Saint Alphonsus Medical Center
BAKER CITY

# 2013 Community Health Needs Assessment

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## Executive Summary and Key Findings

A comprehensive community health needs assessment was conducted by Saint Alphonsus Medical Center – Baker City (also known as SAMC-BC or Saint Alphonsus Baker City) in 2013, with the goal of providing a high-level snapshot of health indicators and social determinants of health in the local service area, specifically in Baker County. Based on the findings of this assessment, priorities will be determined for community benefit planning and collaborative efforts to address the areas of greatest concern. Community stakeholder input is vital to this process, so the results of this assessment have been and will continue to be shared openly with community agencies and stakeholders with an interest in improving community health.

Public health data and assistance have been obtained from the Baker County Health Department during the assessment process, and Saint Alphonsus Medical Center – Baker City will work with the Health Department and other community groups in establishing priorities and interventions as we move forward.

### *Key Findings / Areas of Concern*

In reviewing secondary data and community input obtained via a survey tool, a number of areas of concern are identified, as displayed in the table below:

| Socioeconomic Factors | Health Outcomes | Health Factors |
|---|---|---|
| • Geographic isolation<br>• High percentage of persons age 65 or older<br>• Relatively low college graduation rates<br>• Decreasing student math and reading scores<br>• Unemployment, especially with seasonal changes<br>• Low average annual earnings<br>• Growing child poverty rates<br>• High child abuse and neglect rate | • High "premature" death rate<br>• Higher prevalence of arthritis<br>• Increased low birth weight rate<br>• Higher teen birth rates<br>• Higher overall cancer mortality rates, including lung, colorectal, breast, and prostate<br>• High diabetes prevalence<br>• Stroke mortality<br>• Higher than average suicide rate | • Limited access to primary care and oral health<br>• Lack of health insurance<br>• Inadequate fruit & vegetable consumption<br>• Obesity<br>• High motor accident rate<br>• Higher alcohol use<br>• Tobacco use<br>• Lower mammography screening rate; lower pap smear rate<br>• Community perception of need of more health screening services<br>• Mental health & substance abuse service needs<br>• Limited services for the low income families |

*Summary of 2010 Community Health Needs Assessment*

In 2010 Northeast Oregon Network (NEON), a 501(c)3 company with the mission to increase access to integrated health care for northeast Oregon residents, completed a community needs assessment for Baker, Union, and Wallowa counties. Their initial analysis was completed by Health Policy Research Northwest, an evaluation firm specializing in community based health research. Comparative analysis was completed by NEON staff, based upon data from a variety of sources.

From their assessment, these are the needs identified as having the highest priority in the three counties:

| Social Determinants of Health | Health Conditions | Issues Related to Health Concerns |
|---|---|---|
| • Not having enough money for housing<br>• Not having enough money to pay for health insurance<br>• Not having enough money to pay for a doctor<br>• Not having enough money to pay for a dentist<br>• Not being able to get help when stressed, depressed, or anxious (OHP population)<br>• Protective factors relating to personal / family problems<br>• Primary care doctors for uninsured children<br>• Children in poverty<br>• Adults 200% of Federal Poverty Level and under | • Asthma for OHP and uninsured<br>• COPD / Lower Respiratory Diseases<br>• Flu / Pneumonia<br>• Heart Disease in Baker County<br>• Mental Health<br>• Oral Health Disease<br>• Substance Abuse | • Flu / Pneumonia vaccines 65 and older<br>• Morbidity – Overall mental health<br>• Access to and consumption of healthy foods<br>• Preventable hospitalization rate (Wallowa County) |

This information was used by Saint Alphonsus Medical Center – Baker City to address the community needs, with significant efforts towards procuring additional physicians for Baker County. SAMC-BC also continued a generous Charity Care program, working with our community to ensure that they had all of the financial assistance that was available, based on their economic status. While this has been successful, we would like to provide a more targeted and focused approach to enhancing our community benefits, which we anticipate will be met with the data available from our 2013 Community Health Needs Assessment.

### *Next Steps*

Findings of the Community Health Needs Assessment will be shared with key community stakeholders, and their feedback and additional recommendations will be solicited. Further prioritization of needs will occur with input from public health and individuals representing a broad variety of community perspectives and constituencies. Identified priority needs will be incorporated into a Saint Alphonsus Medical Center – Baker City Community Benefit Plan, which will inventory current programs in place and recommend additional services and collaborative efforts to target priority needs. Once drafted, the Community Benefit Plan will be presented to the SAMC-Baker City Board of Trustees for input and approval, after which objectives and targets will be established to integrate into the hospital's operating plan and budget.

The next Community Needs Assessment will be scheduled for completion by 2016.

## Introduction and Background Information

| Mission | Core Values |
| --- | --- |
| *We serve together at Saint Alphonsus Baker City, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us.* | *Respect*<br>*Social Justice*<br>*Compassion*<br>*Care of the Poor and Underserved*<br>*Excellence* |

### *Background Information*

The Sisters of St. Francis of Philadelphia opened St. Elizabeth Hospital on Aug. 24, 1897, in response to a request by Archbishop William L. Gross. Through the years, St. Elizabeth Health Services continued to serve the healthcare needs of the Baker City community and surrounding areas.

Initially the hospital, staffed by just three sisters, was located at the corner of Second and Church streets. It was in a renovated building that had been St. Francis Academy which was operated by the sisters. During the early years, most of the patients served by St. Elizabeth Hospital were local gold miners.

In 1912 construction began on a 115-bed facility that was completed in 1915. During the influenza epidemic of that time, many influenza patients were treated at the hospital, and the sisters also went to private homes to care for people. Since then, the times and healthcare standards have changed, and St. Elizabeth Hospital has changed too. In 1967, it became apparent a new facility and support services were needed. As a result, the Sisters took another step forward, initiating the construction of a 50-bed, one-story hospital in April 1969. It opened in October 1970.

In this current home, general nursing care is provided, as well as specialized services in the departments of: rehabilitation, home health, respiratory therapy, laboratory, radiology, intensive care-coronary care, obstetrics, surgery, post-anesthesia recovery, pastoral care, patient services—patient education, and emergency care with 24 hour, in-house coverage.

In May 1987 an 80-bed, one-story facility was completed to house a nursing home adjoining the Hospital. The facility was then renamed St. Elizabeth Hospital and Health Care Center. In the summer of 1992, St. Elizabeth Hospital and Health Care Center found a need to add another 40 beds to the nursing home. Due to changes in the healthcare needs, a skilled care unit was included as part of this addition.

On May 1, 1996, members of the Sisters of Charity Health Care Systems, the Catholic Health Coorporation, and the Franciscan Health System came together to create Catholic Health Initiatives – then the second largest Catholic health system in the United States. As a part of CHI, St. Elizabeth Health Services continued to adapt to the changes in both the economy and within healthcare.

On April 1, 2010, St. Elizabeth Health Services (Baker City, Oregon), Holy Rosary Medical Center (Ontario, Oregon), Mercy Medical Center (Nampa, Idaho), and Saint Alphonsus Regional Medical Center (Boise, Idaho), joined together to form the Saint Alphonsus Health System with Ontario, Nampa and Baker City each changing their respective names to Saint Alphonsus Medical Center.

The four-hospital, 714-bed integrated health system was created to serve the 21st century healthcare needs of the people of southwestern Idaho, eastern Oregon and northern Nevada. Also connected to this powerful Health System is the Saint Alphonsus Medical Group, with over 200 primary care and specialty care providers at 35 clinic locations.

As a not-for-profit, Saint Alphonsus Health System reinvests profits back into the community and works to improve the health and well-being of those we serve by emphasizing care that is patient-centered, innovative and community-based. Saint Alphonsus Health System is a member of Trinity Health, Livonia, Michigan.

Trinity Health is currently the fourth largest Catholic health care system in the United States and is devoted to a ministry of healing and hope. Serving through a network of 49 acute-care hospitals, 432 outpatient facilities, 32 long-term care facilities, and numerous home health offices and hospice programs in nine states, Trinity Health draws on a rich and compassionate history of care extending beyond 140 years.

### *Vision*

Unified by our faith-based mission, Saint Alphonsus Health system will:

- Provide healing and hope, close to home
- Help our communities grow and thrive
- Be a trusted partner for life
- Deliver value in everything we do

### *Purpose of Assessment*

The Patient Protection & Affordable Care Act (PPACA) requires nonprofit hospitals to conduct community health needs assessments every three years and develop implementation plans to address identified needs. Saint Alphonsus Medical Center – Baker City will utilize the combination of secondary data collected, as well as community input to develop a Community Benefit Plan addressing priority needs that fit within the scope of Saint Alphonsus Medical Center – Baker City's mission, strengths and capacity to influence.

Saint Alphonsus Baker City is deeply committed to Community Benefit, and this commitment is:

- **Rooted in our identity** as a Catholic healthcare provider
- **Grounded in our mission** to improve the health of our community, with special attention to underserved and vulnerable populations
- **Supported by organizational structures**, policies and procedures
- **Maintained by allocation of institutional resources**
- **Marked by collaboration** with other community organizations
- **Driven by leadership accountability** for community benefit

### *Assessment Scope*

This assessment focuses on the primary service area for Saint Alphonsus Medical Center – Baker City, principally Baker County in Oregon. Wherever possible, community health indicator data were collected to allow comparisons between Baker County, the State of Oregon, and national rates. In some instances data was not available or could not be located for some indicators, primarily due to the rural nature of Baker County. This may indicate opportunities for better data collection and analysis in the future.

### *Methodology*

This Community Health Needs Assessment was conducted by Saint Alphonsus Health System staff, including information collected from primary and secondary data sources:

- Primary Sources: Data obtained through a community survey and county health department reports
- Secondary Sources: Published and unpublished data on demographics, key health indicators, and social determinants of health, collected from a variety of resources.

## Description of Community

### *Overview and Demographic Profile*

Saint Alphonsus Medical Center – Baker City is situated in Baker County, Oregon, one of the 8 counties that officially comprise Eastern Oregon. Baker County covers approximately 3,088 square miles (3,068 square miles of land), making it larger than Delaware and Rhode Island combined. By definition, Baker County is considered "frontier" (defined as 6 or fewer people per square mile) with an estimated population in 2011 of only 15,984 (a mere 5.2 persons per square mile). Geographic isolation results in challenges accessing Oregon services, which includes medical care. The local economy was originally based on mining, but agriculture, forest products, manufacturing, and recreation are the current leaders of county economic income.

| US Census Bureau QuickFacts | Baker Co. | Oregon | U.S. |
|---|---|---|---|
| Population, 2012 estimate (2011 estimate for Baker County) | 15,984 | 3,899,353 | 313,9141,040 |
| Population, percent change, April 1, 2010-July 1, 2012 | N/A | 1.8% | 1.7% |
| Persons under 5 years old, percent 2011 | 5.1% | 6.1% | 6.5% |
| Persons under 18 years old, percent 2011 | 19.8% | 22.3% | 23.7% |
| Persons 65 years old and over, percent 2011 | 22.2% | 14.3% | 13.3% |
| Female persons, percent 2011 | 49.7% | 50.5% | 50.8% |
| White persons, not Hispanic, percent 2011 | 92.2% | 78.1% | 63.4% |
| Persons of Hispanic or Latino origin, percent 2011 | 3.6% | 12.0% | 16.7% |
| Asian persons, percent 2011 | 0.5% | 3.9% | 5.0% |
| Black persons, percent 2011 | 0.4% | 2.0% | 13.1% |
| American Indian and Alaskan Native persons, percent 2011 | 1.2% | 1.8% | 1.2% |
| Language other than English spoken at home, Age 5+, 2007-2011 | 2.5% | 14.6% | 20.3% |
| High school graduates, percent of persons age 25+, 2007-2011 | 88.4% | 88.9% | 85.4% |
| Bachelor's degree or higher, pct. of persons age 25+, 2007-2011 | 19.8% | 29.0% | 28.2% |
| Homeownership rate, 2007-2011 | 69.2% | 63.1% | 66.1% |
| Median household income, 2007-2011 | $40,989 | $49,850 | $52,762 |
| Persons below poverty level, percent 2007-2011 | 20.0% | 14.8% | 14.3% |
| Persons per square mile, 2010 | 5.3 | 39.9 | 87.4 |

*Source: US Census Bureau QuickFacts, www.census.gov*

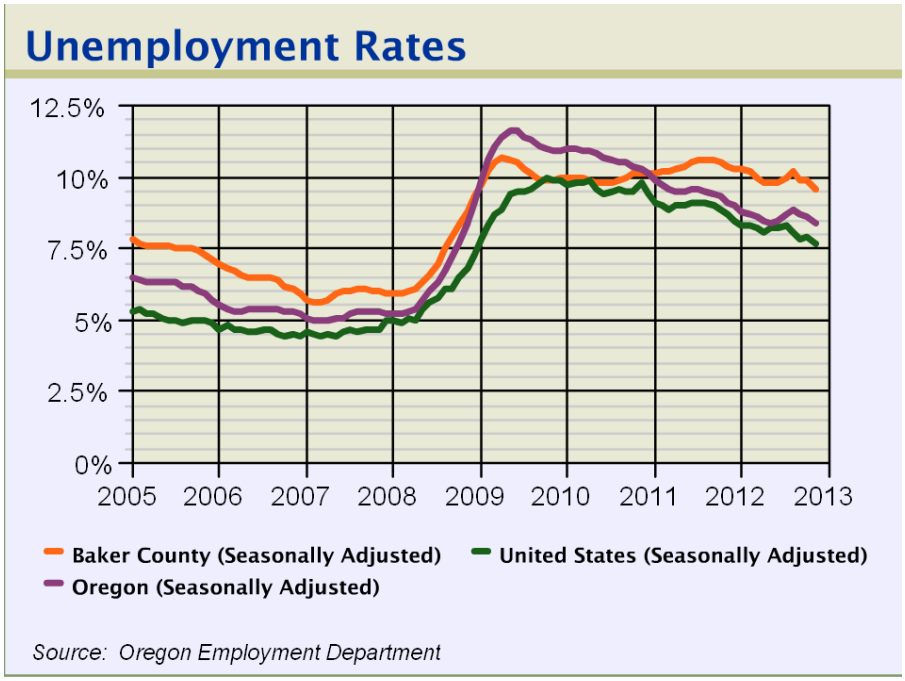
ZoomProspector, using data collected from Applied Geographic Solutions and the U. S. Census, report that there are currently 7,461 people in the labor force in Baker County. Government workers make up the largest group, followed by those in retail trade.

### *Unemployment*

Baker County has seen a significant increase in unemployment since 2007 consistent with the economic downturn. As of November 2012, Baker County had an unemployment rate of 9.6%, which is higher than the State of Oregon's 8.4% during the same time period, both of which were higher than the U.S. as a whole, which came in at 7.7%. During this time period Baker County had the 16th highest unemployment rate when compared to all other counties in Oregon. *(Source: WorkSource, www.qualityinfo.org )*

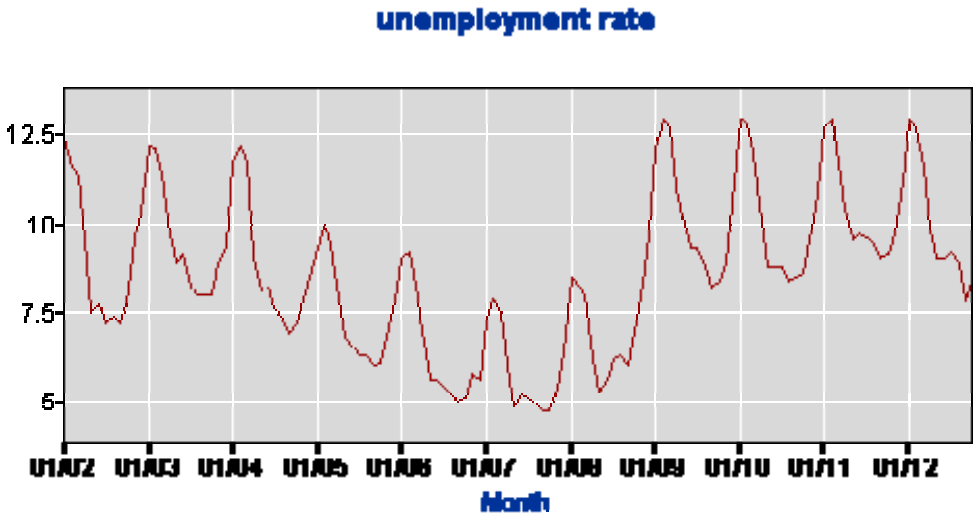
## Unemployment Rates (Seasonally Adjusted)

Seasonally adjusted unemployment rates reflect that Baker County has had a higher unemployment rate in most years since 1996, other than approximately 2 years from 2009 until 2011, when compared to the State of Oregon and the U.S. as a whole.




## Seasonal Swings in Unemployment

With the agricultural nature of the local economy, unemployment rises and falls sharply throughout the year based on growing and harvest seasons. Recession periods heighten seasonal unemployment, which can be seen when looking at the unemployment rates during the recent recession. *(Data is not seasonally adjusted)*

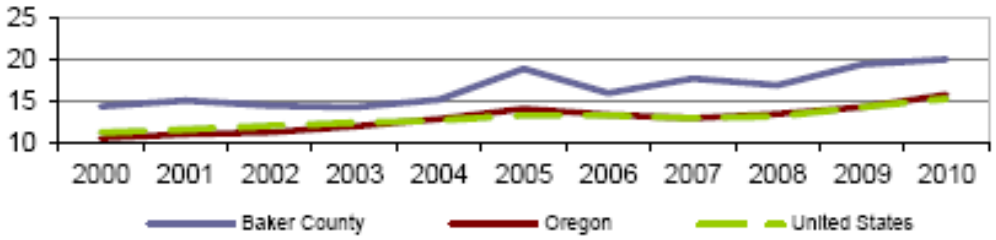



*Source: Bureau of Labor Statistics Data (Baker County)*

*Poverty*

Over the past 10 years, Baker County demonstrated a higher poverty rate than the State of Oregon and the U.S., and has maintained a nearly 5% increase in poverty rates above the rest of the State of Oregon for the last 3 years

| Poverty Rates | | Baker County | Oregon | United States |
|---|---|---|---|---|
| 2010 | Number in Poverty | 3,148 | 596,649 | 46,215,956 |
| | Percent in Poverty | 20.0% | 15.8% | 15.3% |




*Oregon Housing & Community Services 2011 Poverty Report*

## Poverty Population Characteristics

| Poverty Rates by Age 2006-10 | % in Poverty | % of People in Poverty | % of all Population |
|---|---|---|---|
| Total Population | 20% | - | - |
| Children younger than 18 | 27% | 28% | 21% |
| People 18-64 | 21% | 61% | 58% |
| People 65 and older | 11% | 11% | 21% |
| **Poverty Rates by Family 2006-10** | **% in Poverty** | **% of Families in Poverty** | **% of all Families** |
| All Families | 13% | - | - |
| Families with children under 18 | 23% | 67% | 36% |
| Single women with children under 18 | 55% | 32% | 7% |
| Families that worked full or part time | 11% | 63% | 75% |
| **Poverty Rates by Race/Ethnicity 2006-10** | **% in Poverty** | **% of People in Poverty** | **% of all Population** |
| Total Population | 20% | - | - |
| White | 18% | 88% | 95% |
| Black | - | - | 0% |
| American Indian | 73% | 4% | 1% |
| Asian | - | - | 0% |
| Pacific Islander | - | - | 0% |
| Other | - | - | 0% |
| 2 or more races | 54% | 8% | 3% |
| Hispanic origin | 59% | 9% | 3% |

*Oregon Housing & Community Services 2011 Poverty Report*

## Child Poverty in Baker County

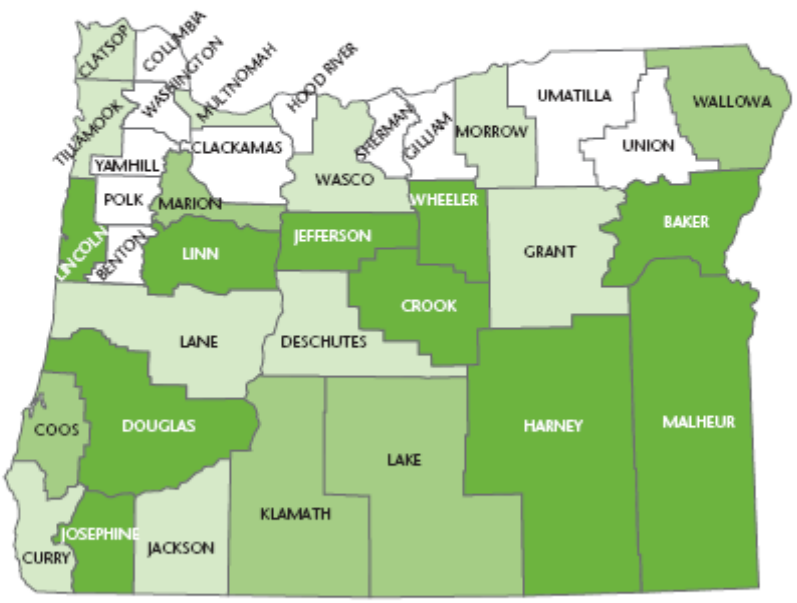
When compared with the other counties in the State of Oregon, Baker County has the fourth highest percent of children living in poverty, as defined by percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level.

### Child Poverty

*Percent of population between 0-17 living at or below 100% of the Federal Poverty Line, which is $22,050 for a family of four.*

The percent of Oregon children living in poverty rose to 21.7% in 2010 - just over one in five. Children who grow up in poverty suffer higher rates of adverse health, developmental and other outcomes than non-poor children. Helping families provide the most basic necessities for their children will mitigate the effects of childhood poverty and give children the best chance at a healthy, safe, and successful life.

| | |
|---|---|
| Baker | 31.1 |
| Benton | 15.2 |
| Clackamas | 13.2 |
| Clatsop | 24.6 |
| Columbia | 18.2 |
| Coos | 28.5 |
| Crook | 29.3 |
| Curry | 25.0 |
| Deschutes | 22.2 |
| Douglas | 30.7 |
| Gilliam | 18.4 |
| Grant | 24.8 |
| Harney | 29.4 |
| Hood River | 21.2 |
| Jackson | 23.3 |
| Jefferson | 33.7 |
| Josephine | 30.8 |
| Klamath | 26.0 |
| Lake | 28.7 |
| Lane | 23.4 |
| Lincoln | 30.1 |
| Linn | 29.1 |
| Malheur | 39.9 |
| Marion | 26.3 |
| Morrow | 24.8 |
| Multnomah | 24.6 |
| Polk | 22 |
| Sherman | 20.2 |
| Tillamook | 24.1 |
| Umatilla | 21.3 |
| Union | 22 |
| Wallowa | 27.6 |
| Wasco | 23.5 |
| Washington | 12.8 |
| Wheeler | 34.8 |
| Yamhill | 18.5 |




* *Denotes regional data*

*Source: Children First for Oregon*

**Growth of Childhood Poverty in Baker County over Past 5 Years**

| **Childhood Poverty (Percent)** Showing most recent 5 years | | | | |
|---|---|---|---|---|
| 2006 | 2007 | 2008 | 2009 | 2010 |
| NA | NA | 25.1% | 27.9% | 31.1% |

**Definitions:** Percent of children estimated to live in families with incomes at or below 100% of the Federal Poverty Level.

*Source: U.S. Census Bureau, provided by Children First for Oregon*

### *Homelessness*

In January 2011 Oregon conducted a "Point-in-Time" survey of homeless people in the State of Oregon. At that time they were only able to identify 6 adults that were homeless in Baker County *(from the Projects for Assistance in Transition from Homelessness report 2012 – Draft)*. However, information from "Children First for Oregon" reported that 4.2% of all children attending school come from a homeless setting.

| **Homeless Students (Percent) Baker County** |
|---|
| 2011 |
| 4.2% |

**Definitions:** The percent of students who lack a fixed, regular, and adequate nighttime residence during the academic year. A student is identified as homeless when they live in emergency shelter or share housing with others due to loss of housing or economic hardship and/or stay at motels or live in cars, parks, public places, tents, trailers, or other similar settings.

*Source: Children First for Oregon*

Fortunately, activities designed to reduce homelessness appear to be helping, as seen in this December 10, 2012 report from the U.S. Department of Housing and Urban Development.

| Homelessness in Oregon | 2012 | 2011 |
|---|---|---|
| Total # of homeless persons | 15,828 | 17,254 |
| Chronically Homeless | 2,782 | 3,017 |
| Homeless Veterans | 1,356 | 1,474 |

### *Hunger*

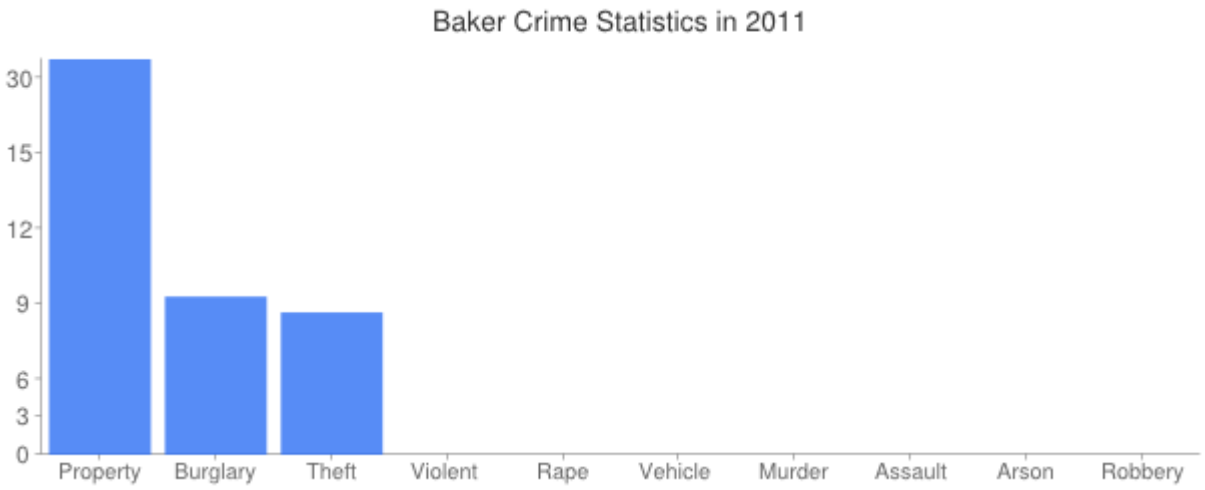
According to the 2010 report from Partners for a Hunger-Free Oregon, approximately 18% of Baker County residents (total of approximately 2,864 residents per month) participate in the Supplemental Nutrition Assistance Program (SNAP). However, if all eligible people were signed up for this program, an additional 1,931 people would have assistance putting food on their tables (bringing up the total to approximately 30% of all residents of Baker County). SNAP benefits to the community were valued at 3.8 million federally funded dollars; had all eligible participants been enrolled in the program it would have brought in an additional 1.3 million dollars to Baker County.

### *Crime*

The crime rate in Baker County has seen a declining trend over the past 10 years. City-data.com crime index uses a weighted system based on the number and severity of the crimes. The graph below shows the change in crime rates and severity that has occurred from 2000 through 2011.


*Source: City-data.com*

Residents of Baker experienced **64** crimes in 2011. These statistics are shown below as provided from the FBI Criminal Justice Information Services Division (CJIS).

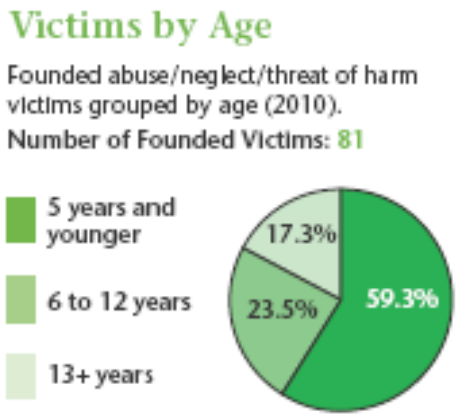



Source: FBI Criminal Justice Information Services Division (CJIS)

Documents from Children First for Oregon (2011) do not have the data available for the 2011 juvenile arrest rate, but they do indicate that Baker County averaged a 14.7 per 1,000 rate over the past 5 years. This is slightly less than the State of Oregon rate in 2010 (15.3 per 1,000).

### *Children as Victims of Violence and Abuse*

Children are often the victims of violence, and unfortunately that is also true in Baker County. Children First for Oregon reported 81 "founded" victims in 2010.




Children First for Oregon data indicates that Baker County's child abuse and neglect rate (25.8 per 1,000) is double the Oregon rate of 12.7 per 1,000. This makes Baker County's rate the third highest in Oregon and causes considerable concern in the way this problem continues to grow.

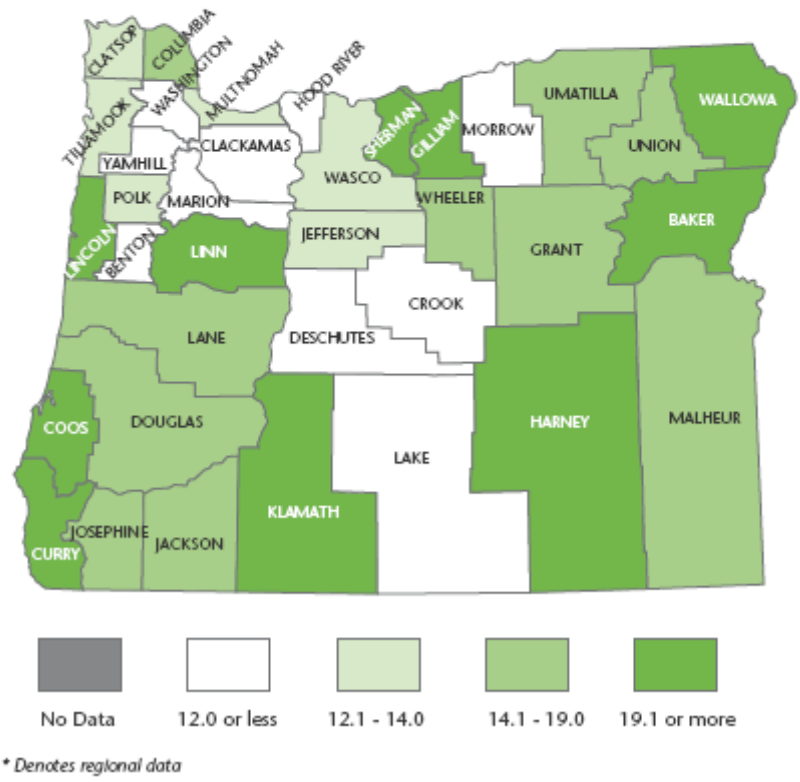
## Abuse/Neglect and Threat of Harm

*Number of confirmed cases of abuse/neglect or threat of harm per 1,000 children*

In 2010, the rate of abuse/neglect or threat of harm was 12.7 per 1,000 children under age 18. When parents are struggling with addictions, domestic violence or other stressors associated with poverty, the basic needs of children, including nutrition, supervision, and nurturing, may go unmet. Data shows that as the number of kids experiencing poverty has risen, so have the rates of children abuse, neglect, or threat of harm.

*Source: Children First for Oregon*

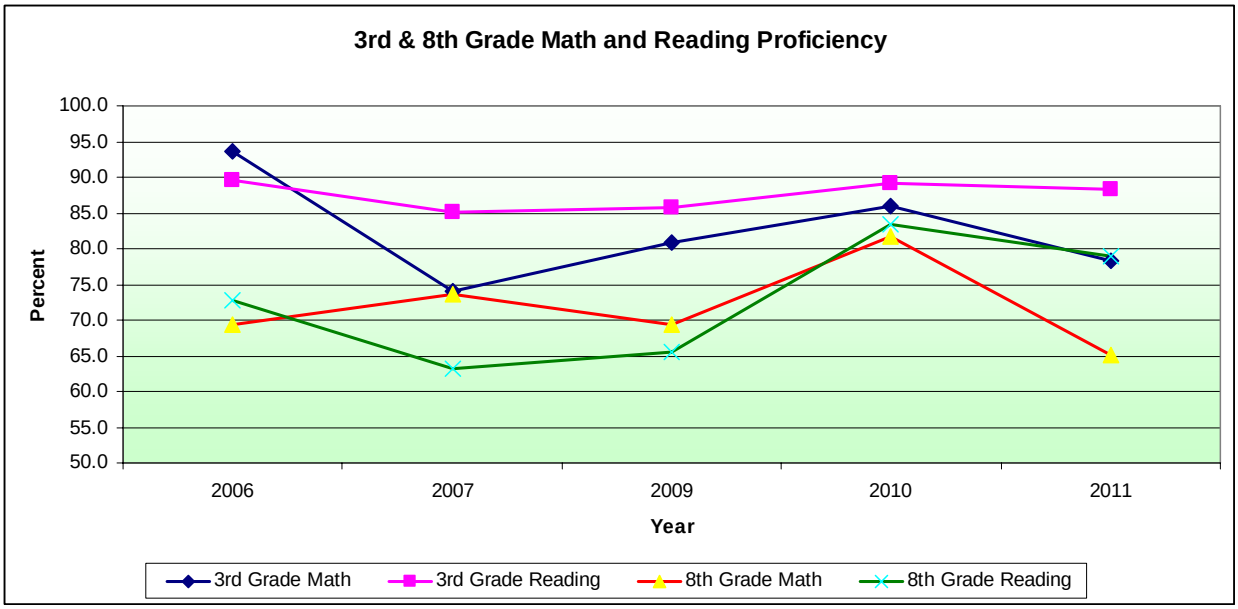
| | |
|---|---|
| Baker | 25.8 |
| Benton | 6.0 |
| Clackamas | 7.8 |
| Clatsop | 13.1 |
| Columbia | 18.8 |
| Coos | 19.8 |
| Crook | 9.5 |
| Curry | 19.7 |
| Deschutes | 8.1 |
| Douglas | 16.4 |
| Gilliam | 80.6 |
| Grant | 14.9 |
| Harney | 24.6 |
| Hood River | 9.0 |
| Jackson | 14.1 |
| Jefferson | 13.3 |
| Josephine | 17.3 |
| Klamath | 19.2 |
| Lake | 11.4 |
| Lane | 16.9 |
| Lincoln | 19.9 |
| Linn | 22.5 |
| Malheur | 15.6 |
| Marion | 12.0 |
| Morrow | 10.6 |
| Multnomah | 13.4 |
| Polk | 13.1 |
| Sherman | 38.2 |
| Tillamook | 14.0 |
| Umatilla | 16.4 |
| Union | 16.8 |
| Wallowa | 19.8 |
| Wasco | 13.5 |
| Washington | 7.7 |
| Wheeler* | 3.7-18.3 |
| Yamhill | 12.0 |




* *Denotes regional data*

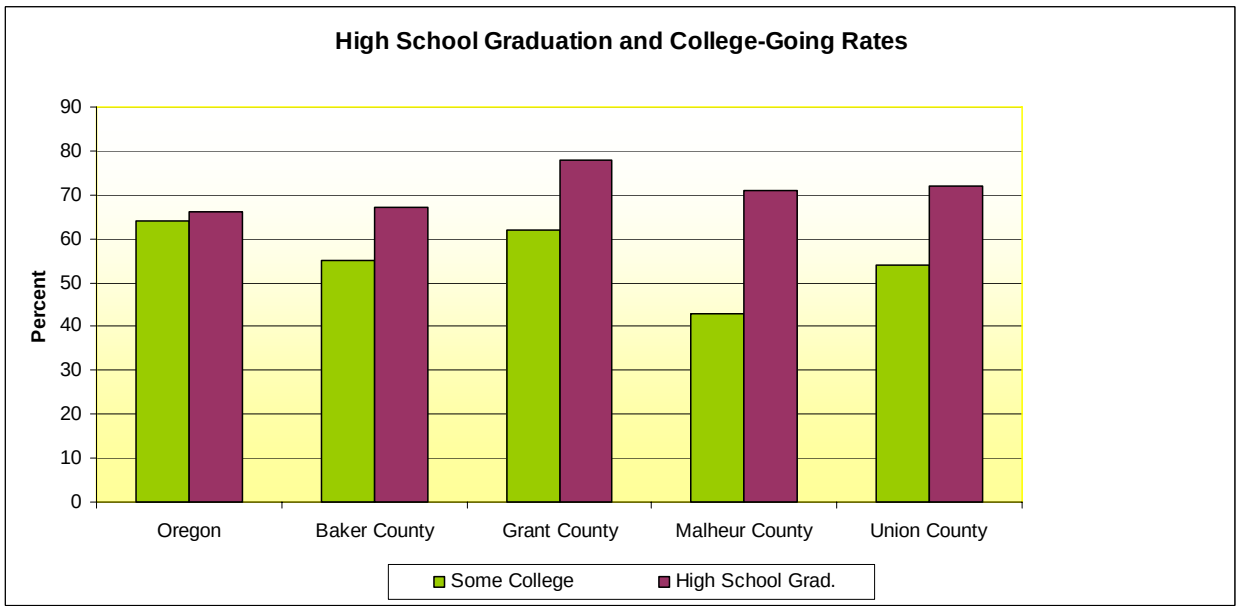
### *Education*

Data from Children First for Oregon (2011) shows that Baker County student math and reading proficiency has taken a significant drop since last year (from 86.0% in math in 2010 to 78.2% in 2011, from 89.2% to 88.4% in reading), but both are still higher than the Oregon average (62.7% in math and 82.4% in reading). The 8th grade Baker County student performance continues to show a drop since 2010 in both areas, but still remains slightly ahead of the Oregon State averages (math at 65.1%, compared with 64.5%, and reading at 79.0%, compared to 72.0%).




Source: *Children First for Oregon*

According to County Health Rankings, Baker County's high school graduation rate is slightly above Oregon's, but the college-going rate for Baker County students is about 9 percentage points lower.




Source: *County Health Rankings 2012*

## *Community Need Index™ Mapping*

In 2005 Dignity Health, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers. And because the CNI considers multiple factors that limit health care access, the tool may be more accurate than existing needs assessment methods.

### How It Works

Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Dignity Health identified five prominent barriers that enable us to quantify health care access in communities across the nation. These barriers include those related to income, culture/language, education, insurance, and housing. For more information, including complete definitions of these barriers and their associated research citations, please download the CNI Report.

### Assigning CNI Scores

To determine the severity of barriers to health care access in a given community, the CNI gathers data about that community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc. Using this data we assign a score to each barrier condition (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.

### What The Scores Tell Us About A Community's Health

A comparison of CNI scores to hospital utilization shows a strong correlation between high need and high use. When we examine admission rates per 1,000 population (where available), we find a high correlation (95.5%) between hospitalization rates and CNI scores. In fact, admission rates for the most highly needy communities (areas shown in red in the online maps) are over 60% higher than communities with the lowest need (areas shown in blue).

We have also examined admission rates for conditions where appropriate outpatient care could prevent or reduce the need for hospital admission. These conditions include pneumonia, asthma, congestive heart failure, and cellulitis. With proper outpatient care they do not generally require an acute care admission. When admission rates for these conditions were compared to CNI scores, we find that the most highly needy communities experience admission rates almost twice as often (97%) as the lowest need communities.

Importantly, there was no relationship observed between CNI scores and hospitalization for conditions such as appendicitis and acute myocardial infarction, which require inpatient treatment regardless of socio-economic status. This proves a causal relationship between CNI scores and preventable hospitalization for manageable conditions.

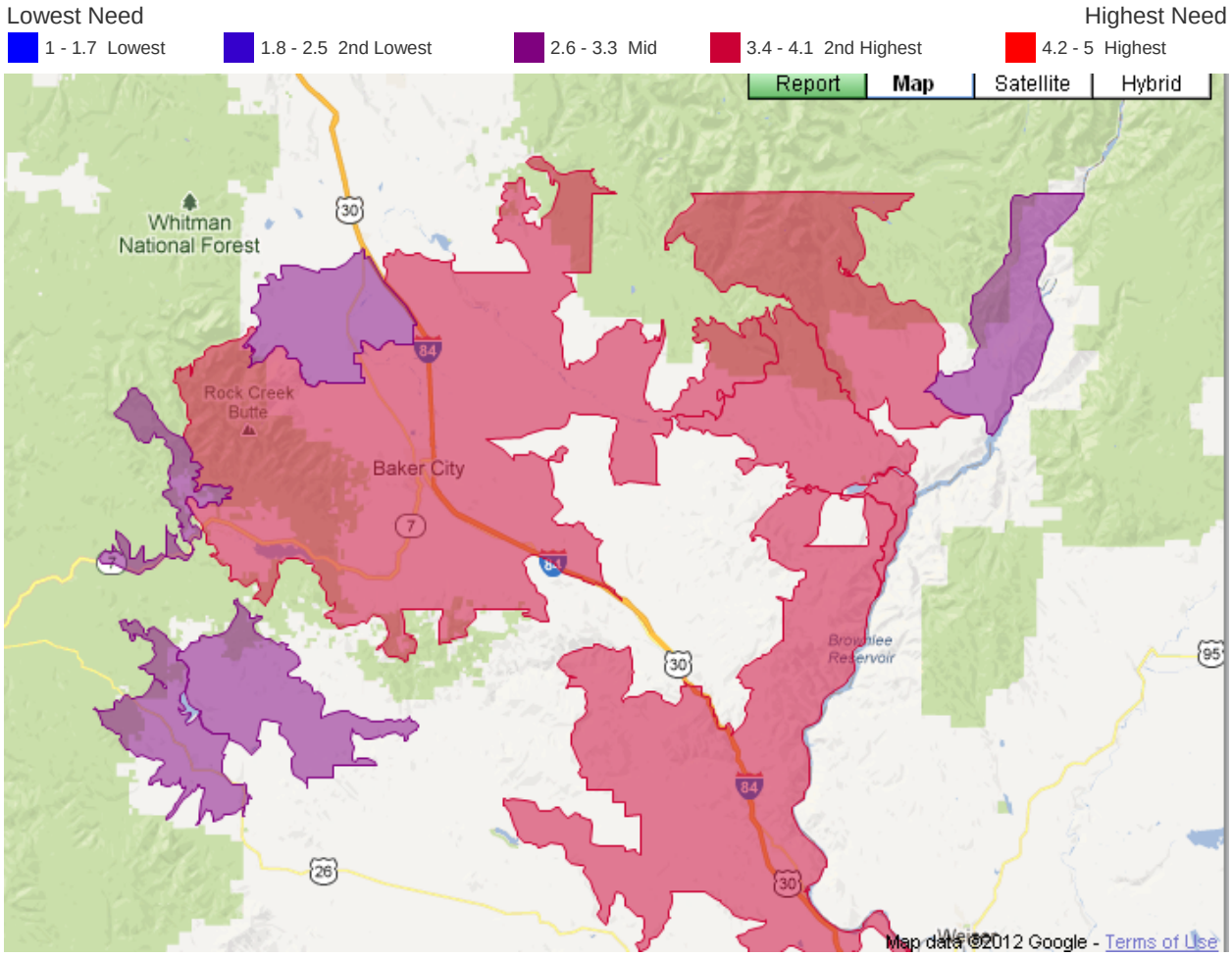
**Using the CNI**

In collaboration with our community partners, Dignity Health is using the CNI to address the underlying causes of health disparity. By bringing this powerful tool online we believe that communities can become quickly focused on the areas where resources can be most effective.

*Source: Dignity Health*
http://www.dignityhealth.org/Who_We_Are/Community_Health/212401

The following map depicts the Community Need Index™ scoring for the SAMC-Baker City service area and surrounding communities. Due to the rural nature of the service area, zip code areas are very large geographically and may have within them pockets with less need and those with more need. However, it is useful to see how the local zip code area compares with others in the area in terms of barriers to care. The Community Need Index map is color-coded, indicating need on a scale from blue (lowest need) to red (highest need).

## Community Need Index Map for Baker City and Surrounding Communities




Mean (zip code): 3.2 / Mean (person): 3.5 CNI Score Median: 3.2 CNI Score Mode: 3,3.6

| Zip Code | CNI Score | Population | City | County | State |
|---|---|---|---|---|---|
| 97814 | 3.6 | 12305 | Baker City | Baker | Oregon |
| 97833 | 2.6 | 871 | Haines | Baker | Oregon |
| 97834 | 3.4 | 1011 | Halfway | Baker | Oregon |
| 97837 | 3 | 205 | Baker County | Baker | Oregon |
| 97840 | 3 | 146 | Baker County | Baker | Oregon |
| 97870 | 3.6 | 556 | Richland | Baker | Oregon |
| 97877 | 3.2 | 110 | Sumpter | Baker | Oregon |
| 97884 | 2.8 | 203 | Unity | Baker | Oregon |
| 97907 | 4 | 752 | Huntington | Baker | Oregon |

*Source: Dignity Health*

As the above map demonstrates, zip code areas within the SAMC-Baker City service area are in the mid to higher-need ranges, according to the Community Need Index formula. The weighted average CNI score for the included zip codes within Baker County is 3.2 (highest possible is 4.0), which places it in the mid range.

## Key Community Health Indicators

### *County Health Rankings*

A relatively new resource available for community health needs assessments is the County Health Rankings website (www.CountyHealthRankings.org), which provides comparative rankings and data for a variety of different health factors and health outcomes. These rankings are an effort to highlight the importance of many different factors in determining the health of a population. County Health Rankings is a project supported by Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

According to the County Health Rankings, Baker County ranks 30$^{th}$ of 33 ranked Oregon counties (3 counties were not ranked) for health outcomes (mortality and morbidity), and 16$^{th}$ for health factors (health behaviors, clinical care, socioeconomic factors, and physical environment).

### *Leading Causes of Death*

Baker County's top causes of death closely mirror the national list. Notable difference is that suicide is higher in the rankings for Baker County than the U.S., and kidney disease is absent in the Baker County list, while alcohol-induced death has been added.

In 2011 there were a total of 197 deaths in Baker County. 48 people died of heart disease, followed closely by cancer with 47 deaths. 23 died with chronic lung disease and 17 were victims of accidents. The numbers then drop significantly with 7 passing away due to stroke, 4 from Alzheimer's disease, and 3 each of diabetes, suicide, and alcohol-induced deaths. 1 each passed away from flu / pneumonia and hypertension; all others were from unrecorded causes.

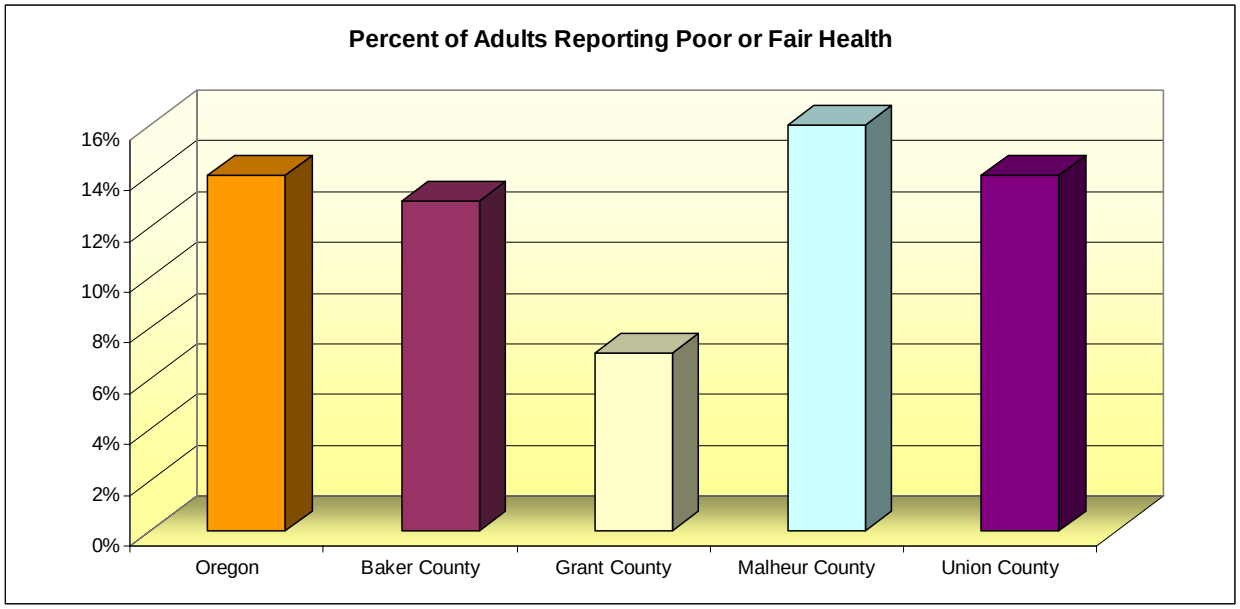
## Leading Causes of Death in 2011

| | U.S. | Oregon | Baker County |
|---|---|---|---|
| 1 | Heart disease | Cancer | Heart Disease |
| 2 | Cancer | Heart disease | Cancer |
| 3 | Stroke | Chronic lung disease | Chronic lung disease |
| 4 | Chronic lung disease | Stroke | Accidents |
| 5 | Accidents | Accidents | Stroke |
| 6 | Alzheimer's | Alzheimer's | Alzheimer's |
| 7 | Diabetes | Diabetes | Diabetes |
| 8 | Flu and Pneumonia | Alcohol-induced | Suicide |
| 9 | Kidney disease | Suicide | Alcohol-induced |
| 10 | Septicemia | Hypertension | Flu & Pneumonia/HPT |

*Source: WorldLifeExpectancy.com / Vital Statistics*

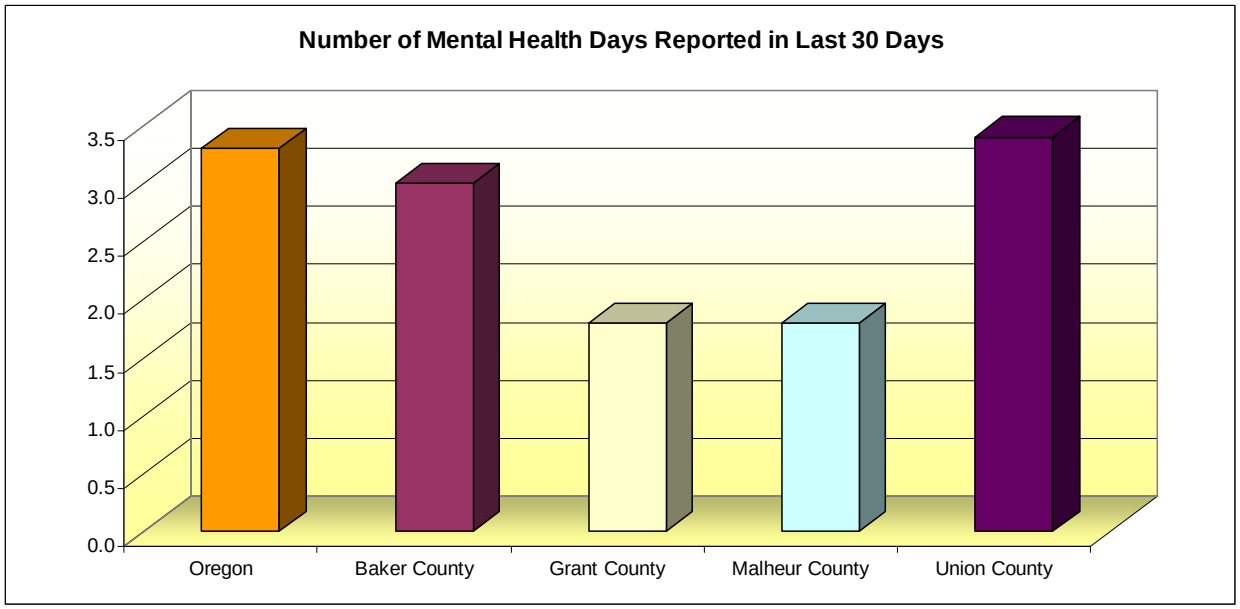
### *General Health Status*

On Behavioral Risk Factor Surveillance Surveys, residents in Baker and Grant counties were more likely to report being in good health, while Malheur County was more likely to report being in poor or fair health when compared with the Oregon State 50th percentile (Union County ranked the same as the State average).




Source: *County Health Rankings 2012*

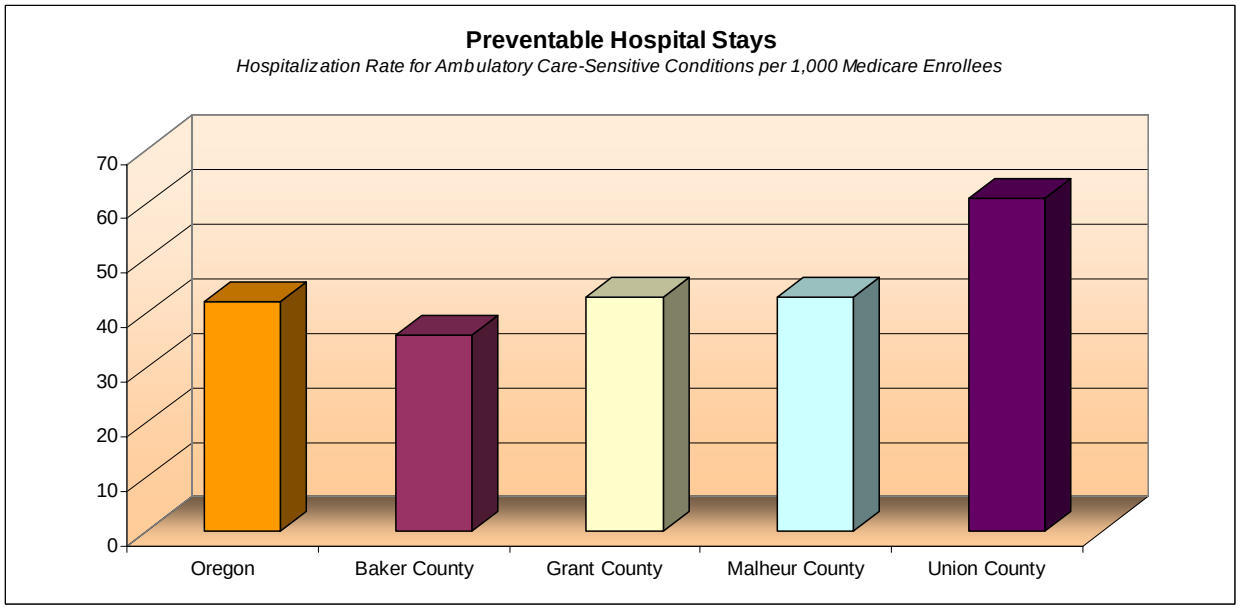
Baker, Grant, and Malheur County residents reported fewer poor mental health days than the Oregon State rates; however, neighboring Union County had a worse rate than the State's 50th percentile.




Source: *County Health Rankings 2012*

### *Preventable Hospital Admissions*

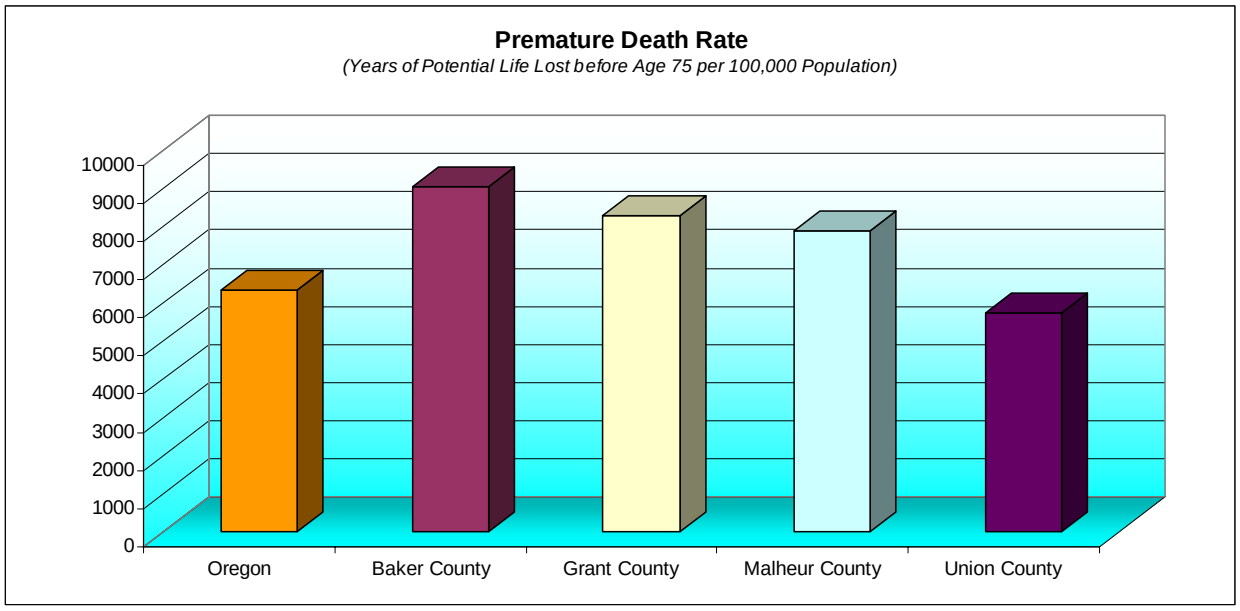
Locally preventable hospitalization rates compare very favorably to the Oregon 50th percentile, with Baker County having 6 less preventable admissions per 1,000 Medicare enrollees than the state rate, and considerably lower than the surrounding counties. This measure looks at hospitalizations that are considered to be preventable if chronic conditions are managed appropriately in the outpatient setting.




Source: *County Health Rankings 2012*

### *Premature Death*

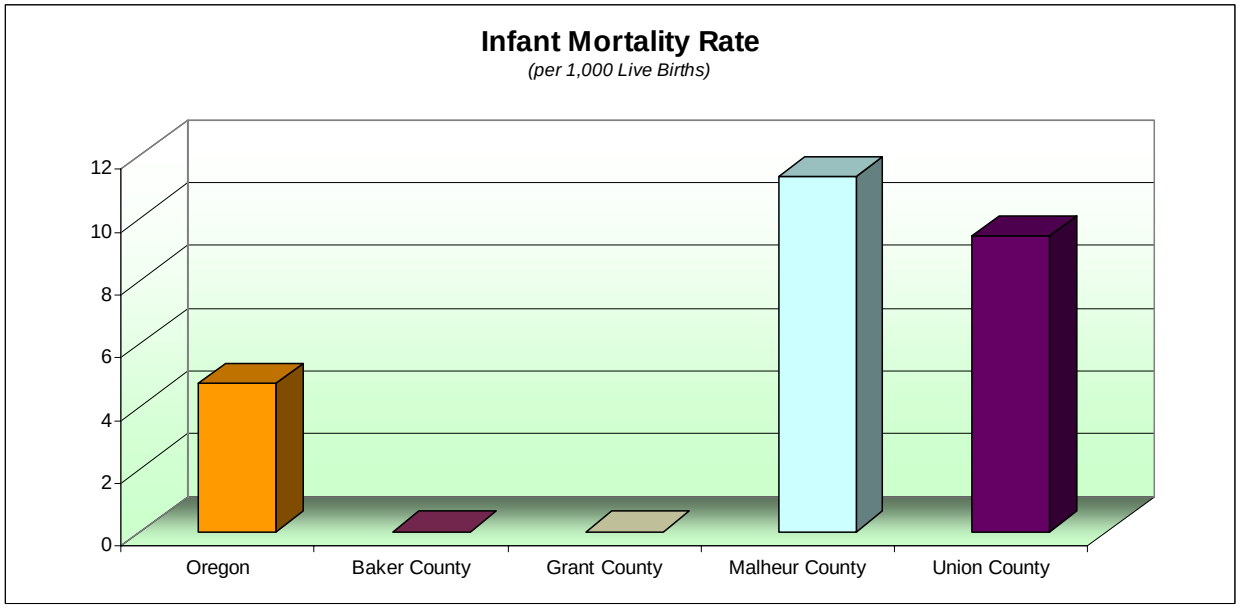
Baker County's rate of premature death exceeds that of the State of Oregon average by 142.46%. It is also higher than any of its neighboring counties.




Source: *County Health Rankings 2012*

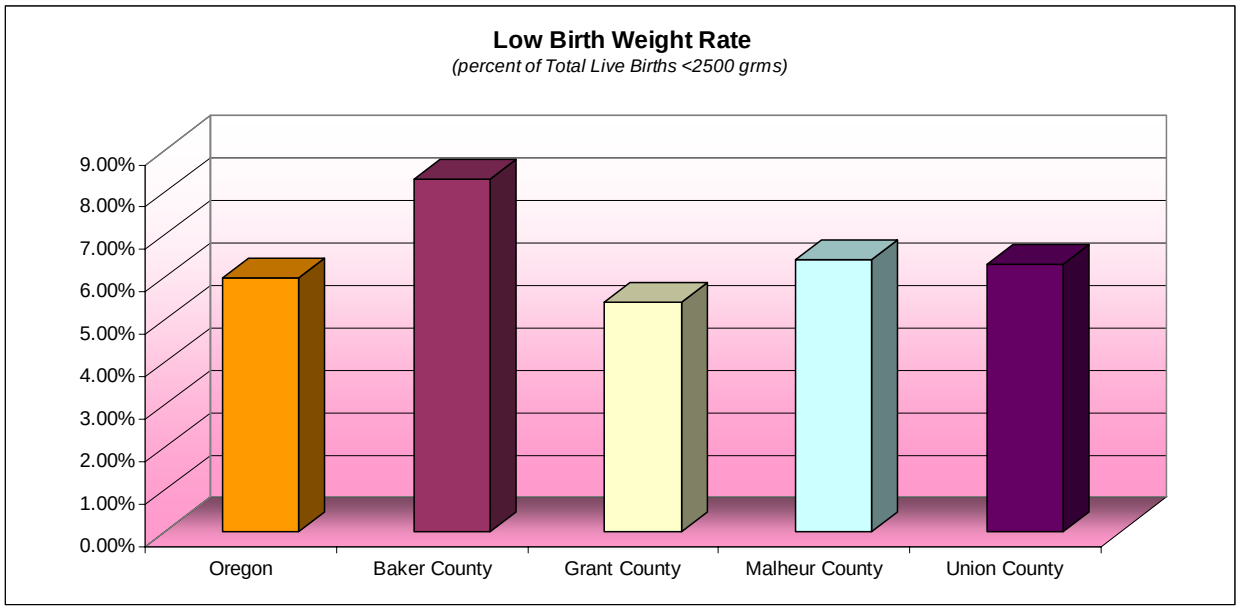
### *Birth Statistics*

Baker County's infant mortality rate has been at "0" for 2010 and 2011 (but with 5 infant deaths in 2009 it was at 32.7 per 1,000 live births). Because of the small volume of births in our county, as well as in the surrounding counties, long-term trends may be a better way to view status.



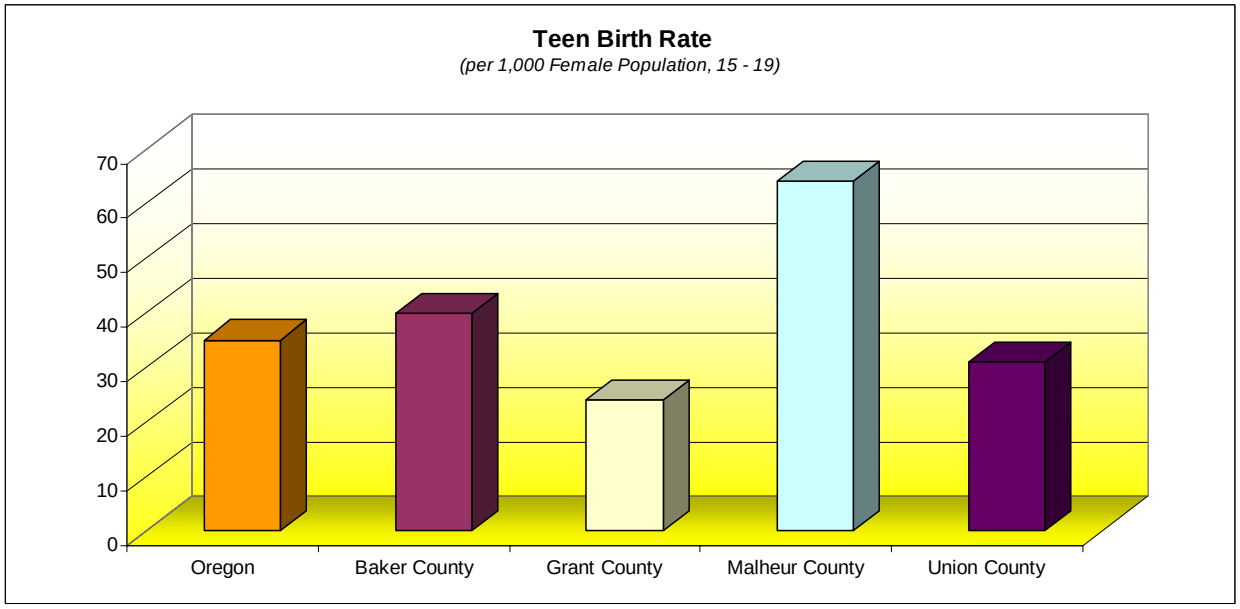

Source: *Oregon Vital Statistics 2011*

The incidence of low birth weight in Baker County is higher than the Oregon State rate as well as the neighboring counties.



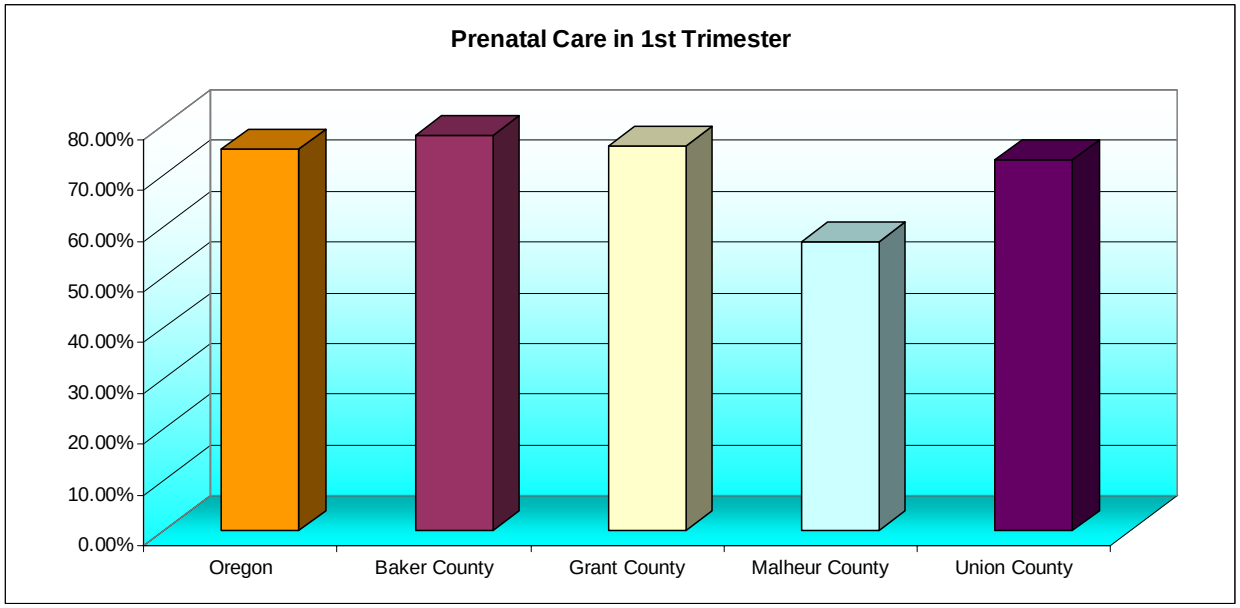

Source: *County Health Rankings 2012*

Teen birth rates in Baker and Malheur Counties surpass the Oregon State average, while the rates in Grant and Union Counties are lower than the Oregon 50th percentile by a considerable margin.



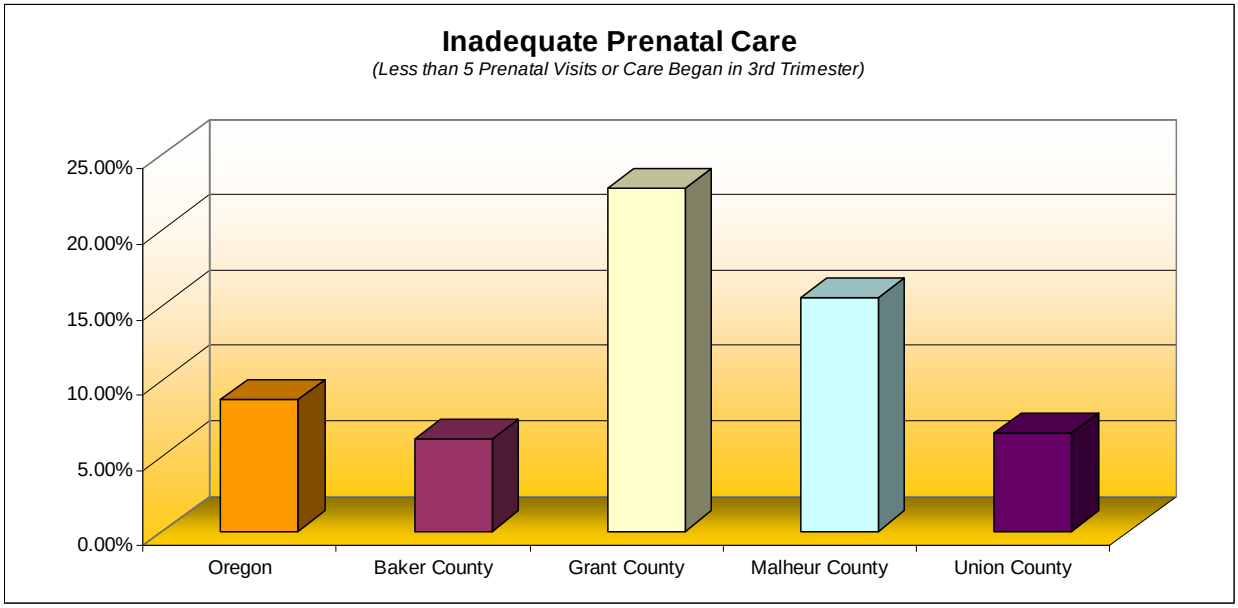

Source: *County Health Rankings 2012*

Early prenatal care is essential to positive birth outcomes. Locally, prenatal care exceeds the State of Oregon average, as does Grant County. Malheur County's rate lags approximately 18 percentage points behind the state rate, presenting opportunity for improvement in that county.




Source: *Oregon Vital Statistics 2011*

Prenatal care trends indicate that while other counties have seen an increase in the rate of women receiving prenatal care late or infrequently, Baker County continues to be below the State of Oregon rate, which is a positive statistic for our community.




Source: *Oregon Vital Statistics 2011*

*Disease-Specific Indicator Data*

## Alzheimer's Disease

The following data from the Alzheimer's Association shows Oregon data relating to the burden of Alzheimer's Disease.


In the United States, an estimated **5.4 million people** are living with Alzheimer's disease, including at least **800,000 who live alone.** Unless something is done to change the trajectory of the disease, as many as **16 million** Americans will have Alzheimer's by 2050. The cost of caring for people with Alzheimer's and other dementias is estimated to total **$200 billion** in 2012 and is projected to increase to **$1.1 trillion** per year (in today's dollars) by mid-century.

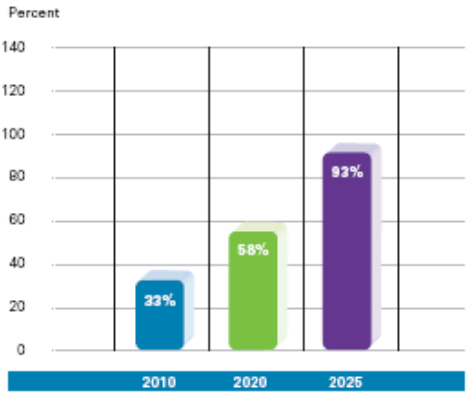
**Number of People Aged 65 and Older with Alzheimer's by Age**

| Year | 65–74 | 75–84 | 85+ | Total | % change from 2000 |
|---|---|---|---|---|---|
| 2000 | 3,200 | 30,000 | 24,000 | 57,000 | |
| 2010 | 3,500 | 34,000 | 39,000 | 76,000 | 33% |
| 2020 | 5,500 | 40,000 | 45,000 | 90,000 | 58% |
| 2025 | 6,600 | 52,000 | 49,000 | 110,000 | 93% |

**Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care**

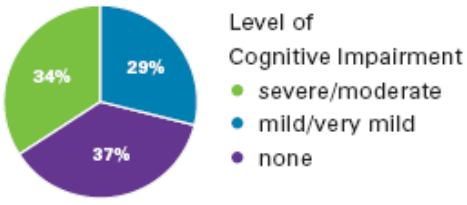
| Year | Number of Caregivers | Total Hours of Unpaid Care | Total Value of Unpaid Care | Higher Health Costs of Caregivers |
|---|---|---|---|---|
| 2009 | 136,067 | 154,953,263 | $1,781,962,527 | N/A |
| 2010 | 162,761 | 185,352,080 | $2,211,250,320 | N/A |
| 2011 | 165,806 | 188,819,908 | $2,288,497,287 | $91,032,239 |

**Percentage Change in Number with Alzheimer's Disease Compared to 2000**




**Cognitive Impairment in Nursing Home Residents, 2009**

Total Nursing Home Residents **27,099**



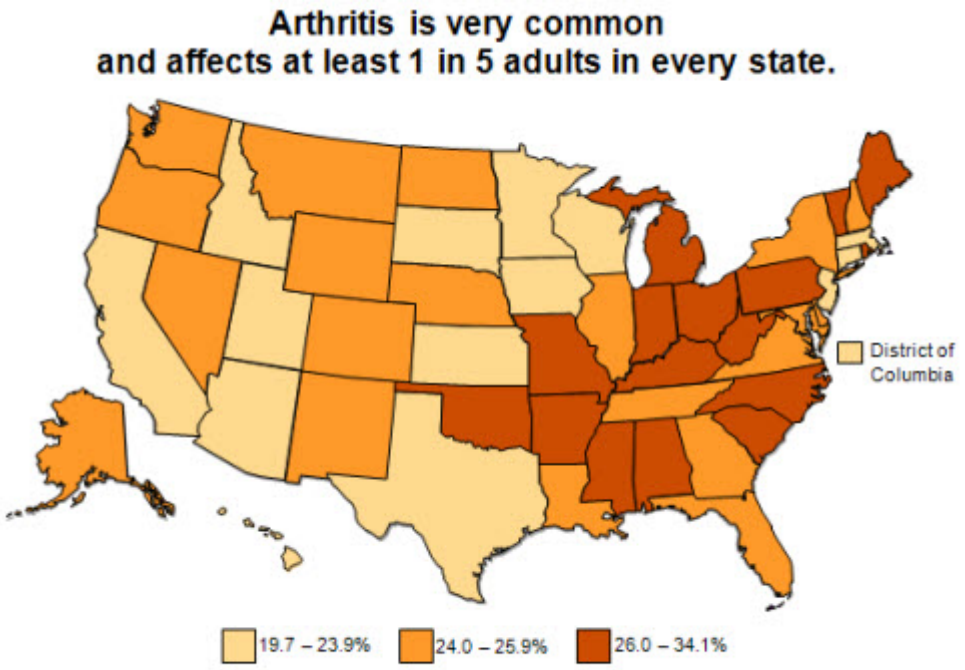

Number of Deaths Due to Alzheimer's Disease in 2008

**1,302**

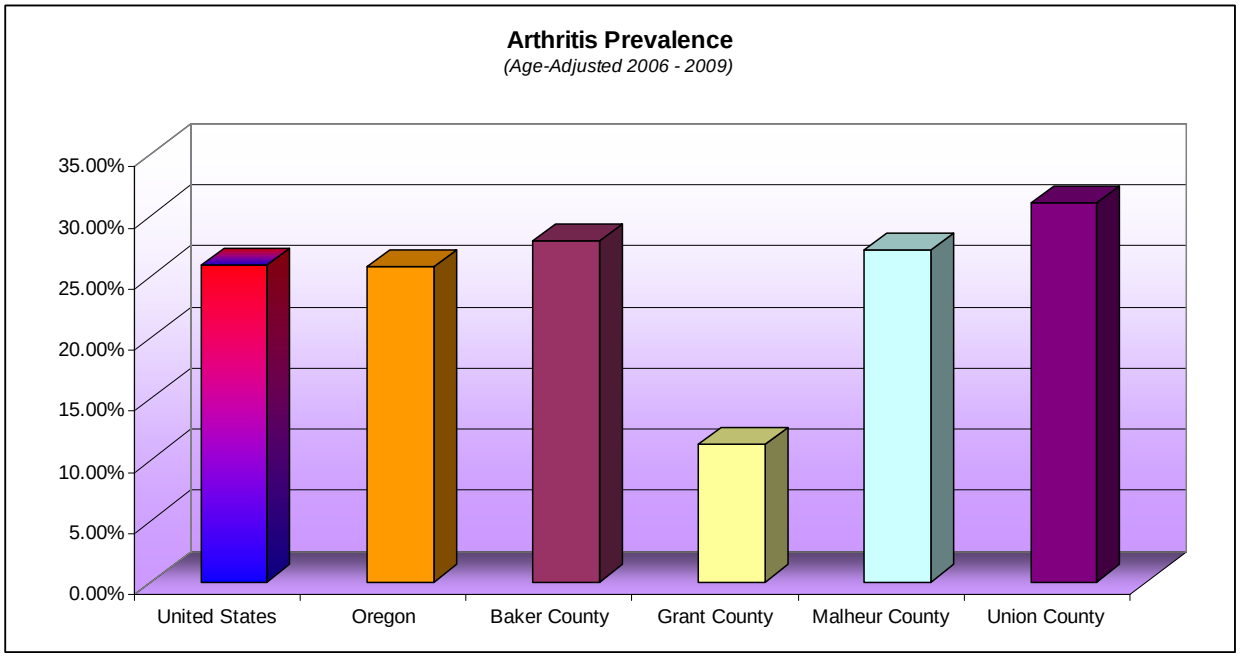
For more information, view the *2012 Alzheimer's Disease Facts and Figures* report at **alz.org/facts.**

## Arthritis

Arthritis prevalence locally is a few percentage points higher than the Oregon and U.S. rate; neighboring counties show some variance, although data from Grant County is most likely inaccurate.



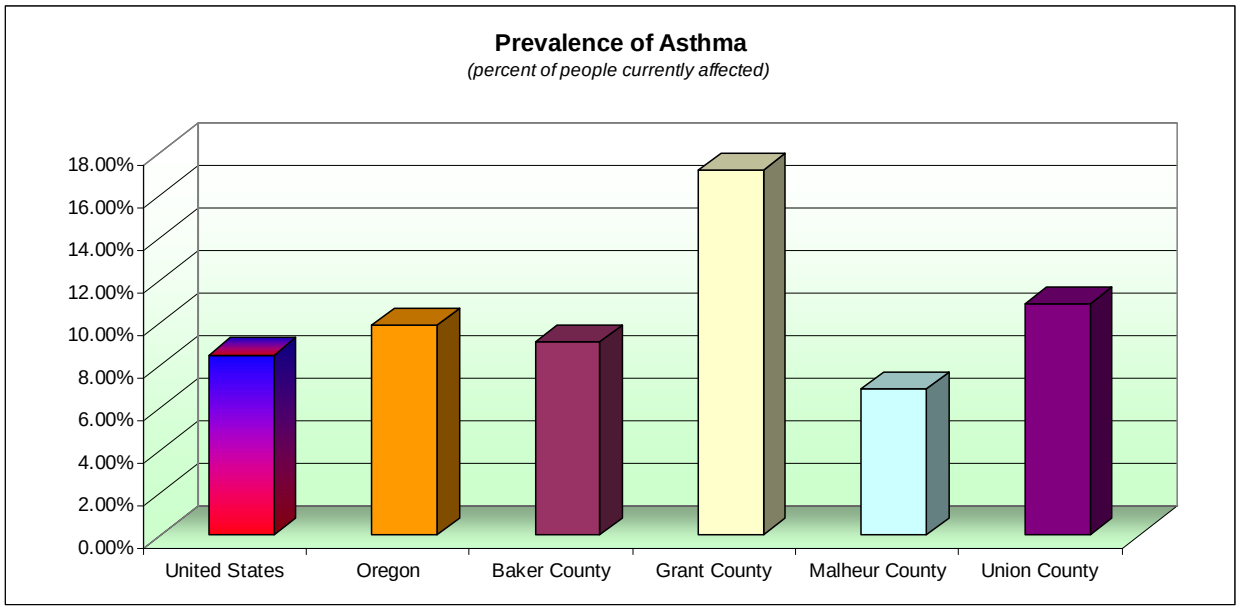

Age-adjusted population prevalence of arthritis among adults ages ≥18 years, 2009 BRFSS.




Source: *CDC; Oregon BRFSS County Combined Dataset 2006 - 2009*

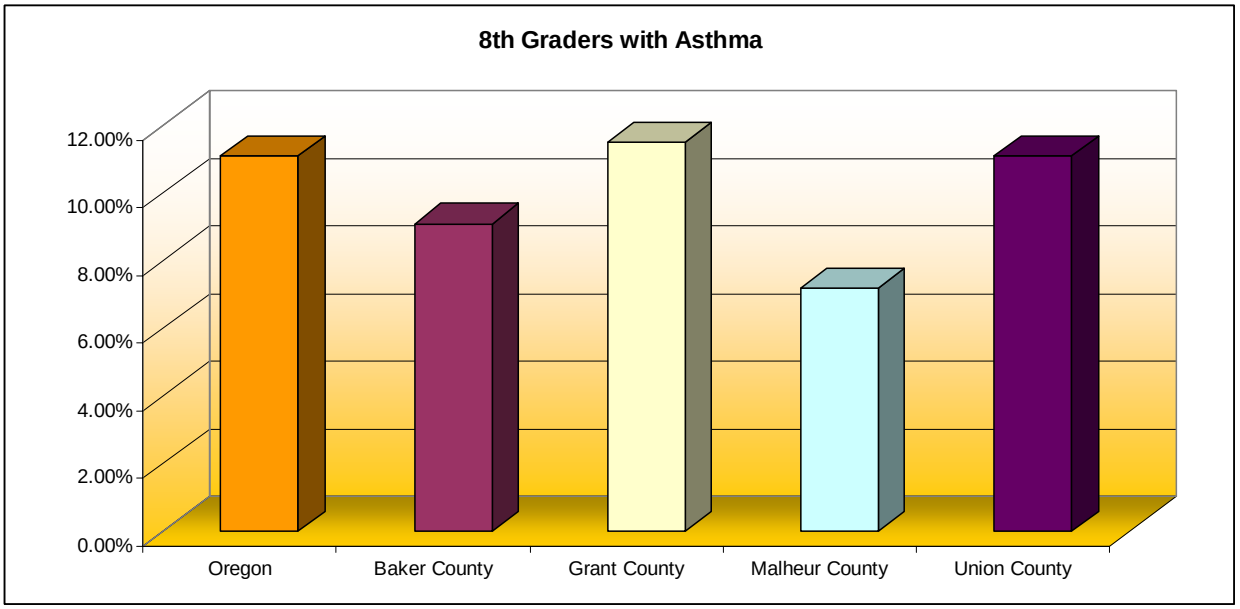
## Asthma

The incidence of asthma among adults locally is consistent with the national rate and lower than the state of Oregon (with the exception of Grant County).

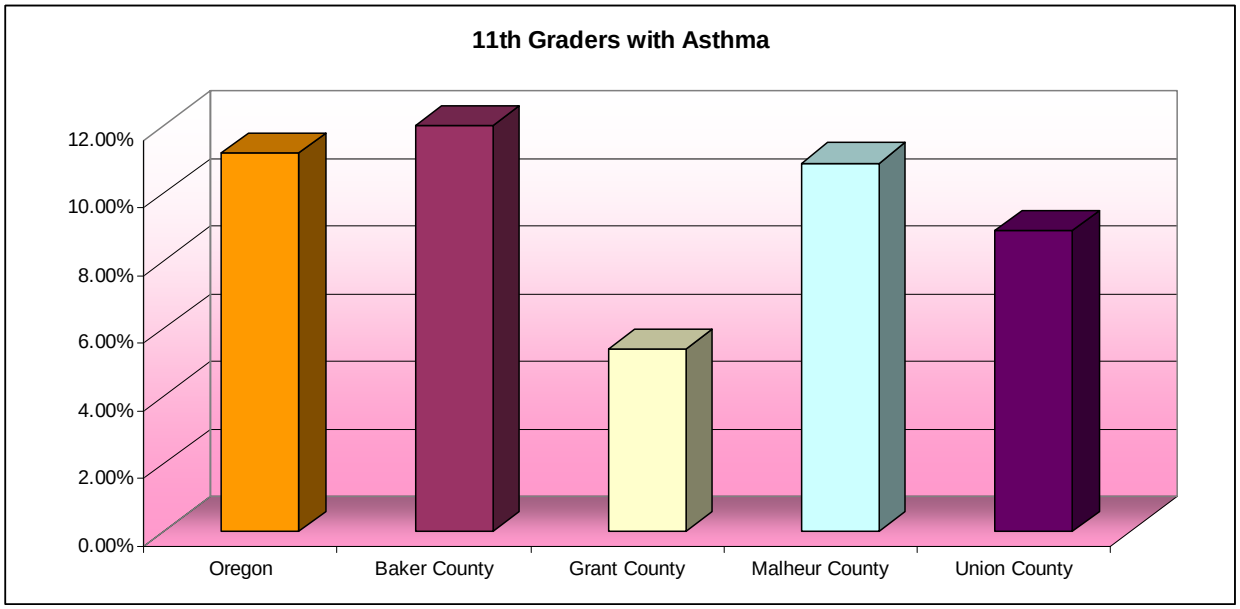



*The Burden of Asthma in Oregon, 2010; BRFSS 2010*

There is a growing concern about the effect that asthma is having on our children. The following two graphs, with data from "The Burden of Asthma in Oregon, 2010" report, demonstrates the percentages of 8th graders and 11th graders with current asthma concerns.



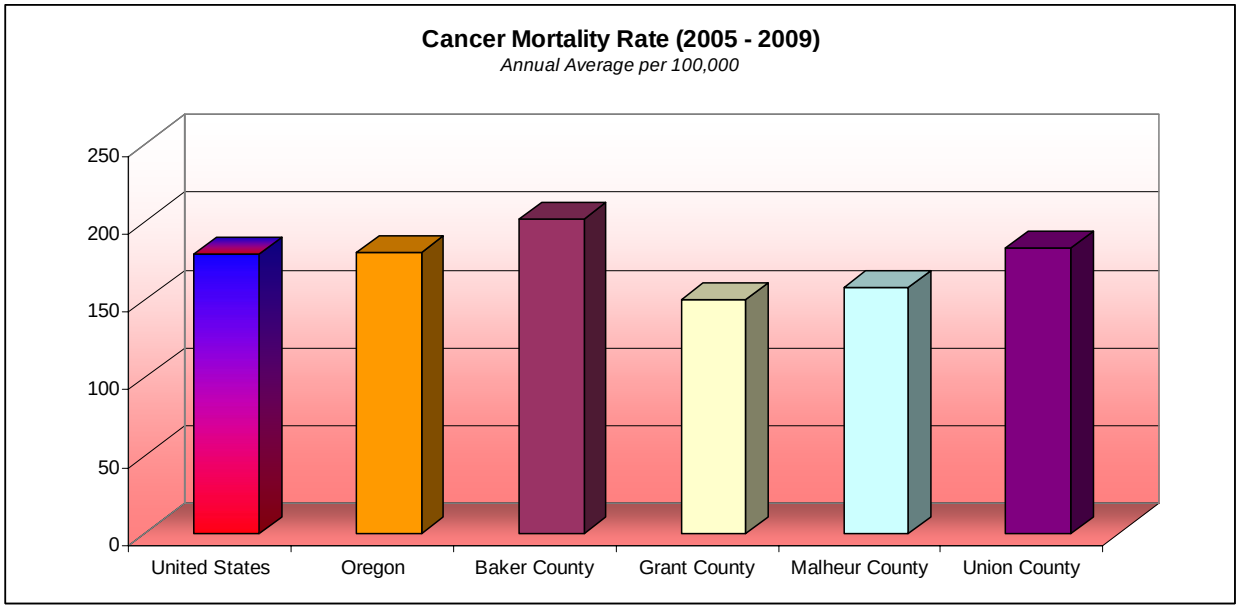

*The Burden of Asthma in Oregon, 2010*




*The Burden of Asthma in Oregon, 2010*

## Cancer

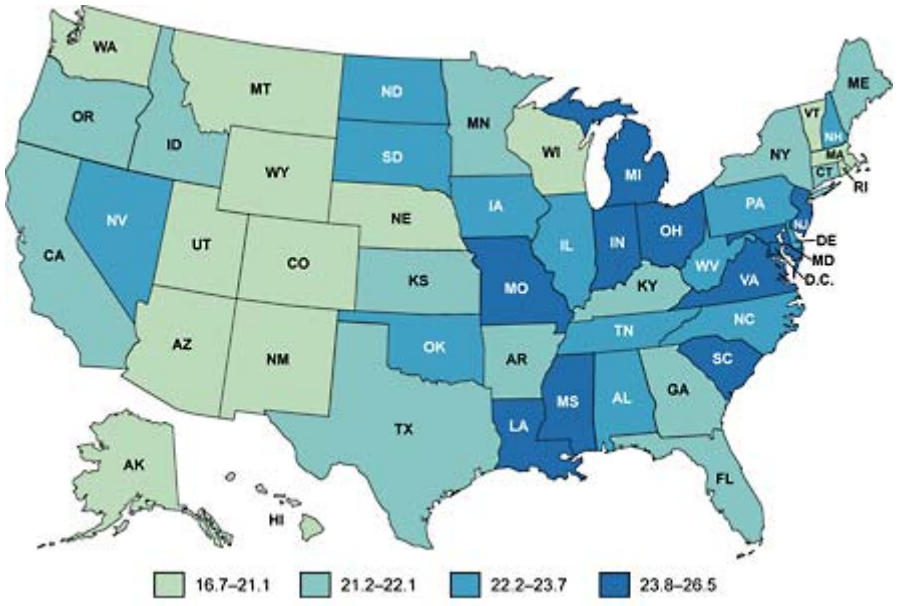
Baker County cancer mortality rate is the highest in the local area and above the Oregon and United States averages as well. This is a significant concern for both the citizens of the county as well as the healthcare providers.



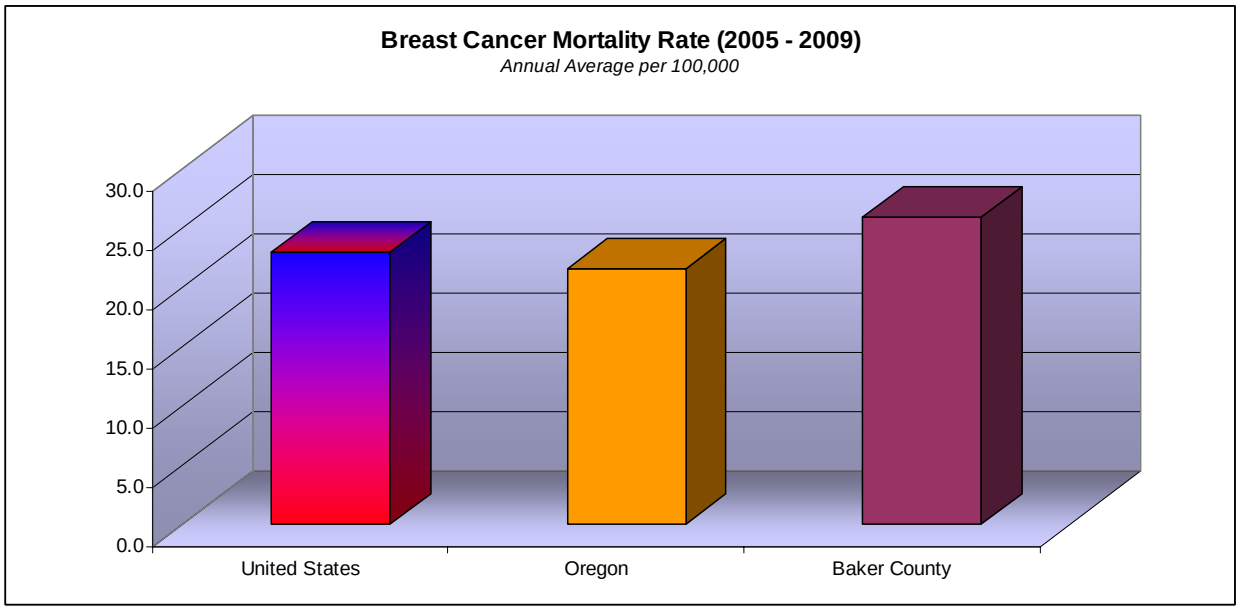

Source*: National Cancer Institute; Cancer State Profile*

Baker County continues to demonstrate a higher rate of breast cancer mortality when compared to the rest of the country. Insufficient data prevented a comparison with neighboring counties.

**Female Breast Cancer Death Rates* by State, 2008†**

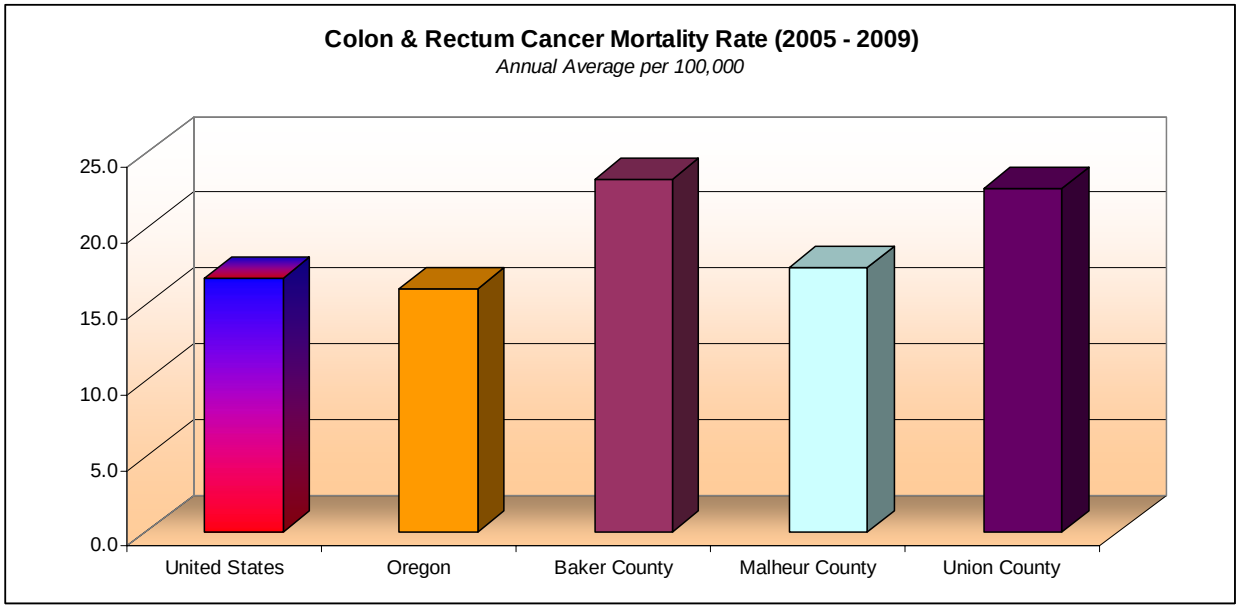



Source: *Centers for Disease Control and Prevention*



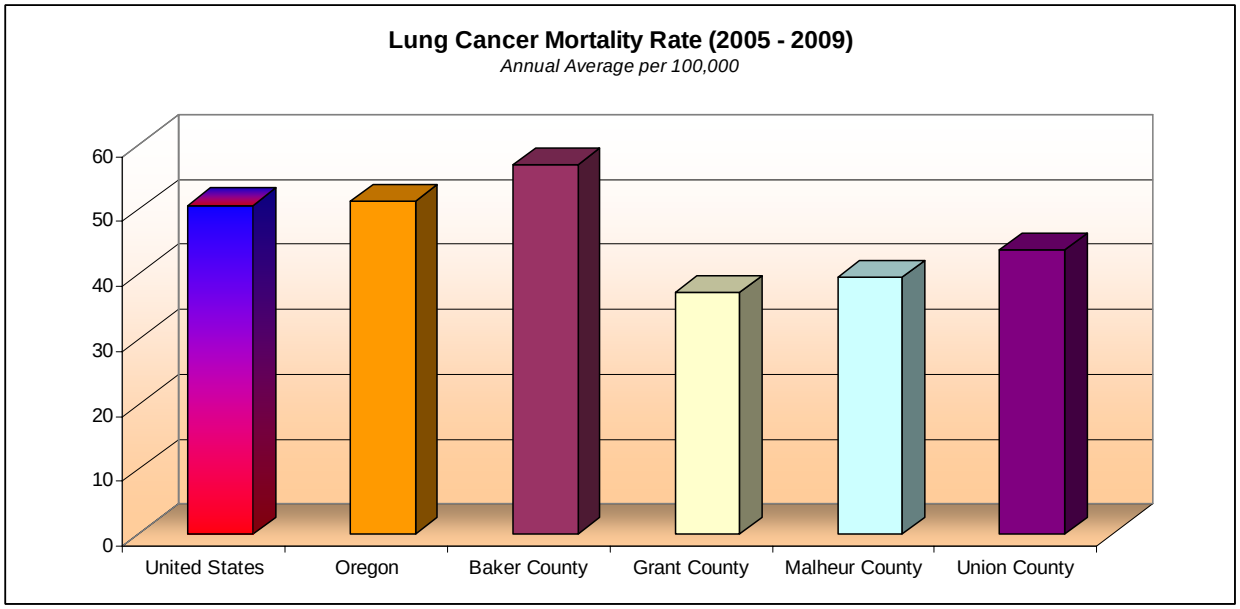

Source*: National Cancer Institute; Cancer State Profile*

Baker County's colon & rectal cancer mortality rate is higher than all the other comparison groups, considering the data available from state, national, and neighboring counties, with 23.2 people out of every 100,000 incidents of colorectal cancer dying.



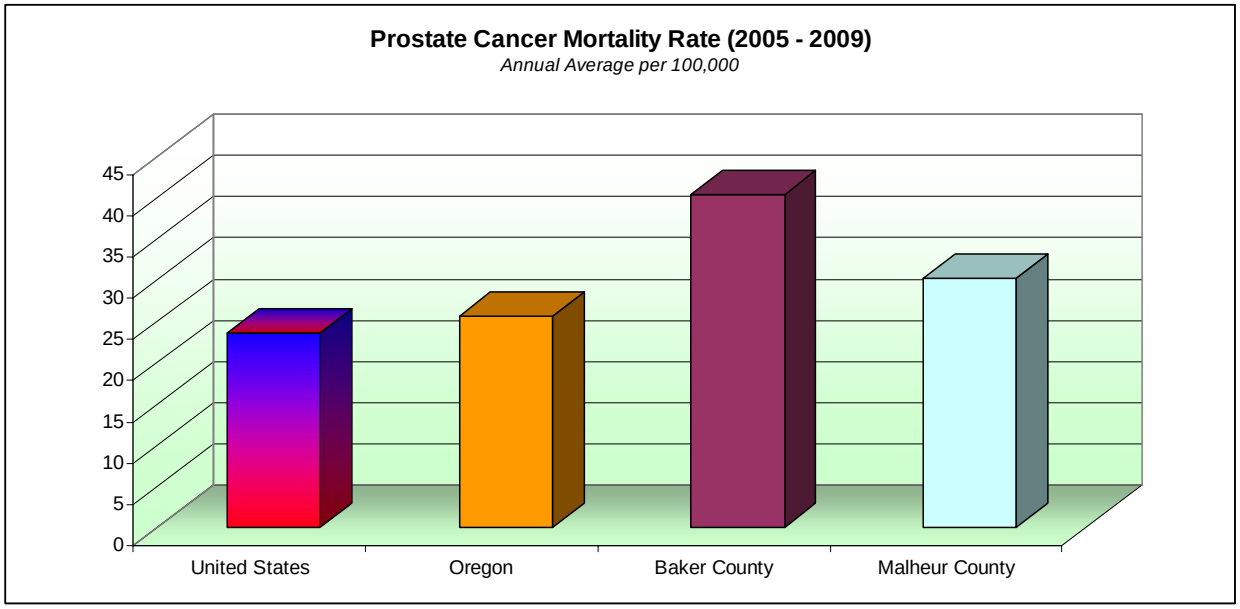

Source*: National Cancer Institute; Cancer State Profile*

Lung cancer mortality is higher in Baker County than the comparison groups, and lower than the Healthy People goal. All nearby counties are not only significantly lower than Baker County, but demonstrate rates lower than the rest of Oregon and the United States.




Source*: National Cancer Institute; Cancer State Profile*

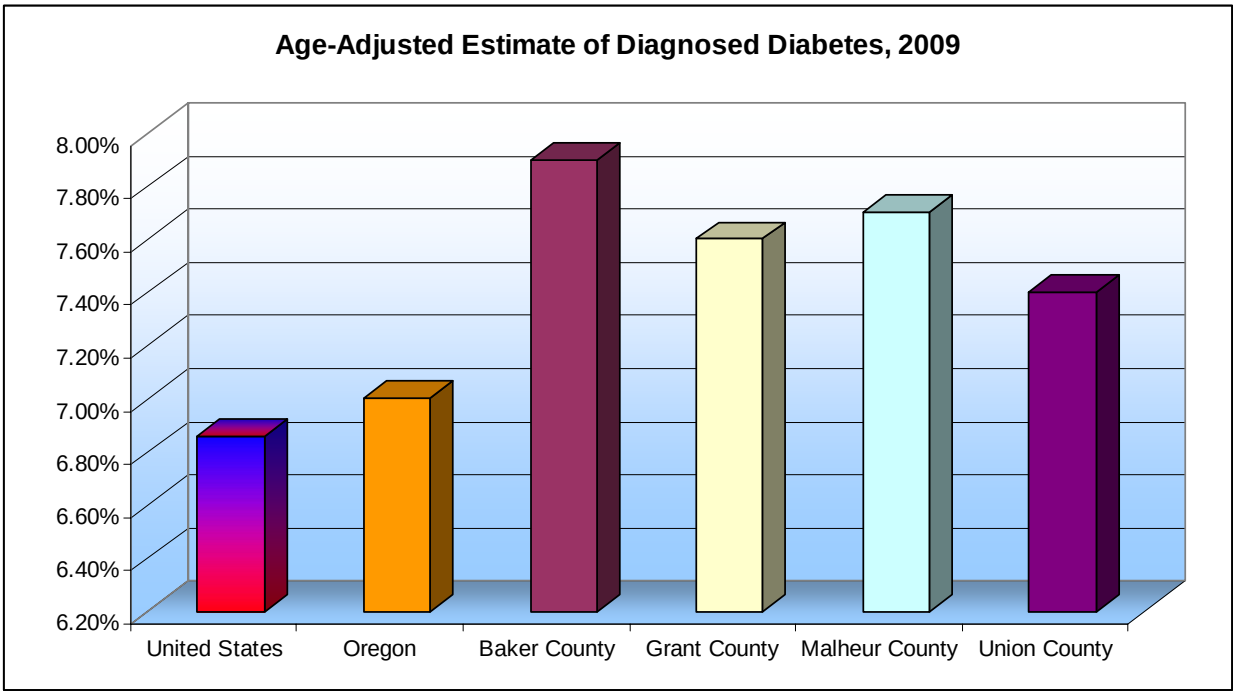
Prostate cancer mortality in Baker County is again higher than both the national and the Oregon rate. Malheur County's mortality rate, the only data available from this study, is higher than Oregon and national rates, but still considerably less than Baker County.




Source*: National Cancer Institute; Cancer State Profile*

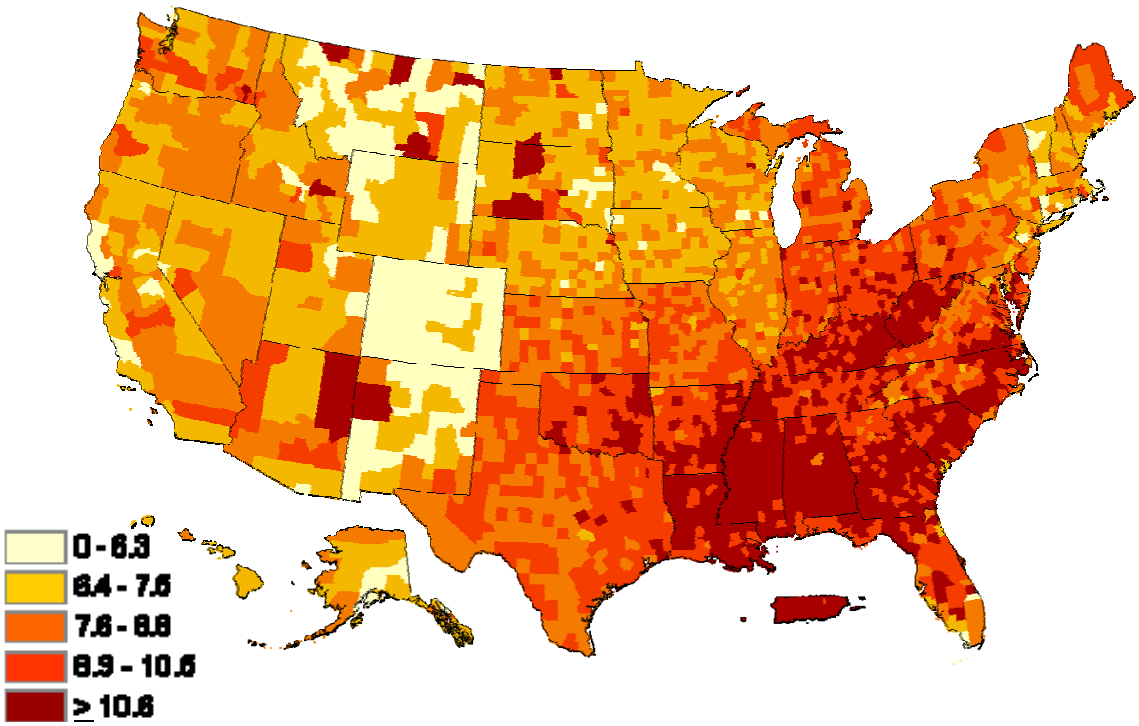
## Diabetes

Baker County's diabetes prevalence in adults is not only higher than the state and national averages, it is also higher than its neighbors.



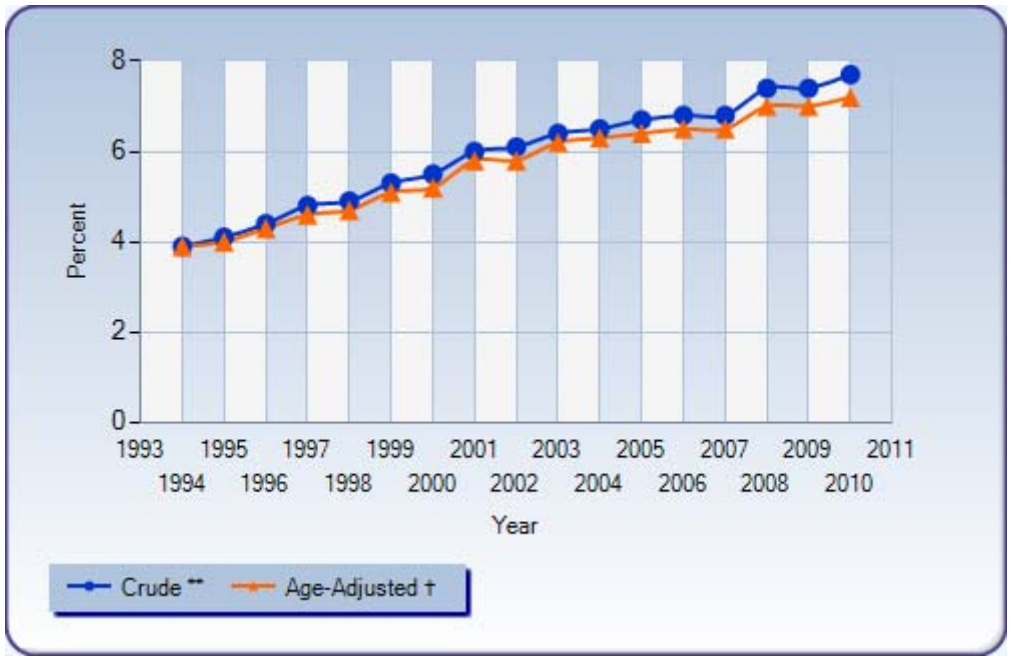

*CDC.gov*

The following map shows adult, age-adjusted diagnosed diabetes prevalence, by percentage, in the United States in 2009:




As the graph below demonstrates, the overall trend of adults with diabetes in Oregon has been on the climb over the past 15 years, consistent with the trend nationwide.

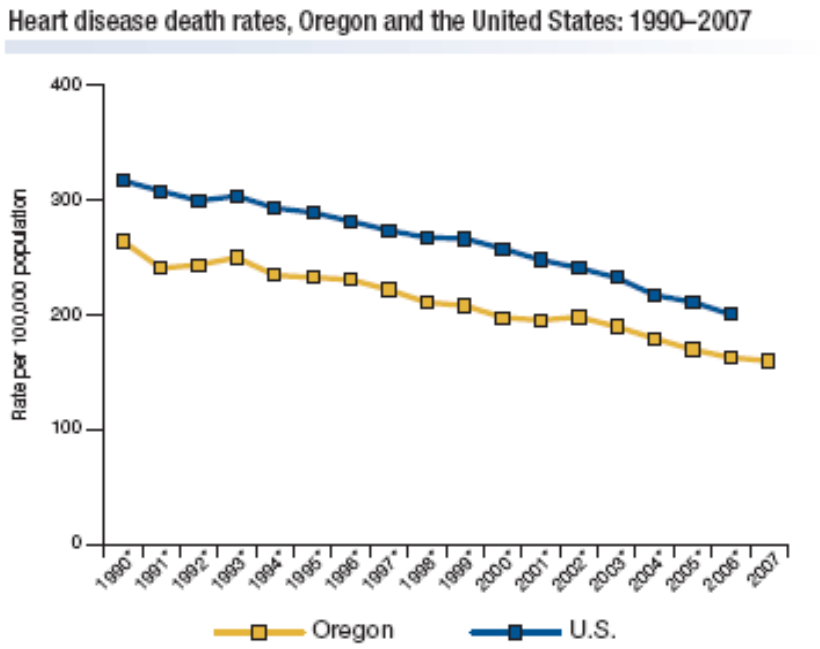
**Oregon - Percentage of Adults with Diagnosed Diabetes, 1994 - 2010**



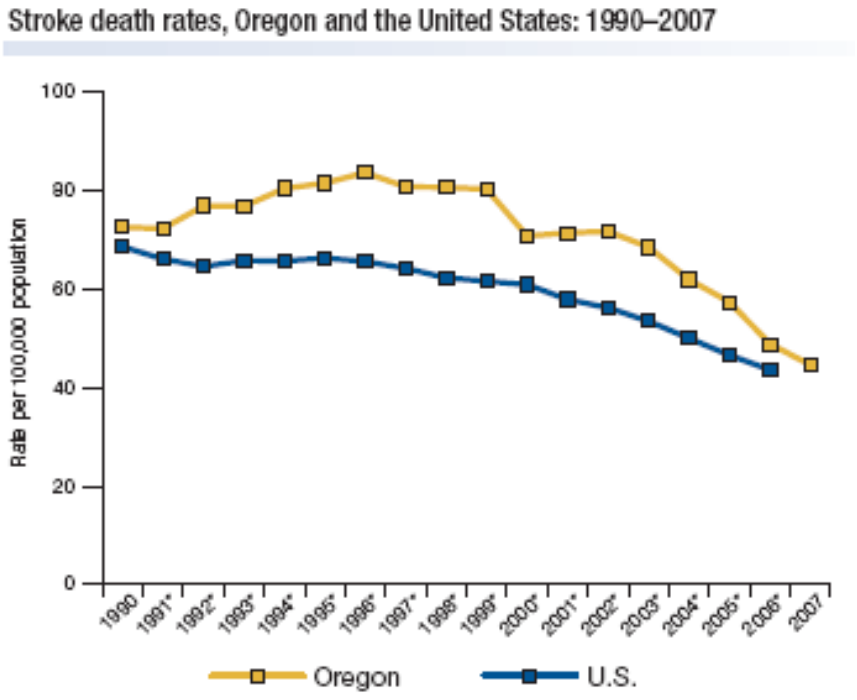

CDC.gov Diabetes Data & Trends

## Heart Disease and Stroke

In the United States as well as in Oregon, there is good news regarding heart disease and stroke. The graph below shows the decrease of incidence of death due to heart disease since 1990:

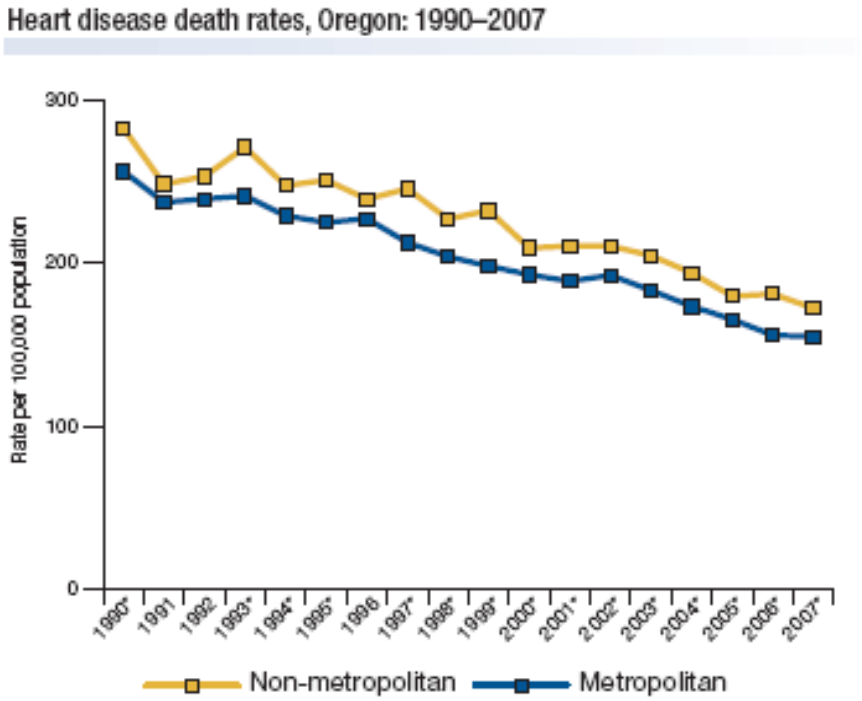



Stroke death rates have also declined over the years, although they have consistently been higher than the national averages.



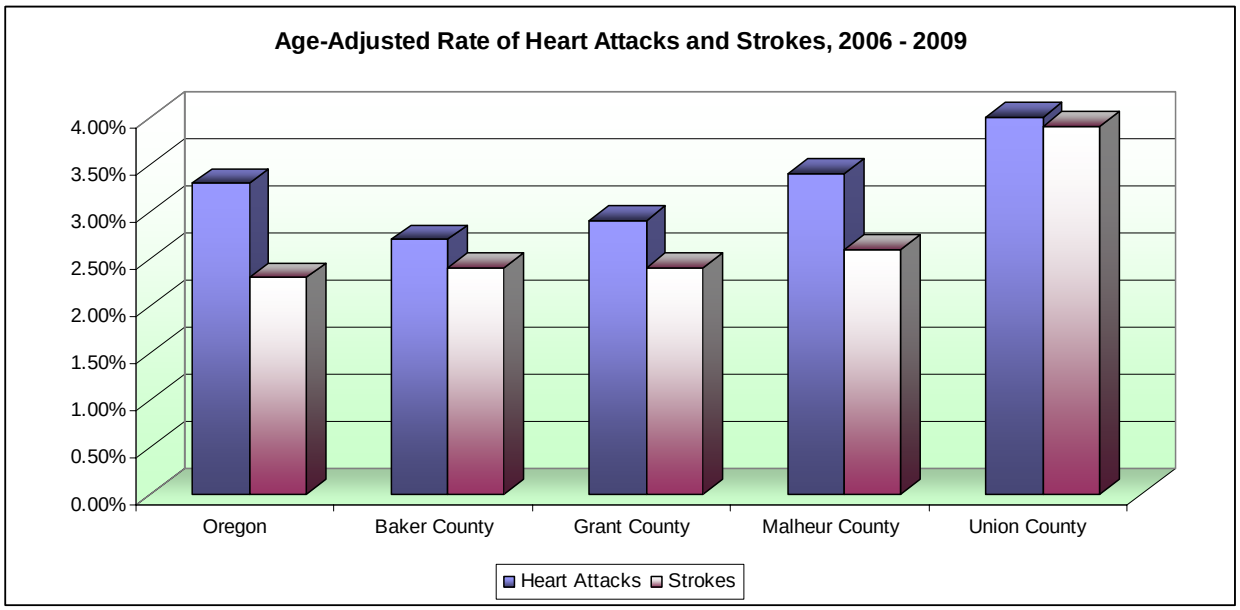

*Oregon Health Authority, Heart Disease and Stroke in Oregon*

However, while the incidence of death from heart disease has decreased, the rate of rural deaths has exceeded deaths in the metropolitan areas:




*Oregon Health Authority, Heart Disease and Stroke in Oregon 2010*

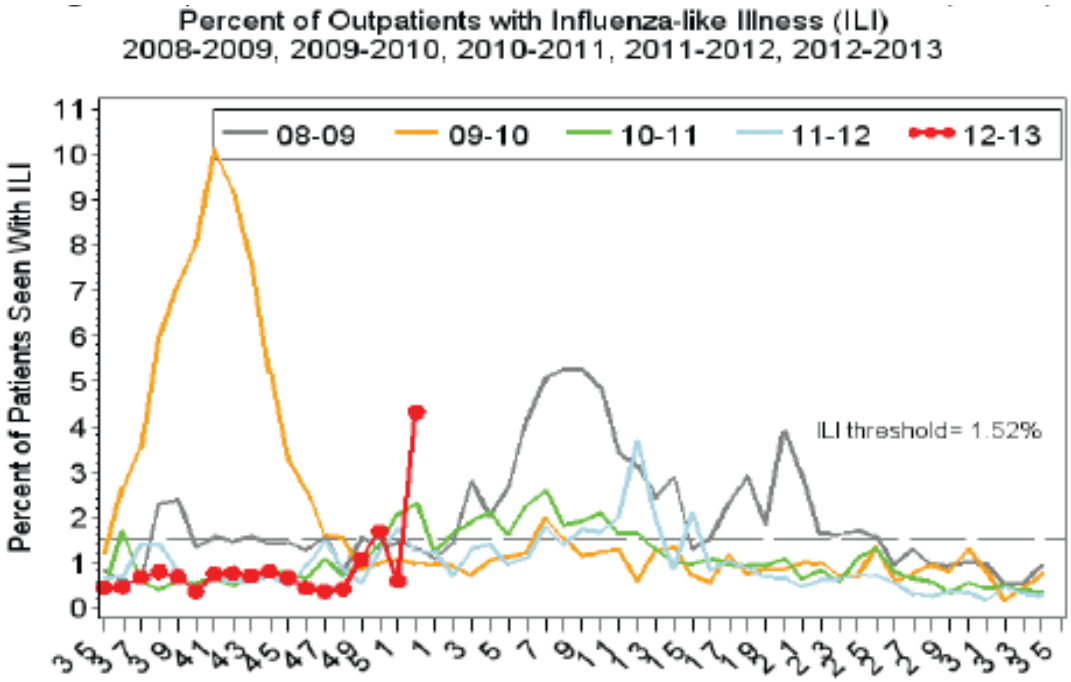
Incidence of heart attacks and strokes in the local area varies by county (although the number of incidents may have impacted the data):




*Oregon Health Authority, Heart Disease and Stroke in Oregon 2010*

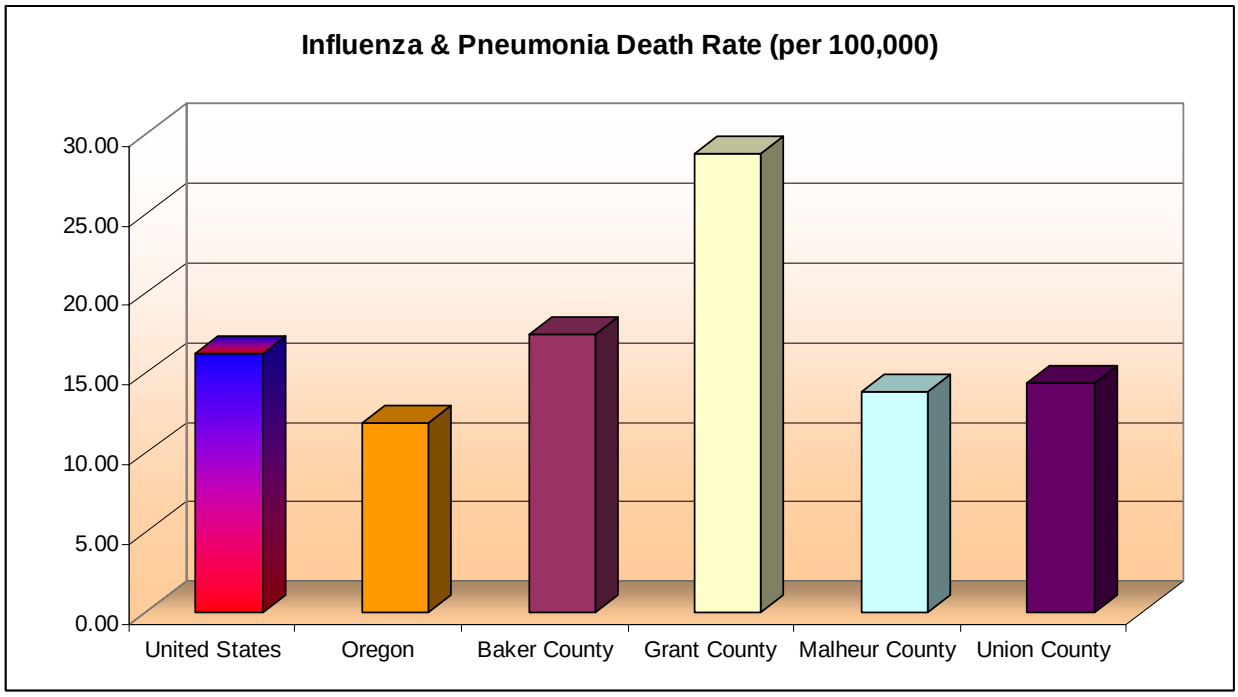
## Influenza and Pneumonia

Incidence of influenza-like illness has remained fairly low in the state of Oregon for the past two years, following a major spike in 2009-2010 during the H1N1 outbreak. At the time of this report (through December 29, 2012), we are seeing a spike of 4.3%, which is above the seasonal threshold of 1.52%.




*Oregon Health Authority Public Health Information*

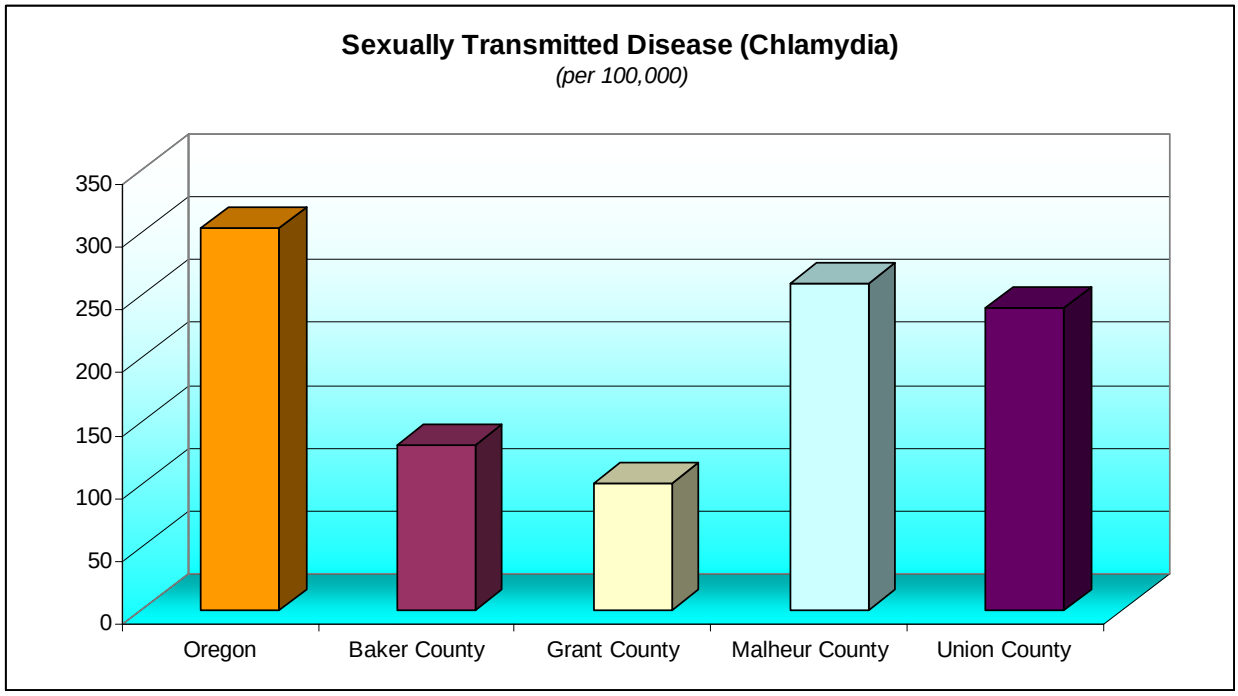
Here is the influenza and pneumonia death rate for our area, compared with national and state rates:




*OregonLifeExpectancy.com (from CDC Data)*

## Sexually Transmitted Diseases (STDs)

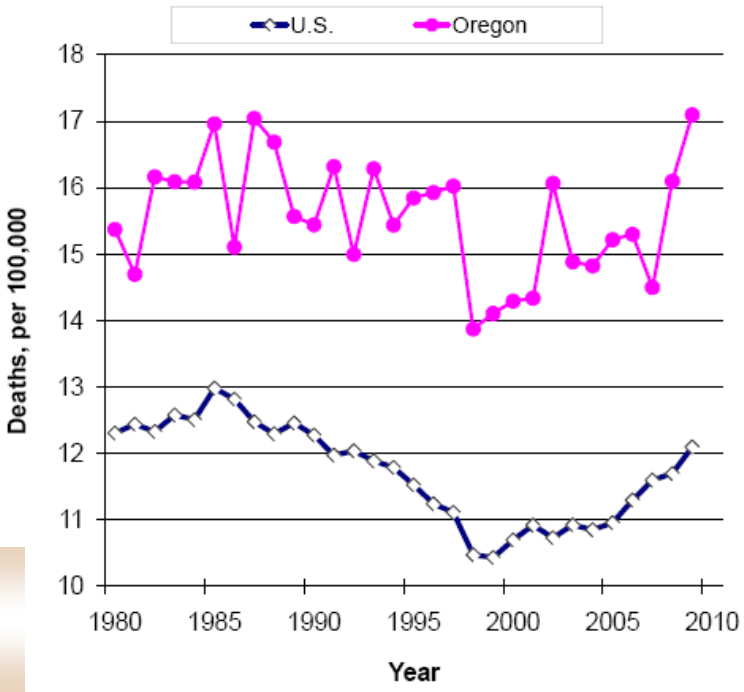
Oregon's rates for Chlamydia infection are lower than the national 50th percentile (which was 457.6 per 100,000 in 2011), and ranked 38th highest of all 50 states in 2011. Locally, Malheur County's rate is higher than all other comparison groups.




*County Health Rankings, 2012*

## Suicide

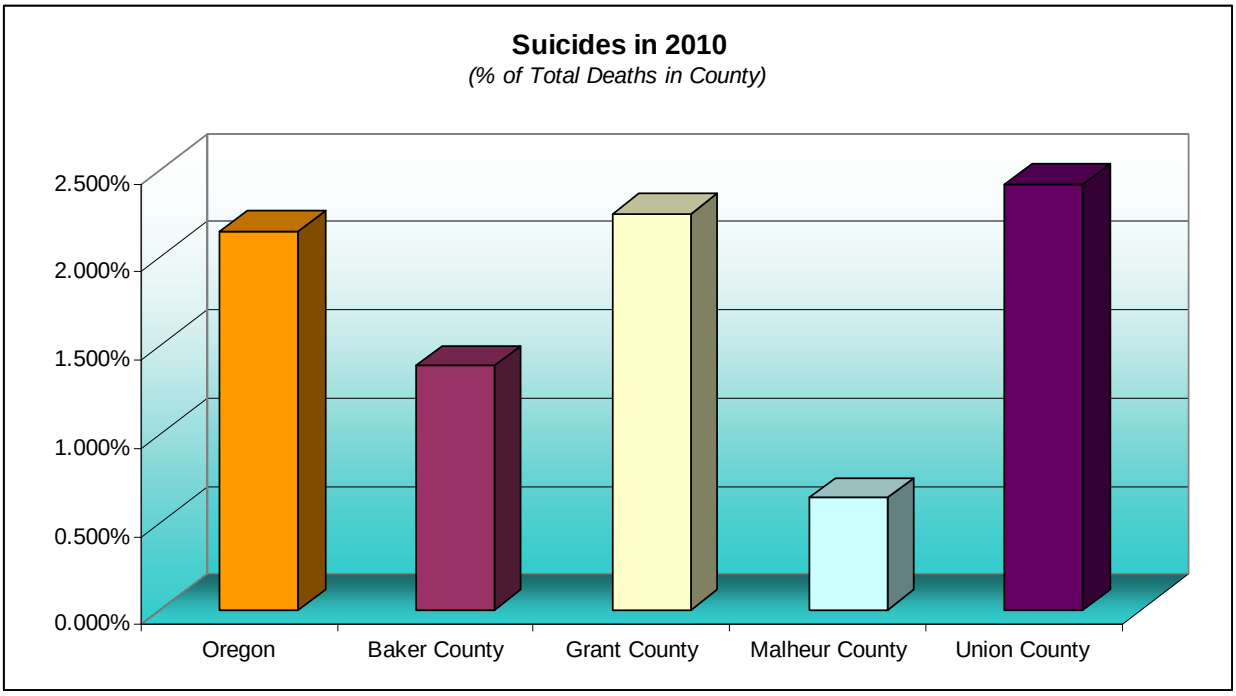
According to the report *Suicides in Oregon: Trends and Risk Factors (2012)*, "Compared to the national average, Oregon suicide rates have been higher for more than two decades. Most recently available national data shows Oregon age-adjusted suicide rate of 17.1 per 100,000 in 2010 was 41 percent higher than the national average and Oregon ranked 7th place among all US states in suicide incidence. Between 2000 and 2007, Oregon suicide rates were significantly higher than the national average among all age groups except ages 10-17 and women ages 18-24.




**Age-Adjusted Suicide Rates, 1981-2010, Oregon vs. U.S.**

*Source: Suicides in Oregon 2012*

Suicide rates in Baker County are comparatively lower than neighboring Grant and Union Counties, but not as low as Malheur County. In 2010 there were 685 suicides in the State of Oregon, which puts it at the seventh highest state in the United States at 17.9 per 100,000 (non age-adjusted).




*Oregon Vital Statistics; Community Health Status Report*

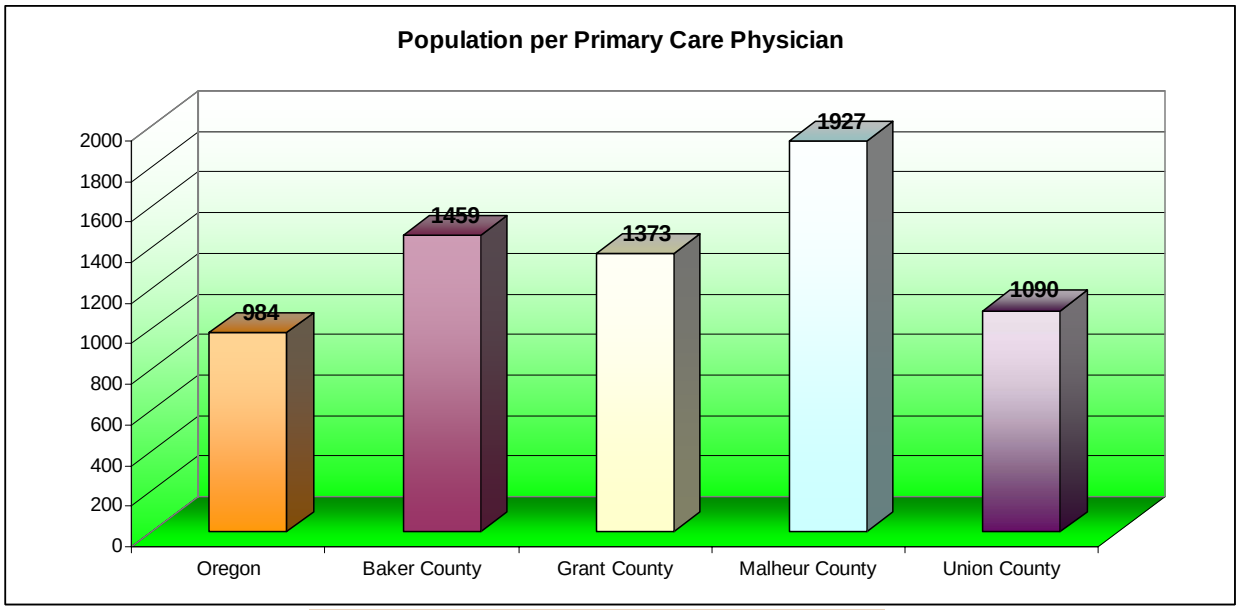
According to the report *Suicides in Oregon (2012)*, Baker County's suicide rate was one of the higher rates when compared with other counties across the state in 2003 - 2010 (see figure below).


*Suicides in Oregon, 2012 Report*

*Access to Care Measures*

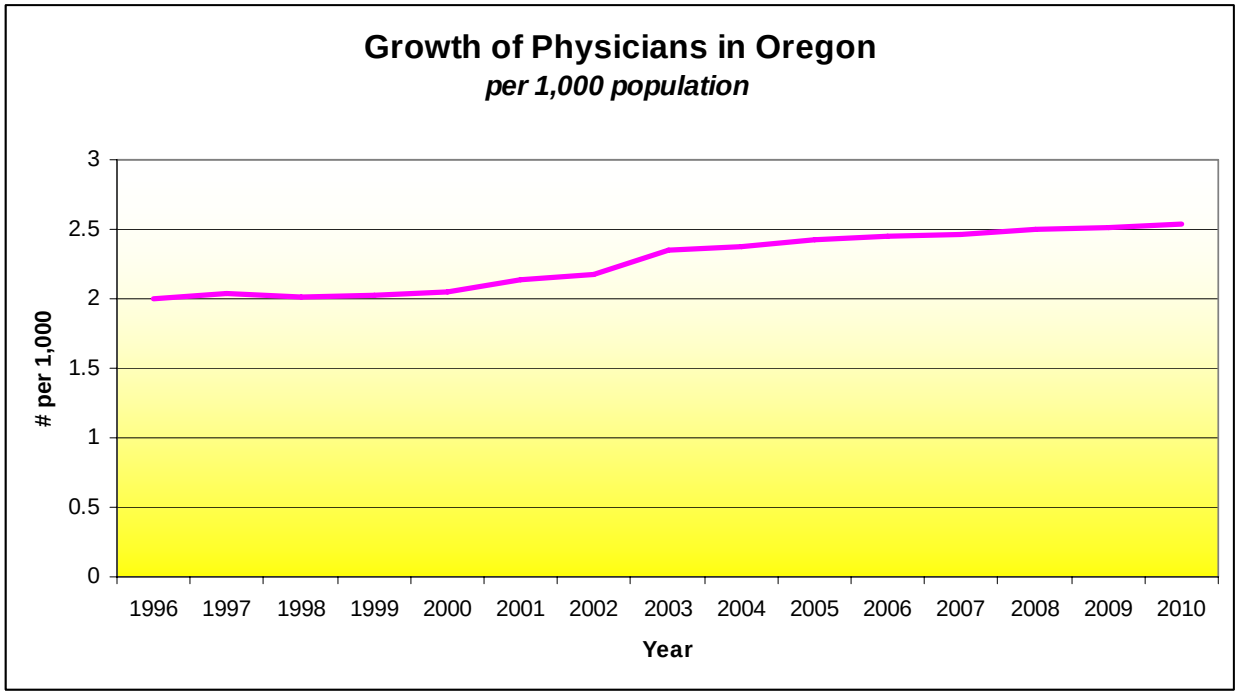
## Physician Supply

Baker, Grant, and Malheur Counties face a shortage of primary care providers, when compared to Oregon as a whole, as evidenced by the graph below showing the population per each primary care provider. However, Oregon has a higher ratio than many other states, currently ranking 12 out of the 50 states.



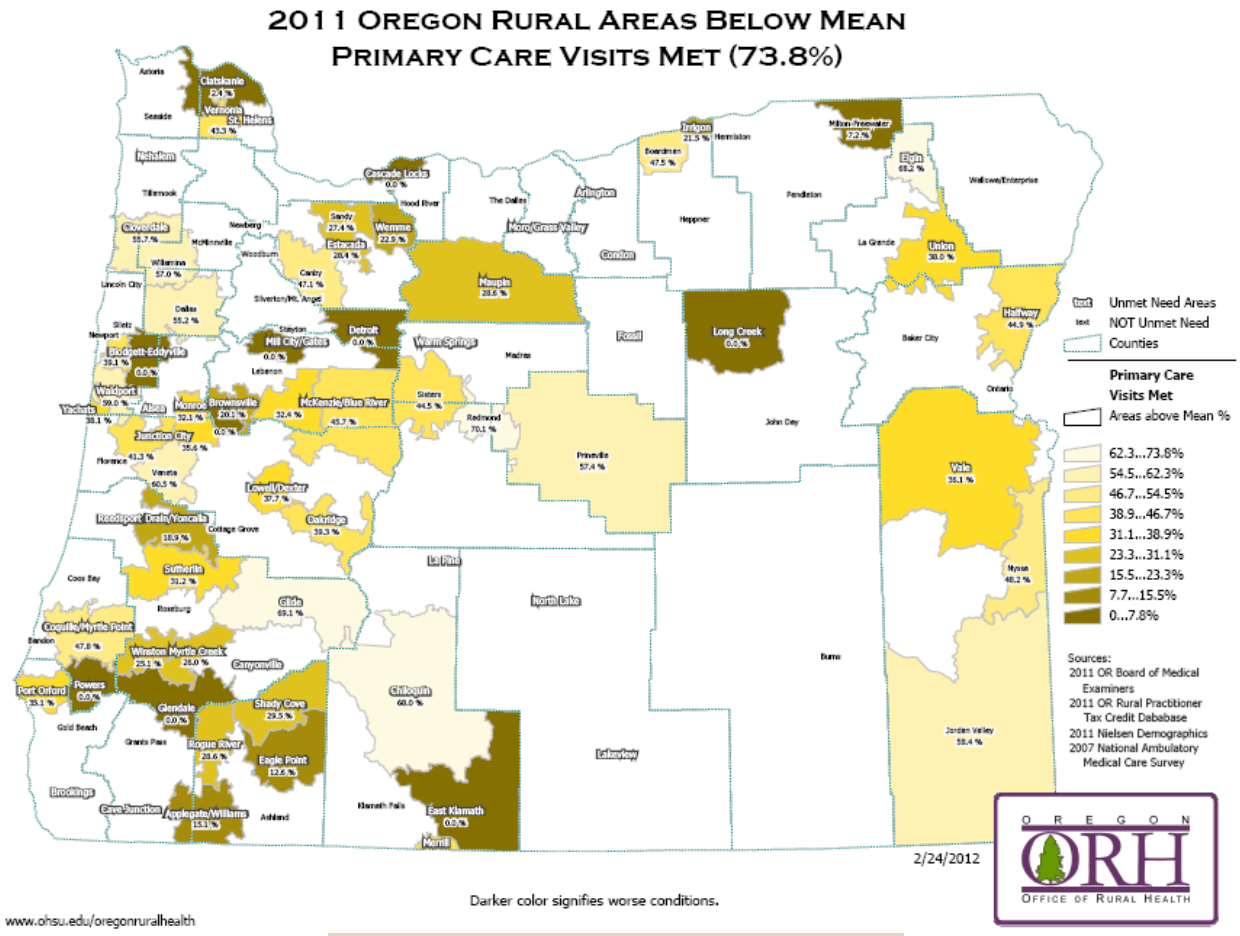

*County Health Rankings 2012*

The graph below demonstrates the growth trend of physicians in Oregon since 1996.




*Indicators Northwest (University of Idaho)*

Fortunately, as this map shows, Baker County only has a few places within the county that doesn't meet the target of 73.8% primary care visits needs met (Halfway and the northern-most section of the county does not meet this target).

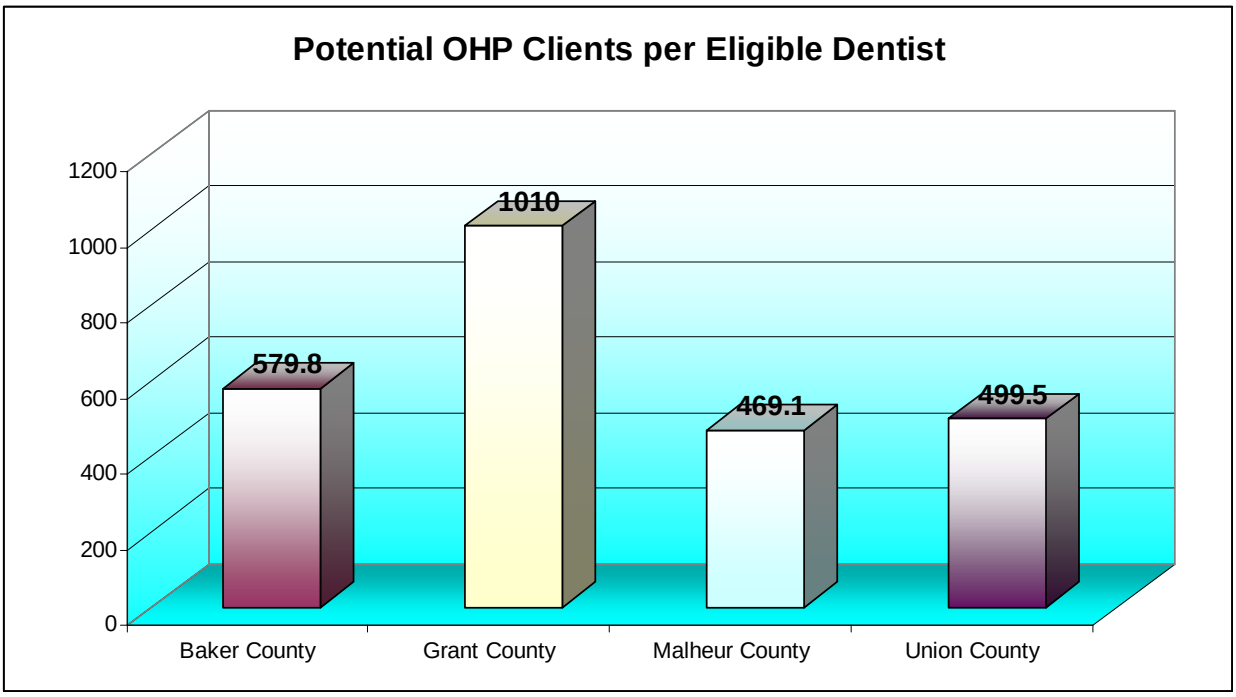



*The Oregon Office of Rural Health*

## Availability of Dentists

The potential for dentists to see the residents in eastern Oregon, especially those that are eligible for OHP assistance, is marginal at best. In 2012 there were 5 dentists in Baker County that were willing and available to see Oregon Health Plan patients; in Grant County there was one dentist that an OHP client could see, in Malheur County there were 15 dentists to share the load in that county, and in Union County there were 9 dentists signed up to see OHP clients. These dentists also were serving the general public, so were not available for appointments at all times to see those receiving state assistance.

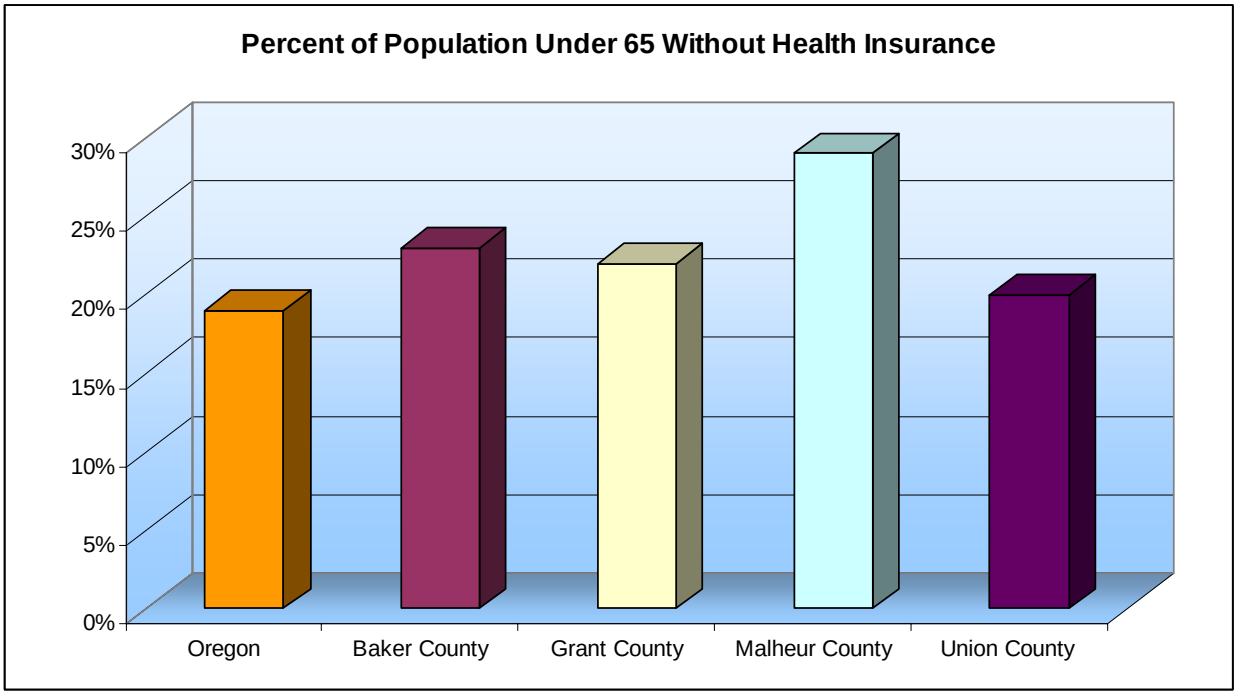
The graph below shows the number of eligible OHP clients per dentist in each of the four counties.




*State of Oregon, Division of Medical Assistance Programs*

## Lack of Health Insurance

All local counties have a higher rate of uninsured citizens than the Oregon State average, with Baker County showing a 4 percent increase. Fortunately, with the Healthy Kids Program, Baker has a higher percentage (50.5%) enrolled than much of the rest of the state.



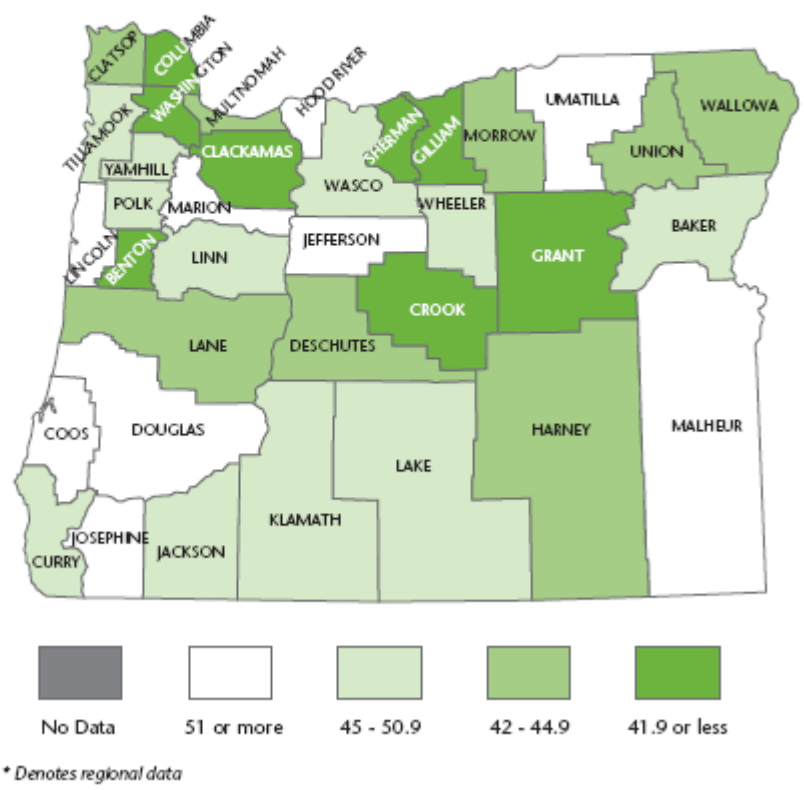

*County Health Rankings, 2012*

## Healthy Kids

*Percent of population kids 0-17 that are enrolled in Healthy Kids*

Healthy Kids, Oregon's health coverage program for uninsured Oregon kids and teens, has helped cover 90,000 children since its inception in 2009. The Oregon Health Authority estimates that the percent of children without insurance has been cut in half in that time.

| | |
|---|---|
| Baker | 50.5 |
| Benton | 25.0 |
| Clackamas | 28.2 |
| Clatsop | 42.2 |
| Columbia | 36.5 |
| Coos | 52.8 |
| Crook | 33.2 |
| Curry | 50.0 |
| Deschutes | 42.9 |
| Douglas | 51.4 |
| Gilliam | 31.4 |
| Grant | 37.4 |
| Harney | 44.7 |
| Hood River | 51.3 |
| Jackson | 48.8 |
| Jefferson | 53.2 |
| Josephine | 58.2 |
| Klamath | 49.1 |
| Lake | 45.5 |
| Lane | 43.3 |
| Lincoln | 56.9 |
| Linn | 50.1 |
| Malheur | 60.8 |
| Marion | 53.8 |
| Morrow | 44.0 |
| Multnomah | 42.4 |
| Polk | 45.0 |
| Sherman | 38.5 |
| Tillamook | 48.8 |
| Umatilla | 52.3 |
| Union | 43.6 |
| Wallowa | 44.5 |
| Wasco | 49.8 |
| Washington | 30.1 |
| Wheeler | 45.3 |
| Yamhill | 45.7 |




* *Denotes regional data*

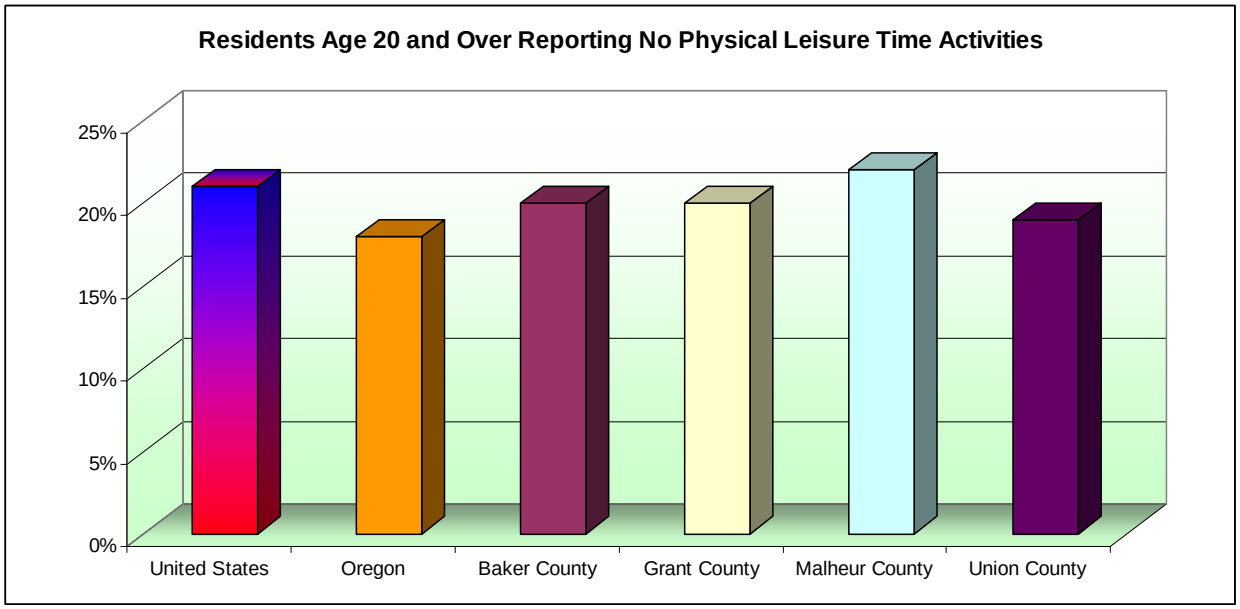
*Children First for Oregon 2011*

### *Risk Factors for Premature Death*

#### Physical Inactivity

Malheur County leads the way in percent of population age 20 and over that does not engage in any leisure activities, but all local counties are less active than the State of Oregon average. . The rationale behind this research is that if residents have an active leisure activities program they will also be generally more active in all areas of their lives.

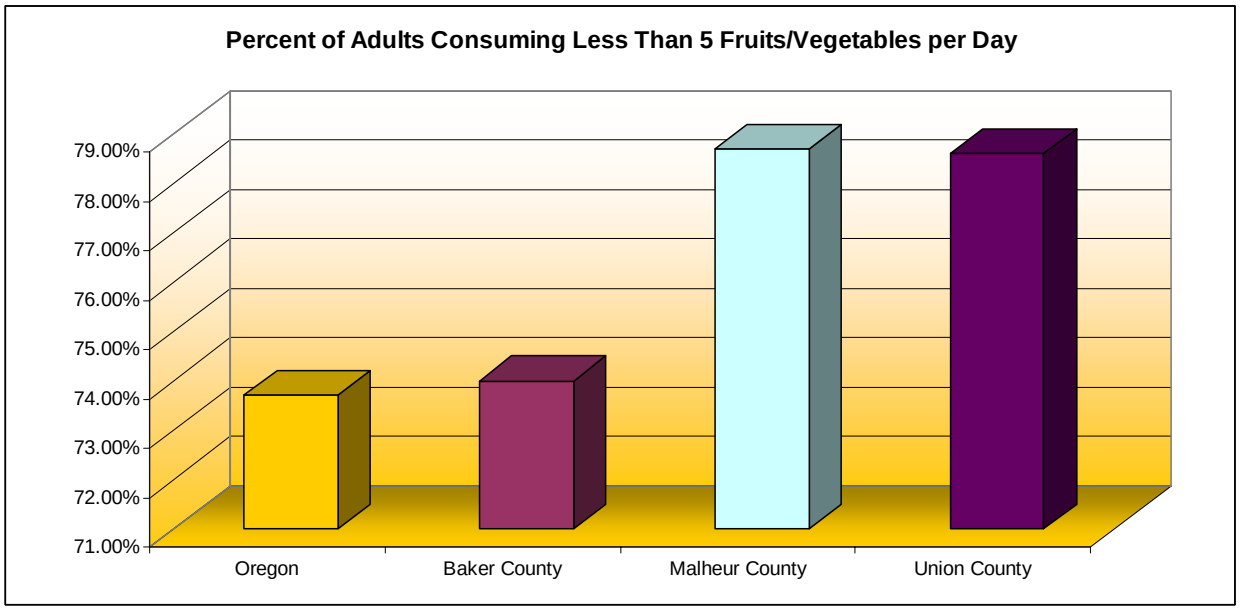
However, according to the Office for Oregon Health Policy and Research, Baker County reported 51% of the citizens met the CDC recommendations for physical activities (2002 – 2005), while 73% of Grant County's residents, 47% of Malheur County citizens, and 62% of Union County residents met the CDC recommendations




*County Health Rankings, 2012*

## Inadequate Fruit & Vegetable Consumption

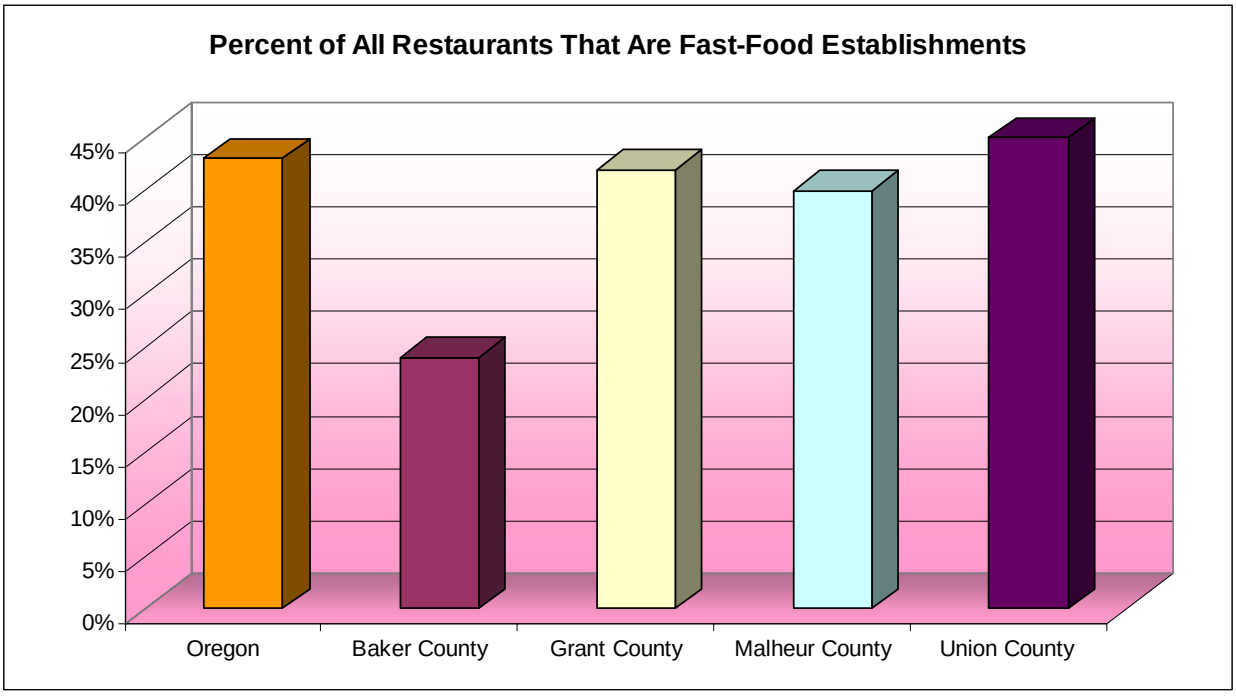
Consumption of the recommended quantity of fruits and vegetables is less than ideal in all areas, but Baker County is closest to the State of Oregon rate. Malheur and Union Counties' rates are right at 5 percentage points worse than the State of Oregon rate (data for Grant County not available).




*Community Health Status Report, Oregon BRFSS 2009*

## Fast-Food as a Dietary Resource

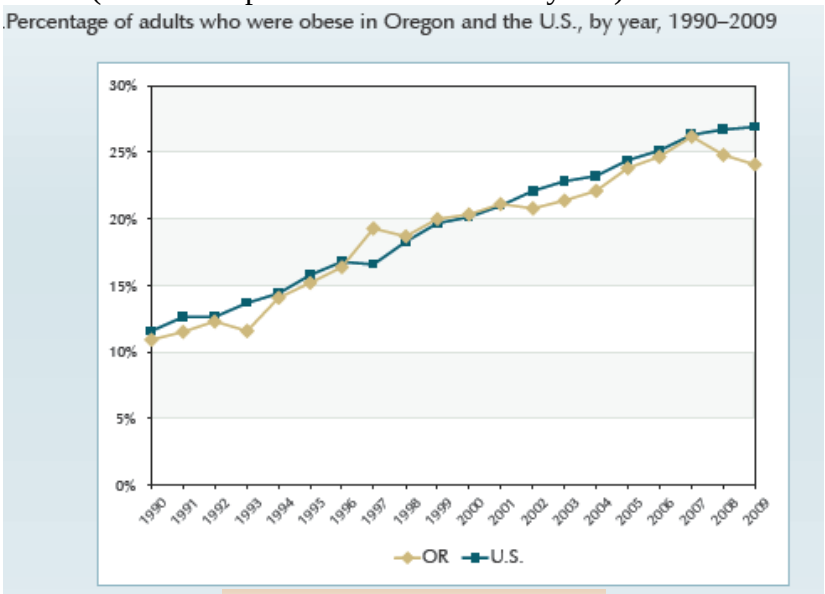
In a busy world many people have to rely on getting their meals from restaurants, which often means grabbing a bite from the nearest fast-food place. The prevalence of fast-food restaurants to family style or "sit down" restaurants can have an effect on the health of a community. As you can see from the graph below, Baker County has a lower percent of fast-food places than both the State of Oregon as well as the other neighboring counties.




*County Health Rankings 2012*

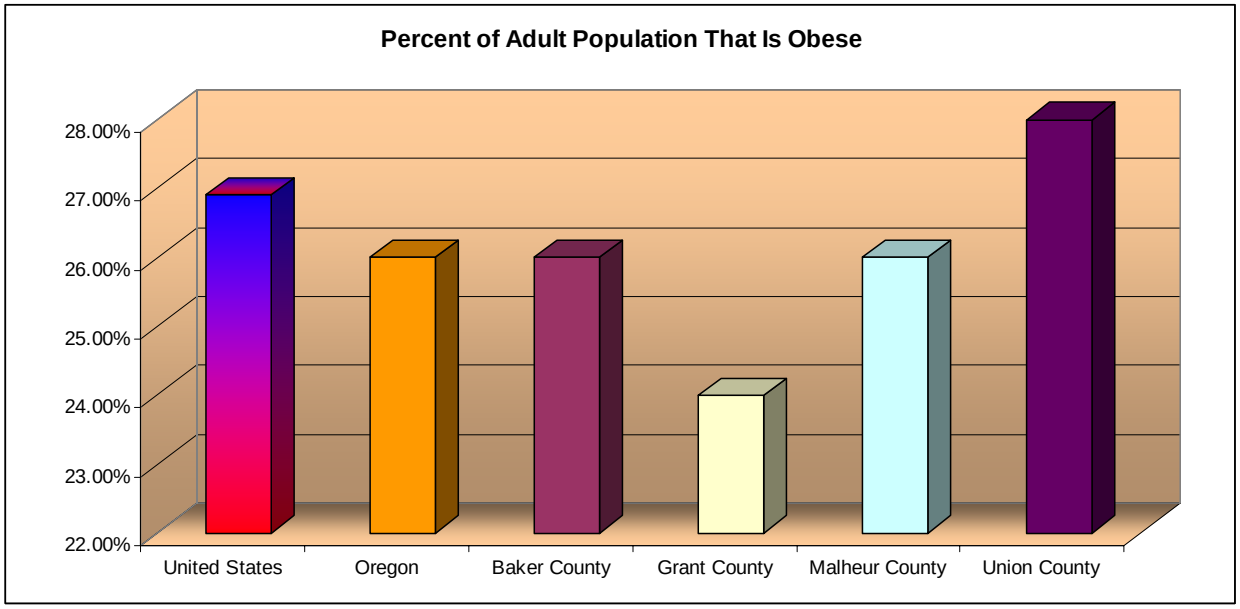
## Obesity Rates

Adult obesity rates in Oregon have been growing at an alarming rate. The graph below shows the trend through 2009 (note the improvement in the last 2 years).



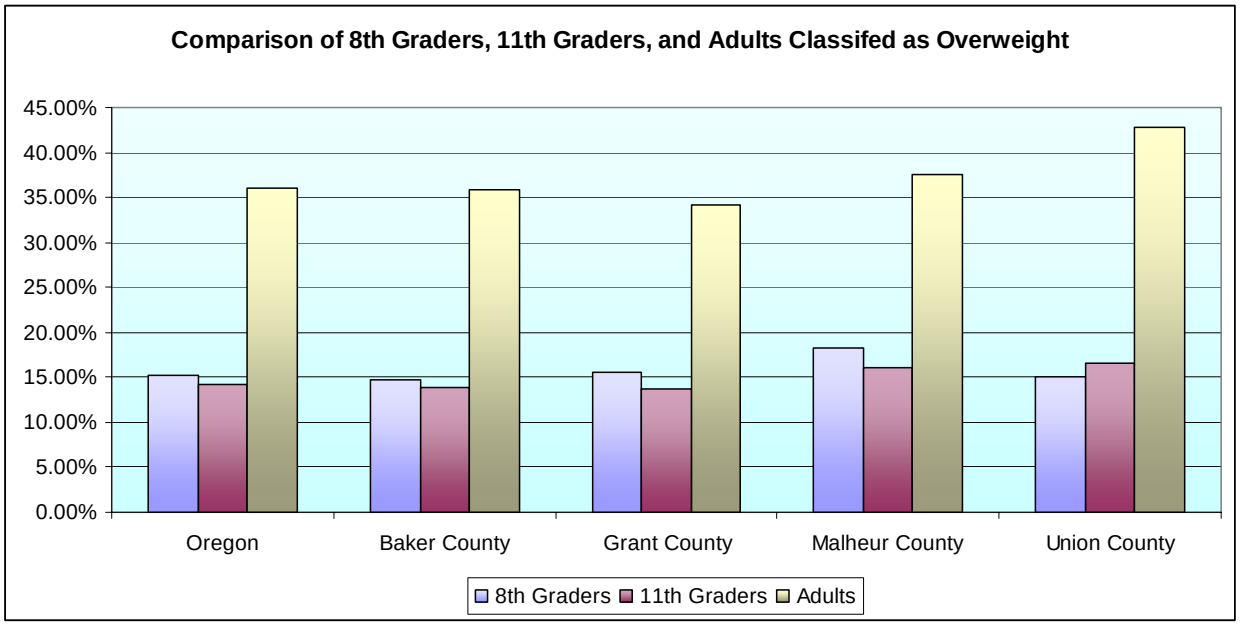

*Oregon Health Authority, 2012*

Adult obesity continues to be a challenge even in eastern Oregon. The chart below shows the percent of adults who, by definition, have a body mass index (BMI) of greater than 30 (BMI is a calculation that takes the weight divided by the height in inches squared, multiplied by 703).




*County Health Rankings 2012; BRFSS*

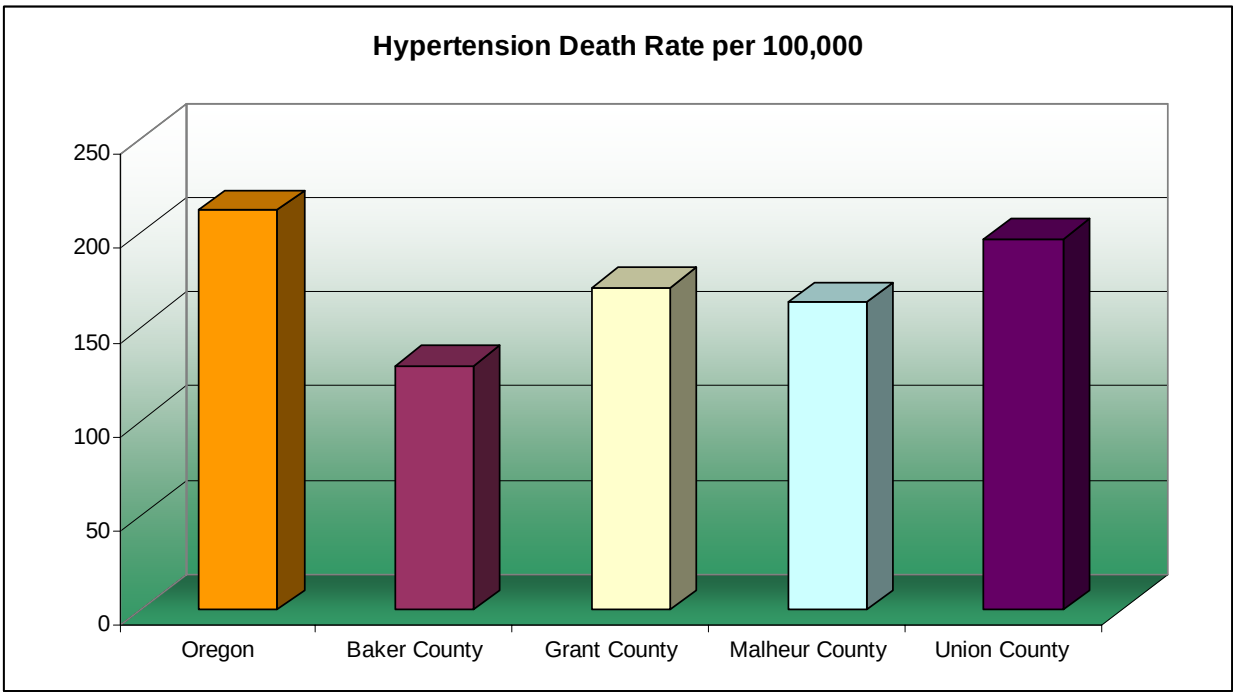
The following graph demonstrates the trends of 8th graders, 11th graders, and age-adjusted adults that are classified as "overweight" (with a BMI of 25 to 29.9).




*Oregon Health Authority, Public Health Division, 2012*

## High Blood Pressure

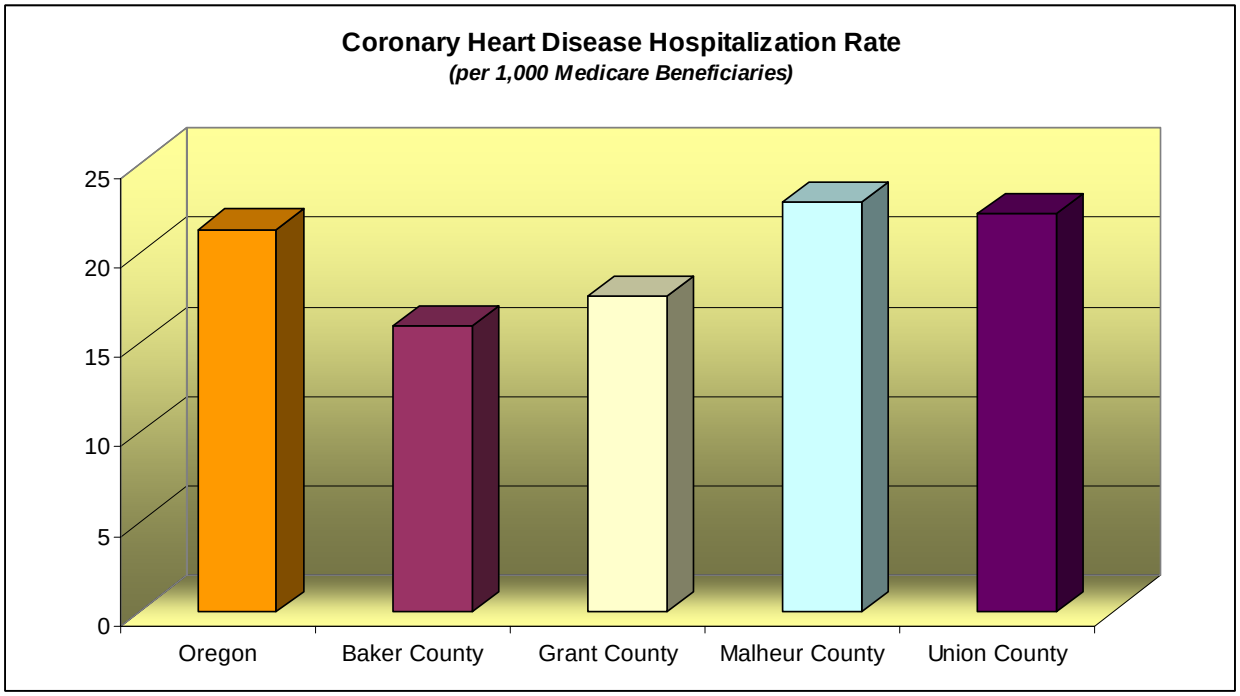
Incidence of death due to high blood pressure, or hypertension, is considerably lower in Baker County when compared to state statistics and data from neighboring counties.

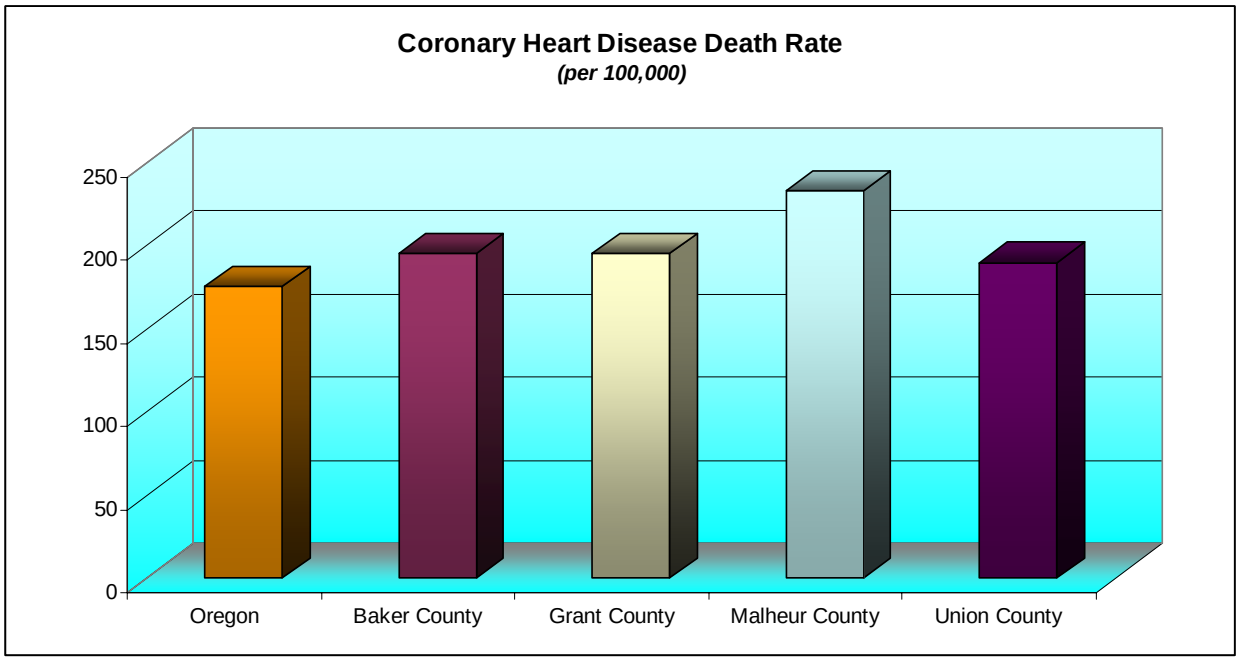



*CDC, 2007 - 2009*

## Coronary Heart Disease

The rate of hospitalization for coronary heart disease is slightly lower in Baker County, but is only surpassed by Malheur County in the death rate related to coronary heart disease.

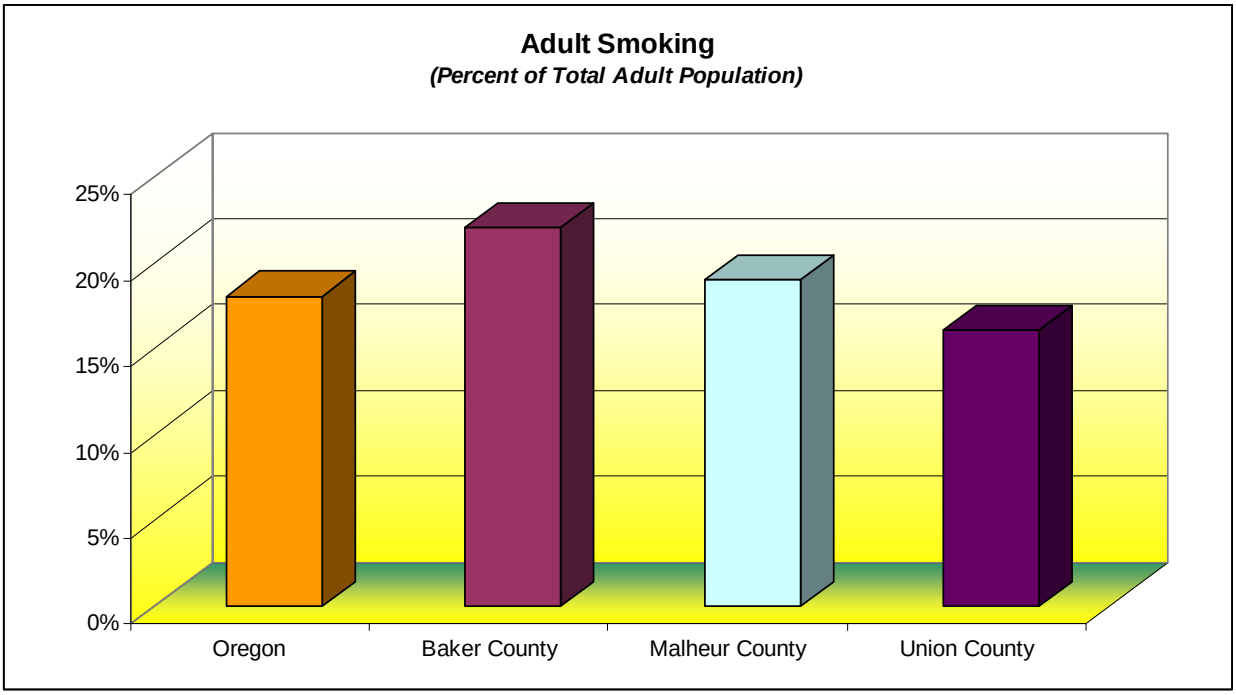





*CDC, 2007 - 2009*

## Tobacco Use

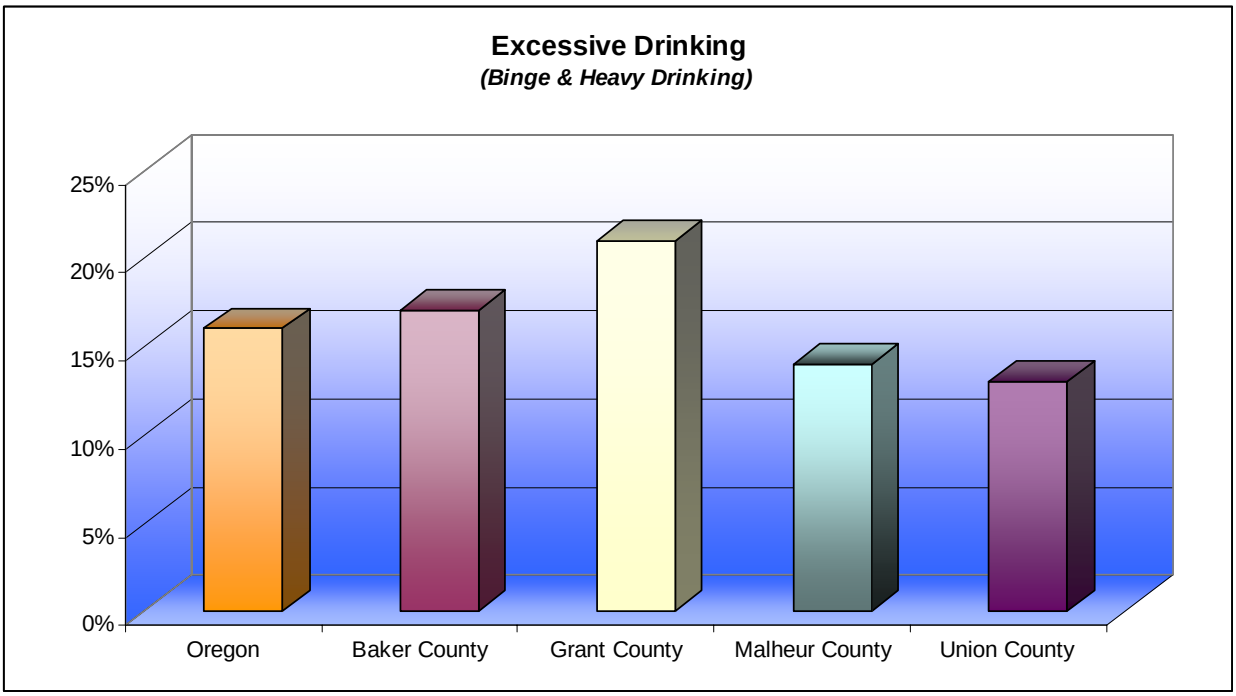
The adult smoking rate in Baker County is higher than the Oregon State rate and surrounding counties (data from Grant County not available). Of the other two counties, only Union County displays a lower rate of smoking than the Oregon State average.




*County Health Rankings, 2012*

## Excessive Drinking

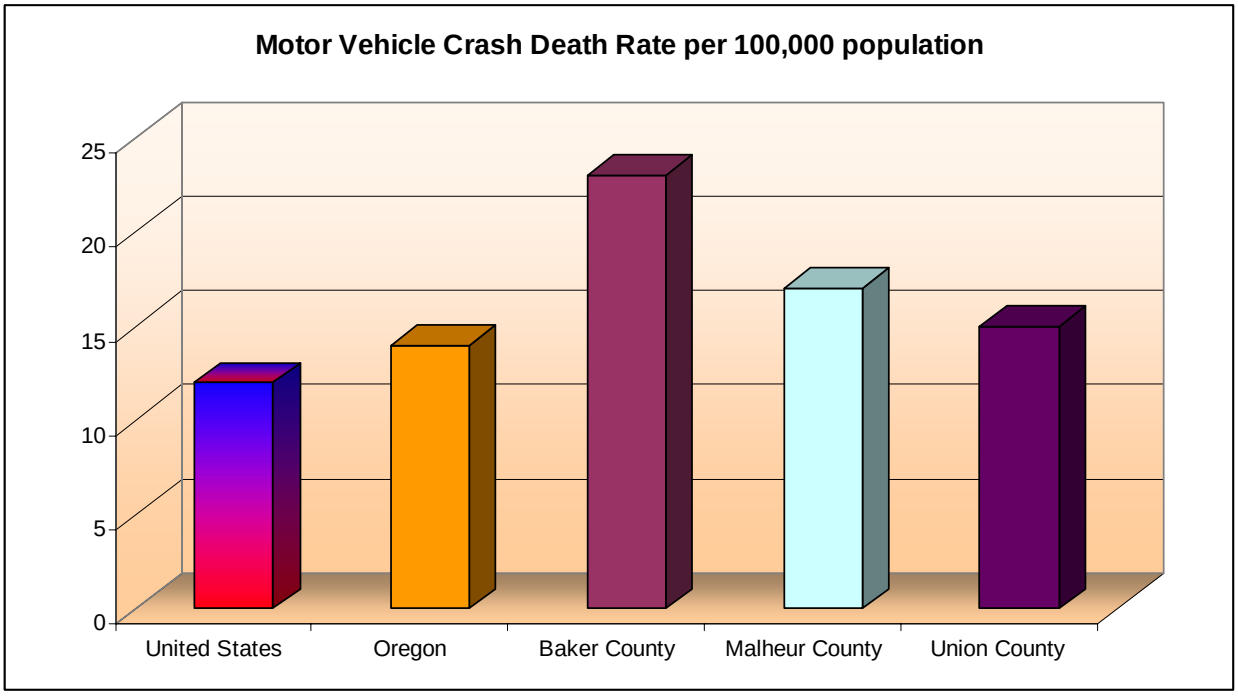
Grant County leads the group with 21% of the population engaged in excessive drinking. Baker County exceeds the Oregon average while the other neighboring counties post lower rates.




*County Health Rankings, 2012*

## Accidents

Baker County has the highest rate of deaths due to accidents when compared to national, state, and local county numbers.

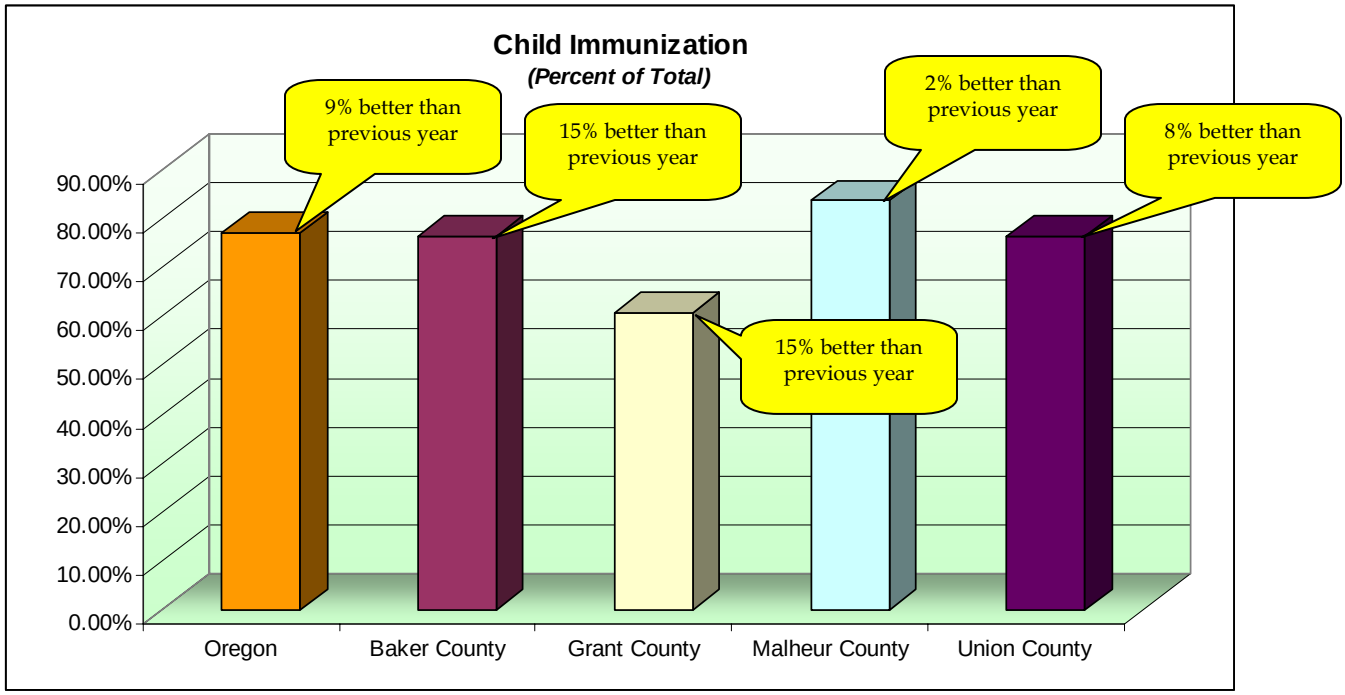



*County Health Rankings, 2012*

*Preventive Health Factors*

## Childhood Immunization Rate

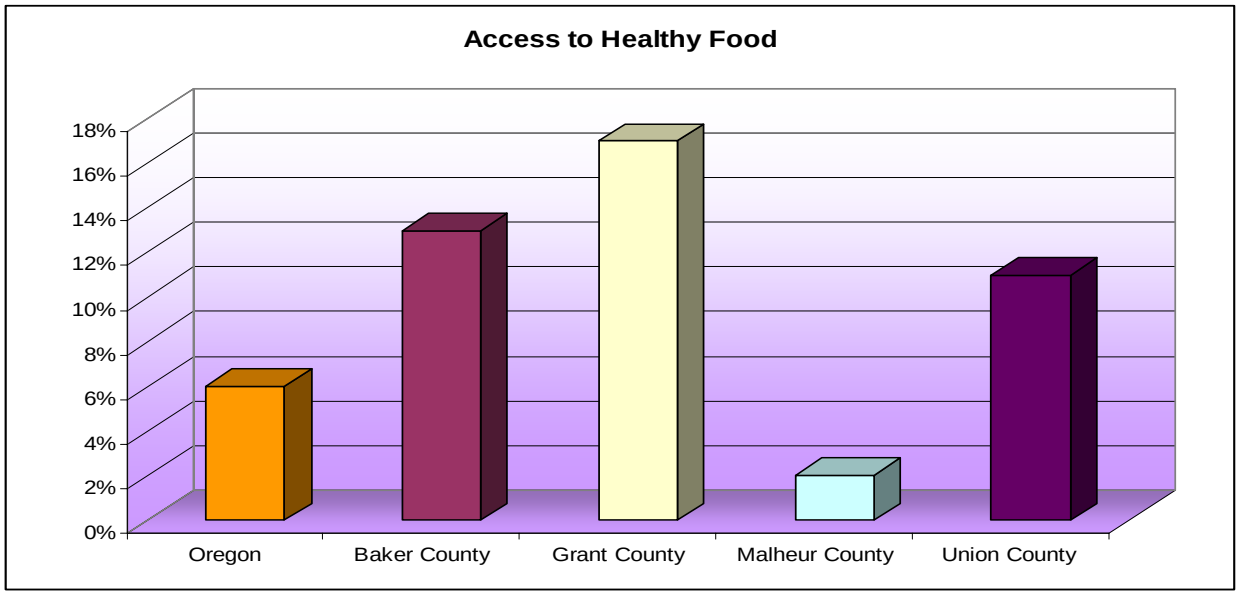
Malheur County has a significantly higher child immunization rate than the State of Oregon average, while Baker County is slightly behind the state rate. However, Baker and the surrounding counties as well as the State of Oregon have made significant improvements over the last year, as shown in the graph below.




*Children First for Oregon; Status of Oregon's Children 2011*

## Access to Healthy Foods

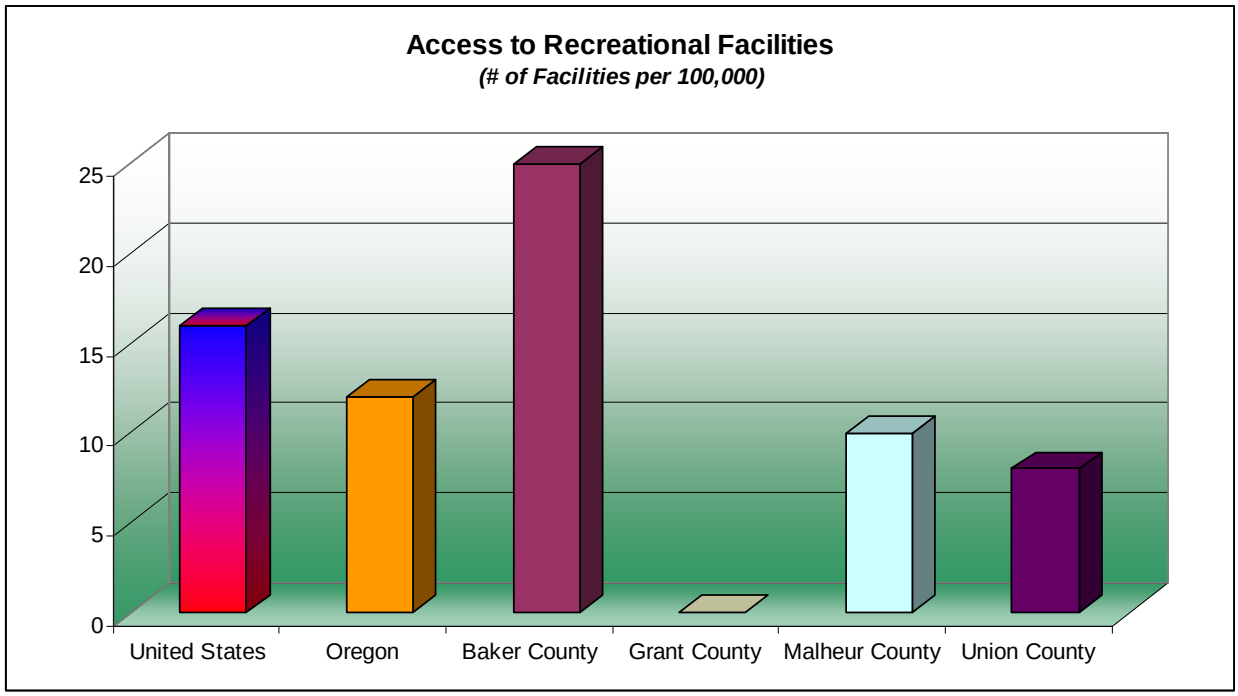
County Health Rankings analyzes the percent of zip codes in a county with a healthy food outlet, defined as a grocery store, produce stand, or farmers' market, and calculates the percentage of population that are low income that do not live close to a healthy food source. (low % is better)




*County Health Rankings, 2012*

## Access to Recreational Facilities

Per the County Health rankings, this indicator looks at the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports. Baker County has a higher rate than the national 50th percentile, the State of Oregon, and the other comparison groups.




*County Health Rankings, 2012*

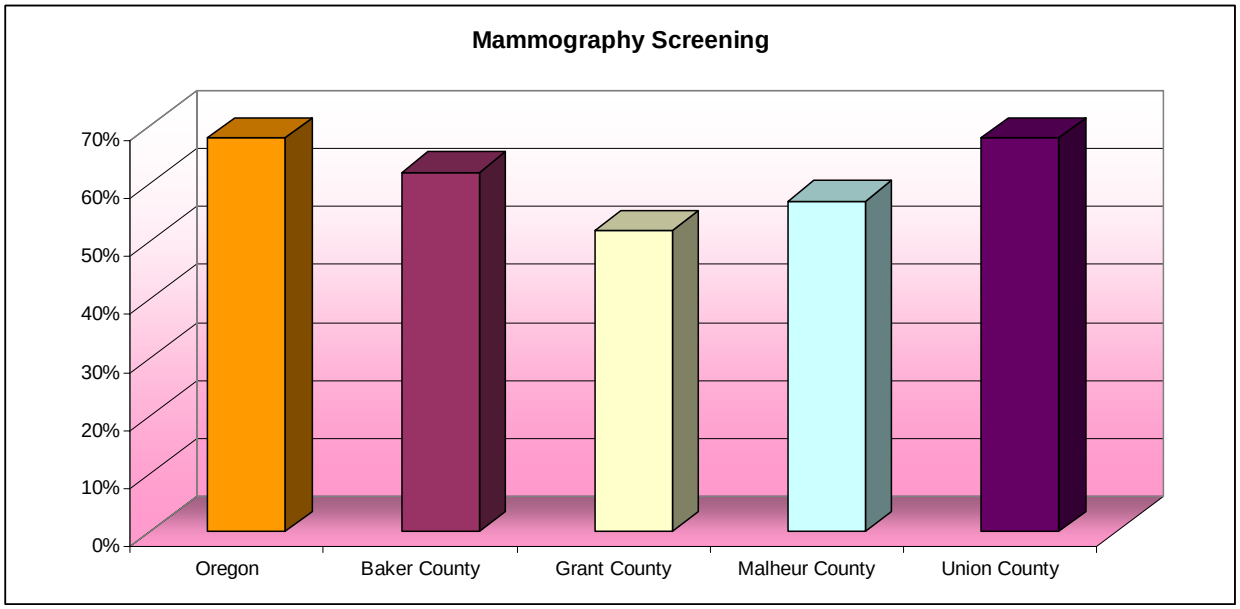
## Cholesterol Screening

A greater proportion of local adults are going without cholesterol screening at the recommended rate of at least once every 5 years. The Kaiser Family StateHealthFacts.org reports that Oregon ranks the 16th lowest state in meeting that guideline. It reports that the percent of women that have had their cholesterol checked within the last 5 years is at 75.7 percent, which is behind the United States average of 78.5 percent.

Statistics for Baker County are not readily available at this time.

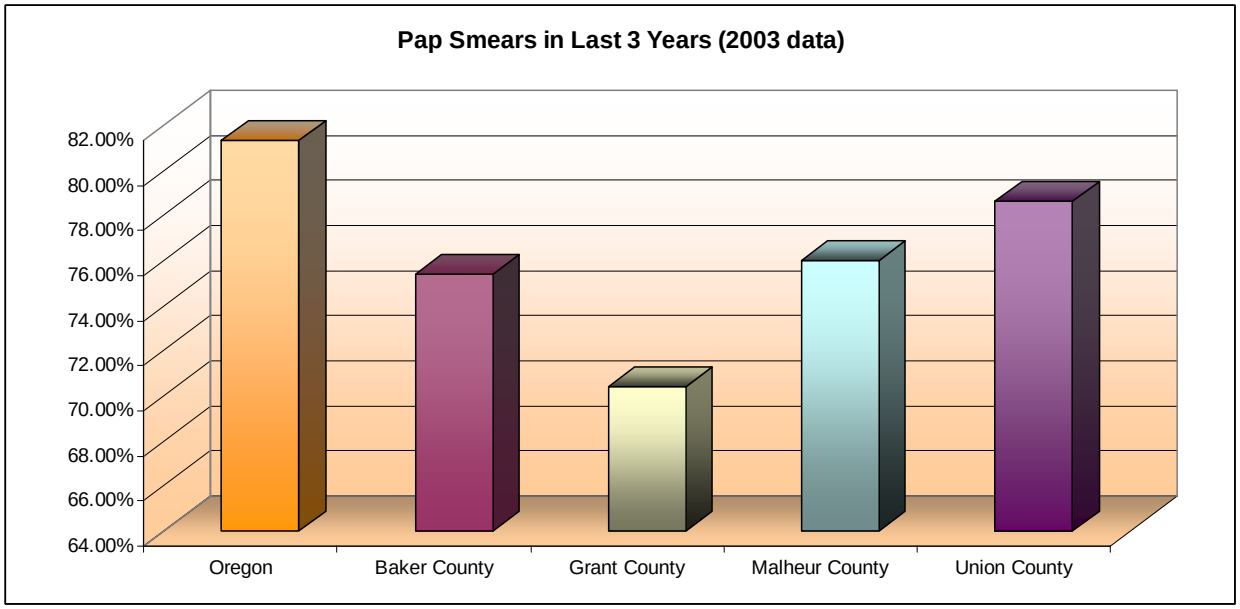
## Breast and Cervical Cancer Screening

According to County Health Rankings 2012, local mammography rates are still behind the Oregon percentage rates, in spite of efforts to encourage local residents to follow the recommended frequency.



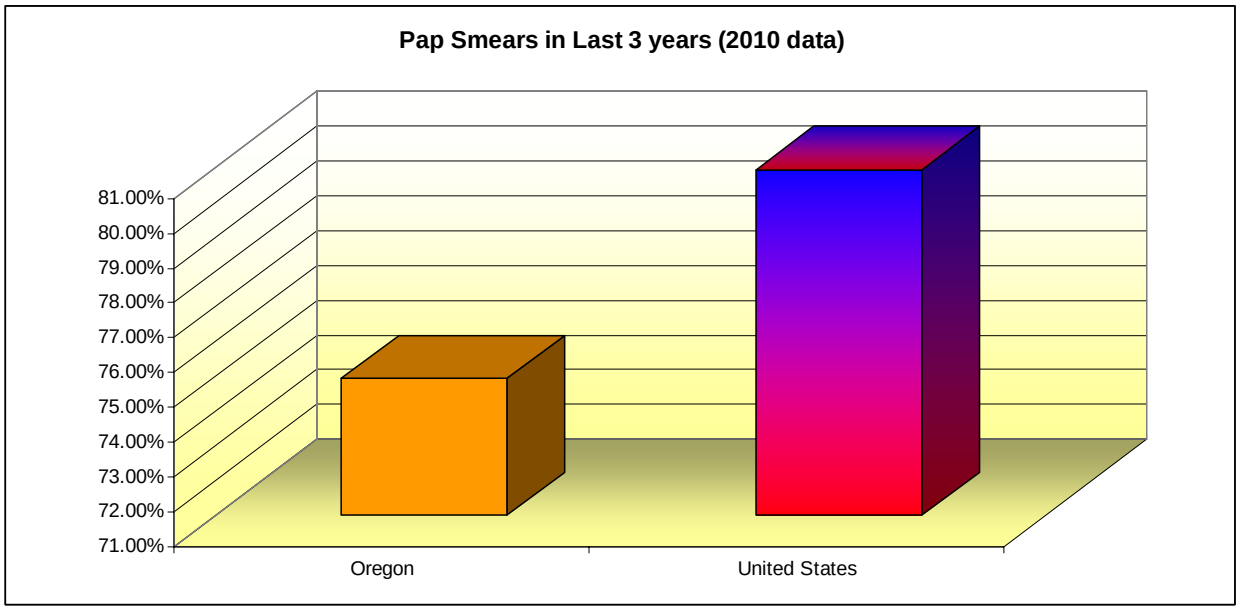

*County Health Rankings 2012*

The compliance with Pap Smear screenings has seen a shift over the years. While current data on Baker County is not available, the graph below shows how Baker County and the surrounding counties fared in their compliance in 2003.




*National Cancer Institute*

Here are the numbers for Oregon and the United States in 2010. As you can see, Oregon has slipped considerably in meeting the target desired.



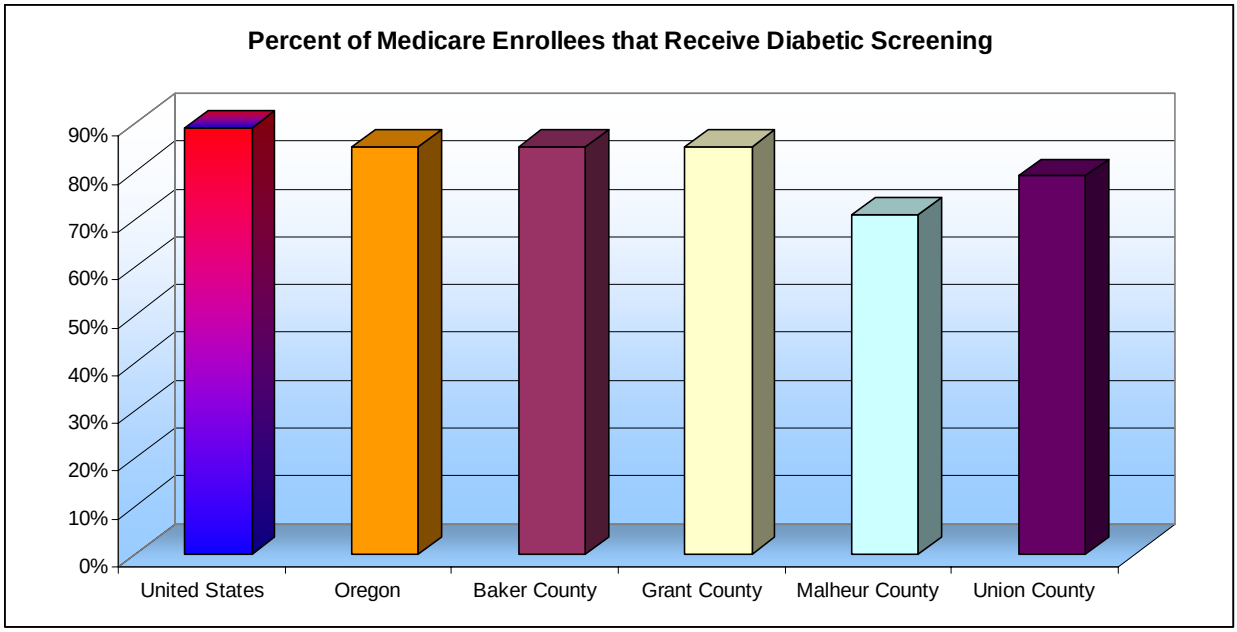

*Oregon BRFSS 2010; Kaiser State Health Facts*

## Colon Cancer Screening

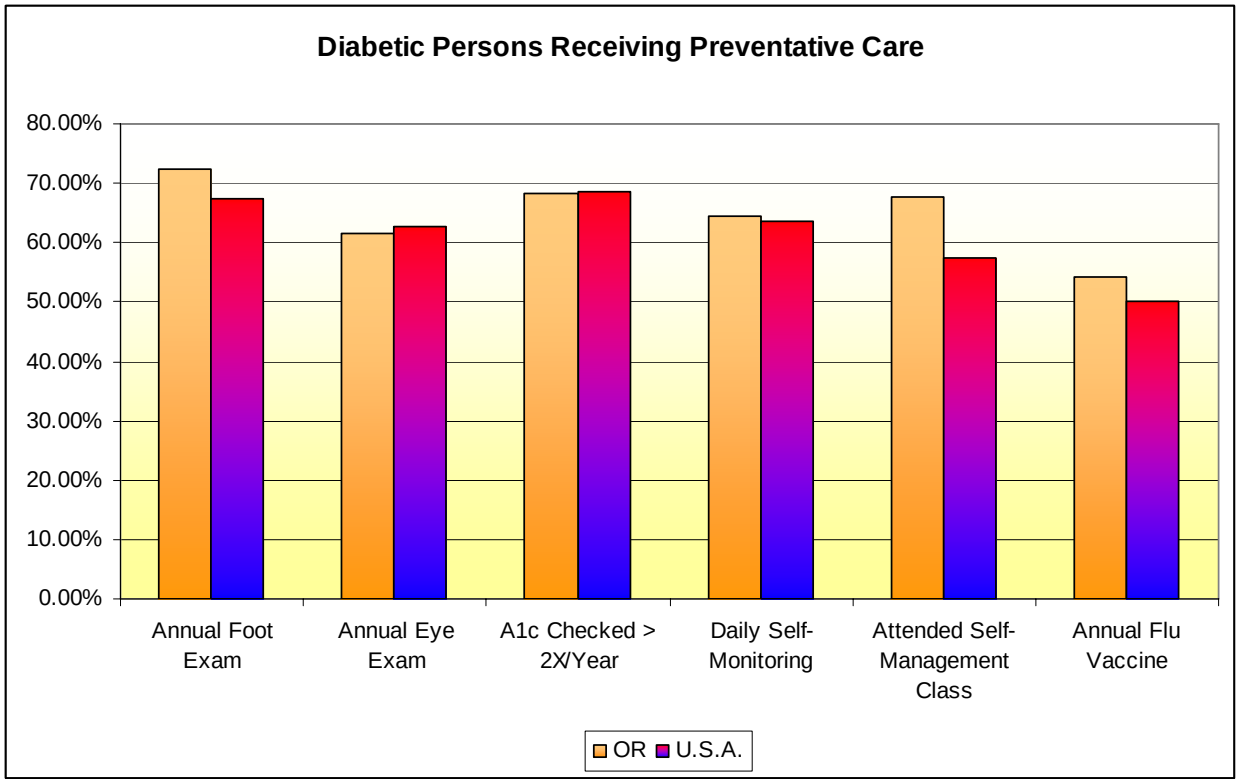
Colon cancer screenings have had their struggles in rural Oregon, and Baker County has been no exception. In a study done between 2006 and 2008, Oregon ranked 18th in the list of states for adults 50 years and older having a screening done within the past 5 years (with 63.6 percent having reported that they had had the screening). However, data from the National Cancer Institute from 2010 shows that Oregon did not meet the Healthy People 2020 goal of 70.5% of those between the ages of 50 – 75 of having a manual assessment within the last year or a sigmoidoscopy within the last 3 years or a colonoscopy within the last 10 years, and only achieved a 59.9 % rating. *(data collected from the CDC/National Cancer Institute and BRFSS 2010)*

## Diabetes Care Measures

For recommended diabetes care measures, Baker County matches the Oregon rate for people who are enrolled in the Medicare program that are diabetic patients and receive regular diabetic screening (taken from the County Health Rankings 2012). The Diabetes Report Card 2012 breaks these screenings down on all people who have been diagnosed with diabetes and are 18 years of age or older and compares the State of Oregon with the rest of the United States. As you can see, the State of Oregon has a slight lead over the United State average percentage of compliance in most of these areas.




*County Health Rankings, 2012*




*Diabetes Report Card 2012; National Center for Chronic Disease Prevention and Health Promotion*

## Community Perspectives

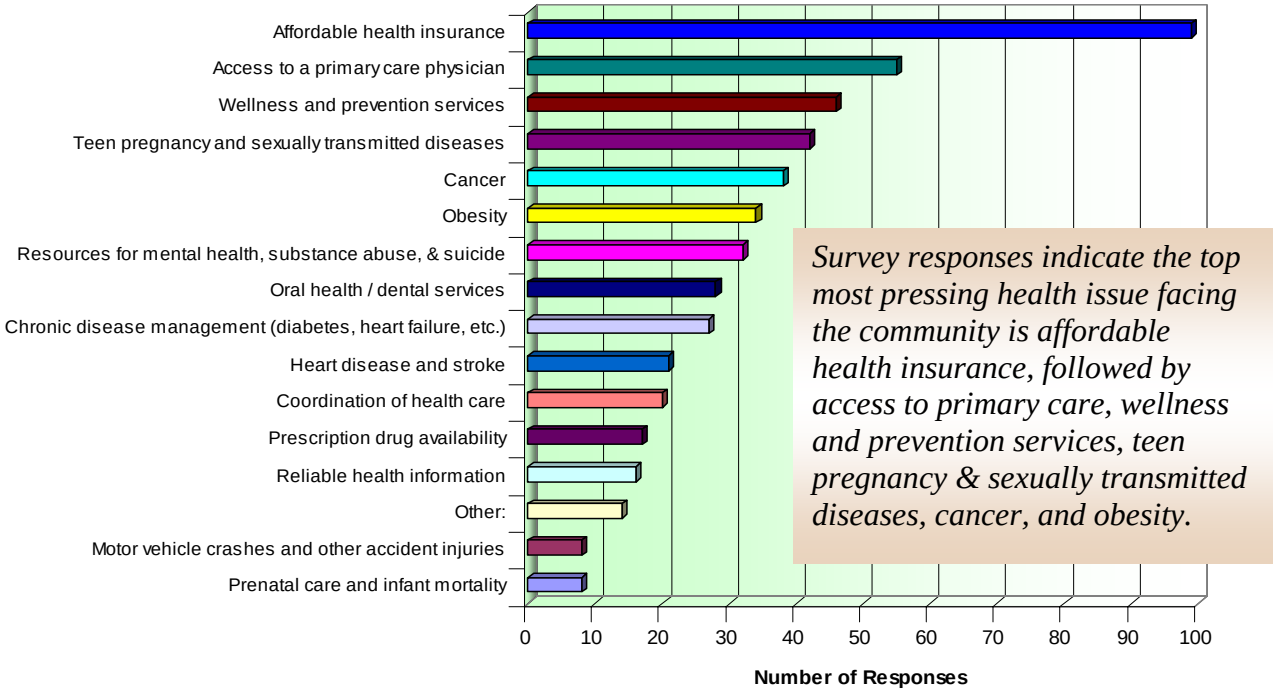
In an effort to gather community input from a broad spectrum of community interests, a survey was conducted in October 2012 through January 2013. The stakeholders in our community were initially identified, specifically looking at those who were business owners, city and county representatives, thought-leaders, and those who represented the underserved populations. Approximately 190 letters and surveys were sent out to that group. We then sent out about 320 letters and surveys to people in our community that were actually consumers of healthcare services that could be categorized as the marginalized and underserved. All letters had self-addressed, stamped envelopes for them to use to return their surveys to us.

In addition to the surveys that were mailed, we conducted several informational sessions to reach those groups within our population that could have been inadvertently left out, specifically the youth in the high school and the senior citizens. At each session we provided the attendees copies of the surveys and asked them to assist us in understanding the perceived needs of our community.

Finally, we contacted the Baker County Health Department and asked if they would be willing to partner with us in our Community Health Need Assessment. They willingly accepted and provided surveys to their clients during the end of December 2012 and into January 2013.

A full list of the questions can be found in the appendix. A listing of the survey respondents who identified themselves is also available on request. A total of 217 individuals responded to the survey, providing helpful input on the greatest community needs, barriers to healthcare, social concerns and gaps in services. Results from the community survey are summarized in the following charts and written comments.

**What do you see as the most pressing health issue facing Baker County and the surrounding communities?**



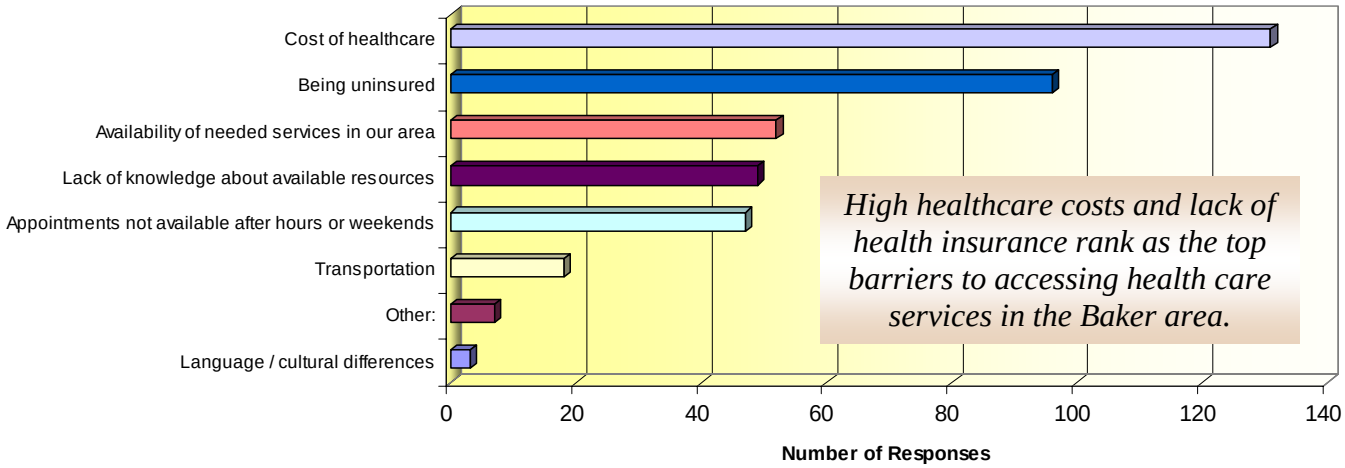

*Survey responses indicate the top most pressing health issue facing the community is affordable health insurance, followed by access to primary care, wellness and prevention services, teen pregnancy & sexually transmitted diseases, cancer, and obesity.*

## Written Comments

**What do you see as the most pressing health issues facing Baker County and the surrounding communities?**

Obesity
(Not very good service in the emergency room). Need to make as much test on the person before letting them go home.
Obesity
The root cause for much of this is poverty.
Lack of doctors.
Adequately trained doctors and the local economy
Lack of qualified medical technicians
Care for Military Retirees (V.A. Centers)
It is often times impossible to see a Dr. It is a shame there are St. Al's and St. Lukes competing …or good mental health
Emergency dental care is almost impossible to find even with Oregon Health Plan. No insurance, therefore can't aford to fill prescriptions.
Chronic Pain Management
Affordable Health Insurance at reasonable prices!!!
Stop teens or teach them about beer, wine use.
Dental Insurance Coverage
It's very sad that the only way for some women to get health insurance is to get pregnant. We should be able to get OHP if we're "low income" w/out getting pregnant.
Lack of affordable healthcare or government programs for single-working-low income mothers who get cut off from OHP for making $100 over poverty level.
Drug and alcohol treatment with more than one facility to go to.
Health care is too expensive.
The ability to afford much of anything due to economic stuff and lack of employment.
After hours emergency health care facility so that the hospital emergency wouldn't be the only choice - a very expensive choice.
Annual "Health Fair" was a good event to obtain some reliable health info. Really miss it.

**What are the greatest barriers to accessing health care services in the Baker County area?**

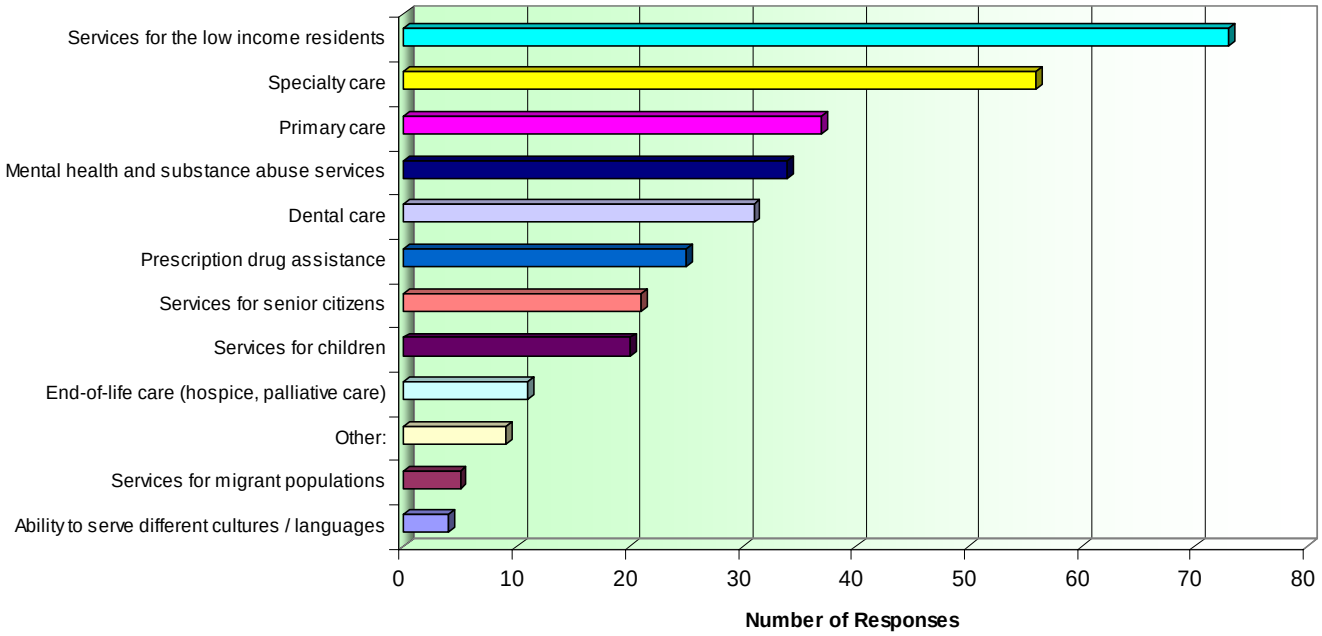


## Written Comments

**What are the greatest barriers to accessing health care services in the Baker County area?**

Can not get into see a doctor when you need.
Getting to "pick" what you need
Doctor's overcharge. Ask for money before you even see a doctor. Hospital does the same over charge. Doctor's that think it is ok to be drunk.
I don't know any specific - poverty related
Sometimes lack of concern for patient in emergency department by certain doctors - improper care and diagnosis.
OHP dental coverage would be nice
Not enough doctors for patients. Bad ratio

**What are the greatest gaps in health care services in the Baker County area?**



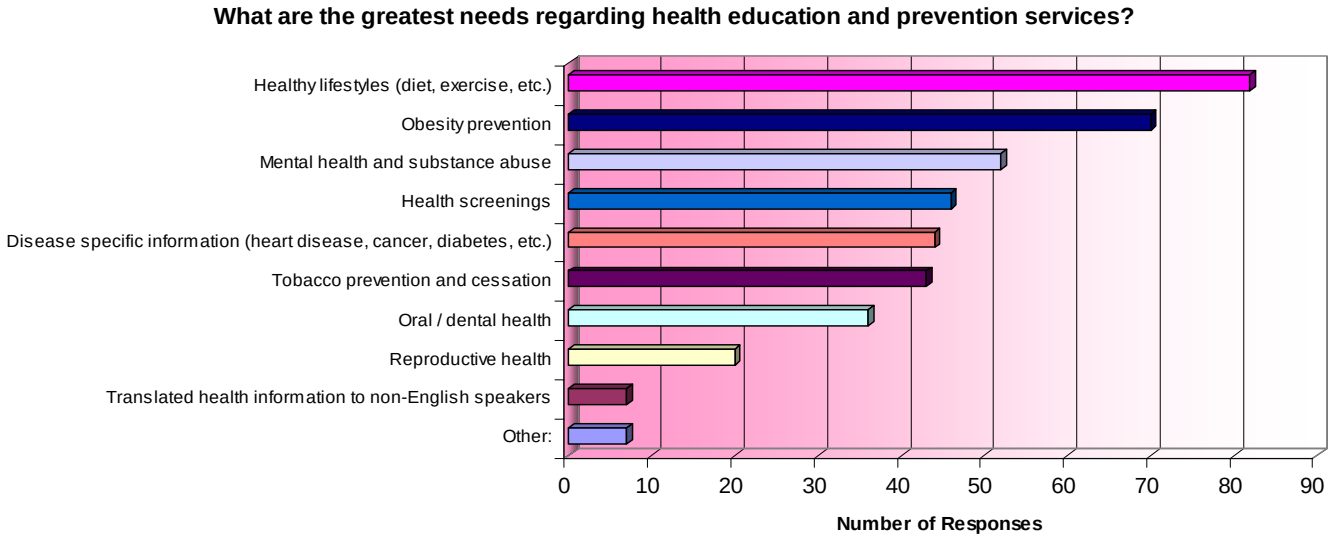

*The greatest identified gaps in healthcare services are services to low income residents, specialty care, primary care, mental health & substance abuse services, dental care, prescription drug assistance, services for senior citizens, followed by services for children.*

## Written Comments

**What are the greatest gaps in health care services in the Baker County area?**

The gap is access to primary care without using hospital emergency care.
Middle income families who don't qualify for OHP or have jobs with insurance.
Cancer treatment
Cancer treatments, arthritis specialists, dermatology, surgeons at year end with volume hitting deductibles wanting surgeries done.

Dental Care - which causes all kinds of medical problems for seniors
Dental Care - not covered
Skilled in-home care for seniors.
Doctor's that drink beer, wine, etc.
It is easier for illeagle/minority people to get health care than low income - middle class. It isn't right!
uninsured adults
Alternative medicine
I don't know
A list of charges for healthcare services so that the uninsured would be aware of the expense



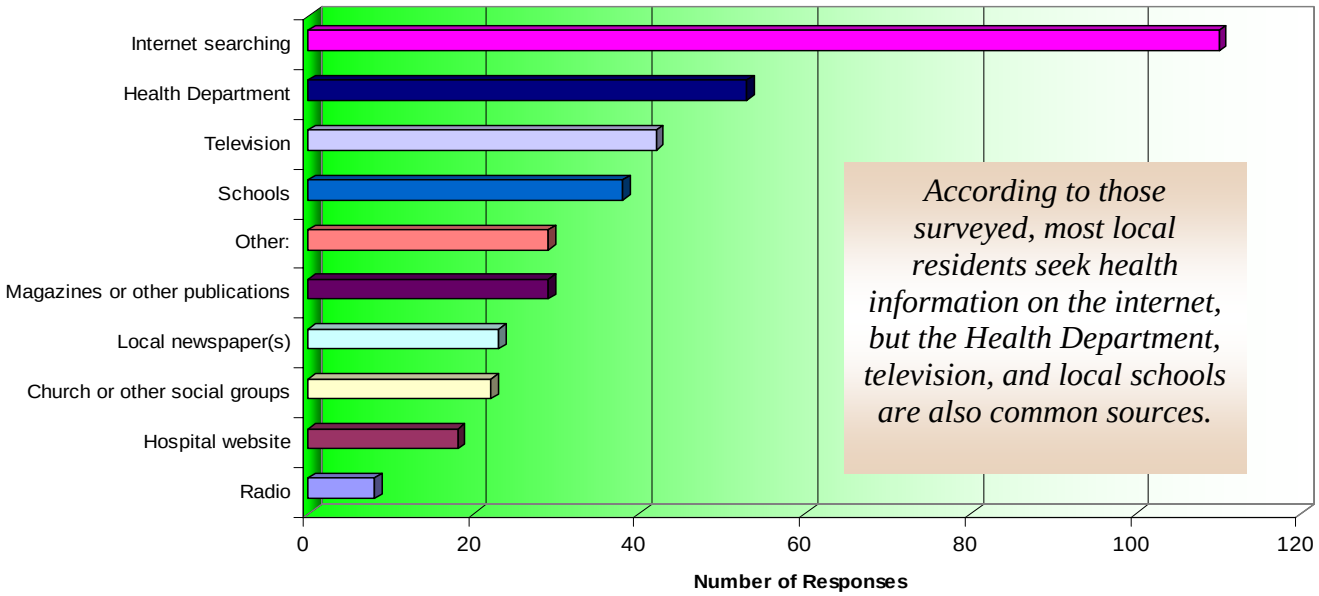

*Survey respondents indicated the greatest health education & prevention needs are in the areas of healthy lifestyles, obesity prevention, mental health / substance abuse, health screenings, disease-specific information, tobacco prevention and cessation, and oral / dental health.*

## Written Comments

**What are the greatest needs regarding health education and prevention services?**
Coordination of access fro all in one center. The State of Oregon Welfare system fails in this regard.
Trying to get families off OHP rather than a lifestyle.
I don't have an opinion
Lack of personal motivation, unwilling to make lifestyle changes.
At this time seniors can't afford hearing aids - which causes a unhealthy lifestyle
Specility Care. Access to specialists.
Affordable health screenings
Affordable healthy lifestyles
Birth Control
Attachment/Parent Training
Birth control to the low income to prevent more kids they can't afford now.

What beer & wine etc. does to you. Doctor's overcharge, hospital over charge people in Baker have very low income unless you are a doctor, lawyer, work for city, county. They have money to blow.
Drug and alcohol treatment, specific PTSD help for veterans.
The reduced or free health screenings are a huge benefit expecially for the outlaying small communities - it'd be nice to have them more frequently.
General health info, annual blood tests, etc. This used to be readily available and heavily used during annual "health fair" sponsored by the hospital.

**Where do you think most local residents seek and/or obtain health information?**

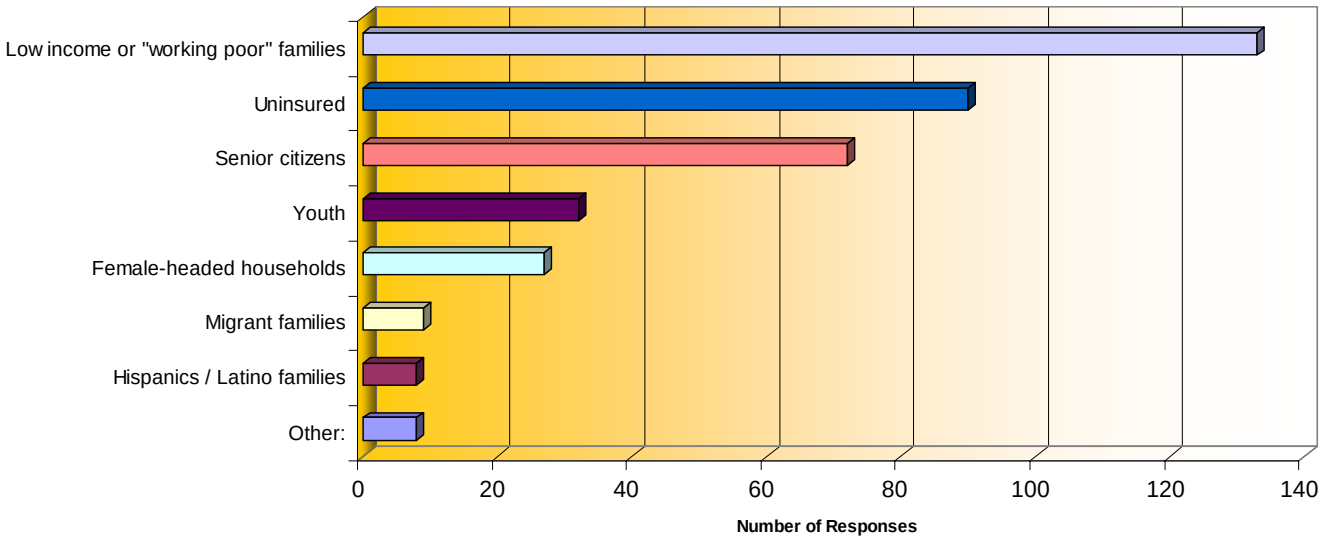



## Written Comments

**Where do you think most local residents seek and / or obtain health information?**
For me, I learned from my mom because she's an RN
Friends
Word-of-mouth; I think much of the health information people get is primarily received from friends and family
People they know
Hospital itself
My mother introduced me to the hospital
Need for one-stop access for those seeking health information.
Out of town
Public library; word-of-mouth
PCP (Primary Care Providers)
Annual exams on regular basis
Word of mouth
Work to mouth
Doctors
Community Connections

Doctor
Doctor
Word of mouth - learn from parents, neighbors
Their provider
Other people
By talking to other people
Most people invite input & information from anywhere - friends, family (internet is huge)
Word of mouth / multiple sources
At the stores
Everyone I checked will tell you something different just so they can sell their product for the Drug Lords (Prescription Drugs)
Primary Care
DHS
Word of mouth (among friends)
I don't know. I receive most of my information from publications and from the SDA church
Each other
Advise from neighbors, friends & family
Hospital, doctors offices, friends
Note: A lot of infor was obtained at Hospital Health Fair which you no longer sponsor.

**Who are the vulnerable populations most affected by local health care needs?**

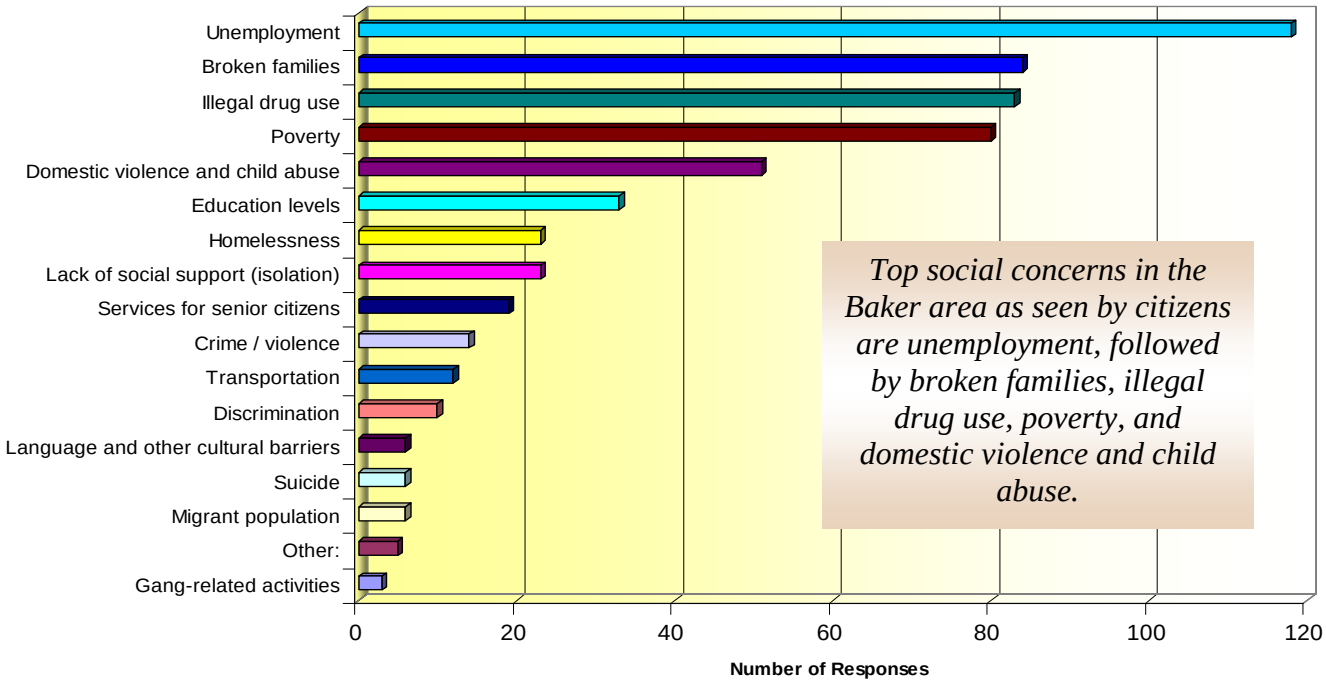



*Survey responses indicated the most vulnerable local populations are low income or "working poor" families, those without health insurance, senior citizens, and the youth.*

## Written Comments

**Who are the vulnerable populations most affected by local health care needs?**
Middle class without insurance or OHP - low income all have OHP.
We are in the middle and can't afford health care.
Children
Single men and single females
Teens not using Public Health; adults without children that are insured
The families in the middle make too much for OHP but not enough for private health care ins.
Seasonal workers
Pregnant women
Uninsured

**What do you consider to be the top social concerns in the Baker County area?**

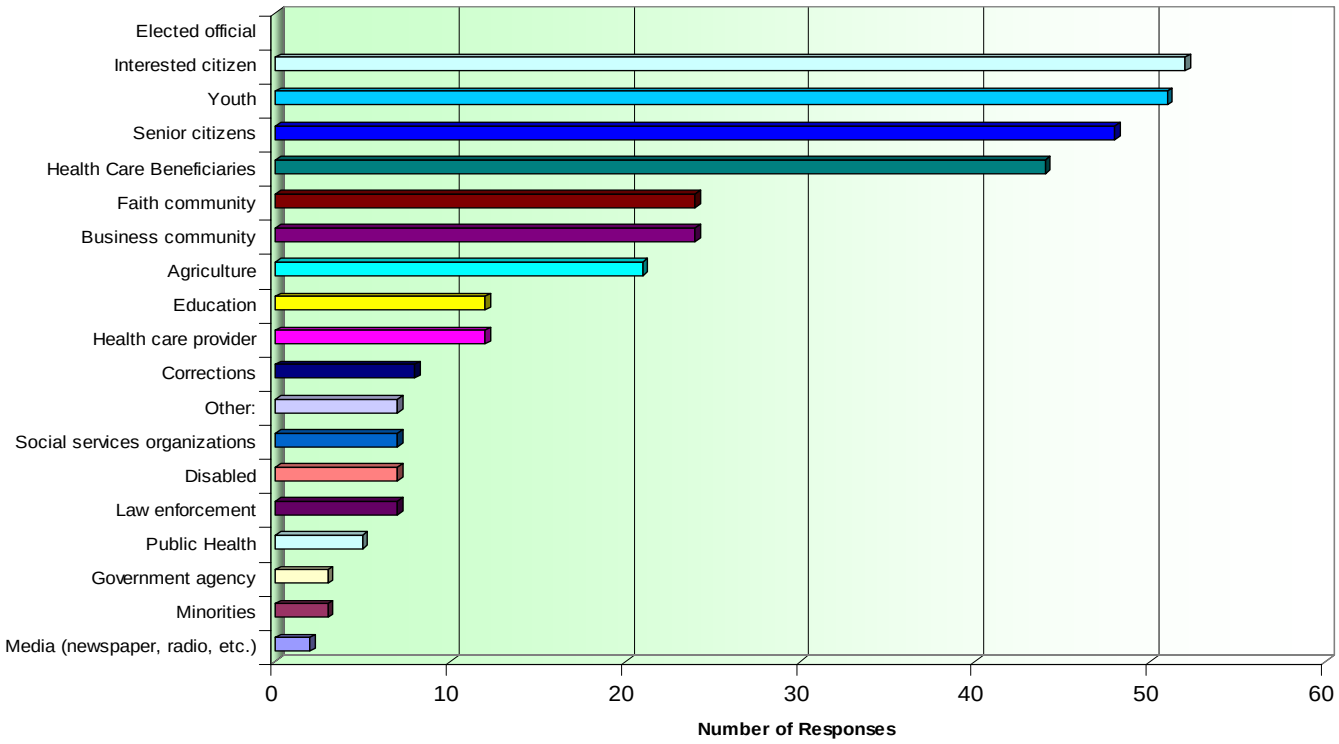



## Written Comments

**What do you consider to be the top social concerns in the Baker County area?**
Local education; poor public schools and lack of access to college
Lack of family-wage jobs.
High percentage of low income / welfare population
Quality of professional resources
Lack of good hospital check in staff at check in. Non caring doctors in Baker, greed, Baker lawyers are assholes. Justus system stinks.

You can walk any where in town in 15-20 mins.  People are just to lazy.
Poverty!!
I would guess drug use to be one of the most important concerns.

**Please share any populations or groups that you represent or your perspective as a constituent.**




## Written Comments

**Please share any populations or groups that you represent or your perspective as a constituent.**
Veterans
American Cancer Society Advocate
Former Chair of St. Elizabeth Foundation; PAC Chair, former Mayor
Working class
Mental Health Provider
Mental Health

## Reflections on the Assessment and Next Steps

This assessment is an effort to analyze the current state of health and socioeconomic factors in the Saint Alphonsus Medical Center – Baker City service area. The Community Health Needs Assessment process seeks to identify not only objective data from multiple sources, but also surveys the perception of the local community. Many events can have a significant impact on the results of the surveys, especially those that occurred in the recent memories of the community members. Clearly the economic downturn and resulting surge in unemployment are drivers of many other socioeconomic and health challenges faced by the local population at this time.

### *The Process: Lessons Learned*

Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local community, neighboring counties, the state, and the nation as a whole. In many cases, county-level assessments are not available on a regular basis, so the frequency of the Community Health Needs Assessment may not fully correlate with the currently available data. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought (and possibly available) if needed. There may be future opportunities, as identified in this assessment, for more current data which could provide a clearer picture of community needs.
While we were fortunate to have a relatively high percentage of respondents to our survey (approximately 23.8% return on the mailed surveys), we would like to have a larger representation from the community we serve, especially those who represent the poor and potentially underserved. I believe that our partnership with the Baker County Health Department helped us tremendously in surveying this population group; however, if we could have started this process with them earlier, with perhaps some flyers or posters announcing the importance of this project, we might have been able to achieve a higher return rate.

### *Recommendations for Future Community Health Needs Assessment*

We have identified several Internet sites that could be of considerable assistance to us as we move forward, one specific one being CHNA.org. Unfortunately this site was only in it beta testing phase during the time we were conducting our assessment, and we were not able to fully benefit from its versatility. We look forward to being able to use it in the future.

As always, it is important to involve the community in this process. We anticipate that an article in the local papers reporting that we would be sending out letters to community members and inviting members that had a desire to share their perception of need to contact us and complete a survey would increase the participation as well as “prime the pump” for future discussions.

While we are thankful for the assistance that we were able to receive from the Health Department, we also recognize that there are other organizations within the Baker community that would be able to provide their unique perspective and assistance in conducting a Community Health Needs Assessment. We would actively look to them prior to conducting the needs assessment to recruit their help in both collecting data and providing perspectives.

### *Considerations for Next Steps*

The next steps for Saint Alphonsus Medical Center – Baker City will be to share this assessment report with community stakeholders and solicit additional input about priorities that should be considered for community benefit planning. This assessment may also be helpful to local nonprofit agencies seeking grant funding from various public and private sources, so the report will be made publicly available on the hospital website for easy accessibility and transparency.

As we move forward, community health needs assessments will be conducted every three years, so the next assessment will be conducted by 2016.

## Appendix 1: Health Data Recording Worksheet

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| **Health Outcomes** | | | | | | | | |
| Premature death rate | | 5466 | 6343 | 9036 | 8273 | 7869 | 5723 | County Health Rankings 2012 |
| Poor or fair health reported | | 10% | 14% | 13% | 7% | 16% | 14% | County Health Rankings 2012 |
| Poor physical health days | | 2.6 | 3.7 | 3.2 | 2.0 | 3.5 | 3.8 | County Health Rankings 2012 |
| Poor mental health days | | 2.3 | 3.3 | 3.0 | 1.8 | 1.8 | 3.4 | County Health Rankings 2012 |
| Average number unhealthy days in past month | | 6 | | 6.5 | 5.0 | 6.1 | 5.7 | Community Health Status Report |
| Health Outcomes (composite rank of mortality and morbidity in Oregon Counties) | | | | 30th | 7th | 20th | 9th | County Health Rankings 2012 |
| Health Factors (composite rank of clinical care and health behaviors in Oregon Counties) | | | | 16th | 18th | 32nd | 8th | County Health Rankings 2012 |
| **Health Conditions** | | | | | | | | |
| Arthritis (% of adult population) | | 25.9% | 25.8% | 27.9% | 11.2% | 27.10% | 31.0% | CDC; Oregon BRFSS Combined County Dataset 2006 - 2009 |
| Asthma: Adults | | 8.50% | 9.90% | 9.10% | 17.20% | 6.90% | 10.90% | The Burden of Asthma in Oregon, 2010; BRFSS |
| Asthma: 8th Graders | | | 11.10% | 9.10% | 11.50% | 7.20% | 11.10% | The Burden of Asthma in Oregon, 2010 |
| Asthma: 11th Graders | | | 11.20% | 12.00% | 5.40% | 10.90% | 8.90% | The Burden of Asthma in Oregon, 2010 |
| Cancer Mortality 2005 – 2009: Rate per 100,000 | | 178.7 | 179.8 | 201.6 | 150.1 | 157.9 | 183.1 | National Cancer Institute, State Cancer Profiles |
| Cancer: Breast Cancer Mortality per 100,000 (2005 – 2009) | | 23.0 | 21.5 | 24.0 | 25.9 | | | National Cancer Institute, State Cancer Profiles |
| Cancer: Colorectal Cancer Mortality per 100,000 ('05 – '09) | | 16.7 | 16.0 | 23.2 | N/A | 17.4 | 22.6 | National Cancer Institute, State Cancer Profiles |
| Cancer: Lung/Bronchus Cancer Mortality per 100,000 | | 50.6 | 51.1 | 56.8 | 37.2 | 39.5 | 43.7 | National Cancer Institute, State Cancer Profiles |

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| Cancer: Prostate Cancer Mortality per 100,000 | | 23.6 | 25.7 | 40.4 | N/A | 30.3 | N/A | National Cancer Institute, State Cancer Profiles |
| Congestive Heart Failure Admission Rate per 100,000 ('07) | | | | 155.4 | N/A | 147.6 | 214.7 | Office for Oregon Health Policy and Research |
| Age-adjusted rate of strokes, '06 – '09 | | | 2.3% | 2.4% | 2.4% | 2.6% | 3.9% | Oregon Health Authority; Heart Disease and Stroke in Oregon |
| Age-adjusted rate of heart attacks, '06 – '09 | | | 3.3% | 2.7% | 2.9% | 3.4% | 4.0% | Oregon Health Authority; Heart Disease and Stroke in Oregon |
| Age-adjusted rate of citizens that are overweight, '06 – '09 | | | 36.1% | 35.8% | 34.1% | 37.6% | 42.8% | Oregon Health Authority; Heart Disease and Stroke in Oregon |
| Age-adjusted rate of citizens that are smokers, '06 – '09 | | | 17.1% | 20.0% | 24.4% | 16.8% | 13.8% | Oregon Health Authority; Heart Disease and Stroke in Oregon |
| Age-adjusted incidence of diabetes (Adults) | | 6.86% | 7.00% | 7.90% | 7.60% | 7.70% | 7.40% | CDC |
| Diabetes-related mortality per 100,000 population | | | 28.9 | | | | | Oregon Vital Statistics County Data 2011 |
| Actual Diabetes deaths in 2011 | | | 1,114 | 3 | 3 | 14 | 8 | Oregon Vital Statistics County Data 2011 |
| HIV/AIDS diagnoses per county / state | | | 229 | 0 | 0 | 0 | 0 | Oregon Vital Statistics 2012 |
| Influenza and Pneumonia Mortality rate per 100,000 | | 16.20 | 11.82 | 17.40 | 28.70 | 13.80 | 14.30 | OregonLifeExpectancy .com (from CDC) |
| Mental Health: Suicide Rate per 100,000 | | 11.0 | 16.1 | 28.9 | 34.2 | 13.7 | 21.7 | WHO, Suicides in Oregon 2012 Report |
| Preventable hospital stays | | 49 | 42 | 36 | 43 | 43 | 61 | County Health Rankings 2012 |
| STDs: Chlamydia rate per 100,000 population | | 84 | 303 | 131 | 101 | 259 | 240 | County Health Rankings 2012 |
| **Access to Care** | | | | | | | | |
| Population per Primary Care Provider | | 631 | 984 | 1459 | 1373 | 1927 | 1090 | County Health Rankings 2012 |
| Active Primary Care Physicians per 100,000 population | | 79.4 | 103.1 | | | | | AAMC 2011 State Physician Workforce Data Book |
| Active Physicians per 100,000 population | | 219.5 | 274.8 | | | | | AAMC 2011 State Physician Workforce Data Book |

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| Potential OHP clients per eligible dentist | | | | 579.8 | 1010 | 469.1 | 499.5 | State of Oregon Division of Medical Assistance Programs |
| Uninsured adults under age 65 | | 11% | 19% | 23% | 22% | 29% | 20% | County Health Rankings 2012 |
| Uninsured children | | | 8.8% | 13.0 | 13.7% | 17.3% | 13.0 | Children First for Oregon 2011 |
| **Risk Factors for Premature Death** | | | | | | | | |
| Physical Inactivity | | 21.0% | 18.0% | 20.0% | 20.0% | 22.0% | 19.0% | County Health Rankings 2012 |
| Percent of CDC Activities Recommendations met | | | | 53.0% | 73.0% | 47.0% | 62.0% | Office for Oregon Health Policy and Research |
| Eat less than 5 servings of Fruits/Vegetables per day | | 76.6% | 73.7% | 74% | N/A | 78.7% | 78.6% | Community Health Status Report, Oregon BRFSS 2009 |
| Eat 5+ servings fruit & vegetables / day | | 23.4% | 26.3% | 26.0% | N/A | 21.3% | 21.4% | Community Health Status Report, Oregon BRFSS 2009 |
| Obesity: Adults | | 25.0% | 26.0% | 26.0% | 24.0% | 26.0% | 28.0% | County Health Rankings 2012 |
| Overweight: Children (8th Graders) | | | 15.2% | 14.7% | 15.6% | 18.2% | 15.0% | Oregon Health Authority, Public Health Division, 2012 |
| Overweight: Children (11th Graders) | | | 14.2% | 13.8% | 13.7% | 16.1% | 16.5% | Oregon Health Authority, Public Health Division, 2012 |
| Overweight: Adults | | | 36.1% | 35.8% | 34.1% | 37.6% | 42.8% | Oregon Health Authority, Public Health Division, 2012 |
| High Blood Pressure (2000 – 2006) | | | | N/A | N/A | 27.2% | 25.3% | Community Health Status Indicator |
| Hypertension Death Rate per 100,000 | | | 212.1 | 129.7 | 171.1 | 163.2 | 196.8 | CDC, 2007-2009 |
| Adults that were tested & told they have high cholesterol | | 38.4% | 38.5% | N/A | N/A | N/A | N/A | Oregon BRFSS 2011 |
| Adult Smokers (current) | | 14.0% | 18.0% | 22.0% | N/A | 19.0% | 16.0% | County Health Rankings 2012 |
| Adult Smokers (2000 – 2006) | | | | 21.9% | 14.0% | 15.4% | 22.5% | Community Health Status Indicator |
| Youth cigarette smoking, 11th grade | | | 16.1% | N/A | N/A | N/A | N/A | Oregon Healthy Teens Survey 2011 |
| Binge / Heavy Drinking | | 8.0% | 16.0% | 17.0% | 21.0% | 14.0% | 13.0% | County Health Rankings 2012 |
| Trauma: Accidental Death Rate per 100,000 | | 39.1 | 40.5 | 56.3 | 40.5 | 22.5 | 46.5 | Oregon Vital Statistics 2011 |

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| Trauma: Motor Vehicle Crash Death Rate per 100,000 | | 12 | 14 | 23 | 30 | 17 | 15 | County Health Rankings 2012 |
| **Vital Statistics** | | | | | | | | |
| Infant Mortality Rate per 1,000 | | | 2.0 | 0.0 | 0.0 | 2.1 | 3.6 | Children First for Oregon 2011 |
| Low Birth Weight Babies (percent) | | 6.0% | 6.0% | 8.3% | 5.4% | 6.4% | 6.3% | County Health Rankings 2012 |
| Low Birth Weight Babies (per 1,000 births) | | | 61.4 | 67.1 | 89.6 | 100.0 | 59.9 | Vital Statistics Oregon 2011 |
| Teen Birth Rate per 1,000 (age 15-19) | | 22.0 | 25.3 | 34.2 | 22.2 | 68.8 | 34.2 | Vital Statistics Oregon 2011 |
| Teen Prenatal Care begun in 1st trimester (per 1,000 births to mothers 15 – 19) | | | 610.9 | 800.0 | N/A | 459.5 | 645.2 | Vital Statistics Oregon 2011 |
| % of Prenatal Care begun in 1st trimester (all births) | | | 75.10% | 78.00% | 75.80% | 56.90% | 73.00% | Vital Statistics Oregon 2011 |
| **Social & Economic Factors** | | | | | | | | |
| High School Graduation (% of ninth graders that graduate) | | | 66% | 67% | 78% | 71% | 72% | County Health Rankings 2012 |
| High School graduate or higher, % age 25+ | | 85.4% | 88.9% | 88.4% | 89.0% | 79.6% | 89.0% | U.S. Census Bureau 2012 |
| Some College (% of adults 25 – 44 with some college) | | 68% | 64% | 55% | 62% | 43% | 54% | County Health Rankings 2012 |
| Bachelor's degree or higher, % age 25+ | | 28.2% | 29.0% | 19.8% | 17.0% | 14.2% | 21.7% | U.S. Census Bureau 2012 |
| 3rd Grade Math Proficiency | | | 62.7% | 78.2% | 62.5%% | 57.6% | 55.0% | Children First for Oregon 2011 |
| 3rd Grade Reading Proficiency | | | 83.4% | 88.4 | 90.3% | 78.8% | 81.8% | Children First for Oregon 2011 |
| 8th Grade Math Proficiency | | | 64.5% | 65.1% | 67.6% | 60.9% | 60.0% | Children First for Oregon 2011 |
| 8th Grade Reading Proficiency | | | 72.0% | 79.0% | 83.8% | 69.4% | 73.3% | Children First for Oregon 2011 |
| Unemployment (% of population 16+ seeking employment) | | 5.4% | 10.8% | 10.2% | 13.4% | 10.9% | 10.4% | County Health Rankings 2012 |
| Unemployment (November 2012) | | 7.7% | 8.4% | 9.6% | | | | WorkSource (www.qualityinfo.org) |
| Inadequate social support | | 14% | 16% | 14% | 18% | 19% | 15% | County Health Rankings 2012 |
| Single-parent households | | 20% | 30% | 30% | 28% | 29% | 27% | County Health Rankings 2012 |

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| Juvenile Arrests per 1,000 Under Age 18 (last 5 year average) | | | 15.0 | 14.7 | 5.7 | 23.2 | 15.5 | Children First for Oregon 2011 |
| Violent Crime Rate per 100,000 | | 73 | 271 | 142 | 106 | 398 | 132 | County Health Rankings 2012 |
| Personal bankruptcy filings (per 1,000) in 2010 | | | 5.06 | 2.89 | 2.54 | 2.98 | 2.96 | Children First for Oregon 2011 |
| % of public school children eligible to receive free/reduced price lunches | | | 52.0% | 58.0% | 51.0% | 69.0% | 53.0% | Children First for Oregon 2011 |
| **Physical Environment** | | | | | | | | |
| Air pollution-particulate matter days | | 0 | 12 | 6 | 3 | 20 | 4 | County Health Rankings 2012 |
| Low income with limited access to healthy food outlets | | 0% | 6.0% | 13.0% | 17.0% | 2.0% | 11.0% | County Health Rankings 2012 |
| Rate of recreational facilities / 100,000 | | 16 | 12 | 25 | 0 | 10 | 8 | County Health Rankings 2012 |
| **Demographics** | | | | | | | | |
| Population change April 1, 2010 – July 1, 2011 (*to July 1, 2012 for OR and US*) | | *1.7%* | *1.8%* | -0.9% | -0.5% | -0.8% | 0.2% | U.S. Census Bureau |
| % Persons under age 18, 2011 | | 23.7% | 22.3% | 19.8% | 18.8% | 25.2% | 22.2% | U.S. Census Bureau |
| % Persons age 65+, 2011 | | 13.3% | 14.3% | 22.2% | 24.6% | 15.4% | 17.0% | U.S. Census Bureau |
| % Persons of Hispanic/Latino origin, 2011 | | 16.7% | 12.0% | 3.6% | 3.1% | 32.0% | 4.2% | U.S. Census Bureau |
| White persons not Hispanic, 2011 | | 63.4% | 78.1% | 92.2% | 93.0% | 62.9% | 90.3% | U.S. Census Bureau |
| Median household income, 2007-2011 | | $52,762 | $49,850 | $40,989 | $34,367 | $39,013 | $40,974 | U.S. Census Bureau |
| % Persons living below poverty level, 2007 - 2011 | | 14.3% | 14.8% | 20.0% | 15.8% | 22.6% | 16.6% | U.S. Census Bureau |
| Children in Poverty | | 13.0% | 22.0% | 31.0% | 25.0% | 40.0% | 22.0% | County Health Rankings 2012 |
| Persons per household (average), 2007 - 2011 | | 2.60 | 2.46 | 2.24 | 2.13 | 2.71 | 2.37 | U.S. Census Bureau |
| % Speak language other than English at home (age 5+) | | 20.3% | 14.6% | 2.5% | 2.5% | 24.9% | 5.3% | U.S. Census Bureau |
| **Preventive Services** | | | | | | | | |
| Child immunizations | | | 76.8% | 76.2% | 60.5% | 83.5% | 76.1% | Children First for Oregon 2011 |
| No visit to dentist in past 12 months (adults) | | | 29.6% | | | | | Oregon BRFSS 2010 |

| Indicator | | U.S. | Oregon | Baker County | Grant County | Malheur County | Union County | Source |
|---|---|---|---|---|---|---|---|---|
| % of women having cholesterol check within past 5 years | | 78.5% | 75.7% | | | | | Kaiser Family State Health Facts 2011 |
| Mammography rate | | 74% | 68% | 62% | 52% | 57% | 68% | County Health Rankings 2012 |
| Pap Smear rate in last 3 years (2003) | | | 81.3% | 75.4% | 70.4% | 76.0% | 78.6% | National Cancer Institute |
| Pap Smear rate in last 3 years (2010) | | 80.9% | 74.9% | | | | | Oregon BRFSS 2010 |
| PSA Test for Prostate Cancer in last 2 years | | | 49.5% | | | | | Oregon BRFSS 2010 |
| **Diabetes Care** | | | | | | | | |
| Annual Eye Exam (for diabetics) | | 62.8% | 61.4% | | | | | Diabetes Report Card 2012 |
| Annual Foot Exam (for diabetics) | | 67.5% | 72.5% | | | | | Diabetes Report Card 2012 |
| Daily Blood Glucose Checks (for diabetics) | | 63.6% | 64.5% | | | | | Diabetes Report Card 2012 |
| A1C Screenings | | 89% | 85% | 85% | 85% | 71% | 79% | County Health Rankings 2012 |
| **Children Welfare** | | | | | | | | |
| Child abuse and neglect victims - age >5 years (% of total) | | | 48.3% | 59.3% | 70.0% | 49.6% | 52.5% | Children First for Oregon 2011 |
| Child abuse and neglect victims - age 6 - 12 years (% of total) | | | 34.5% | 23.5% | 15.0% | 37.4% | 36.6% | Children First for Oregon 2011 |
| Child abuse and neglect victims - age 13+ years (% of total) | | | 17.2% | 17.3% | 15.0% | 15.7% | 10.9% | Children First for Oregon 2011 |

**Appendix 2: Community Needs Survey (Distributed Via Mail and by Hand to Appropriate Stakeholders)**

Saint Alphonsus Medical Center
BAKER CITY

November 16, 2012

Mr. Community Member
P.O. Box XXX
Baker City, OR 97814

Dear Mr. Community Member,

Every three years Saint Alphonsus Medical Center – Baker City conducts a Community Health Needs Assessment to evaluate the changing healthcare and social needs within the communities we serve. This process involves a detailed analysis of data from a variety of sources, including input from stakeholders within our county and the surrounding areas.

When this assessment is completed we will share the results on our website and use it to help prioritize our focus as we move into the next several years.

Community input into this process is extremely important to us, so we ask that you take a few moments to complete this short survey. Should you have additional information that you would like to share with us, please include it with this survey or contact us at Saint Alphonsus Medical Center – Baker City via phone (541-523-6461) or through our website (www.saintalphonsus.org/bakercity/)

We thank you for your support and participation on this important project.

Sincerely,

Jerry Nickell
Director of Mission & LIO

3325 Pocahontas Road
Baker City, Oregon 97814
Phone: 541-523-6461 | Fax: 541-523-8151
www.saintalphonsus.org/bakercity/

# Community Health Needs Assessment

**Saint Alphonsus Medical Center – Baker City**

*Please complete this survey by selecting the answer(s) that best reflect your view of healthcare in Baker County. You may pick more than one.*

1. **What do you see as the most pressing health issue facing Baker County and the surrounding communities?**

☐ Wellness and prevention services
☐ Prenatal care and infant mortality
☐ Coordination of health care
☐ Prescription drug availability
☐ Access to a primary care physician
☐ Affordable health insurance
☐ Heart disease and stroke
☐ Other (please list)
☐ Cancer
☐ Resources for mental health, substance abuse, & suicide
☐ Reliable health information
☐ Teen pregnancy and sexually transmitted diseases
☐ Motor vehicle crashes & other accident injuries
☐ Oral health / dental services
☐ Chronic disease management (diabetes, heart failure, etc.)
☐ Obesity

_____

_____

2. **What are the greatest barriers to accessing health care services in the Baker County area?**

☐ Transportation
☐ Being uninsured
☐ Availability of needed services in our area
☐ Lack of knowledge about available resources
☐ Other (please specify)
☐ Cost of healthcare
☐ Language / cultural differences
☐ Appointments not available after hours or weekends

_____

_____

3. **What are the greatest gaps in health care services in the Baker County area?**

☐ Mental health and substance abuse services
☐ End-of-life care (hospice, palliative care)
☐ Primary care
☐ Services for senior citizens
☐ Prescription drug assistance
☐ Ability to serve different cultures / languages
☐ Other (please specify)
☐ Specialty care
☐ Dental care
☐ Services for migrant population
☐ Services for the low income residents
☐ Services for children

_____

_____

4. **What are the greatest needs regarding health education and prevention services?**

☐ Reproductive health
☐ Tobacco prevention & cessation
☐ Healthy lifestyles (diet, exercise, etc.)
☐ Mental health and substance abuse
☐ Obesity prevention
☐ Other (please specify)
☐ Disease specific information (heart disease, cancer, diabetes, etc.)
☐ Translated health information to non-English speakers
☐ Oral / dental health
☐ Health screenings

_____

_____

**5. Where do you think most local residents seek and/or obtain health information?**

- ☐ Health Department
- ☐ Schools
- ☐ Hospital website
- ☐ Magazines or other publications
- ☐ Church or other social groups
- ☐ Other (please specify)
- ☐ Internet searching
- ☐ Television
- ☐ Local newspaper(s)
- ☐ Radio

_____

_____

**6. Who are the vulnerable populations most affected by local health care needs?**

- ☐ Senior citizens
- ☐ Low income or "working poor" families
- ☐ Migrant families
- ☐ Youth
- ☐ Other (please specify)
- ☐ Hispanics / Latino families
- ☐ Female-headed households
- ☐ Uninsured

_____

_____

**7. What do you consider to be the top social concerns in the Baker County area?**

- ☐ Lack of social support (isolation)
- ☐ Poverty
- ☐ Broken families
- ☐ Services for senior citizens
- ☐ Education levels
- ☐ Homelessness
- ☐ Discrimination
- ☐ Migrant population
- ☐ Other (please list)
- ☐ Unemployment
- ☐ Crime / violence
- ☐ Illegal drug use
- ☐ Domestic violence and child abuse
- ☐ Suicide
- ☐ Gang-related activities
- ☐ Language and other cultural barriers
- ☐ Transportation

_____

_____

**8. Please enter your contact information below *(optional)*.**

Name: _____ Organization (if applicable): _____

Address: _____ City: _____ ZIP: _____

E-Mail Address: _____ Phone #: _____

**9. Please share any populations or groups that you represent or your perspective as a constituent.**

- ☐ Agriculture
- ☐ Law enforcement
- ☐ Disabled
- ☐ Public Health
- ☐ Faith community
- ☐ Youth
- ☐ Interested citizen
- ☐ Corrections
- ☐ Minorities
- ☐ Elected official
- ☐ Social services organization
- ☐ Health care provider
- ☐ Business community
- ☐ Media (newspaper, radio, etc.)
- ☐ Education
- ☐ Senior citizens
- ☐ Government agency
- ☐ Other _____

***Thank you for your help and support***

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