

Linn, Benton, Lincoln: Communications Assessment Report

June 2025



Partnership for Community Health

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Rede Group team:

- **Elena Rivera, MPH**
- **Makinna Miles, MPH**
- **Rhea Kartha, MPH**
- **Sarina Reilly**
- **Erin Charpentier, MFA**

Partnership for Community Health team:

- **Florence Pourtal, Msc, Lincoln County Public Health Director**
- **Amy Young, MPH, PCH Project Manager**

Partnership for Community Health Steering Committee:

- **Sara Herd, Lincoln County Public Health**
- **Anita De Anda, Linn County Public Health**
- **Steve Fritz, Community Advisory Council**
- **Kailee Olson, Benton County Health Dept.**
- **Shane Sanderson, MS, Linn County Public Health**
- **Asia Richardson, Lincoln County Public Health**



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Terminology

Acronyms

Acronym	Definition
CBO	Community-Based Organization
PCH	Partnership for Community Health of Linn, Benton, and Lincoln Counties
PCH Workgroup	PCH Communications Assessment Workgroup
CHA	Regional Community Health Assessment
CHIP	Regional Community Health Improvement Plan

Definitions

Tri-County Region: The region that comprises all of Linn, Benton, and Lincoln counties; the service area of the Partnership for Community Health (PCH).

Introduction + Methods

From February to June 2025, the Partnership for Community Health of Linn, Benton, and Lincoln Counties (PCH) contracted with Rede Group (hereafter Rede) to assess the PCH’s regional communications and co-develop a strategic communications plan. Grounded in a framework informed by a literature review of best practices in equity-centered, trauma-informed, and culturally responsive communication, the primary goal of the assessment was to understand communication strengths, needs, and opportunities for improvement across the PCH network. Since the PCH is a multiagency collaborative of local public health authorities, health systems, and community partners committed to advancing health and well-being across the tri-county region, the assessment was also focused on uncovering findings related to opportunities to strengthen collaboration and alignment among regional partners. A PCH Communications Assessment Workgroup (hereafter PCH workgroup) was convened and engaged throughout the duration of the project to help guide all aspects of the work. Composed of PCH staff and steering committee members, the workgroup played a key role in ensuring that the project design and resulting findings were grounded in local perspectives and aligned with regional priorities.

The communications assessment included primary data collection from PCH staff and leadership, communications staff from Linn, Benton, and Lincoln counties, and community partners involved in the Regional Community Health Assessment (CHA) and Regional Community Health Improvement Plan (CHIP). Rede also reviewed secondary materials, including the CHA and CHIP, which, alongside guidance from the PCH workgroup, informed participant recruitment and the development of interview and focus group questions.

Rede engaged a total of 31 participants through five focus groups and 14 interviews. Interview and focus group participants included public sector partners (i.e. higher education) and community-based organizations

(CBOs) that were most involved in the development or implementation of the CHA and CHIP, as well as staff from Linn, Benton, and Lincoln counties (including PCH staff and steering committee members) that were most familiar with current communications work, opportunities, and needs. All focus groups and interviews were conducted via Zoom, then recorded and transcribed. Rede analyzed the transcripts using Atlas.ti qualitative analysis software to identify themes across participants. Preliminary findings were shared with the PCH workgroup and steering committee for co-interpretation to ensure accuracy and resonance of findings with local experiences.

Interview and focus group participants represented a diverse mix of organizations involved in public health, health care, and community-based work across the tri-county region. These included Samaritan Health Services, InterCommunity Health Network Coordinated Care Organization, the Community Advisory Council, System of Care of Linn, Benton, and Lincoln Counties, Linn Benton Community College, Linn, Benton, Lincoln Educational Service District, Oregon State University Extension, the Confederated Tribes of Siletz Indians, the local public health departments in Benton, Lincoln, and Linn Counties, and the PCH. Additional participants came from CBOs that serve a diverse range of populations within the tri-county region such as Connexion Fenix, Mid Willamette Trans Support Network, Crossroads Communities, Andares, Northwest Coastal Housing, Partnership Against Alcohol and Drug Abuse, and Young Roots. This broad representation helped ensure that the assessment captured a wide range of perspectives on communication needs, assets, and opportunities across the region.

Participant groups	Interviews 	Focus Groups 
PCH Staff and Members	2	2
Linn, Benton, and Lincoln County Staff	3	4
Public Sector Partners	10	4
Community-Based Organizations	4	2
Total	19	12

Findings

Strengths

Approach is Regional, Inclusive, and Collaborative

Many participants described collaboration and engagement in the CHA and CHIP processes as relationship-driven. Participants highlighted that they were able to communicate their ideas, engage in open discussions, and reflect on priority areas during meetings, which fostered new connections and collaboration beyond formal meetings. According to participants, this collaborative approach significantly strengthened relationships between agencies and created space for connection and mutual support. Additionally, the process gave visibility and a stronger voice to newer or lesser-known organizations, helping them become more

recognized and included in regional health efforts. A few participants also appreciated the regional approach of the CHA and CHIP, noting that it promotes greater unity and coordination in care delivery across Linn, Benton, and Lincoln counties.

“This is really formative for us because we ended up building a lot of relationships with people...through our work in the PCH and through the CHIP. We're a newer organization, so a lot of folks didn't know what we did...and I think just being able to be in those groups got me to connect with a lot of people who knew about our work or knew about my work, and so we've connected with a lot of people through that.”

— Interviewee

“We had people leading in those spaces that were really open-minded, very patient, were willing to take the time and pause when we needed to talk, process and reflect on what was happening. It wasn't just, go, go, go, business, business, business. They were, I think, really understanding and willing to listen.”

— Interviewee

CHA and CHIP are Useful and Elevate Community Voices

Most participants reported that the CHA and CHIP were useful in their work. Participants described using the CHA and/or CHIP as accessible reference documents while applying for grants and seeking new funding opportunities. Participants also noted that the CHA and CHIP helped them guide program development, shape communications around priority needs, adapt existing programming to meet those needs, and identify target populations for health promotion. For one tribal partner, collecting data for the CHA also allowed for independent analyses of tribe-specific data, revealing community needs that may not have stood out at the regional level and providing a rationale for initiatives and grants aligned with local priorities and CHIP goals.

“I think for me it's just using it as a framing of the programs. As they change over the years, how people are communicating about what the priorities are, helps me either shift my programming to meet those needs or shift how I communicate to them. Because oftentimes, our programs are still meeting the needs, it's just how we're showing linkages. But definitely, those data always drive the programs that I do. That's kind of the first place to start.”

— Interviewee

PCH Website is Visually Appealing and Informative

A majority of participants spoke positively about the PCH website and highlighted several strengths. They appreciated the effective presentation of key information in visually pleasing ways, language accessibility options, a credible appearance, and useful features, such as the news and events section and FAQs.

“I do really like the news and events section. There's some great links. I pulled up some data...and shared it with a colleague just yesterday when I was on the website...I think that they're doing a great job with what they are sharing, because it is relevant to all of the work that we're doing.”

— Focus Group Participant

Challenges

Assessment Data has Gaps

Several participants described data limitations in the CHA. Some of them noted that the high-level data in the assessment lacks the granularity needed to capture the diversity within a large county and across the tri-county

region. In addition, much of the data is several years old and comes primarily from federal sources. Several participants shared that the data appears overly focused on more populated areas like Corvallis, which is not representative of the needs of other areas of the region. A few participants expressed that they wanted to see more integration of the qualitative data that was collected through community listening sessions with the secondary quantitative data, rather than keeping these data sets separate as in the current assessment report.

“I think more data about specialty populations. For instance, youth and children with special health needs, or pregnant people in our county, maybe certain minority groups that we're trying to interact with more. So kind of honing the data a little more. I think one of the challenges when you're working with kind of a small demographic, is when you look to the national level for some of the data, it's not there because the sample group is so small. For instance, I know our current Regional Health Assessment says, 'Oh, there's no children in Lincoln County under the age of five with disabilities or special health needs.' I know that's not true because of the work I do.”

– Focus Group Participant

Partner Engagement and Communication Need Improvement

Many participants described gaps in engagement in the CHA and CHIP processes. Some participants reported that key voices and community organizations were missing from conversations and from data collection. A few participants expressed concerns that the PCH centers around bigger agencies such as hospitals and county health departments, overlooking smaller organizations that are doing critical health and social service work.

“Sometimes the partners are limited to kind of the, for lack of a better term, the big dogs, like the hospital and the county health departments. And that's something I think we've seen a struggle with... just getting the recognition that there's a lot of people who are engaging in really important work who could be part of partnerships like this but aren't necessarily always included.”

–Interviewee

While participants noted a need for more participation from CBOs to center community needs and leverage community strengths and relationships, they also highlighted barriers CBOs face to more active engagement, including a lack of capacity and resources for CHIP implementation.

“And we know that nonprofit entities engaged might have a different capacity level to engage in such important topics like the four priorities. And so even though they are a priority, that's what they do, [that's what their work is focused on,] they are also nonprofits who might have less of a budget and less ability and capacity to participate.”

– Focus Group Participant

A majority of participants shared about gaps in PCH communication with partners and community members. They reported having to actively seek out key information, including the finalized CHIP document and strategic goals and timelines, instead of receiving it directly from the PCH. Many also expressed confusion about who was responsible for each CHIP strategy, how to get involved, and next steps, citing a broader lack of transparency around roles and accountability. Participants also noted that community-wide awareness about the CHIP is low, even among community members and partners who participated in data collection.

“I don't know that I am receiving CHIP emails regularly, so I don't know who they go to. Maybe I have been getting them and I just haven't realized what they were or they're in my spam or something, but I don't know that I've been regularly invited. I don't know if they meet regularly. I don't know where they meet. That's a problem, I guess, if you're wanting involvement, that people don't know that information.”

– Interviewee

PCH Needs a Clearer Strategic Focus

Throughout interviews and focus groups, participants expressed concern about the PCH's lack of strategic direction. They identified several opportunities for the PCH to increase its impact, including sustaining and expanding partnerships, deepening regional capacity for data reporting and visualization, prioritizing action on anti-racism and equity in CHIP implementation, and identifying and spreading successful strategies within CHIP priority areas. However, many participants also noted a lack of clarity about the PCH's future role, as well as a lag between planning and action. Several of these participants also acknowledged that the PCH is a newly formed collaborative that needs time to develop and implement a strong strategic focus.

Opportunities for Action

PCH website

Participants shared their perspectives on the type of information they want to see on the PCH website, what PCH should consider when developing resources and information for their website, and how the website could be organized to encourage and foster collaboration among regional organizations. Many participants expressed a desire for more visibility into which partners are working on specific CHIP goals and strategies. They also

requested regular updates on CHIP progress—including successes, challenges, and where the work is pivoting/taking new direction. Additionally, many participants wanted clearer information about how and when CHIP-related meetings are happening, along with ongoing access to agendas and notes from meetings so they can stay informed even if they are unable to attend.

Other suggestions to improve the website included:

- Adding interactive elements for assessment data, such as maps, graphics, and dashboards,
- Connecting CHA findings to CHIP priorities to provide rationale for why priorities were selected,
- Compiling local resources and funding opportunities,
- Using images more representative of the Linn, Benton, and Lincoln communities instead of stock photos,
- Making the “contact us” icon more visible, and
- Clarifying the role of PCH and partners on the website.

“Examples of where they're making progress in these priority areas that we can then as a collective say, ‘Hey, we saw this organization's doing this. Maybe this is something we can fund or we can try to support, or we can connect this organization to other community partners.’... a way of collectively supporting the efforts that are underway”

— Focus Group Participant

Improving CHA & CHIP data

Most interviewees desired more granular data with the ability to analyze by geographic location (e.g., census tracts), and the ability to look at health status, outcomes, and needs by intersecting identities/demographics (e.g., homelessness for pregnant/parenting teens, health care access for low-income Spanish-speakers). One

interviewee said they would like to see more acknowledgement that the overall regional needs may not reflect the top needs of specific communities in the region, and for qualitative data to be more integrated with secondary data in the CHA, so that community experiences and stories are elevated.

“I don’t agree with the separation in the report between data that is secondary and statistical, and then the qualitative. I think it should be [organized] around the topics. So the topic is the social determinants of health...First, what does the secondary data say about this? And then, what did people say in the field regarding the topic? But the way it is now, it is separated, and the qualitative in the form of community voices is left for the very end. So somebody has to read 110 pages before coming there, and therefore, when I think about the social determinants of health, I will come out with an understanding that is primarily based on secondary data.”

— Interviewee

Communication preferences to/from the PCH

Participants shared how partner organizations and community members involved in CHIP priorities can get updates and share about their work. They highlighted a need for more focused, concrete meetings that provide details such as available funding streams, full-time equivalents (FTEs) needed and utilized for CHIP work, example MOUs, and templates, materials, and information to support adapting the work in other counties. A few participants described specific methods through which work can be shared, including newsletters, social media engagement, in-person meetings, and town hall meetings to seek community input. Others expressed the need to send out information and engage with the community at the grassroots level, instead of sticking to digital forms of communication like press releases and websites.

“I’ll also add, it’s really nice to have gatherings where people can get together and kind of hear and be able to think about the messages or whatever’s being released. I think one of the things that I’ve fallen into is relying on emails, but then when do we all get in a room together and recognize the work we’re doing collectively? If we’re talking about partnership, it feels like sometimes the information is just one way. What’s the two-way interaction? I don’t know what that looks like necessarily, but, gosh, it would be nice to have regional meetings that regularly occur. And each of the three counties, they rotate, maybe, so that people can get to know each other across the region.”

— Interviewee

Supporting Collaboration

Many participants expressed a desire to better understand and engage with the PCH as a collective entity. Despite being involved in LBL workgroups, participants noted low awareness of PCH’s ongoing activities and meetings and voiced a desire for more collaboration between the three counties so that the work is not siloed. There was a general sentiment that meetings are both too few and far between and too broad in scope. A couple of participants also shared appreciation for meeting minutes being shared out as another way of getting updates asynchronously. Additionally, partners who were only peripherally engaged with the PCH expressed wanting to be more actively involved in the CHIP process. One participant suggested increasing collaboration by providing multiple methods of engagement to accommodate capacity differences across PCH members. Other ideas to strengthen collaboration and the impact of PCH overall included prioritizing behavioral health, ensuring that behavioral health systems and providers are at the table and engaged in CHIP implementation, and giving careful consideration to the resources needed to implement the CHIP and communicating about resources transparently.

“For me, I would second the meeting notes. I love reading back through and kind of sifting through the contents to see what applies specifically to my work. But in addition to that, I think very focused topics within meetings so they're not so overarching and broad, maybe there's a specific project or concept that everybody is trying to collaborate on or partner within. I would join something that I found especially relevant to my work, something that I have the capacity or maybe the funding or maybe the partnerships to really jump into the fray with. But when I'm not entirely sure what kind of actionable things will come from the meeting, it's harder to invest the time.”

— Focus Group Participant

“I would love to take a more active role. We're about systemic change as well as individual and street level change. It's the type of thing that we'd definitely be able to get behind.”

— Interviewee

“A lot of these organizations that came together had some sort of requirement or a mandate to be engaged in this process. And so I think that one of the challenges or difficulties that we did experience is that it was a mix of government and nonprofit entities. And we know that nonprofit entities engaged might have a different capacity level to engage in such important topics like the four priorities. And so even though they are a priority, that's what they do, [that's what their work is focused on,] they are also nonprofits who might have less of a budget and less ability and capacity to participate.”

— Focus Group Participant