



**LINN, BENTON & LINCOLN COUNTIES
PARTNERS FOR HEALTH**



STRATEGIC PLAN 2020



PARTNERS FOR HEALTH STRATEGIC PLAN 2020

CONTENTS

LINN, BENTON, LINCOLN PARTNERS FOR HEALTH	2
ORGANIZATIONAL DESCRIPTION	3
MISSION + VISION	3
ORGANIZATION CHART	3
STRATEGIC PLANNING PROCESS	4
IDENTIFICATION OF NEEDS	4
2020 COUNTY HEALTH RANKINGS	4
2017 MAP THE MEAL GAP	4
2019 PEDIATRIC BMI DATA	4
2019 ADULT BMI DATA	4
2020 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PRIORITIES	4
SAMARITAN HEALTH SERVICES FUNDING GOALS + PRIORITIES FOR 2020	5
STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS	6
FOCUS AREAS	7
GOALS + OBJECTIVES	8
WORK PLAN	9

This plan was reviewed and approved by Partners for Health, a subcommittee of the Coast to Cascades Community Wellness Network, on July 14, 2020.

LINN, BENTON, LINCOLN PARTNERS FOR HEALTH

Shelagh Baird	Samaritan Health Services
Beatriz Botello-Salgado	Oregon State University (OSU) Extension Service, Lincoln County
Krystal Boyechko	C.H.E.F. Program, Samaritan Lebanon Community Hospital
Cecilia Caryl	Samaritan Health Services
Sheryl Casteen	OSU Extension Service / Casteen Family Farm
Carol Carlson	OSU Research Forest
Janeece Cook	Strengthening Rural Families
Jeannie Davis	COMP-NW Medical School
Pati D'Eliseo	Food Share of Lincoln County
Tina Dodge-Vera	OSU Extension Service
Sam Escalante	Lincoln County School District
Terri Fackrell	Corvallis Parks and Recreation
Deb Fell-Carlson	Live Longer Lebanon
Nicole Fields	Lincoln County Public Health
Angie Frederic	Samaritan Lebanon Community Hospital
Diane Giese	C.H.E.F. Program, Samaritan Lebanon Community Hospital
Sharon Gibson	Corvallis School District
Angie Gorman	Lebanon School District
Faire Holliday	Lincoln County Public Health
Rebecca Holt	Community Volunteer
Julie Jacobs	Moore Family Center
Rebecca Landis	Corvallis Farmers Market
Kris Latimer	Boys & Girls Club of Greater Santiam
Jessica Linnell	Oregon State University
Sommer McLeish	Samaritan Health Services
Jennifer Meckley	Lebanon Community School District
JoAnn Miller	Samaritan Health Services
Rachel Petersen	Linn County Public Health
Jennifer Pettit	OSU Extension Service
Kathy Pitzer	Albany School District
Caitlyn Reilley	Linus Pauling Institute, OSU
Stephanie Russell	OSU Extension Service
Samantha Schafer	Lincoln County Public Health
Marcy Shanks	Linn-Benton Community College
Dr. Jana Kay Slater	Evaluator
Aimee Snyder	Lincoln County Public Health
Natalie Summerlin	Chintimini Senior and Community Center
Cheryl Teschner	Samaritan Lebanon Community Hospital
Kim Waldrep	Evaluator
Suzanne Watkins	Samaritan Lebanon Community Hospital
Earlean Wilson Huey	Samaritan Health Services
Shelley Hazelton	Samaritan Health Services

ORGANIZATIONAL DESCRIPTION

MISSION + VISION

COAST TO CASCADES COMMUNITY WELLNESS NETWORK

Coast to Cascades Community Wellness Network (CCCWN) was established through a 2009 Health Resources and Services Administration (HRSA) network planning grant (HRSA-10-020). Today, it leads and sustains a system of partnerships providing integrated community health programs and services. It also oversees the C.H.E.F. Program, the Healthy Homes Initiative, and initiatives targeting opioid use disorders, oral health and homelessness.

CCCWN members bring diverse perspectives as well as administrative and clinical skills essential for the success of health promotion and disease prevention programs. CCCWN members are strongly committed to working together to implement long-term health solutions in Benton, Lincoln and Linn counties.

Mission

To provide leadership that enhances the health of communities by developing and supporting regional partnerships in Benton, Lincoln and Linn counties.

Vision

To lead and sustain a system of partnerships of agencies and organizations working together to provide integrated services and programs that promote individual and community health.

Structure

CCCWN comprises a 25-member board, a seven-person Steering Committee and eight subcommittees. The Steering Committee is responsible for managing and overseeing CCCWN actions, while subcommittees are responsible for locally driven activities around CCCWN priorities.

Executive-level leadership represents hospitals, county health departments, schools, K-12 and higher education, federally qualified health centers, community-based organizations, tribal councils and elected officials (including the Lincoln County Sheriff's Office and a Lincoln County commissioner).

LINN, BENTON, LINCOLN PARTNERS FOR HEALTH (PFH)

PFH is a CCCWN advisory subgroup focused on chronic disease prevention, including childhood obesity. Previously known as the Linn County Childhood Obesity Coalition, it merged with Benton and Lincoln County to form Linn, Benton, Lincoln Partners for Health.

At its monthly meetings, PFH measures C.H.E.F. grant implementation against the work plan, assists with special projects brought forth by coalition members, and organizes and supports an annual Community Health Summit.

Mission

To enhance the health of all people in Linn, Benton and Lincoln counties through evidence-based and innovative community health promotion initiatives.

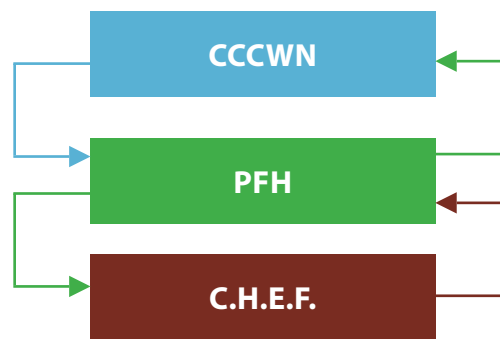
Vision

Linn, Benton, Lincoln Partners For Health's vision is to lead and sustain a system of partnerships between agencies and organizations working together to provide integrated services and programs that promote individual and community health.

Structure

PFH comprises various entities, including nonprofits, health departments, K-12 school districts, higher education and health care organizations. Many of these organizations play a direct role in C.H.E.F. program implementation.

ORGANIZATION CHART



STRATEGIC PLANNING PROCESS

IDENTIFICATION OF NEEDS

On March 10, 2020, PFH held a strategic planning session to identify its priorities for the next three to five years. Participants included representatives from Benton County Public Health, Central Linn Elementary School, College of Osteopathic Medicine of the Pacific-Northwest Medical School, Georgia Health Policy Center, Lebanon Community School District, Lincoln County Public Health, Live Longer Lebanon, Neighbors for Kids, Planting Seeds of Change,

Samaritan Health Services (SHS), Oregon State University (OSU) Extension Service of Lincoln County, OSU Extension Service of Linn County, OSU Moore Family Center, Samaritan Pacific Communities Hospital, and Strengthening Rural Families.

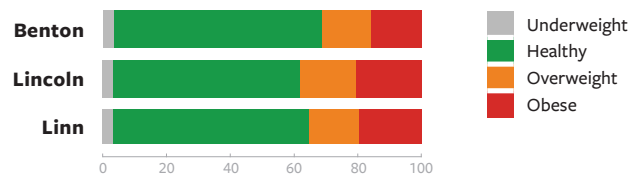
The following community health data points were shared and discussed.

2020 COUNTY HEALTH RANKINGS

	Benton	Linn	Lincoln
Health Outcomes	2	11	31
Health Factors	2	19	26

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (2020). County Health Rankings & Roadmaps: Benton, Linn and Lincoln Counties, Oregon.

2019 PEDIATRIC BMI DATA



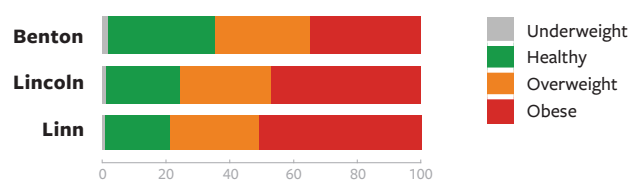
Samaritan Health Services (2019). Percentage of pediatric patients (2-19) in each category across the tri-county region.

2017 MAP THE MEAL GAP

	Benton	Linn	Lincoln
Population	88,249	121,074	47,307
Food insecurity rate	14.6%	13.5%	14.2%
Food insecurity number	12,880	16,300	6,700

Feeding America (2017). Map the Meal Gap: Food Insecurity in Oregon: Benton, Linn and Lincoln Counties.

2019 ADULT BMI DATA



Samaritan Health Services (2019). Percentage of adult patients in each category across the tri-county region.

2020 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PRIORITIES

Benton	Linn	Lincoln
<ul style="list-style-type: none"> • Healthy food systems • Housing, transportation and development • Mental well-being and community resiliency • Communicable disease prevention 	<ul style="list-style-type: none"> • Community resilience (mental health, substance use, community well-being) • Healthy neighborhoods (housing, food access, transportation, equity) • Reproductive and sexual health 	<ul style="list-style-type: none"> • Healthy lifestyles (nutrition, food access, physical activity, smoking) • Mental health promotion and community resilience • Substance use prevention

SAMARITAN HEALTH SERVICES FUNDING GOALS + PRIORITIES FOR 2020

The following funding goals and priorities were developed from the 2019 community health needs assessments that SHS conducted in the respective service areas of its five hospitals: Good Samaritan Regional Medical Center (GSRMC) in Benton County, Samaritan Albany General Hospital (SAGH) and Samaritan Lebanon Community Hospital (SLCH) in Linn County, and Samaritan North Lincoln Hospital (SNLH) and Samaritan Pacific Communities Hospital (SPCH) in Lincoln County.

PRIORITIES	GSRMC	SAGH	SLCH	SPCH	SNLH
Goal 1. Healthy Families: Increase physical activity, fitness and access to nutritious foods for children and families.					
Poverty	■	■	■	■	■
Food insecurity	■	■	■	■	■
Goal 2. Greater Access: Increase access to medical, dental and mental health supports and services.					
Access to medical care	■	■	■	■	■
Access to dental care	■	■	■	■	■
Access to mental / behavioral care	■	■	■	■	■
Chronic disease prevention + treatment	■	■	■	■	■
Substance use prevention + treatment	■	■	■	■	■
Goal 3. Better Networks: Increase social supports for families.					
Homelessness and housing	■	■	■	■	■
Homelessness (adult shelter)	■	■	■	■	■
Transportation	■	■	■	■	■
Goal 4. Healthy Kids: Increase services and supports for children.					
Child abuse and neglect	■	■	■	■	■
Goal 5: Healthy Teens. Increase services and supports for teens.					
Access to medical care	■	■	■	■	■
Access to dental care	■	■	■	■	■
Access to mental / behavioral care	■	■	■	■	■
Chronic disease prevention + treatment	■	■	■	■	■
Substance use prevention + treatment	■	■	■	■	■
Child abuse and neglect	■	■	■	■	■
Poverty	■	■	■	■	■
Food insecurity	■	■	■	■	■
Goal 6. Healthy Seniors: Increase social support for seniors.					
Access to medical care	■	■	■	■	■
Access to dental care	■	■	■	■	■
Access to mental / behavioral care	■	■	■	■	■
Chronic disease prevention + treatment	■	■	■	■	■
Substance use prevention + treatment	■	■	■	■	■
Poverty	■	■	■	■	■
Food insecurity	■	■	■	■	■

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

A strength, weaknesses, opportunities and threats (SWOT) analysis was conducted with facilitation help from HRSA Technical Assistance Provider Coleman Tanner. The findings are below.

STRENGTHS

What internal resources, expertise and skills will help PFH achieve our goals?

- PFH comprises a wide variety of organizations and volunteers that are committed to serving their respective communities.
- PFH members have a compassionate awareness of the needs of underserved communities.
- Overlaps in partner service areas.
- Functional coalitions are already working strategically by blending and braiding funds.
- Involvement of regional colleges, universities and medical school.
- PFH offers a platform to replicate or expand programs from one locale to another.
- CCCWN's leadership and influence.
- SHS is the region's major medical provider.

OPPORTUNITIES

What current or emerging external opportunities can we take advantage of?

- Building capacity around policy, systems and environmental change.
- Expanding programming in Albany, Corvallis and Philomath.
- Untapped funding opportunities, including Every Student Succeeds Act, IHN-CCO health transformation funds, ODE Farm to School grants and procurement, and Student Success Act / Preschool Promise (expand early childhood education funding and intervention as well as parenting education).
- Funding healthier transportation.
- Broaden coalition by expanding outreach and coordination efforts to community health groups.
- The COVID-19 pandemic has shown the feasibility and value of virtual meetings and telehealth services.

WEAKNESSES

What does PFH lack internally that we require to achieve our goals?

- Lack of qualitative and quantitative data collection methods, tools, technology and integration.
- Lack of membership diversity, including mental health representatives and local businesses.
- Inadequate outreach and marketing to community and professional organizations.
- Limited reach and visibility with diverse, underserved populations.
- Inadequate coordination and alignment of members.
- PFH is too driven by grant and funding streams (C.H.E.F., CATCH, etc.).
- Unclear mission: How does PFH fit within CCCWN?
- Member attendance is inconsistent.
- Partners often lack time and resources.
- Communication frequency and methods could improve.

THREATS

What external barriers could impede or prevent us from achieving our goals?

- Families in some communities are apprehensive about participating in health and wellness programs.
- Transience and lack of communication channels in vulnerable populations.
- The COVID-19 pandemic complicates collaboration, service delivery and public willingness to participate in health programs and events.
- The political climate tends to be reactive / reactionary in regard to public health issues and the social determinants of health. There is a lack of sustained, durable investment in prevention.
- Competing emergent issues (e.g., suicide, overdose, behavioral health) are stressing the health system.
- Lack of health and housing resources and services.
- Geographical barriers as well as a lack of public and private transportation.

FOCUS AREAS

Participants in the strategic planning meeting on March 10, 2020, were asked to share one or two words describing what they wanted PFH to accomplish over the next three to five years. PollEv.com was then used to generate the word cloud below.

When participants responded to the questions *What actions will move us toward our vision?* and *What do we hope to see in place in the next three to five years as a result of our action?*, the words **involvement**, **community** and **coordination** rose to the top.

Based on this discussion, participants identified four general focus areas.

- Communication, outreach and branding.
- Partnership growth and development.
- Structure operations.
- Capacity-building.

Goals identified by PFH address all four focus areas and center on strengthening and supporting the coalition itself (see page 8). CCCWN will continue its focus on chronic disease prevention and is currently addressing childhood obesity; pregnancy and prenatal care; oral health; chronic care; improving access to care; tobacco prevention and cessation; and mental and behavioral health.



GOALS + OBJECTIVES

GOAL 1

Enhance the operational structure of Partners for Health.

OBJECTIVES

1. Review PFH mission and vision statements.
2. Revisit meeting time and format.
3. Expand access to PFH through videoconferencing.

GOAL 2

Enhance communication, marketing and outreach to attract new members and maintain high engagement.

OBJECTIVES

1. Create a PFH elevator speech.
2. Establish an online presence for PFH.
3. Expand yearly Community Health Summit to include a Community Resource Fair.

GOAL 3

Build on existing networks and community partnerships to leverage resources and increase community impact.

OBJECTIVES

1. Conduct organizational mapping to identify gaps, overlaps and opportunities relating to member recruitment and coalition activities.
2. Identify proven, evidence-based programs and processes, focusing particularly on policy, systems and environmental change.
3. Create a framework for sharing funding opportunities at monthly meetings.

WORK PLAN

GOAL 1

Enhance the operational structure of Partners for Health.

OBJECTIVE	ACTIVITY	OUTPUT	OUTCOME MEASURE	RESPONSIBILITY	DUE DATE
1 Review PFH mission and vision statements.	Reach consensus on PFH's mission and vision.	Updated mission and vision statements.	Mission and vision statements enhance messaging and operations.	PFH Chair, PFH members	Aug 2020
2 Revisit meeting time and format.	Reach consensus on new meeting time and format.	Improved meeting time and format adopted.	Improved PFH meeting attendance.	PFH Chair, PFH members	Aug 2020
3 Expand access to PFH through videoconferencing.	Select platform and methods.	Videoconferencing is a convenient option for all PFH members.	Improved PFH meeting attendance.	PFH Chair	Apr 2020

GOAL 2

Enhance communication, marketing and outreach to attract new members and maintain high engagement.

OBJECTIVE	ACTIVITY	OUTPUT	OUTCOME MEASURE	RESPONSIBILITY	DUE DATE
1 Create a PFH elevator speech.	Reach a consensus on language.	Completed elevator speech.	Enhanced outreach and communication.	PFH Chair, PFH members	Dec 2020
2 Establish an online presence for PFH.	Finalize online content for PFH page.	PFH page is hosted on the SHS website.	Online outreach and marketing capabilities.	Network Director, PFH Chair, PFH members	Dec 2020
3 Expand yearly Community Health Summit to include a Community Resource Fair.	Members determine Resource Fair focus areas and participants.	Community Health Summits include a Resource Fair.	Enhanced partner engagement and member recruitment.	PFH Chair, PFH members	Apr 2021

GOAL 3

Build on existing networks and community partnerships to leverage resources and increase community impact.

OBJECTIVE	ACTIVITY	OUTPUT	OUTCOME MEASURE	RESPONSIBILITY	DUE DATE
1 Conduct organizational mapping to identify gaps, overlaps and opportunities relating to member recruitment and coalition activities.	Conduct and finalize assessment of gaps, overlaps and opportunities.	Completed organizational map.	Increased membership and improved use of network resources.	PFH Chair, PFH members	June 2021
2 Identify proven, evidence-based programs and processes, focusing particularly on policy, systems and environmental change.	Conduct and finalize assessment of programs and processes.	Recommendations for policy, systems and environmental change programs.	Improved resource use and greater community impact.	PFH Chair, PFH members	June 2021
3 Create a framework for sharing funding opportunities at monthly meetings.	Add "funding opportunities" to monthly meeting agenda.	Ongoing monitoring of funding opportunities.	Improved funding awareness and access.	PFH Chair	Aug 2020

