assessment

2026–2028

*Mission: Building Healthier Communities Together
Values: Passion, Respect, Integrity, Dedication and Excellence*

Adopted by Samaritan Albany General Hospital Board of Directors,
December 2025

To request a copy of this report or to share feedback, please email
communityhealth@samhealth.org.

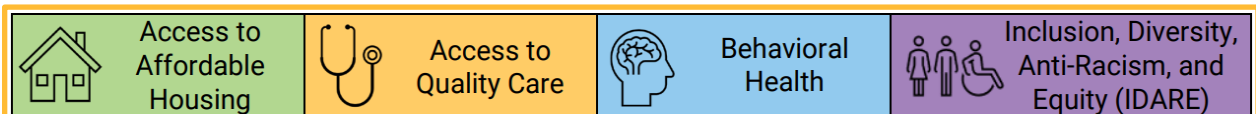


Executive Summary

Samaritan Albany General Hospital (SAGH), a nonprofit hospital affiliated with Samaritan Health Services (SHS), completed this 2026-2028 Community Health Needs Assessment (CHNA) to better understand the health needs of the communities it serves. This assessment fulfills IRS 501(r)(3) requirements and provides the foundation for SAGH’s 2026-2028 Community Benefit Implementation Strategy. The CHNA was developed in collaboration with Samaritan’s other hospitals (Good Samaritan Regional Medical Center in Corvallis, Samaritan Lebanon Community Hospital in Lebanon, Samaritan North Lincoln Hospital in Lincoln City and Samaritan Pacific Communities Hospital in Newport) as well as the Partnership for Community Health, a multi-agency collaborative of public health authorities, health systems, and community partners serving Linn, Benton and Lincoln counties.

SHS hospitals developed a CHNA framework that built on the thorough community assessment work done in 2023-2024 to support the development of the [2024-2028 Regional Community Health Improvement Plan](#). SHS also added additional primary data collection to solicit targeted input from key community populations to inform hospital activities.

Four priority areas emerged through the CHNA data review and community input process. These prioritized health needs align with the 2024-2028 Regional Community Health Improvement Plan (R-CHIP):



Credit: [2024-2028 Regional Community Health Improvement Plan](#)

Though these priorities are not the only challenges in our region, they capture areas with the most potential for collective impact and sustained improvements given alignment and coordination across regional organizations. These priorities will guide SAGH’s efforts to improve community health in the coming years.



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Introduction

As a nonprofit hospital, Samaritan Albany General Hospital (SAGH) conducts a Community Health Needs Assessment (CHNA) every three years. The CHNA summarizes a process of reviewing quantitative data, soliciting community input, and identifying significant health needs in the community served by the hospital. The 2026-2028 SAGH CHNA represents the first assessment done in collaboration with the regional Partnership for Community Health, a coalition of health systems, public health authorities, tribes, and community-based organizations focused on creating regional community health assessments and community health improvement plans to align efforts and maximize collective impact. This report also reflects on the priorities identified in the 2023-2025 CHNA and reviews progress to date.

This CHNA meets all requirements of IRS 501(r)(3) and Form 990 Schedule H. Conducted from January to November 2025 in coordination with key partners including Samaritan Health Services' (SHS) other hospitals (Good Samaritan Regional Medical Center in Corvallis, Samaritan Lebanon Community Hospital in Lebanon, Samaritan North Lincoln Hospital in Lincoln City and Samaritan Pacific Communities Hospital in Newport) and the Partnership for Community Health, it defines the community served, outlines methods and data sources, and identifies prioritized local health needs. This CHNA was approved by the SAGH Board of Directors in December 2025 and is available at samhealth.org/CommunityBenefit or in print upon request. Any questions may be sent to communityhealth@samhealth.org.

Samaritan Health Services Overview

SHS is a nonprofit network of hospitals, clinics, and health services that serve more than 290,000 residents across Linn, Benton and Lincoln counties, including the mid-Willamette Valley and the central Oregon Coast.



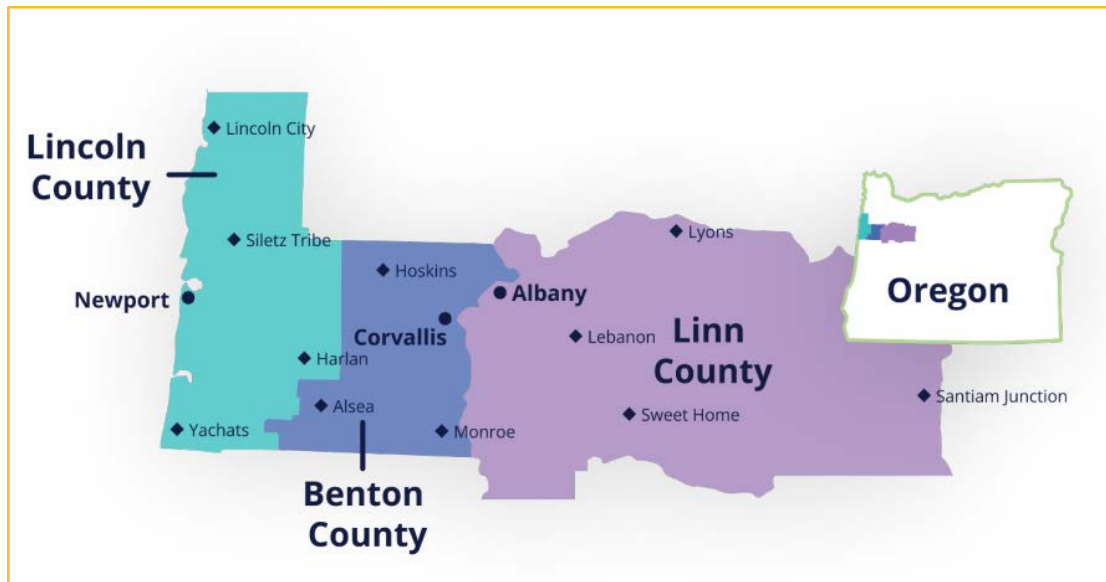


Figure 1. Map of Samaritan Health Services' regional service area

Credit: [2024-2028 Regional Community Health Improvement Plan](#)

SHS includes five hospitals:

- Good Samaritan Regional Medical Center
- Samaritan Albany General Hospital
- Samaritan Lebanon Community Hospital
- Samaritan North Lincoln Hospital
- Samaritan Pacific Communities Hospital

SHS also operates 80 primary care and specialty clinics, including the Samaritan Pastega Regional Cancer Center, as well as Samaritan Health Plans, which administers the InterCommunity Health Network Coordinated Care Organization (IHN-CCO) to provide Medicaid coverage to eligible residents of the region. In total, SHS employs 6,000 people. SHS's mission is Building Healthier Communities Together, guided by the values of Passion, Respect, Integrity, Dedication and Excellence.



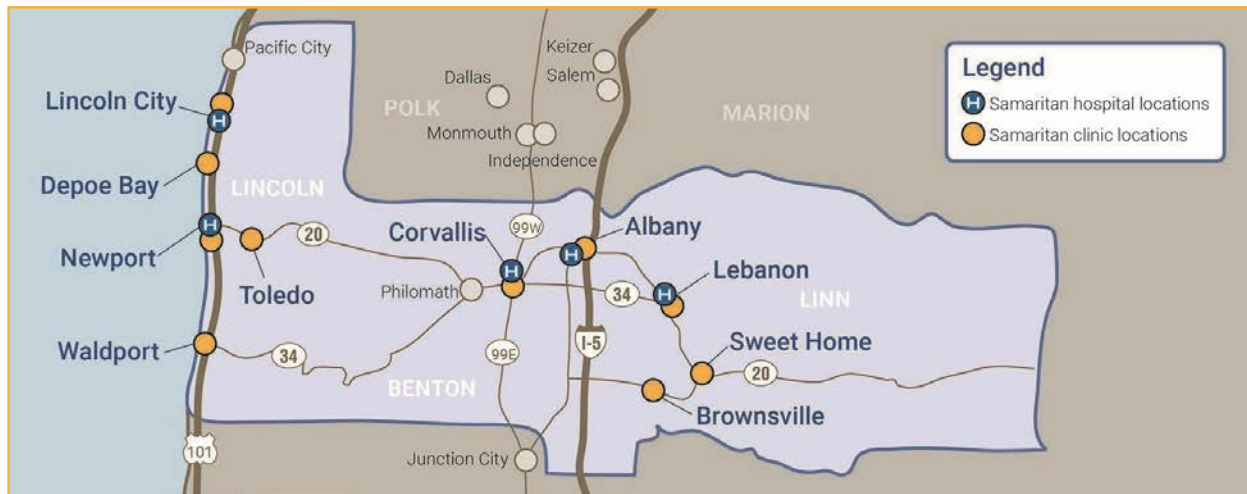


Figure 2. Map of SHS hospital and clinic locations

Samaritan Albany General Hospital Overview

Providing care to area residents since 1924, Samaritan Albany General Hospital is a 79-bed acute care facility and health center providing medical services to the greater Albany, Oregon, area. The hospital and other Albany-based clinics offer a wide variety of medical services, including diagnostic imaging, orthopedic and joint replacement, wound care, hyperbaric oxygen therapy, palliative and hospice care, pediatrics and many more.

SAGH is the first Samaritan-affiliated hospital to be awarded five out of five stars by the U.S. Centers for Medicare and Medicaid Services for quality care.

Based in the heart of the beautiful Willamette Valley, SAGH is a part of Samaritan Health Services, an award-winning network of hospitals, physician clinics, health plans, health and fitness centers and a hospice house primarily serving Benton, Lincoln and Linn counties.



Service Area Definition

SAGH serves Linn County, providing critical access care for the towns of Albany, Lebanon and Scio, as well as surrounding rural communities. SAGH’s service area was defined by referencing data from Epic (electronic health records system) on address information for admissions in 2024 (Figure 3) and validated by SAGH leadership.

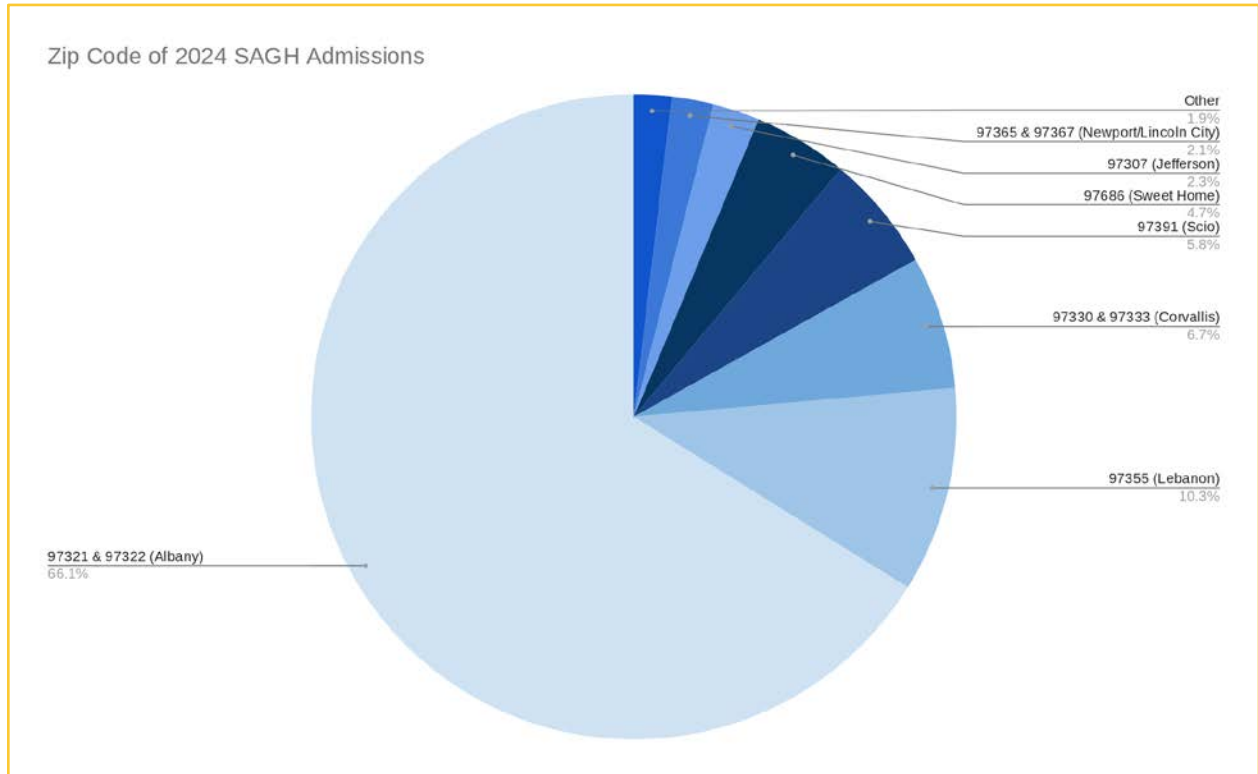


Figure 3. Zip code location of 2024 SAGH hospital admissions (source: Epic)



Community Profile

Linn County includes a mix of urban centers, small cities, and rural unincorporated communities spread from the I-5 corridor to the Cascade Range. Albany is the largest city and regional economic hub, while Lebanon and Sweet Home serve growing populations in east Linn County and provide access to surrounding rural areas. Communities such as Millersburg, Tangent, Halsey, Brownsville, Scio, Lacombe, Foster, Cascadia, and Crawfordsville experience varying levels of access to transportation, specialty care, broadband, grocery stores, and basic services. Population growth in several Linn County cities, combined with geographic distance in rural areas, continues to shape service needs and resource availability across the county.

The [2022 Regional Health Assessment](#) found that Linn County faces significant disparities related to income, geographic isolation, disability status, and shortages in the behavioral health workforce. Residents in rural ZIP codes report barriers such as long travel times, limited culturally and linguistically appropriate care, and fewer grocery stores and social support. Housing instability, poverty, food insecurity, and increasing costs of childcare and basic needs continue to create stress for families. Rural and unincorporated communities, including Sweet Home, Scio, Lacombe, and surrounding areas, face limited grocery options, constrained broadband access, and long travel times for services. Medicaid enrollment is high across east Linn County. Behavioral health workforce shortages and economic instability continue to affect families, older adults, and individuals with disabilities.

Population Characteristics

The current [Regional Health Assessment](#) includes extensive information about Linn, Benton, and Lincoln counties leveraging a variety of secondary data sources. To supplement this perspective and better understand the population served by SHS hospitals and clinics, data from SHS's electronic health records system (Epic) was pulled to provide an overview of demographic characteristics for the communities served by the hospital. Data reflect patient encounters across the Samaritan Health Services system and regional demographic indicators from local, state, and federal sources. These data describe age, race and ethnicity, language, gender identity, sexual



orientation, disability, veteran status, socioeconomic conditions, and geographic differences across the service area.

- **Age Distribution:** SHS patient encounters reflect a broad and multigenerational population. Recent systemwide data show substantial representation across all life stages, including large numbers of children and adolescents, college aged adults, working aged adults, and older adults. The population includes more than 60,000 individuals age 65 and older and more than 30,000 individuals under age 17.
- **Race, Ethnicity, Language and Cultural Diversity:** Most patients identify as White, followed by individuals identifying as Other, Asian, American Indian or Alaska Native, Black or African American, or Native Hawaiian or Pacific Islander. Between 8% and 10% of patients identify as Hispanic or Latino. Spanish is the most common non-English language across the system, with additional interpretation needs for Mam, Arabic, Chinese, Korean, and other languages. Many communities report limited English proficiency and a continuing need for culturally and linguistically appropriate services.
- **Gender Identity, Sexual Orientation, Disability, and Veteran Status:** Patients represent a wide range of gender identities and sexual orientations, including individuals identifying as non-binary, transgender, or LGBTQIA+. Disability is common across the region, especially related to mobility, cognition, and independent living. All three counties include large veteran populations, with the highest concentration in coastal areas. These populations highlight the need for accessible, affirming, and trauma-informed care.
- **Insurance Coverage:** Top payers included InterCommunity Health Network CCO (approximately 51,000 encounters), Medicare (27,000), Blue Cross Blue Shield (30,000), and Providence (14,000).

These data demonstrate that SAGH's patient population is demographically and culturally diverse, reinforcing the need for equitable and culturally responsive care.



Local Resources

The tri-county area is supported by strong cross-sector collaboration among health systems, public health agencies, and community-based partners. The following organizations contribute meaningfully to community health efforts in the region.

Public Health and Tribal Partners

- Benton County Health Department
- Linn County Health Services
- Lincoln County Health and Human Services
- Confederated Tribes of Siletz Indians, including Tribal Health Services

Health Care, Behavioral Health, and Clinical Services

- Samaritan Health Services hospitals and clinics
- Samaritan Foundations (one at each Samaritan-affiliated hospital)
- InterCommunity Health Network Coordinated Care Organization (IHN-CCO), administered by Samaritan Health Plans
- Community Health Centers of Linn and Benton Counties (operating Federally Qualified Health Centers in Corvallis, Monroe, Lebanon, and Sweet Home)
- Lincoln County Coastal Healthcare (operating Federally Qualified Health Centers in Newport, Lincoln City, and Waldport)
- Samaritan Treatment & Recovery Services, substance use treatment and recovery programs in Lebanon with a new location in Newport
- Regional behavioral health providers and crisis response services
- Free and low-cost community clinics, including InReach Services, Community Outreach Inc., and mobile or volunteer-supported clinics

Aging, Disability, and Social Support Services

- Oregon Cascades West Council of Governments, Senior and Disability Services
- Local senior centers and community centers
- Community Services Consortium programs for housing, employment, and energy assistance
- Volunteer Caregivers and other transportation and support programs for older adults



- Crossroads Communities and regional housing and case management partners

Education, Workforce, and Training Partners

- Oregon State University
- Linn-Benton Community College
- Western University of Health Sciences
- Local K-12 school districts across Benton, Linn and Lincoln counties

Equity, Culturally Specific, and Community-Based Organizations

- Casa Latinos Unidos
- Linn Benton Lincoln Health Equity Alliance
- NAACP of Linn Benton Counties
- Arcoiris Cultural
- Colonia Paz
- Centro de Ayuda in Lincoln County
- Family Tree Relief Nursery
- Mid-Willamette Trans Support Network
- Culturally specific providers and community navigators serving Latino, Indigenous, LGBTQIA+, and immigrant communities

Housing, Food Access, and Basic Needs Providers

- Crossroads Communities
- Unity Shelter
- Northwest Coastal Housing
- Community Services Consortium
- Regional food banks and food pantries, including Linn Benton Food Share and Food Share of Lincoln County
- Hot meal sites and emergency food programs such as Stone Soup Corvallis and Sweet Home Emergency Ministries
- Family Promise and other shelter and stabilization programs

Regional Collaboratives and Community Networks

- Partnership for Community Health
- Coast to Cascades Community Wellness Network



- Regional Health Education Hub
- Parenting Success Network
- Linn, Benton, Lincoln Early Learning Hub/Pollywog
- Community Advisory Councils through IHN-CCO
- Patient and Family Advisory Councils across Samaritan Health Services
- Local coalitions focused on oral health, chronic disease prevention, child and family well-being, and older adult services

Together, these partners strengthen systems of care, expand access to essential services, and support upstream strategies that improve health and well-being across Linn, Benton and Lincoln counties



2023–2025 CHNA Review

Samaritan Health Services

During the 2023-2025 CHNA cycle, all SHS hospitals identified the same set of priorities, in recognition of the common challenges facing communities across the region and the benefits of coordinating efforts to maximize collective impact. The community health priorities were Greater Access, Healthy Families, and Healthy Communities (Figure 4). These priorities guided systemwide work in behavioral health, housing stability, food security, chronic disease prevention, and family support.

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

Figure 4. Goals, objectives, and priorities identified in the 2023-2025 CHNAs.

No written comments were received related to the previous CHNA or implementation strategy.

SHS efforts to address the identified priority areas in 2023-2025 include:

- Integrated behavioral health services in primary care and continued expansion of substance use treatment through Samaritan Treatment & Recovery Services and community partners.
- Sustained more than \$15 million per year in subsidized health care for patients who could not afford services.
- Expanded access to telehealth and virtual care to improve service availability in rural communities.



- Supported community education, prevention programs, and chronic disease self-management offerings.
- Strengthened housing partnerships to support patients experiencing homelessness or unstable housing at the time of discharge.
- Increased access to interpreter services and equity training for staff and expanded partnerships with culturally specific organizations.
- Supported community partners through Social Accountability investments focused on food security, housing support, youth development, financial stability, oral health, and emergency assistance.

Between 2022 and 2024, SHS invested nearly \$560 million in community benefit activities. These activities included subsidized care, workforce education, and health improvement programs throughout Benton, Linn and Lincoln counties.

Samaritan Albany General Hospital

As part of the Samaritan Health Services network, SAGH continues its long-standing tradition of community service through Social Accountability Grants and community-benefit programs that address local needs identified in community health assessments.

Social Accountability funding in Linn County strengthened dental access, food security, youth development, and economic stability for Linn County residents. Highlights include:

- Expanded dental care access for youth through school-based and community dental programs.
- Supported food, hygiene, rent, and utility assistance for households in Lebanon and Albany.
- Funded rural food access and nutrition activities through local farmers markets and community programs.
- Invested in financial coaching and stability programs to help families build long-term economic resilience.
- Supported Meals on Wheels and transportation services for seniors and adults with disabilities.
- Funded after-school social-emotional learning supports and programs for youth involved with the juvenile justice system.



- Supported services for unhoused youth, including case management and crisis intervention.

Samaritan Albany General Hospital marked its 100th year of serving Linn County in 2024, reflecting a century of strong community partnership, expansion of services, and continued adaptation to meet the region's growing health needs. From its origins as a community-funded 32-bed hospital to its development of modern facilities, specialty services, and participation in the regional Samaritan Health Services network, the hospital has consistently evolved in response to population growth, technological advances and local priorities. This history of community-driven problem solving and investment underscores the importance of the CHNA process as SAGH plans for the next generation of health services in Albany and surrounding communities. More information can be found [here](#).

Samaritan Albany General Hospital Volunteer Services supports annual [scholarship opportunities](#) for students pursuing higher education in a medical health care field. These scholarships support Linn County students pursuing health care careers, reducing the financial burden of seeking professional training.



Identification of Significant Health Needs

Methods & Collaborative Partners

A full assessment of community health needs should reflect both primary and secondary data sources, including quantitative and qualitative information. The assessment process followed the same approach conducted by other SHS hospitals in coordination with the regional Partnership for Community Health coalition. SHS hospitals developed a CHNA framework that built on the thorough community assessment work done during the regional Community Health Improvement Plan (R-CHIP) process. SHS also added additional primary data collection to solicit targeted input from key community populations to inform hospital activities.

The following partners collaborated with SHS Community Health staff and SAGH leadership to inform the development of SAGH's 2026-2028 CHNA:

- Samaritan hospitals
 - Good Samaritan Regional Medical Center
 - Samaritan Lebanon Community Hospital
 - Samaritan Pacific Communities Hospital
 - Samaritan North Lincoln Hospital
- SHS Community Benefit Advisory Council (including SHS senior executives, hospital CEOs, and community representatives from SHS entities' board of directors)
- [Partnership for Community Health](#) coalition, including leadership from the following organizations:
 - Linn County Health Services
 - Benton County Health Department
 - Lincoln County Health and Human Services
 - Samaritan Health Services
 - InterCommunity Health Network Coordinated Care Organization
 - Linn, Benton, Lincoln Health Equity Alliance
 - United Way of Linn, Benton & Lincoln Counties
 - Confederated Tribes of Siletz Indians
- Kacey Urrutia (Principal Consultant, Urrutia Consulting Group)



Regional CHIP Development

Due to local public health departments' differing deadline cycles for their Community Health Assessment/Community Health Improvement Plan, the regional CHIP (R-CHIP) was finalized in early 2025. The R-CHIP, including goals and strategies, was the product of an extensive 18-month development process including multiple regional workgroups and community-led convenings. The acknowledgements page of the R-CHIP credits 74 community entities that were engaged in the R-CHIP's creation, including most of the known organizations serving medically underserved, low-income, and minority populations locally. The Partnership for Community Health Steering Committee requested that SHS hospitals minimize the solicitation of additional community input, given the breadth of recent outreach. As such, CHNA-specific community input focused on targeted input from groups best able to supplement the R-CHIP work with information relevant to hospital activities.

CHNA-specific Community Input

Semi-structured interviews and focus groups were held with the following groups from June-September 2025. A summary of the key themes discussed across all groups is available in Appendix B: Summary of Community Input.

- Seven meetings with SHS Patient and Family Advisory Councils, representing a broad range of geographic and clinical areas of focus.
- Six meetings with IHN-CCO's Local Community Advisory Councils (CACs); each CAC includes greater than 50% IHN members (who meet Oregon's Medicaid eligibility requirements).
- Eight interviews with hospital staff including executives, inpatient case managers, discharge planners, emergency department leadership, and social workers.

Review of Regional Assessments

The CHNA framework also included a review of assessments recently completed by other local community-based organizations. Appendix C: References and Source Documents includes a list of the reports that were reviewed. Appendix A: Quantitative Data Review includes some figures published in these reports when they represent the most current data available.



Prioritization Process

CHNA priorities should reflect a broad understanding of the community, including vulnerable populations. The SHS Community Benefit Advisory Committee (which includes senior SHS leadership and community representatives), as well as hospital CEOs and leadership teams, reviewed the information described above. After discussion, there was consensus that the four regional CHIP priority areas capture the consistent themes identified across data sources. Aligning with the regional CHIP priorities promotes coordination and collective impact across a multitude of health-promoting organizations, maximizing the likelihood of sustainable improvements to current challenges.

2026-2028 Significant Health Needs

The most pressing challenges limiting community health outcomes are:

- Access to Affordable Housing
- Access to Quality Care
- Behavioral Health
- Inclusion, Diversity, Anti-Racism, and Equity (IDARE)

Though these priorities are not the only challenges in our region, they capture areas with the most potential for collective impact and sustained improvements given alignment and coordination across regional organizations.

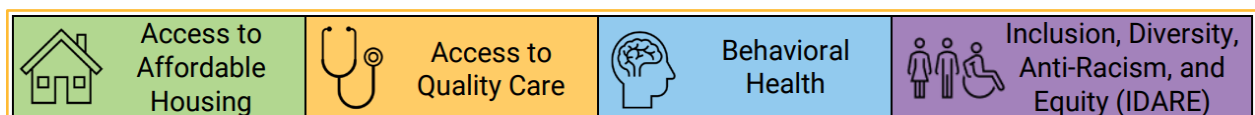


Figure 5. 2026-2028 prioritized community health needs

Credit: [2024-2028 Regional Community Health Improvement Plan](#)

There are many local resources available to address the identified significant health needs. See the Local Resources section above for a broad list of community organizations and efforts underway that can be leveraged to tackle these priority areas.



Conclusion

The primary and secondary data included in the CHNA helps SHS and its partners identify pressing health issues in the community. However, the CHNA does not encompass all health issues that may exist across the region or in specific communities and should not be considered to be comprehensive. Further, there are many cases where data is not available or not sufficiently detailed to provide meaningful insights into local communities.

This assessment will form the foundation of the SAGH 2026-2028 implementation strategy. Some identified needs fall outside SAGH's capacity or are best addressed by other sectors. SAGH will collaborate with community partners to support thoughtful, sustainable implementation strategies to promote health and well-being, reduce health disparities, and strengthen systems that improve access to care for all residents.



Appendix A: Quantitative Data Review

While there has been extensive collation of secondary data in the 2022 Regional Health Assessment and the 2024-2028 Regional Community Health Improvement Plan, some data sources have been updated since their publication. The tables/figures below highlight a subset of all the reviewed data elements for which more recent data are available.

Figure 6. 2023 crude death rates

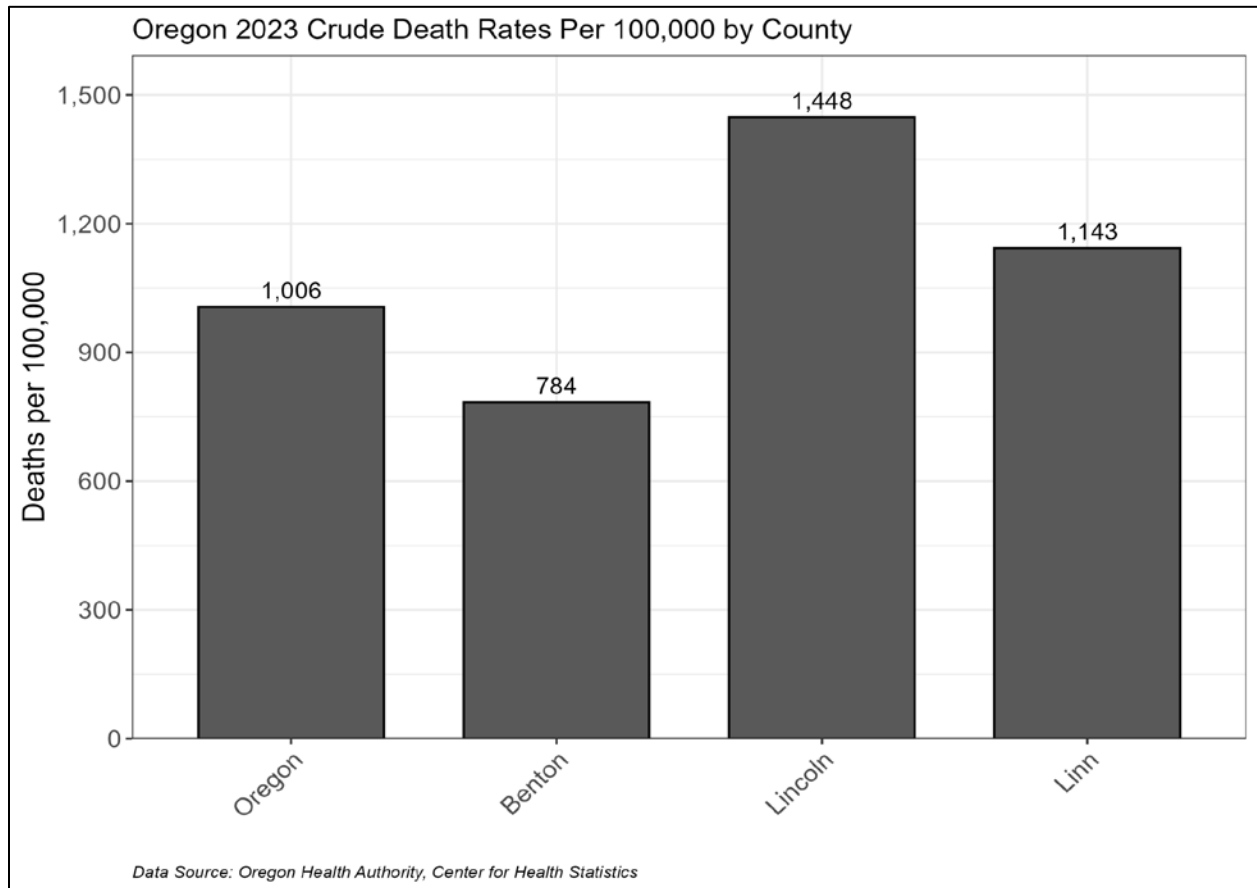
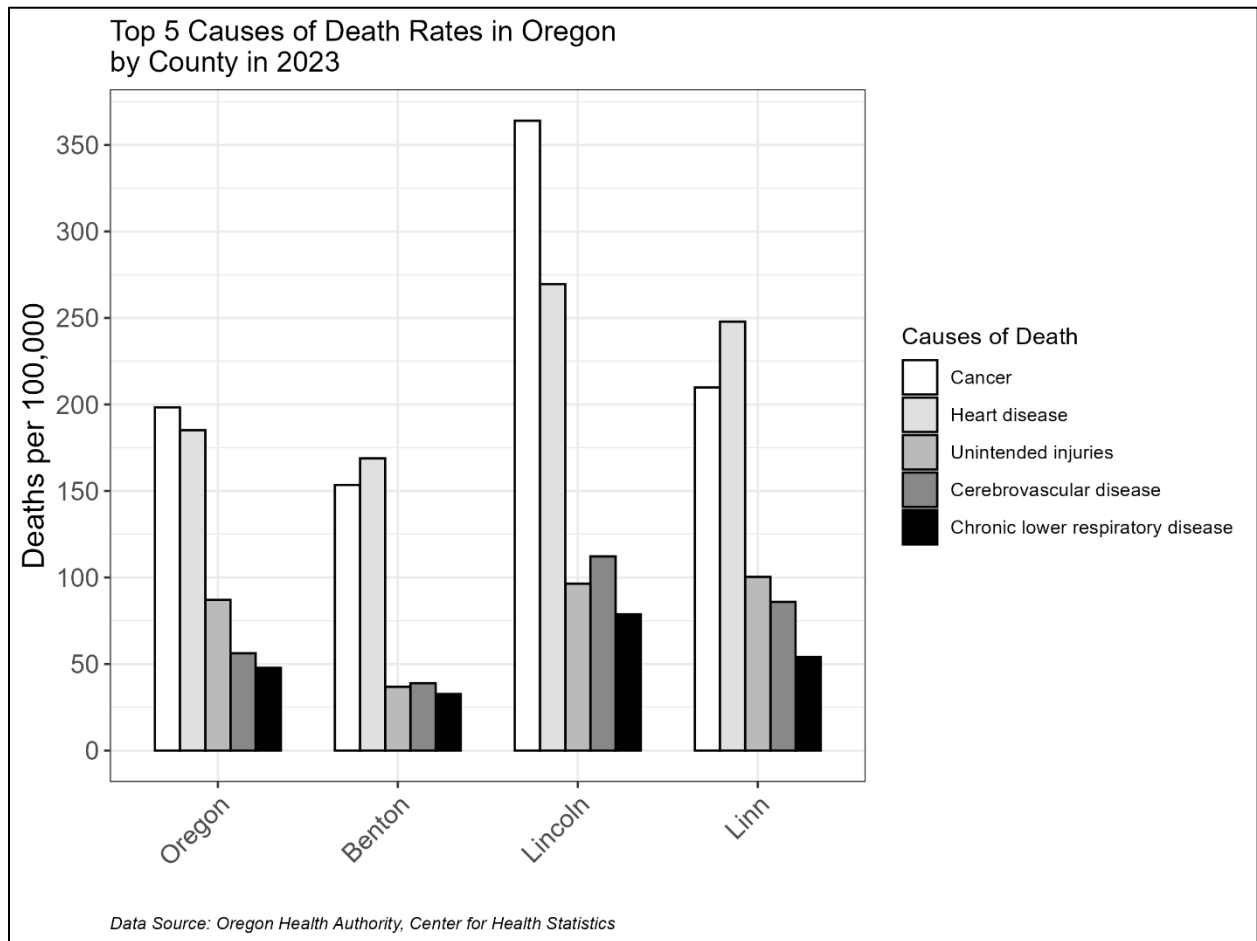


Figure 7. Top five causes of death, 2023



For more information: https://visual-data.dhsoha.state.or.us/t/OHA/views/CountyDash/CountyDash_cause



Figure 8. Age-adjusted percent of adults who had a routine checkup in the past year

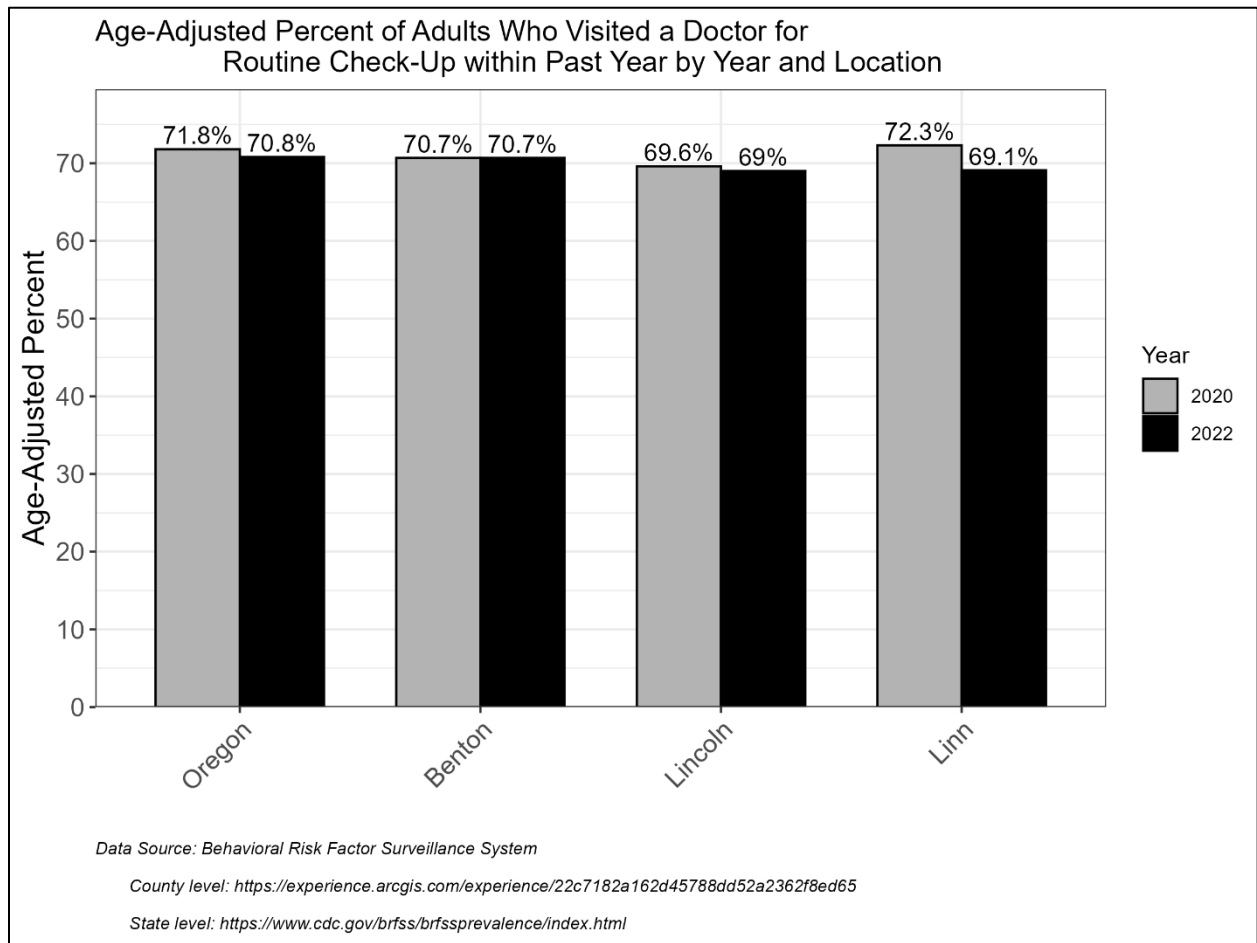


Figure 9. Primary care and behavioral health providers per 10,000 population

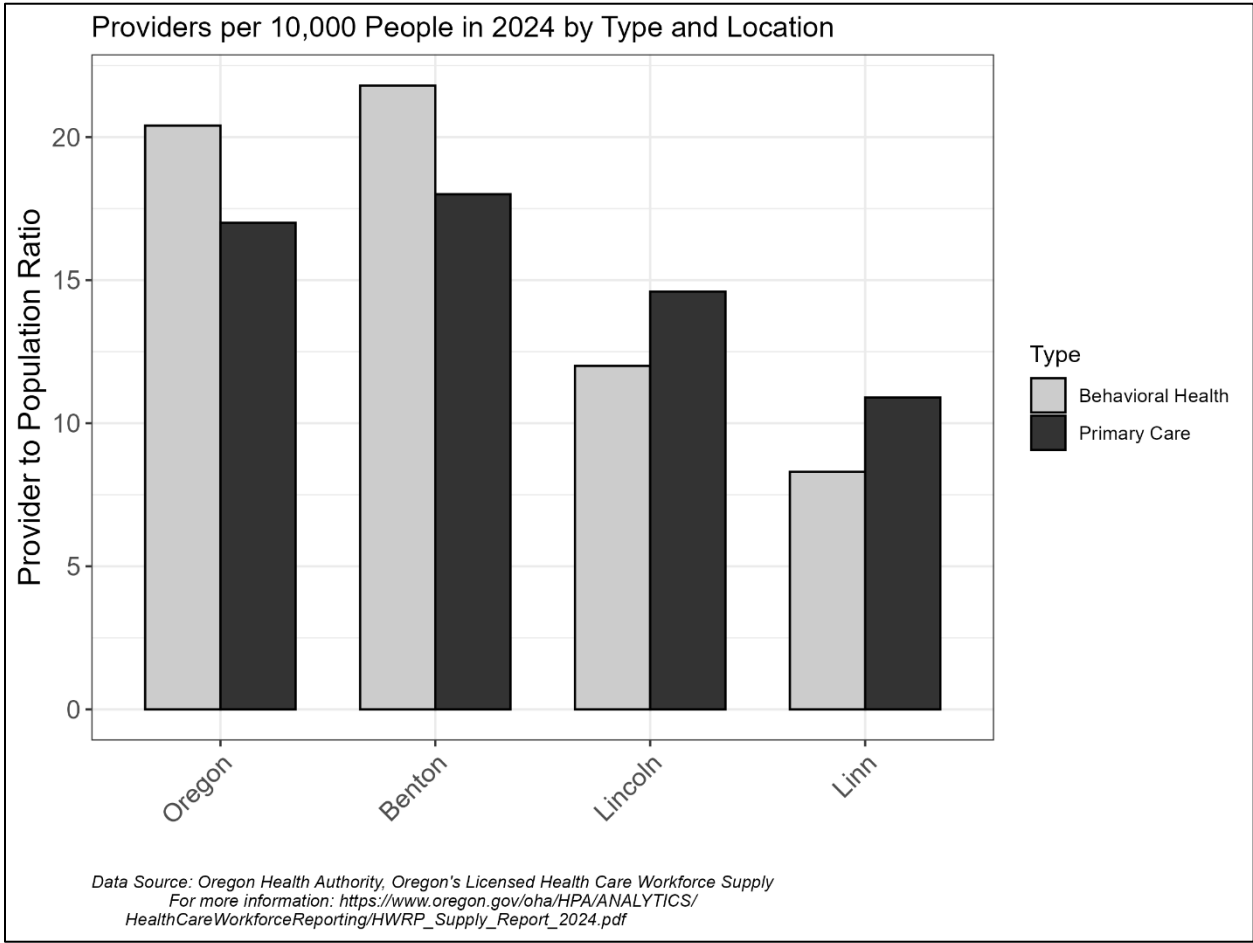


Figure 10. Percent of people living in poverty by age group

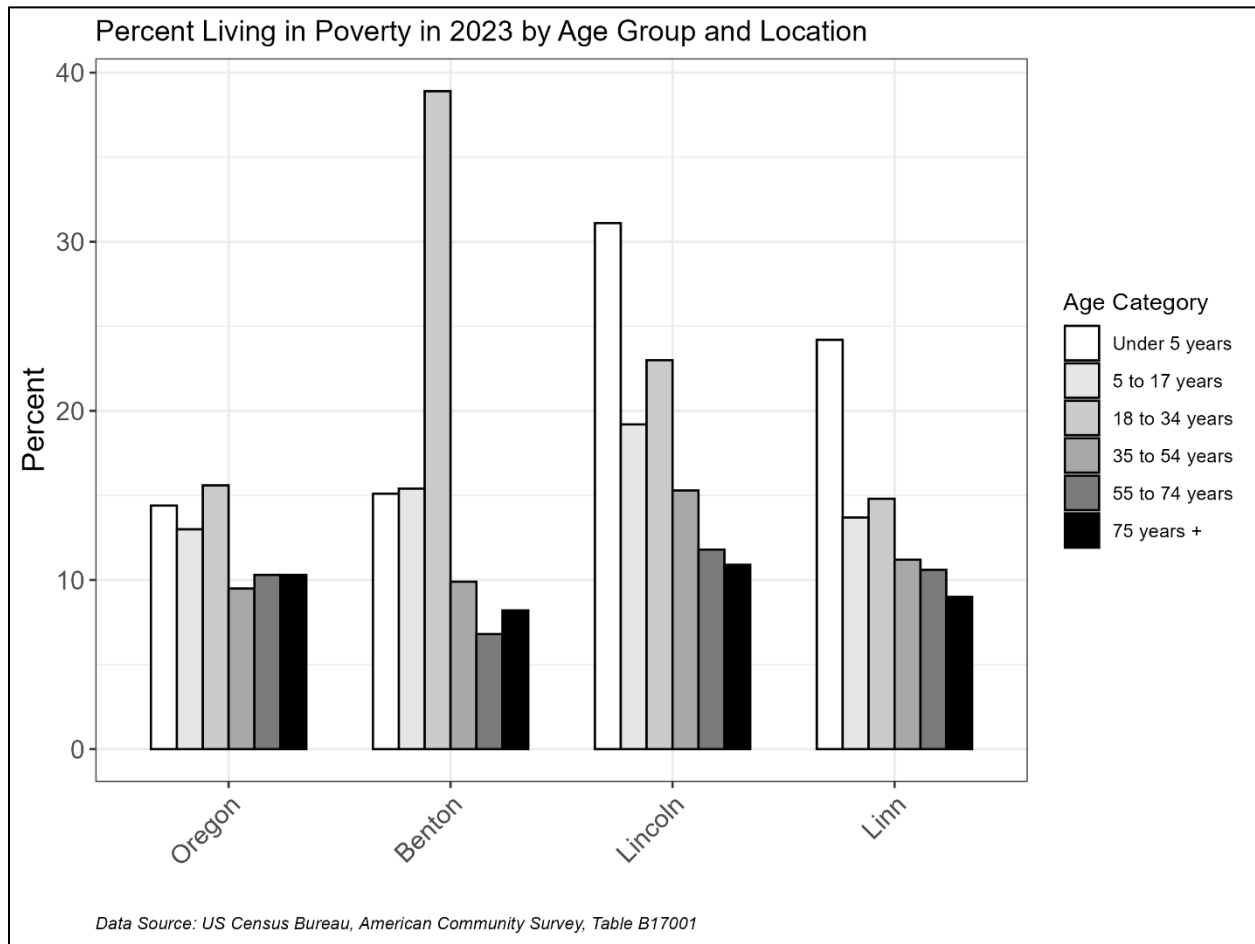
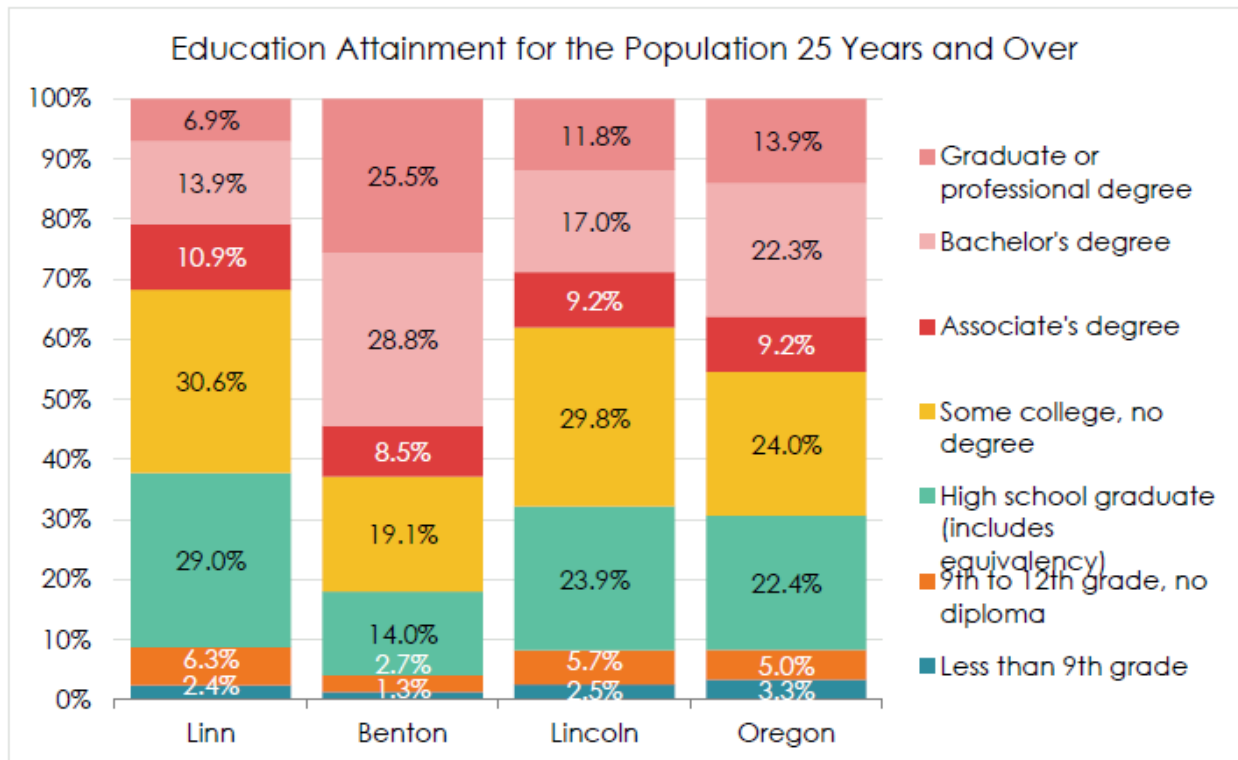


Figure 11. Educational attainment among adults



Data Source: 2023 American Community Survey (ACS) 5-Year Estimates.

Credit: [Early Learning Hub of Linn, Benton & Lincoln Counties: Regional Data Book, 2025 edition](#)



Figure 12. Prevalence of disability by age group, 2023

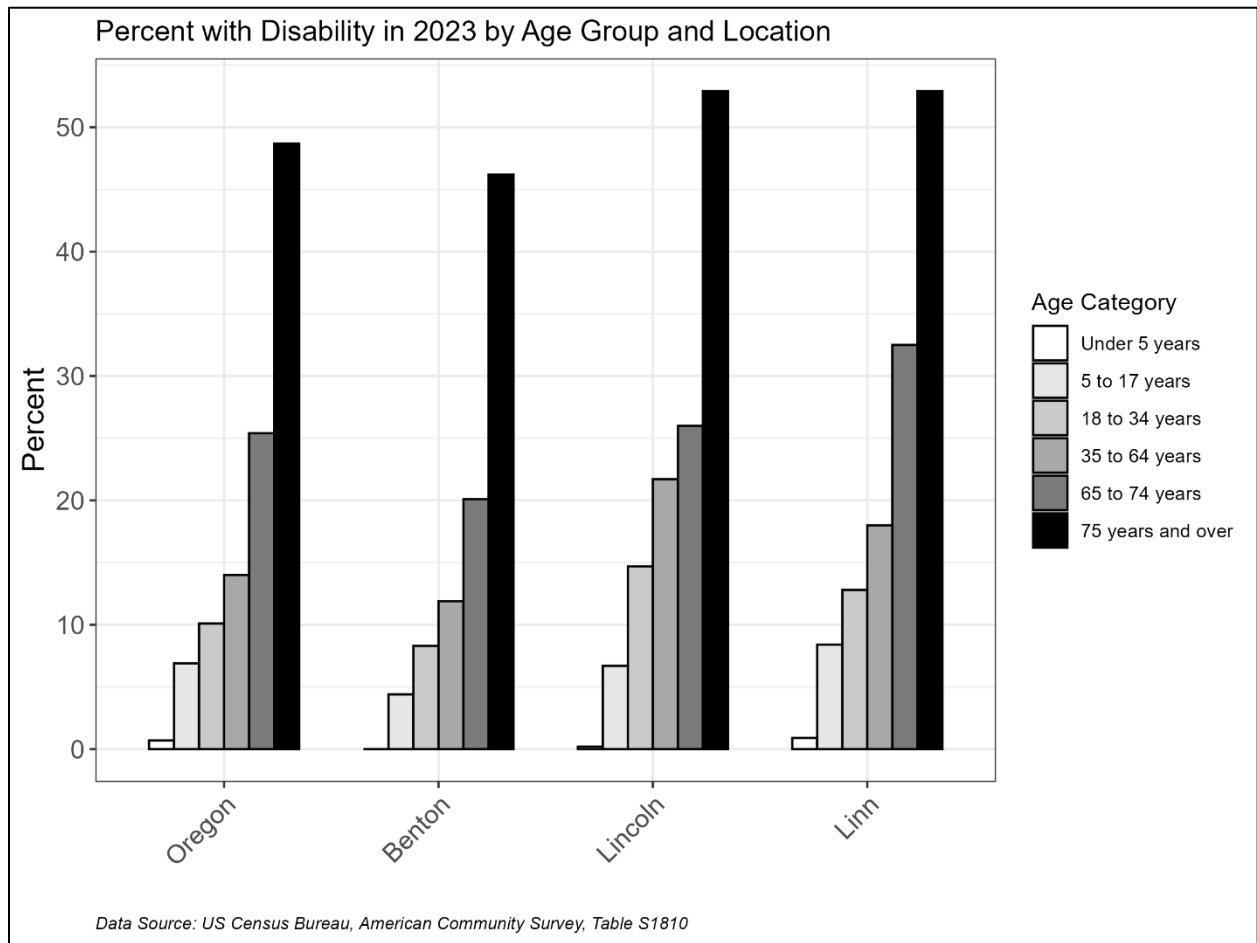


Figure 13. Households receiving food stamps/SNAP benefits

Households Receiving Food Stamps/Supplemental Nutrition Assistance Program (SNAP)			
Household Type	Linn	Benton	Lincoln
All Households	19.2%	12.3%	19.5%
Households with children under 18 years	27.4%	18.1%	34.2%
Households living below the poverty level	53.0%	30.6%	43.0%
Households with one or more people with a disability	29.9%	23.1%	31.2%

Data Source: 2023 ACS 5-Year Estimates.

Credit: [Early Learning Hub of Linn, Benton & Lincoln Counties: Regional Data Book, 2025 edition](#)



Figure 14. Percent of renters who are cost-burdened

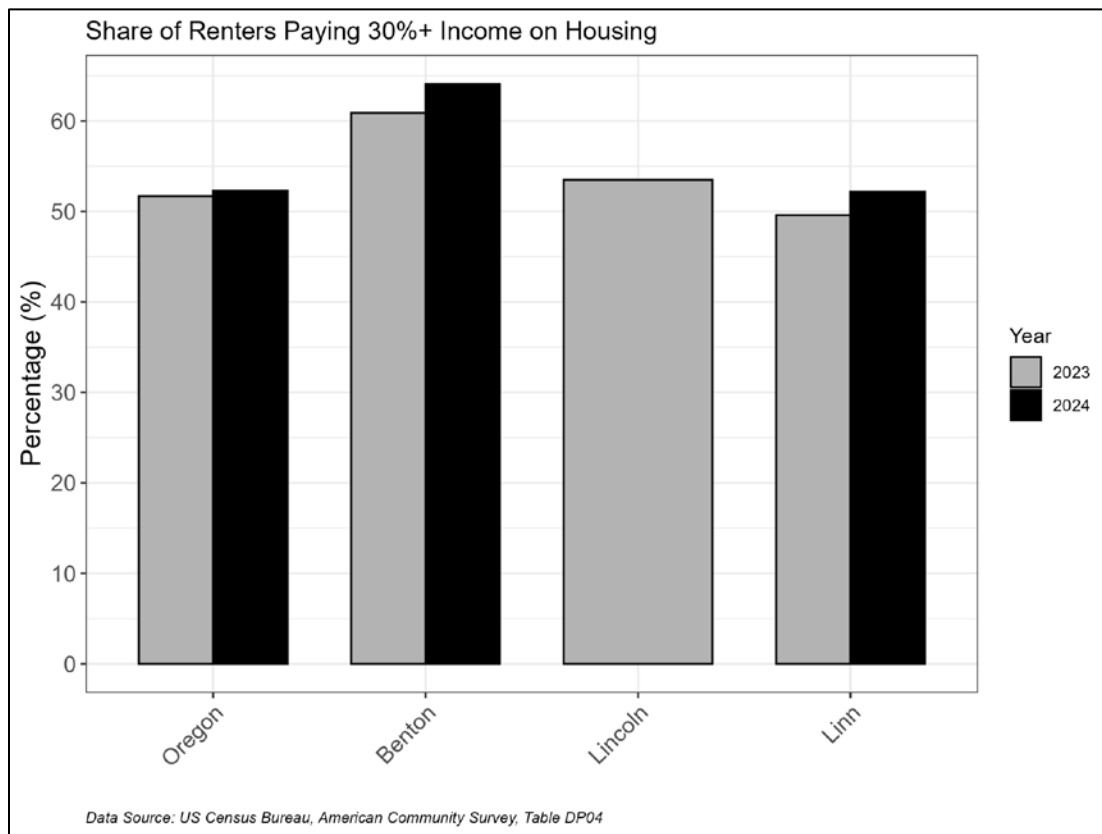
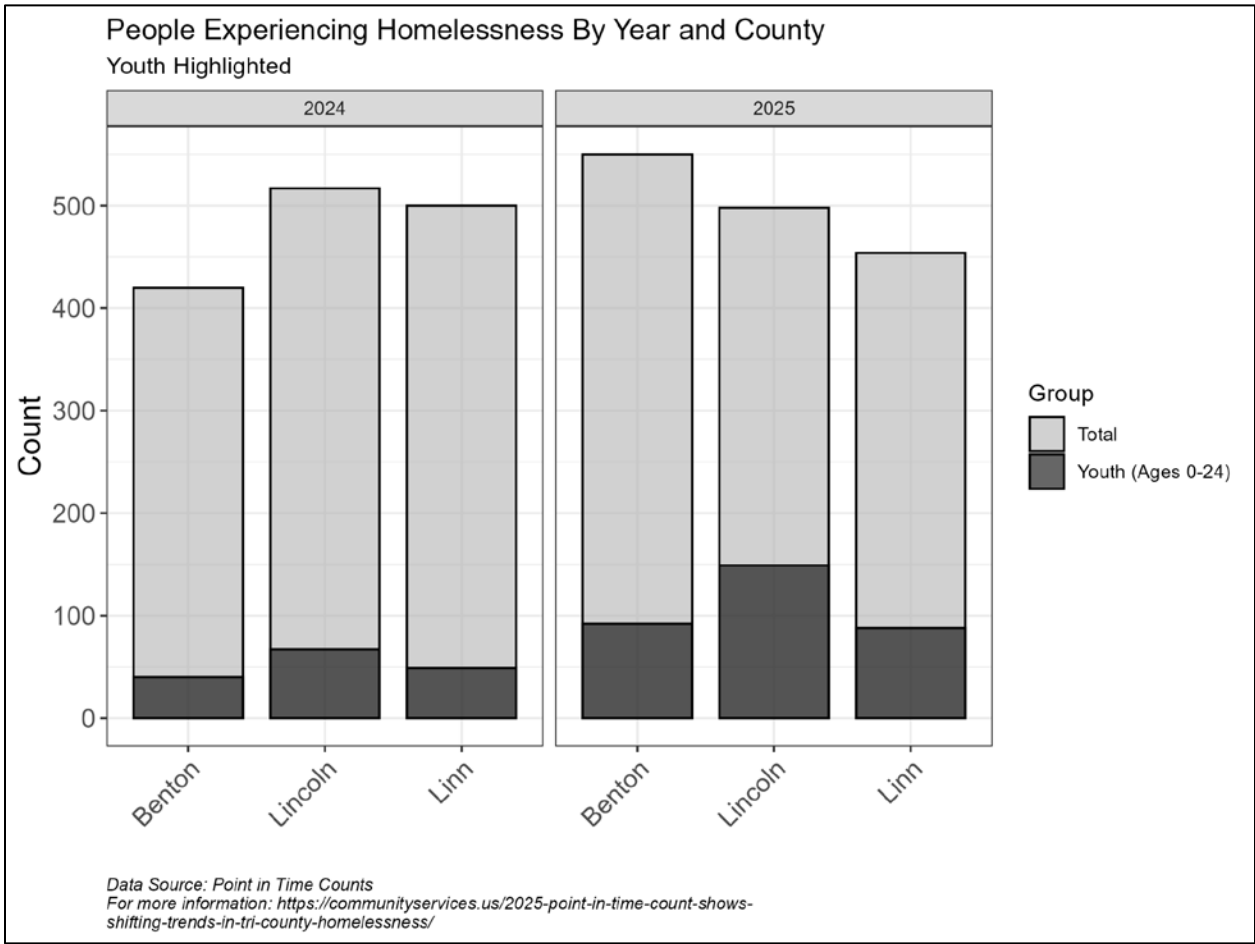


Figure 15. Point-In-Time estimates of homelessness



Appendix B: Summary of Community Input

Overview

Samaritan Health Services gathered community input between February and August 2025 to inform the 2026-2028 Community Health Needs Assessment. Engagement activities were coordinated with the Partnership for Community Health to align with the 2024-2028 Regional Community Health Improvement Plan (R-CHIP). The process ensured representation from patients, caregivers, local leaders, and historically underserved communities.

Semi-structured interviews and focus groups were held with the following groups from June-September 2025.

- Seven meetings with SHS Patient and Family Advisory Councils, representing a broad range of geographic and clinical areas of focus.
- Six meetings with IHN-CCO's Local Community Advisory Councils (CACs); each CAC includes greater than 50% IHN members (who meet Oregon's Medicaid eligibility requirements).
- Eight interviews with hospital staff including executives, inpatient case managers, discharge planners, emergency department leadership, and social workers.

Engagement Methods

SHS used presentations, listening sessions, facilitated discussions, and targeted focus conversations to validate findings from the Regional Health Assessment and identify local health concerns.



Engagement Activities

Activity	Date Range	Participants	Purpose
Hospital Leadership Listening Sessions	Feb-Mar 2025	~25	Identified capacity needs, workforce challenges, and partnership opportunities.
Patient and Family Advisory Council (PFAC) Presentations	Mar-Jun 2025	~45 across all SHS hospitals	Provided CHNA overview, reviewed preliminary data, and gathered patient feedback on access, communication, and equity.
IHN-CCO Local Community Advisory Councils (CACs)	Apr-Jul 2025	~60	Gathered community perspectives on behavioral health, housing, and social determinants of health.
Targeted Focus Conversations	May-Jul 2025	Spanish-speaking residents, older adults, Medicaid members	Explored barriers related to language access, navigation, transportation, and affordability.
Partnership for Community Health Steering Committee	Ongoing 2025	~20	Reviewed draft findings, validated alignment with the R-CHIP, and identified shared implementation opportunities.

Total participants: approximately 155.

High-Level Summary of PFAC and CAC Engagement

Presentations delivered to all Samaritan Patient and Family Advisory Councils and to the IHN-CCO Local CACs provided foundational education on CHNA requirements and sought open feedback on health needs from a patient and community perspective.

Common points of discussion included:

- Concerns about communication.
- Provider well-being, recruiting and retention.
- Concerns about seniors and the growing digital divide.



- The importance of behavioral health access and care coordination between hospital and community providers.
- Barriers to specialty care related to transportation and provider availability.
- Affordability and health literacy challenges among Medicaid and Medicare members.
- The need for more culturally and linguistically appropriate services, especially for Spanish-speaking families.
- Housing instability and the link between safe housing and physical and mental health outcomes.

The inclusion of PFAC and CAC discussions ensures that input from individuals with lived experience and local leadership directly influences CHNA priorities and the resulting 2026–2028 Implementation Strategy.

Key Themes

Feedback across all engagement activities identified consistent themes:

Access to Quality Care

Provider shortages and long wait times
Transportation challenges
Difficulties navigating the health system

Behavioral Health

Insufficient crisis response options
Limited youth behavioral health resources
Need for integrated and culturally responsive services

Housing & Economic Stability

Housing instability affecting health and hospital discharges
Increasing costs of basic needs
Limited affordable housing options

Healthy Families & Social Supports

Child care shortages



Food insecurity
Need for stronger navigation support for families

Equity & Inclusion

Barriers for Spanish-speaking and immigrant communities
Need for more interpretation services
Persistent inequities affecting BIPOC, LGBTQ+, and low-income residents

Community and stakeholder engagement provided essential qualitative context for this CHNA. The presentations with PFACs and Local CACs established a shared understanding of community priorities and validated the quantitative data drawn from internal Epic sources and the Regional Health Assessment.

How Input Informed the CHNA

Community input validated and reinforced the four regional CHIP priority areas:

1. Access to Quality Care
2. Behavioral Health
3. Housing and Economic Stability
4. Inclusion, Diversity, Anti-Racism, and Equity (IDARE)

These themes guided the prioritization process and ensured the CHNA reflects lived experience across East Linn County and the wider tri-county region.



Appendix C: References and Source Documents

Overview

This appendix provides citations and links to the primary and secondary data sources used in developing this Community Health Needs Assessment. Sources include internal Epic utilization data, community and stakeholder engagement summaries, regional assessments, and publicly available data from state and federal agencies. All electronic files are stored securely by Samaritan Health Services and are available upon request. Hyperlinked documents are publicly accessible unless otherwise noted.

Primary Data Sources (Internal and Community-Generated)

Source / Description	Year(s)	Access / Link
Epic Patient-Origin Demographic Data (Epic) (ZIP-code level inpatient and outpatient encounters defining primary and secondary service areas, age, race, ethnicity, gender identity, sexual orientation, and payer mix for all GSRMC patient encounters)	2024 – 2025	Internal SHS Epic Database; summarized in <i>Appendix A</i>
Community Engagement Sessions (PFACs, CACs, PCH Steering Committee, and targeted focus conversations)	2025	Internal Summary Documents on file at SHS; see <i>Appendix B</i>
Hospital Leadership Listening Sessions (executive and department feedback on system capacity and collaboration opportunities)	2025	Internal Summary Documents on file at SHS; see <i>Appendix B</i>

Secondary Data Sources (Regional and Publicly Available)



Source / Publisher	Citation / Description	Access Link
Partnership for Community Health (2022–2026 Regional Health Assessment)	Shared regional data and indicators for Linn, Benton, and Lincoln Counties. Used as the foundational secondary dataset for this CHNA.	https://www.lblpartnershipforhealth.org/wp-content/uploads/2025/01/2022-26-Regional-Health-Assessment-English.pdf
Oregon Health Authority (OHA) Public Health Division	County-level health indicators, Behavioral Risk Factor Surveillance System (BRFSS) data, and population health metrics.	https://www.oregon.gov/oha/ph/
County Health Rankings & Roadmaps (University of Wisconsin Population Health Institute)	Annual national rankings and measures of health outcomes and determinants.	https://www.countyhealthrankings.org/



<p>U.S. Census Bureau, American Community Survey (ACS)</p>	<p>Five-year estimates for population, income, housing, and education.</p>	<p>https://data.census.gov/</p>
<p>SHS Equity and Inclusion Plan (2024–2026)</p>	<p>System-wide DEI framework used to align equity goals and data reporting within the CHNA.</p>	<p>https://samhealth.org/wp-content/uploads/2023/09/SHS-Equity-and-Inclusion-Plan.pdf</p>
<p>SHS Community Health Impact Reports (2023 – 2025)</p>	<p>Annual summaries of community-benefit investments and impact evaluation.</p>	<p>https://www.samhealth.org/communitybenefit</p>
<p>InterCommunity Health Network Coordinated Care Organization (IHN-CCO)</p>	<p>Regional community health improvement plan documents, CAC meeting summaries, and local health indicator dashboards.</p>	<p>https://www.ihntogether.org/</p>



<p>Early Learning Hub of Linn, Benton, & Lincoln Counties (Regional Data Book, 2025 edition)</p>	<p>2025 Regional Data Book aims to offer an up-to-date and inclusive overview of the condition and welfare of children in Linn, Benton, and Lincoln counties.</p>	<p>https://lblearlylearninghub.org/regional-databook/</p>
<p>Community Services Consortium’s 2024 Community Needs Assessment</p>	<p>Regional data and analysis of needs and resources addressing the causes and conditions of poverty and homelessness in the designated CSC service region of Linn, Benton and Lincoln Counties of Oregon.</p>	<p>https://communityservices.us/wp-content/uploads/2024/12/2024-Community-Needs-Assessment.pdf</p>
<p>Oregon Cascades West Council of Governments 2025-2029 Area Plan</p>	<p>Senior and Disability Services Area Plan.</p>	<p>https://www.ocwcog.org/wp-content/uploads/2025/07/1_WEBSITE_VERSION_FINAL-STATE-APPROVED-AREA-PLAN-25-29.pdf</p>



<p>Regional Community Health Improvement Plan (2024–2028)</p>	<p>Shared CHIP priorities for Linn, Benton, and Lincoln Counties developed through the Partnership for Community Health.</p>	<p>https://www.lblpartnershipforhealth.org/</p>
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Internal Source Management

All internal datasets, meeting summaries, and presentation materials are archived by Samaritan Health Services Community Health team and maintained according to SHS data governance and confidentiality policies. Requests for access or verification can be directed to:

SHS Community Health
Email: communityhealth@samhealth.org

All materials listed above will remain accessible for public review for at least three years following publication, in alignment with IRS 501(r)(3) requirements.

