

**HRSA – 14-044 D06RH27789**  
**Rural Health Network Development Grant Program**  
**Coast to Cascades Community Wellness Network – Healthy Smiles for All**  
**Samaritan North Lincoln Hospital**  
**3043 NE 28<sup>th</sup> Street**  
**Lincoln City, OR 97367-4518**

**Federal Office of Rural Health Policy (FORHP)**

**RURAL HEALTH NETWORK DEVELOPMENT GRANT PROGRAM**  
**FINAL NARRATIVE REPORT**

**Reporting Period: September 1, 2014 to August 31, 2017**

**November 29, 2017**

**Section I. Network Overview**

**A. Provide the name of the network.**

Coast to Cascades Community Wellness Network (CCCWN)

**B. Provide the name of the grantee if different from the Network entity.**

Samaritan North Lincoln Hospital

**C. Provide the Grant number.**

HRSA-14-044 D06RH27789

**D. What is the network's current incorporation status?**

The CCCWN is not an incorporated entity.

**E. Year network was formed and incorporation status at that time.**

The CCCWN was established in 2009 and has never been an incorporated entity.

**F. List the types of organizations in the network (FQHC, AHEC, hospital, clinic, school system, etc.)**

Critical Access Hospital; Community Health Center; Free clinic; Health Departments; Hospitals; School Districts; Social Services Organization; Universities; Tribal Council; Affordable Care Organization; Rural Health; and a Healthcare System

**G. List the Network Director/Executive Director and Project Director (name/title) and their number of FTEs in year 3 of the grant.**

JoAnn R. Miller, Network Director (0.5 FTE) and Project Director (0.5 FTE)

**H. Provide the name and contact information (telephone, address, email) of someone who will be able to answer questions about your report and discuss your grant-funded efforts.**

JoAnn R. Miller  
c/o Community Health Promotion  
Samaritan Health Services  
1100 Circle Blvd. Suite 100, Corvallis, OR 97330  
541-768-7330  
jomiller@samhealth.org

**I. If applicable, list the website address of your network.**

<https://www.samhealth.org/about-samaritan/community-benefit-initiatives/community-health-initiatives/healthy-smiles-for-all>

**J. List network service area, including counties and communities served by the program.**

The CCCWN serves all incorporated and unincorporated communities located in Lincoln, Benton, and Linn counties in Oregon. Lincoln County\*/ Otis, Lincoln City, Newport, Waldport  
Linn County\*/ Lebanon\*, Sweet Home\*, Brownsville\*, Scio\*, Albany, Harrisburg, Tangent  
Benton County/ Monroe, Alsea, Tangent

\*Communities served by the program

**K. Provide a brief description of the network's governing body, including the network's board composition. Provide each member's organization and their respective contributions and responsibilities for the network project.**

The CCCWN provides coordinated regional leadership for health initiatives and programs in Benton, Lincoln and Linn counties. Established in 2009, it consists of 22 individuals representing 19 different organizations. The eight-member Steering Committee (a subset of CCCWN members) was established in 2014 to provide day-to-day support for regional health priorities and to provide overall direction for the Governing Board. The CCCWN Governing Board meets

twice a year and the Steering committee meets six times a year. The CCCWN provides oversight for grants it has secured, including the current Healthy Smiles for All grant (HRSA-14-044, 2015-2017).

The Governing Board and Steering Committee members serve as advisors and decision makers to the project and bring a wide range of expertise, skills and experience. Their responsibilities include guiding the ongoing functioning of the program as well as reviewing and approving the business and strategic plans and the reports for the project.

### **Coast to Cascades Community Wellness Network 2017**

<b>Name/Title</b>	<b>Organization</b>	<b>Contribution/ Responsibilities</b>
Mitch Anderson, Health Director	Benton County Health Department	Advisor
Fred Abousleman, Executive Director	Oregon Council of Governments	Advisor
*Marty Cahill, CEO	Samaritan Lebanon Hospital	CCCWN Chair,
*Rebecca Austen, Public Health Director	Lincoln County Health Department	Lincoln County Oral Health Coalition -
*Sherlyn Dahl, Executive Director	East Linn/Benton County FQHC	Regional Oral Health Coalition – Chair,
Kevin Ewanchyna, MD, VP-Chief Medical Officer- SHPO	Samaritan Health Services	Advisor
Meredith Guardino, Director of Field Services	Oregon Office of Rural Health	Advisor
Rob Hess, PhD, Superintendent	Lebanon School District	Advisor
Kelley Kaiser, VP Health Plan Operations	InterCommunity Health Network	Advisor
*Deborah Loy, Government Programs Director	Capitol Dental Care	Dental Care Partner
*Martha Lyon, Executive Director	Community Services Consortium	Advisor
*Julie Manning, VP-Mktg.-PR-Comm. Health Promotion	Samaritan Health Services	Advisor
Frank Moore, Administrator/Mental Health Director	Linn County Health Department	Advisor
*Louise Muscato, PhD, Assistant Dean, Comm. Engagement	COMP NW Medical School	Linn County Oral Health Coalition
Lesley Ogden, MD, CEO	Samaritan No. Lincoln Hospital/Samaritan Pacific Communities Hospital	Lincoln County Oral Health Facilitator
Becky Pape, CEO	Good Samaritan Regional Med. Ctr.	Advisor
Dr. Janet Peterson	Volunteer - Dentist	Advisor
*Jana Kay Slater, PhD, Contractor/Evaluator	Contractor/Evaluator	Evaluator
David Triebes, CEO	Samaritan Albany General Hospital	Advisor
Kari Whitacre, Executive Director	Community Outreach Inc.	Advisor

\*CCCWN Steering Committee Member

**Section II. Network Funding**

**A. If you received/requested a no-cost extension, list the new official end date for your grant. This information is located in your most recent Notice of Grant Award.**

August 31, 2018

**B. List your network's current annual budget and include a breakdown of sources of income.**

**Estimated Operations Cost**

<b>Item</b>	<b>Cost</b>
Network Director .50 FTE	\$60,000
Network Admin. Staff .50 FTE	\$17,000
County Coordinator .25 FTE	\$13,000
Rental Fees	\$4,000
Materials/Supplies	\$8,000
Travel/Mileage	\$6,000
Conferences/Training	\$8,000
Meetings/Events	\$73,500
<b>Total</b>	<b>\$189,500</b>

**PROJECTED REVENUES**

<b>Item</b>	<b>Source</b>
Samaritan Health Services	\$60,000
HRSA Grant – 2017	\$42,257
Membership Fees	\$10,000
In-Kind Contributions	\$73,500
Other Contributions	\$3,743
<b>Total</b>	<b>\$189,500</b>

**C. Has your network been successful in creating revenue streams to sustain the network and expand services provided by the network? Yes**

**D. Describe any resources or opportunities that were successfully leveraged as a result of this RHND grant and the amounts for each, if applicable.**

<b>Opportunities that were successfully leveraged as a result of this RHND grant</b>			
Health Resources and Services Administration – Development	\$884,631	3 years 2017-2020	Expand and enhance the childhood obesity prevention program in Lincoln and Linn counties
<b>Total funding received</b>	<b>\$844,631</b>		
<b>Letters of Support</b>			
Health Resources & Services Administration – Service Areas	\$1,000,000	2015 & 2016	FQHC Expansion services in Benton and Lincoln Counties
US Department of Agriculture Farm to School Grant	\$150,000	2017 Pending	Expand and enhance school gardens and nutrition programs in Lebanon School District
<b>Total funding received</b>	<b>\$1,150,000</b>		
<b>Total Community Revenue</b>	<b>\$1,994,631</b>		

**Section III. Network Activities/Implementation**

**A Describe the original need for the project**

In 2009, Samaritan Lebanon Community Hospital saw an increase in the number of adults visiting the Emergency Department (ED) and Urgent Care (UC) sites for non-traumatic dental pain. Local as well as national statistics clearly documented that large numbers of uninsured and underinsured adults were unable to access critically needed dental care. The CCCWN decided to apply for funding to address the unmet oral health needs of adults in the region and Healthy Smiles for All was subsequently funded.

**The problems and needs to be solved were;** a) Reducing Emergency Department (ED) and Urgent Care (UC) usage for non-traumatic dental pain in uninsured adults, b) Increasing access to dental services for oral health emergencies, and c) Educating the community around the importance of oral health

CCCWN members benefit several ways as a result of the project. Through their participation, they gain new knowledge and perspectives for problem solving within their own organizations and their communities. Members are also able to use the CCCWN Memorandum of Understanding (MOU) as evidence of long-standing collaborative partnerships in their own agency applications for funding. The MOU provides powerful evidence of the existence of a

long-term functioning network. Selected examples of new funds that have been awarded to CCCWN members can be found in the table in Section II, part D.

**A4. The overall mission/goal(s) of the network**

The mission of the CCCWN is to provide leadership to enhance the health of communities through development and support for collaborative regional partnerships in Benton, Lincoln, and Linn Counties.

The CCCWN’s goals pertain to these topical areas:

- |                            |                      |
|----------------------------|----------------------|
| a. Obesity Prevention      | e. Oral Health       |
| b. Homelessness            | f. Behavioral Health |
| c. Pregnancy/Prenatal care | g. Access to Care    |
| d. Tobacco Prevention      | h. Chronic Care      |

**B1. Describe any significant barriers faced in achieving the goals and objectives of your program and the strategies used to overcome them.**

Significant barriers and the strategies to overcome them included:

- **Barrier:** Locating permanent dental care space for the Expanded Practice Dental Hygienists (EPDH) in each medical clinic.
- **Solution:** The clinic manager became a champion and identified a permanent exam room for the EPDH to practice in two of the three sites
- **Barrier:** Scheduling enough patients to make sure the EPDH did not have open appointments.
- **Solution:** We conducted a successful mass advertisement media campaign and which dramatically increased the number of patients seen daily at the clinic for oral health care.
- **Barrier:** Getting appropriate referrals from the emergency department.
- **Solution:** We met with the Vice President of Patient Care to discuss and clarify the referral process and provide updated resource information to be distributed to patients.
- **Barrier:** Patient discomfort with the portable dental chair in our Sweet Home Clinic.  
**Solution:** Capitol Dental Care and Samaritan North Lincoln Hospital/HRSA Grant shared the cost in the purchase of a permanent dental chair.

**B2. Provide information on any unachieved objectives in your discussion and the barriers that prevented their attainment.**

The unachievable objectives and the barriers that prevented their attainment were the following:

We did not fully achieve one component of objective 2 which was to integrate oral health care into 80% of primary, pediatric and OB/GYN clinics and 100% of WIC offices and Head Start programs by 2017.

Eight clinics were slated to house an Expanded Practice Dental Hygienist. However, because of a lack of available spaces as well as low participation in the four co-locations that were established in year one of the grant, only one co-location is still functioning.

**C. Has the level of collaboration across network members changed since the start of the grant?**

Yes.

**Did the network collectively work towards meeting the goals, objectives, and targeted measures of the program to the degree that was anticipated at the start of the grant?**

Yes.

**D. If your network was successful at collaborating to achieve your network goals, please provide any principles or advice you would offer other networks to enhance collaboration.**

The advice we would offer is to ensure that Network meetings are thoughtfully structured, interesting, and respectful of the time of its members. Keep the meetings fresh, with occasional guest speakers from outside the area help to generate new energy. Make certain the Network members have all the materials they need for the meetings and finally the staff and chair should follow through with any assignments from the Network.

Contracting with outside consultants to assist with the evaluation and in the development of products and deliverables is also recommended.

**E. Has funding from the RHND program benefited or strengthened your network and future network activities in ways that may not have occurred without this funding?**

Yes.

The CCCWN has received three grants from the RHND program over the past seven years. Each of these awards has strengthened the CCCWN: The first was a planning grant that helped to create a strong and sustainable infrastructure for the CCCWN itself (HRSA-10-020, 2010-2011). The second and third development grants enabled the CCCWN members to work together to prevent childhood obesity through implementation of the CATCH program (HRSA-12-083, 2012-2015) and to improve equitable access to oral health care through implementation of the Healthy Smiles for All program (HRSA-14-044, 2015-2017). Both CATCH and Healthy Smiles for

All programs crossed geographic boundaries, bringing CCCWN members together to collaboratively guide and support programs that benefitted residents in three counties.

**F1. The following attributes are often indicative of successful networks: leadership, collaboration, member driven, communication, evaluation and measurement, financial infrastructure. Of these, what do you feel is your network's strongest and weakest attribute?**

Our strongest attribute is committed leadership. The Chair of the CCCWN Governing Board has been a tireless champion for the Network and his involvement has extended far beyond facilitating meetings. The Chair and other leaders on the network have presented at local, regional, and national conferences on the importance of collaborating and the development of rural health networks.

The weakest attribute of the CCCWN is financial infrastructure. It is not as stable as we would like because not all partner organizations are able to pay annual dues because they are struggling financially due to the current economy.

**F2. Is there another attribute that you feel is indicative of the success of your network?**

Ours is a member driven network, which is another attribute we feel contributes to its success and sustainability. The CCCWN is comprised of a widely diverse set of members who represent housing, food security, childcare, transportation, medical care, public health and more (see list of members in Section I, part K). Our members worked together to identify priority areas that meet shared health concerns including childhood obesity, pregnancy/prenatal care, behavioral health, chronic care, access to care, tobacco prevention, homelessness and oral health. These members bring their expertise and knowledge to the table about priority areas.

**F3. Do you have a process in place to address the attribute(s) that your program lacks?**

Yes, we have worked with the Network members who are unable to commit financially to provide additional resources such as hosting a meeting, providing copies of materials for meetings and providing food at meeting. Members can sign up in advance to provide one or more of the aforementioned services.

#### **Section IV. Results of the Grant**

**A. Describe the short term and long term impact of your network activities on the communities you serve, e.g. whether the network has increased access to care, improved quality of care, improved integration of services/referral systems, decreased out-migration of services, etc.**



A key short term impact is increased access to care. Over the three year period, dental van services provided emergency treatments to over 1,000 adults and EPDHs located in 4 primary care settings provided basic services to more than 1,300 adults. Other short term impacts included improved quality of care through training and education of health care providers, Head Start educators, and WIC staff.

A key long term impact is improved integration of oral health services and referrals. This improvement is a result of the collaborative work within the CCCWN and local Oral Health Coalitions.

**B1. Describe the services, functions, and benefits created as a result of your network.**

**Services:** The CCCWN has been functioning since 2009 and will continue to do so in the future. Samaritan Health Services will continue to serve as the organizing hub for the CCCWN, providing in kind support for its leadership and administrative support. The 19 organizations and agencies who belong to the CCCWN will continue to work together to identify and solve public health and community issues.

**Functions:** Prior to its formation, our tri-county region lacked a coordinated approach to identifying needs and resolving problems. Some services were duplicated in adjacent counties, other services were not provided at all, and cross-referrals were low. The CCCWN is an engaged body of leaders who advocate for the coordination of programs and activities in our rural communities, aimed at improving the health of the residents.

**Benefits:** The CCCWN brings regional leaders together to collectively solve community problems. As a result, collegial relationships among the leaders of diverse health, social service, and government entities have been strengthened. The CCCWN and members of our communities have benefitted through improved efficiencies and better coordination of programs and services. Additionally, individual CCCWN members have been able to use the network as leverage to acquire new sources of funding to continue and expand existing programs and services as well as the development of new ones (see Section II, Part D).

**B2. Include a discussion of your major accomplishments.**

Significant accomplishments in the following areas:

**CCCWN maturation and influence across the tri-county region.** CCCWN members have had seven years to benefit directly and to observe the benefits of others in terms of improved efficiencies and services. They have seen how their involvement in a vibrant community network has immediate and long-term benefits for the health of their own organizations,

communities and citizens. The infrastructure is in place to sustain the CCCWN; its members will continue to meet and collaboratively advocate on behalf of the health and well being of its communities.

**Improved Access to Oral Health Services:** The Healthy Smiles for All project has achieved nearly all of its objectives. Community organizations and local oral health coalitions have committed to continue to implement the Healthy Smiles for All model, working in partnership to continue to grow access to oral health services for those who need it most. Thus far, as a result of these collaborative partnerships, nearly 3000 uninsured or underinsured adults have received oral health care services.

**C. Are there any unintended positive outcomes or opportunities that have resulted from your grant activities?**

Yes. One unintended positive outcome is the enhanced effectiveness of the regional and local oral health coalitions. Although we did not include any objectives related to the function and impact of the oral health coalitions, administrative support and meeting facilitation translated into increased vitality and effectiveness for these coalitions. The local county specific coalitions recognized the importance of working together as a region and to facilitate coordination across counties, they established the Benton Lincoln Linn Counties Regional Oral Health Coalition (BLL OHC) of Oregon. The BLL OHC has created and monitored the Regional Oral Health Strategic Plan which continues to drive and guide the work of all the coalitions.

**Section V. Sustainability**

**A1. Will your network continue to sustain after funding?**

Yes

**A2. Will the activities and programs created from this funding also sustain, including those that may be modified to take a different form than originally conceived?**

Yes.

**B. If yes, what methods were developed and implemented to continue the program once FORHP grant funding has ended?**

At the end of the no-cost extension, the CCCWN and oral health coalitions will continue to use partnership and collaborative problem solving methods for advancing and sustaining programs and activities aimed at improving community health. The CCCWN is now self-sustaining through financial and in-kind contributions of its members. Local oral health coalition

members will continue to work together to assist with scheduling and promotion of dental van services and to carry out other activities that are in their local oral health strategic plans.

**C1. If not, what challenges were faced in developing and implementing a sustainability plan that will remain relevant and practical for the network?**

Not applicable.

**C2. How will the community be impacted by loss of network collaboration and initiatives?**

Not applicable.

**D1. Of the deliverables that you created during this grant period (Evaluation Plan, Strategic Plan, Business Plan, Sustainability Plan), what has been the most beneficial to your program?**

The Regional Oral Health Strategic Plan has been the most beneficial to our program. It drives regional activities and also has been used as a foundational document by local oral health coalitions in the development of their own local oral health strategic plans. It is also integrated into the community health improvement plans, as well as affordable care organizations community health improvement plans, which has financial benefits for the program.

The CCCWN Governing Board, CCCWN Steering Committee and the local oral health coalitions continue to use these strategic plans consistently. They provide the roadmap for regional and local oral health activities and are used as organizing tools during most meetings to track progress and measure accomplishments.

**D2. Provide any comments on the process or outcomes of creating these documents.**

Hiring an external consultant to assist in the development of these documents was very helpful.

**E. Please calculate the economic impact of your program by using the Economic Impact Tool on the Rural Assistance Center webpage (<http://www.raconline.org/econtool/>). This tool will help you determine the economic impact of grant dollars in your communities. At the end of this tool, you will be provided your total economic impact, ratio of economic impact to total spending and ratio of economic impact to HRSA funding. Please provide them here.**

Total economic impact: \$520,268

Ratio of economic impact to total spending: 1.34

Ratio of economic impact to HRSA funding: 2.29

## **Section VI. Work Plan Status**

**A. Submit the final version of your most recent HRSA approved work plan, including the completion rates for all activities at the close of the grant (April 30, 2017). Note: this does not count towards the 15-page limit for the narrative of this report.**

**Completed (100% of this activity has been completed)**

**Near Completion (70-99% of this activity has been completed)**

**In Progress (30-70% of this activity has been completed)**

**Just Started (1-30% of this activity has been completed)**

**Not Started (0% of this activity has been completed)**

See Attached

## **Section VII. Feedback to ORHP**

**A. Provide your opinion on whether similar projects as yours could work well in other rural settings.**

The Healthy Smiles for All Project could work in other rural settings with proper supports if there are dental vans available, volunteer dentists, and local oral health coalition to coordinate activities.

**B1. Based on your experience and program outcomes, discuss the main issues and problems that other communities might face in using your project as a model.**

Size and location of a clinic makes a difference when placing an oral health provider in a clinical setting. It is important to establish a permanent exam room for the oral health provider. If no other providers are located nearby, volume in the medical clinic will be higher. Also, the oral health provider should be on site 5 days a week so that the medical providers don't have to guess when the oral health services are available.

**B2. Are there any qualitative measures that you would recommend similar programs consider as part of their evaluation?**

Consider using focus groups or personal interviews to collect stories from patients whose lives have changed as a result of receiving oral health services.

**C. Share the success of your program. If you feel that your program has been a model for best practices or has been an innovator for improving delivery of health care services within your community, please let ORHP work with you to share your program's success with others online at the Rural Health Information Hub (<https://www.ruralhealthinfo.org/community-health/toolkits>).**

We are happy to share our successes. The results of our previous grant are currently featured on the ORHP website.

**D. Do you feel that the overall support and help of the technical assistance team has benefited the delivery and sustainability of your program?**

Our team is an experienced one. The project director, program coordinator, and evaluator have developed, implemented and evaluated many federal grants. In fact, we have provided contract technical assistance to other programs ourselves. Unlike many other grantees, we have the experience and skills to run a program effectively. That said, it was good to know that we could call upon our technical assistance team with questions, when they arose.

**E. Do you have any suggestions for the FORHP that you believe would improve the grant program? Please share your candid thoughts and observations. Your comments are not for attribution and will not be used in any publications about the program.**