



**Saint Alphonsus Medical Center Ontario  
Community Health Needs Assessment (CHNA)  
Implementation Strategy**  
*Fiscal Years FY24-26*



**Saint Alphonsus**

A Member of Trinity Health

**Saint Alphonsus Medical Center- Ontario (SAMC-O) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 5, 2023.** SANC-O performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at [saintalphonsus.org/assets/documents/chna/ontario/2023-community-health-needs-assessment-for-saint-alphonsus-medical-center\\_ontario.pdf](https://saintalphonsus.org/assets/documents/chna/ontario/2023-community-health-needs-assessment-for-saint-alphonsus-medical-center_ontario.pdf) or printed copies are available at 351 SW 9<sup>th</sup> Street Ontario, OR 97914.

## Our Mission

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

## Our Hospitals

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](http://www.saintalphonsus.org), and [www.Trinity-Health.org](http://www.Trinity-Health.org).



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

## Our Community Based Services

In addition to the SAMC-O facility, Saint Alphonus also provides community-based services through the Saint Alphonus Medical Group (SAMG). This includes a variety of medical specialties such as women’s health, pediatrics, family practice, urgent care, physical therapy, and orthopedics.

The Saint Alphonus Health Alliance (SAHA) is a physician-led network sponsored by the Saint Alphonus Health System. The Alliance represents a new model of healthcare delivery, known as a clinically integrated network, based on a strategy to tightly align physicians, hospitals, and payers to provide better access to care, better clinical quality, and control costs.

Saint Alphonus serves its mission through the community health and well-being (CHWB) department. The CHWB department houses services to improve community-clinical linkages for our patients and residents in the communities served by Saint Alphonus. This includes the Community Health Worker Hub, mobile clinical services, Faith Community Nurses, Catholic School nurses, language access resources, tobacco treatment specialists, Family Centers that encompass patient education, counseling, and other therapeutic services for new parents and families, and extensive community outreach to address the social influencers of health.



## Our Community

This Implementation Strategy focuses on Malheur County Oregon. The largest cities that comprise Malheur County are Ontario, Vale, and Nyssa.

Malheur County 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.



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.

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.



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. This pattern may be as a result of the growing population of older

adults.

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. 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.

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.

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.

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities." 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%.

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%.

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.



## Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation’s definition of Health Equity - “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

This implementation strategy was developed in partnership with the community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

## Health and Social Needs of the Community

The CHNA conducted between June and December 2022 identified the significant needs for health and social drivers of health within the Malheur County community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

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**1. Safe, affordable housing and homelessness**

- 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

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**2. Access to affordable healthcare, including oral and vision health**

- 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.
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- 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.
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### **3. Safe, reliable transportation**

- 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.
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## Hospital Implementation Strategy

### **Significant health and social needs to be addressed**

SAMC-O, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- Safe, affordable housing and homelessness – CHNA pages 38-50.
- Access to affordable healthcare, including oral and vision health- CHNA pages 16-33.
- Safe, reliable transportation- CHNA pages 54-56.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

# 1

## Safe, affordable housing and homelessness



**Goal: Saint Alphonsus seeks to improve the availability of attainable housing for the residents of Malheur County regardless of their income status.**

CHNA Impact Measures	2024 Baseline	2026 Target
<b>Increase the number of attainable housing units made possible in participation by Saint Alphonsus Medical Center-Ontario by at least 30 units by June 30, 2025.</b>	<b>0 units</b>	<b>30 units</b>

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Serve as the lead healthcare partner in BUILD Payette	x	x	x	SAMC-Ontario	\$10k/year for 3 years, \$35k/year in kind support on Exec Committee and housing lead
	x	x	x	St Lukes, Intermountain/Saltzer Health, SelectHealth, Blue Cross of Idaho Foundation	\$55k/year for 3 years, \$50k/year in kind support
	x	x	x	LEAP Housing	Housing developer and lead, pursuing Trinity Community Impact, LIHTC and other funds
	x	x	x	WICAP	Lead CBO, \$20k in kind leadership support and participation on Exec Committee, \$100k.year BUILD recipient
	x	x	x	Central and Southwest District Health Dept	Lead Payette County Health Action Team, \$30k.year in kind support on Exec Committee
					<b>Focus location(s)</b>
				Payette County- including priority zip code 83661	Individuals making 60% or less of the area median income (housing), and the residents of Payette County



# 2

Access to affordable healthcare, including oral and vision health



**Goal: Improve access to affordable healthcare services for community members regardless of income and insurance status**

CHNA Impact Measures	2023 Baseline	2026 Target
Provide healthcare and social care services for at least 150 uninsured or underinsured individuals via mobile clinics by June 30, 2025.	0	150

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Provide mobile clinical services across Malheur, Payette and Washington Counties	x	x	x	SAMC-O	\$3500/clinic or ~\$110k/year
		x	X	SAMC-O Foundation	TBD support for operations
	x	x	x	Grants and Philanthropy	TBD Support for operations
	x	x	x	TBD Community Partners	In kind hosts for mobile clinic sites and the provision of social services to patients
	<b>Focus location(s)</b>				<b>Focus Population(s)</b>
	Payette, Washington, and Malheur Counties including priority zip codes 83610, 83619, 83645, 83661, 83672, 97907, 97910, 97913, 97914, 97918				Uninsured and underinsured individuals

# 3

Safe, reliable transportation



**Goal: Improve access to non-medical transportation for community members regardless of income and insurance status**

**CHNA Impact Measures**

**2023  
Baseline**

**2026  
Target**

**Provide non-medical rides for at least 100 individuals to/from healthcare appointments by June 30, 2025.**

**0  
individuals**

**100  
individuals**

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Establish a Rides to Wellness program for Ontario	x	x	x	SAMC-O	\$127k in TH Community Grant funds, up to \$20k/year, in kind leadership
	x	x	x	Malheur Senior Center	In kind support for driver
	x	x	x	St Lukes, Valley Family Health, others	TBD financial support for Rides to Wellness for their patients and clinics
	Focus location(s)				Focus Population(s)
	Payette, Washington, and Malheur Counties including priority zip codes 83610, 83619, 83645, 83661, 83672, 97907, 97910, 97913, 97914, 97918				Individuals with socioeconomic limitations needing non-medical rides to healthcare appointments

## Adoption of Implementation Strategy

On September 19, 2023, the Board of Directors for Saint Alphonsus Health System met to discuss the 2023-2025 Implementation Strategy for addressing the community health and social needs identified in the 2023 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

*Michael Ballantyne*

Michael Ballantyne (Oct 16, 2023 12:52 PDT)

October 16, 2023

Michael Ballantyne, Saint Alphonsus Health System Board Chair

