



Coast to Cascades Community Wellness Network (CCCWN)
Spring Meeting
Virtual Option – Microsoft Teams
12:30 p.m. – 2:30 p.m.
May 24, 2023
Meeting Summary

Attendance: Marty Cahill, Kayla Armstrong, Jeannie Davis, Ed.D., Emma Deane, Bryan Decker, Kevin Ewanchyna, M.D., Taylor Gilmour, Sara Hartstein, Wendy Hausotter, Kelley Kaiser, Daniel Keteri, Linda Mann, Lesley Ogden, M.D., and Jayne Romero

Staff/Grant Representatives: Shelagh Baird, Jennifer Beckner, Molly Gelinas, Ursula Marinelli, Jolynn Meza Wynkoop, JoAnn Miller, and Shelley Hazelton

Guest: Elizabeth Bauermeister

Welcome:

Marty Cahill called the meeting to order at 10:00 a.m. and led introductions.

Meeting Summary:

The meeting summary of November 2, 2022, was reviewed and presented. **Bryan Decker made a motion and Dr. Kevin Ewanchyna seconded the motion to approve the November 2, 2022, meeting summary as presented. The motion was voted upon and unanimously approved.**

Consent Calendar:

Federal/State Grant Reports:

Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) Implementation III Rural Communities Supporting Women and Youth (RC-SWAY) Grant Update:

A written report and Work Plan Highlights for the HRSA RC-SWAY Grant were noted and distributed prior to the meeting.

HRSA Rural Health Care Services Outreach Program Oral Health Grant Co-Location Project Update:

A written report for the HRSA Rural Health Care Services Outreach Program Oral Health Grant Co-Location Project was noted and distributed prior to the meeting.

HRSA Rural Communities Opioid Response Program – Implementation (RCORP-I) – Helping Impact Women and Youth (HIWAY) Project Grant for Lincoln County:

A HRSA RCORP-I HIWAY Project Grant written report and Work Plan Highlights were noted and distributed prior to the meeting.

Dr. Kevin Ewanchyna made a motion and Dr. Lesley Ogden seconded to approve the consent updates and reports for the HRSA RC-SWAY Grant, HRSA Rural Health Care Services Outreach Program Oral Health Grant, and the HRSA RCORP-I HIWAY Project Grant. The motion was voted upon and unanimously approved.

Human Trafficking in Rural Oregon Presentation:

Elizabeth Bauermeister, Coordinator, Linn/Benton Anti-Trafficking Coalition, presented information on human trafficking in rural Oregon. She provided her email – ebauermeis@samhealth.org

- Human trafficking is defined as: Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. (22 USC 7102(9)).
- Human trafficking can be commercial trafficking, sex trafficking, and labor trafficking.
- Statistics show that 30% are boyfriend traffickers and 40% are family.
- Lizzy Martinez is the Coordinator for the Human Trafficking Task Force in Lincoln County.
- We are seeing human trafficking in our rural areas and especially in Linn, Lincoln, and Benton counties and along the I-5 corridor.
- Labor trafficking is also big with the agriculture community, especially the undocumented who feel they cannot report.
- In rural areas, it can be tricky to address and reporting is harder because people know everyone.
- Working on screening and empowering community members and organizations to look for red flags and start to identify and provide services. We are starting to focus on data collection.
- Education is a huge part of the job and what to do next when it happens. Working with organizations to connect them with resources and working with grants.
- **Dr. Kevin Ewanchyna** – Are there demographics being targeted and diversity, equity, inclusion work being done?
 - a. **Elizabeth Bauermeister** – “Yes,” they are addressing all issues including diversity, equity, and inclusion. There are providers that are women of color. Those suffering from poverty are vulnerable. They are doing a lot of work to address the root causes and work a lot on legislation and making sure to address the root of poverty and racism. People under the age of 18 are minors and cannot consent to sex. People over 18 can also be victims of sex trafficking, however, to prosecute their trafficker, it is necessary to prove force, fraud, or coercion. We are looking at this and the LGBTQ+ population are vulnerable as well.
- **Jennifer Beckner** – The Confederated Tribes of Siletz Indians is part of the 9 federally recognized tribes in Oregon. Siletz is growing. Are we seeing work being done with the tribes?

- a. **Elizabeth Bauermeister** – Lizzy Martinez is working closely with the tribes and does meet with them.

HRSA Rural Network Development Grant – Addressing Violence in Rural Oregon Communities:

JoAnn Miller reported on new HRSA Rural Network Development Grant we received to address Violence in Rural Communities.

- The grant is a 4-year, \$1.2 million grant to address violence in rural communities with a focus on child abuse, domestic violence, and human trafficking in Lincoln and east Linn Counties.
- When we looked at the parameters around the grant there was not anything out there to address human trafficking and domestic violence so we brought together partners to help in this process with a focus also on child abuse.
- Project partners include Mid-Valley Healthcare, Inc. dba Samaritan Lebanon Community Hospital (lead applicant) and ABC House, Acosta Services, Center Against Rape and Domestic Violence (CARDV), Sarah’s Place, and the Linn-Benton Anti-Trafficking Coalition.
- The Project Director for the grant will begin in July 2023.
- This grant is a true collaboration and partnership providing education, outreach, and support services.
- Linn, Benton, Lincoln Partners for Health (Partners for Health) will be the lead Coalition moving forward to look at and address domestic violence, child abuse, and human trafficking as it relates to this grant. They will report up through the CCCWN.
- We have asked Elizabeth Bauermeister to present today on human trafficking. Elizabeth Bauermeister is providing education around human trafficking and working on having consistent data.
- We are looking at building a network and getting information out into the community.
- We have information in our restroom at Samaritan Health Services (SHS) facilities and have seen flyers as well at airports around human trafficking. We want information out there in the hospitals, clinics, and public Health Departments and businesses.
- **Dr. Kevin Ewanchyna** – “Yes,” there are signs in our Urgent Cares and exam rooms and staff have become aware and alert.
- This is a rural grant for east Linn County and Lincoln County. Training will be available for any provider in our three counties.
- CARDV and Sarah’s Place will provide training to middle school and high school students.
- ABC House will provide a counselor at Sweet Home Family Medicine.
- There will be \$30,000 that will go toward the Linn-Benton Anti-Trafficking Coalition for a couple of Violence Prevention/Human Trafficking Summits.
- **Sara Hartstein** – WCJS meeting – There was discussion about illicit massage parlors and human trafficking. My question to the group is whether they are aware of any jurisdictions in the region that license massage parlors as a deterrent? This may not fit in with the grant, but it seems like a low hanging fruit to help address a part of the issue.
- **Bryan Decker** – How soon will the trainings be available?
 - a. **Elizabeth Bauermeister** – Will do training throughout the year. Will have the first summit in 2023-2024.

Will look at having mental health experts, law enforcement, and other experts there. Trainings will be available during the day and in the evenings. Will be having a recognizing and responding training in June. Please reach out to her if interested in attending any trainings.

- b. **Dr. Jeannie Davis** – Would like to schedule one of the trainings for Rural Health track medical students, in the Fall – September for the new class.
- **Dr. Kevin Ewanchyna** – Besides education, training, awareness, what other things will you be reporting on?
 - a. **JoAnn Miller** – Looking to report on counseling with ABC House and number of folks receiving resources. We will also be focusing on Latinx, Mam-speaking, and other marginalized community members in Lincoln County.

Regional Overdoses:

JoAnn Miller started discussions around regional overdoses.

- There are first responders and law enforcement throughout our three-county region that are using Overdose Detection Mapping Application Program (ODMAP). We are trying to get everyone to use a consistent platform for reporting data. The Lincoln County Police Chief has met with Isabelle Cisco to get ODMAP implemented for the Lincoln County Police Department. Our Albany Police Department and Benton County Sheriff's Office is using as well.
- **Jennifer Beckner** – Lincoln County Public Health was established as the lead organization and will bring in training. ODMAP provides near real-time suspected overdose data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike, in overdose events. ODMAP links first responders and record management systems to a mapping tool to track overdoses.
 - a. It has still been difficult to track real-time. There are people that do not report or go to the Emergency Department.
 - b. Sees in needle exchange program with overdoses happening in Lincoln County. Recently had an overdose at a Charter School. The student was revived by school staff.
 - c. ODMAP should give us consistent information across the region with a consistent data base.
 - d. Benton County does have the application and has the ability to track self-reported.
 - e. Lincoln County hired an Epidemiologist that uses a similar platform to track Narcan, etc.
- **JoAnn Miller** – Marcia Harnden, Albany Chief of Police, has worked hard to get consistent data. Looking to see how we as a healthcare system could be involved and use ODMAP as well. Looking to see if we can get the hospitals under the Health Department so we could use.
- **Sara Hartstein** – A next step could be to connect SHS with Oregon Health Authority and provide data in alignment with the Health Insurance Portability and Accountability Act (HIPAA).
- **Dr. Kevin Ewanchyna** – Read a national article on more Fentanyl overdose death and how people are seeking out Fentanyl. Is this happening in our area? Can we get ahead of this?

- a. **Marty Cahill** – Also, heard in the news how eight adults thought they were buying cocaine and overdosed on Fentanyl. Some die inadvertently. Need to check with Samaritan Treatment and Recovery Services (STARS).
 - b. **Dr. Lesley Ogden** – Millennium Health does drug testing and has data that almost all drugs out there, have Fentanyl in it.
 - c. **Bryan Decker** – They are saying Fentanyl provides a “better high.”
 - d. **Jennifer Beckner** – “Yes,” in Lincoln County is hearing the same thing – People are saying it provides a “better high.” There is also Fentanyl laced with Xylazine, which is an animal tranquilizer. Narcan is not effective against Xylazine.
 - e. **Molly Gelinis** – When seeing patients at STARS who have used opioids, more often they have tried Fentanyl or use as the drug of choice. It is cheap, more potent, and the high is more readily available. It seems to be the substance most readily available for those seeking opioids. Someone who is sick and going through withdrawals will seek out Fentanyl being most available, cheap, and the most potent.
- **JoAnn Miller:**
 - a. Reviewed SHS overdose data. We are trying to get a handle on what we as a Network and Coalitions can do. 2023 numbers have fluctuated. There have been 155 overdoses from January through April 2023 that presented to the SHS hospitals.
 - b. We also receive data at our Regional Mental Health/Substance Use Disorder (SUD) Coalition from Curtis Landers, Lincoln County Sheriff, Jef Van Arsdall, Benton County Sheriff, and Marcia Harnden, Albany Chief of Police.
 - c. There recently was a three-year-old in Lincoln County that got a hold of their parent’s stash and overdosed. We have been seeing increases in overdoses in the 14-16-year-old group.
 - d. Recently there were five overdoses in the Sweet Home/Lebanon area.
 - e. We do not currently have a true picture of the overdoses in our region. ODMAP is a start with real-time data and looking at evidence-based practice and focusing on the increase in youth overdoses.
 - f. Want to applaud Samaritan North Lincoln Hospital who had a drop in Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS).
 - g. Nurture Oregon with Reconnections Counseling and Samaritan House are also reporting numbers with pregnant women.
 - h. We are continuing to see increases in the number of overdoses coming through the Emergency Department at Samaritan Albany General Hospital.
 - i. How do we get data without ODMAP?
 - j. **Sara Hartstein** – Benton County has an app they use to collect data with Harm Reduction Workers. Used the app for years and moved away from it. Have gone analog. Use a paper form modeled off an app. They enter data and pull reports. Have data that can pull separate ways. Do have issues with access and update of passwords. Using a form and data is still being collected in the field.
 - k. **JoAnn Miller – 2022 data – Drug Overdose Encounters by Hospital:**
 - Good Samaritan Regional Medical Center (GSRMC) - 115
 - Samaritan Albany General Hospital (SAGH) – 116
 - Samaritan Lebanon Community Hospital (SLCH) – 128

- Samaritan North Lincoln Hospital (SNLH) – 37
- Samaritan Pacific Communities Hospital (SPCH) – 52
- There were 448 drug overdoses encounters in 2022.

Number of Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) births in 2022:

- Good Samaritan Regional Medical Center – 24
 - Samaritan Albany General Hospital – 34
 - Samaritan Lebanon Community Hospital – 47
 - Samaritan North Lincoln Hospital – 5
 - Samaritan Pacific Communities Hospital - 8
- **Jennifer Beckner** – We continue to distribute Narcan. Direct Relief has generic Sublocade. Can also get Narcan free from the Oregon Health Authority Clearing House. It is easier to get partners signed up to use the Clearing House. Narcan and Naloxone is getting out into the community. At the federal level, can purchase over the counter without a prescription.
 - **Dr. Lesley Ogden** – We have given out Narcan at vaccine clinics.
 - **Jolynn Meza Wynkoop** – Are there restrictions to give out Narcan free in the Emergency Department for those that come in for an overdose?
 - a. **Dr. Lesley Ogden** – Would have to account for it.
 - b. **Jolynn Meza Wynkoop** – Have grant funding. Maybe we could look at getting out through the Emergency department with “to go packs.”
 - **Jennifer Beckner** – Have had law enforcement excited about the “leave behind program.” The Sherriff of Benton County and the Sherriff of Lincoln County wants to start a program as well.
 - **Emma Deane** – The Albany Police Department has a “leave behind program.” Anytime they arrive at an overdose and administer Narcan they leave a new one behind.
 - **Sara Hartstein** – Regarding Pharmacy – Most insurance companies cover the medication (they may charge a copay). Oregon Health Plan (OHP) provides Narcan free at the Pharmacy.
 - **Molly Gelin** – Peer Support Specialists at Samaritan Lebanon Community Hospital gives Narcan to individuals in the Emergency Department. If the patient is on the floor then it needs to be with their belongings and cannot stay in the room.
 - **Marty Cahill** – Good to marry data outside the hospital and what comes up at the hospital.

Measure 110 – Behavioral Health Resource Network (BHRN):

Updates were provided on the Behavioral Health Resource Networks.

- **Jennifer Beckner – Lincoln County:**
 - a. Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.) is providing peer support services at the new building across from the Court House.
 - b. It is easier to do warm hand offs with Phoenix Wellness Center. They are close to the C.H.A.N.C.E. building.
 - c. Hired a nurse for the Harm Reduction Team. Hope to expand and take meds for Medication Assisted Treatment (MAT) out to the people.
 - d. At the State level asked for Behavioral Health Resource Network funding for 18 months through June 2025.
 - e. There is a \$47 million decrease in cannabis revenue.

- f. The Oregon Justice Division is transferring some funds to the Behavioral Health Resource Network.
- g. House Bill (HB) 2513 is progressing along that require local planning committees for alcohol and drug prevention and treatment services with local Behavioral Health Resource Networks. It removes the cap and requires Oregon Health Authority to provide a Director for the Oversight and Accountability Council. The bill has membership terms for the Oversight and Accountability Council and clarifies rules in determining grants and the statewide hotline included in the process of appeals/denials. Lincoln County recommended several provisions.
- h. In Lincoln County, building the substance use disorder (SUD) program under Lincoln County Health and Human Services.
- i. Tomorrow will meet with the Drug Court Judge to discuss services available.
- j. Working on a contract for the emergency housing voucher program.
- **Sara Hartstein – Benton County:**
 - a. C.H.A.N.C.E. was funded for all three counties (Benton, Lincoln, and Linn).
 - b. The partners are taking the opportunity to host a meet/greet session so partners understand what other partners are providing and building relationships.
 - c. Had members participate in a workgroup to help craft recommendations for HB 2513.
 - d. Brainstorming locally to connect with law enforcement and Drug Court and what ways to involve in this work. Referral drug enforcement, Drug Court not quite there yet.
 - e. Had an opportunity to submit updated budgets for the next 18-month extension. There was not an opportunity for a new Request for Proposal unless there was a gap in services.
- **Bryan Decker:**
 - a. Do need to work on relationships with law enforcement.
 - b. This fall should expect audits.
 - c. Working on collection data to match up with the state.
 - d. Sexual Orientation Gender data – Not sure if state will do full or portion.
 - e. Did Blue Valentine drop of information for Oversight and Accountability Council?
 - f. **Sara Hartstein** – “Yes,” she did. It is important for her to now focus locally as well. The Oversight and Accountability Council took a lot of her time. Hopes in the future there will be clear stipends available.
 - g. Blue Valentine was a great asset and knew our counties.
 - h. **Jennifer Beckner** – There are two seats open for the Oversight and Accountability Council. Applications close on May 31, 2023. Harm Reduction Workers in her county are applying.
- **JoAnn Miller – Linn County:**
 - a. Will be keeping eye out on HB 2513.
 - b. Did extended budget for STARS, C.H.A.N.C.E., Community Services Consortium, and Faith, Hope and Charity.
 - c. Doing a media education campaign.
 - d. Some people did not realize that the Behavioral Health Resource Network services are free. No one can be turned away and we can offer outpatient services until a bed is available.

- e. Did a regional brochure on services. Have these available if needed.
- f. There is a new regional person for the state that will be meeting with the Behavioral Health Resource Networks and looking at budgets and will also be county wide.
- g. Sunny Garcia Briscoe had mentioned funding.
- h. **Sara Hartstein** - Sunny Garcia Briscoe is the regional liaison for Oregon Health Authority and covers Benton, Lincoln, Linn Counties and will audit and do sit visits.
- i. **JoAnn Miller** – “Yes,” they will meet with each Behavioral Health Resource Network in each county as well as the Oversight and Accountability Council and Oregon Health Authority leadership will conduct these.
- j. Law enforcement has expressed concern at our Regional Mental Health/Substance Use Disorder Coalition because of Measure 110 and not having the ability to influence substance use disorders in the region. People do not show up to court, do not pay a citation, etc. Their biggest concern is they have no way to encourage people to be accountable.
- k. Marcia Harden, Albany Chief of Police, has requested public support in the past from community partners for a law that is currently in place in Washington, but not in Oregon. The law would hold drug dealers responsible for knowingly and intentionally distributing illicit substances that cause a death of an individual in which when supplied that substance to.
- **Jennifer Beckner** – Will be receiving opioid settlement funds for Lincoln County. The Sheriff presented the budget and currently has Medication Assisted Treatment (MAT) services for the jail that they have been paying from their general fund. They did not realize there were settlement funds that can help in this area.
 - a. **Sara Hartstein** – This is a wonderful use of Opioid Settlement funds!

Linn, Benton, Lincoln Partners for Health Update:

Dr. Jeannie Davis provided a Linn, Benton, Lincoln Partners for Health update.

- The Coalition is planning for their annual summit on August 25, 2023, at the Center for Health Education in Newport. The event will be from 9:00 a.m. – 3:30 p.m. This year it will be an in-person summit.
 - a. There will be workshops around parent support, youth services, nutrition/physical health, and mental health (make change somewhat).
 - b. The title of the summit this year – “A Whole Person Approach to Health.”
 - c. We are looking at having a panel discussion focusing on mental health, suicide prevention, and human trafficking, and will be having a cooking demonstration.
 - d. We will have a keynote speaker.
 - e. We would like the Confederated Tribes of Siletz Indians to provide a land acknowledgement and they also have a youth drumming circle that will be invited as well to provide entertainment during the lunch hour.
 - f. We have a “Save the Date” flyer prepared.
 - g. We are hoping Marty Cahill will provide a welcome and Dr. Lesley Ogden will provide a closing.
- We are continuing to provide cooking classes in the community with the medical school students teaching classes throughout Lebanon.

Regional Health Assessment and Improvement Planning – Partnership for Community Health: Linn, Benton, and Lincoln Counties:

Sara Hartstein reported on the Regional Health Assessment.

- The Regional Health Assessment was done in partnership with Benton County, Linn, County, Lincoln County, IHN-CCO, Samaritan Health Services, and United Way of Linn, Benton & Lincoln Counties.
- **Background:**
 - a. Community Health Assessments (CHAs) identify key health needs and issues through systematic, comprehensive data collection and analysis.
 - b. Community Health Improvement Plans (CHIPs) are long-term, systematic efforts to address community health issues, needs and priorities based on the results of community health assessment activities and the community health improvement plan process.
 - c. Both CHAs and CHIPs require significant partner, stakeholder, and community engagement.
- This year we took a regional approach.
- **Background:**
 - a. CCO
 - Controlling authority/guidance – Contract with OHA, ORS
 - Frequency – Every 5 years
 - b. Hospital
 - Controlling authority/guidance – Patient Protection and Affordable Care Act (ACA), Internal Revenue Services
 - Frequency – Every 3 years
 - c. Public Health
 - Controlling authority/guidance – Public Health Modernization ORS, Public Health Accreditation Board
 - Frequency – Every 5 years
- Shared the community health improvement planning process.
 - a. **Gather Information**
 - Regional Health Assessment**
 - Data for each county
 - Focus Groups
 - Key Informant Interviews
 - Community Surveys
 - *(This has been completed)*
 - b. **Identify Priorities**
 - Present results: Key health themes
 - Identify priorities with the help of the community
 - *(We are here)*
 - c. **Form Workgroups**
 - Develop goals, strategies, and measures for each priority
 - List missing resources and partners
 - d. **Publish and Implement CHIP**
 - Finalize objectives
 - Identify leaders

- Monitor progress
- Share lessons learned
- **Gather information – What informs the key themes?**
 - a. Regional Health Assessment Data for health factors and outcomes in Linn, Benton, and Lincoln counties, analyzed and compared to the state of Oregon.
 - b. Key Informant Interviews with a diverse set of community-based and cultural organizations, decision-makers, and others. (31 Interviews)
 - c. Community Health Survey of people who live, work, learn and play in Linn, Benton and Lincoln counties. (2,812 responses)
 - d. Focus Groups with diverse community members and partner organizations. (16 focus groups)
- **Key Health Themes – What are these?**
 - a. Key Health Themes are disparities, challenges, or opportunities that have emerged through an analysis of community voices and primary/secondary data from the RHA data report.
 - b. Sources include primary, secondary, qualitative, and quantitative data from the RHA and community voices.
 - c. The Partnership for Community Health is looking to identify three these key themes to be used as priority areas in the regional CHIP.
 - d. Note: Key themes are listed alphabetically.
 - e. Key health themes include:
 - Access to Affordable Housing/Homelessness
 - Access to Quality Care
 - Equity, Diversity, and Inclusion
 - Food Insecurity
 - Healthy Youth and Families
 - Mental Health
 - Substance Use and Misuse
- **Identify Priorities Stage (As of 5/24/23):**
 - a. March - June: Community outreach and engagement process
 - b. Survey monkey prioritization survey:
 - 7 questions
 - Over 500 responses so far
 - Survey offered in English, Spanish, and Arabic
 - c. Community outreach events:
 - Benton County: 28, Lincoln County: 13, Linn County: 7
 - All Events: 48
 - Regional Events: 2
 - Targeted outreach with specific populations
 - Spanish and English sessions conducted

CAC has also gone through prioritization and input.
- **Community Engagement: Prioritization:**
 - a. Community-wide meetings.
 - b. Regional virtual meetings.
 - c. Population specific meetings.
 - d. Already occurring standing meetings.

- e. Tabling opportunities (e.g., health fairs, events, food bank, etc.).
- f. Inviting community members to visit county webpages to review the data and take the prioritization survey.
- **How to get involved:**
 - a. Attend a community conversation in Linn County, Benton County, and Lincoln County.
 - b. Review: 2022 –2026 Regional Health Assessment, Key Theme Data Briefs, Data Presentation.
 - c. Take the Prioritization Survey: <https://www.surveymonkey.com/r/C2K5J2K>
- **What is next?**
 - a. March - June - Ongoing community outreach and engagement to share the data and key themes and gather input on priorities via brief survey.
 - b. July – August - Regional CHIP team analyze data and share findings.
 - c. August - Sept - Workgroups develop Regional CHIP goals & strategies.
 - d. December - Publish Regional CHIP.
 - e. 2024 + - Implement CHIP and monitor progress.
- **Kelley Kaiser** – Is appreciative of the collaboration on this. This will serve our communities well.

County Health Rankings:

JoAnn Miller reported on the County Health Rankings.

- Reviewed the University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation Program County Health Rankings for 2010-2023.
 - a. 2023 - Benton County – 2 in Health Outcomes; and 1 in Health Factors.
 - b. 2023 – Linn County – 14 in Health Outcomes; and 21 in Health Factors.
 - c. 2023 – Lincoln County – 27 in Health Outcomes; and 27 in Health Factors.
- The rankings look at a variety of measures that affect the overall health of communities:
 - a. Health rankings comprise two categories:
 - Health outcomes - how healthy a county is.
 - Health factors - what influences the health of a county.

www.countyhealthrankings.org
- Ranking Categories and Formula:
 - a. Health Outcomes – Length of Life (50%) and Quality of Life (50%).
 - b. Health Factors – Includes – Health Behaviors (30%) such as tobacco use, diet and exercise, alcohol and drug use, sexual activity; Clinical Care – Access to care and quality of care; Social and Economic Factors (40%) – Education, employment, income, family and social support, community safety; and Physical Environment (10%) – Air and quality, housing, and transit.
- What’s new for 2023:
 - a. Civic Health – Civic infrastructure – Includes the spaces that help people to stay connected and make civic participation possible.
 - b. Civic Participation – The ways people engage in community life to improve conditions and shape the community’s future.
- Shared the Benton-Linn-Lincoln County Health Outcomes 2010-2023 Trends and the Benton-Linn-Lincoln County Health Factors 2010-2023 Trends.
- The Tri-County Region: Health Outcomes:

- a. Health Outcomes – Includes length of life and includes premature death.
 - b. Quality of Life – Includes poor or fair health, poor physical health days, poor mental health days, and low birthweight.
(showing statistics for Benton, Linn, and Lincoln Counties compared to the United States).
- Shared the Tri-County Region: Health Factors – Health Behaviors – Includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen birth statistics for Benton, Linn, Lincoln Counties compared to the United States.
- Shared the Tri-County Region: Health Factors – Clinical Care – Uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, mammography screening, flu vaccinations statistics for Benton, Linn, Lincoln Counties compared to the United States.
- Shared the Tri-County Region: Health Factors – Social and Economic Factors include high school completion, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, injury deaths statistics for Benton, Linn, Lincoln Counties compared to the United States.
 - a. Benton County has the highest rate of high school completion.
 - b. Income inequality – Benton County – 5.5; Linn County – 3.9; and Lincoln County - 4.2. Have Samaritan Health Services and Hewlett-Packard.
 - c. **Sara Hartstein** - Ratio of household income at the 80th percentile to income at the 20th percentile. The 2023 County Health Rankings used data from 2017-2021 for this measure. Income inequality within U.S. communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents. Income inequality in a society has a strong causal connection to health, independent of the income of individuals.
 - d. Injury deaths – Benton County - 53; Linn County – 94; and Lincoln County – 126.
 - e. Injury deaths based on number of deaths due to injury per 100,000 population. The 2023 County Health Rankings used data from 2016-2020 for this measure. Injuries happen when a place is unsafe or when people engage in unsafe behaviors. Injuries may be intentional or unintentional. Intentional injuries are usually related to violence caused by oneself or by another. Unintentional injuries are accidental in nature. Injuries are one of the leading causes of death. Unintentional injuries were the fourth leading cause of U.S. mortality in 2020 and 2021. For all ages, the leading causes of unintentional injury deaths in 2021 were poisoning, motor vehicle collisions, and falls. Community conditions can impact the safety of a place differently for different age groups, genders, and for people in various occupations, neighborhoods, or socioeconomic classes. In 2020, firearm related injuries became the leading cause of death among children aged 1 to 19. Males of any age are more likely than females to die from any type of injury. This disparity has been linked to lifestyle and masculine socialization.

People of color are more likely to experience intentional injury deaths caused by policing than non-Hispanic white people. The risk of injury death due to policing is 3.5 times higher for Black people, and nearly 2 times higher for Hispanic people of any race and for non-Hispanic Indigenous people. Unintentional injury death rates are higher in rural places than urban places. Injured or poisoned individuals have more difficulties obtaining rapid emergency treatment in rural areas than in urban areas. Injury and deaths from injury cause trauma for a family and community. Exposure to trauma, particularly in childhood, can increase risks for mental illness, suicide, chronic disease, and social hardships such as poverty, crime, and violence. Prevention of injury death preserves intergenerational family and community health, and social and economic wellbeing.

- Shared Tri-County Region: Health Factors – Physical Environment – air pollution-particulate matter, drinking water violations, severe housing problems, driving along to work, long commute-driving alone statistics for Benton, Linn, Lincoln Counties compared to the United States.
 - a. Drinking water violations - Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. The 2023 County Health Rankings used data from 2021 for this measure. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death. Other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage. An increase in drinking water violations has also been shown to increase health care expenditures. Between 3 and 10% of community water systems experience a violation each year.
- **JoAnn Miller** - Have heard that the Olalla Center may not do a Relief Nursery. If this is the case, this is huge.
- **Shelagh Baird** – Had also heard that Olalla Center was phasing out their Relief Nursery as well.
- **Jennifer Beckner** – Limited in what providing.
- **Emma Deane** – Relief Nursery in Linn and Benton Counties are well established. Maybe someone can connect with Renee Smith at Albany Family Tree Relief Nursery to see if they have capacity to offer support.
- **Jennifer Beckner** – Grace Winds Haven is closing at the end of June. They have helped the homeless and was a day service provider for those without housing – Place to get mail and services. Lincoln County does not have any homeless shelters.
- There is a new homeless law that goes into effect July 1st – If you do not have a shelter and it is public property, you cannot ask a person to leave.
- **Dr. Lesley Ogden** – There is funding going toward a facility in Lincoln City. It was a facility donation and the City is being brought up to speed.
- **Shelagh Baird** – There is Helping Hands one – Need to go through specific training. There is some transitional and you enter a contract and are required to pay a little. Not sure with emergency shelter. Have a couple of rooms that accommodate families and women, but mostly men.
- **Jennifer Beckner** – We lack primary care providers. Some love to live here, but some cannot afford housing and there is lack of housing.

Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition) Update:

JoAnn Miller provided a Regional Oral Health Coalition update.

- The Regional Oral Health Coalition has been meeting quarterly with the local Oral Health Coalitions and has been reviewing and updating the Strategic Plan for Oral Health in Benton, Lincoln, and Linn Counties.
- **Linda Mann** – The Expanded Practice Dental Hygienist (EPDH) located at Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital is going great. She is at each hospital two days a week, Mondays-Thursdays. People are reaching out to her even when she is not there to help patients navigate dental care outside the hospital. She submits weekly reports. Some of the stories shared are heart warming and reassure us that this pilot is valuable.
- **Dr. Lesley Ogden** – She totally agrees. Savanna Sam, EPDH, is amazing and her level of services she is providing are amazing as well. She is great to work with.
- **Shelagh Baird** – Savanna Sam does go beyond and makes sure people see appropriate follow up care. The goal is to decrease Emergency Department visits and see how we can provide comprehensive care with medical and dental working side by side.
- **JoAnn Miller** – Would be great to have this work in a larger hospital such as Good Samaritan Regional Medical Center and Samaritan Albany General Hospital, working with critical care hospitals.
- **Linda Mann** – “Yes,” this will work with larger hospitals.

CCCWN Website Update:

Jolynn Meza Wynkoop provided a CCCWN website update. The new banner, tablecloth, and pens promoting the CCCWN was noted.

- The site contains headings to click on:
 - a. About
 - b. Health Programs
 - c. Regional Coalitions
 - d. Newsletters
 - e. Resources
 - f. 5210 information (5 or more servings of fruits and vegetables; 2 or fewer hours of recreational screen time; 1 or more hours of physical activity; and 0 sugar-sweetened beverages).
- There is also information on the Vision, different events, and focus areas.
- Will add a new page with Parenting Education under the Health Programs page.
- The oral health page has been updated.
- Will add photos from community members.
- **Shelagh Baird** – Dr. Lesley Ogden and Savanna Sam will be interviewed and be doing a video and will embed on the website as well.
- Brandon Bates and Marty Cahill also did a humorous video that is on the website related to the 5210 challenge.
- SHS participates in the 5210 challenge that is why we also have this listed on the website. The month of February is the challenge. Samaritan Albany General Hospital was the winner this year with the challenge.

Coastal Samaritan Treatment and Recovery Services Update:

Ursula Marinelli provided a Lincoln County Samaritan Treatment and Recovery Services update.

- Shared the “why” for the facility:
 - a. Oregon is 2nd in the nation for substance use disorder.
 - b. Oregon is 50th for access to treatment.
 - c. Between September 1, 2019, through August 31, 2021 - 1,933 residents diagnosed.
 - d. Lincoln County has no residential treatment.
 - e. Nearest residential facility is in Corvallis.
 - f. Residents travel up to 300 miles for treatment.
- What:
 - a. 16-bed SUD residential/outpatient facility for adults (18+).
 - b. Group and individual therapy, medication-assisted treatment, educational programs, and peer-support – **NOT detox.**
 - c. 200 residential patients and 600 outpatients each year.
 - d. Received design input from people with lived experiences, the Confederated Tribes of Siletz Indians, members of the LGBTQIA2S+ communities and others.
- Where and how:
 - a. Pacific Communities Health District bought 5840 NW Biggs, Newport.
 - b. Pacific Communities Health District and Samaritan North Lincoln Hospital Foundations are raising an additional \$9.1 million to remodel the facility and build an 8,302-square-foot addition for a commercial kitchen, group spaces and offices, plus furnishings and equipment.
 - c. A nonprofit healthcare provider, Samaritan Pacific Health Services, will operate the facility.
- Renderings of the facility were shared.
- When:
 - a. **March 2022:** Pacific Communities Health District purchased 5840 NW Biggs in Newport. Fundraising began.
 - b. **July 2022:** Selected Clark Kjos Architects. Schematic design phase included input from community partners.
 - c. **October 2022:** Selected Gerding Builders as construction manager/general contractor.
 - d. **April/May 2023:** Neighborhood meetings.
 - e. **June 12, 2023:** Conditional Use Permit hearing for business office portion of the facility at 7:00 p.m. at Newport City Hall.
 - f. **June 2023:** Post the following positions on samhealth.org – Business Director and Clinical Director (timeline for hiring additional staff, including site-based clinical supervisor – To be determined).
 - g. **July 2023:** Begin remodel and break ground for addition.
 - h. **Winter 2024:** Newly hired staff will reach out to community partners for input regarding referrals and wrap-around services.
 - i. **August 2024:** Complete fundraising. Begin seeing patients.
- Fundraising Status:
 - a. **Needed to build and furnish the facility: \$10,093,170.**
 - b. **Committed to date -- \$7,138,578**
 - c. **Gap - \$2,954,592**

- d. **Pending (have requested) -- \$2,960,000**
- e. **Planned (have not yet requested): \$188,872.**
- Financial partners to date:
 - a. City of Newport
 - b. City of Toledo
 - c. City of Waldport
 - d. Corporations
 - e. Federal Appropriation – Omnibus Bill
 - f. Individuals
 - g. Intercommunity Health Network-Coordinated Care Organization
 - h. Lincoln County – American Rescue Plan Act funding
 - i. Marie Lamfrom Charitable Foundation
 - j. North Lincoln Health District
 - k. North Lincoln Hospital Foundation
 - l. Pacific Communities Health District
 - m. Roundhouse Foundation
 - n. Siletz Tribal Charitable Contribution Fund
 - o. SPCH and SNLH Auxiliaries
 - p. Spirit Mountain Community Fund
 - q. William Swindells, Sr. Memorial Fund of Oregon Community Foundation
- How can you help?
 - a. Help us identify funding sources to close the gap.
 - b. Attend the June 12th hearing to show support.
 - c. Contact us directly with questions and concerns.
 - d. Be patient while we get through the fundraising and permitting phase.
- Questions – PCHDistrict.org and samhealth.org/supportstarscoast
- **Dr. Lesley Ogden** – Having someone devoted to substance use disorder in the future – Coordinator, would be helpful. They struggle with how to coordinate. Need outpatient services to support. We have the ability to work with partners across the county to do something that not everyone is doing.
- **Jennifer Beckner** – In charge and helping with the opioid settlement funds for Lincoln County. Thinks treatment is listed on the framework. Can help navigate. There is never enough services.
- **Ursula Marinelli** – The City of Newport is also helping with the opioid settlement funding.
- **Dr. Lesley Ogden** – There is never enough services. We want to reassure people that we will work with everyone and want to partner and not take over.

Adjourn:

With no further business to discuss, the meeting was adjourned at 1:30 p.m.

Respectfully Submitted

Shelley Hazelton
 Community Health Promotion
 Department Assistant