



Community Health Needs Assessment

Malheur County
2023

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EXECUTIVE SUMMARY

OVERVIEW

The 2023 Malheur County Community Health Needs Assessment (CHNA) aims to identify the health needs of Malheur County, Oregon through a social influencer, or determinant, of health (SloH) framework. This framework defines health in the broadest sense and recognizes SloH factors such as employment, housing, and access to health care have an impact on the community's health.

Saint Alphonsus Medical Center- Ontario (SAMC-Ontario) leads CHNAs in Malheur County every three years to best identify the assets and challenges experienced by residents and community members in the region. SAMC-Ontario does this in partnership with a number of community leaders, policymakers, public and private, and nonprofit organizations serving Malheur County,

The initial step in the CHNA process was to gain an understanding of the community's health status from existing data and community members. Between July and November 2022, project partners collected primary data to gather the community's voice on health and SloH topics through surveys, focus groups, and interviews. Emphasis was placed on collecting feedback from underserved and underrepresented groups across Malheur County. Secondary data was pulled between July and December 2022 from existing public datasets such as the Census, Behavioral Risk Factor Surveillance Survey, Department of Labor, the Trinity Health Data Hub, and others.

Once the data was gathered and analyzed, a rigorous prioritization process was employed in December 2022 to ensure the highest priorities identified within the community are addressed by the CHNA. This process involved community members and stakeholders providing their input and values across all aspects of this report.

KEY PRIORITIES

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Malheur County. The top three priorities identified by key stakeholders include:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS

The previous 2020 CHNA for Malheur County was the first to identify housing and homelessness as a leading priority for the region. Rising costs of rents and mortgages, lack of available homes, challenges in building new housing, and struggles to connect financial assistance such as HUD vouchers or rental assistance to available homes were all top of mind for residents and community leaders alike. This was compounded by the lack of overnight shelter for people experiencing homelessness in the region.

CHNA respondents throughout the region were severely concerned about housing, stemming from very low vacancy rates, challenges building new housing, and high housing costs compared to local incomes. Rising housing costs can make it difficult for residents to meet other expenses and to live near jobs and services.

- When asked about costs of living, the majority of Malheur County survey respondents ranked housing costs associated with ownership and renting as their top concerns.

- Crowded housing, or the percentage of occupied housing units with more than one occupant per room, can be an outcome of rising housing costs pushing households to combine to share costs. Malheur County saw an increase in crowded housing between 2019 and 2021, and has had a larger percentage of crowded homes than the state average for many years.
- Malheur County has seen increases in the number of adults experiencing homelessness since the start of the COVID-19 pandemic, straining its limited shelter and resources.

ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH

CHNA respondents throughout the region reported difficulty accessing health care and oral health care, in the form of long waits for appointments, trouble paying for costs of services, and lack of insurance coverage or not enough coverage. These challenges are even more difficult for immigrant populations and non-native English speakers who require language support, and people relying on Medicaid or Medicare. Difficulty accessing health care can lead people to neglect their health, especially preventative health, resulting in more negative outcomes, and higher medical costs, in the future.

- Within Malheur County, CHNA respondents most frequently reported cost of services, insurance challenges such as lack of coverage or not enough coverage, lack of linguistically and culturally appropriate services and providers, and long waits for appointments as barriers to accessing needed health or social services.
- Populations that seem to be impacted most by a lack of awareness of the resources available to them are immigrant populations or non-native English speakers. Many individuals report difficulties accessing services due to language barriers and fear of mistreatment due to their immigration status.
- In 2022, there were 115 dentists per 100,000 residents in Malheur County, the same rate for the state. In Malheur County, a majority of adults (60%) reported seeing a dentist, slightly below the state average (66%) in 2020. CHNA respondents indicated that lack of providers that accept Medicaid or Medicare, long wait times, and costs for services, including co-pays, for care were all barriers to oral care access.

SAFE, RELIABLE TRANSPORTATION

Malheur County residents are challenged by rising costs of transportation. Costs and a lack of non-driving options especially pose a threat to Malheur County's older population, making it difficult for these residents to access health care and other services. This is especially hard for residents who have to travel outside of the region to access critical services that Malheur County is lacking.

- The percentage of households with no motor vehicle in Malheur County has been slowly decreasing over the past decade. Some survey respondents in the region noted that transportation costs are a high concern for them, possibly reflecting increases in fuel costs over recent years. However, Malheur County has an increasingly aging population who have less access and comfort with driving, particularly in inclement weather.
- A lower percentage of workers in Malheur County have a travel time to work of over one hour compared to the statewide average, although that gap has shrunk and even closed occasionally in recent years. Mean travel time to work has also remained stable, falling far below the mean travel time for Oregon as a whole.

Saint Alphonius Medical Center-Ontario will develop and publish implementation strategies by the end of 2023. Community resources to address these and other social care needs can be found at findhelp.org.

IDAHO OREGON COMMUNITY HEALTH DATA ATLAS

Secondary data found from public datasets, including demographics, health outcomes, transportation data, and housing information found in this report, can be accessed using the Idaho Oregon Community Health Atlas. Some of this data is in this report, but the community can access more data points and localized data at the following link: idahooregonatlas.org

BACKGROUND

Every three years Community Health Needs Assessments (CHNAs) are conducted to help nonprofit health systems, public health districts, and community organizations identify and better understand the most significant health challenges facing individuals and families in the communities they serve.

Saint Alphonius Medical Center- Ontario is a mission-driven, innovative health organization that strives to become the national leader in improving the health of communities and each person served.

For this CHNA, Saint Alphonius Medical Center Ontario (SAMC-Ontario) convened community partners, including small- and medium-sized businesses, major corporations, and financial institutions; hospitals and health care organizations; and faith-based organizations, civic groups, governments, nonprofits, and volunteers to confront the socioeconomic challenges within Malheur County. The information gathered guides the alignment of resources and implementation of needs-driven, evidence-based solutions.

HOSPITAL SYSTEM

As a Catholic health system, Saint Alphonius is committed to advocacy for and service to individuals who are underserved and underrepresented in our communities. We are called to minister to those who are vulnerable, to address health disparities and inequities, and to ensure the dignity of all people.

Our Mission calls us to serve together with Trinity Health, in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. The Community Health Needs Assessments (CHNA) allow Saint Alphonius to be responsible stewards of our resources and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness.

A Community Health Needs Assessment provides the opportunity to:

- Gain insights into the needs and assets of the communities served,
- Identify and address the needs of vulnerable populations and those experiencing health disparities and inequities within the community,
- Enhance relationships and opportunities for collaborative community action, and
- Provide information for community outreach planning, evaluation, and assessment.

HOSPITAL OVERVIEW

Ontario's one and only hospital began with a small group of Dominican Sisters of the Portuguese Congregation of St. Catherine of Sienna. The Sisters began in a tent with limited resources. With the ambition of the Sisters and the community's overwhelming support the hospital went from a dream to a reality, breaking ground September 18, 1911, and completing ahead of schedule on April 15, 1912. Bishop O'Reilly named the hospital in honor of the Holy Rosary. The Saint Alphonsus Medical Center – Ontario is a 49-bed, acute care, not-for-profit hospital, serving Ontario and the surrounding communities in eastern Oregon and southwestern Idaho. We are committed to providing patients the best in care, from qualified and caring staff in an environment that is comfortable and secure. At Saint Alphonsus Medical Center – Ontario, we not only provide quality care but feel it is equally important to contribute to the well-being of the community through health education, outreach programs, preventive and routine screenings, health fairs, seminars, community partnership, and more.

Saint Alphonsus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 25 states from coast to coast with 88 hospitals and 131 continuing care facilities, home health and hospice programs, 125 urgent care centers, and the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country. For more information, please visit www.saintalphonsus.org, and www.Trinity-Health.org.

FACILITIES OWNED & OPERATED BY SAINT ALPHONSUS MEDICAL CENTER-ONTARIO

Saint Alphonsus Medical Center – Ontario (SAMC-Ontario); Fruitland Health Plaza; and two free-standing Saint Alphonsus Medical Group facilities in Ontario.

MISSION STATEMENT

We, Saint Alphonsus and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

Reverence: We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor: We stand with and serve those who are poor, especially those most vulnerable.

Justice: We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship: We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity: We are faithful to who we say we are.

Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

SERVICES PROVIDED

Services provided include: • Breast Care • Cancer Care • Diabetes Care & Education • Dietary Services • Emergency Care • Heart Care • Hospice • Laboratory & Radiology • Maternity Care • Neurology • OB/GYN Services • Orthopedics • Primary Care • Rehabilitation Services • Sleep Disorders Treatment • Surgical Services • Tele-stroke Services

CONDUCTING THE 2023 COMMUNITY NEEDS ASSESSMENT

Saint Alphonsus Medical Center-Ontario (SAMC-Ontario) conducted a Community Health Needs Assessment that was reviewed by the Ontario Community Hospital Advisory Board on January 10, 2023 and approved by the Saint Alphonsus Health System Board on June 5, 2023. SAMC-Ontario performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations. It is available publicly online at <https://www.saintalphonsus.org/about-us/communitybenefit/community-needs-assessment/>, or by request from the Saint Alphonsus Health System Community Health and Well-Being Department.

The 2023 Community Health Needs Assessment was led by SAMC-Ontario with Boise State University's Idaho Policy Institute (BSU IPI) and Metopio as research partners using the same tools and protocols used in the 2023 Treasure Valley and Baker County CHNAs. Malheur County was the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available. This is the primary service area the majority of SAMC-Ontario patients draw from. Additional counties of service are captured in the 2023 Treasure Valley CHNA. The Trinity Health Data Hub and [Idaho Oregon Community Health Data Atlas](#) were utilized as the primary sources for secondary data, in addition to localized data sources provided by the Malheur County Steering Committee members. Additional duties of the Steering Committee, whose members are listed in the Acknowledgements, included selecting secondary data indicators, developing the community survey and focus group/interview instruments, disseminating community surveys, conducting and participating in focus groups and key informant interviews, selecting significant health needs, providing review and revision to the draft assessment report, and drafting the plan for communications and dissemination of the completed assessment. The detail processes for conducting community surveys, focus groups, and key informant interviews is listed in the 2023 Community Health Needs Assessment document, as are the methods for prioritizing the key health needs for 2023.

The 2023 Community Health Needs Assessment processes and drafts were presented to the SAMC-Ontario Community Hospital Advisory Boards on January 10, 2023. Their input was reviewed by the Saint Alphonsus Health System Board on May 16, 2023, and approved by SAHS Board Vice Chair, Toni L. Nielsen, on June 5, 2023.

SUMMARY OF PREVIOUS CHNA

The 2020 Community Health Needs Assessment utilized a Malheur County Steering Committee, as convened by SAMC-Ontario, as the primary method of gathering public input on the draft reports between January and May 2020. The community organizations that made up the 2020 Committee were provided with drafts of the assessment report and provided comments back to SAMC-Ontario for inclusion in the final document. Additionally, the SAMC-Ontario Community Hospital Board was provided with drafts of the Community Assessment and provided input the 2020 CHNA priorities.

The 2020 SAMC-Ontario Community Health Needs Assessments can be found online at: <https://www.saintalphonsus.org/about-us/community-benefit/community-needsassessment/>.

The prior CHNA, completed in June 2020, identified significant health needs within the SAMC-Ontario community:

1. Affordable, safe housing, including homelessness
2. Financial stability and cost of living
3. Mental health and well-being
4. Substance use, including tobacco and vape use
5. Childcare and education
6. Access to health care, including oral health
7. Chronic diseases
8. Wages and job availability
9. Sexually transmitted infections
10. Food security
11. Transportation
12. Physical activity and recreation

The 2020 Community Health Needs Assessment was reviewed in detail within the Saint Alphonsus Health System Community Health and Well-Being Department in partnership with Boise State IPI in summer and fall 2022, prior to the development of the 2023 Community Health Needs Assessment processes and tools.

IMPACT OF HEALTH NEEDS

SAMC-Ontario acknowledged the wide range of priority health issues that emerged from the 2020 CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SAMC-Ontario developed and/or supported initiatives to improve the health needs of affordable, safe housing and homelessness, substance use, including tobacco and vape, childcare and education, and access to health care, including oral health.

It should be noted that the COVID-19 pandemic began at the beginning of the 2020 CHNA Implementation Strategy period, and some tactics were prioritized over others to address the immediate needs of patients and communities. A number of community programs and initiatives were either paused, discontinued, or amended in their operations to account for public health and safety and the need to divert health system resources to the pandemic response.

AFFORDABLE, SAFE HOUSING AND HOMELESSNESS

SAMC-Ontario sought to increase access to safe, affordable housing and decrease the incidence of homelessness in the Ontario region.

Specifically, SAMC-Ontario began a signature project to address lack of affordable housing units in Ontario in 2020 by partnering with developer Northwest Housing Alternatives to convert the former Presbyterian Community Care Center into an affordable housing development. SAMC-Ontario convened a number of meetings with local community organizations and service providers, policy makers, and other community leaders to co-design the housing development, spaces for onsite services for residents and community members, and to provide data to NWAHA to apply for low-income housing tax credits for the development. By August 2022, the 52-unit development was complete, including units for people making 60% or less and 30% or less of area median income. Eight units were set aside for people with 808 housing vouchers for people with severe and persistent mental illness. Spaces onsite were developed for community meetings, telehealth, and clinical rooms. An onsite resident services coordinator manages the more than ten local service providers who come onsite to provide services to the residents. The Western Treasure Valley Food Coalition is in the process for raising funds to create an onsite commercial kitchen to serve the community.

Saint Alphonse Community Health and Well-Being (CHWB) colleagues participate in monthly Malheur County United for Housing Task Force meetings as well as Eastern Oregon Workforce Housing Task Force and other local initiatives to establish a pipeline of affordable and workforce housing opportunities in the region.

SAMC-Ontario has provided \$10,000 toward the support for the Winter Tiny Shelter Home project conducted by Community in Action. Each year between November and April, 14 tiny shelter homes provide warm places for individuals and families experiencing homelessness to stay during the winter months in Ontario. SAMC-Ontario also provides advocacy support annually for the project to continue.

SUBSTANCE USE, INCLUDING TOBACCO AND VAPE

SAMC-Ontario sought to increase tobacco and vape/e-cigarette cessation in the Ontario region.

Saint Alphonse Health System (SAHS) employed two Tobacco Treatment Specialists (TTS), who provided tobacco cessation counseling to patients admitted to the hospitals and continued to offer free tobacco cessation classes for patients and community members through the SAHS Tobacco Free Living Program, though class availability and participation were impacted by COVID-19 limitations. Additionally, Saint Alphonse adopted a new electronic health record in January 2022 that made data collection much easier than before. Patients reported were from across the health system service area in Idaho and Oregon.

FY21 and FY22:

438 unique patients had been served by TTS

41 average number of referrals to TTS per month, with a monthly high of 62 patients

FY23:

693 patients seen by TTS

204 referrals made to TTS between June-December 2022

SAMC-Ontario provided financial support in FY21 for tobacco tax increases and other state policies to reduce tobacco/vape use in Oregon.

CHILDCARE AND EDUCATION

SAMC-Ontario sought to improve local education by increasing access to post-secondary education, training, and development activities. Specifically, SAMC-Ontario provided more than \$13,000 in scholarship support through the SAMC-Ontario Foundation for local students pursuing education opportunities in the health care field.

SAMC-Ontario provided support to Treasure Valley Community College and Oregon Health Sciences University nursing programs financially and professionally. SAMC-Ontario contributed \$600 in cash and \$93,954 in staff time between FY21-23.

Fall term 2021, 7 OHSU and 6 TVCC nursing students rotated through Case management, Med/Surg, ED, OB, ICU and Outpatient Surgery.

Winter term 2021-22, 7 OHSU students and 13 TVCC nursing students rotated through Case Management, Med/Surg, ED, OB, ICU and Outpatient Surgery.

Spring term 2022, 7 OHSU and 15 TVCC nursing students rotated through Med/Surg, ED, OB, ICU and Outpatient surgery. In addition, 5 TVCC students completed their Integrated Practicum in OB, Med/Surg and ED. They each were assigned to one preceptor for their 200-hour clinical rotation.

Fall term 2022- nursing student clinical rotations

6 - OHSU Nursing students at 96 hours of clinical each = 576 Total Clinical Hours

1 - OHSU Integrated Practice Student at 256 Clinical hours

1 - Re-Entry Nursing Student at 160 Clinical hours

8 - TVCC Nursing Students at 120 hours each = 960 total clinical hours

Additionally, the SAMC-Ontario hospital president serves on the TVCC Medical Assistant Advisory Board and the TVCC Nursing Advisory Board to build capacity through the development of future health professionals.

Between FY21-23, SAMC-Ontario provided \$36,000 in funding support to Pacific Northwestern University of Health Sciences residency program (AHEC) by providing free housing for students during local residency rotations to address the health care workforce shortage in Ontario.

ACCESS TO HEALTH CARE, INCLUDING ORAL HEALTH

SAMC-Ontario sought to improve access to health care by identifying and removing barriers and providing equitable services to those who are underserved.

Specifically, SAMC-Ontario has one Community Health Worker (CHW) located in the Fruitland Health Plaza to assess the social needs of patients and refer them to community resources and services to meet those needs. In FY21, Saint Alphonsus launched the Community Health Worker (CHW) Hub. During the beginning of the pandemic, CHWs began by screening patients who were seeking or awaiting COVID test results for their social care needs using a standardized 11-question screening tool developed by Trinity Health System. CHWs would follow up with patients who demonstrated needs or desired to further address their needs- such as housing, food, help applying for financial assistance, etc.- to connect them to relevant community resources/partners through the Community Resource Directory (findhelp.org). Concurrently, a CHW Hotline was established with CHWs available from 8am-5pm Mon-Fri) for patients, colleagues, and community members to call free of charge for social care needs.

Because the CHW Hub was not yet a standardized practice, data is not available from FY21 to demonstrate how many patients were assessed and received referrals for social care needs.

FY21: 179 patients seen by SAMC-Ontario CHW

FY22: 256 patients seen by SAMC-Ontario CHW

FY23 (July-Dec 2022):

2,279 encounters made between CHWs and patients across the SAHS Idaho and Oregon service area

652 referrals made from a CHW to a community resource/partner

455 calls made to the CHW Hotline

As of December 2022, 31.7% of patients in Saint Alphonsus EDs, primary care practices, and specialty care settings are screened for social care needs.

COMMENTS

SAMC-Ontario did not receive any comments from the public on the 2020 CHNA beyond the contributions of the Malheur County Steering Committee and qualitative data collection methods between January and May 2020.

Any additional comments on this report may be submitted to Rebecca Lemmons, Saint Alphonsus Health System Regional Director of Community Health and Well-Being at Rebecca.Lemmons@saintalphonsus.org.

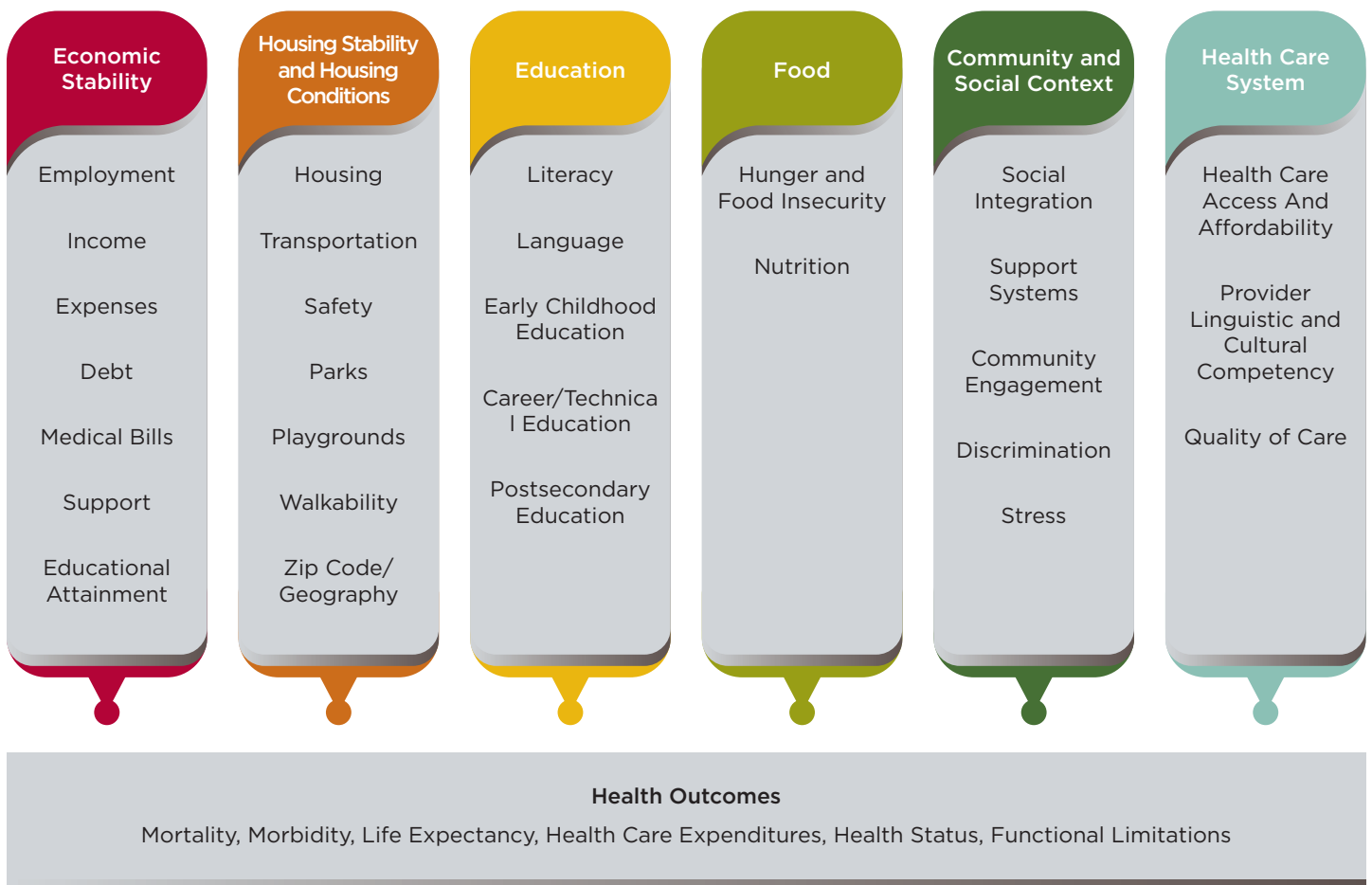
DATE ADOPTED BY BOARD

June 5, 2023



APPROACH AND METHODOLOGY


The initial step in the CHNA process was to gain an understanding of the community health status from existing data and community members. This included gathering data on regional health behaviors, health outcomes, causes of death, and the many social influencers, or determinants, of health (SloH). This information identifies the greatest and most pressing community needs for community-serving organizations, collaboratives, and policy makers through the implementation of programs, services, and policies. After data analysis, a rigorous prioritization process was employed to ensure the highest priorities identified within the community are addressed by the CHNA. This process includes various community members and stakeholders providing their community input and values across all aspects of this report and next steps.



Source: Braveman, P.A., Kumanyika, S., Fielding, J, et al. (2011). *Health disparities and health equity: the issue is justice.* American Journal of Public Health.

The 2023 CHNA aims to identify the health needs of Malheur County, Oregon through a SloH framework, which defines health in the broadest sense and recognizes SloH factors such as employment, housing, and access to health care that impact on community health. Social, educational, economic, and health data are drawn from existing data sources such as the U.S. Census, Idaho Department of Health and Welfare, the Trinity Health Data Hub, and Oregon State Department of Education, among others.

Primary and secondary data is used to understand community health strengths, challenges, and opportunities in the counties of interest. Secondary data is defined as any data found in existing public datasets. Secondary data is presented for the most recent year available and data may be

incomplete or not collected for certain outcomes. Due to the size of Baker County, some data is unavailable because of lower participation in data collection efforts. Primary data, or gathering the community voice through intentional outreach, is data collected for the purpose of this CHNA through surveys, focus groups, and interviews. Those results are highlighted with a .

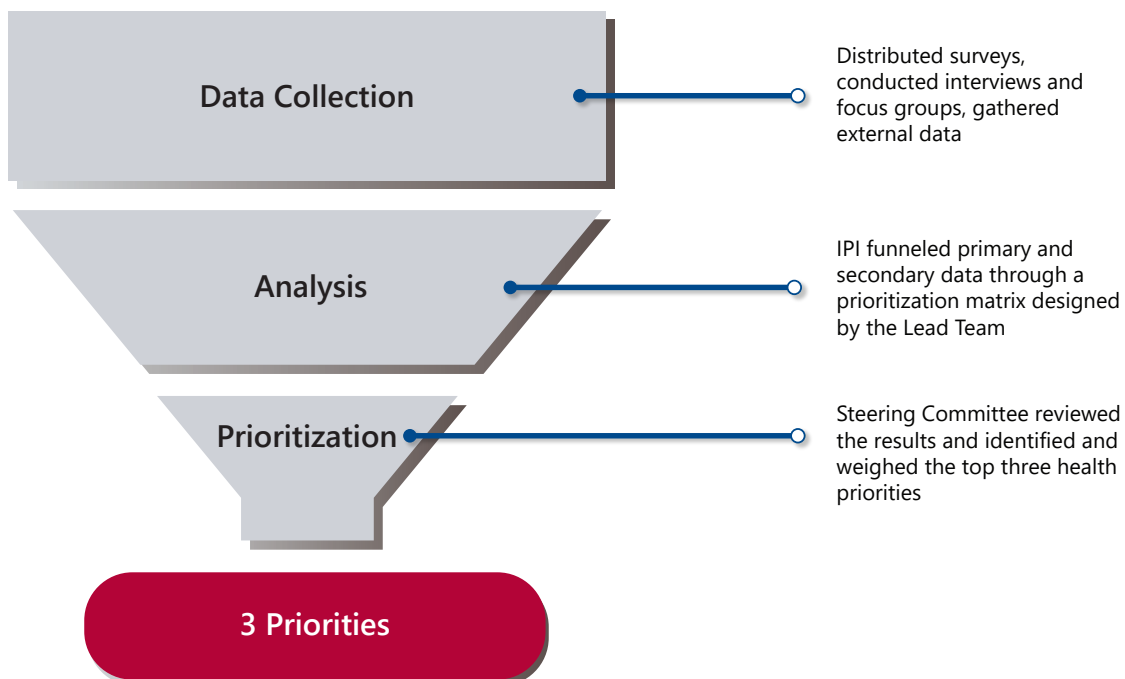
Online and paper community surveys engaged more than 88 Malheur County residents. The survey can be viewed in Appendix D. Survey data was collected using convenience sampling and as such is not representative of the region population—respondents tended to be higher-income, older, white, and female. However, the responses still provide useful insight into community needs.

Focus groups and interviews conducted with community stakeholders across the region gathered more representative data. Hospital systems used a targeted approach to recruiting interview and focus group participants to ensure typically underrepresented groups were included in data collection such as older adults, rural residents, people experiencing homelessness, LGBTQIA+, Hispanic and Latino, and new American and resettlement groups. This process better allowed for identifying disparities and health inequities in the community.

Project partners conducted three interviews and five focus groups with multi-sector organizations, residents, and community stakeholders across the county. These focus groups and interviews aimed to gather feedback on the community strengths, challenges, and priority health concerns. Through the process of compiling, analyzing, and synthesizing primary and secondary data, a list of key themes emerged. This list was then prioritized by key stakeholders (see the `Prioritization of Needs` section below).

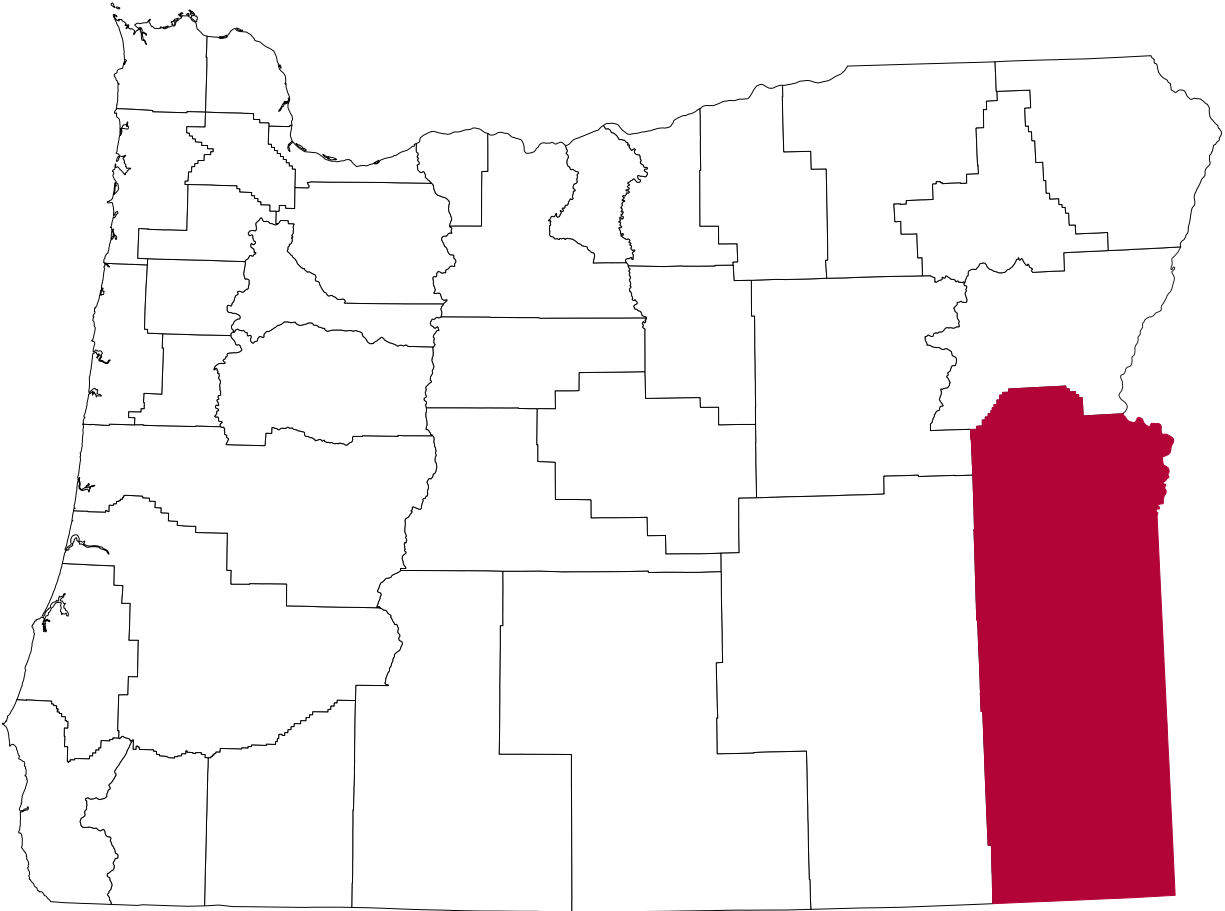
Assessment and recruitment oversight occurred through the utilization of a community assessment Steering Committee. The Steering Committee was comprised of members representing 15 institutions, including major hospital systems in the region, community health centers, local public health departments, nonprofit organizations, educational institutions, and other health and human service organizations. The Steering Committee led the efforts in recruitment for both the survey and interviews/focus groups. In addition, members of the steering committee were trained to conduct the interviews and focus groups.

DATA PRIORITIZATION PROCESS



COMMUNITY SERVED

This CHNA focuses on Malheur County Oregon. The largest cities that compromise Malheur County are Ontario, Vale, and Nyssa.



POPULATION DEMOGRAPHICS

TABLE 1: POPULATION

Population by County, 2017-2021

Malheur County	31,313
Oregon	4,246,000

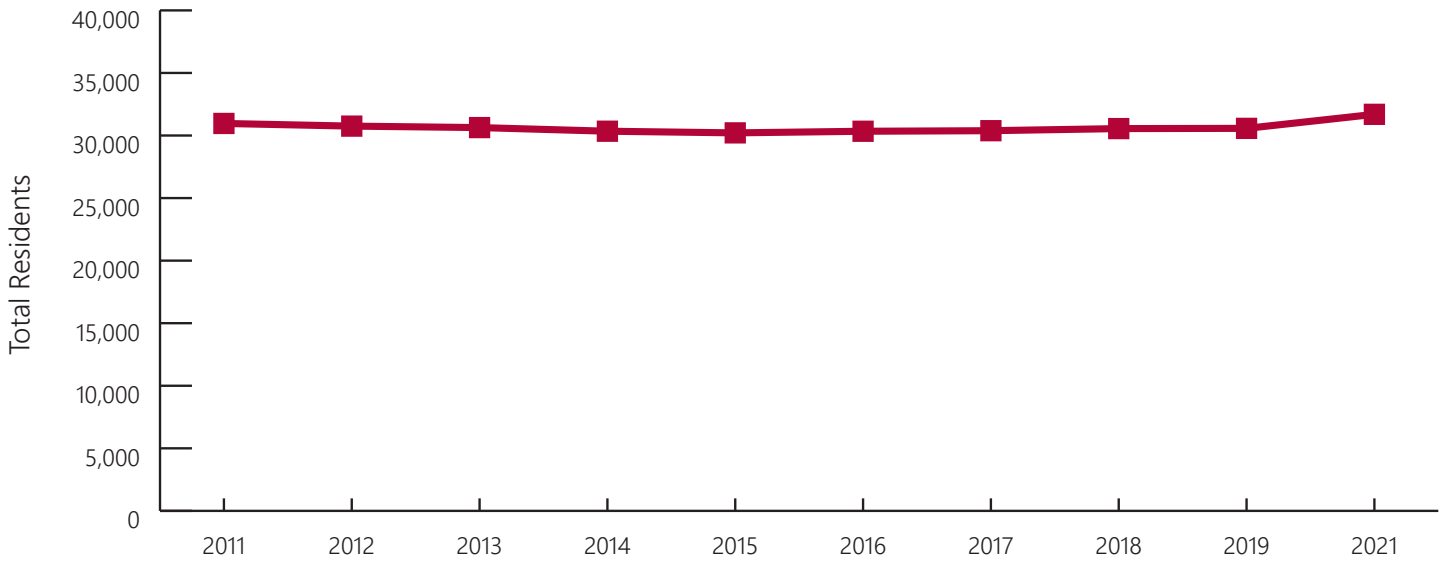
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

POPULATION CHANGE

The population in Malheur County from 2010 to 2020 increased by 2.3% whereas the state population increased by 10.6%. The greatest growth occurred between 2019 and 2021. The city of Ontario represented the largest increase of this growth.

Experiencing a steady rate of population decrease followed by an influx of population is likely to impact community functioning. CHNA respondents in Malheur County feel negative impacts of this growth include rises in housing costs, decreased quality of the housing stock, an increased cost of living, and concerns about crime and safety.

FIGURE 1: POPULATION GROWTH

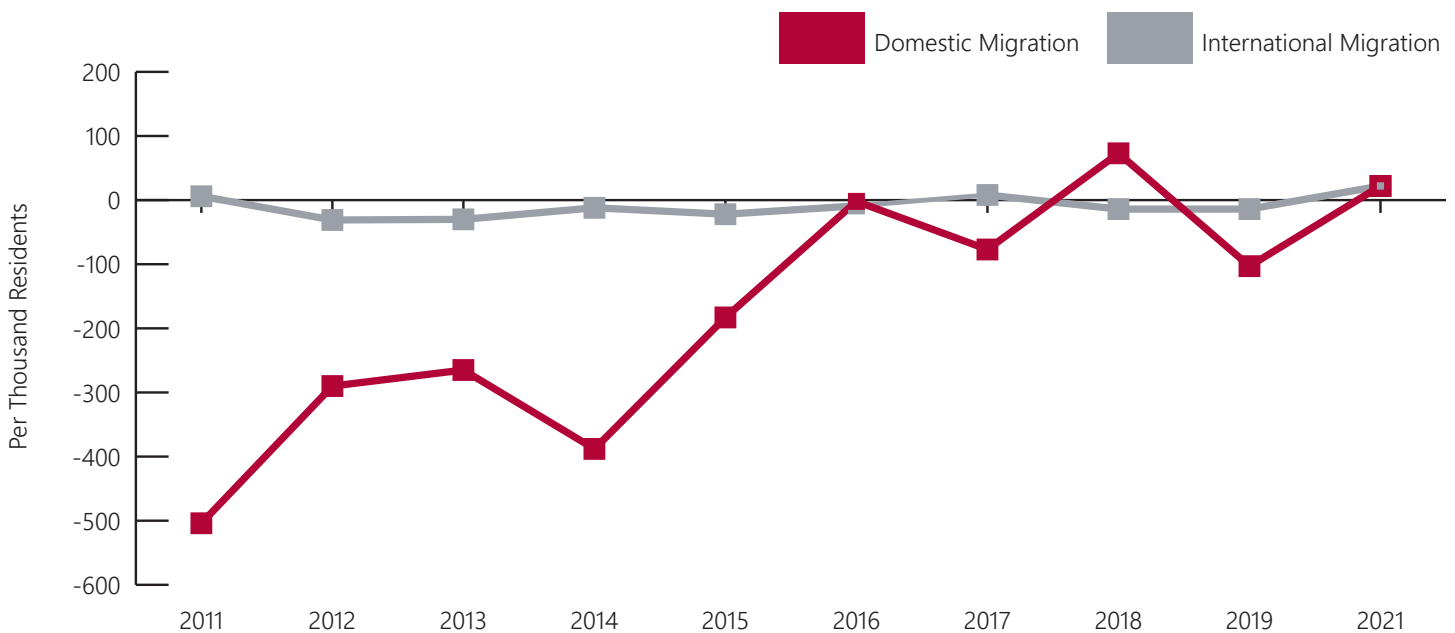


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

The decrease in population earlier in the decade is represented in migration data. In Malheur County domestic migration, or the migration of population between US states from 2011 through 2018, experienced many residents moving to other states.

FIGURE 2: MIGRATION IN MALHEUR COUNTY



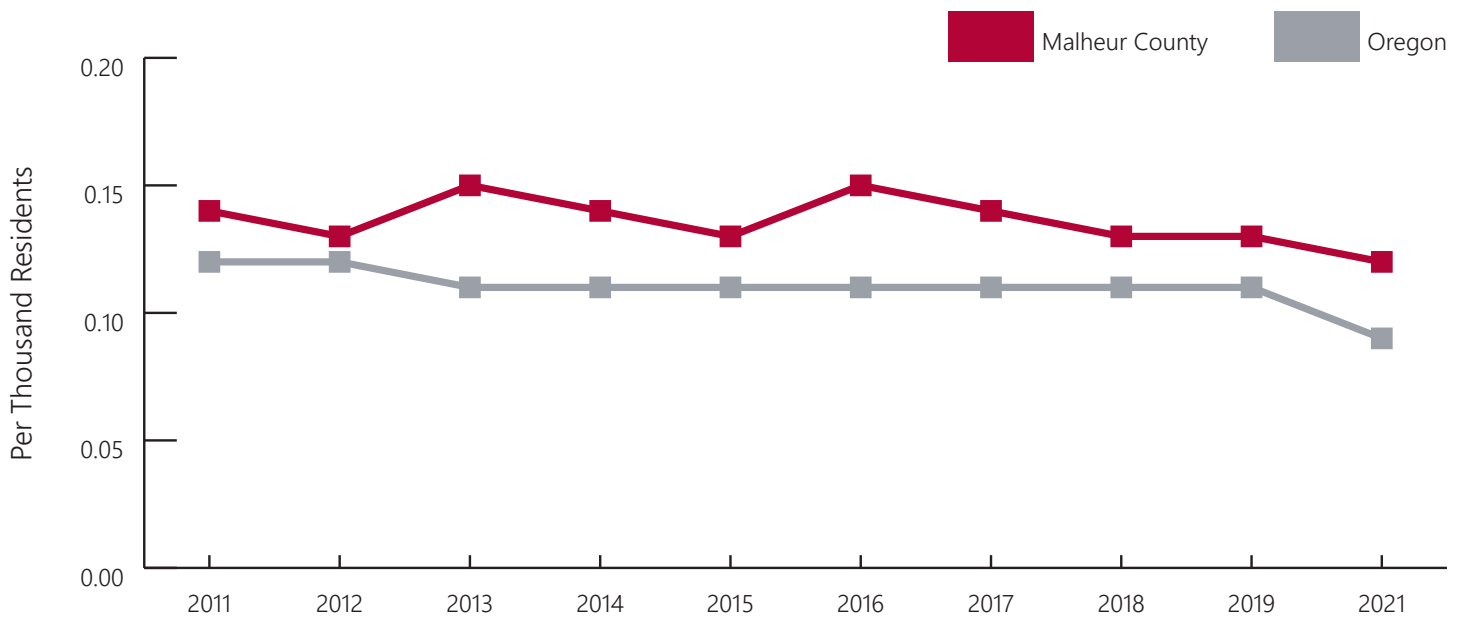
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

International Migration, or individuals and families moving from another country, is minimal in Malheur County. In the past ten years, it was more common for international residents to leave than move into the county.

These patterns imply that recent growth in Malheur County is likely due to migration within the state of Oregon. Births per capita in Malheur County are higher than the state average but have decreased somewhat since 2016.

FIGURE 3: BIRTHS PER CAPITA IN MALHEUR COUNTY

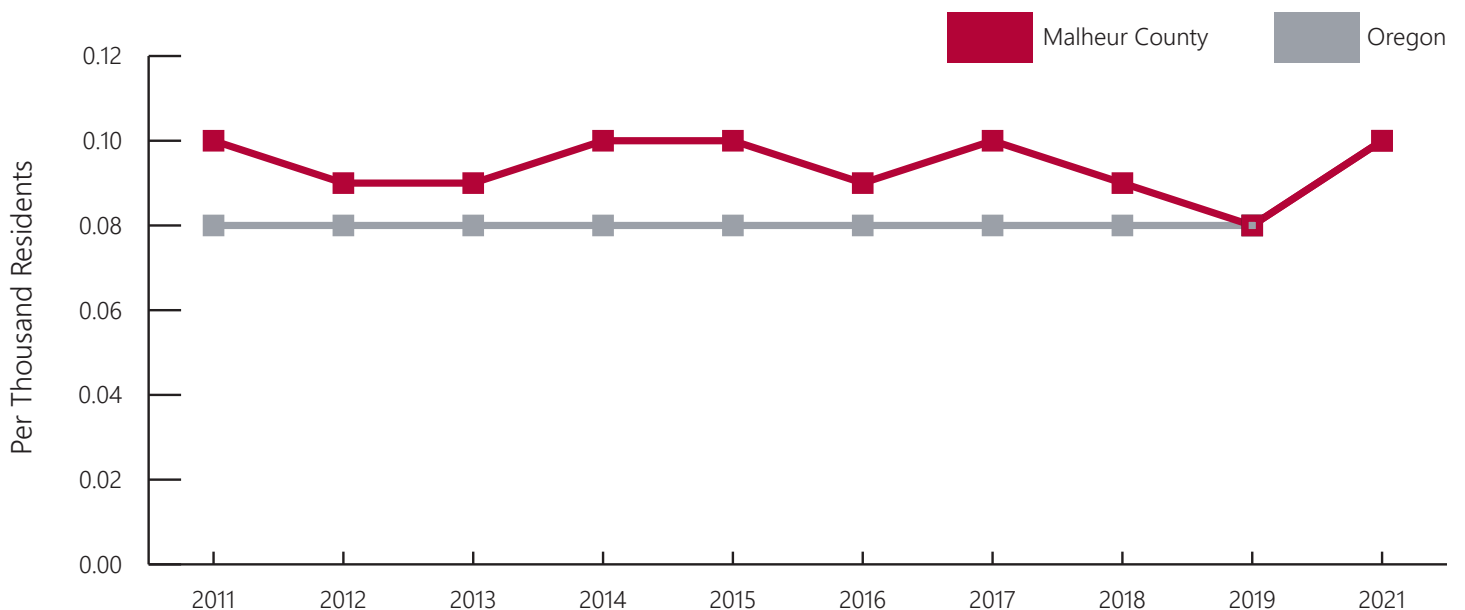


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Deaths per capita have varied in the past ten years, though they were consistently above statewide averages until 2019. In 2021 deaths increased, most likely as a result of the COVID-19 pandemic, however there was a similar rate per capita of deaths in 2014.¹ This pattern may be as a result of the growing population of older adults.

FIGURE 4: DEATHS PER CAPITA IN MALHEUR COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

RACE AND ETHNICITY

Oregon is home to a majority white population, though Malheur County houses a diverse population with nearly 40% of residents being a race or ethnicity other than non-Hispanic white. Compared to the state average, Malheur County has a higher number of Hispanic and Latino residents. According to the U.S. Census Bureau, Malheur County saw the fastest Hispanic and Latino population growth in the state.² CHNA respondents feel Hispanic and Latino residents in the county experience barriers to service and need more translation services, housing, and representation of Hispanic and Latinos in public fields.

TABLE 2: RACE AND ETHNICITY

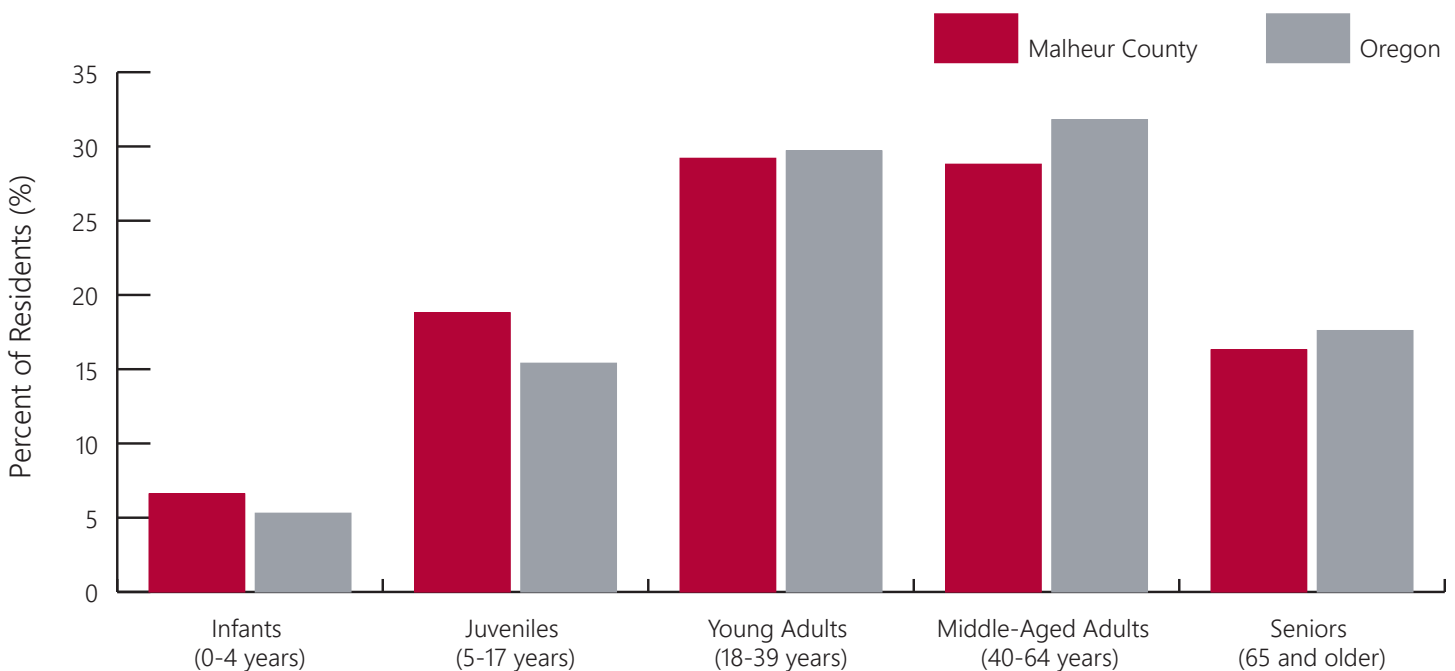
	Malheur County	Oregon
Non-Hispanic White	60.0%	74.3%
Non-Hispanic Black	0.8%	1.7%
Hispanic or Latino	34.7%	13.6%
Asian	1.0%	4.3%
Native American	0.9%	0.7%
Pacific Islander/Native Hawaiian	0.1%	0.3%
Two or More Races	2.1%	4.7%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

AGE

When compared with the Oregon averages, Malheur County has more youth (ages 17 and under). Nearly one in five Malheur County residents is a senior, though most of the population are young and middle-aged adults.

FIGURE 5: POPULATION BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

VETERANS

Malheur County has a slightly higher percentage of residents (8.4%) that are veterans compared to Oregon's statewide average of 7.9%. Veterans have access to health services from Veteran Affairs in Ontario but may have difficulty navigating the system or may experience long wait times for appointments.

POPULATION WITH A DISABILITY

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities."³ People with disabilities may be unable to work and often face a higher rate of poverty. Oregon's statewide average is at 14.4%, while Malheur County has a slightly higher rate at 15.4%.

ENGLISH PROFICIENCY

Limited English proficiency measures those who identify speaking English less than "very well" on the U.S. Census. Malheur County has twice the rate of this population than the statewide average at 5.3% compared to 2.6%.

LGBTQIA+

Health and other related data is often limited for those who are lesbian, gay, bisexual, transexual, queer or questioning, intersex, asexual, and/or other gender identities and sexual orientations (LGBTQIA+). A small percentage of CHNA respondents identified as members of the LGBTQIA+ community. Those in this population reported health concerns such as access to inclusive care, particularly in a small community where they have more concerns for privacy when in clinical spaces.

DATA

HEALTH OUTCOMES

Health equity and social influencers of health, such as financial stability, housing, and education, all play a critical role in health outcomes. While these factors have been specifically addressed in other sections of this CHNA, this section is designed to address the health and well-being of those in Malheur County. First, this section will review overall health outcomes for general health and well-being, then will dive into more in-depth measures related to access to care, various mental health related outcomes, substance misuse and abuse, health behaviors, and chronic disease related outcomes. While this section of the report includes some key chronic diseases and health indicators, it is not inclusive of all health indicators available in the Idaho Oregon Community Health Data Atlas. Please refer to the health index for additional health indicators or to search for city-level data where available.

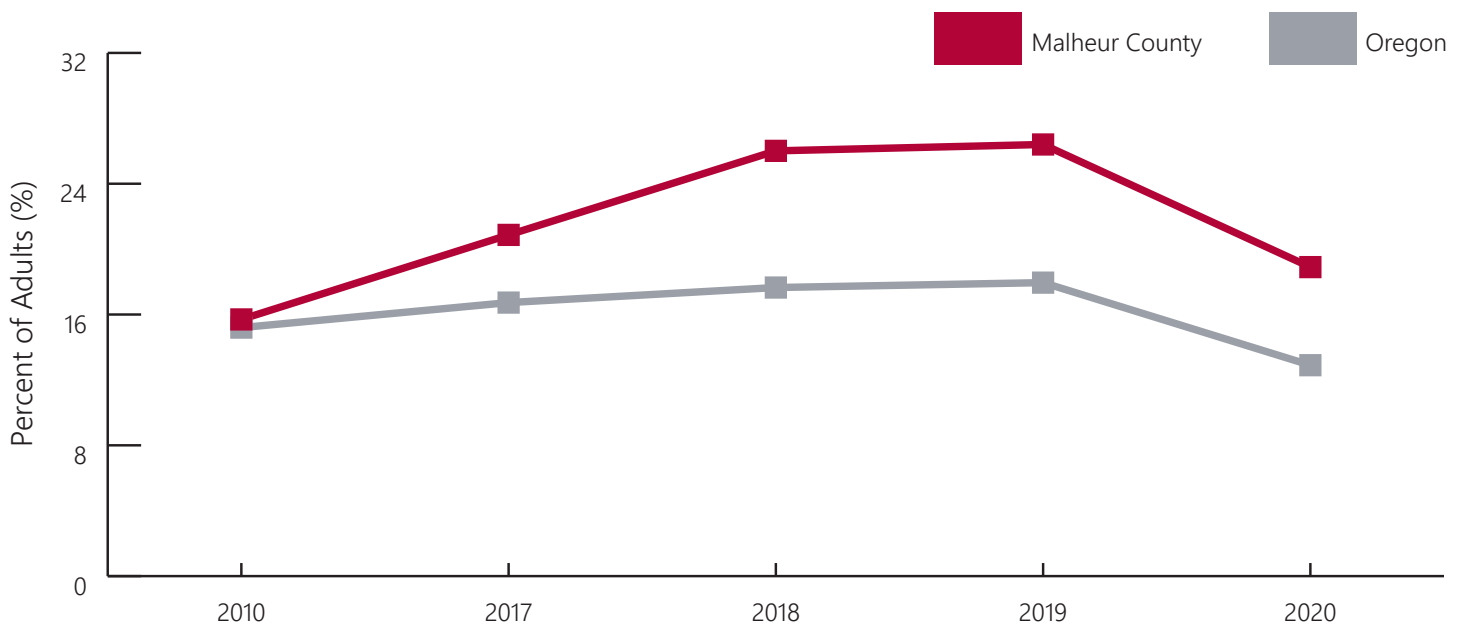
The Robert Wood Johnson County Health Rankings provides a base understanding of how each county ranks within the state regarding overall health and well-being. Malheur County is ranked 28th for health outcomes and 34th for health factors out of the 35 counties in Oregon.⁴ Health outcome rankings are determined by comparing the length of life and the quality of life, including self-reported health status and percent of low birthweight newborns. Health factor rankings are determined by comparing many of the aspects of the Social Influencers of Health. This includes substance misuse and abuse, diet and exercise, access to and quality of health care, education, employment, family support, housing, public transit, and more.⁵

GENERAL HEALTH AND WELL-BEING

The length of life measure, Years of Potential Life Lost (YPLL), focuses on deaths that could have been prevented. YPLL is a measure of premature death based on all deaths occurring before the age of 75. By examining premature death rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life.

In Oregon the overall YPLL is 6,072 life-years lost per 100,000 years, while in Malheur County the YPLL is significantly higher 7,442 per 100,000 years.⁶ This indicates that on average people in Malheur County are dying prematurely and efforts may be made in to improve this outcome.

FIGURE 6: ADULTS SELF-REPORTING “FAIR” OR “POOR” HEALTH OUTCOMES



Source: University of Wisconsin Population Health Institute, County Health Rankings

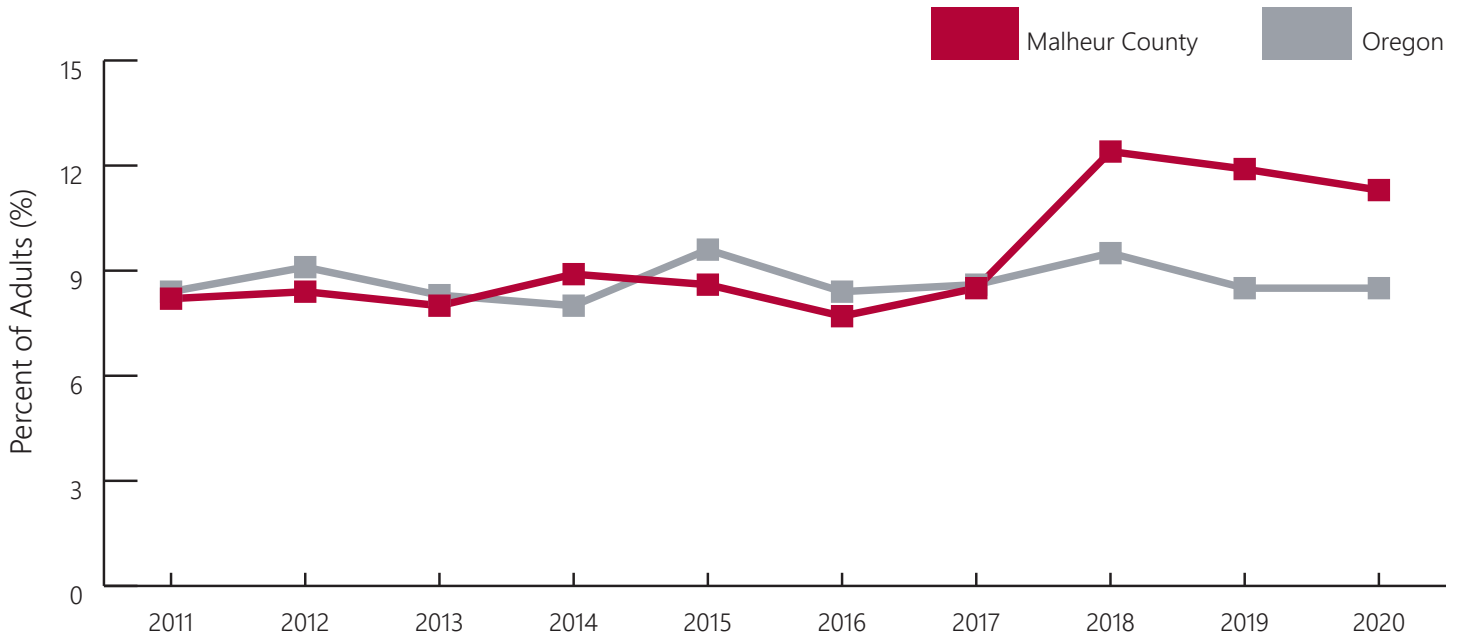
When looking at self-reported health for Malheur County and Oregon, it is important to note that the data available is pre-pandemic. In 2018 Malheur County experienced a sharp increase of fair or poor health and in 2020 the rates of fair and poor health declined, further data is needed to see has gone throughout the COVID-19 pandemic.

CHRONIC DISEASES

When looking at chronic disease rates across the region, it is important to note that Malheur County has a small population. This means that even a few individuals with a new chronic disease diagnosis can impact the percentages in a great way over time.

Diabetes diagnoses in Malheur County steadily increased between 2004 and 2017. In 2018 there was an increase though that rate has gone down slightly since. Compared to the United States, the rate in Malheur County is higher.⁷ Generally, diabetes is more prevalent American Indian/Alaska Native, Black (non-Hispanic), and Hispanic populations.⁸

FIGURE 7: DIAGNOSED DIABETES

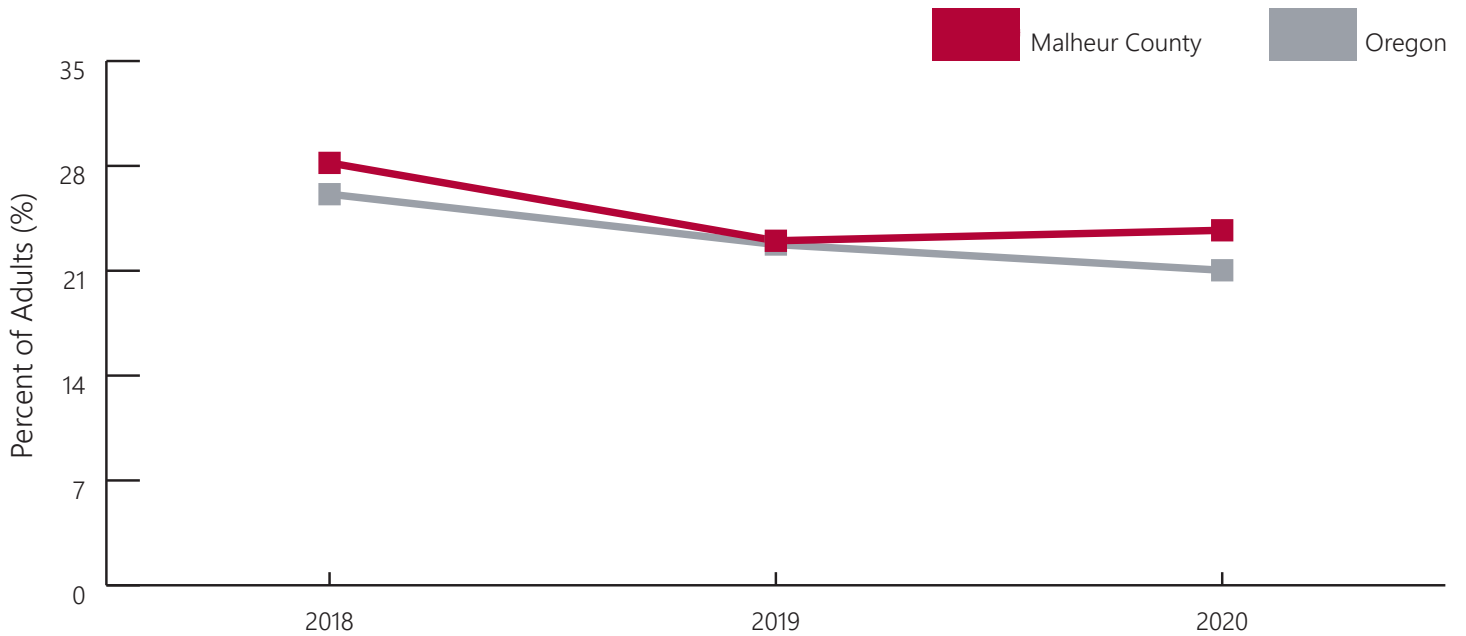


Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System



The percent of adults with arthritis in Malheur County and the state dropped between 2018 and 2020.

FIGURE 8: ARTHRITIS



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

The percentage of adults in Malheur County ever having cancer, coronary heart disease, chronic kidney disease, and high blood pressure have remained steady since 2018.

TABLE 3: CHRONIC DISEASES

Percent of adults who have ever had:	2018	2019	2020
Cancer	6.4%	6.4%	5.6%
Coronary Heart Disease	7.6%	6.9%	6.7%
Chronic Kidney Disease	3.3%	3.4%	3.2%
High Blood Pressure	No data	30.6%	No data

Source: Centers for Disease Control and Prevention, PLACES



CHNA RESPONDENTS TOP FIVE POOR HEALTH OUTCOMES

When the Malheur survey respondents were asked to identify the top five health concerns to their family and their community, respondents identified the following:

- Their Family/Support System
 - Mental Health (24.2%)
 - Aging Health Concerns (18.5%)
 - Access to Health Care (14.2%)
 - High Blood Pressure/Hypertension (12.8%)
 - Disabilities & Obesity/Overweight (11.4%)

- Their Community
 - Mental Health (48.5%)
 - Access to Health Care (32.8%)
 - COVID-19 (28.5%)
 - Obesity/Overweight (24.2%)
 - Aging Health Concerns (18.5%)

These topics align with key themes from the interviews and community focus groups with an emphasis on mental health and access to health care.

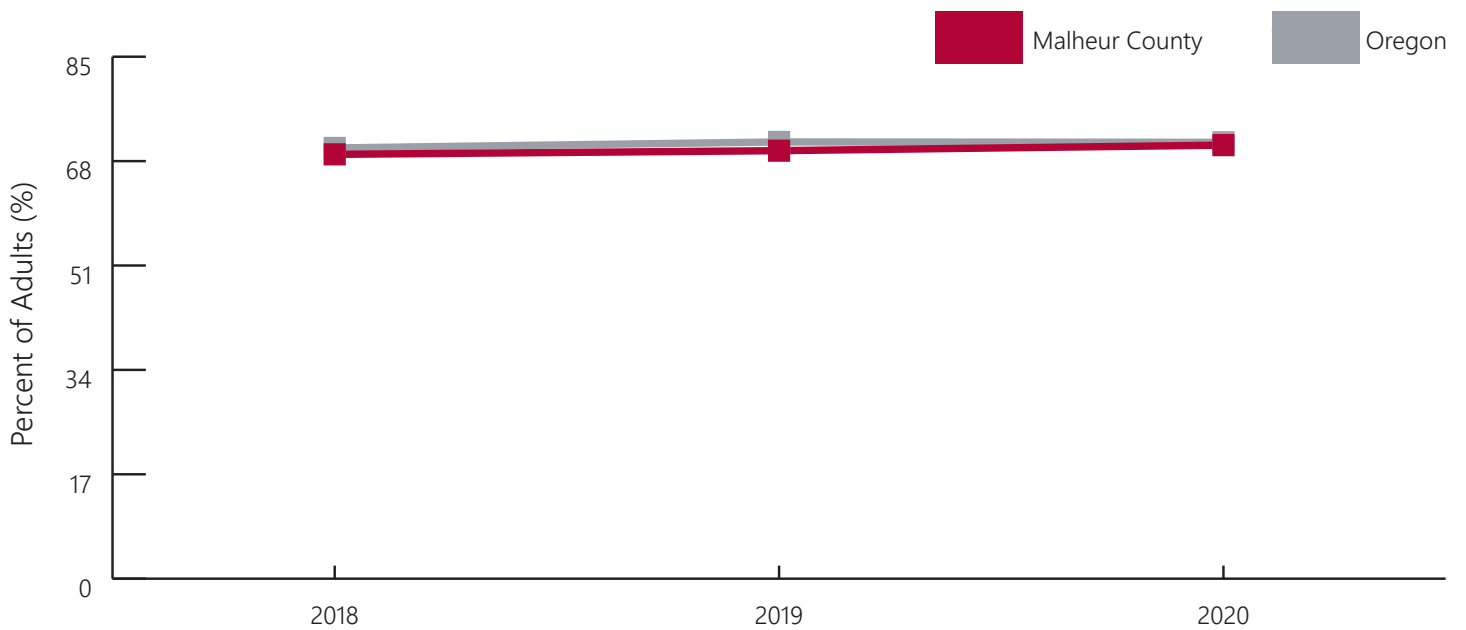
HEALTH CARE: ACCESS AND AFFORDABILITY

Access to health care is defined as the “timely use of personal health services to achieve the best possible health outcomes” by the National Academies of Sciences, Engineering, and Medicine.⁹ There are many barriers people face that may prevent or limit their ability to access health care services, which can lead to increases in poor health outcomes and impact overall health equity. Barriers to health care services mentioned by CHNA respondents include limited number of providers, long wait for appointments, inconvenient operating hours, insurance issues, lack of awareness, and costs associated with care.

HEALTH AND SOCIAL SERVICES

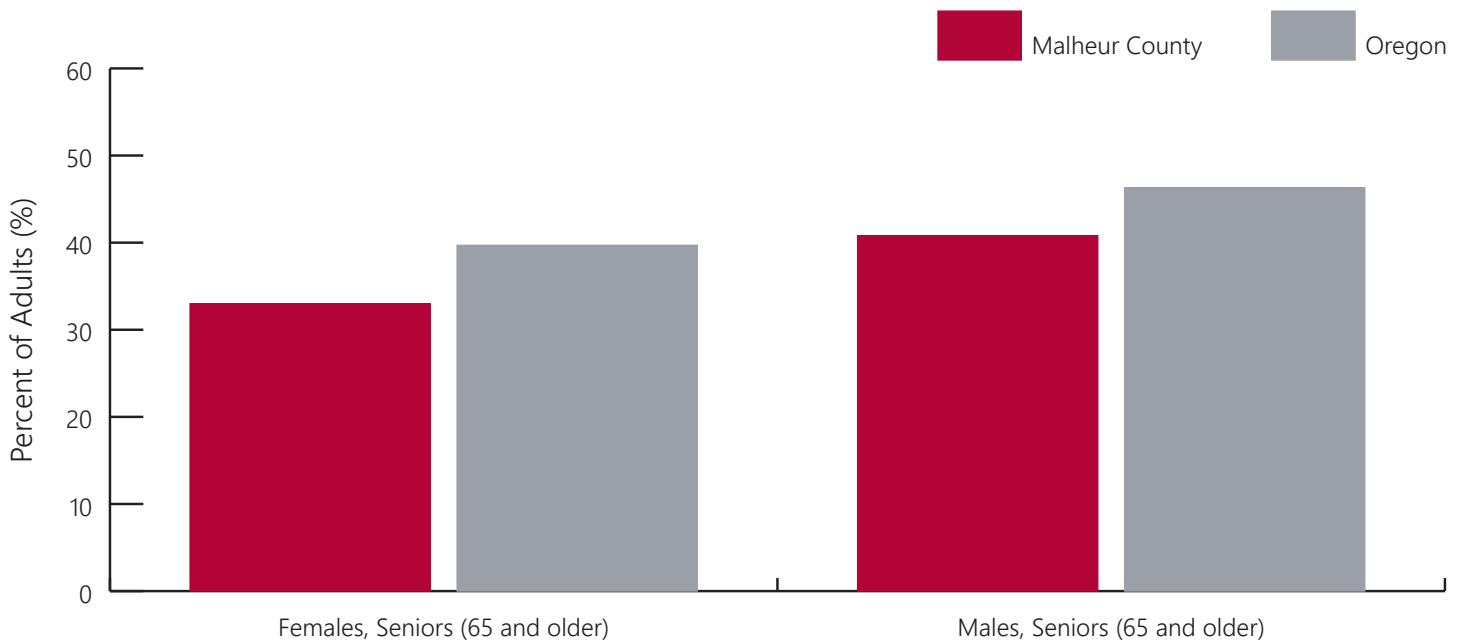
Overall Malheur County is below the state average of individuals reporting a routine checkup with a medical provider. Similar findings can be seen among seniors receiving their core preventative services by sex and age as compared to the state. In addition, Malheur County CHNA respondents reported insufficient mental health, substance misuse and abuse, and general health care services in the region, with many traveling to larger cities in Idaho for specialty care.

FIGURE 9: VISITED DOCTOR FOR ROUTINE CHECKUP



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

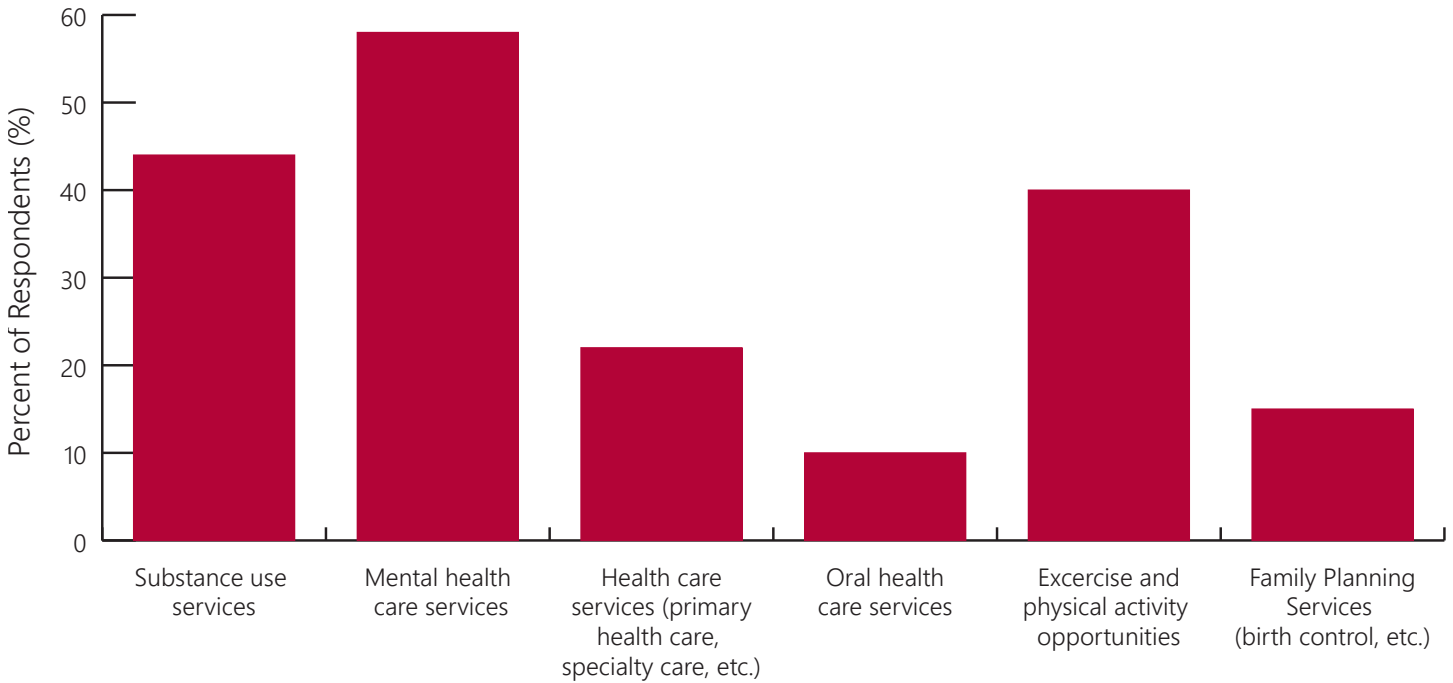
FIGURE 10: SENIORS UP TO DATE ON CORE PREVENTITVE SERVICES BY SEX AND AGE, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

In Malheur County there are approximately 38 primary care physicians per 100,000 individuals, which is only 1/3 of the statewide average).

FIGURE 11: CHNA REGIONAL SURVEY, WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY?

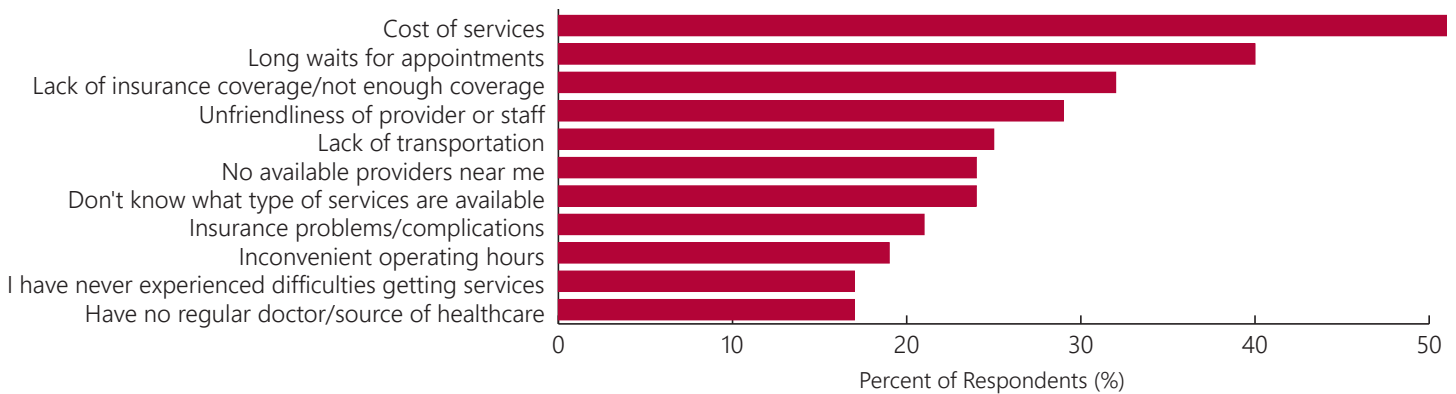


Source: CHNA Community Data, 2022

There are many reasons why an individual may not be able to access or utilize health care services in Malheur County. CHNA respondents reported cost of services, insurance issues such as lack of coverage or not enough coverage, language or cultural differences, and long wait times for appointments as barriers to accessing needed health or social services.



FIGURE 12: CHNA REGIONAL SURVEY, CHALLENGES ACCESSING HEALTH OR SOCIAL SERVICES



Source: CHNA Community Data, 2022

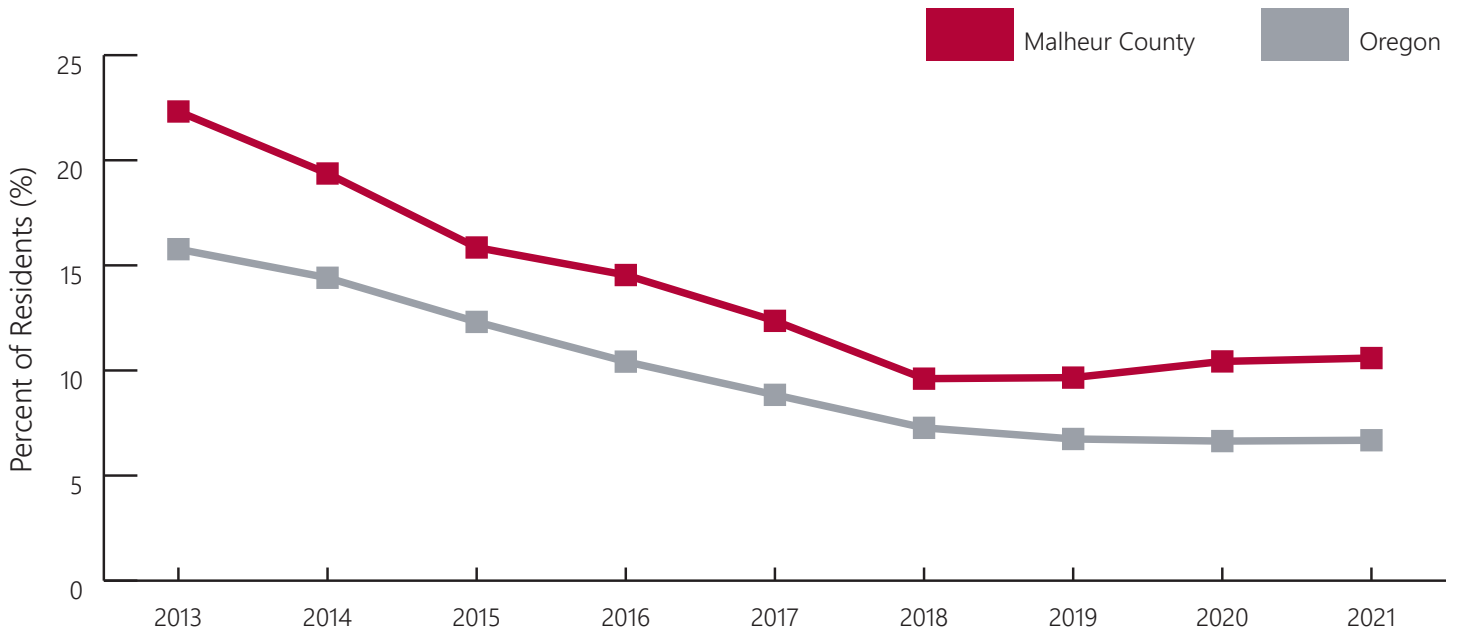
Populations that seem to be most impacted by a lack of awareness of the resources available to them are immigrant populations or non-native English speakers. Many individuals report difficulties accessing services due to language barriers and fear of mistreatment due to their immigration status.

INSURANCE

Insufficient health insurance or lack of insurance coverage tends to be one of the largest barriers reported to receiving much needed health care.

The number of Oregonians, both children and adults who are uninsured has been trending down for the last few years with a large decrease between 2019 and 2021. This is true for Malheur County with less than 10.5% being uninsured. However, it is known that inequities exist in health insurance access and coverage based on age and race.

FIGURE 13: UNINSURED RATE

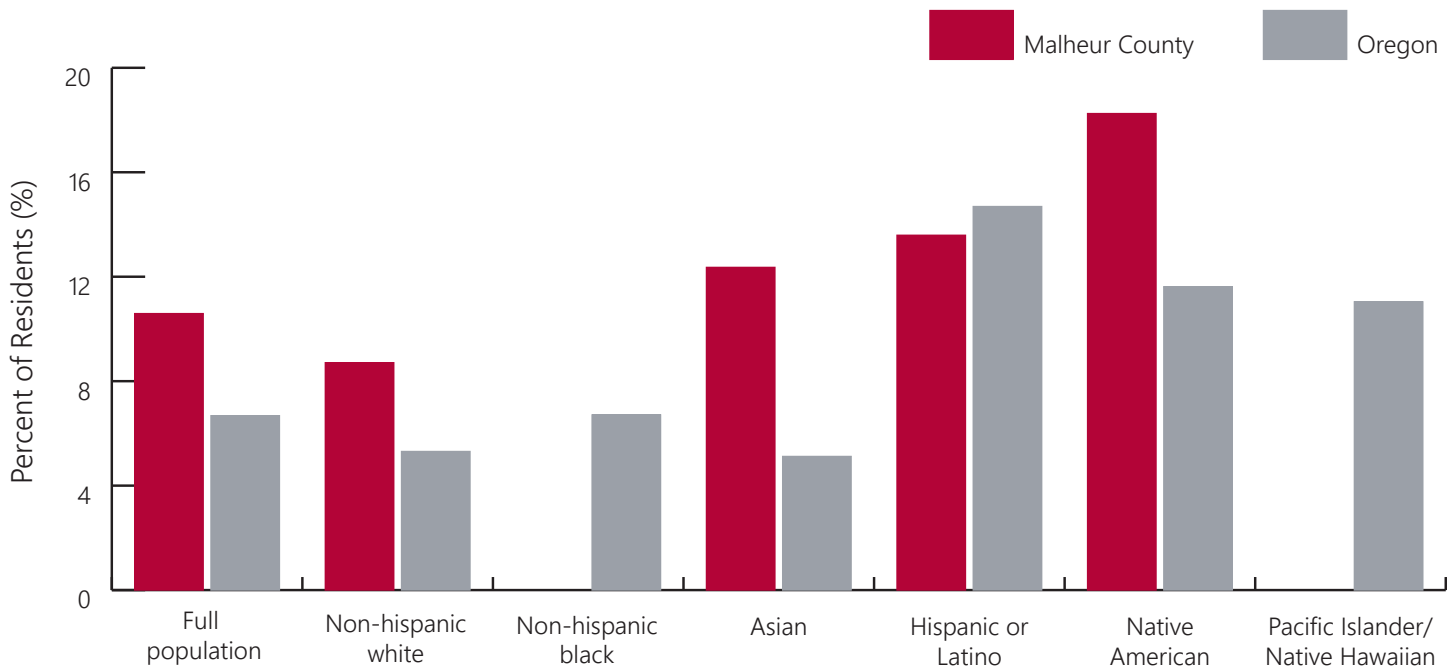


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

A disproportionate percent, nearly one in four, of Indigenous or Native American residents in Malheur County are uninsured, which is above the state average and other races and ethnicities who are also uninsured.



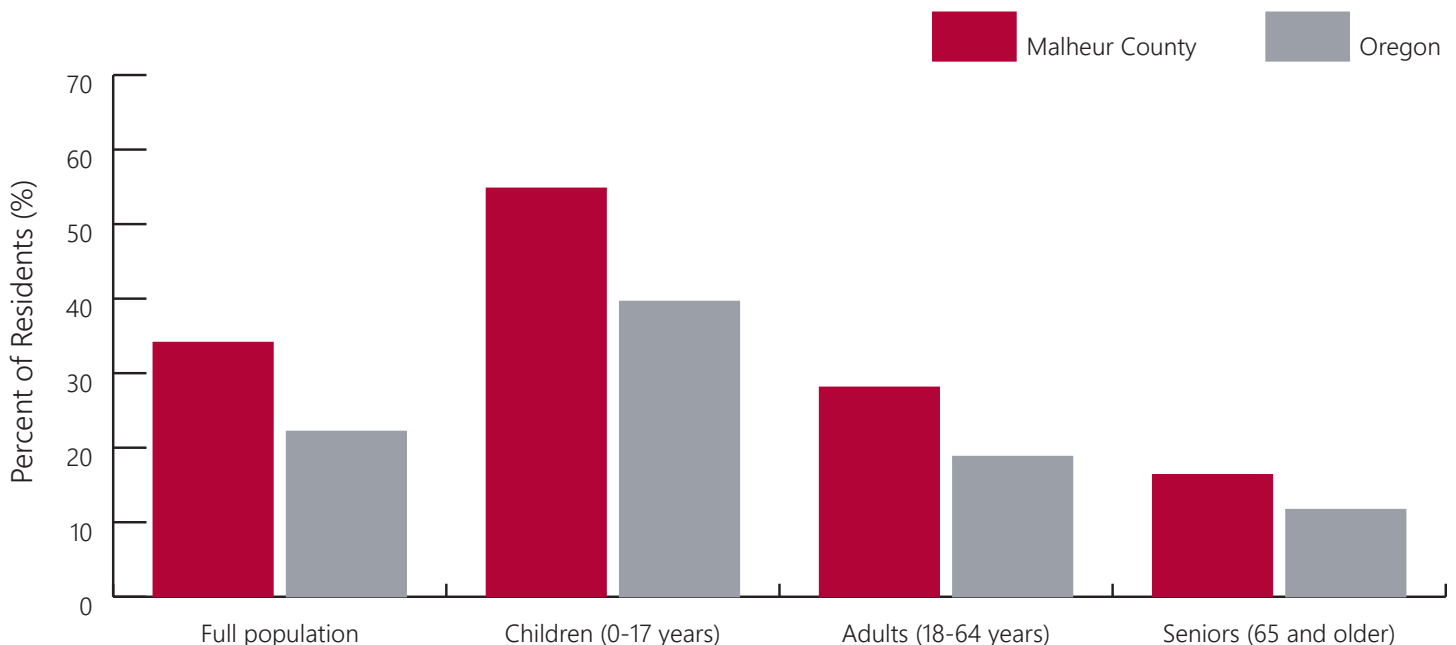
FIGURE 14: UNINSURED RATE BY RACE/ETHNICITY, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

The Medicaid program in Oregon grew by 59% after an expansion in 2014.¹⁰ Federal expansion of the program during the pandemic also increased enrollment in the state. When the pandemic relief expired, Oregon expanded medicaid coverage again, specifically for youth, so enrollment is anticipated to increase.¹¹ In Malheur County, more than half of the population under 18 years old is enrolled in Medicaid compared to the state average of 39.6%.

FIGURE 15: MEDICAID COVERAGE BY AGE, 2017-2021

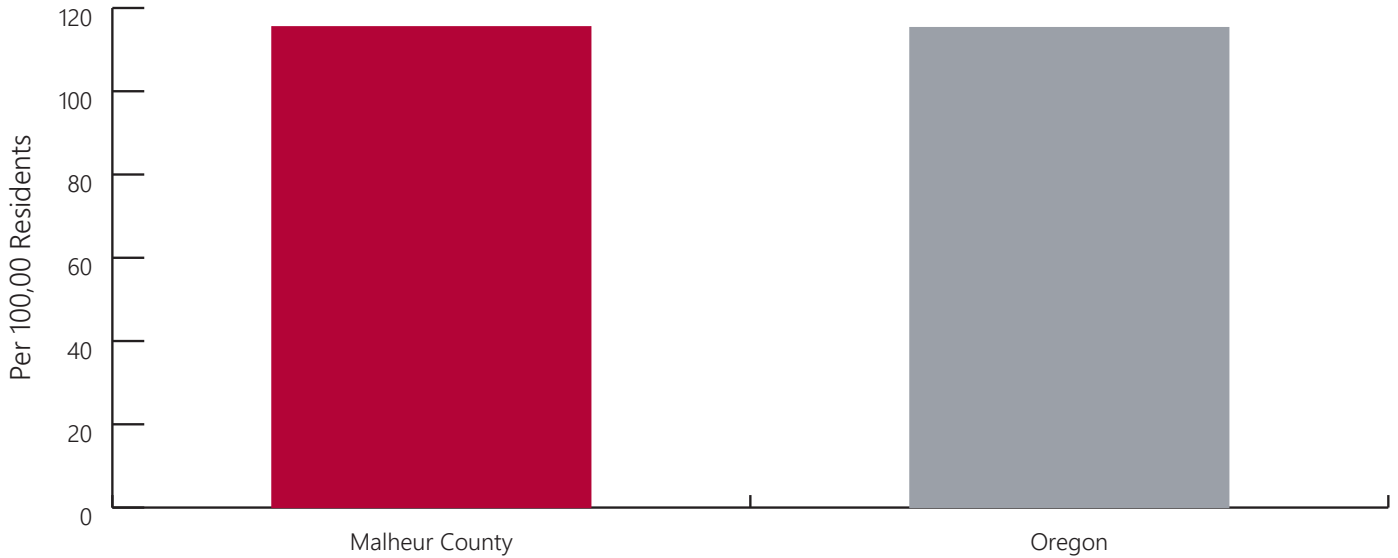


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

ORAL HEALTH

Oral health is an important component of overall health and well-being as it impacts physical health, medical costs, and quality of life. Many residents in Malheur County do not have adequate access to oral health care and are considered to be in a dental health professional shortage area.

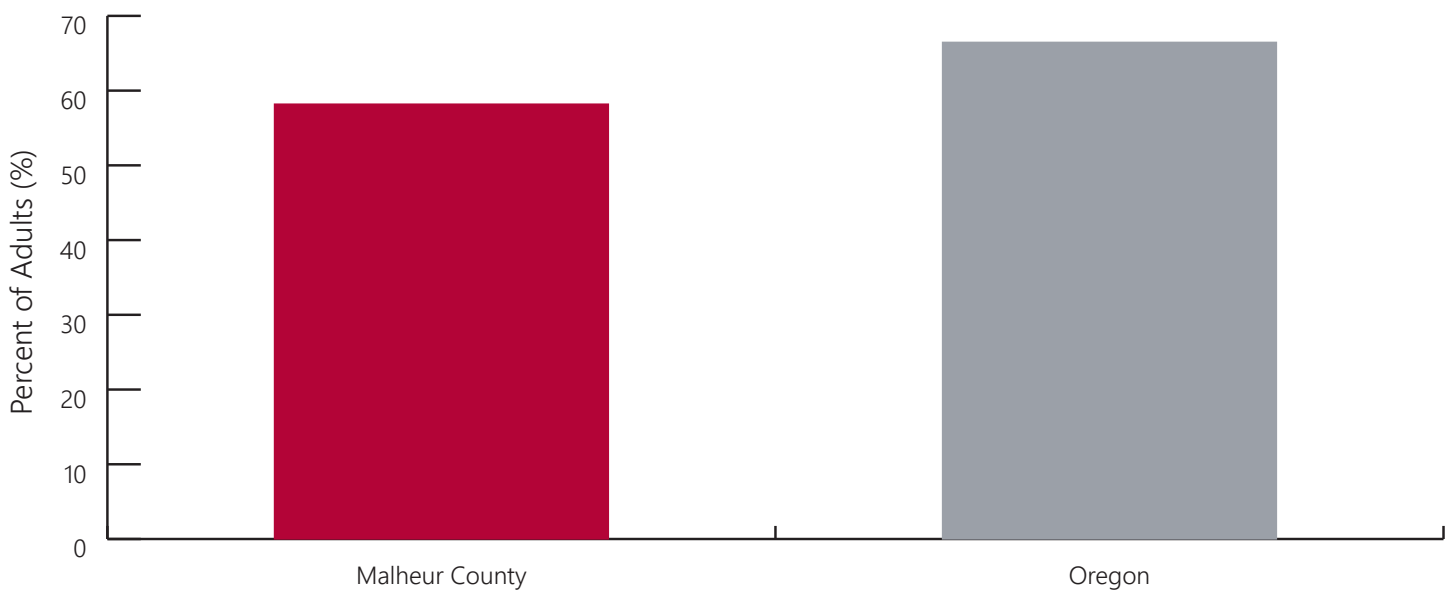
FIGURE 16: DENTISTS PER CAPITA, 2022



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files, 2021

In 2022, Malheur County was on par with the state at 115 dentists per 100,000 residents. When accounting for the number of dentists who accept Medicaid, Medicare or some other forms of insurance, these numbers are much smaller. Among adults in Oregon, more than 66% reported seeing a dentist in 2020. Malheur County had a lower percentage with almost 60% reported seeing a dentist.

FIGURE 17: VISITED DENTIST, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

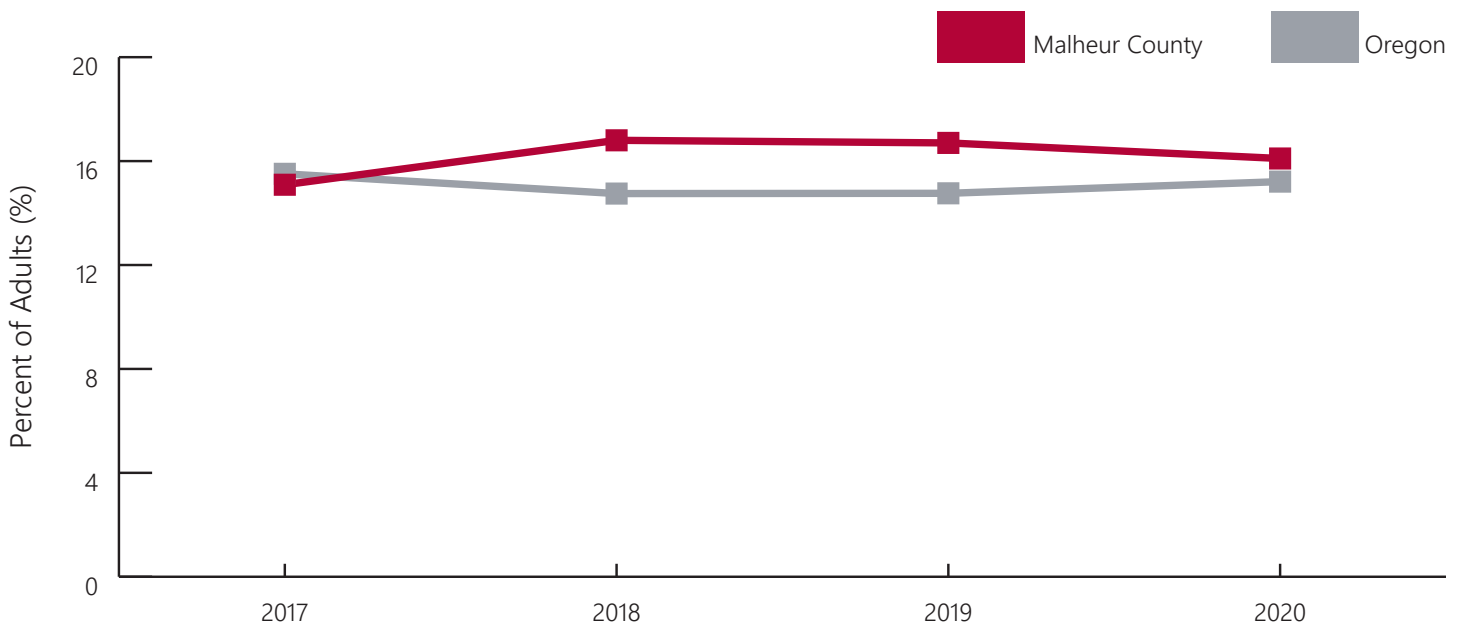
BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE MISUSE AND ABUSE

Behavioral health challenges can be attributed to many factors such as socioeconomic status, genetics, family stability, employment, and overall health and well-being. Behavioral health can impact an individual’s ability to participate in health promoting behaviors and maintain their own health and well-being. Behavioral health encompasses both mental health and substance misuse and abuse because of how intertwined they are, with addiction being a form of mental illness and substance misuse and abuse being utilized as a self-prescribed treatment for mental illnesses. Behavioral health and physical health are directly related and can have great implications on overall health outcomes for an individual and a community.

MENTAL HEALTH

Mental health was identified as a top priority to address by community members in Malheur County. This is not surprising with the high rates of poor self-reported mental health experienced across Oregon and in Malheur County. Note that the data reported is from 2020, and anecdotally, many CHNA respondents reported mental health among both youth and adults being significantly worse than it was before the COVID-19 pandemic. Specifically, respondents indicated that depression, anxiety and feelings of isolation were more common for many people.

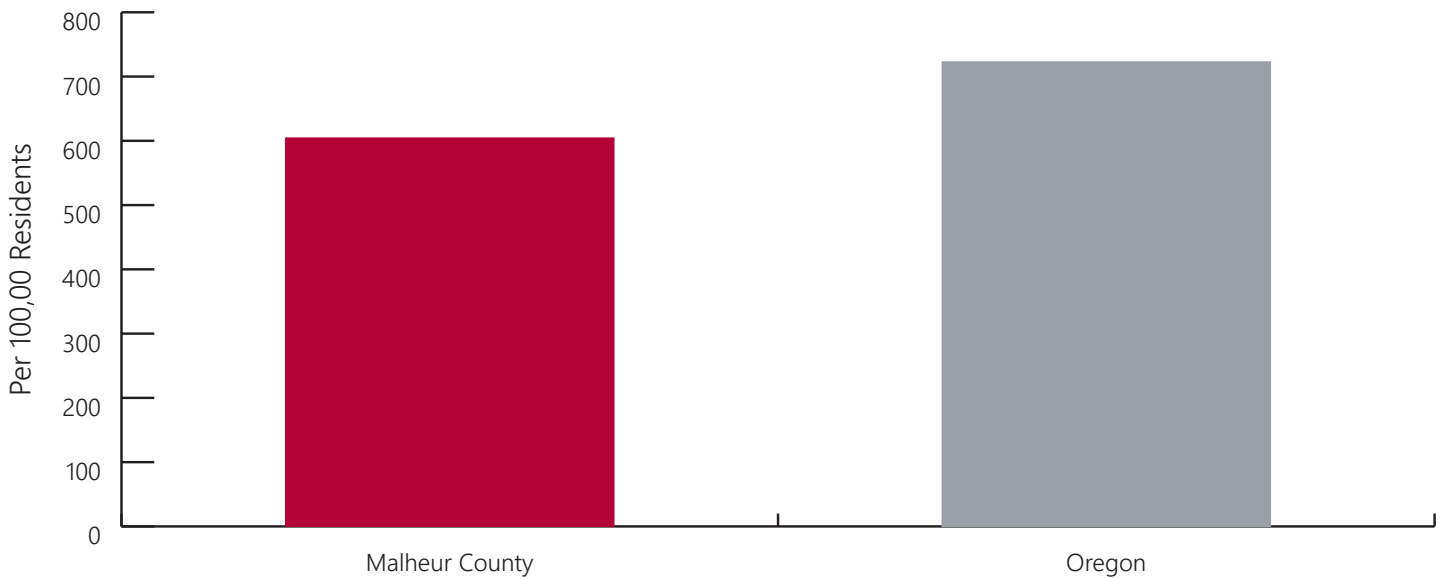
FIGURE 18: POOR SELF-REPORTED MENTAL HEALTH



Source: Centers for Disease Control and Prevention, PLACES

In addition to having a significant percentage of poor self-reported mental health, many residents in Malheur County do not have adequate access to mental health care. Malheur County has considerably fewer mental health providers per 100,000 compared to the state with only 604 per 100,000 residents. Malheur County does have behavioral health services provided by Lifeways and other private counseling providers. Lifeways provides outpatient mental health and addiction services, child and adolescent mental health services, inpatient and residential services, and other community support services. However, due to workforce shortages and high demand for services, community members may experience long wait times to get established with a provider.

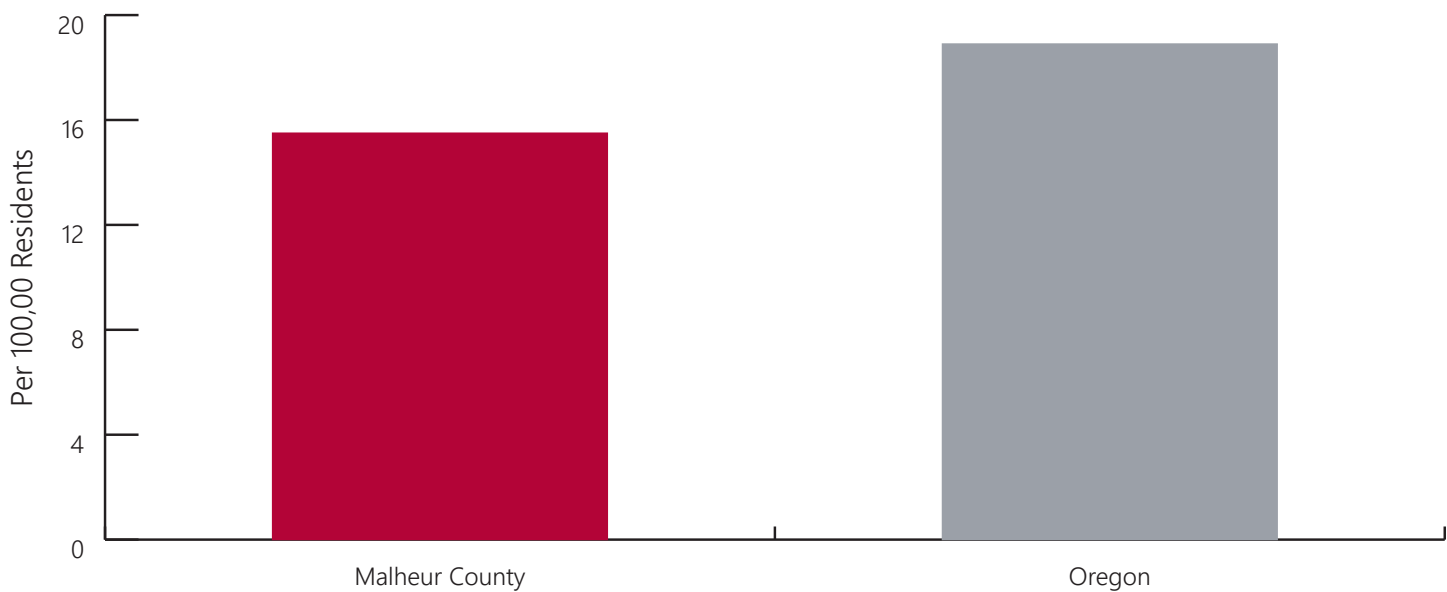
FIGURE 19: MENTAL HEALTH PROVIDERS PER CAPITA, 2021



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, 2021

Malheur County has a lower suicide mortality rate when compared to the state.

FIGURE 20: SUICIDE MORTALITY, 2016-2020



Source: Centers for Disease Control and Prevention, National Vital Statistics System

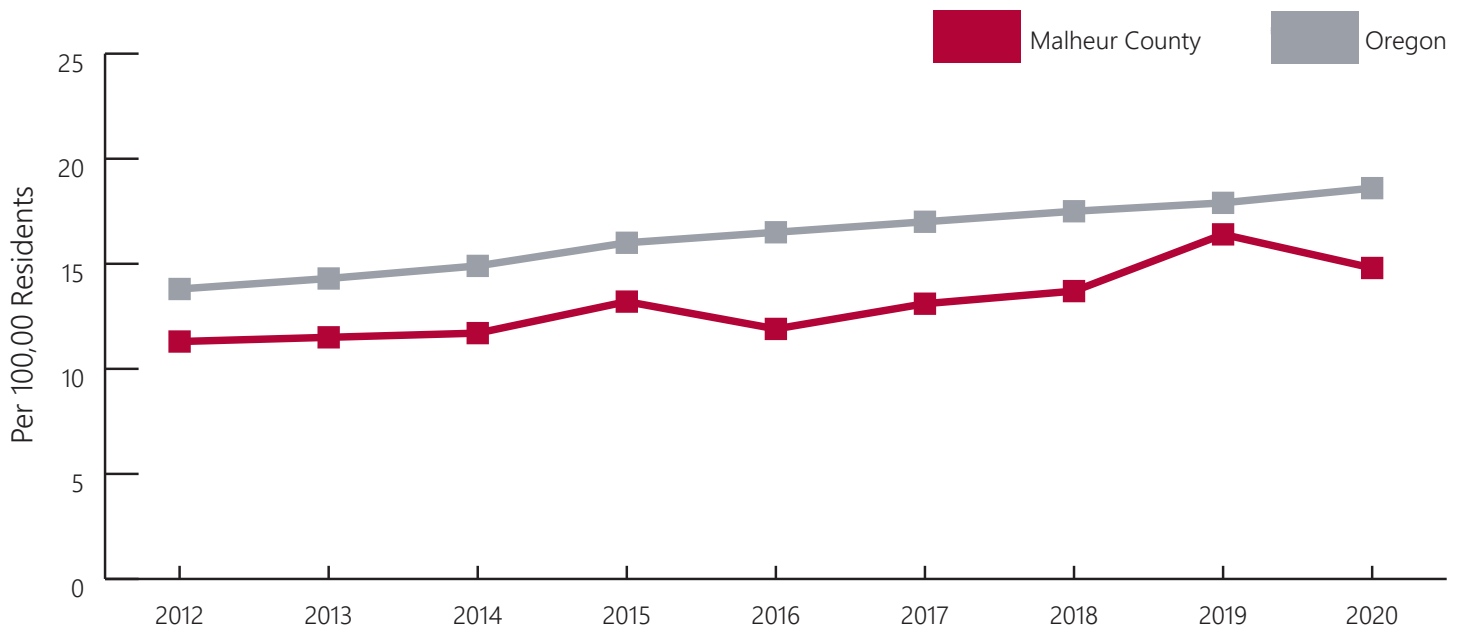
Survey data indicates that community members have high levels of concern regarding their community's response to overall mental health issues, ability to seek treatment, mental health in special populations such as veterans and youth, and suicide. When coupled with the focus group and interview data, there is concern in these communities around youth mental health and their ability to seek treatment.

“Social isolation has increased the need to keep the community connected. We know the importance of staying connected with people. There is a decrease in self-harm or suicidality in those individuals who are well connected to their community or close-knit groups with shared hobbies, and opportunities to participate in those hobbies.”
– Malheur County Resident

SUBSTANCE MISUSE AND ABUSE

Substance misuse and abuse continues to be a critical public health concern that impacts individuals, families, and their communities. Substance misuse and abuse disorders are multifaceted and can be impacted by biological, social, and environmental factors. Substance misuse and abuse disorders may impact serious health and social outcomes such as high rates of chronic diseases, cancer, and mental health, as well as violence, crime, housing instability, and financial hardships.

FIGURE 21: ALCOHOL RELATED MORTALITY

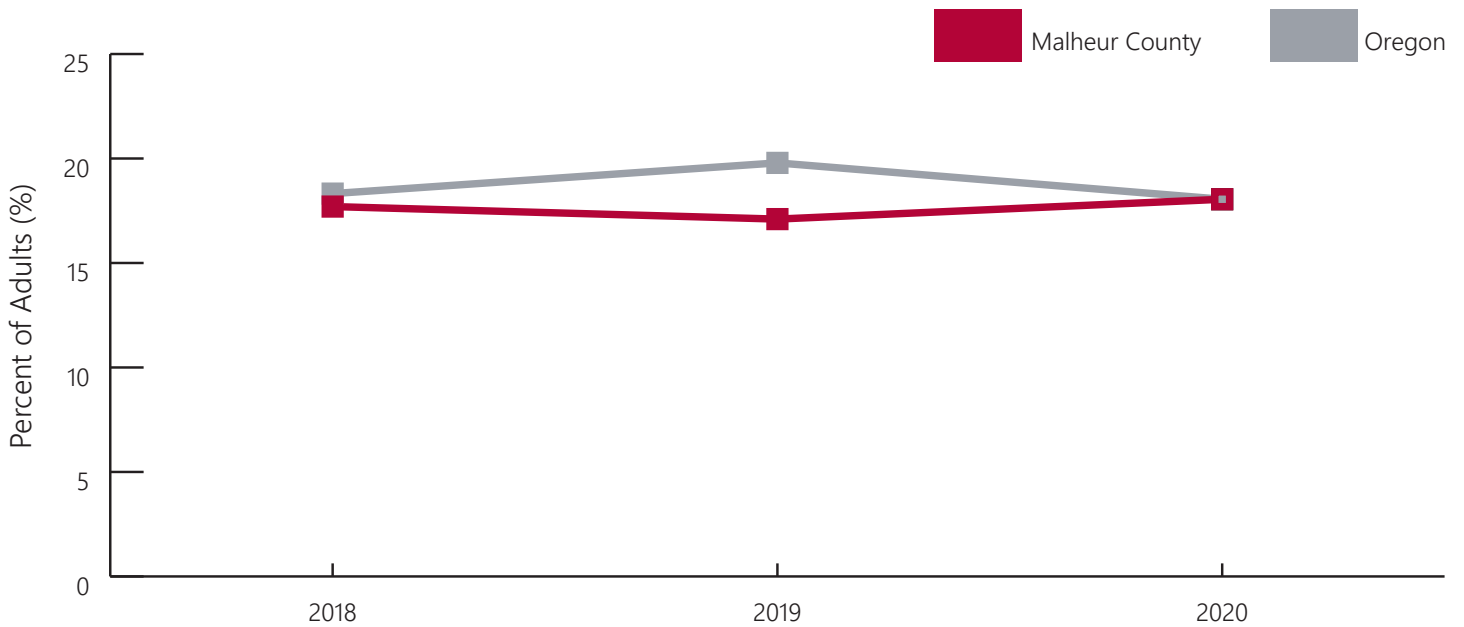


Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality

Alcohol is the most prevalent substance used nationwide and in Oregon. Figure 21 shows a steady increase in the deaths per 100,000 caused by alcohol across Malheur County and in Oregon while Figure 22 shows binge drinking habits have increased slightly from 2019 to 2020 in Malheur County.



FIGURE 22: BINGE DRINKING



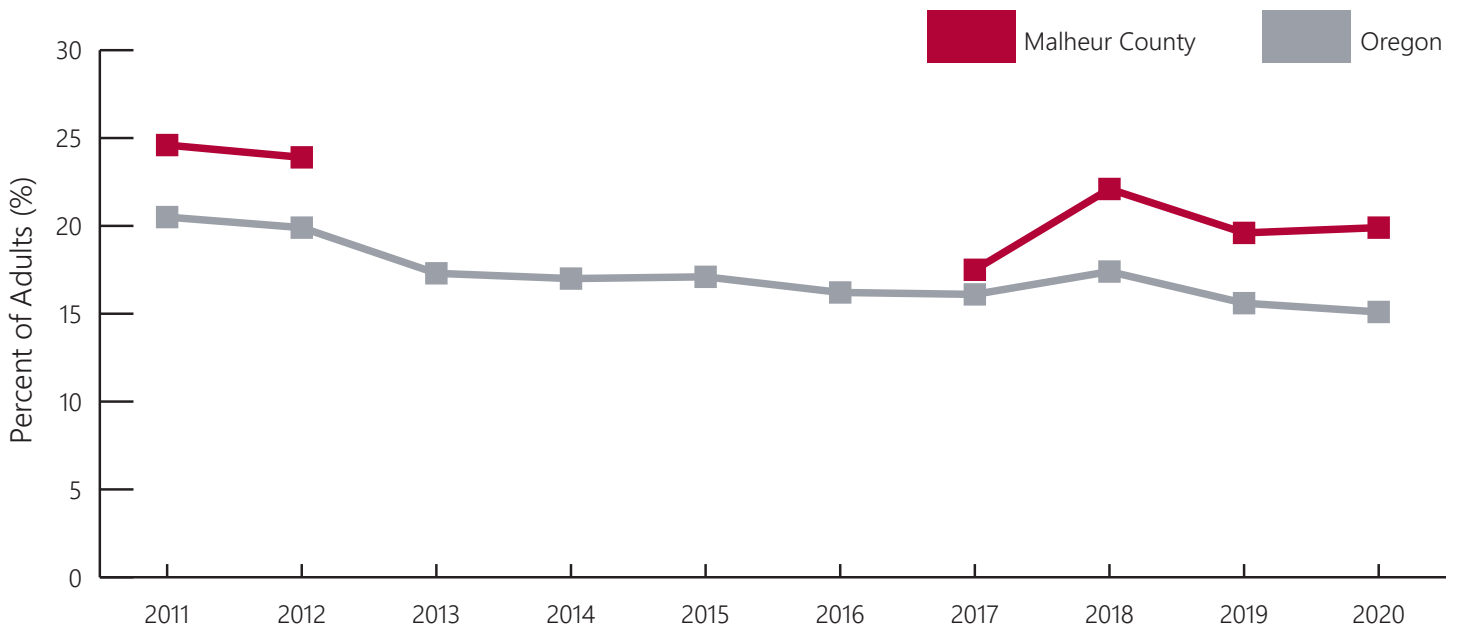
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

When looking at survey data collected on substance use, community members report concern for individuals' ability to seek treatment for substance use, methamphetamine usage, drug use among adults, and stigma associated with receiving treatments. In the focus groups and interviews it was commonly discussed how substance misuse and abuse and mental health are closely connected and that a community cannot address one issue without acknowledging the other.

When community members were specifically asked about youth substance misuse and abuse the majority reported high concern, specifically for vaping in youth populations.

Overall, cigarette tobacco use has been on the downward trend based on current data, which does not include e-cigarettes or vaping. There has been a slight increase seen from 2017-2018. In addition, the data currently available does not isolate vaping among specific populations, such as youth in the community. Only time will tell the impacts of vaping on the community and youth populations in Oregon. However, the national data on youth tobacco use can be used as an indicator to understand the growing use seen in youth today. The 2022 National Youth Tobacco Survey (NYTS) found that 16.5% of high school students reported utilizing a tobacco product in the past 30 days and e-cigarettes/vaping being the most common product utilized.

FIGURE 23: CIGARETTE SMOKING PREVALENCE



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020

Marijuana is legal in the state of Oregon and the city of Ontario has the largest number of marijuana dispensaries per capita in the state. CHNA respondents feel they have experienced an influx of visitors to their community because of these dispensaries and were concerned about the impact of increased visitors on crime, housing, and general infrastructure.

The recent passing of Measure 110 was a discussion topic for many CHNA respondents. Measure 110 reduced the penalties associated with possession of illegal drugs in Oregon. For those caught with large amounts of the drugs, the penalty was reduced to a fine of \$6,250 and up to 364 days of imprisonment. Those caught with smaller amounts of the drugs now are either charged a \$100 fine or have the option to seek recovery. Measure 110 also created a grant program to help addiction recovery centers expand their services to account for those who choose to seek recovery over paying the fine.¹² Some respondents were concerned about people choosing the fine over seeking treatment at all, but more were concerned about having sufficient resources and capacity to meet the potential influx of those seeking treatment.

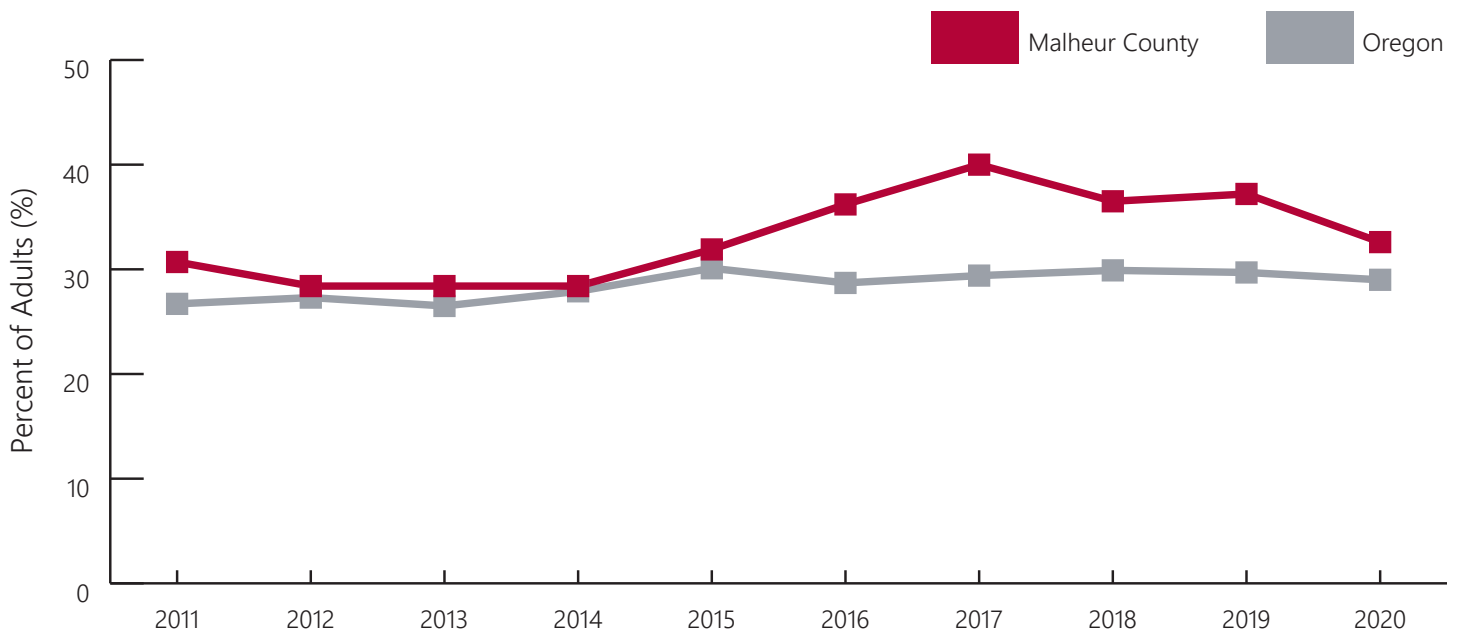


HEALTHY BEHAVIORS: PHYSICAL ACTIVITY AND ACTIVE TRANSPORTATION

Healthy behaviors can include fruit and vegetable consumption, receiving flu vaccines, and participating in cancer screenings or other preventative health care services in addition to physical activity. Public data on fruit and vegetable consumption, as well as vaccination data is not updated frequently enough to include in this report. Conversely, screening data is too robust to include but can be found on the Idaho Oregon Community Health Atlas.

Body weight can be impacted by genetic, behavioral, and hormonal influences, and obesity is a complex medical condition. Rates of individuals who are affected by obesity have continued to rise across Malheur County.

FIGURE 24: OBESITY

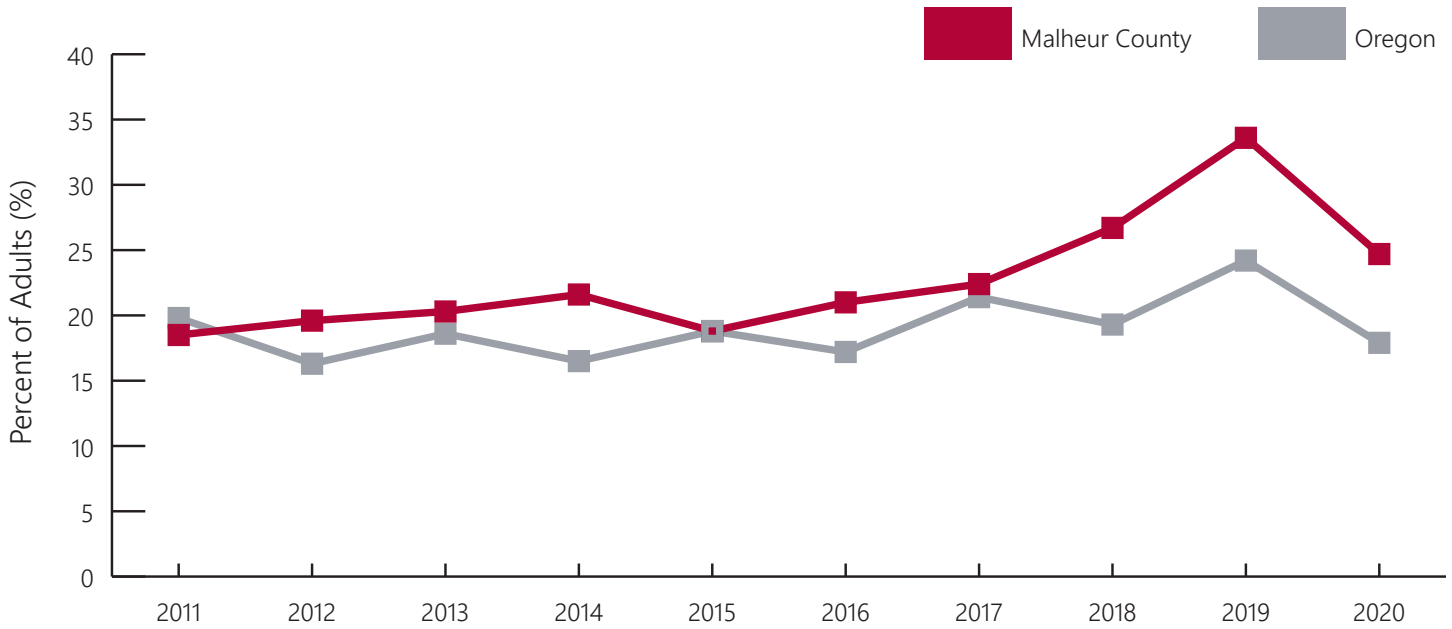


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Malheur County has higher rates of obesity in adults than the Oregon average after a recent spike in 2019. Malheur County reports lower levels of exercise outside of work obligations as compared to the state.



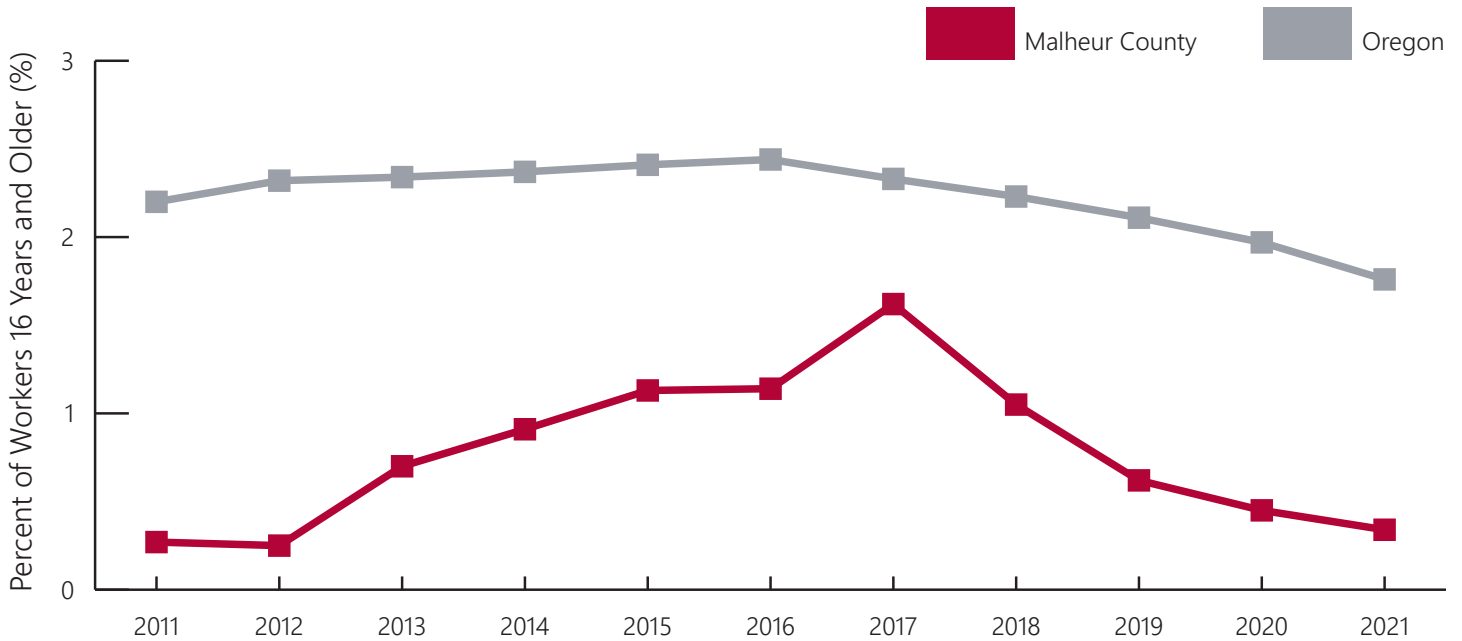
FIGURE 25: NO EXERCISE



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

The lower reported rates of biking to work for Malheur County may be a result of the lack of walkability and bikability in communities. Many CHNA respondents frequently discussed the need for more developed and safer walking trails and bike lanes. These could be used not just for recreation but as access to critical resources and services such as public transportation, food outlets, schools, and employment centers.

FIGURE 26: BIKE TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH

FINANCIAL STABILITY

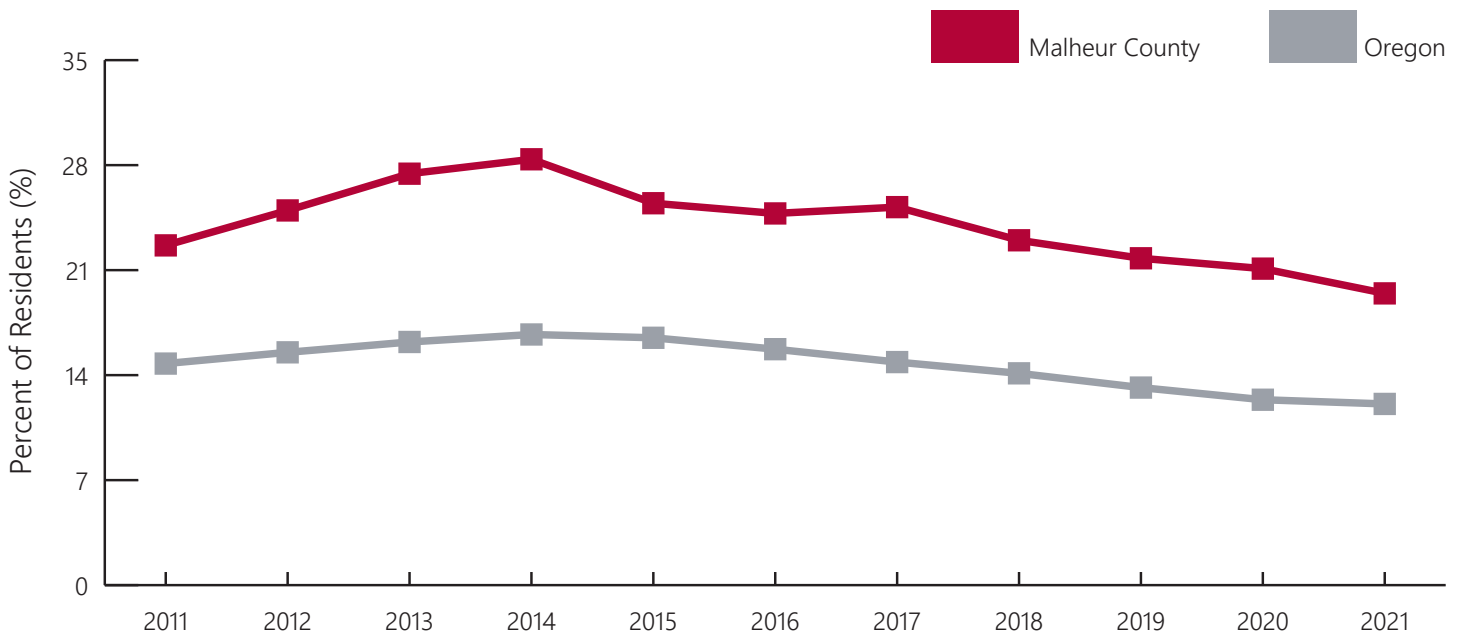
Financial stability reflects a person’s ability to find stability through resources requiring money, including housing, food, childcare, education, and health care. The following section discusses the financial stability of the residents of Malheur County.

POVERTY

The Federal Poverty Level (FPL), is a measure of income issued annually by the Department of Health and Human Services used to determine eligibility for programs and benefits.¹³ Although the FPL is used to measure a resident’s ability to financially meet basic needs, it is not an exclusive measure of financial struggle. The FPL is also calculated for the entire 48 contiguous states grouped together and it cannot account for variation across states, nor county or city. This means that a region, such as Malheur County, may have a much different cost of living than the national average the FPL was based on.

In Malheur County, many low-income households fall above the FPL and still struggle to make ends meet.

FIGURE 27: POVERTY RATE

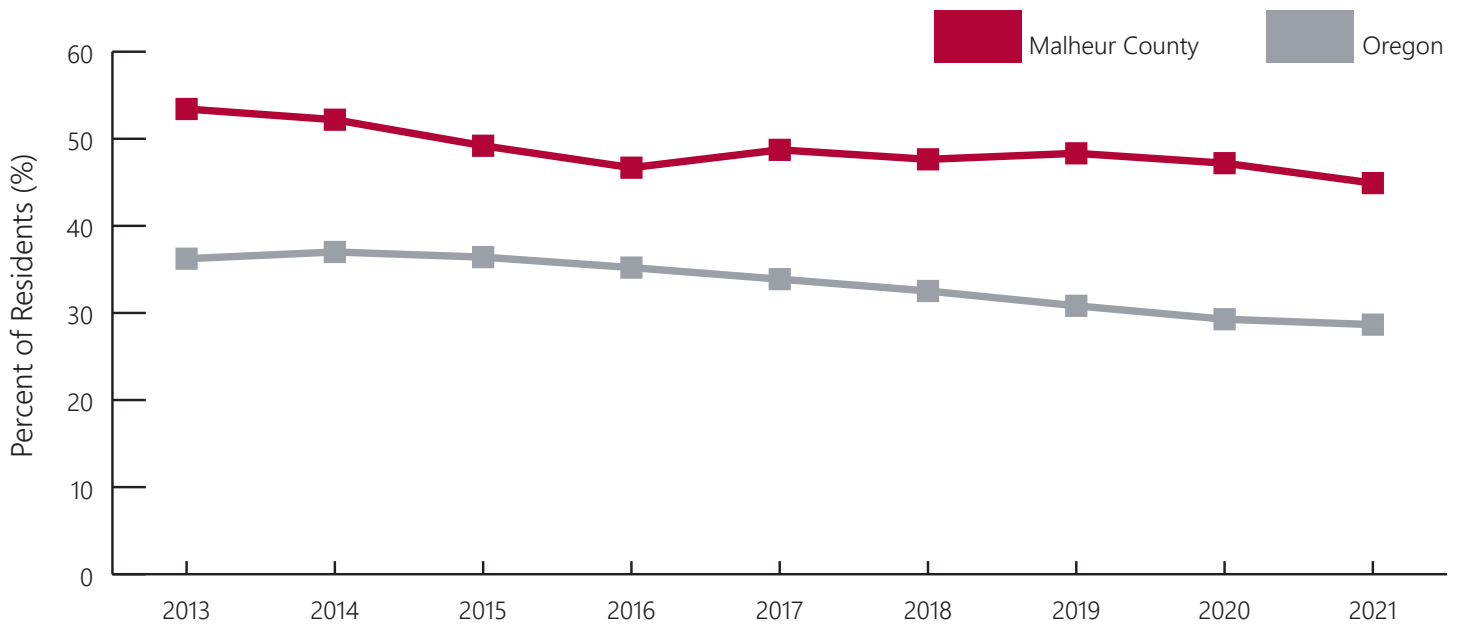


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

The number of residents living under the FPL has been steadily declining in Oregon and Malheur County for many years, although poverty rates in Malheur County remain significantly higher than the state average. As of 2021, Malheur County had the highest poverty state in the state.¹⁴ Compared to poverty rates across age groups in Malheur County, infant poverty rates are especially high, indicating that families with young children may be more vulnerable to financial instability. CHNA respondents in the region commonly mentioned youth and seniors as being vulnerable populations disproportionately affected by financial challenges such as housing burden, food insecurity, and trouble paying for health care.

Living with an income below two times (200% of) the FPL is another less severe indicator of financial stress. The percentage of residents living below 200% of FPL has also continued to decline in Malheur County, although the county still has higher percentages than the state as a whole.

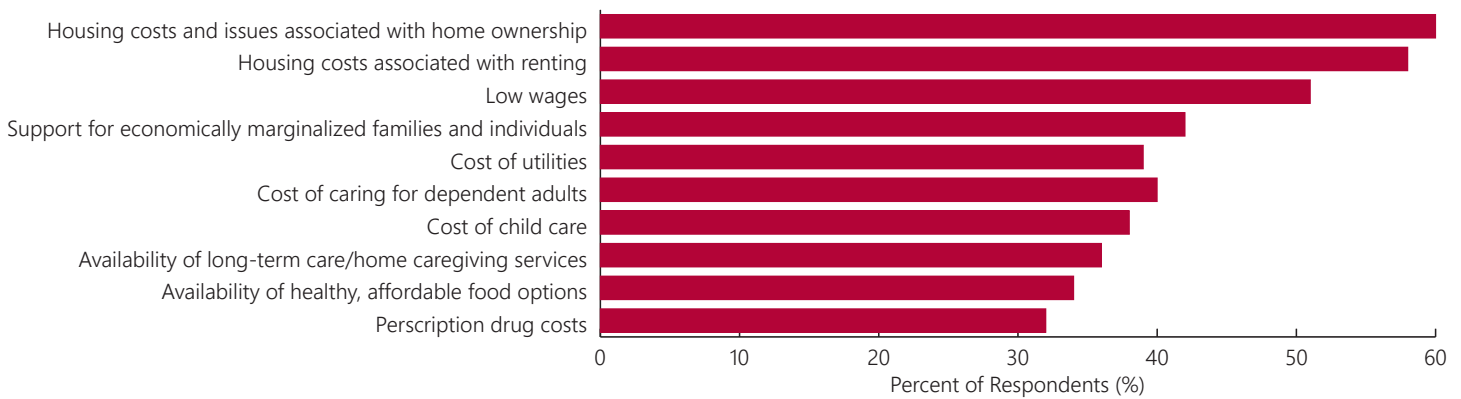
FIGURE 28: BELOW 200% OF POVERTY LEVEL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

When asked about their greatest cost of living concerns, most Malheur County survey respondents ranked housing costs associated with both ownership and renting as their top concerns, followed by low wages. These responses are interconnected with the other response options as housing costs and low wages may have spillover effects, making it more difficult for households, especially economically marginalized households, to allocate funds toward dependent care, food, and health care.

FIGURE 29: CHNA REGIONAL SURVEY, COST OF LIVING - ISSUES LISTED AS 'HIGH CONCERN'



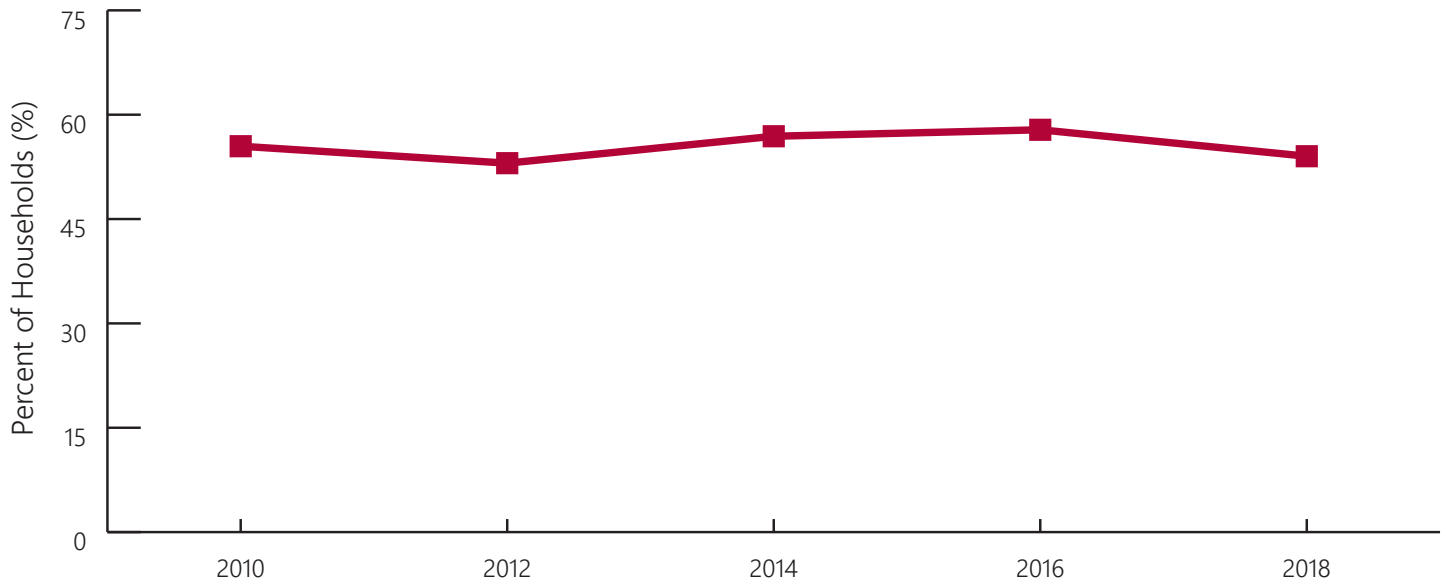
Source: CHNA Community Data, 2022

ALICE

Nationally, the United Way coined the term "ALICE" to refer to Asset Limited, Income Constrained, Employed individuals. The calculation of ALICE levels, last updated for 2018, considers the localized costs for a variety of household necessities and the amount of income required for a bare minimum "survival budget" for each census tract.¹⁵

As of 2021, more than half of all households in Malheur County were struggling to meet basic needs.

FIGURE 30: HOUSEHOLDS BELOW ALICE THRESHOLD



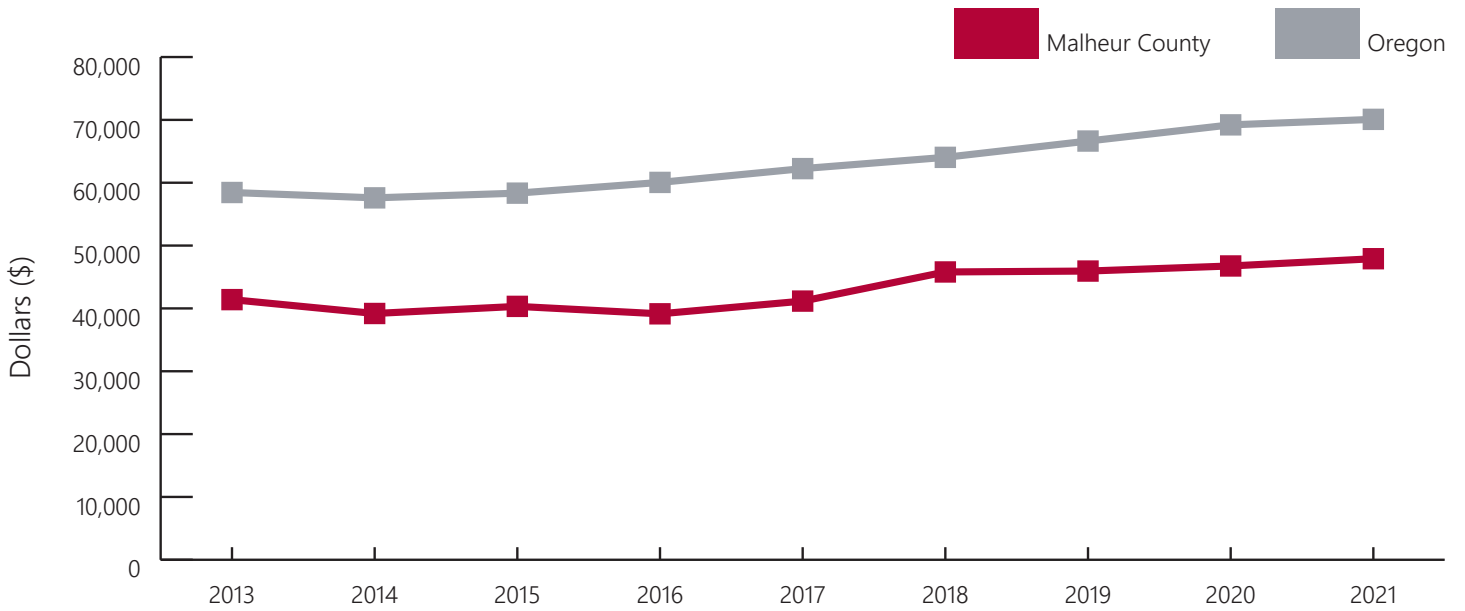
Source: United for Alice, ALICE State and County Demographics, 2021



INCOME

Wages in Malheur County have risen over the past several years, but not at the same rate as the state average, resulting in a widening gap between the county and the state. This may in part be a result of a higher minimum wage in the Portland Metro area than in eastern rural Oregon counties although the minimum wage across the state has risen incrementally each year from 2016 to 2022.

FIGURE 31: MEDIAN HOUSEHOLD INCOME



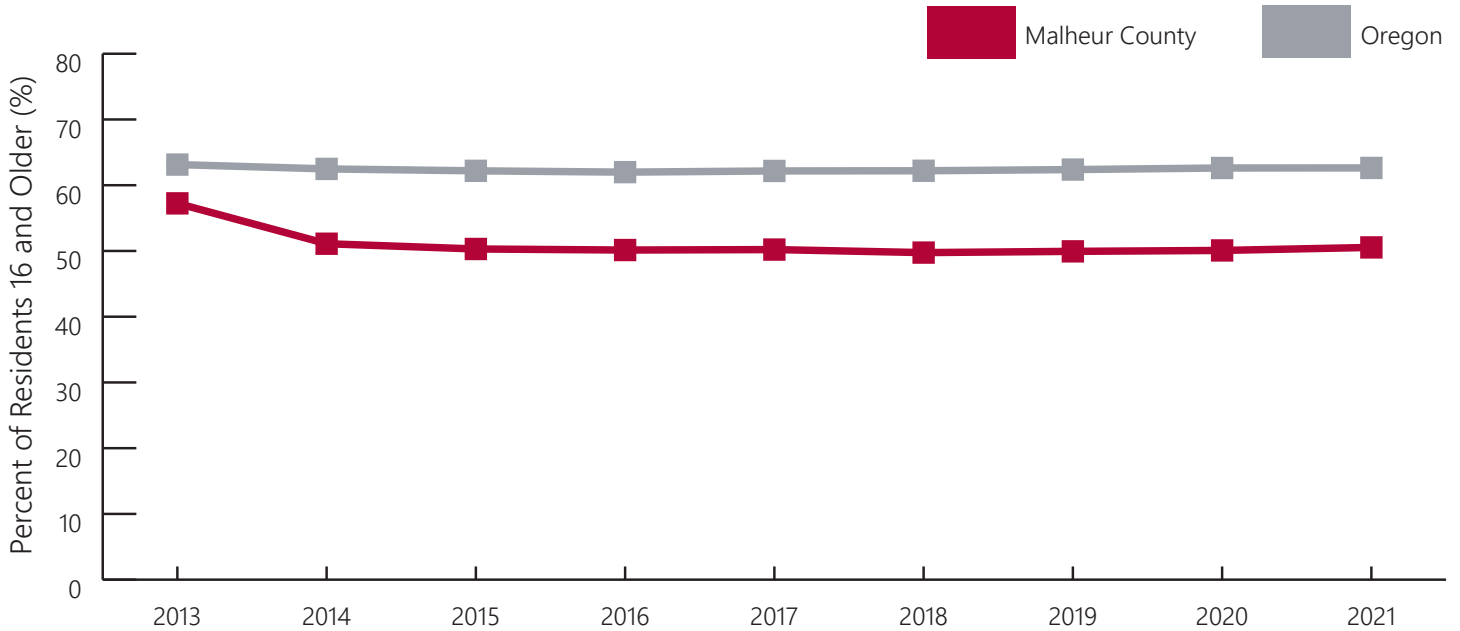
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates



EMPLOYMENT

Labor force participation, defined as the percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment, is typically lower in Malheur County than in the state, but has remained stable for many years. CHNA respondents often spoke of workforce shortages as a barrier to accessing services whose hours of operation have been reduced due to lack of available staff.

FIGURE 32: LABOR FORCE PARTICIPATION

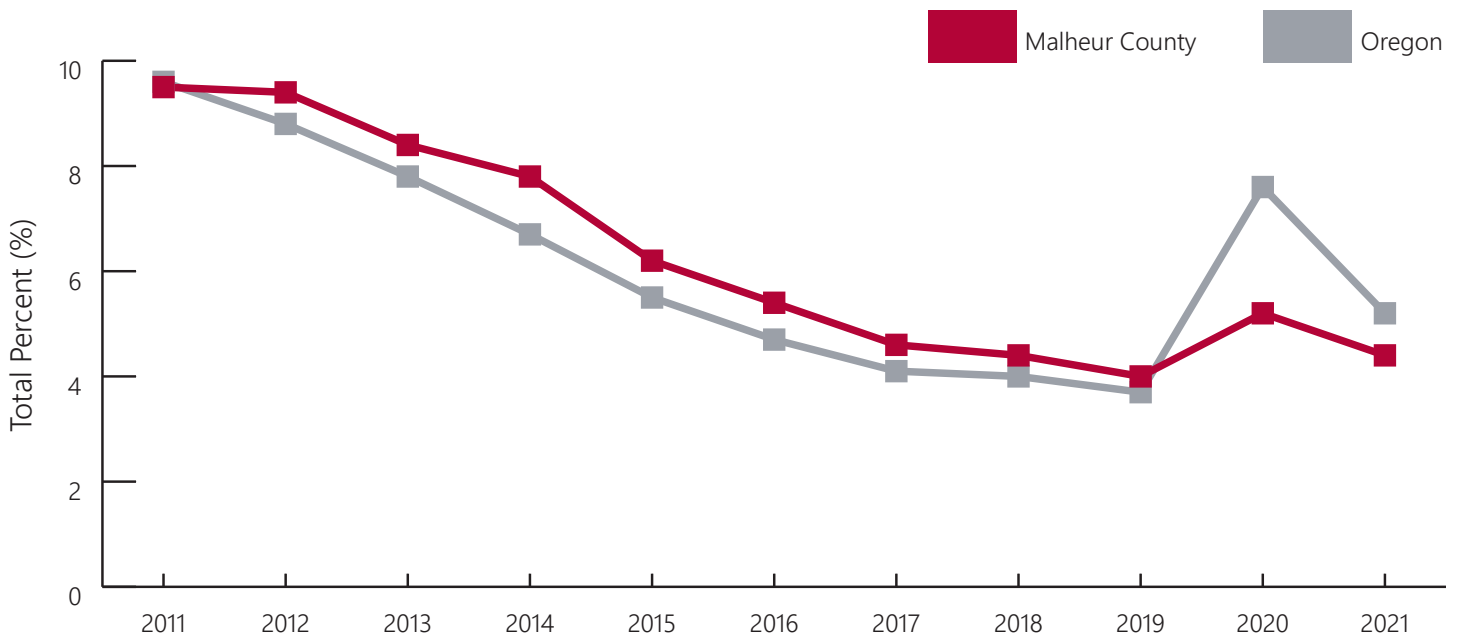


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

The unemployment rate in Malheur County was close to the statewide rate for many years, but Malheur County saw less of a spike in unemployment during the COVID-19 pandemic, and in 2020 and 2021 had an unemployment rate below the state rate for the first time in several years.



FIGURE 33: UNEMPLOYMENT RATE (BLS)



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

The unemployment rate typically does not capture people who have left the workforce and are not actively looking for jobs, nor does it count people who are underemployed and unable to find full-time employment. As Malheur County has lower labor force participation rates, but similar unemployment rates compared to the state, it may have higher rates of non-jobseekers and underemployed individuals than the state as a whole.

HOUSING AND HOMELESSNESS

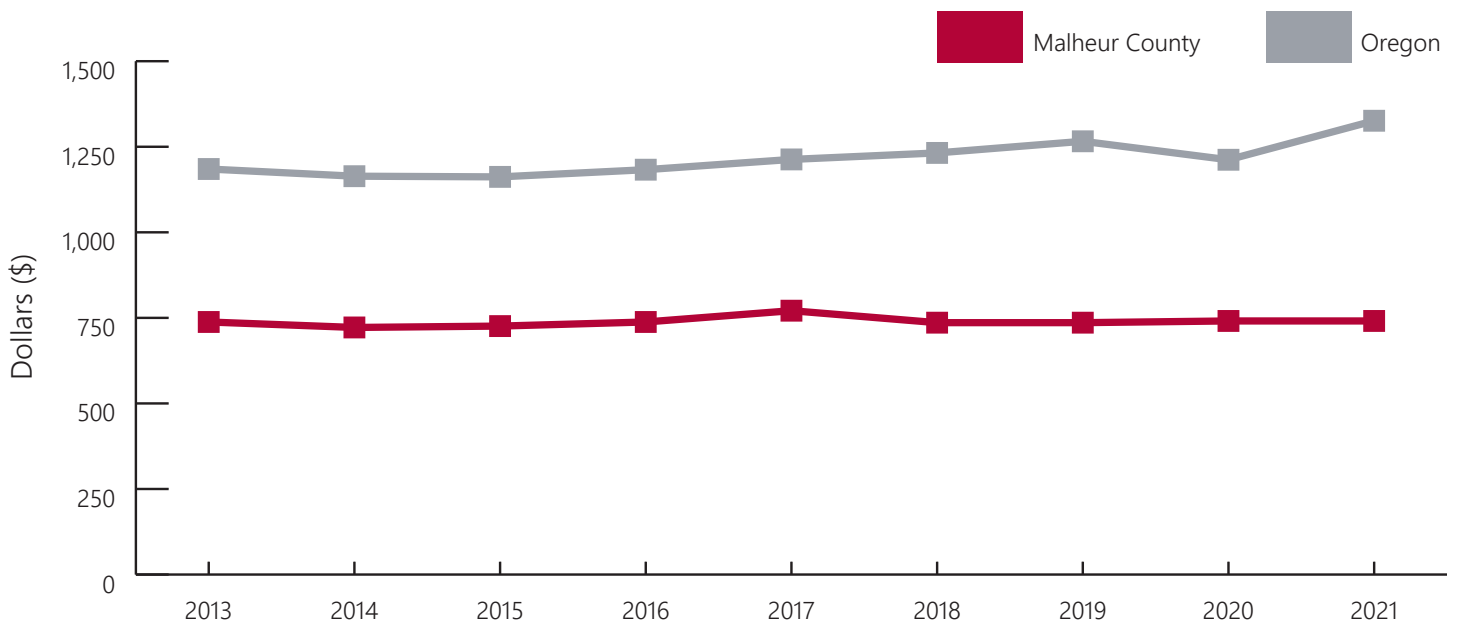
CHNA respondents throughout the region point to housing as a primary concern for residents of Malheur County.

Housing costs in Malheur County have remained stable for many years, remaining lower than the rising state average. Combined with lower income levels in the region, this does not necessarily mean that housing is more affordable for the average Malheur County resident than in other Oregon communities.

"I struggle with income, and fear of losing housing. Buying a house in this day and age is almost impossible. Cost of living and inflation has been hard for everyone and to get self-care you need to be able to enjoy things that you like, but with the cost of everything you stay home."

- Malheur County Resident

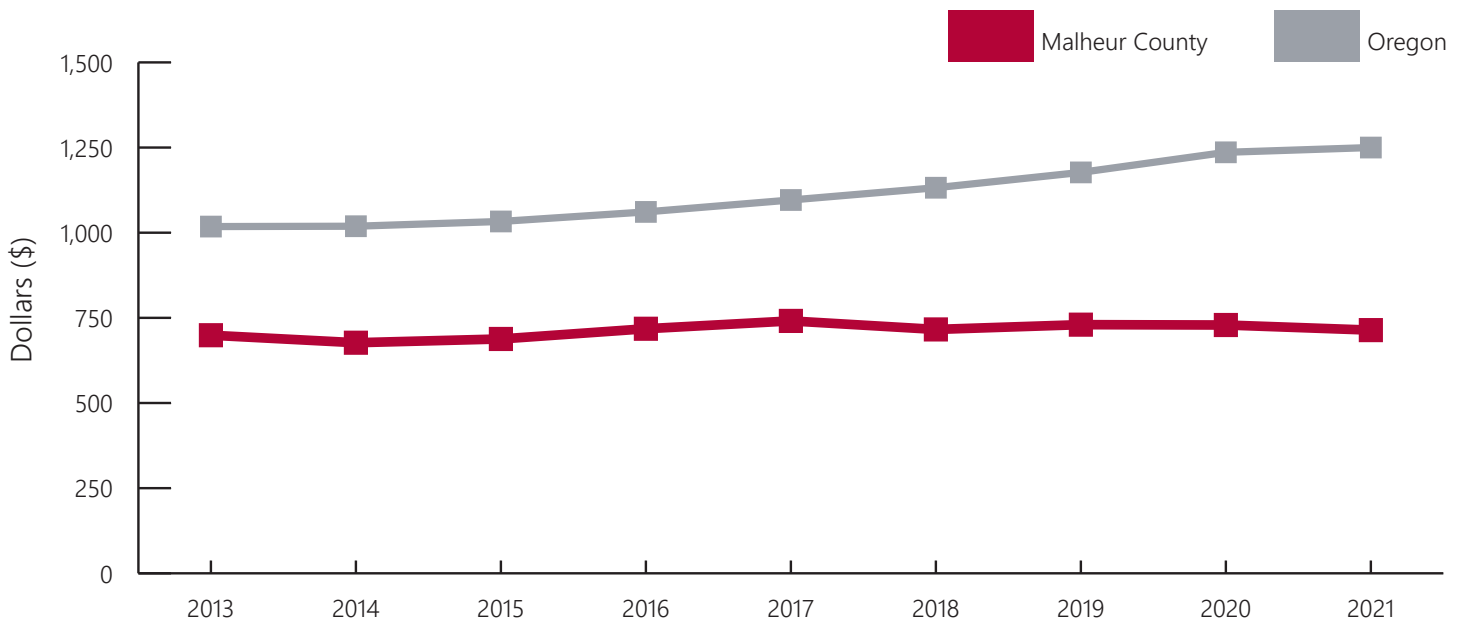
FIGURE 34: MEDIAN MONTHLY HOUSING COSTS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Monthly housing costs include rent or mortgage, utilities, maintenance and taxes. Upon further review it appears that both follow similar trends, remaining stable, and below the state average, even while the state has seen significant increases in overall rent.

FIGURE 35: MEDIAN GROSS RENT

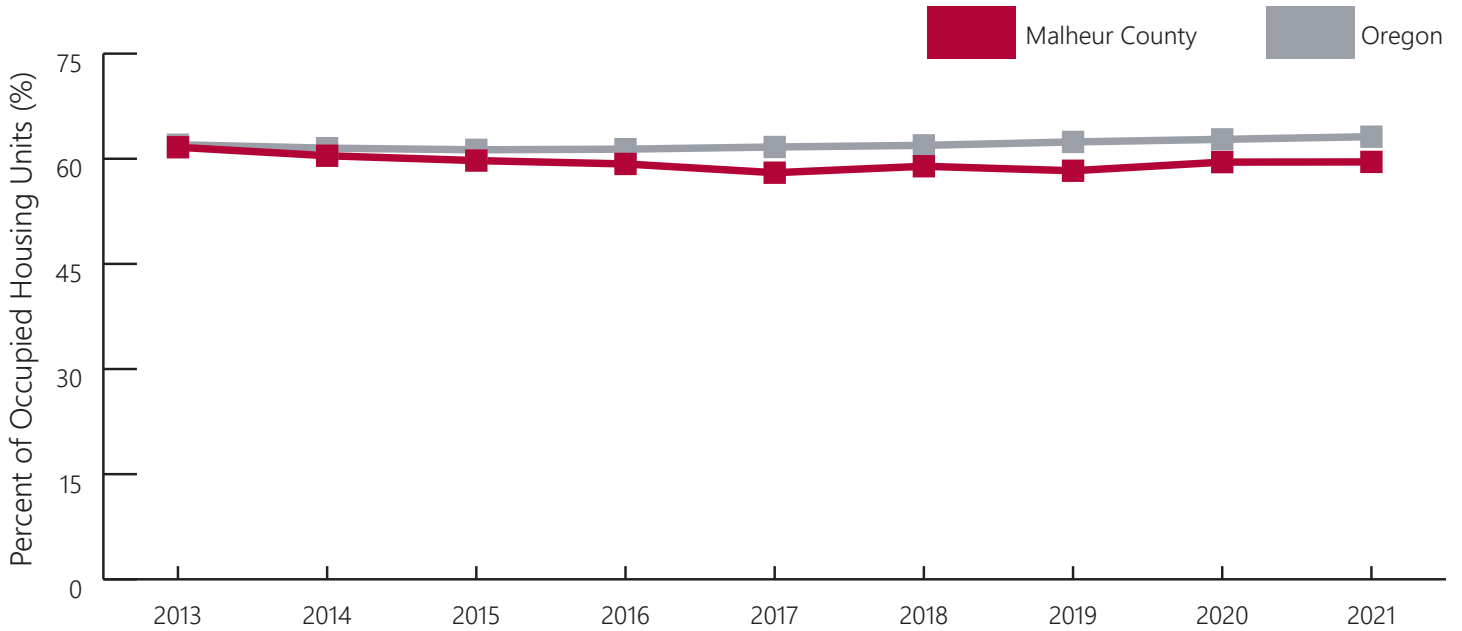


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

RENTER/OWNER OCCUPIED

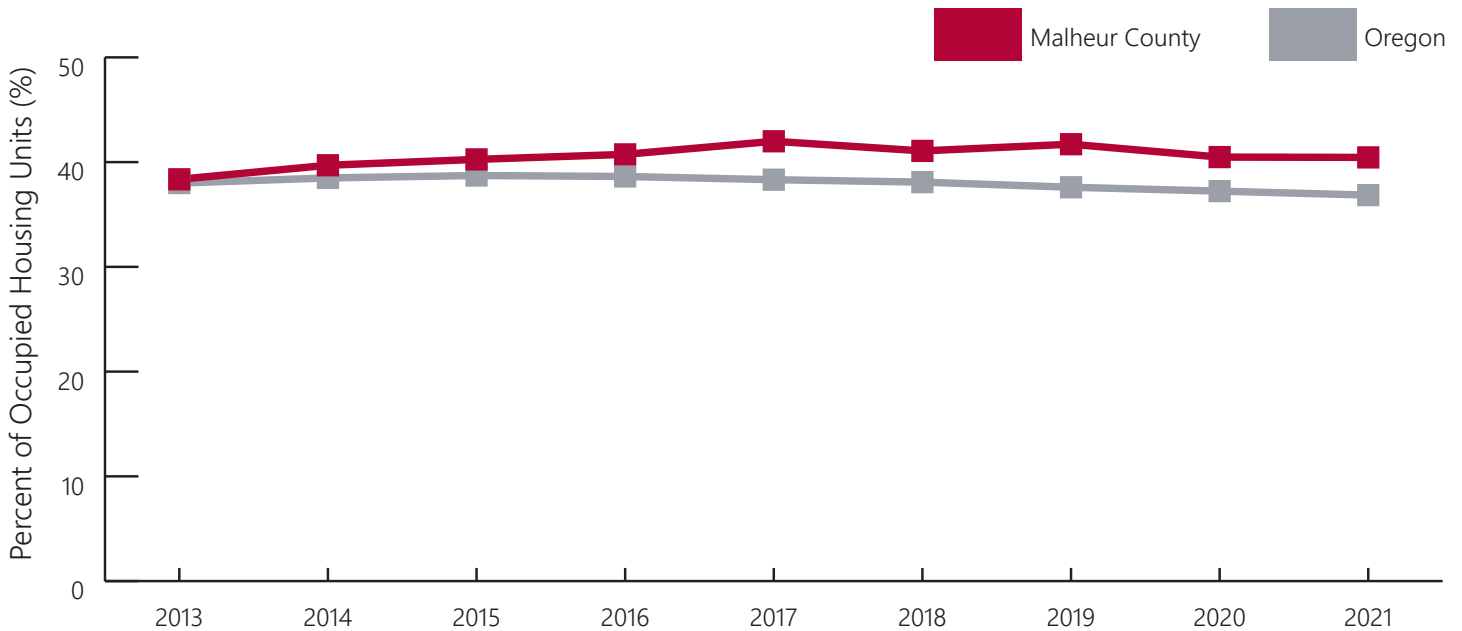
Like Oregon, Malheur County has seen increases in the percentage of owner-occupied households relative to renter-occupied households. Malheur County has lower rates of owner-occupied households than the state average, and inversely, higher rates (40.5%) of renter-occupied households than the state average.

FIGURE 36: OWNER OCCUPIED



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

FIGURE 37: RENTER OCCUPIED

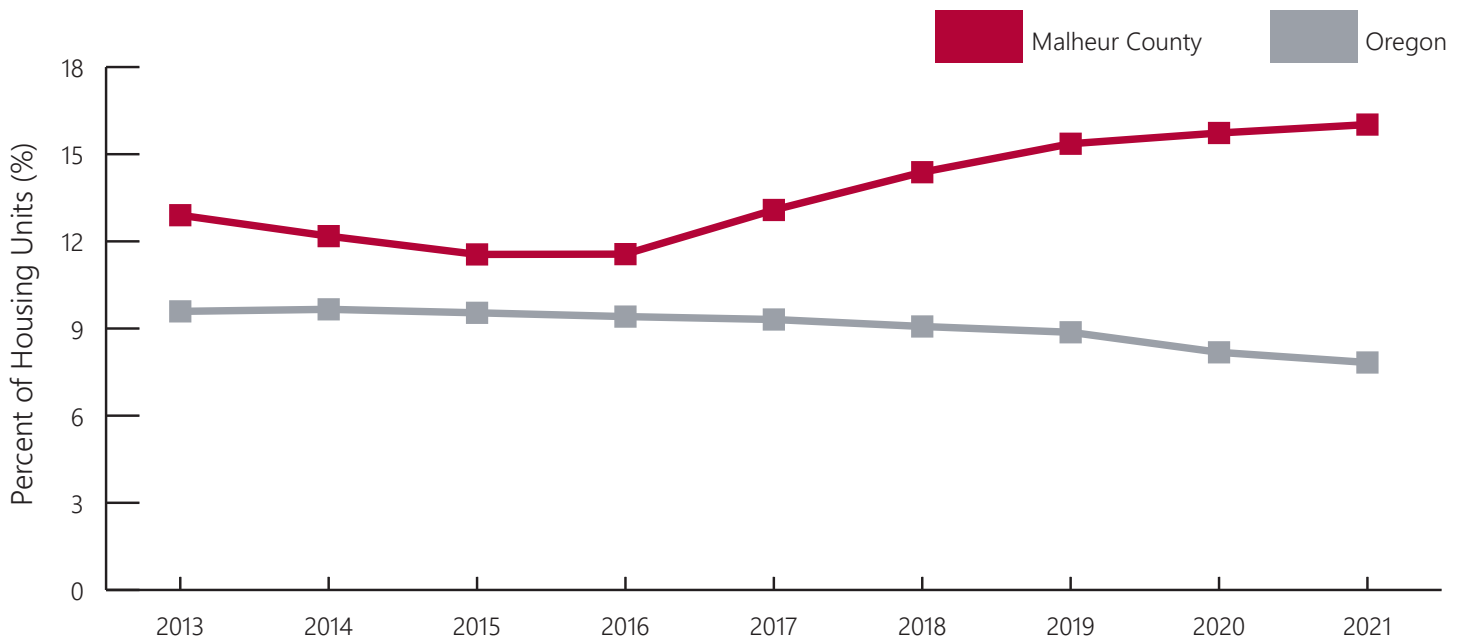


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

AFFORDABLE AND AVAILABLE HOMES

Vacancy rates in Malheur County have been increasing for several years, remaining higher than the state average. A vacancy rate of 4% or less is dangerously low³, and Malheur County falls well above that rate. However, vacant housing may include vacation homes or other homes where people only live for part of the year. Adjusting for non-available vacancies, Malheur County had in 2021 a homeowner vacancy rate of 1.3% and a rental vacancy rate of 3.9% - both below dangerous levels.¹⁶ For this and matters of cost, vacant housing may not necessarily be available for purchase, especially for low-income households. CHNA respondents indicated anecdotally they perceive that many rental units have been purchased by out of area investors and used as short-term rentals, thereby limiting the number of available rental units for people who want long-term residences.

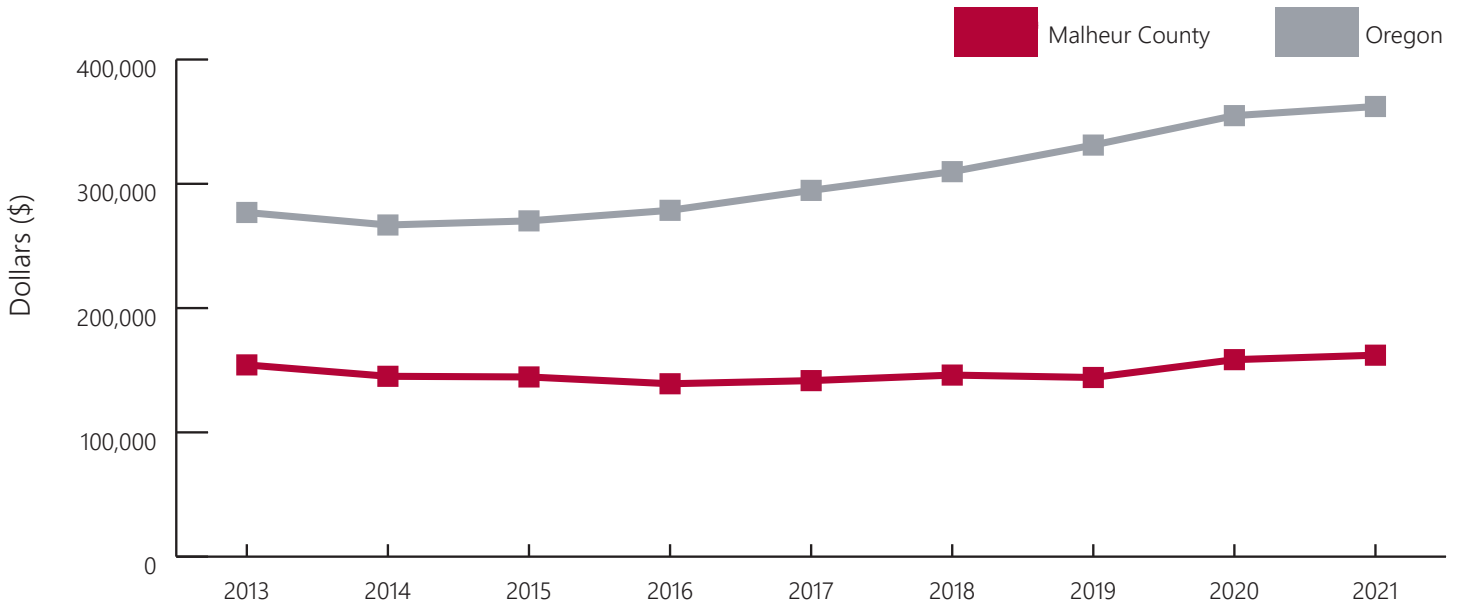
FIGURE 38: VACANT



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Malheur County has seen some small increases in home values since 2017, although these numbers have not increased at the same rate as Oregon as a whole. Malheur County's low-income groups may be more likely to have trouble meeting expenses as home values rise.

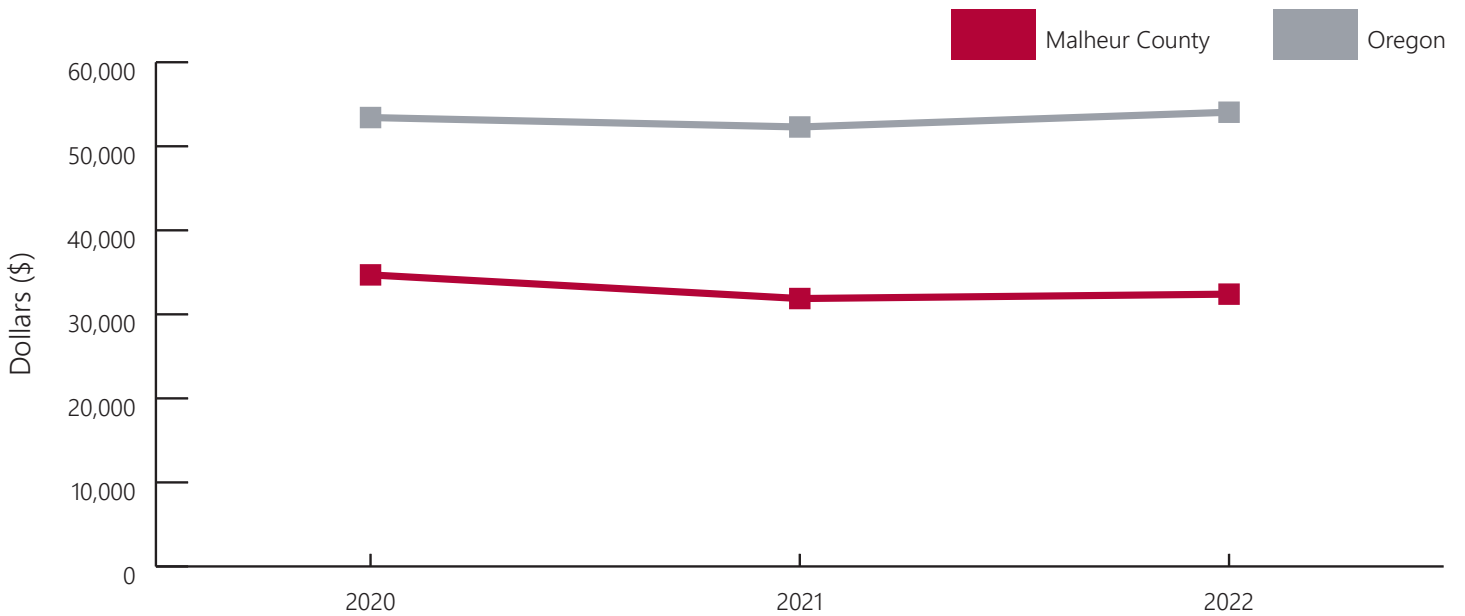
FIGURE 39: MEDIAN HOME VALUE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

The survival budget required for a typical household in Malheur County has remained stable, with a slight decrease. A survival budget refers to the level of income required to afford a two-bedroom rental home. Although Malheur County’s survival budget has not increased recently, CHNA respondents revealed that low incomes and other cost of living concerns may be compounding housing challenges.

FIGURE 40: ANNUAL INCOME NEEDED TO AFFORD 2 BEDROOM AT FAIR MARKET RENT



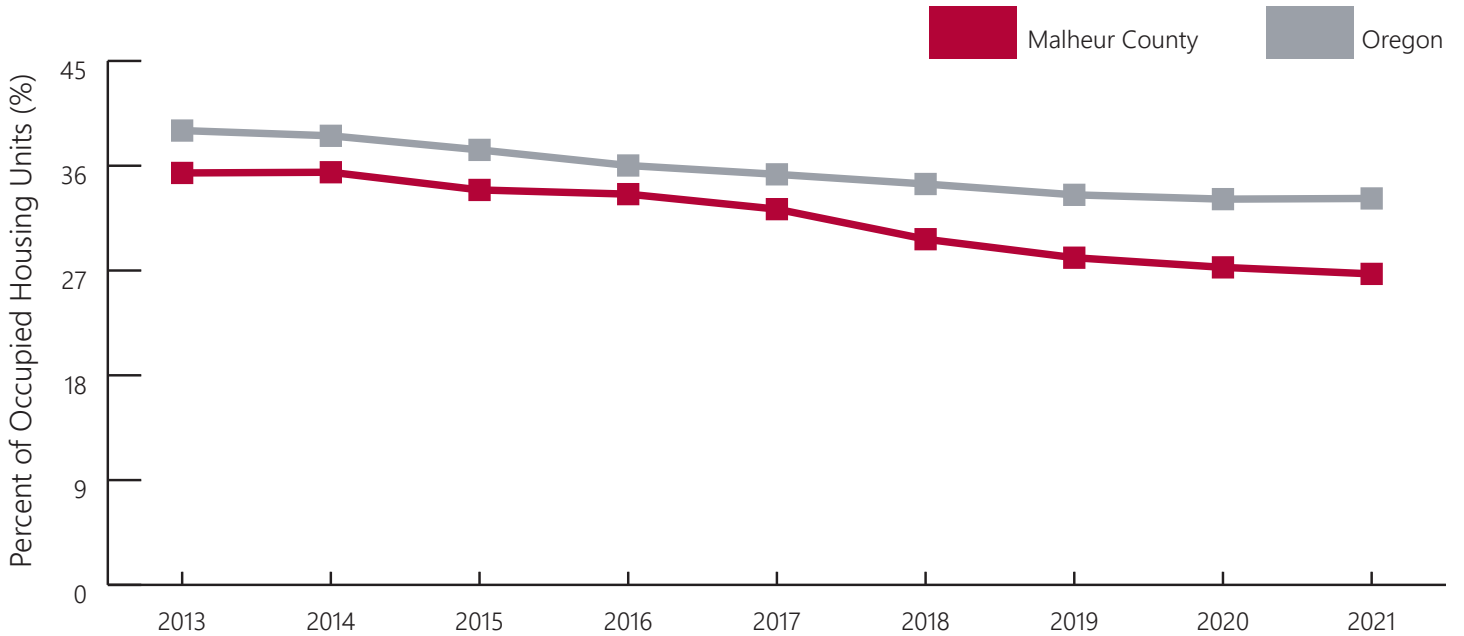
Source: National Low Income Housing Coalition, Housing Needs by State

COST BURDEN

Housing cost burden, or the percentage of occupied housing units where households are spending 30% or more of their incomes on housing costs, has been trending downward in Malheur County and across the state. This is true for renters as well.

This trend may not be representative of the experiences of disadvantaged groups – more than one in four Malheur County residents still faces housing cost burden. CHNA respondents in Malheur County also consistently mentioned housing as one of the most pressing challenges facing the region, especially for economically marginalized groups.

FIGURE 41: HOUSING COST BURDEN

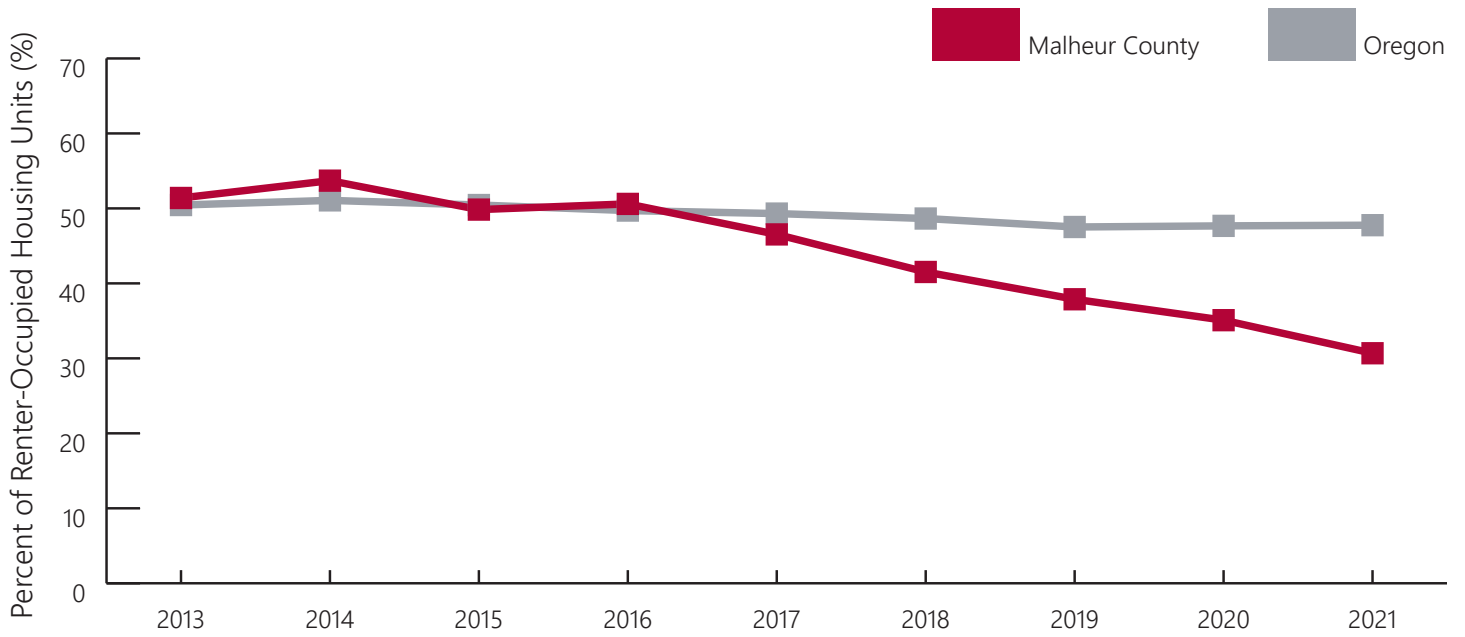


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Housing burden is more common among renters – approximately 30% of renters in Malheur County are rent-burdened, and 15% are severely rent burdened, spending 50% or more of their incomes on housing costs.

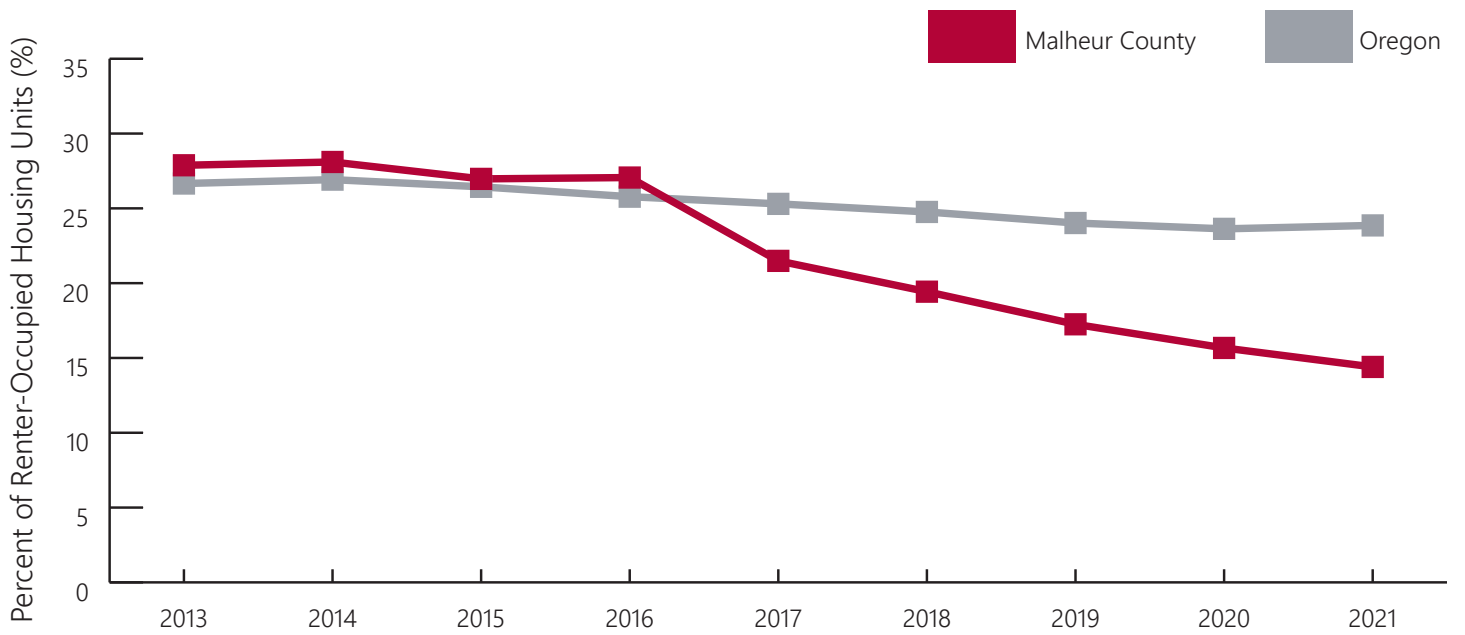


FIGURE 42: RENT-BURDENED



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

FIGURE 43: SEVERELY RENT BURDENED

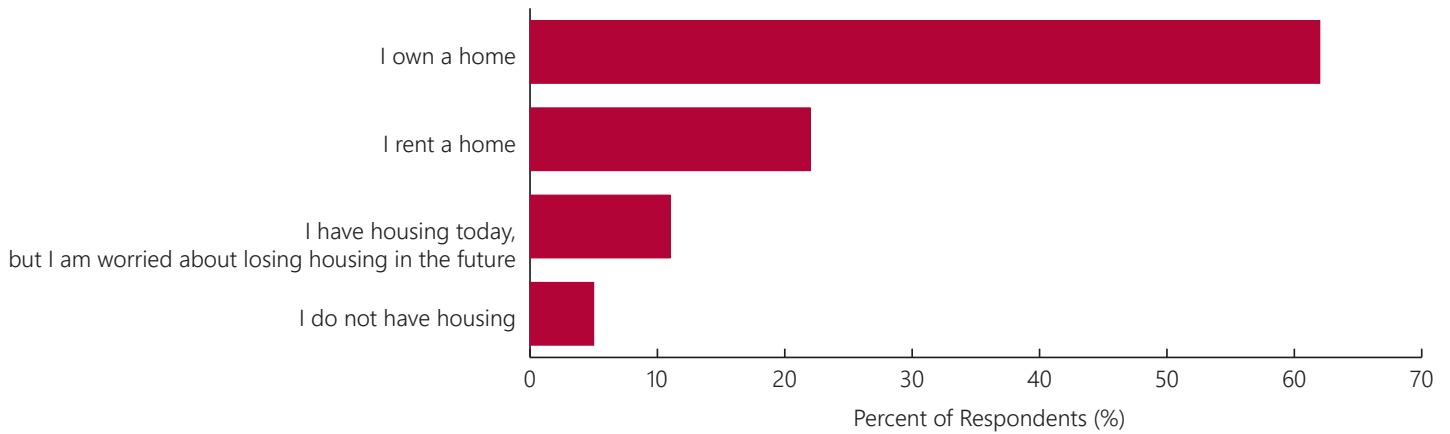


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

HOUSING STATUS

The majority of survey respondents were homeowners, while only 22% were renters, meaning renters were underrepresented by about 18%.

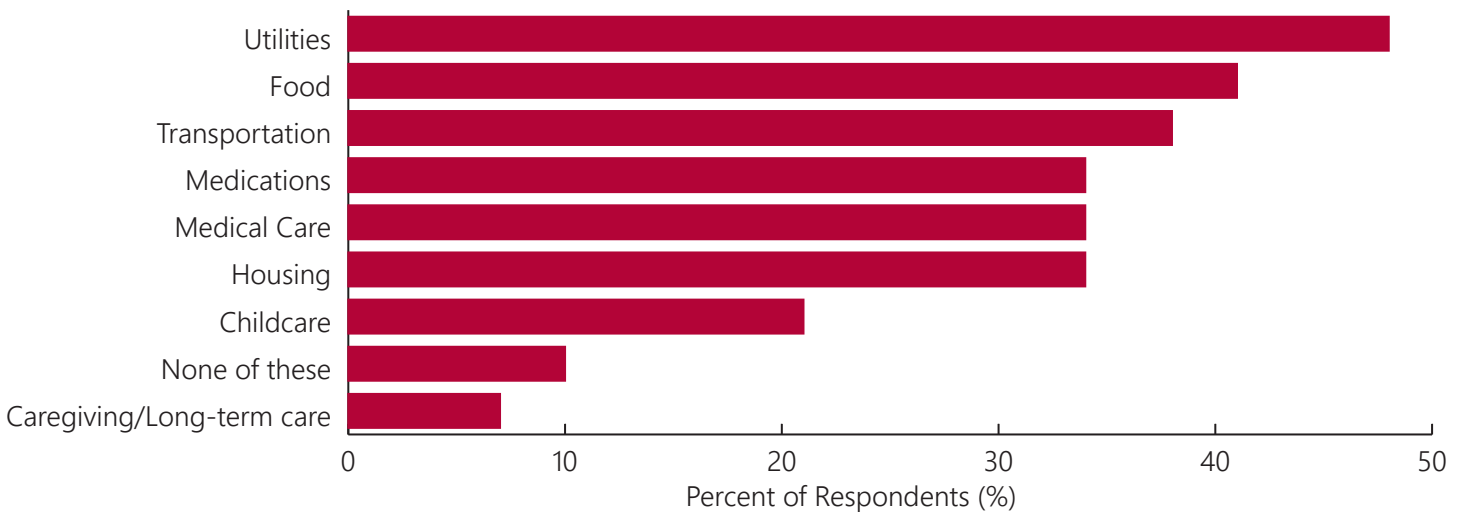
FIGURE 44: CHNA REGIONAL SURVEY, WHAT IS YOUR HOUSING SITUATION TODAY



Source: CHNA Community Data, 2022

When asked if they had trouble paying for various living expenses, nearly half of respondents reported trouble paying for utilities and food, while close to a third reported challenges paying for transportation, medications/medical care, and housing, reflecting the variety of financial challenges that households face in the county.

FIGURE 45: CHNA REGIONAL SURVEY, TROUBLE PAYING FOR ANY OF THE FOLLOWING (AMONG RESPONDENTS WITH AN INCOME OF LESS THAN \$50,000 A YEAR)

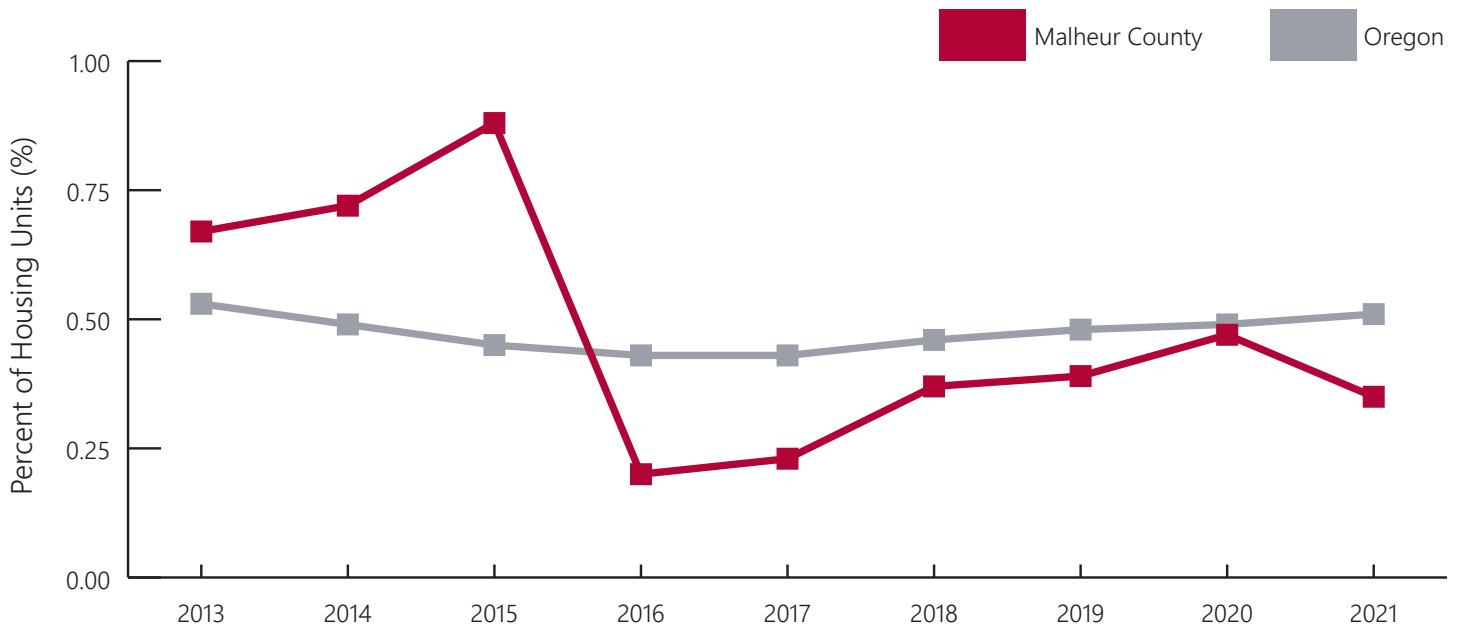


Source: CHNA Community Data, 2022

SUBSTANDARD HOUSING

Substandard housing is defined as housing that has one or more of the following conditions: dilapidation, inadequate light, air, sanitation, open spaces, overcrowding, unsanitary or unsafe conditions- such as lack of heat, poor water quality, lead paint or pipes, etc. Substandard housing impacts the health of residents by exacerbating chronic diseases such as asthma, increased need for healthcare services, and greater risk for the spread of communicable diseases. Malheur County saw a slight decrease in its percentages of occupied housing units lacking complete plumbing and kitchen facilities. Both percentages are comparable to the state average, and margins of uncertainty make it difficult to determine whether differences are significant or not.

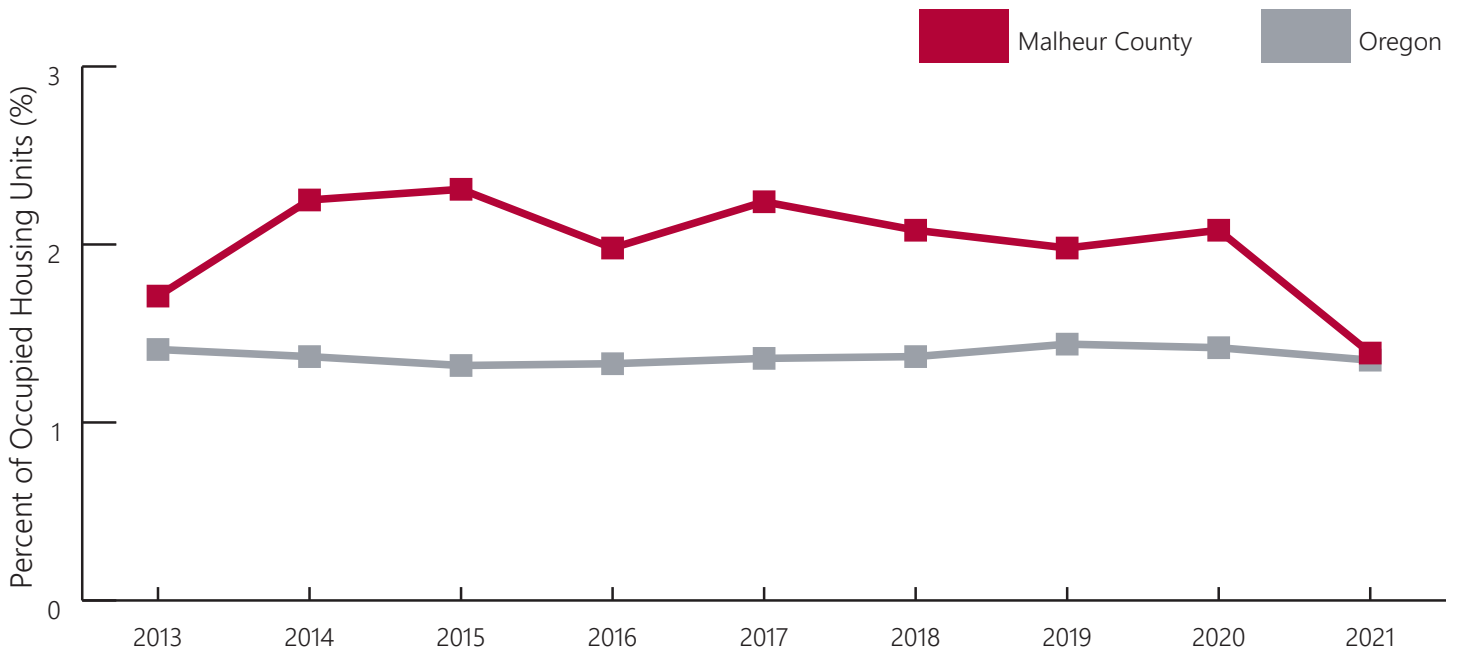
FIGURE 46: LACKING COMPLETE PLUMBING



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates



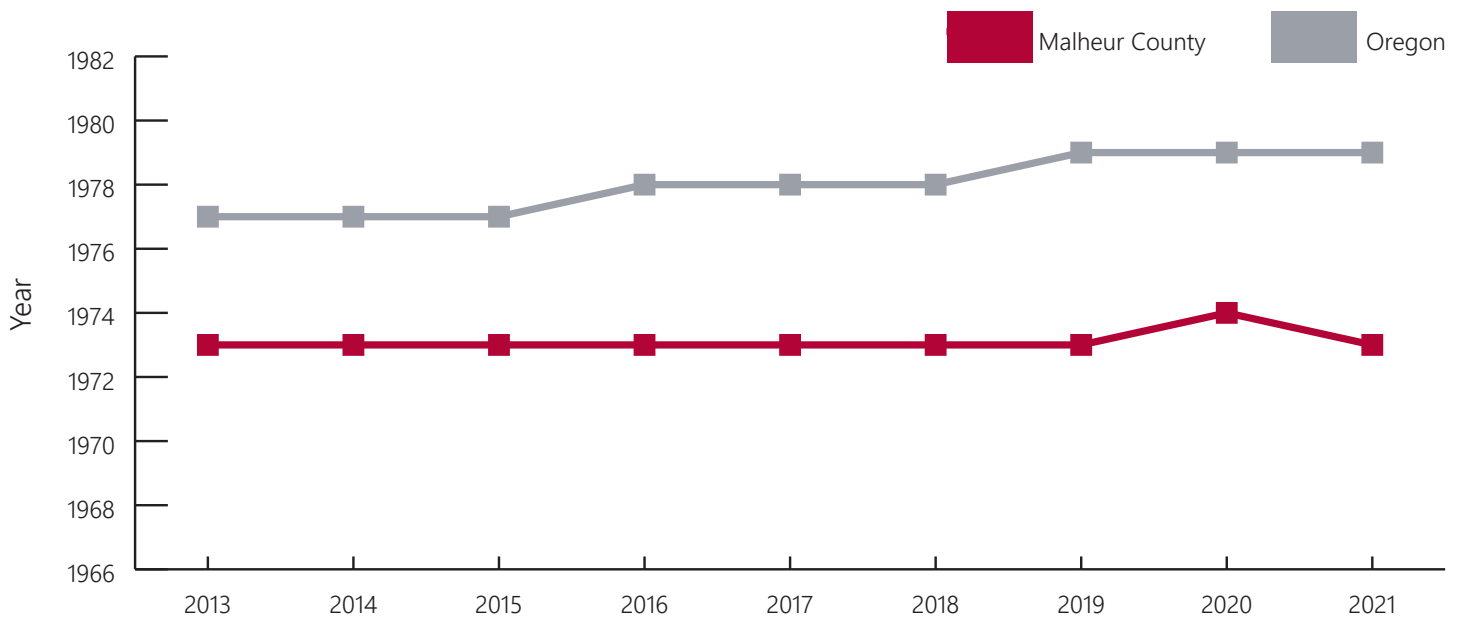
FIGURE 47: LACKING KITCHEN FACILITIES



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Malheur County homes tend to be older, potentially needing more repairs and updates, than homes statewide. The median year that homes were constructed in the county has remained stable for many years, which shows that there has not been a lot of recent building in the region.

FIGURE 48: MEDIAN YEAR STRUCTURE BUILT

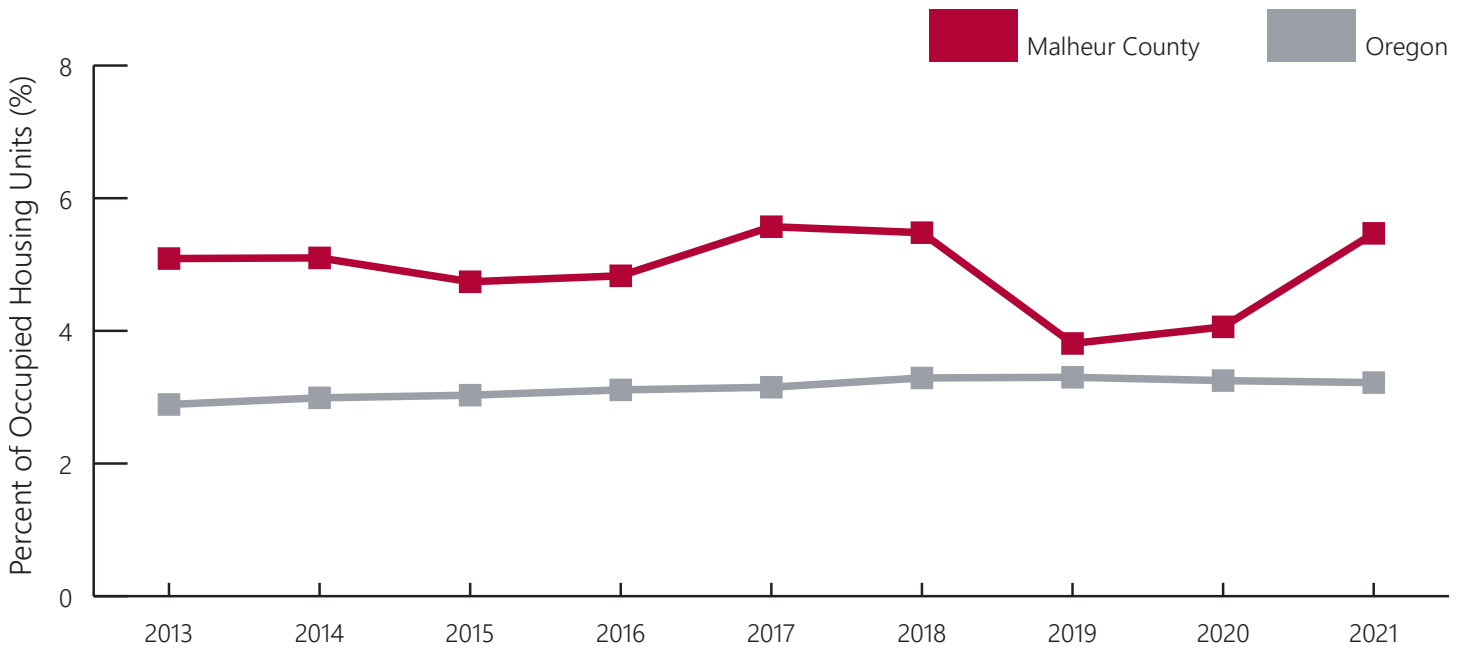


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

OVERCROWDED HOUSING

Crowded housing, the percentage of occupied housing units with more than one occupant per room, can be an outcome of rising housing costs pushing households to combine and share costs. Living in crowded housing can lead to increased infectious disease rates and mental health problems, and may harm educational attainment.¹⁷ Malheur County saw an increase in crowded housing percentages between 2019 and 2021. Malheur County has had a larger percentage of crowded homes than the state average for many years.

FIGURE 49: CROWDED HOUSING

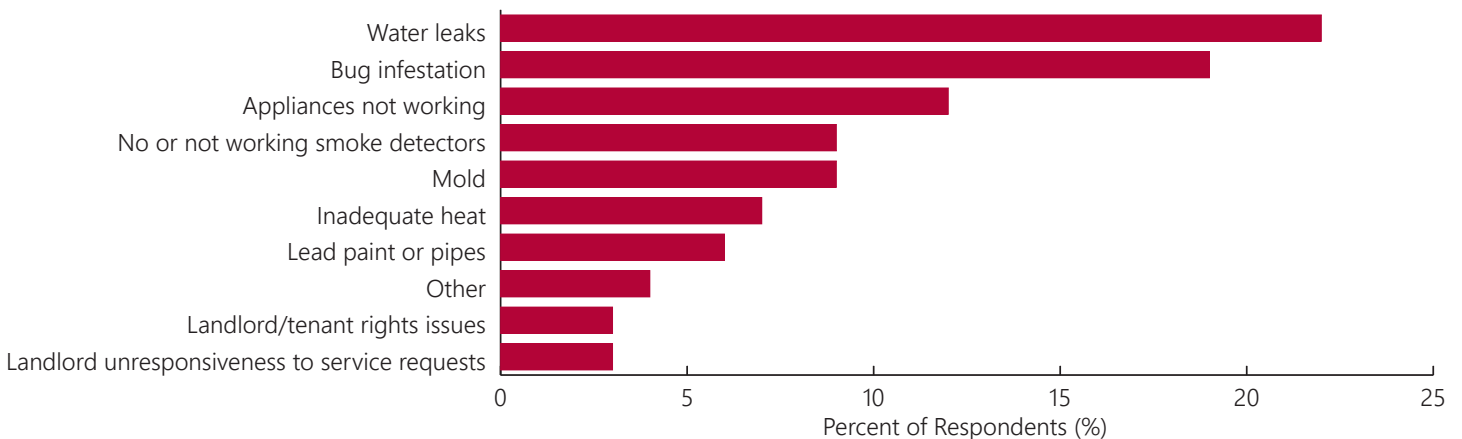


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

ADDITIONAL HOUSING CONCERNS

When asked about problems residents experienced, Malheur County survey respondents most commonly noted water leak and bug infestations in their homes.

FIGURE 50: CHNA REGIONAL SURVEY, PROBLEMS WITH HOUSING



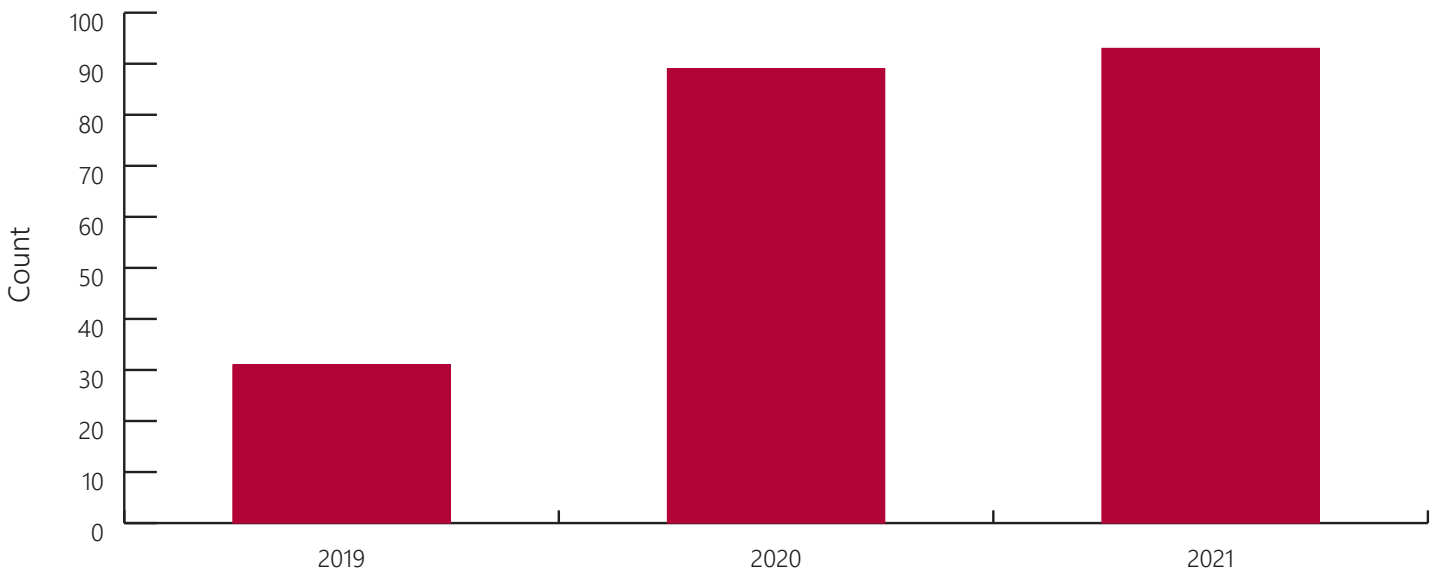
Source: CHNA Community Data, 2022

HOMELESSNESS

Typically, homelessness in a county is tracked via a Point-In-Time (PIT) count. The PIT count only attempts to measure individuals who are staying in emergency/transitional shelter or who are seen during street counts on a particular day. In addition to missing folks who cannot be found, this approach can undercount folks who are precariously housed, which may include many families and youths.

In the past, Malheur County homelessness has been tracked the same way. However, in 2021, to avoid contagion during the pandemic, the Department of Housing and Urban Development provided a waiver to many rural Oregon counties exempting them from needing to collect PIT counts of unsheltered individuals experiencing homelessness. These waivers make recent PIT count data incomplete for those rural counties. Instead, Continuum of Care data provided by the Portland State University Homelessness Research & Action Collaborative¹⁸ through January and March provides a different, arguably more accurate picture of homelessness in Malheur County over the past several years. This data suggests that homelessness increased notably over the pandemic, which was reported by a number of CHNA respondents as well.

FIGURE 51: CONTINUUM OF CARE COUNT

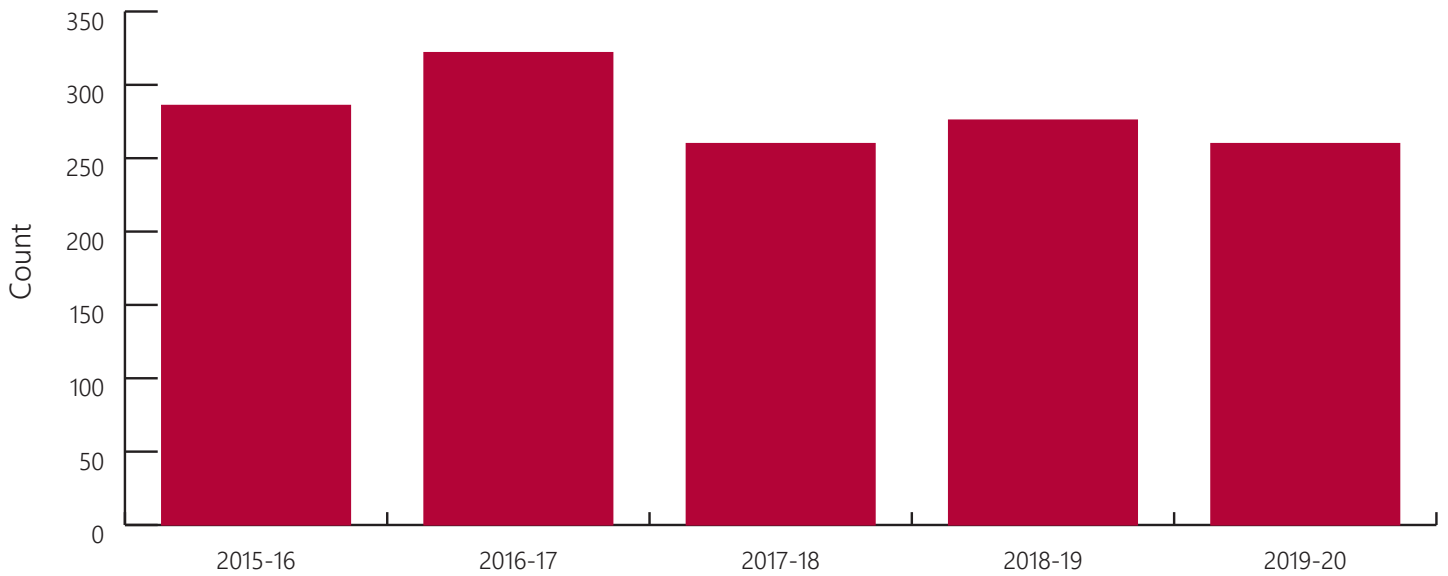


Source: Green, T., Zapata, M., Green, J. (2022). *Oregon State Homelessness Estimates 2021*. Portland State University.

STUDENTS EXPERIENCING HOMELESSNESS

The number of students experiencing homelessness across Malheur County has remained stable over the past several years prior to the COVID-19 pandemic.¹⁹ Student homelessness is measured according to the definitions provided in the McKinney-Vento Act, which count a youth as “homeless” if they are staying overnight in a place not intended for permanent human habitation (a car, public spaces, hotels/motels, campgrounds, etc.), if they are doubling-up housing or “couch-surfing” with other people due to loss of housing or economic hardship, or if they staying in an emergency or transitional shelter.

FIGURE 52: STUDENT HOMELESSNESS



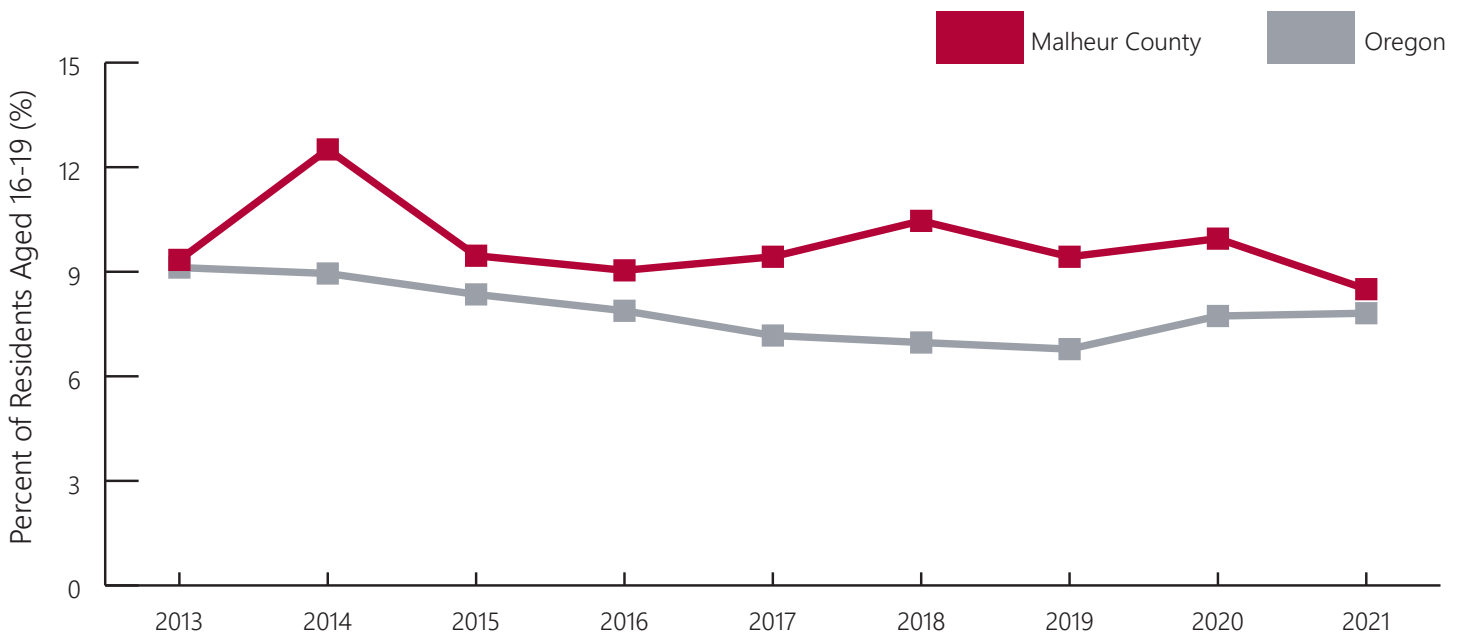
Source: Oregon State Department of Education, McKinney-Vento Act: Homeless education program

* Note: In order to protect student privacy, any cells in the data that represent less than 5 students or where the difference between the total of one or more cells of categorical data is less than 5 of the total student population is redacted.

OUT OF SCHOOL YOUTH

The percentage of disconnected youth, residents aged 16-19 who are neither working nor enrolled in school, has remained stable in Malheur County while hovering slightly above the Oregon state average.

FIGURE 53: DISCONNECTED YOUTH

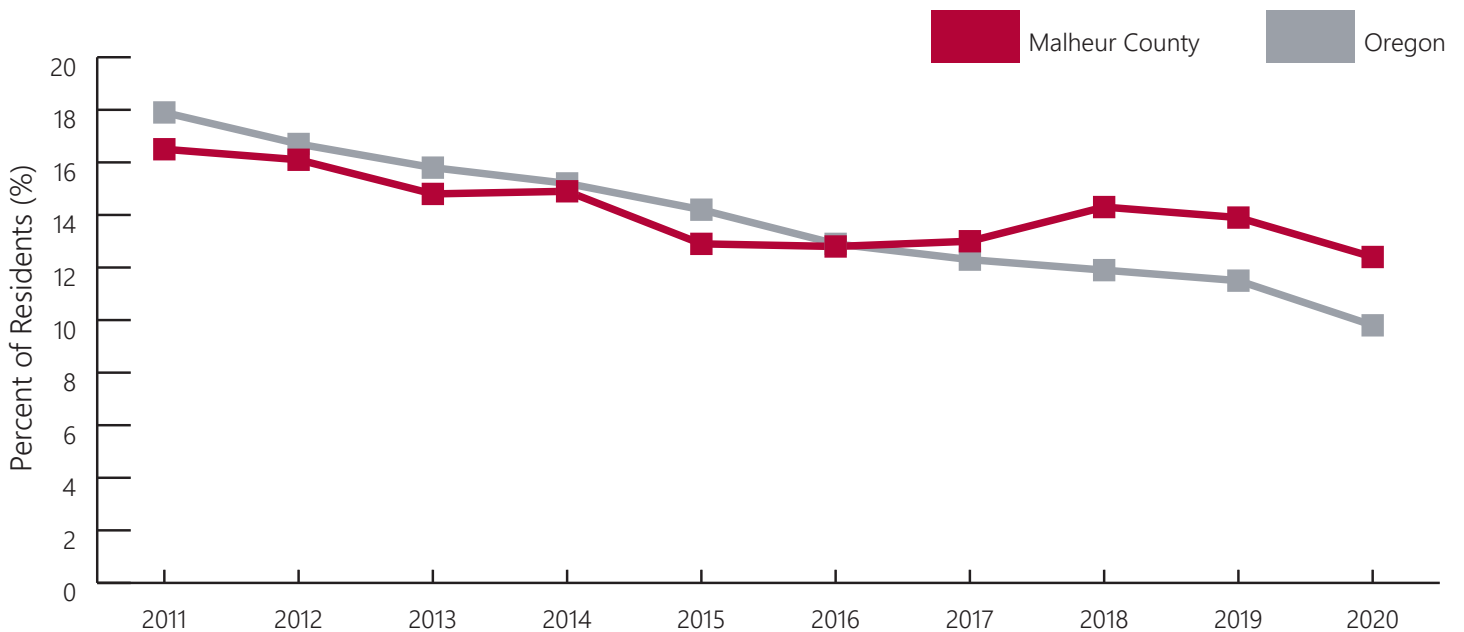


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

FOOD INSECURITY

Food insecurity refers to an inability to obtain a diet with enough variety and quality to live an active, healthy life.²⁰ Food insecurity in the region has been on the decline for many years, although Malheur County has not decreased at the same rate as the state of Oregon. This lagging progress has put Malheur County behind the state average. Looking at youth 0-17 years of age, food insecurity specifically, Malheur County remained level from 2019 to 2020, widening the gap between the county and the state further. It should be noted the last available data was from 2020. CHNA respondents anecdotally reported increases in food insecurity for many families, and the utilization of foodbank and pantry resources as food prices have risen steeply since the onset of the COVID-19 pandemic.

FIGURE 54: FOOD INSECURITY

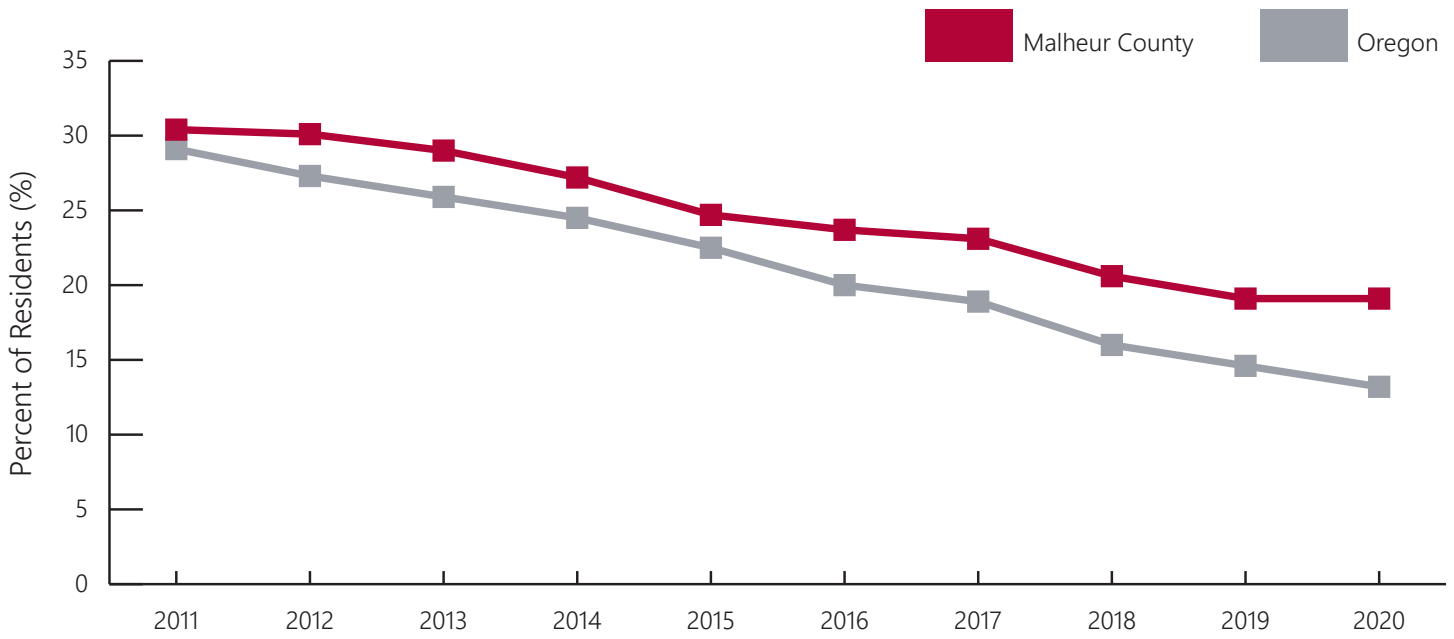


Source: Feeding America, Map the Meal Gap, 2020

The availability of healthy, affordable foods in a community is a significant driver of food security. A food desert is a geographic area where residents have little to no convenient access to healthy, affordable foods like fruits, vegetables, and whole grains. The percentage of residents living in food deserts in Malheur County was lower than the state percentage in 2019.



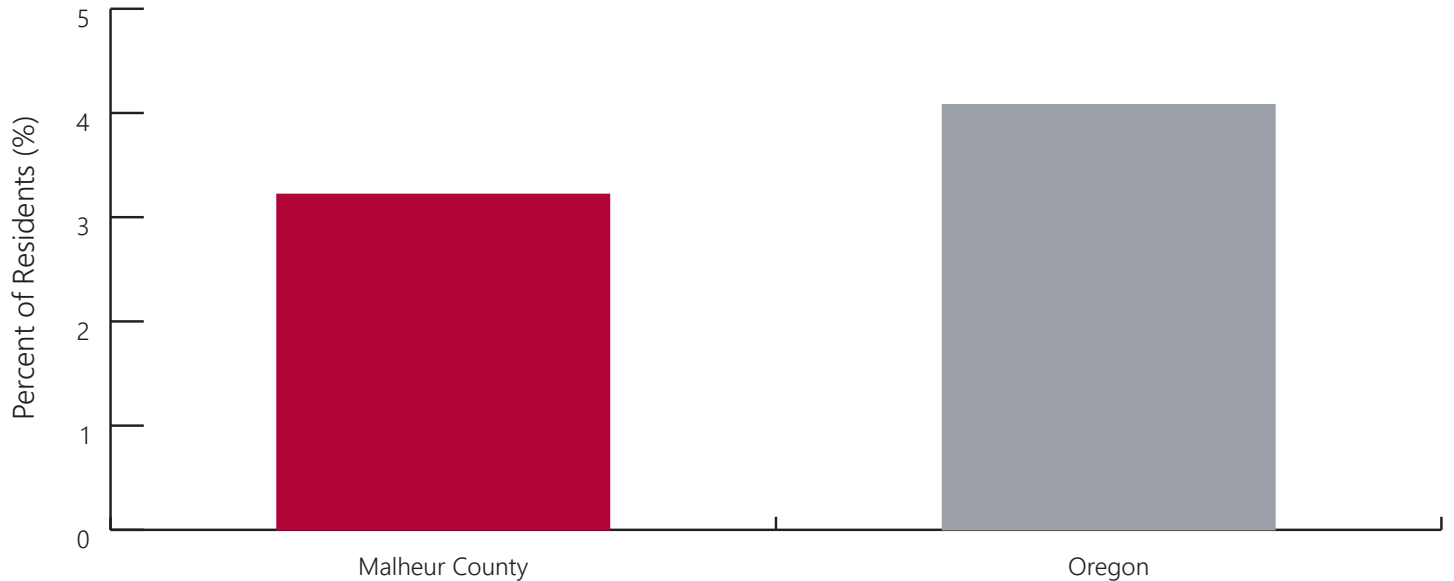
FIGURE 55: FOOD INSECURITY (CHILDREN 0-17 YEARS)



Source: Feeding America, Map the Meal Gap, 2020

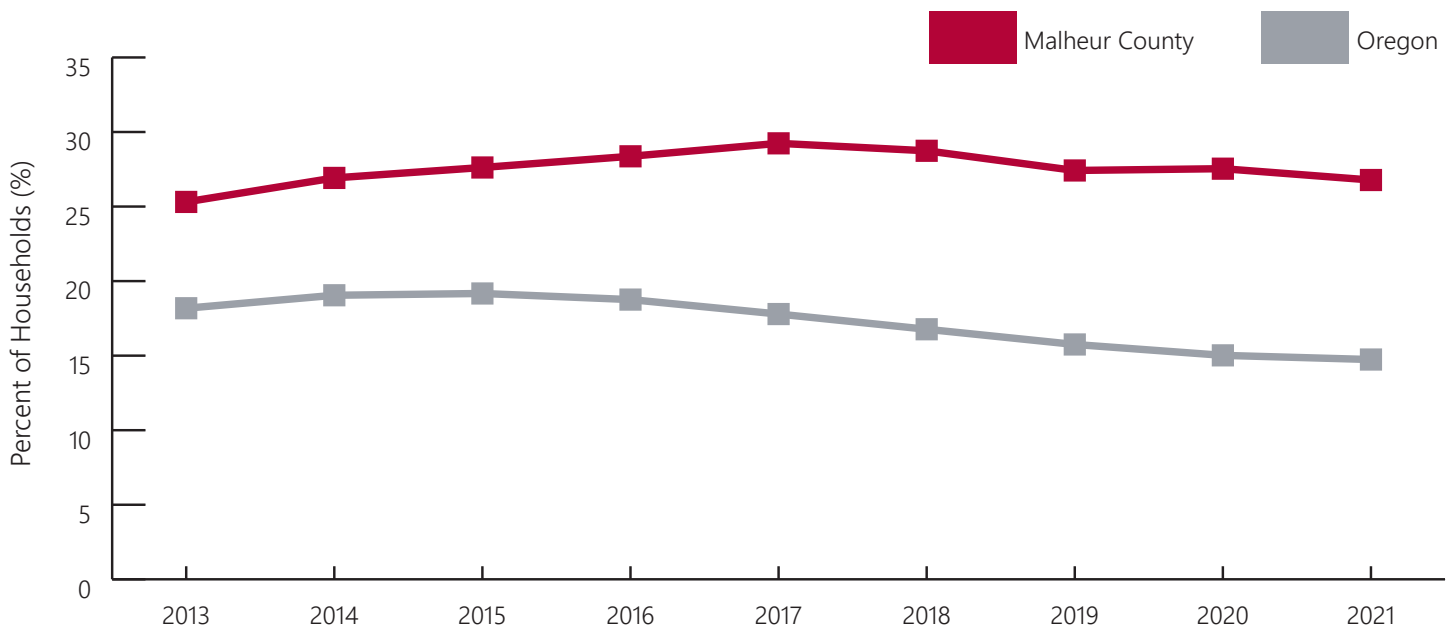
The percentage of households receiving food stamps is significantly higher in Malheur County than in the state. Both Malheur and Oregon have seen declines in their percentages of households participating in the Supplemental Nutrition Assistance Program, otherwise known as SNAP or food stamps, but Malheur's decrease has not kept pace with Oregon's, causing the existing gap to widen further.

FIGURE 56: LIVING IN FOOD DESERTS, 2019



Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

FIGURE 57: FOOD STAMPS (SNAP)

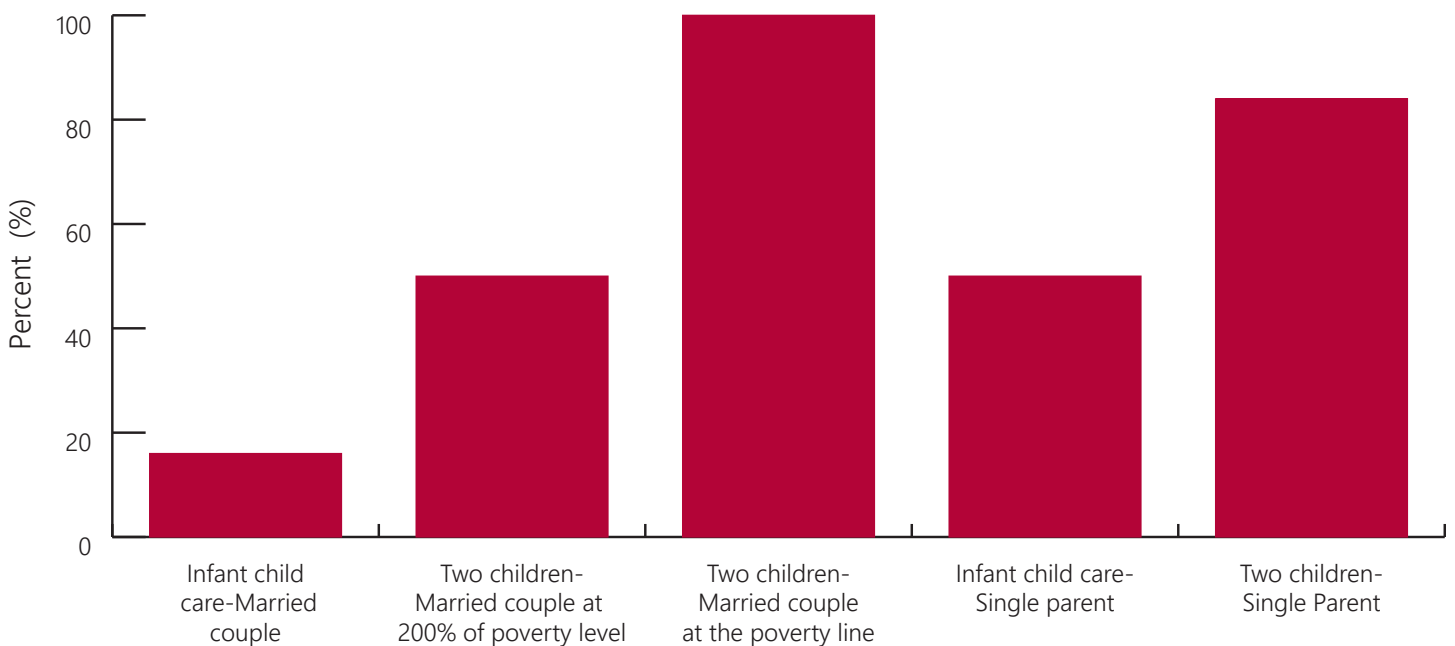


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019

CHILDCARE EXPENSES

Childcare is the workforce behind the workforce and is required for many Oregon parents to maintain their employment. Statewide, childcare expenses increased as a percent of household income from 2019 to 2021, making childcare even more cost prohibitive for many families, especially for single parents, and families close to the poverty line. Childcare availability and affordability were both mentioned by CHNA respondents as challenges facing residents of the region, making it more difficult for households to meet other costs. It was reported that childcare is particularly difficult to find and afford for infants and toddlers, even in Ontario.

FIGURE 58: 2021 CHILD CARE CENTER COST (AS % OF INCOME)



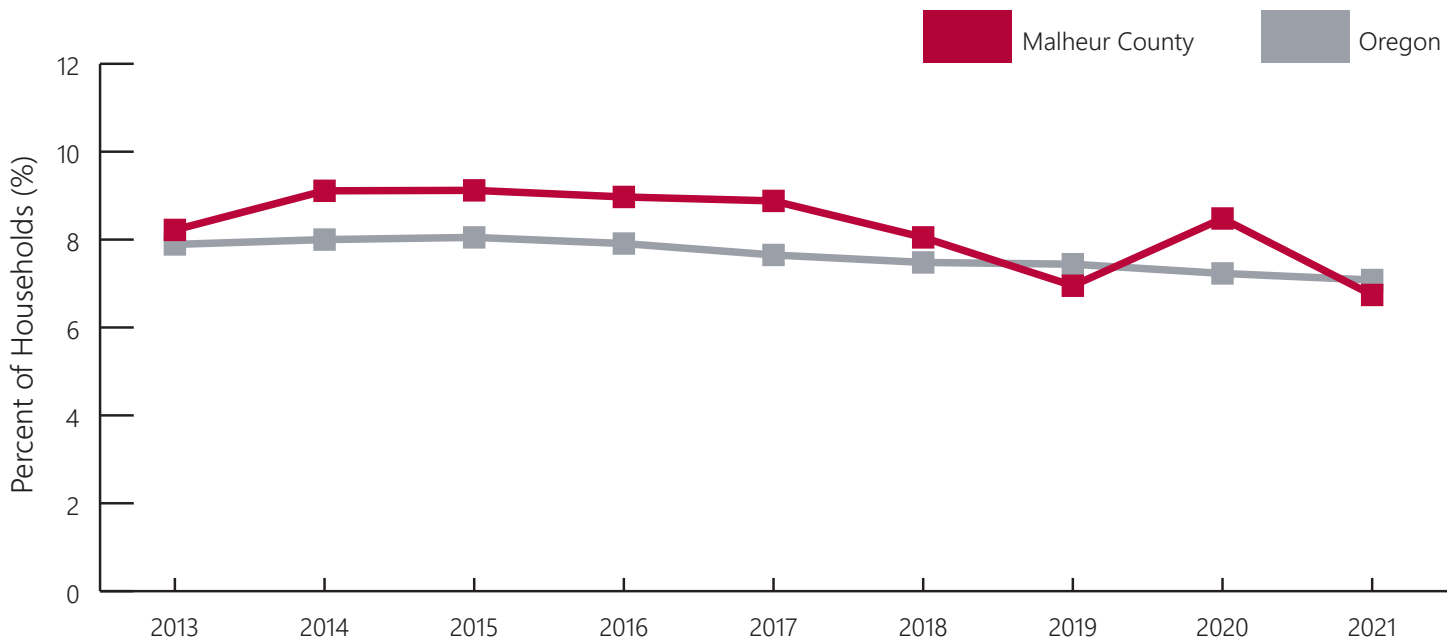
Source: Child Care Aware of America, Childcare Affordability Analysis, 2021

TRANSPORTATION

The percentage of households with no motor vehicle in Malheur County has been slowly decreasing over the past decade. While it is helpful for individuals and families to access the goods and services they need with their own vehicle, personal transportation can add increased costs to the household budget for gas, maintenance, and repairs.

Transportation is identified as a regional priority in this report. Malheur County residents are challenged by rising costs of transportation. Costs and a lack of non-driving options especially pose a threat to Malheur County's older population, making it difficult for these residents to access health care and other services. This is especially difficult for residents who have to travel outside of the region to access services that Malheur County is lacking.

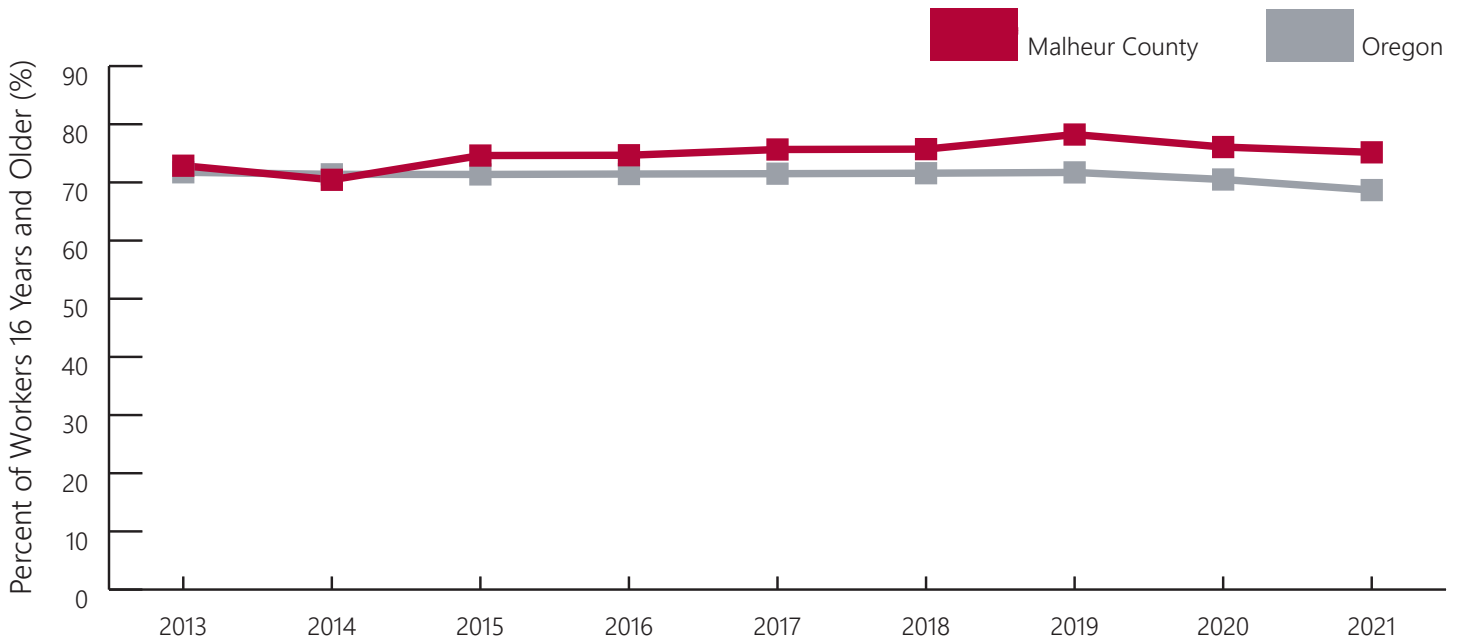
FIGURE 59: NO VEHICLE AVAILABLE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Malheur County saw a decrease in the percentage of drivers commuting alone to work in recent years, which may reflect shifting modes of work over the COVID-19 pandemic. However, the percentage remains higher than the state average.

FIGURE 60: DRIVE ALONE TO WORK

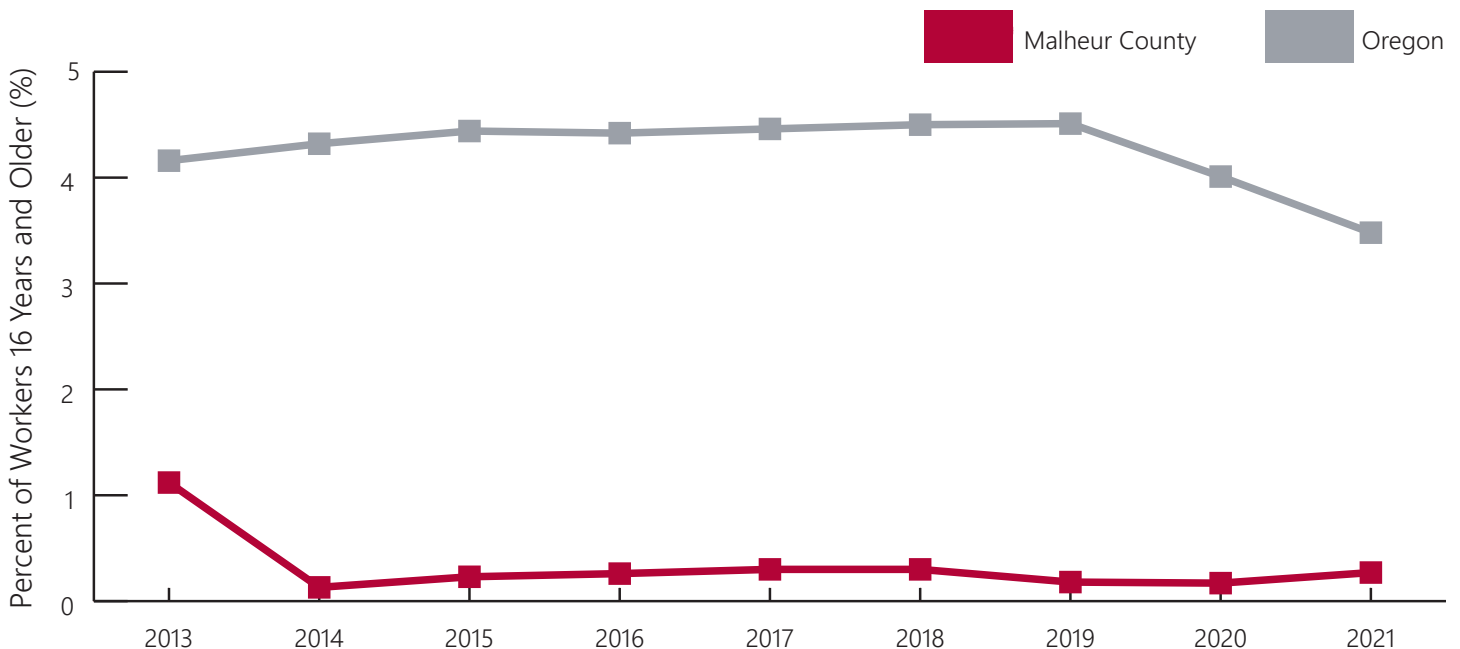


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

TRANSIT USE

The percentage of workers using public transit in Malheur County is very low, and falls far below the state. Survey respondents indicate that the lack of public transportation options, particularly accessible options and options for transportation to activities other than work or emergency health needs, is a significant challenge for many residents.

FIGURE 61: PUBLIC TRANSPORTATION TO WORK

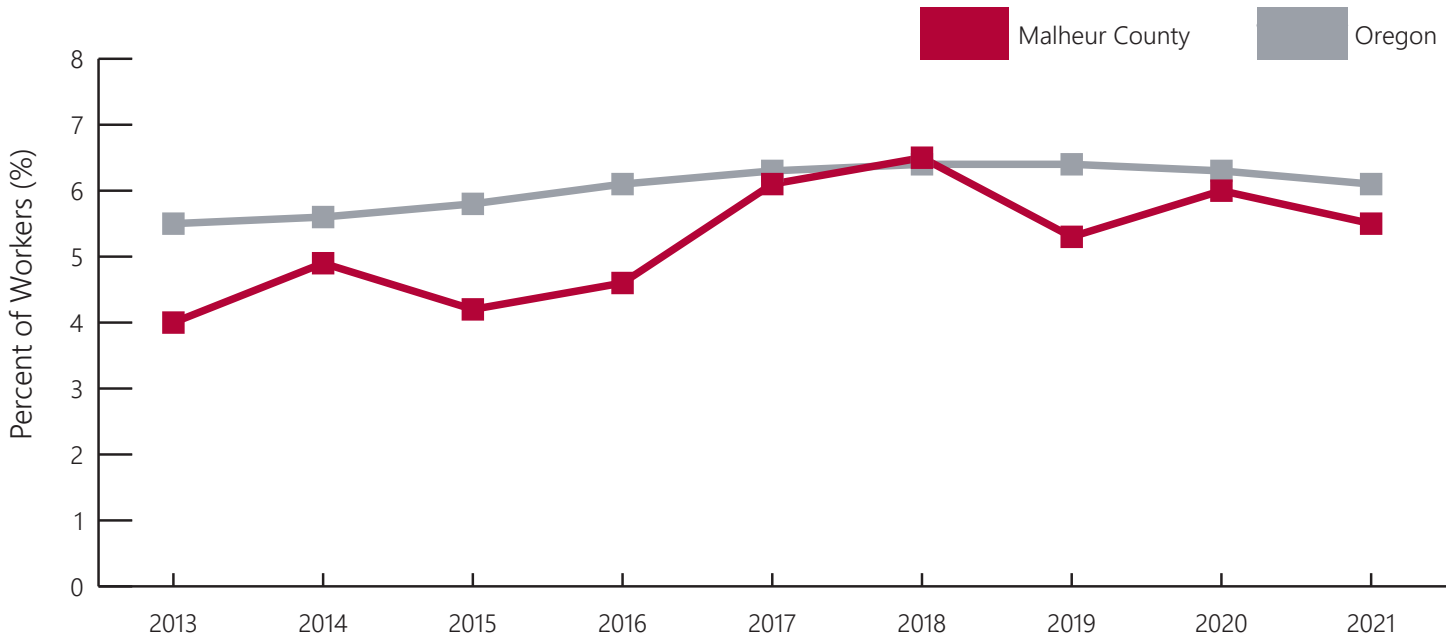


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

LENGTH OF COMMUTE

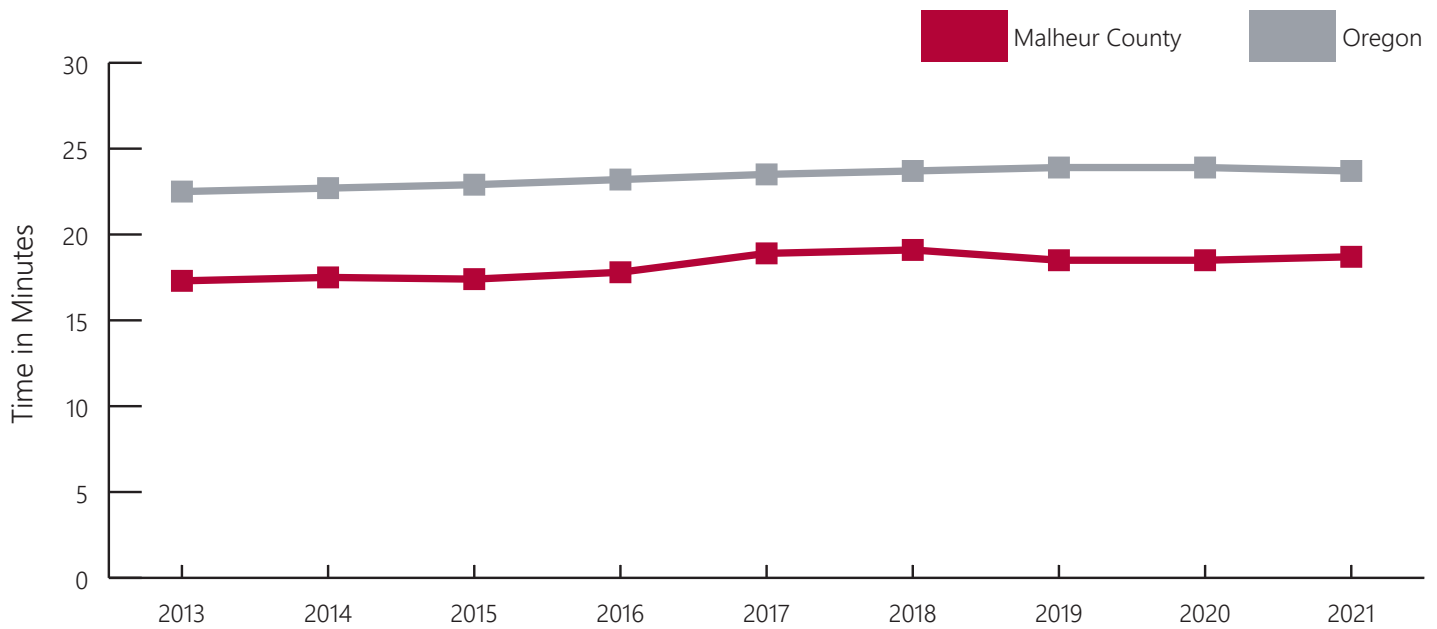
A lower percentage of workers in Malheur County have a travel time to work of over one hour compared to the statewide average, although that gap has lessened and even closed occasionally in recent years. Mean travel time to work has also remained stable, falling far below the mean travel time for most Oregonians.

FIGURE 62: TRAVEL TIME TO WORK OVER ONE HOUR



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

FIGURE 63: MEAN TRAVEL TIME TO WORK

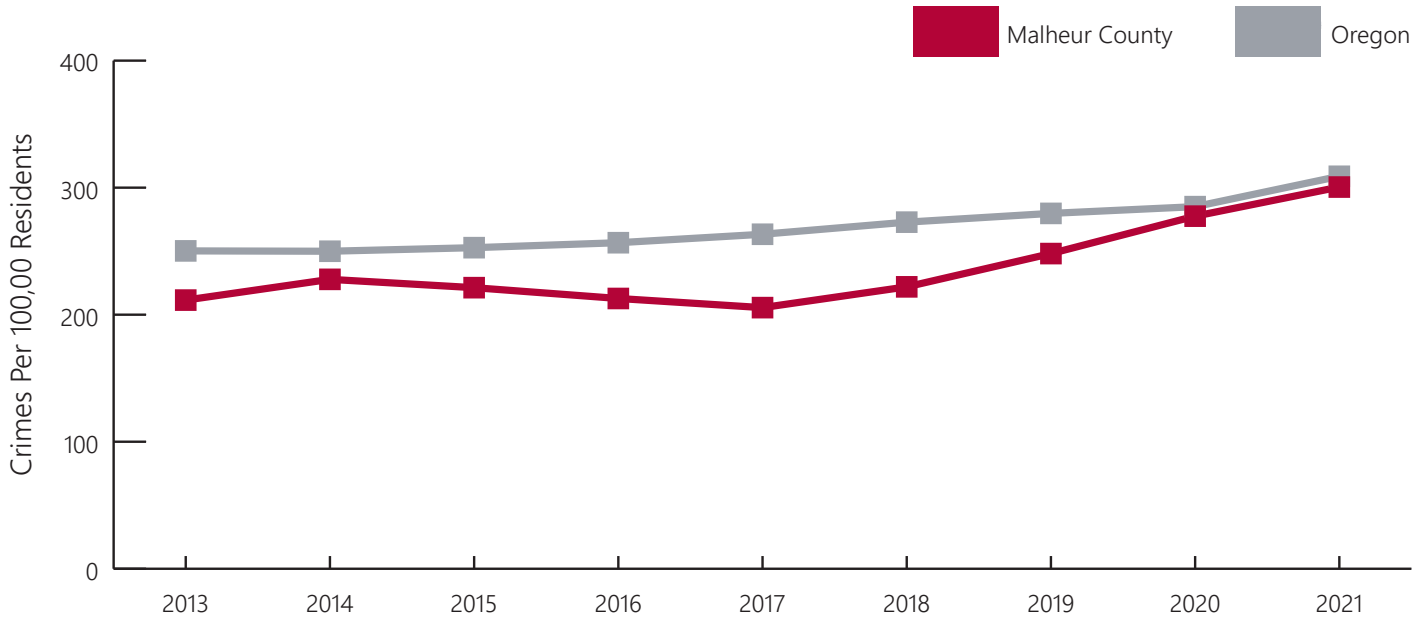


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

SAFETY

Violent crime rates in Malheur County have been on the rise since 2017, although they had previously been declining.

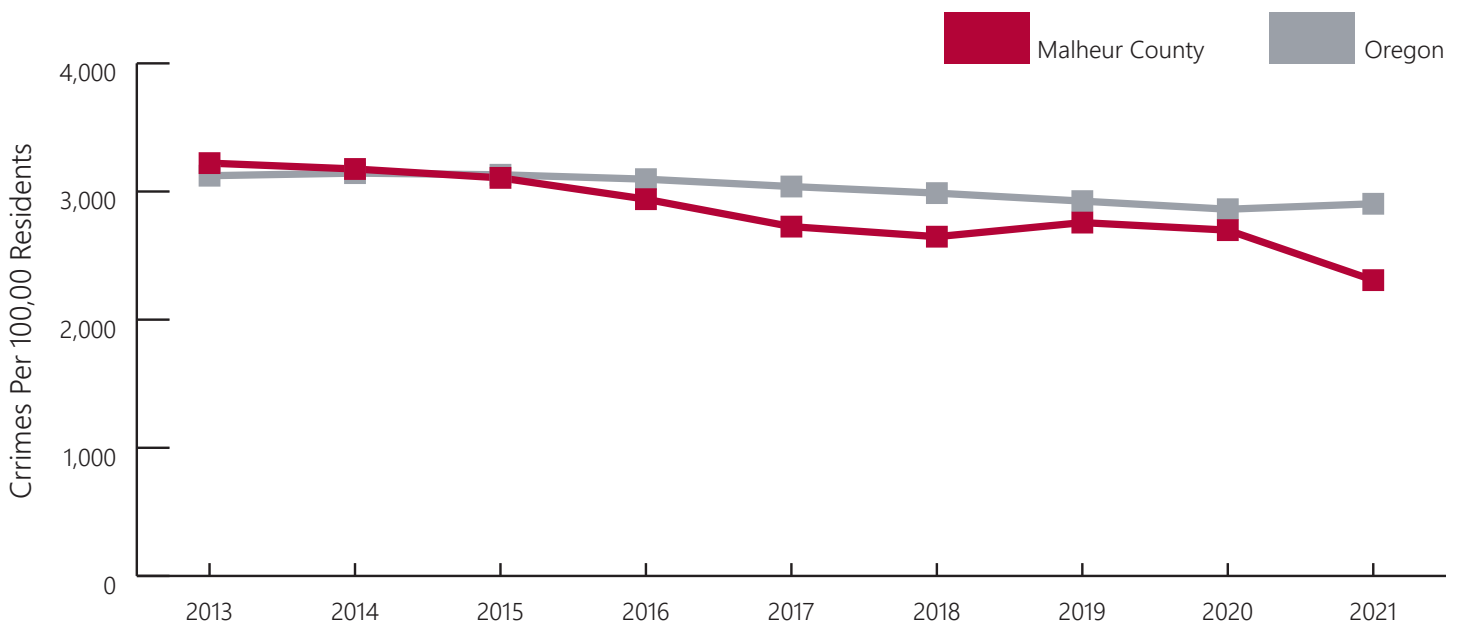
FIGURE 64: VIOLENT CRIME



Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Property crime rates in Malheur County have remained relatively stable over the past few years, with a small decrease during the COVID-19 pandemic.

FIGURE 65: PROPERTY CRIME



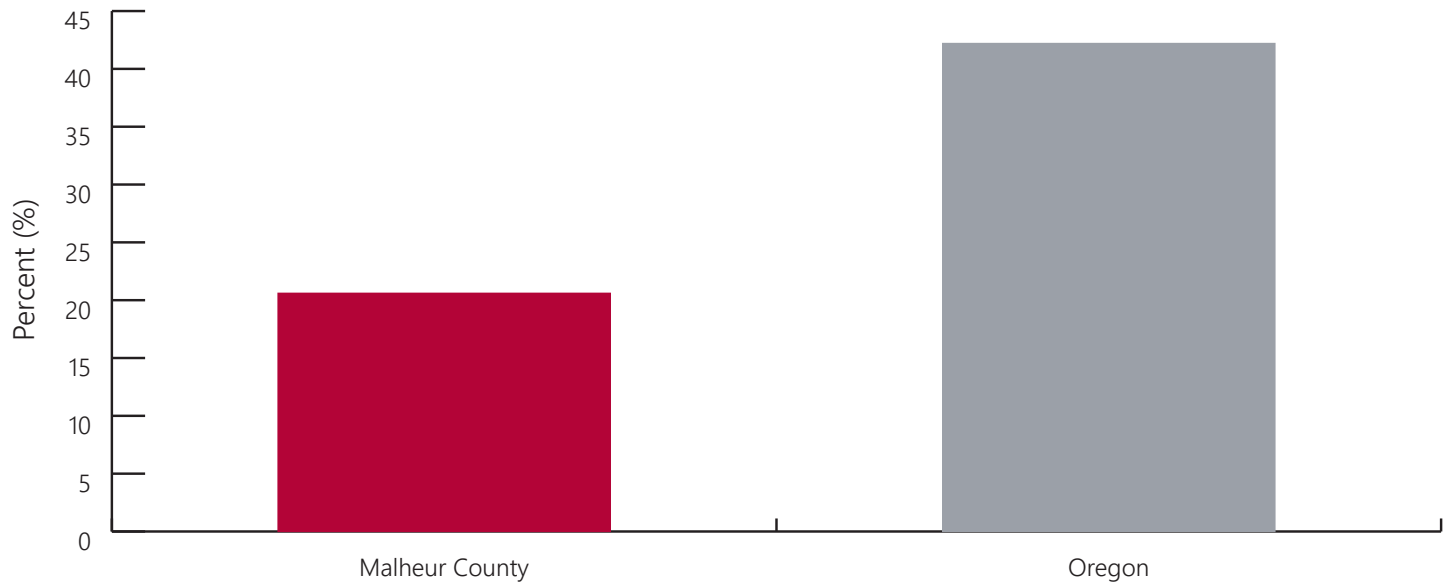
Source: Federal Bureau of Investigation, FBI Crime Data Explorer

EDUCATION

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

The state of Oregon contributes funds and resources to early education. This includes providing guidelines for early learning programs, creating early learning hubs, providing Early Intervention Special Education Services, and instituting a program for transitioning into kindergarten.²¹ Malheur County has significantly lower rates of 3- to 4-year-old children enrolled in school programs compared to the statewide average. This could be a result of a lack of affordable or available quality early education programs in the area.

FIGURE 66: PERCENT OF CHILDREN 3–4-YEAR-OLD CHILDREN ENROLLED IN SCHOOL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Head Start and Early Head Start are federally funded education programs for children aged 0 to 5 from extremely low-income families and commonly the only affordable early education programs in an area. Head Start programs in Malheur County is provided through Malheur County Child Development Center. The Center has capacity for 20 Early Head Start students and 142 preschool students. The preschool at the center is funded by both Head Start and the State of Oregon’s Preschool program. The Oregon Preschool program also allows capacity to serve 32 preschool-aged students part-time.²²

K-12 EDUCATION

Malheur County is home to eight public school districts and three public charter schools.

FUNDING FOR EDUCATION

In 2022, education was allocated \$20.6 billion, accounting for 17% of Oregon’s statewide budget and 43% of Oregon’s General and Lottery Funds.²³ The budget increased by 3.5% from the previous year, providing funds to dedicate toward early learning opportunities, K-8 student enrichment programs, and teacher recruitment and retention.²⁴

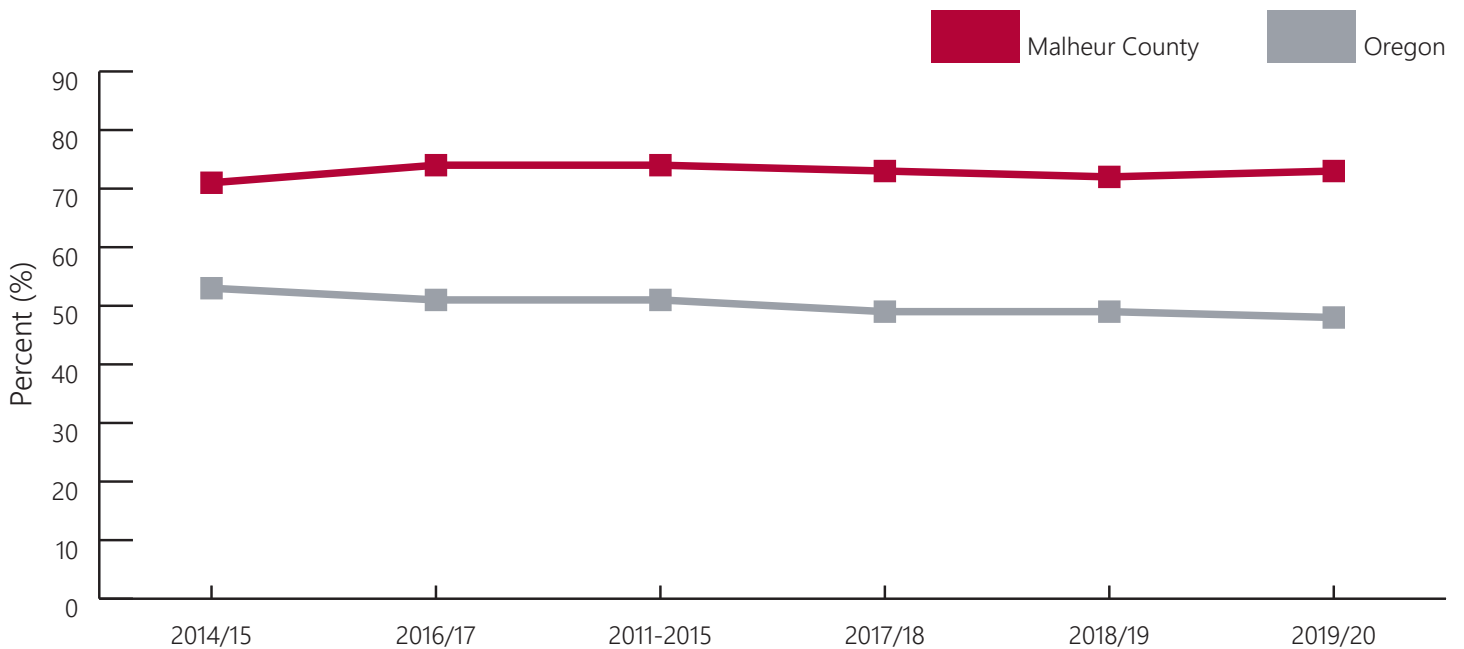
In 2020, Oregon ranked sixth in the Western states in per pupil spending, allocating \$12,855 per pupil. This is just above the Western states average of \$12,802 but below the national average of \$13,494.²⁵

POVERTY AND EDUCATION

A family's income is a stronger influence on student performance than race or ethnicity.²⁶ In Oregon, students whose families have lower incomes are classified as qualifying for free or reduced lunch. For the past three years, it is becoming more common for entire schools to qualify for free or reduced lunch rather than individual students. As such the Oregon State Board of Education is creating a new measure to identify student socioeconomic levels.²⁷

From 2014 to 2020, rates of students in Malheur County qualifying for free or reduced lunch have consistently been about 20% higher than the state average. A few schools in Malheur County have schoolwide free and reduced lunch qualifications which may be inflating the averages.

FIGURE 67: PERCENT OF STUDENTS QUALIFYING FOR FREE OR REDUCED LUNCH



Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

CHRONIC ABSENTEEISM

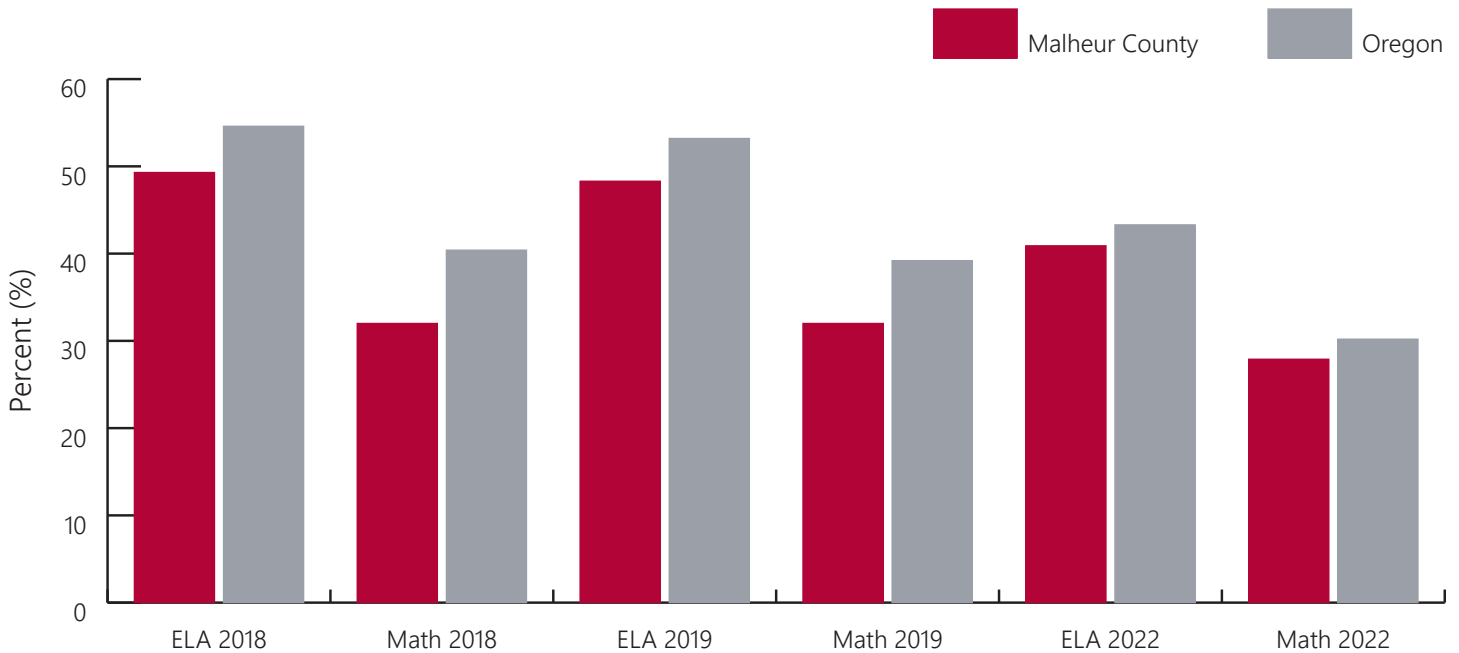
Of all Malheur County students, 30.3% missed at least 15 days of school in 2021-22 school year. Among CHNA respondents, teachers and administrators surveyed reported trouble with attendance specifically among high school students. Many schools have rules that make it difficult for students who miss too much school to progress to the next grade

READING AND MATH PROFICIENCY

Grades 3 through 8, and Grade 11 students in Oregon take an English Language Arts (ELA) and math standardized tests. Students in grades 5, 8, and 11 also take a science assessment.

Malheur County schools have lower rates of students reaching proficiency compared to state averages. Education experts expected a drop in test scores because of virtual or cancelled schooling during the COVID-19 pandemic. Statewide, ELA scores dropped 10% and math scores dropped almost 9%. In Malheur County, there was a 7% drop in ELA scores and a 4% drop in math scores making the gap between the state average and the Malheur average closer than in previous years.

FIGURE 68: AVERAGE OF ALL STUDENTS SCORING “PROFICIENT” ON THE OREGON STATE ASSESSMENT



Source: Oregon State Department of Education, 2018-2022

POSTSECONDARY EDUCATION

Approximately 44.6% of Oregonians ages 25-64 have a college or technical degree, increasing to 51.0% when including industry-recognized certifications. At 51.0%, Oregon has near the national average rate (51.9%) of higher educated adults but is still short of the state goal of 80%.²⁸

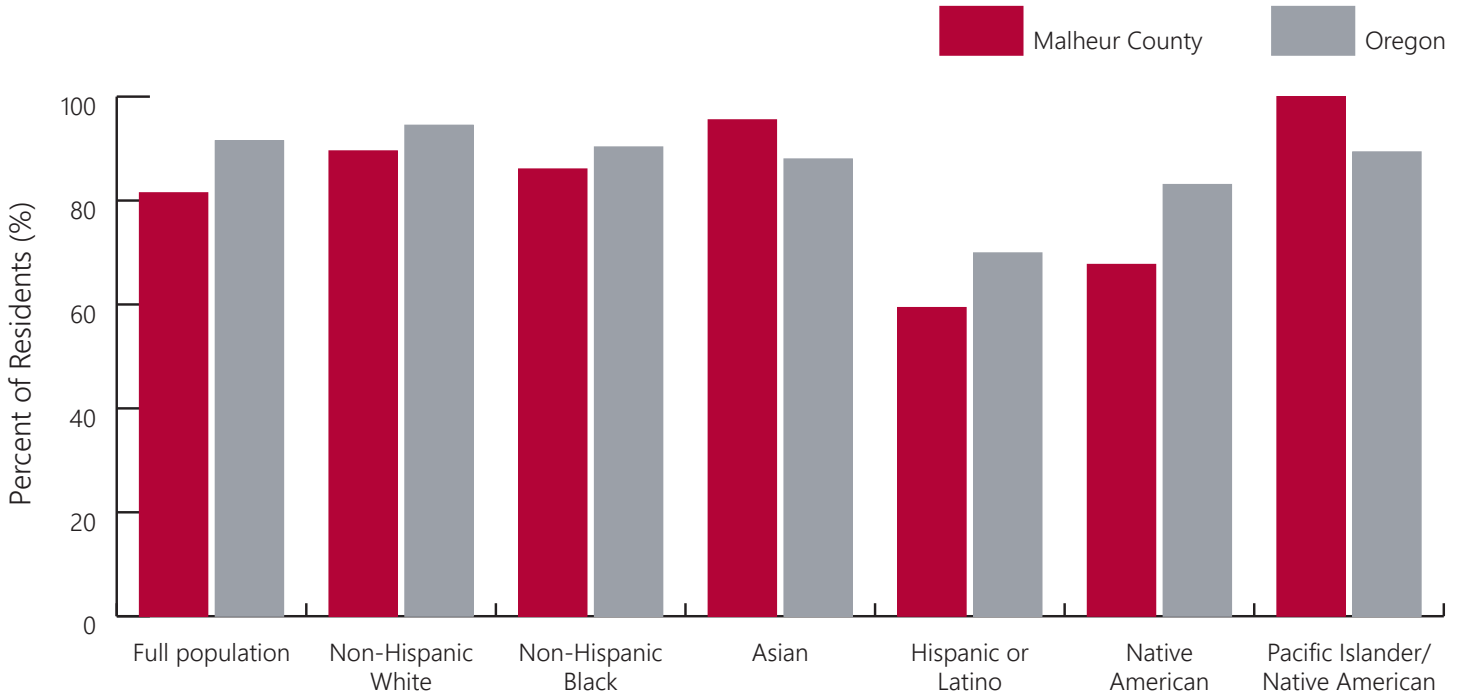
Both University of Oregon and Oregon State University had more students enrolled in 2022 than they did before the pandemic. Enrollment in Oregon community colleges decreased during the pandemic but saw a slight increase in 2022. However, the number of Oregon residents being admitted into these institutions has been dropping steadily in the past ten years.²⁹ Of all Oregon university students, 78% continue after their first year and 68% of first-time, full-time freshman are able to complete a bachelor’s degree within six years.³⁰

Treasure Valley Community College (TVCC) is in Malheur County. In the 2020-21 school year, 4,722 students enrolled at TVCC. Most (71%) TVCC students continue on after the first year of schooling, though only 52% complete an associate degree or certificate, or transfer to a university within four years.³¹

EDUCATION BY RACE/ETHNICITY

Education connects to financial stability by creating better job opportunities with better earnings. Malheur County has similar, though somewhat lower, high school graduation rates than the state average.

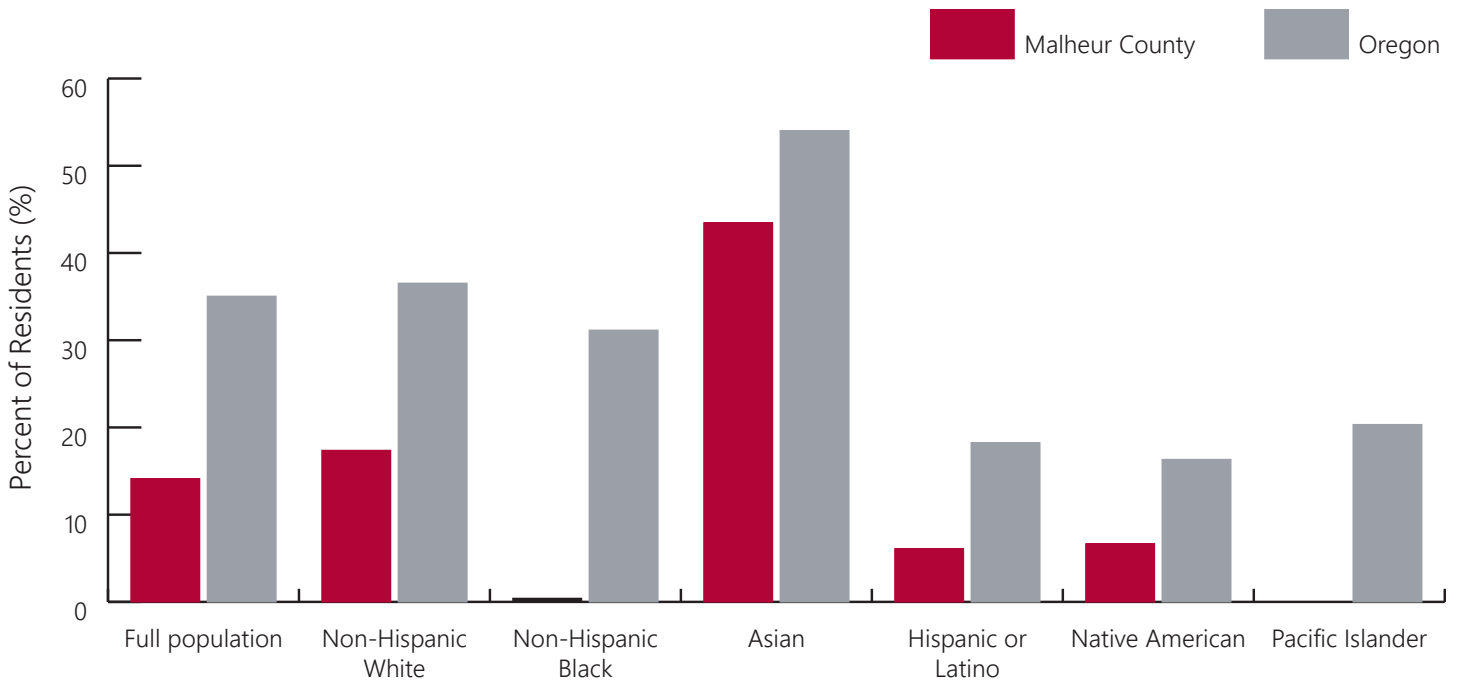
FIGURE 69: HIGH SCHOOL GRADUATION RATE BY RACE/ETHNICITY. 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

A notable education gap shows up at the college level. Malheur County has lower college graduation rates than the state average across the full population, and lower graduation rates among Hispanics and Latinos and Indigenous or Native Americans, while margins of uncertainty make it difficult to point to particular racial/ethnic trends with certainty. These gaps may contribute to inequitable economic outcomes between the county and other parts of the state. Regional focus CHNA respondents pointed out that Hispanic and Latino populations are economically marginalized and may have trouble accessing the same resources and opportunities as others due to discrimination, cultural, or language barriers.

FIGURE 70: COLLEGE GRADUATION RATE BY RACE/ETHNICITY, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

SIGNIFICANT HEALTH NEEDS

DESCRIPTION

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Malheur County. The top three priorities identified by key stakeholders include:

Safe, affordable housing, and homelessness

Access to affordable health care, including oral and vision health

Safe, reliable transportation

PROCESS TO IDENTIFY NEEDS

Leaders and community members from throughout Malheur County were invited to participate in a prioritization meeting in December 2022. In the meeting, Boise State University's Idaho Policy Institute presented primary data from five focus groups, three interviews, and 88 survey responses, as well as secondary data from publicly available national datasets. Data was organized using the criteria listed below. Participants discussed surprising, expected, and missing themes in the data. The group then participated in nominal voting to select the top priorities for the hospital systems to address. A recording of the meeting was sent out to those unable to attend. These community members all had the opportunity to contribute to the voting process.

CRITERIA TO IDENTIFY NEEDS

The project lead team identified six criteria to better understand emergent themes in the data. The criteria aim to organize the themes based on the hospital systems' values for prioritization of needs.

1. Availability of community resources: perception of the sufficiency of resources
2. Equity/impact on vulnerable populations: populations identified as at risk of inadequate access to resources and disparities in experiences
3. Availability of evidence-based interventions: based on Healthy People 2030 evidence-based resources
4. Impact/value/consequence of inaction: quantifiable need demonstrated by trend over time indicating immediate action could prevent further poor outcomes and promote health and well-being
5. Importance to community: need is identified as important amongst community members
6. Severity/magnitude of health-related need: prevalence of need compared state and national benchmarks

RESOURCES AVAILABLE TO ADDRESS NEEDS

Saint Alphonse Medical Center- Ontario will develop and publish implementation strategies by the end of 2023. Community resources to address these and other social care needs can be found at findhelp.org.

COMMUNITY INPUT PROCESS

INCORPORATION OF COMMUNITY INPUT

Community leaders, state and local public health departments and organizations, and people who represent and/or serve the medically underserved, low-income and minority populations, had three opportunities to provide input. Leaders were invited to participate in the CHNA Steering Committee process. The Steering Committee were involved in developing implementing community engagement strategies, including how to ensure participation from typically underrepresented groups. Steering Committee members also had the opportunity to facilitate focus groups with community members.

Community leaders were also invited to participate in key informant interviews. These interviews were designed to better understand the people the leaders serve as well as their feelings on health equity in the community.

Once all primary data was collected, community leaders were invited to attend a prioritization meeting. In this meeting they had the opportunity to discuss the needs of their communities and help in the process of prioritizing which needs the hospital systems should focus on addressing.

Community members, including those who are medically underserved, low-income, and or/ minority populations, had two opportunities to provide input. A survey was available in both paper and digital forms as well as in multiple languages (including Spanish, Swahili, and Arabic). The survey asked respondents about their health, their community, and experienced discrimination. Community members were also invited to participate in focus groups. Focus groups were held in community spaces and asked respondents about health in their community, general challenges, and needed services (See Appendix C).

APPENDIX A: DATA SOURCES

Table 1 - Population by County; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 1 - Population Growth; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 2 - Migration; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 3 - Births; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 4 - Deaths; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Table 2 - Population by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 5 - Population by Age; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 6 - Adults Self-Reporting "Fair" or "Poor" Health Outcomes; Source: University of Wisconsin Population Health Institute, County Health Rankings

Figure 7 - Diagnosed Diabetes; Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

Figure 8 - Arthritis; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Table 3 - Percentage of adults with Chronic Diseases; Source: Centers for Disease Control and Prevention, PLACES

Figure 9 - Visited the Doctor for Routine Checkup; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 10 - Seniors up to date with Health Care; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 11- Insufficient services; Source: CHNA Community Data, 2022

Figure 12 - Challenges accessing services; Source: CHNA Community Data, 2022

Figure 13 - Uninsured Rate; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 14 - Uninsured Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 15 - Medicaid Coverage by Age; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 16 - Dentists per capita; Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files, 2021

Figure 17 - Visited Dentist; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 18 - Poor Self-Reported Mental Health; Source: Centers for Disease Control and Prevention, PLACES

Figure 19 - Mental Health Providers per capita; Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, 2021

Figure 20 - Suicide mortality; Source: Centers for Disease Control and Prevention, National Vital Statistics System

Figure 21 - Alcohol related mortality; Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality

Figure 22 - Binge Drinking; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 23 - Cigarette Smoking Prevalence; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020

Figure 24 - Obesity; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 25 - No exercise; Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

Figure 26 - Bike to Work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 27 - Poverty Rate; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 28 - Below 200% of poverty level; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 29 - Cost of Living; Source: CHNA Community Data, 2022

Figure 30 - Households Below ALICE Threshold; Source: United for Alice, ALICE State and County Demographics, 2021

Figure 31 - Median Household Income; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 32 - Labor Force Participation; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 33 - Unemployment Rate; Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

Figure 34 - Median Monthly Housing Costs; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 35 - Median Gross Rent; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 36 - Owner Occupied; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 37 - Renter Occupied; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 38 - Vacant; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 39 - Median Home Value; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 40 - Annual income needed for a 2 Bedroom; Source: National Low Income Housing Coalition, Housing Needs by State

Figure 41 - Housing Cost Burden; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 42 - Rent burdened; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 43 - Severely Rent burdened; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 44 - Housing Situation; Source: CHNA Community Data, 2022

Figure 45 - Trouble paying for Rent; Source: CHNA Community Data, 2022

Figure 46 - Lacking Complete Plumbing; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 47 - Lacking Kitchen Facilities; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 48 - Median Year Structure Built; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 49 - Crowded housing; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 50 - Problems with housing; Source: CHNA Community Data, 2022

Figure 51 - Continuum of Care count; Source: Green, T., Zapata, M., Green, J. (2022). Oregon State Homelessness Estimates 2021. Portland State University.

Figure 52 - Student Homelessness; Source: Oregon State Department of Education, McKinney-Vento Act: Homeless education program

Figure 53 - Disconnected Youth; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 54 - Food Insecurity; Source: Feeding America, Map the Meal Gap, 2020

Figure 55 - Food insecurity (youth); Source: Feeding America, Map the Meal Gap, 2020

Figure 56 - Living in food deserts; Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

Figure 57 - Food stamps; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019

Figure 58 - Child Care Cost; Source: Child Care Aware of America, Childcare Affordability Analysis, 2021

Figure 59 - No vehicle available; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 60 - Drive Alone to Work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 61 - Public transportation to work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 62 - Travel time to work over one hour; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 63 - Mean travel time to work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 64 - Violent Crime; Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Figure 65 - Property Crime; Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Figure 66 - Percent of Children 3-4 enrolled in school; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 67 - Percent of Students Qualifying for Free or Reduced Lunch; Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

Figure 68 - Average of All Students Scoring "Proficient" on the Oregon State Assessment; Source: Oregon State Department of Education, 2018-2022

Figure 69 - High School Graduation Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 70 - College Graduation Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

APPENDIX B: QUALITATIVE DATA COLLECTION

SURVEY QUESTIONS

2023 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Local health systems, public health departments, and community partners have partnered with Boise State University's Idaho Policy Institute to conduct an assessment to better understand the health needs of community members. We are asking community members to give us your thoughts about concerns and services in your region. The assessment will inform future regional community improvement activities.

This survey will take approximately 10–15 minutes to complete. Participation is voluntary, all responses are completely anonymous, and you can skip questions or end the survey at any time. By continuing this survey, you are consenting to share your responses with [hospital system or partners] and Boise State researchers.

If you have questions or concerns about this survey, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

You can complete this survey online in English, Arabic, Spanish, Russian, Somali, and Swahili at: [INSERT LINK]

Or return it by mail to: [Address]

Your input is valuable, and we appreciate your participation!

WHAT COUNTY DO YOU LIVE IN?

- Ada
- Adams
- Malheur
- Blaine
- Boise
- Canyon
- Elmore
- Gem
- Jerome
- Malheur
- Owyhee
- Payette
- Twin Falls
- Valley
- Washington
- Other _____

FIRST, WE WOULD LIKE TO ASK A FEW QUESTIONS ABOUT THE GENERAL LEVEL OF SERVICES AVAILABLE WITHIN YOUR COMMUNITY:

WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY? (SELECT ALL THAT APPLY)

- Substance use services
- Health care services (including primary care, specialty care, hospital services)
- Oral health care services
- Exercise and physical activity opportunities
- Family Planning Services (including birth control and pregnancy counseling services)
- I don't know
- Other (please specify):

WHICH OF THE FOLLOWING SOCIAL SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY? (SELECT ALL THAT APPLY)

- Services for older adults
- Services for people with disabilities
- Services for veterans

- Services for new immigrants
- Services for youth (including out of school time)
- Educational support services (including language services)
- Transportation services
- Affordable housing
- Affordable child care services
- Employment services (including job training and readiness)
- Financial assistance services
- Family planning services (including birth control and pregnancy counseling services)
- Housing services (including services for people experiencing homelessness or who are housing insecure)
- Food services (including food assistance, food pantries, nutrition education and support)
- Older adult care/Long term care/caregiver supports
- I don't know
- Other (please specify):

NOW, WE WOULD LIKE TO KNOW ABOUT YOUR SPECIFIC EXPERIENCES WITH ATTAINING HEALTH AND/OR SOCIAL SERVICES:

HAVE ANY OF THE FOLLOWING CHALLENGES EVER MADE IT MORE DIFFICULT FOR YOU TO GET THE HEALTH OR SOCIAL SERVICES YOU NEEDED? (SELECT ALL THAT APPLY)

- Lack of transportation
- Have no regular doctor/source of healthcare
- Cost of services
- Inconvenient operating hours
- Insurance problems/complications
- Lack of insurance coverage/not enough coverage
- Language barriers or could not communicate with provider or office staff
- Discrimination (race-based/size-based/income-based/gender-based, etc.)
- Unfriendliness of provider or office staff
- Afraid to seek services, in general
- Afraid due to my immigration status
- Don't know what type of services are available
- No available providers near me
- Long waits for appointments

- I have never experienced any difficulties getting services
- Other (please specify): _____

WHAT IS YOUR HOUSING SITUATION TODAY? (SELECT ALL THAT APPLY)

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have housing today, but I am worried about losing housing in the future.
- I rent a home
- I own a home

THINK ABOUT THE SPACE YOU LIVE IN. DO YOU HAVE PROBLEMS WITH ANY OF THE FOLLOWING? (SELECT ALL THAT APPLY)

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Appliances not working
- No or not working smoke detectors
- Water leaks
- Landlord/tenant rights issues
- Landlord unresponsiveness to service requests
- None of the above
- Other [space for description]

IN THE PAST 12 MONTHS, HAS LACK OF RELIABLE TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK OR FROM GETTING THINGS NEEDED FOR DAILY LIVING?

- Yes
- No

WITHIN THE PAST 12 MONTHS, HAVE YOU OR ANYONE IN YOUR HOUSEHOLD HAD TROUBLE PAYING FOR ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- Childcare
- Transportation
- Food
- Housing
- Medical Care

- Medications
- Utilities
- Caregiving/Long term care
- None of these

SINCE THE COVID-19 PANDEMIC BEGAN (MARCH 2020), HAVE YOU HAD TROUBLE GETTING OR ACCESSING ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- Childcare
- Transportation
- Food
- Housing
- Medical Care
- Medications
- Mental Health
- Spiritual/Religious support
- Time with Family/Friends
- Other (please specify)

SINCE THE COVID-19 PANDEMIC BEGAN (MARCH 2020), HAVE YOU FELT AN INCREASE OF DEPRESSION, ANXIETY, ISOLATION, OR OTHER ISSUES?

- All of the time
- Most of the time
- About half the time
- Less than half the time
- Not at all

NOW WE WOULD LIKE TO KNOW YOUR THOUGHTS ON DISCRIMINATION IN YOUR COMMUNITY IN THE PAST 12 MONTHS

PLEASE INDICATE YOUR LEVEL OF CONCERN WITH RACISM/ DISCRIMINATION IN YOUR COMMUNITY.

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

HAVE YOU EVER FELT DISCRIMINATED AGAINST IN ANY OF THE FOLLOWING WAYS BECAUSE OF YOUR RACE, ETHNICITY, GENDER IDENTITY, AGE, RELIGION, PHYSICAL APPEARANCE, SEXUAL ORIENTATION, OR OTHER CHARACTERISTICS? (PLEASE SELECT ALL THAT APPLY)

- I was discouraged by a teacher or advisor from seeking higher education
- I was denied a scholarship
- I was not hired for a job
- I was not given a promotion
- I was fired
- I was prevented from renting or buying a home in the neighborhood I wanted
- I was prevented from remaining in a neighborhood because neighbors made life so uncomfortable
- I was harassed by the police
- I was denied a bank loan
- I was denied or provided inferior medical care
- I was denied or provided inferior service by a service provider
- Other: _____

WE'D LIKE TO UNDERSTAND HOW YOU FEEL YOU'RE TREATED BY OTHERS. FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE SAY WHETHER THE STATEMENT APPLIES TO YOU ALWAYS, SOMETIMES, ALMOST NEVER OR NEVER.

	Never	Almost Never	Sometimes	Always
I am treated with less courtesy than other people.				
I receive poorer service than other people at restaurants or stores.				
People act as if they think I am not smart.				
People act as if they are afraid of me.				
People act as if they think I am dishonest.				
People act as if they think I am not as good as they are.				
I am called names or insulted.				
I feel threatened or harassed.				
People make an effort to avoid me in public spaces				

NOW WE WOULD LIKE TO KNOW MORE ABOUT YOUR CONCERNS REGARDING SPECIFIC COMMUNITY ISSUES.

PLEASE SELECT UP TO THE TOP 5 HEALTH ISSUES THAT HAVE THE LARGEST

IMPACT ON YOU AND/OR YOUR FAMILY OR SUPPORT SYSTEM, AND YOUR COMMUNITY AS A WHOLE IN THE PAST 12 MONTHS. YOU CAN SELECT THE SAME OR DIFFERENT ISSUES.

	You	YOUR FAMILY/ SUPPORT SYSTEM	YOUR COMMUNITY
Access to contraceptives (birth control)			
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)			
Air quality			
Asthma			
Cancer			
COVID-19			
Dental/oral health			
Diabetes			
Disabilities (including lack of services for individuals with disabilities)			
Education (including early childhood education)			
Access to health care (transportation, health insurance, cost, etc.)			
Heart disease/heart attacks			
High blood pressure/hypertension			
Homelessness			
Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)			
Obesity/overweight			
Physical activity opportunities			
Sexually transmitted infections (STIs, Chlamydia, Gonorrhea, etc.)			
Teenage pregnancy			
Other (please specify): _____			

As a community member, please indicate your level of concern for each of the following topics:

Cost of Living	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Availability of healthy, affordable food options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of high-speed internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of long-term care/home caregiving services					

Availability of jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of child care (e.g., in-home, center based, or after school care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of caring for dependent adults (adult daycare, in-home care, etc.)					
Cost of utilities (e.g., heat, electricity, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for economically marginalized families and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health and Stress	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get mental health care services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to low income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress among middle and high school aged youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress among veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real or perceived stigma associated with seeking mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Accessibility of transportation for those of all abilities (e.g., accessible ramps, lack of assistance, reader boards,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of public transportation (e.g., regional bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian and/or bike safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use among adults (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real or perceived stigma associated with seeking substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational marijuana use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use among adults (smoking, chewing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tobacco use among youth (smoking, chewing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE THERE ANY OTHER ISSUES OF CONCERN – NOT LISTED PREVIOUSLY – THAT ARE OF HIGH CONCERN TO YOU AS A COMMUNITY MEMBER?

- No
- Yes, please specify: _____

THE FOLLOWING ITEMS ARE RELATED TO YOUR OWN DEMOGRAPHIC CHARACTERISTICS. WE ARE ASKING THESE QUESTIONS IN ORDER TO MAKE SURE THIS SURVEY HAS REACHED ALL POPULATION GROUPS THAT LIVE IN [REGION].

ARE YOU A HEALTH OR SOCIAL SERVICE PROVIDER?

- Yes
- No

WHAT IS YOUR ZIP CODE? _____

HOW OLD ARE YOU?

- Under 18 years old
- 18-24 years old
- 25-34 years old

- 35-44 years old
- 45-64 years old
- 65+ years old

WHAT IS YOUR GENDER IDENTITY?

- Male
- Female
- Gender expansive/gender queer
- Gender questioning
- Gender fluid
- Intersex
- Non-binary
- Transmasculine
- Transfeminine
- Two-spirit
- Prefer not to answer
- Prefer to self-describe (please specify) _____

WHAT IS YOUR SEXUAL ORIENTATION?

- Asexual
- Bisexual
- Heterosexual/straight
- Gay
- Fluid
- Lesbian
- Pansexual
- Queer
- Prefer to self-describe (please specify) _____

HOW WOULD YOU DESCRIBE YOUR ETHNIC/RACIAL BACKGROUND? (PLEASE CHECK ALL THAT APPLY)

- African American or Black
- American Indian or Alaskan Native
- Asian
- Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander

- Caucasian/White
- Middle Eastern
- Other (please specify) _____

WHAT LANGUAGE DO YOU SPEAK MOST OFTEN AT HOME? (PLEASE CHOOSE ONE)

- English
- Spanish
- Arabic
- Swahili
- Somali
- Russian
- Other (please specify) _____

WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

- Less than high school
- High school graduate or GED
- Some college
- Associate or technical degree/certification
- Bachelor's degree
- Graduate or professional degree

WHAT IS YOUR HOUSEHOLD INCOME?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

HAVE YOU OR SOMEONE IN YOUR FAMILY EXPERIENCED HOUSING INSECURITY/HOMELESSNESS IN THE LAST 12 MONTHS?

- Yes
- No

ARE YOU IMPACTED BY ANY OF THE BELOW? (PLEASE SELECT ALL THAT APPLY)

- Hearing difficulty (deaf or having serious difficulty hearing)

- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (because of a physical, mental, or emotional reasoning, having difficulty remembering, concentrating, or making decisions)
- Ambulatory difficulty (having serious difficulty walking or climbing stairs)
- Difficulty with activities of daily living (having difficulty bathing or dressing)
- Independent living difficulty (because of a physical, mental, or emotional reasoning, having difficulty doing errands alone such as visiting a doctor's office or shopping)
- None of the above
- Prefer not to say
- Other (please write): _____

FOCUS GROUP PROTOCOL

2023 Community Health Needs Assessment

Focus Group Guide

Goals of the focus groups:

- To identify the perceived health needs and assets in your community (describe geography to participants)
- To gain an understanding of people’s barriers to health and how these barriers can be addressed
- To identify areas of opportunity to address needs

[NOTE: THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

[NOTE: GUIDE WILL BE TAILORED FOR EACH GROUP.]

I. BACKGROUND (5-10 MINUTES)

Welcome everyone. My name is _____, and I am with _____.

We’re going to be having a focus group today. You are here because we want to hear your perspective. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

The local health systems, public health departments and community partners are conducting a community health needs assessment with Boise State University’s Idaho Policy Institute to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that affects the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in our community.

General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected directly to you in our report. Your participation is voluntary and you are not required to respond to every question.

As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. They work with me on this project. I want to give you my full attention, so they are helping me out by taking notes during the group and they do not want to distract from our discussion.

I have a series of questions I’m going to use to guide our discussion. I want to let you know that if it seems like I cut a conversation short to move on to the next question, please don’t be offended. I want to make sure we cover a number of different topics during our discussion.

Lastly, please turn off your cell phones_or put them on silent or vibrate mode. Our group will last about 45-60 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we’d appreciate it if you would go one at a time.

By continuing to participate in the focus group, you are consenting to share your responses with local health systems, public health departments, community partners and Boise State researchers. If

you have questions or concerns about this focus group, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401. Any questions before we begin our introductions and discussion?

II. INTRODUCTION AND WARM-UP (5-10 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name and 2) what communities you are representing today. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you represent. How would you describe your community?
 - a. If someone were to join your community, what would you say are some of its biggest strengths or the most positive things about it?
 3. What are some of the biggest problems or concerns in your community? [i.e. – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
 - a. How have these issues affected your community?
 - b. How has the COVID-19 epidemic impacted your community?
 - c. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
 - d. What populations, or groups of people, do you think struggle the most with challenges in your community?
 4. What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
 - i. How have these health concerns affected your community?
 5. Thinking about health and wellness in general, what helps keep you healthy?
 - a. What makes it easier to be healthy in your community?
 - i. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?
- ## IV. PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)
6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS DISCUSSED] What programs, services, or policies are you aware of in the community that currently focus on these issues?
 - a. What's missing? What programs, services, or policies are currently not available that you think should be?

b. What do you think the community should do to address these issues?

V. VISION OF COMMUNITY (5 minutes)

7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What is your vision for the future?

a. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you.

As I mentioned before, we are conducting these groups around the [REGION], and we're also talking to people who work at organizations. After all this is over, we're going to be writing a report. The local health systems, public health departments, and community partners will post this report on their website.

Thank you again. Your feedback is extremely valuable, and we greatly appreciate your time and thank you for sharing your opinion.

Key Informant Interview Protocol

2023 Community Health Needs Assessment

Key Informant Interview Guide

Goals of the Key Informant Interview

- To gather perceptions of the health strengths and needs in your community (describe geography to participant)
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

Hi, my name is _____ and I am with _____.

As you may know, local health systems, public health departments, and community partners are conducting a community health needs assessment in partnership with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing the community of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.

As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand the community's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.

Our interview will last about 45 – 60 minutes. General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected to you in our report.

Your participation is voluntary and you are not required to respond to every question. By continuing the interview, you are consenting to share your responses with the local health systems, public health departments, community partners, and Boise State researchers. If you have questions or concerns about this interview, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

Do you have any questions before we begin our introductions and discussion?

THEIR AGENCY / ORGANIZATION (5 minutes)

[SKIP THIS SECTION FOR ELECTED OFFICIALS]

Can you tell me a bit about your organization/agency?

- a. What are some of the biggest challenges your organization faces in conducting your work in the community?
- b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY OF ORGANIZATION SERVED (10 minutes)

How would you describe the community served by your organization/ that you serve as [INSERT TITLE]?

- c. What do you consider to be the community's strongest assets/strengths?

TOP ISSUES OF THE GENERAL COMMUNITY (10 minutes)

8. What do you think are the most pressing concerns in the general community (i.e. health/education/housing/education/economic/transportation)?
 - a. Why are these concerns?
 - b. How has the COVID-19 epidemic affected the community?
 - c. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for health disparities?
 - d. From your experience, what are the community's biggest challenges to addressing these issues?

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

9. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues?
 - a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?
 - b. How coordinated are these programs or services, if at all?
 - c. Where are the gaps? What program, services, or policies are currently not available that you think should be?
 - d. What do you think needs to be done to address these issues?

- i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some “low hanging fruit” – current collaborations or initiatives that can be strengthened or expanded?

10. [IF HEALTH NOT YET MENTIONED/DISCUSSED] Thinking about your community, what do you see as the strengths of the health services there? What do you see as its limitations?

- a. What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTATION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]
- b. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for disparities in accessing health services?
- c. What do you think needs to happen in your community to help all residents overcome or address these challenges?

VISION OF THE FUTURE (10 minutes)

11. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

- a. What is your vision specifically related to people's health in the community?
 - i. What do you think needs to happen in the community to make this vision a reality?
 - ii. Who should be involved in this effort?

CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

As I mentioned before, we are conducting discussions all around the region. After collecting all the data and completing these interviews, we're going to be writing up a report which will be posted online.

Thank you again. Have a good day.

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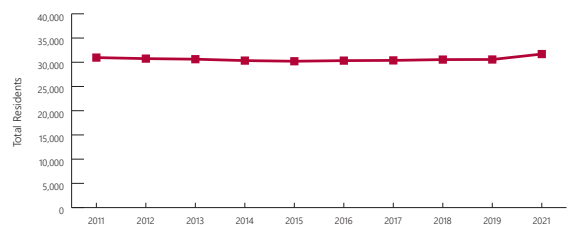
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This report was prepared by Idaho Policy Institute at Boise State University
and commissioned by Saint Alphonsus Medical System.

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Adoption of 2023 Malheur County CHNA

On May 16, 2023, the Saint Alphonbus Health System Board of Directors met to discuss the 2023 Malheur County Community Health Needs Assessment (CHNA). Upon review, the Board approved this CHNA Report on behalf of the Saint Alphonbus Regional Medical Center- Ontario.

Toni L. Nielsen
Toni L. Nielsen (Jun 8, 2023 15:29 EDT)

June 5, 2023

Toni L. Nielsen, Vice Chair, Saint Alphonbus Health System Board