



**Saint Alphonsus  
Medical Center**

ONTARIO

# **2011-2012 Community Health Needs Assessment**



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## Executive Summary and Key Findings

A comprehensive community health needs assessment was conducted by Saint Alphonse – Ontario in 2011, with the goal of providing a high-level snapshot of health indicators and social determinants of health in the local service area, including Malheur, Payette and Washington Counties. 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 input have been obtained from Malheur County Health Department during the assessment process, and Saint Alphonse will work with the Health Department and other community groups such as the Four Rivers Healthy Communities Coalition in establishing priorities and interventions as we move forward.

### *Key Findings / Areas of Concern*

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

<b>Socioeconomic Factors</b>	<b>Health Outcomes</b>	<b>Health Factors</b>
<ul style="list-style-type: none"><li>• Large Hispanic and non-English speaking population</li><li>• Low high school and college graduation rates</li><li>• High poverty rate</li><li>• Unemployment</li><li>• Juvenile crime</li><li>• Domestic violence and child abuse</li></ul>	<ul style="list-style-type: none"><li>• High % of adults reporting poor or fair health</li><li>• Alzheimer's disease</li><li>• Infant mortality</li><li>• Teen birth rate</li><li>• Late or no prenatal care</li><li>• Colorectal and prostate cancer mortality</li><li>• Diabetes (especially Payette/ Washington Counties)</li><li>• Stroke mortality</li><li>• Sexually transmitted diseases</li><li>• Suicide rate</li></ul>	<ul style="list-style-type: none"><li>• Access to primary care and oral health</li><li>• Lack of health insurance</li><li>• Physical inactivity</li><li>• Inadequate fruit &amp; vegetable consumption</li><li>• Obesity</li><li>• Tobacco use (Payette/Washington)</li><li>• Access to healthy food outlets and recreational facilities (Malheur)</li><li>• Lack of cholesterol screening (Payette/Washington)</li><li>• Mammography rate</li><li>• Colonoscopy rate</li><li>• Chronic disease management</li><li>• Mental health &amp; substance abuse services</li><li>• Prescription drug affordability</li></ul>

### *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 Alphonse – Ontario 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-Ontario Community Hospital Board 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 the end of 2014.

## Introduction and Background Information

### **Mission**

*We serve together at Saint Alphonsus 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.*

### **Core Values**

*Respect  
Social Justice  
Compassion  
Care of the Poor and Underserved  
Excellence*

### *Background Information*

Ontario's one and only hospital began with a small group of Dominican Sisters of the Portuguese Congregation of St. Catherine of Sienna. The Sisters began in a tent with limited resources. With the ambition of the Sisters and the community's overwhelming support the hospital went from a dream to a reality, breaking ground September 18, 1911, and completing ahead of schedule on April 15, 1912. Bishop O'Reilly named the hospital in honor of the Holy Rosary.

On April 1, 2010, Holy Rosary Medical Center (Ontario, Oregon), Mercy Medical Center (Nampa, Idaho), St. Elizabeth Health Services (Baker City, 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 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, Novi, Michigan.

Trinity Health is 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 46 acute-care hospitals, 379 outpatient facilities, 33 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.

Saint Alphonsus Medical Center - Ontario (formerly Holy Rosary Medical Center) is approaching one hundred years of providing care to Ontario, Fruitland, Payette, and surrounding communities. For this significant milestone we not only celebrate the passing of one hundred years but we reflect on the journey experienced along the way.

### *Purpose of Assessment*

The Mission of Saint Alphonsus compels us to “serve together...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.” Periodically assessing the health and social needs of the community helps us allocate our resources appropriately to improve the health of the communities we serve.

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 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’ mission, strengths and capacity to influence.

Saint Alphonsus 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 primarily focuses on the primary service area for SAMC-Ontario, including Malheur County in Oregon, and Payette and Washington Counties in Idaho. Wherever possible, community health indicator data were collected to allow comparisons between these three counties, the states of Oregon and Idaho, and national rates. In some instances, data is not available or could not be located for some indicators, and this may identify 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 web-based 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. Data obtained for local counties (Malheur, Payette, Washington) and compared to state and national data wherever possible.

## Description of Community

### Overview and Demographic Profile

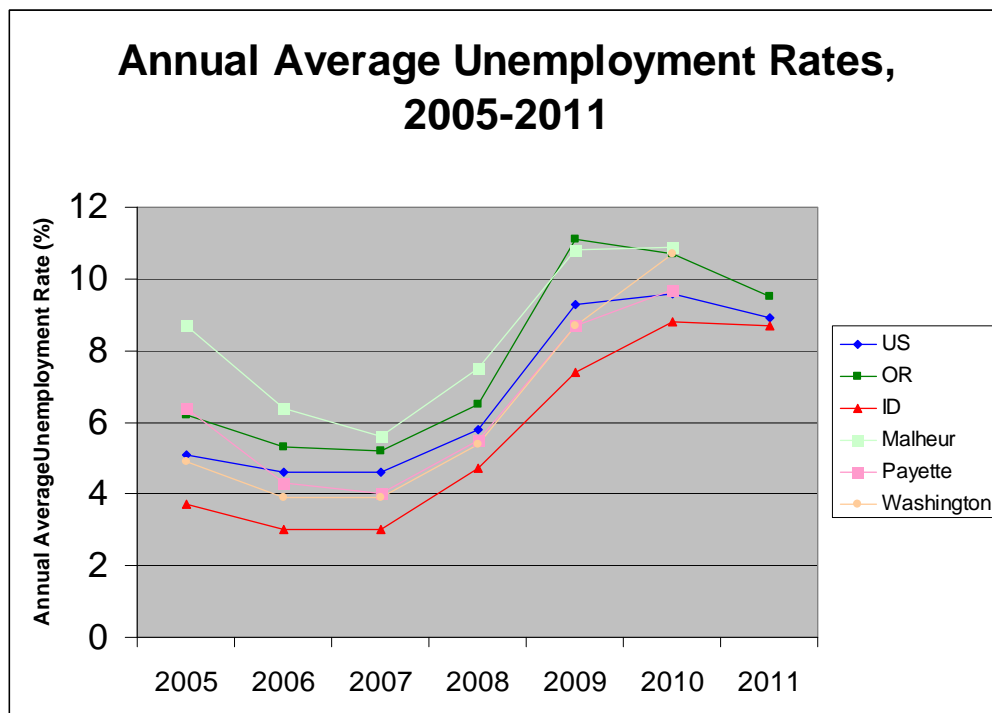
Saint Alphonsus – Ontario is situated in Malheur County, Oregon, the second largest county in the state; 9,926 square miles in the southeastern-most corner of the state. By definition, Malheur County is considered “frontier” with a mere 3.2 persons per square mile – although the population is fairly clustered together in small communities. Geographic isolation results in challenges accessing Oregon services. While Idaho is in close proximity, residents of Malheur County are often unable to utilize government services across state lines. The county has a total of 30,745 residents, over half of which live in the city of Ontario. The local economy is largely based on agriculture and farming, and the county is 94% rangeland. (*source: Malheur County Health Department*)

US Census Bureau QuickFacts	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.
Population, 2010 estimate	308.7 M	3.8 M	1.6 M	31,313	22,623	10,198
Population, percent change, 2000-2010	9.7%	12%	21.1%	-1%	9.9%	2.2%
Persons under 5 years old, percent 2010	6.5%	6.2%	7.8%	7.4%	7.7%	5.6%
Persons under 18 years old, percent 2010	24%	22.6%	27.4%	25.6%	28.7%	24.7%
Persons 65 years old and over, percent 2010	13%	13.9%	12.4%	15%	15.3%	20.5%
White persons, not Hispanic, percent 2010	63.7%	78.5%	84%	63.6%	81.3%	80.1%
Persons of Hispanic or Latino origin, percent 2010	16.3%	11.7%	11.2%	31.5%	14.9%	16.8%
Asian persons, percent 2010	4.8%	3.7%	1.2%	1.7%	0.8%	0.9%
Black persons, percent 2010	12.6%	1.8%	0.6%	1.2%	0.2%	0.2%
American Indian and Alaskan Native persons, percent 2010	0.9%	1.4%	1.4%	1.2%	1.1%	1%
Language other than English spoken at home, Age 5+, 2005-2009	19.6%	14%	10.2%	23.3%	9.5%	15.6%
High school graduates, percent of persons age 25+, 2005-2009	84.6%	88.3%	88.2%	78.7%	83.7%	80%
Bachelor’s degree or higher, pct. of persons age 25+, 2005-2009	27.5%	28.3%	24.3%	12.7%	13.8%	17.4%
Homeownership rate, 2005-2009	66.9%	64.3%	71%	66%	74.5%	75.3%
Median household income, 2009	\$50,221	\$48,325	\$46,423	\$35,788	\$43,559	\$36,542
Persons below poverty level, percent 2006-2010	13.8%	14%	13.6%	22.7%	15.7%	13.6%
Persons per square mile, 2010	87.4	39.9	19	3.2	55.6	7

According to the Oregon Progress Board (2009), Malheur County ranks 36th of 36 counties in Oregon for the most concerning data in the following areas: per capita income, high school completion, overall poverty, and juvenile recidivism. Malheur County still depends largely on seasonal, agricultural employment, and a significant portion of the agricultural workforce is Hispanic. It is very common for multiple families who rely on seasonal work to live together, especially during periods of unemployment.

### Unemployment

Malheur, Payette and Washington Counties have seen an increasing trend in unemployment from 2007-2010; however, county averages were not yet available for 2011. National and state data for 2011 indicates unemployment rates have declined a bit from 2010 through 2011.

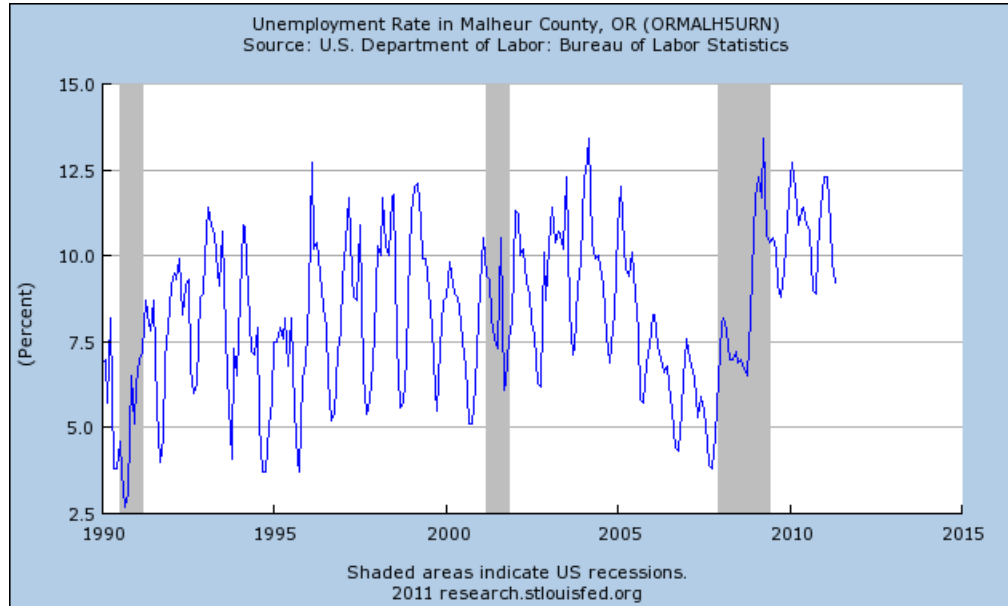


Source: US Bureau of Labor Statistics, <http://www.bls.gov/lau/>

### Seasonal Swings in Unemployment

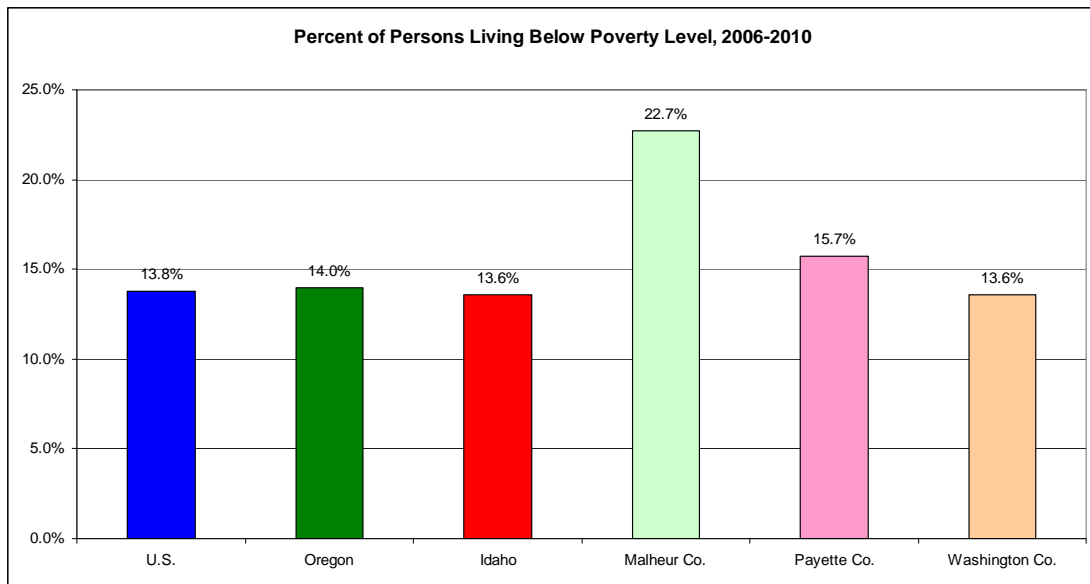
With the agricultural nature of the local economy, unemployment rises and falls sharply throughout the year based on growing and harvest seasons. Recession periods heighten seasonal unemployment, which can be seen when looking at the unemployment rates in Malheur County during the recent 2008 recession. Overall the unemployment rate has trended up during this time period.





**Poverty**

For the period from 2006-2010, Malheur County had a significantly larger proportion of the population living in poverty than did the other comparison groups (US, Oregon, Idaho, Payette/Washington Counties).



Source: U.S. Census Quickfacts

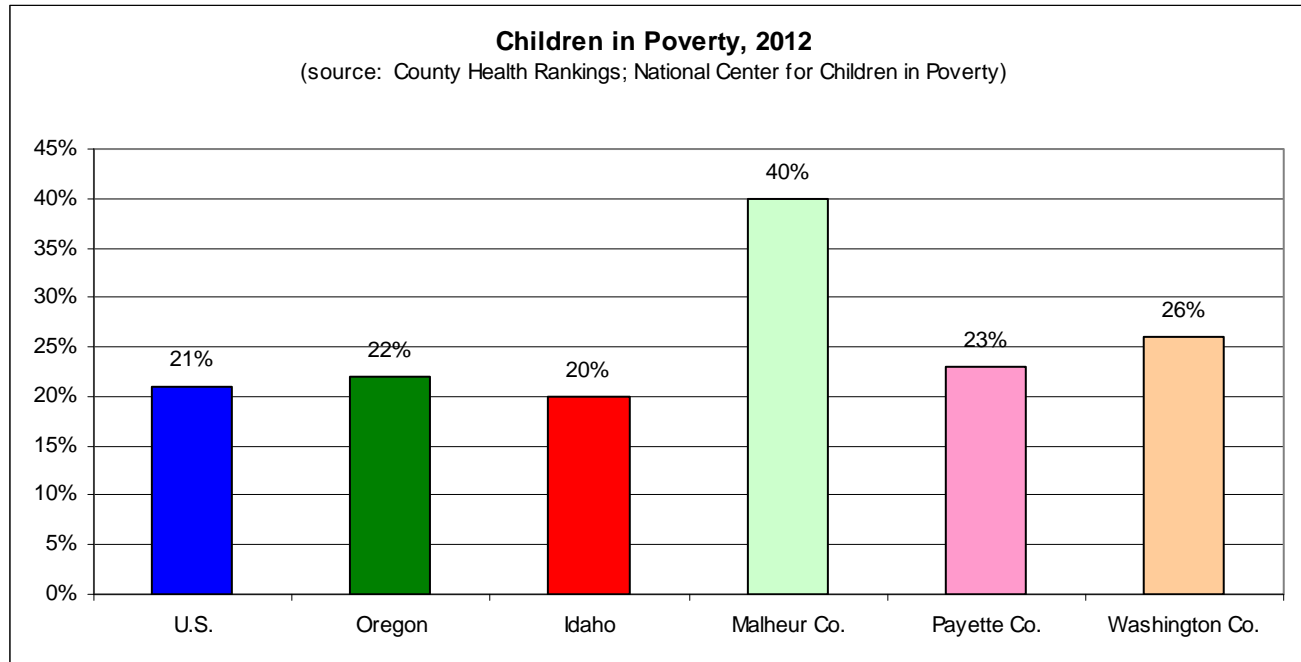
## Poverty Characteristics: Malheur County

Poverty Rates by Age 2005-9	% in Poverty	% of People in Poverty	% of all Population
Total Population	17%	-	-
Children younger than 18	26%	42%	28%
People 18-64	15%	49%	56%
People 65 and older	10%	10%	16%
Poverty Rates by Family 2005-9	% in Poverty	% of Families in Poverty	% of all Families
All Families	14%	-	-
Families with children under 18	21%	79%	50%
Single women with children under 18	48%	37%	10%
Families that worked full or part time	12%	62%	74%
Poverty Rates by Race/Ethnicity 2005-9	% in Poverty	% of People in Poverty	% of all Population
Total Population	17%	-	-
White	16%	76%	79%
Black	41%	1%	0%
American Indian	26%	1%	1%
Asian	13%	1%	1%
Pacific Islander	0%	0%	0%
Other	22%	16%	13%
2 or more races	14%	4%	5%
Hispanic origin	28%	47%	29%

*Oregon Housing & Community Services 2010 Poverty Report*

### Child Poverty

As the chart below demonstrates, Malheur County has a significantly higher child poverty rate than the national, state and other county rates.

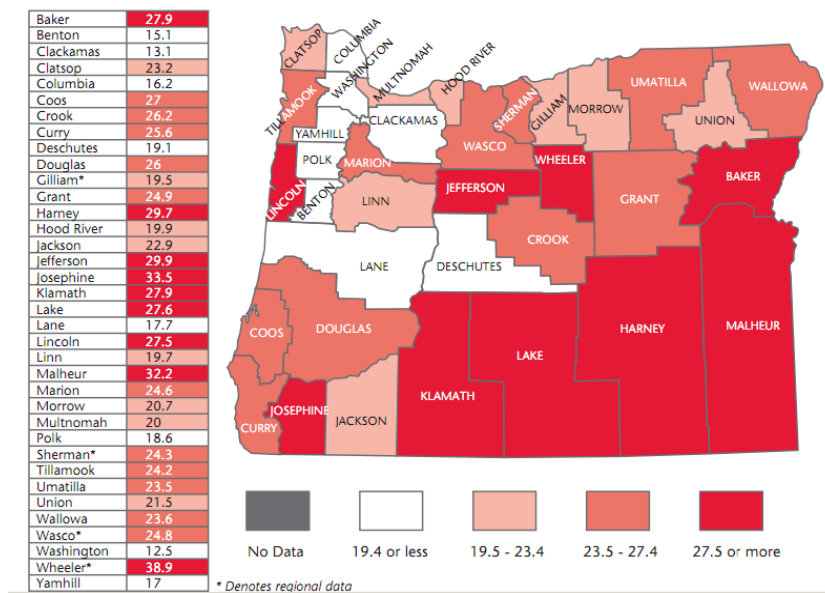


Comparing Malheur County to other counties in Oregon, the 2009 child poverty rate ranked 3<sup>rd</sup> highest in the State of Oregon, and as the previous chart demonstrates, the child poverty rate has climbed higher since 2009.

*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.*

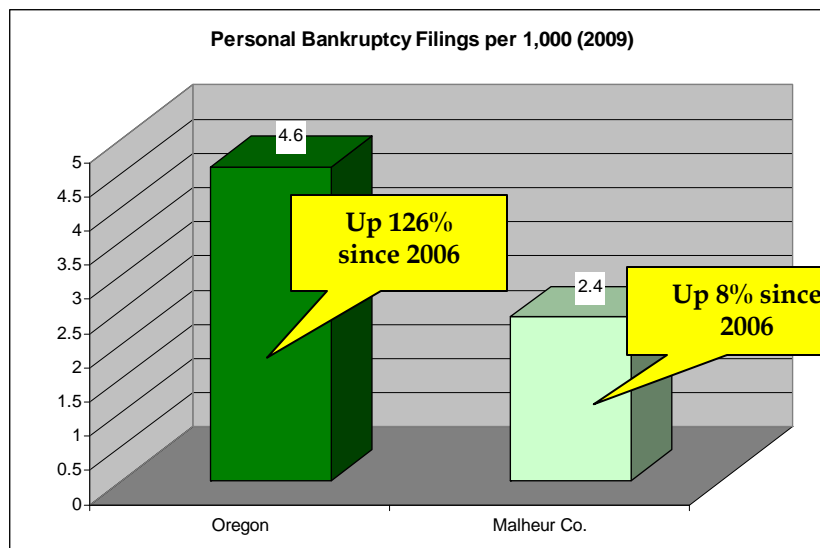
The percent of Oregon children living in poverty rose to 19.4% in 2009, an increase of 1.6% from the year prior. Children who grow up in poverty suffer higher rates of adverse health, developmental and other outcomes than non-poor children. Helping families provide the most basic necessities for their children will mitigate the effects of childhood poverty and give children the best chance at a healthy, safe, and successful life.

*Source: Children First for Oregon*



### Personal Bankruptcy Filings

Data from *Children First for Oregon* indicates that the rate of personal bankruptcy filings in Malheur County is lower than the Oregon rate and has had a much smaller increase during the period from 2006-2009.



*Source: Children First for Oregon*

### Homelessness

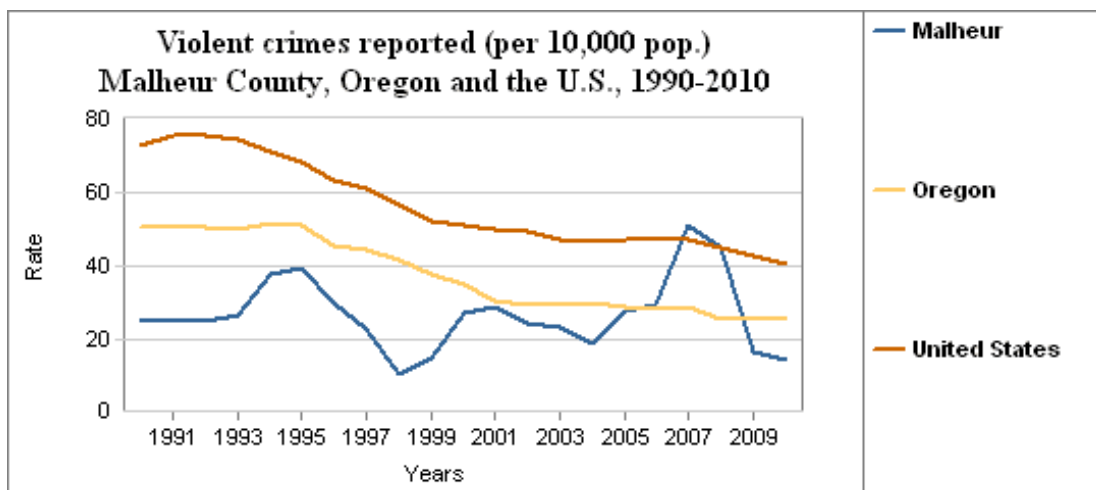
Statistics from Oregon Housing and Community Services' January 2011 Point-in-Time Homeless count indicates Malheur County had approximately 53 homeless individuals, 36 of which were from households with children. In Idaho, the point in time homeless data is collected by Idaho Department of Health & Welfare by public health region, and Idaho Region 3 (Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington counties) had a total of 271 homeless individuals in January 2011, with 172 of those being from households with children. While it is undetermined from the data which homeless individuals resided in which counties, it is likely that a significant number were from Canyon County based on its larger population base.

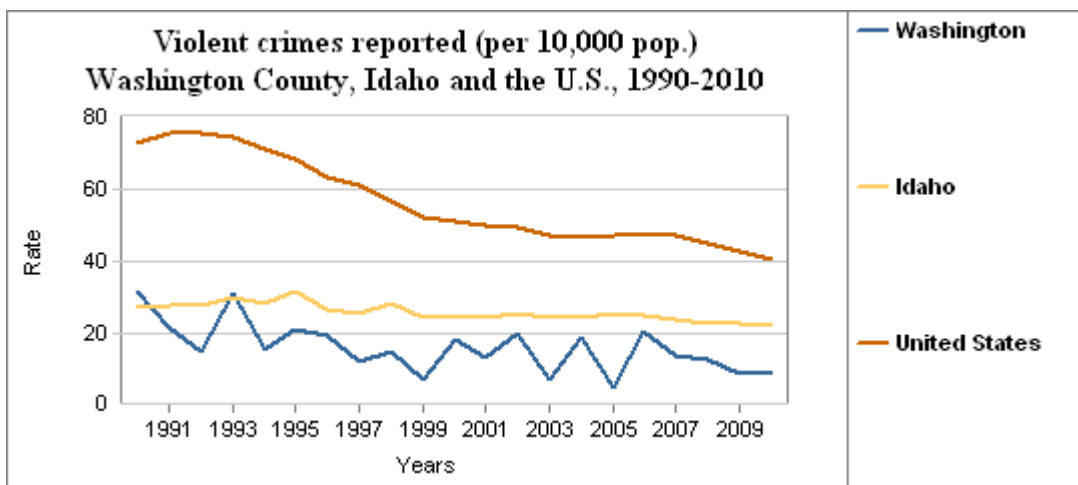
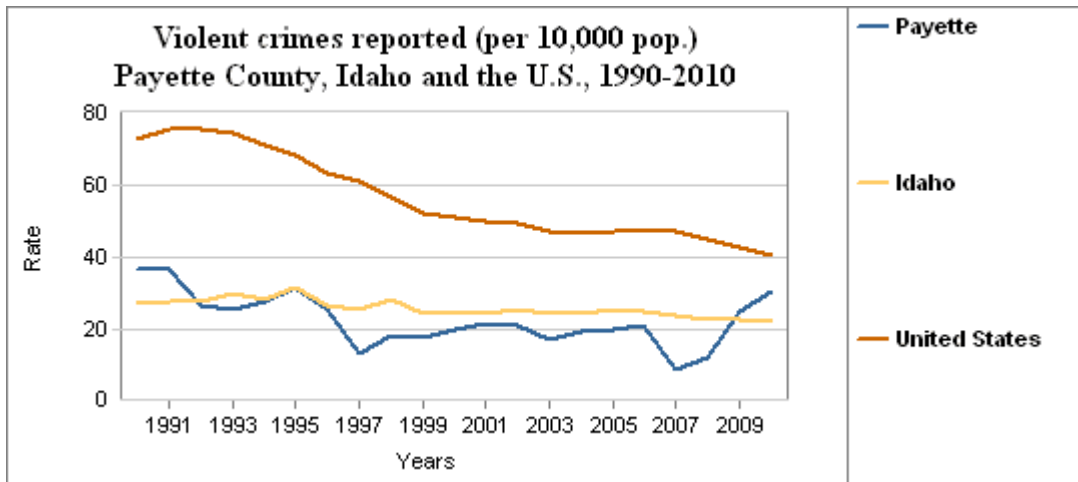
### Hunger

According to the 2010 report from Partners for a Hunger-Free Oregon, approximately 66% of Malheur County residents (total of approximately 6,800 residents per month) participate in the Supplemental Nutrition Assistance Program (SNAP). SNAP benefits were used at 26 food retailers in the county, with an average benefit totaling \$78 per participant. Despite the high SNAP utilization rate in Malheur County, it is estimated that only two-thirds of those who are eligible for the program are currently receiving help. If all eligible participants enrolled, it is estimated that as much as \$2.5 million in additional SNAP funding would flow to area retailers and vendors.

### Crime

The violent crime rate in Malheur County trailed Oregon and U.S. rates until 2007, when it surged above state & national rates for a two-year period, then declining back below both comparison groups in 2009 and 2010. Violent crime rates in Payette and Washington Counties have remained below the state and national rates for the most part, although Payette County had an uptick in 2009 that matched the Idaho state rate and then surpassed the Idaho rate in 2010.





Source: Indicators Northwest

According to the Malheur County Drug Free Communities Coalition, forty (40) percent of all arrests made in Malheur County are juveniles (ages 10-17). In the Ontario School District alone (2,718 enrollment) there have been 1,759 juvenile arrests due to drugs, violence, vandalism and gang related crimes since the beginning of the 2006-2007 school year. In addition, at the local middle school alone, there were 350 suspensions and eight expulsions during the 2006-2007 school years for burglary, fighting, drugs, alcohol, and bullying.

According to the Ontario Police Department, there are six known gangs in Malheur County, with local ordinances designating individuals as gang members and tracking them by ethnicity and sex. There are 15 designated juveniles and 62 adult designated adult gang members in Malheur County

In Fall 2010, Project Dove reported an increase in the number of victims and severity of domestic abuse, at a time when funding for crisis services is diminished. During the summer of 2010, Project Dove provided services to 167 victims and 66 children (110 of whom were new clients). Their shelter was filled to capacity. According to the National Network to End

Domestic Violence, domestic violence is three times more likely to occur when a couple is experiencing financial strain.

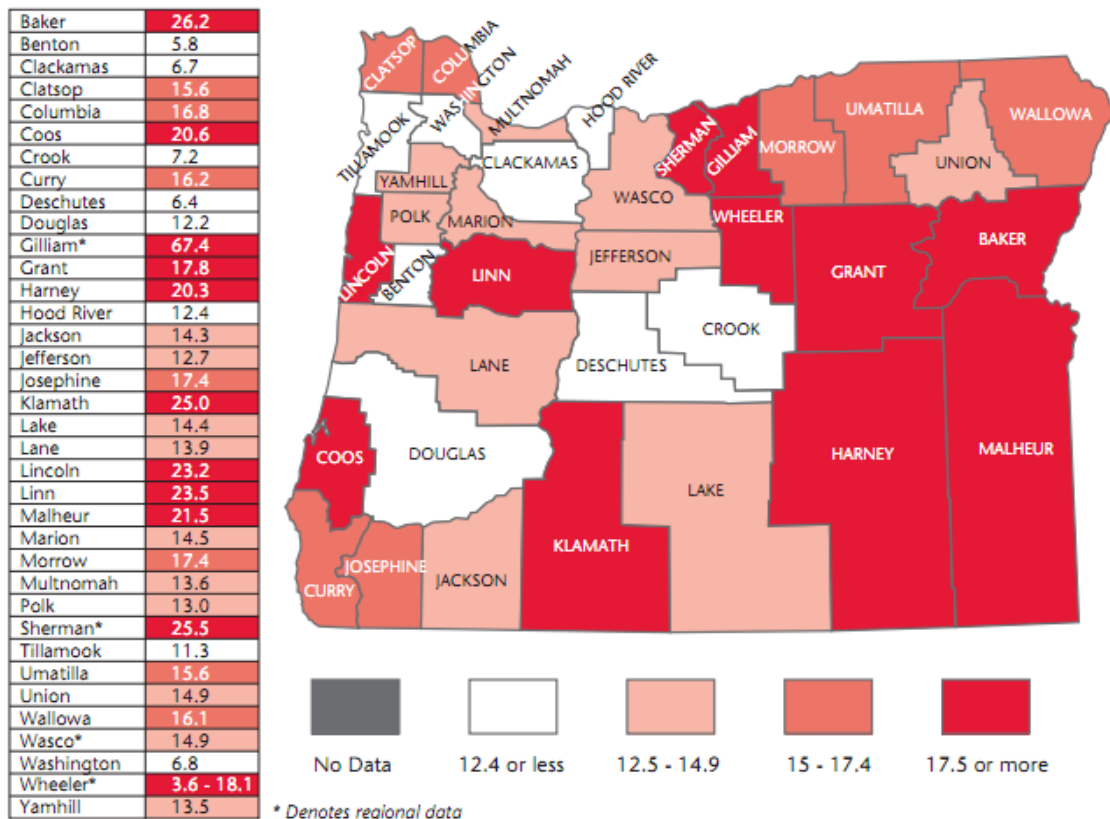
Children First for Oregon data indicates that Malheur County's child abuse and neglect rate (14.8 per 1,000) is significantly worse than Oregon's rate (7.3 per 1,000). Malheur County's rate remained fairly stable compared to the prior year (worsened by 1%), whereas Oregon's rate worsened by 11%.

## Abuse/Neglect and Threat of Harm

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

Rates of abuse/neglect or threat of harm increased from 6.6 in 2008 to 7.3 in 2009. 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 suffering abuse, neglect or threat of harm.

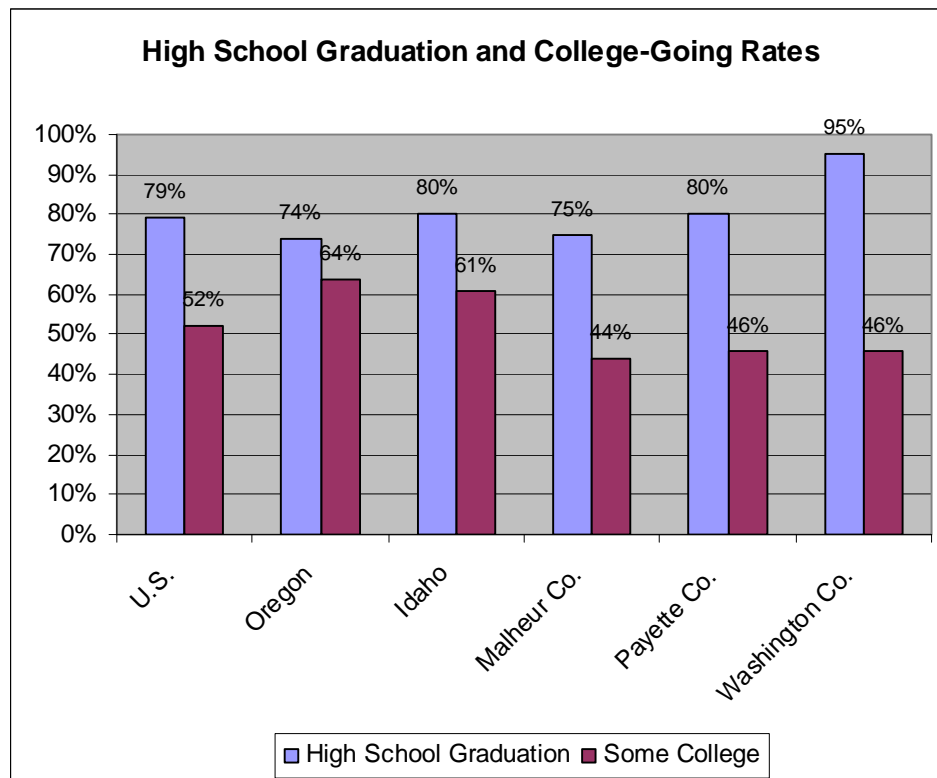
*Source: Children First for Oregon 2010*



## Education

Children First for Oregon's 2011 report provides county-level data on math and reading proficiency in 3<sup>rd</sup> and 8<sup>th</sup> grades. At the 3<sup>rd</sup> grade level, Malheur County students' math proficiency is 8% worse than the Oregon rate, and reading proficiency is 6% worse than the Oregon rate (both 3<sup>rd</sup> grade indicators worsened since the previous year, math by 27% and reading by 7%). At the 8<sup>th</sup> grade level, Malheur County students had 6% worse math proficiency than the state rate, and 4% worse reading proficiency. The 8<sup>th</sup> grade math proficiency was 9% worse compared to the previous year, while reading proficiency was 11% better. The high school dropout rate in Malheur County was 19% worse than the state rate, and 15% worse than the previous year.

As seen below, County Health Rankings shows that Malheur County's high school graduation rate is similar to Oregon's, but the college-going rate for Malheur County students is about 20 percentage points lower. Adult in-migration may be a possible factor contributing to low college-going rates.



Source: *County Health Rankings 2011*

*"High school graduation" is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years.*

*"Some college" represents the percent of the population age 25-44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.*

## *Community Need Index Mapping*

In 2005, Catholic Healthcare West, 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.

In addition to public health data, the CNI takes into account the underlying economic and structural barriers that affect overall health. Using a combination of research, literature and experiential evidence, CHW identified five prominent barriers that make it possible to quantify health care access in communities across the nation. These barriers include:

- Income
- Culture/language
- Education
- Insurance
- Housing

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 a score is assigned 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.

*Source: Catholic Healthcare West,*

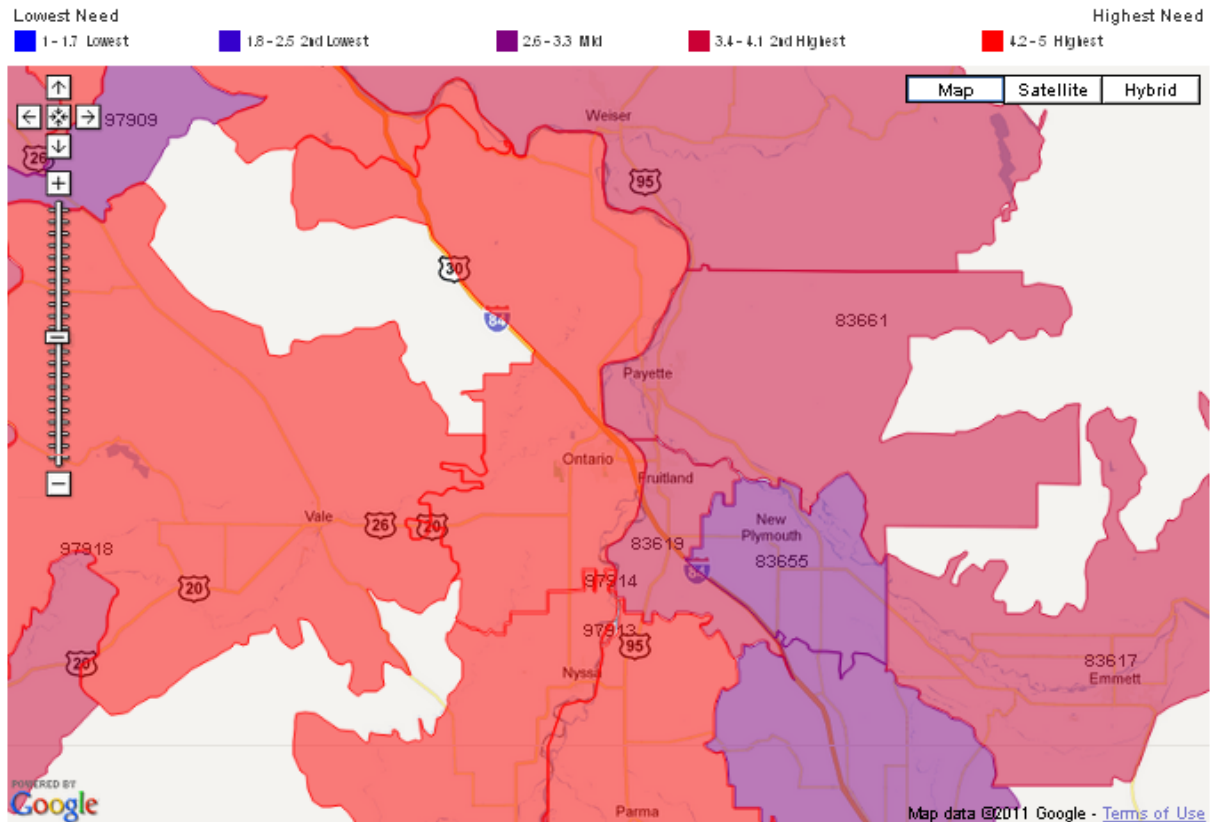
[http://www.chwhealth.org/Who We Are/Community Health/212401#how](http://www.chwhealth.org/Who_We_Are/Community_Health/212401#how)

The following map depicts the Community Need Index scoring for the SAMC-Ontario 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 Ontario and Surrounding Communities

(Source: Catholic Healthcare West)



Mean(zipcode): 3.8 / Mean(person): 3.9

CNI Score Median: 4

CNI Score Mode: 4

Zip Code	CNI Score	Population	City	County	State
97901	3.4	583	Adrian	Malheur	Oregon
97903	4	197	Malheur County	Malheur	Oregon
97906	4	286	Malheur County	Malheur	Oregon
97908	4	81	Malheur County	Malheur	Oregon
97909	2.8	37	Malheur County	Malheur	Oregon
97911	4	93	Malheur County	Malheur	Oregon
97914	4.8	19500	Malheur County	Malheur	Oregon
97918	4.2	4603	Vale	Malheur	Oregon
97920	3.2	25	Malheur County	Malheur	Oregon
83607	3.2	21601	Caldwell	Canyon	Idaho
83617	3.4	15656	Gem County	Gem	Idaho
83619	3.4	7464	Fruitland	Payette	Idaho
83655	3.2	4243	New Plymouth	Payette	Idaho
83660	4.2	5646	Parma	Canyon	Idaho
83661	4	10278	Payette	Payette	Idaho
83672	3.8	8415	Weiser	Washington	Idaho
97907	4.2	649	Huntington	Baker	Oregon
97913	5	5544	Payette County	Malheur	Oregon

As the above map demonstrates, zip code areas within the SAMC-Ontario service area are very high-need, according to the Community Need Index formula. The weighted average CNI score for the included zip codes is 3.9 (highest possible is 4.0).

## Key Community Health Indicators

### County Health Rankings

A fairly new resource available for community health needs assessments is the County Health Rankings website ([www.CountyHealthRankings.org](http://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, Malheur County ranks 23<sup>rd</sup> of 33 ranked Oregon counties (3 counties were not ranked) for health outcomes (mortality and morbidity), and 32<sup>nd</sup> for health factors (health behaviors, clinical care, socioeconomic factors, and physical environment).

### Leading Causes of Death

Malheur County's top causes of death closely mirror the national list. Notable differences are that diabetes and suicide are higher in the rankings for Malheur County than the U.S., and chronic lower respiratory disease and flu/pneumonia are lower.

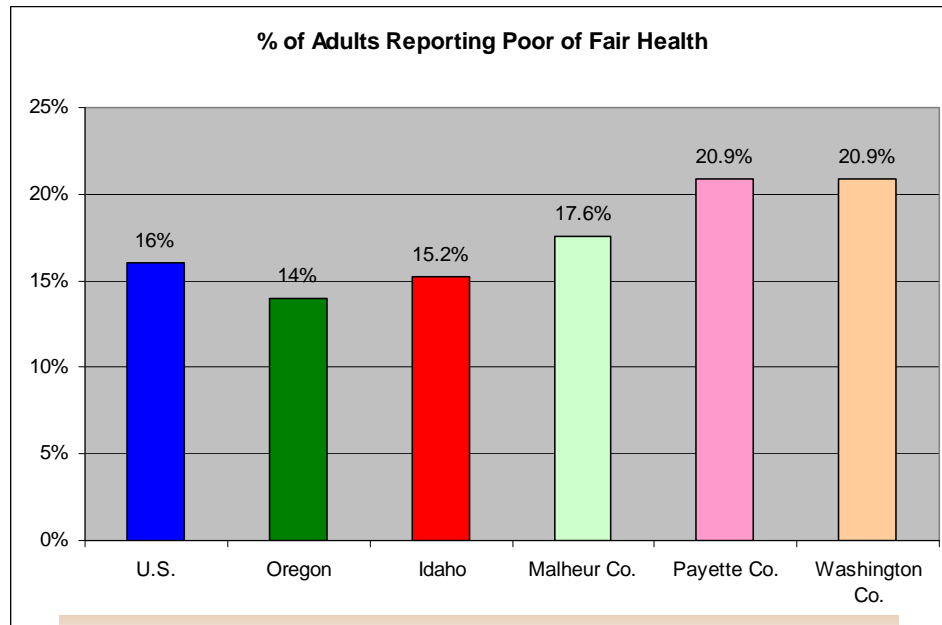
### Leading Causes of Death

	U.S.	Oregon	Idaho	Malheur County	Payette County	Washington County
1	Heart disease	Cancer	Cancer	Heart disease	Heart disease	Cancer
2	Cancer	Heart disease	Heart Disease	Cancer	Cancer	Heart disease
3	Stroke	Chronic lower respiratory disease	Chronic lower respiratory disease	Stroke	Stroke	Stroke / Alzheimer's (tie)
4	Chronic lower respiratory disease	Stroke	Accidents	Diabetes	Chronic lower respiratory disease	Chronic lower respiratory disease
5	Accidents	Accidents	Stroke	Accidents	Alzheimer's / Parkinson's (tie)	
6	Alzheimer's	Alzheimer's	Alzheimer's	Chronic lower respiratory disease	Diabetes	Accidents/ Diabetes/ Suicide/ Flu/Pneumonia/ Chronic liver disease (tie)
7	Diabetes	Diabetes	Diabetes	Alzheimer's		
8	Flu and pneumonia	Suicide	Suicide	Suicide	Accidents	Chronic liver disease (tie)
9	Kidney disease	Alcohol-induced	Flu and pneumonia	Kidney disease	Kidney disease	
10	Sepsis	Flu and pneumonia	Kidney disease	Flu and pneumonia / Alcohol-induced (tie)	Suicide	

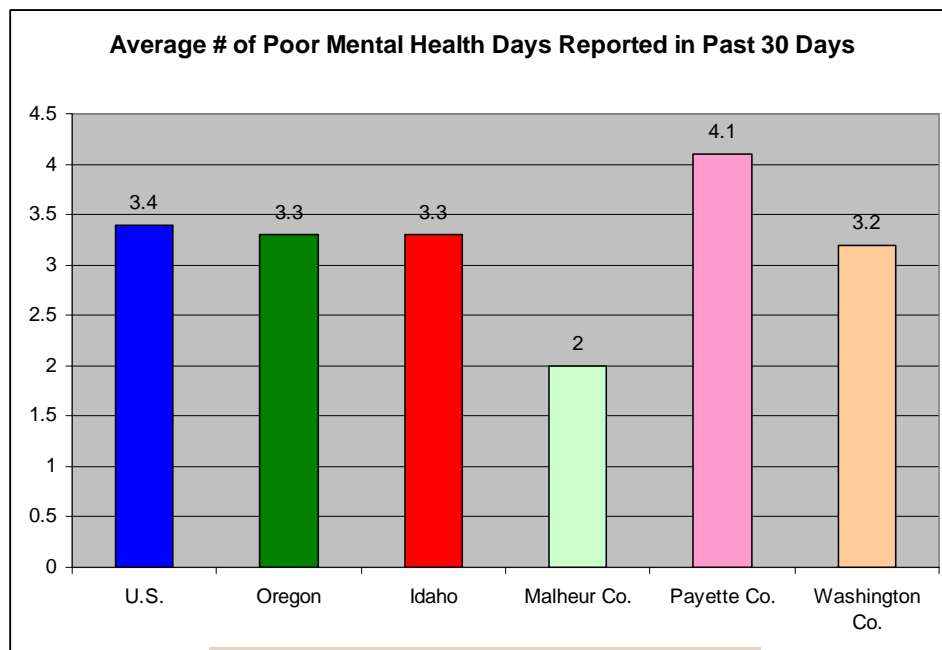
*Oregon / Idaho Vital Statistics*

### General Health Status

On Behavioral Risk Factor Surveillance Surveys, residents in Malheur, Payette and Washington Counties were more likely to report being in poor or fair health when compared with state rate and national 50<sup>th</sup> percentile. On Behavioral Risk Factor Surveys, Malheur County residents reported fewer poor mental health days (including stress, depression and emotional problems) over the past month than the state and national rates; however, neighboring Payette County had worse rates than state and U.S. 50<sup>th</sup> percentile.



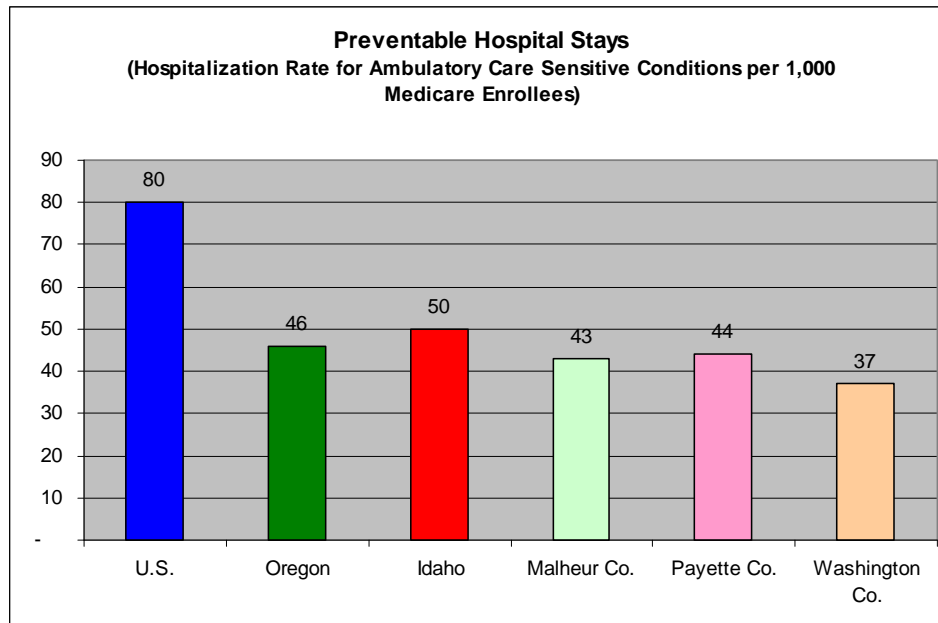
Source: *County Health Rankings 2011; Idaho/Oregon BRFSS*



Source: *County Health Rankings 2011*

### Preventable Hospital Admissions

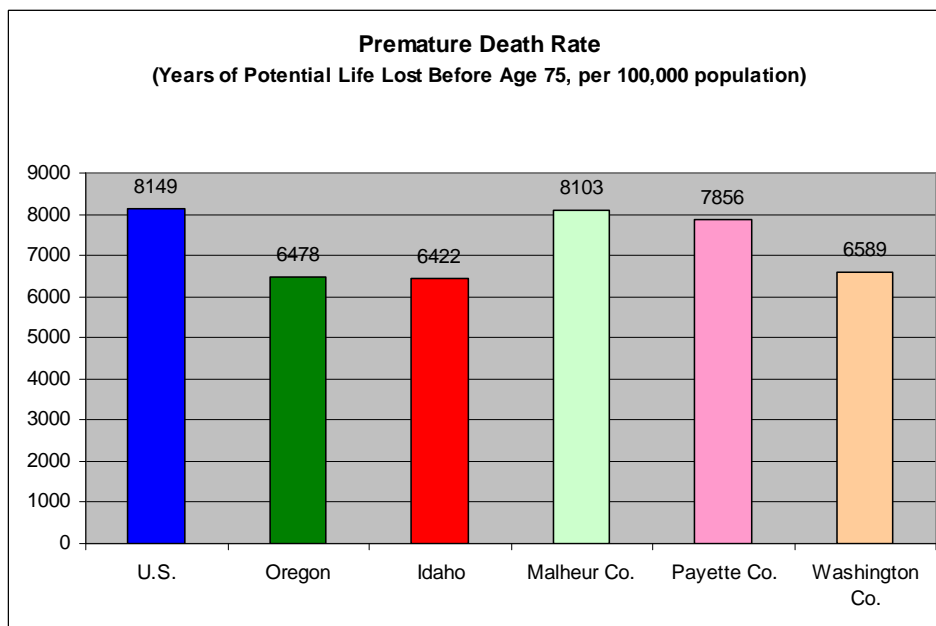
Locally preventable hospitalization rates compare very favorably to the U.S. 50<sup>th</sup> percentile, with Malheur County having 37 less preventable admissions per 1,000 Medicare enrollees than the national rate. This measure looks at hospitalizations that are considered to be preventable if chronic conditions are managed appropriately in the outpatient setting.



Source: *County Health Rankings 2011*

### Premature Death

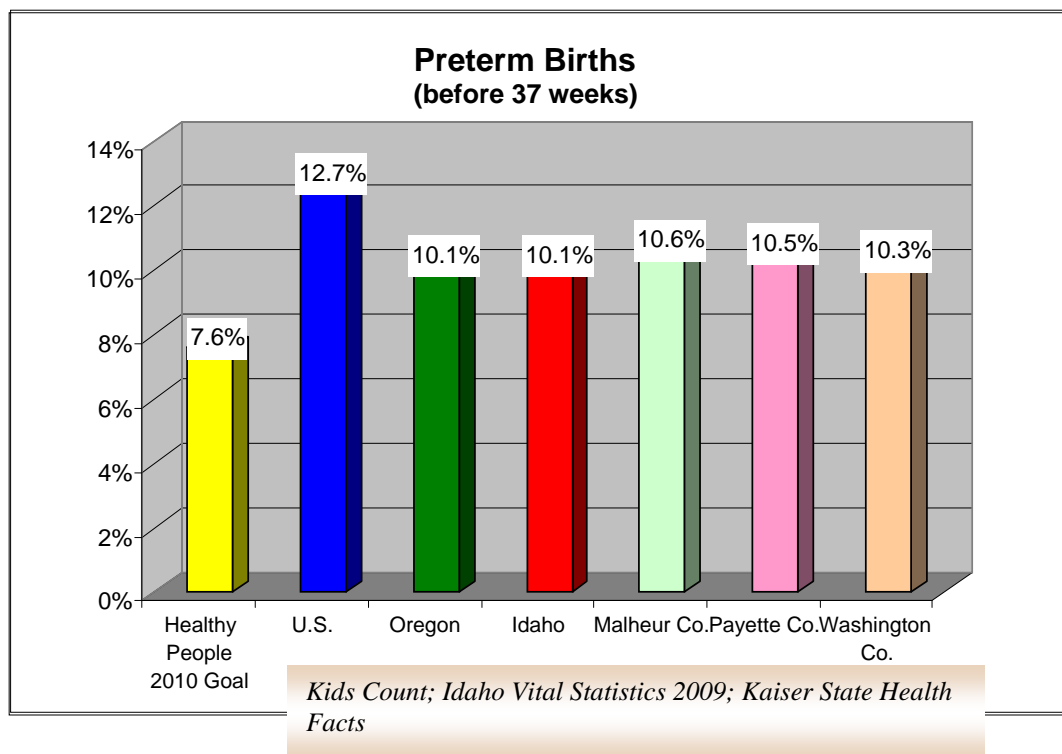
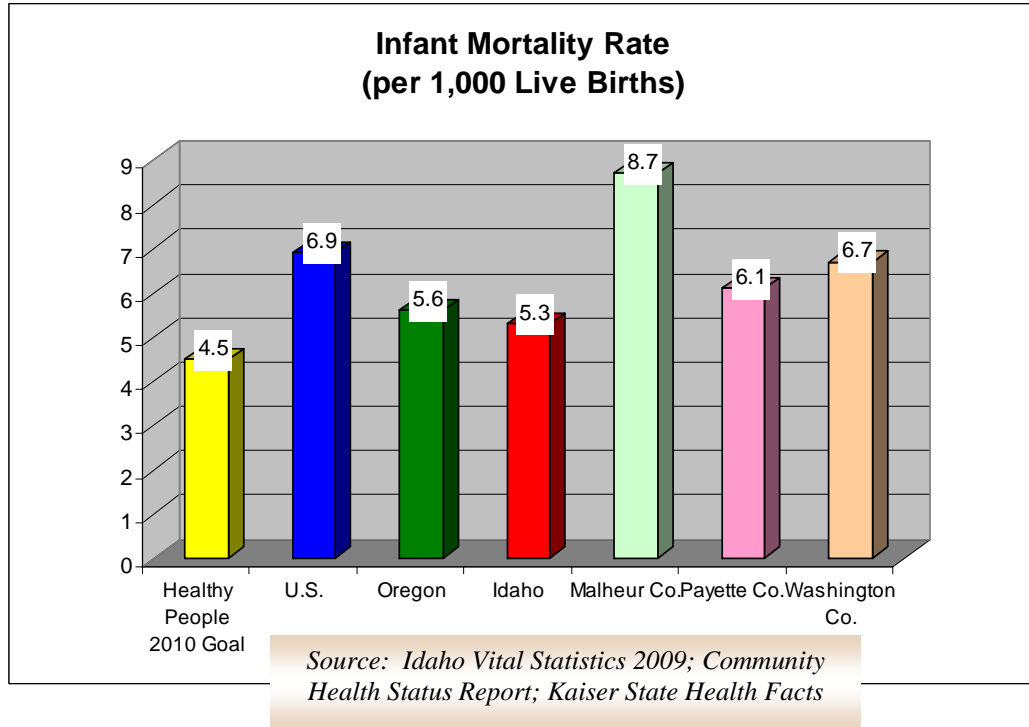
Malheur County has a slightly lower rate of premature death than the U.S. 50<sup>th</sup> percentile, but higher than the state rate. Malheur's premature death rate is higher than Payette and Washington Counties.



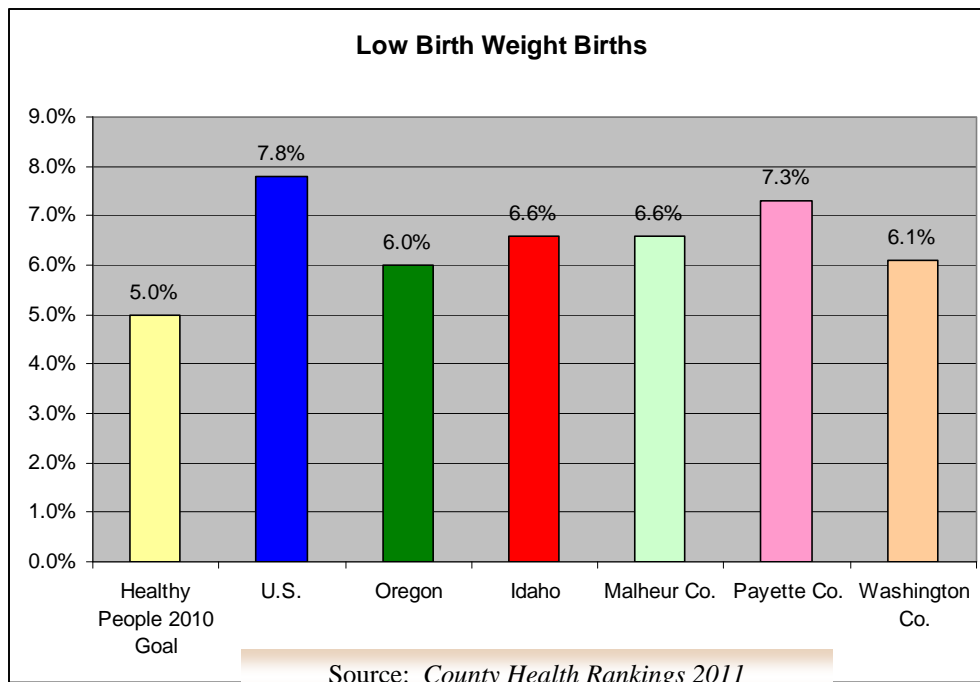
Source: *County Health Rankings 2011*

### Birth Statistics

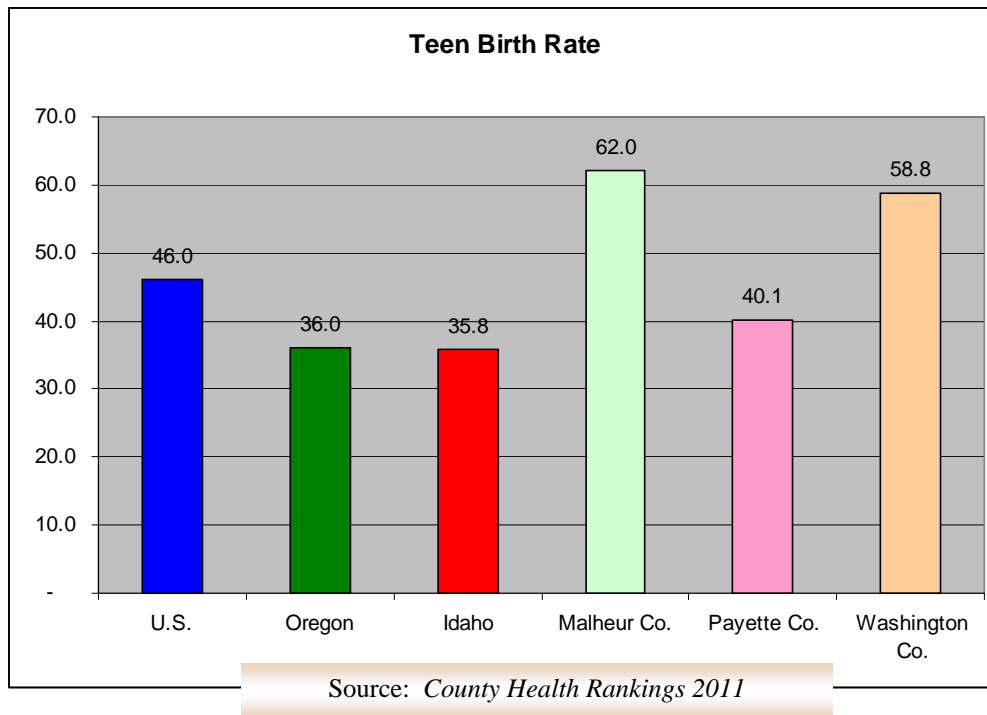
Malheur County's infant mortality rate is higher than all comparison groups at 8.7 per 1,000 live births. Payette and Washington Counties have rates more similar to the U.S. rate, but higher than state rates for Oregon and Idaho. Despite the high infant mortality rate in Malheur County, preterm birth rates are consistent with the state rate and two percentage points lower than the national rate. While Idaho's 2010 data was available, Oregon's was not – as a result we are comparing 2009 data to ensure consistency.



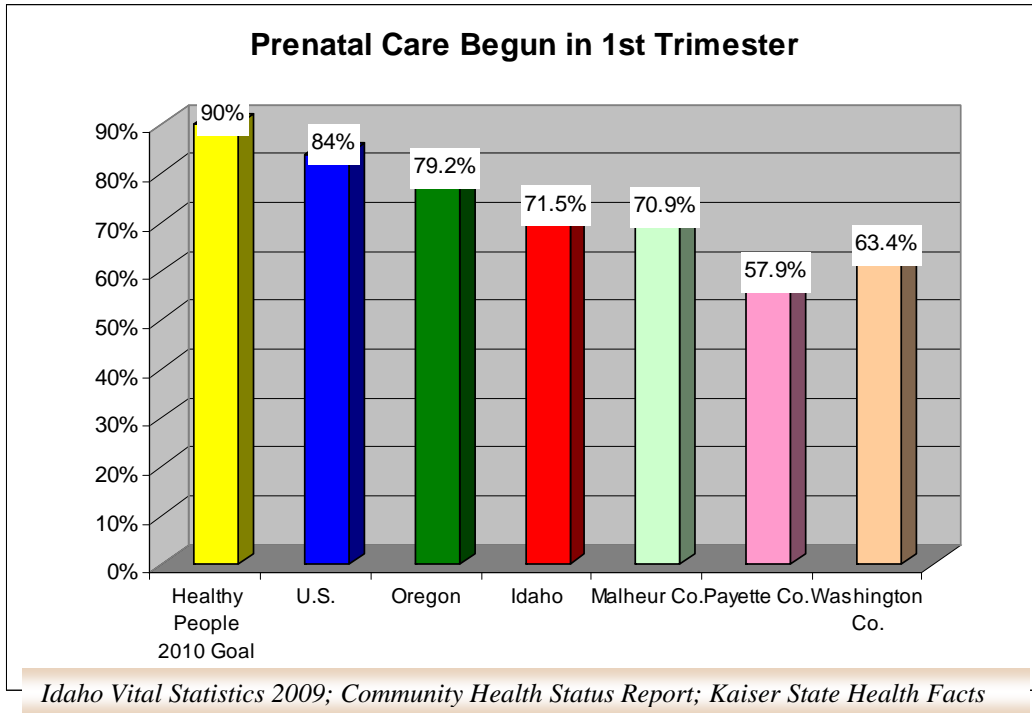
The incidence of low birth weight in Malheur and Payette Counties is higher than the Oregon state rate, but still lower than the national 50<sup>th</sup> percentile.



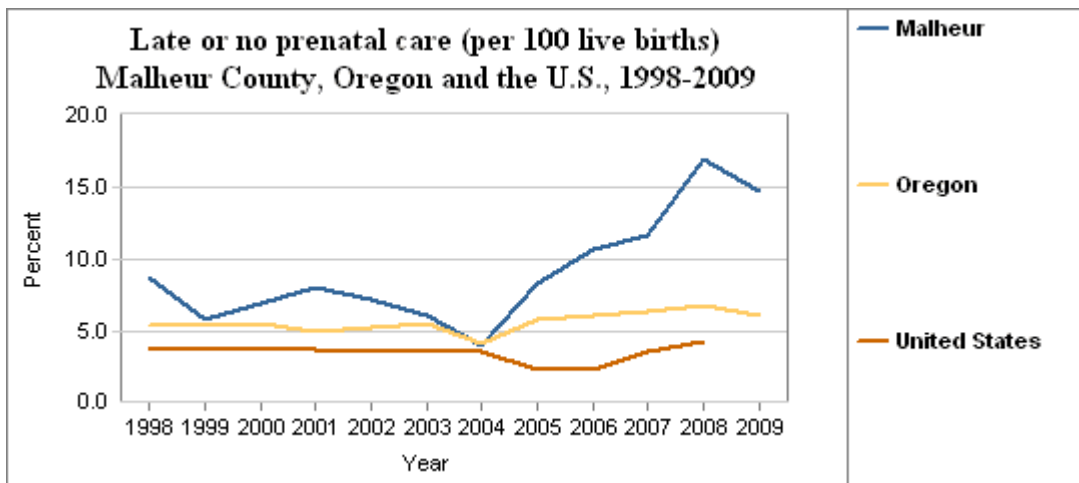
Teen birth rates in Malheur, Payette and Washington Counties are all higher than the state rate, and the rates in Malheur and Washington Counties surpass the U.S. 50<sup>th</sup> percentile by a significant margin.

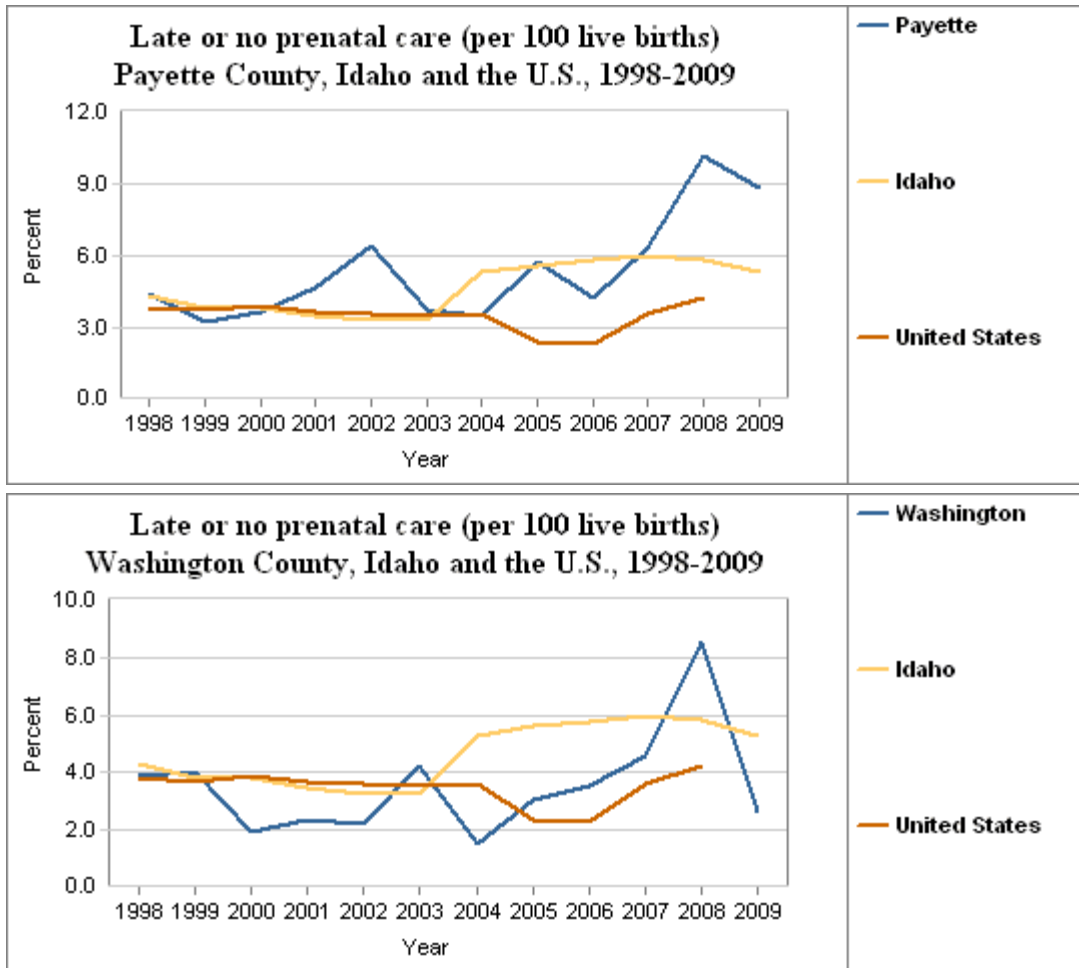


Early prenatal care is essential to positive birth outcomes. Locally, prenatal care is not begun in the first trimester as often as at the state or national level. Malheur County's rate lags approximately 13 percentage points behind the national rate, and Payette and Washington County's rates are even lower, presenting opportunity for improvement.



Prenatal care trends indicate that Malheur, Payette and Washington Counties have seen an increasing trend in the percentage of pregnant women receiving prenatal care late or not at all. This rate has trended upward since 2004, although rates have declined over the 2008-09 time period.





*Indicators Northwest*

*Disease-Specific Indicator Data*

**Alzheimer’s Disease**

The following tables from the Alzheimer’s Association show Oregon and Idaho state data relating to the burden of Alzheimer’s Disease. Unfortunately county level data was not available. As demonstrated by the Alzheimer’s Association projections, the burden of Alzheimer’s disease has grown significantly since 2000 and is expected to continue to grow as our population ages.



## Oregon Alzheimer's Disease Data

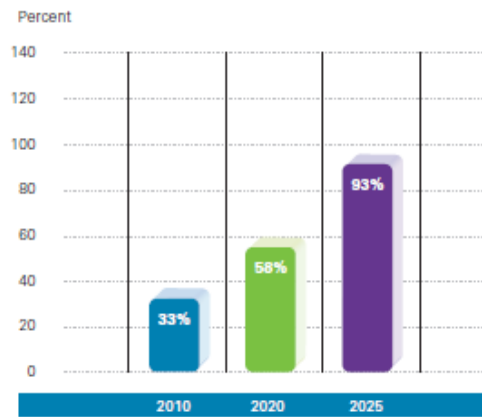
### Number of People Aged 65 and Older with Alzheimer's by Age

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

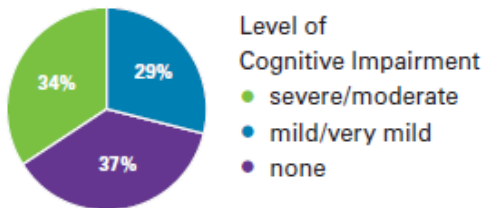
Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2009	136,067	154,953,263	\$1,781,962,527	N/A
2010	162,761	185,352,080	\$2,211,250,320	N/A
2011	165,806	188,819,908	\$2,288,497,287	\$91,032,239

### 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](http://alz.org/facts).

## Idaho Alzheimer's Disease Data

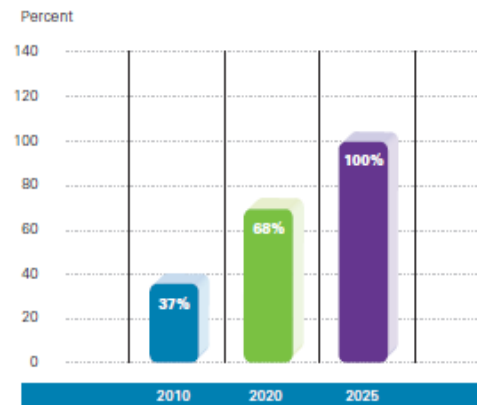
### Number of People Aged 65 and Older with Alzheimer's by Age

Year	65-74	75-84	85+	Total	% change from 2000
2000	1,100	9,900	7,900	19,000	
2010	1,300	12,000	13,000	26,000	37%
2020	2,000	15,000	15,000	32,000	68%
2025	2,400	19,000	17,000	38,000	100%

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

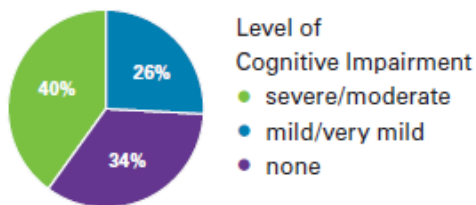
Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2009	52,635	59,941,041	\$689,321,970	N/A
2010	73,230	83,393,999	\$994,890,413	N/A
2011	75,196	85,633,757	\$1,037,881,136	\$35,394,289

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



### Cognitive Impairment in Nursing Home Residents, 2009

Total Nursing Home Residents **12,558**



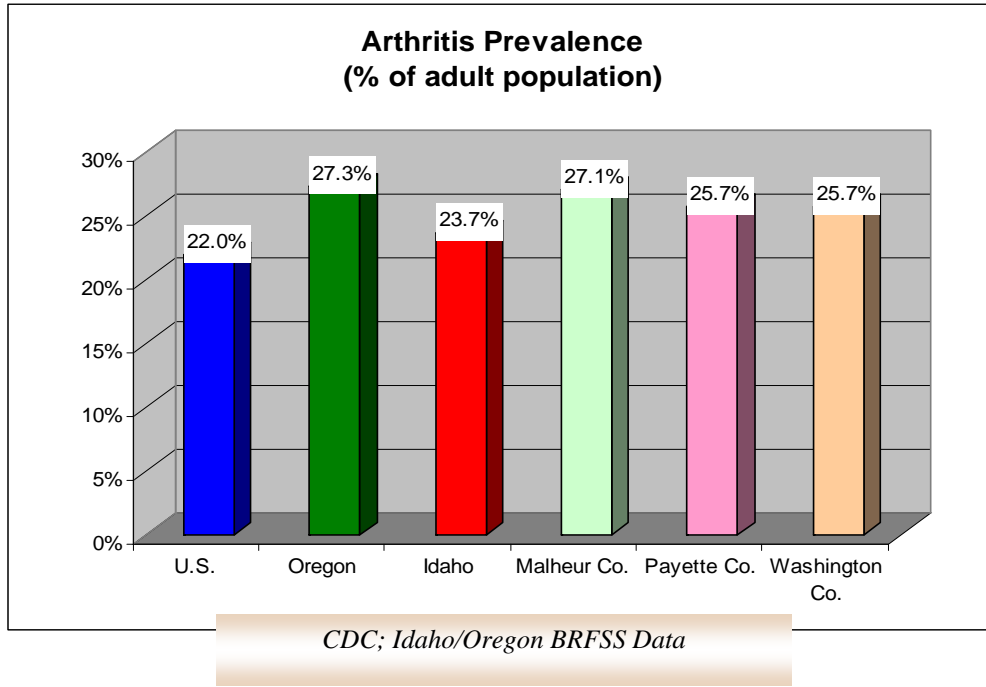
### Number of Deaths Due to Alzheimer's Disease in 2008

**393**

For more information, view the *2012 Alzheimer's Disease Facts and Figures* report at [alz.org/facts](http://alz.org/facts).

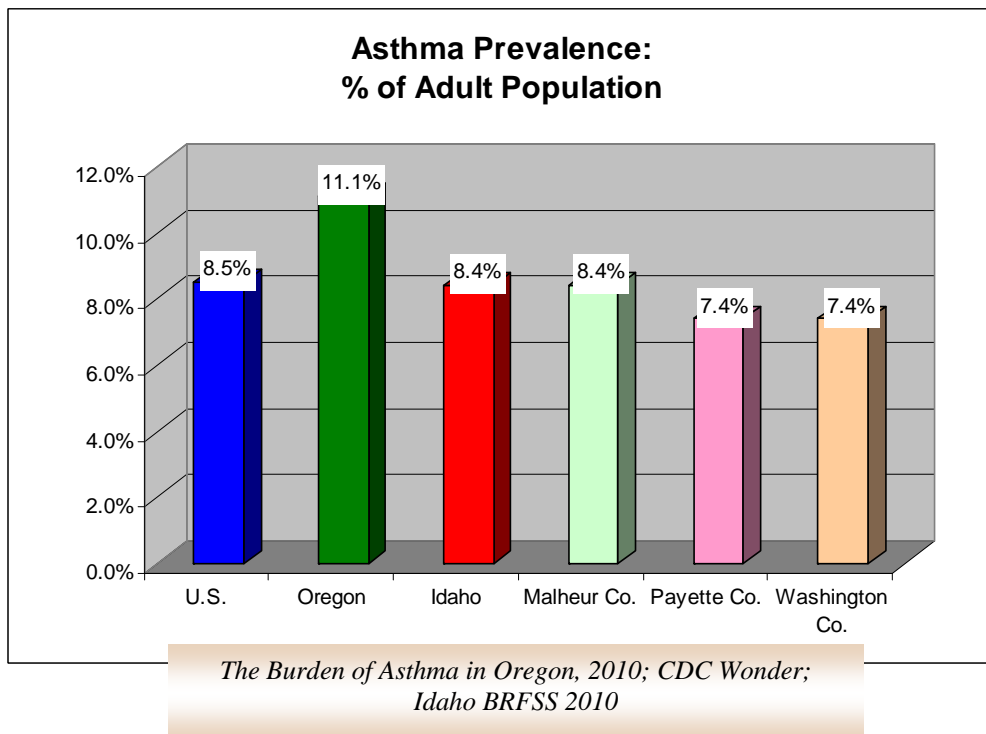
## Arthritis

Arthritis prevalence locally is consistent with the Oregon rate, although a few percentage points higher than the national rate.



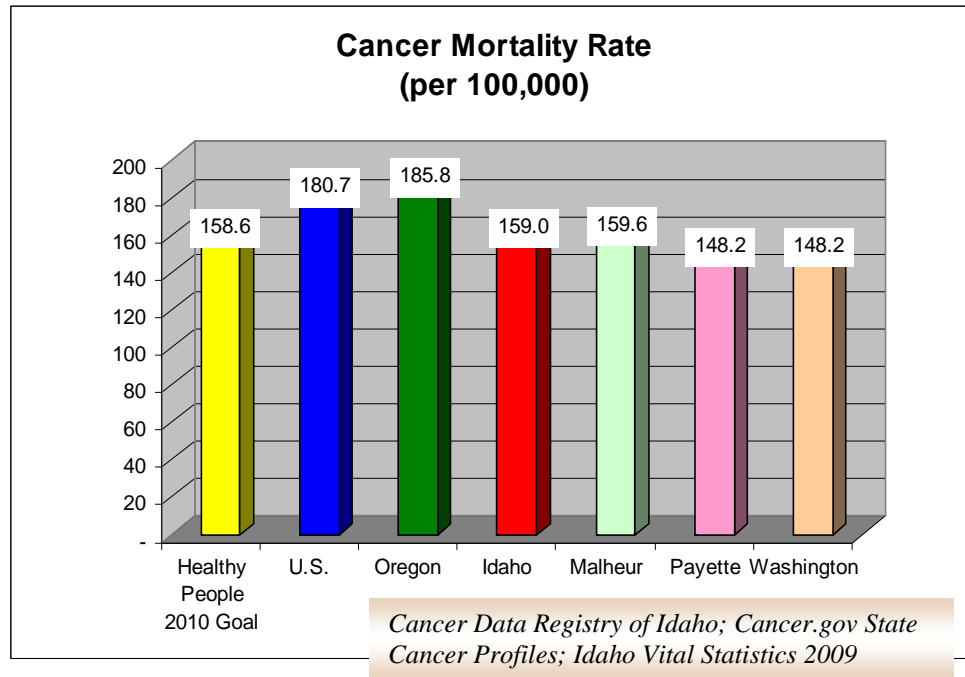
## Asthma

The incidence of asthma among adults locally is consistent with the national rate and lower than the state of Oregon.

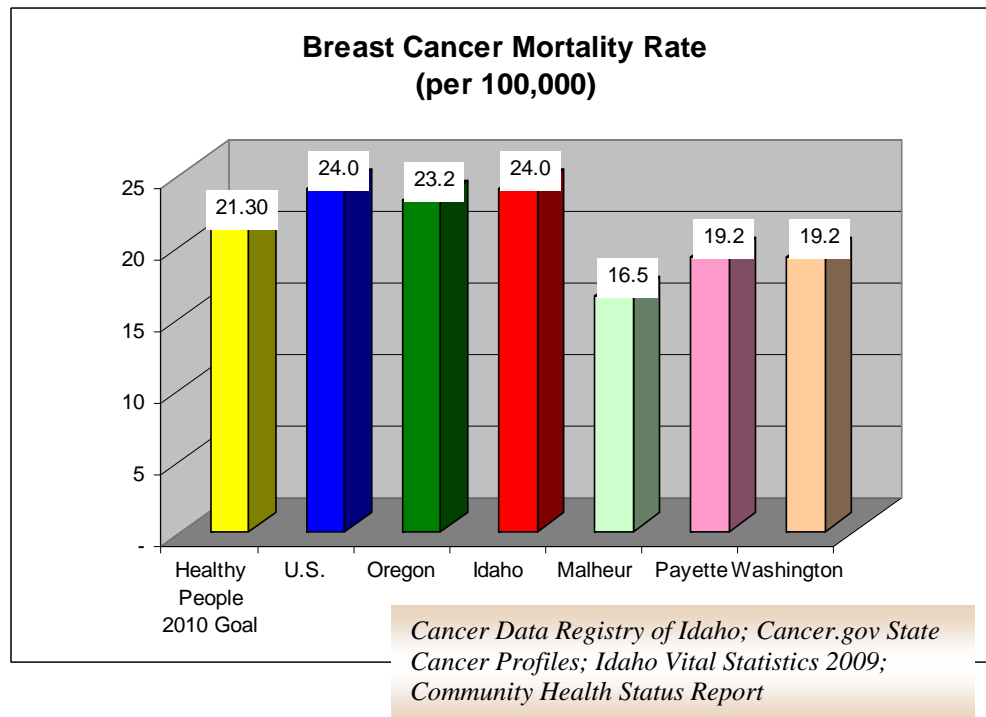


## Cancer

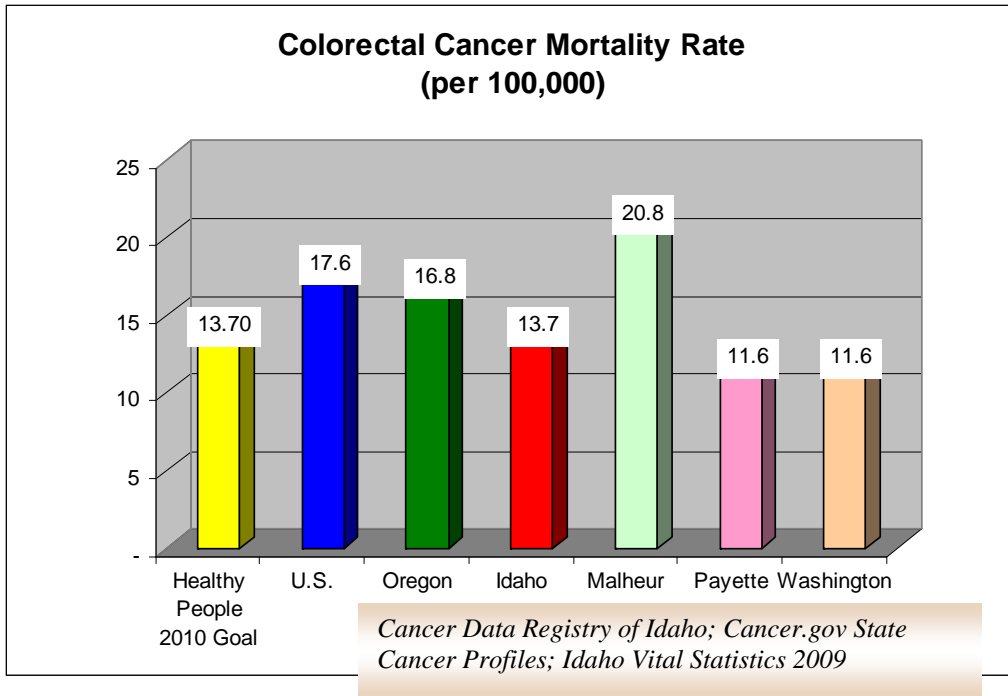
Locally, the mortality rates due to cancer are lower than Oregon and U.S. rates, and actually very close to the Healthy People 2010 goal.



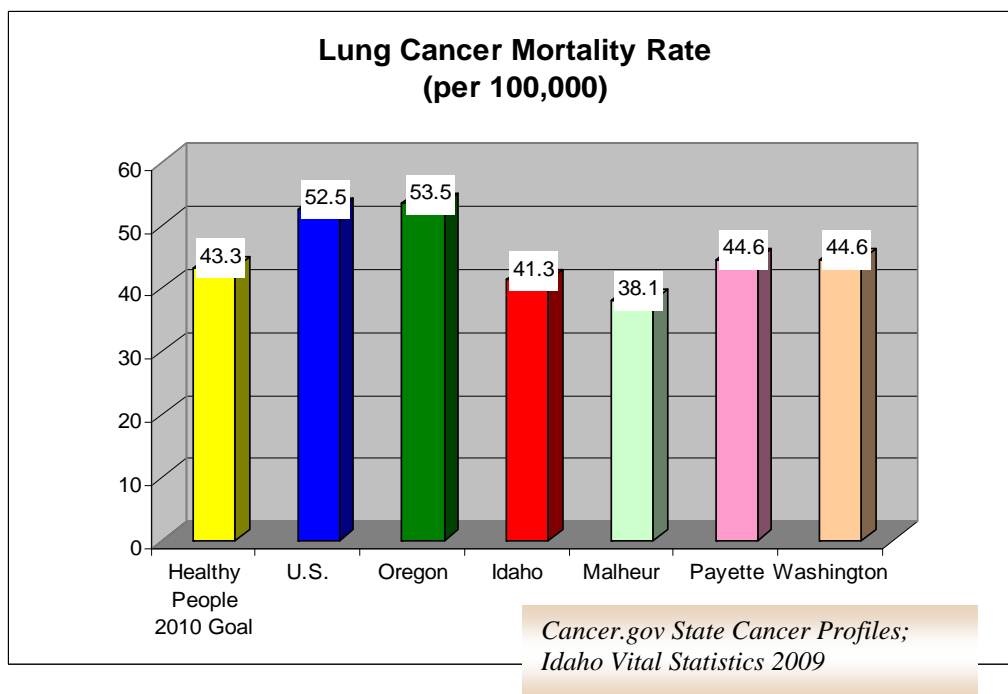
Similar to the overall cancer mortality rate, the breast cancer mortality rate for Malheur, Payette and Washington Counties are lower than the state and national rates, and also below the Healthy People goal.



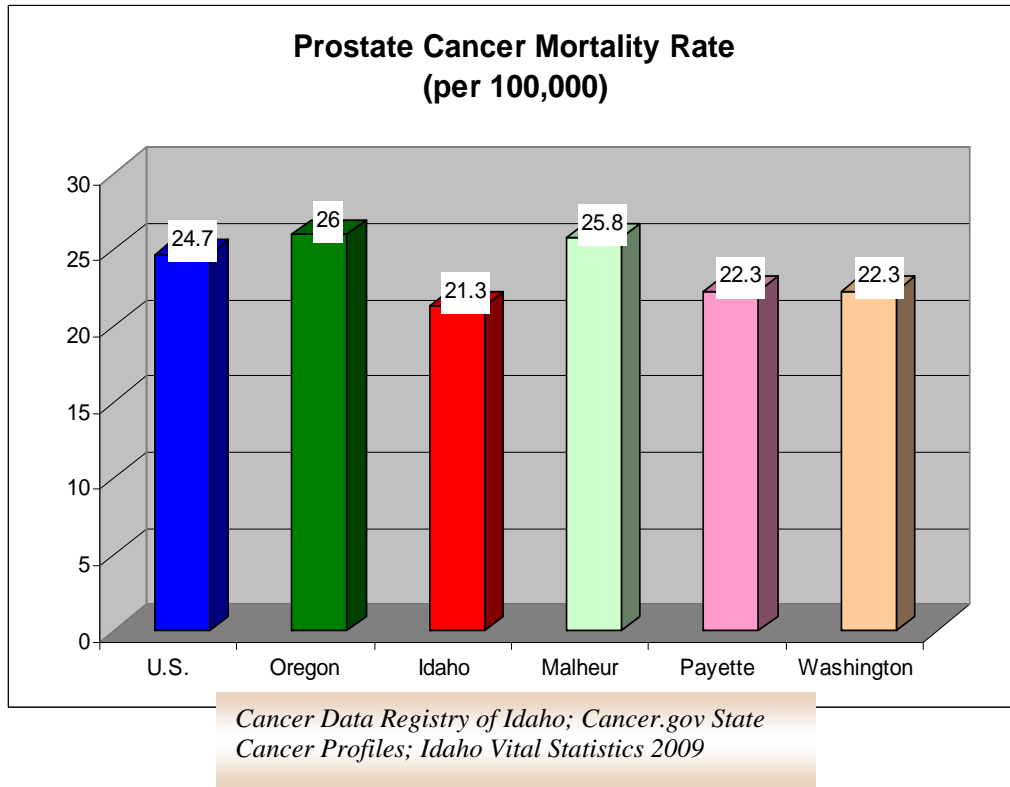
Malheur County's colorectal cancer mortality rate is higher than all the other comparison groups, with approximately four more people out of every 100,000 dying of colorectal cancer, compared to the Oregon rate.



Lung cancer mortality is lower in Malheur County than the comparison groups, and lower than the Healthy People goal. Payette and Washington Counties are a bit higher than Malheur and higher than the Idaho rate but still lower than the U.S. and Oregon rates.

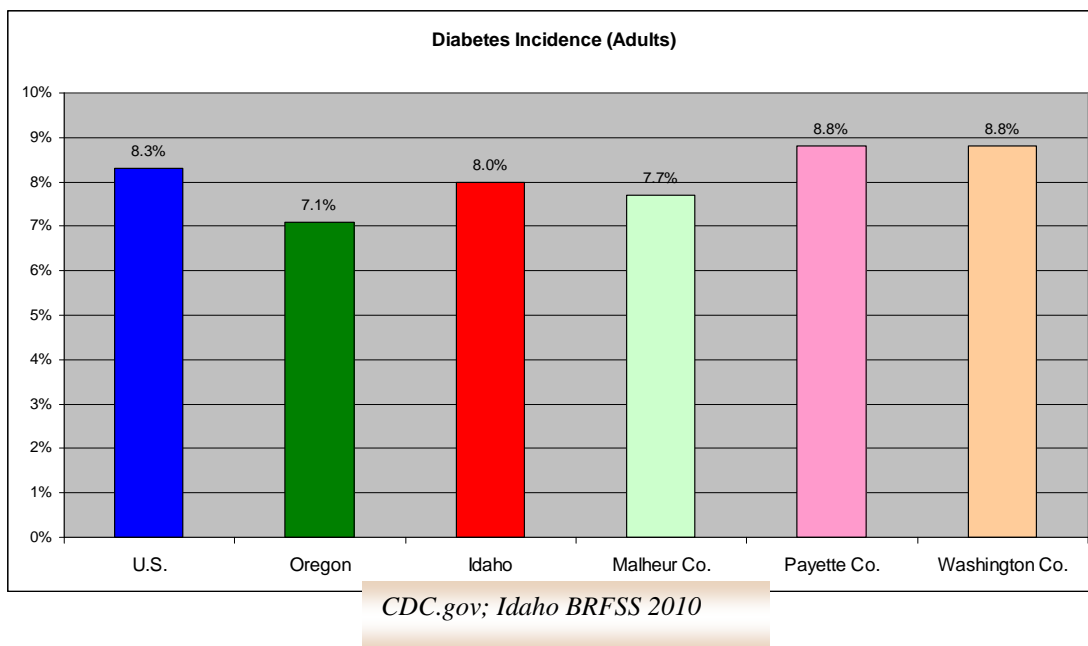


Prostate cancer mortality in Malheur County is fairly consistent with the Oregon rate, although a bit higher than the national rate. Malheur County's mortality rate is higher than Payette and Washington Counties.

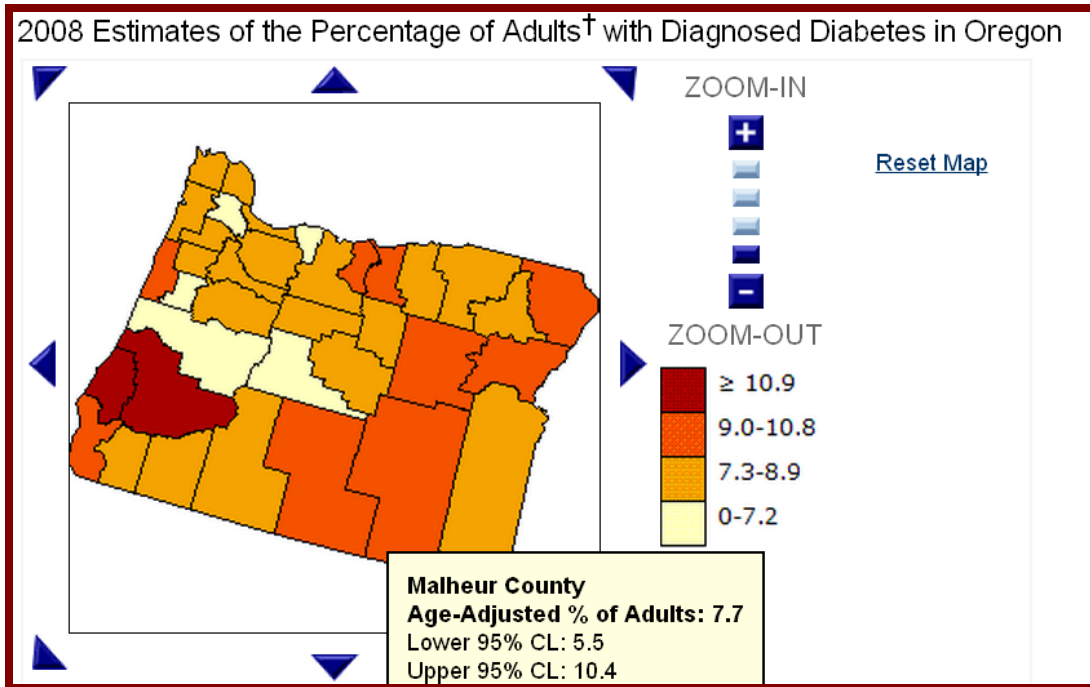


**Diabetes**

Malheur County's diabetes prevalence in adults is slightly higher than the Oregon rate and is lower than the national rate. Payette and Washington Counties both have higher incidence of diabetes than the other comparison groups.



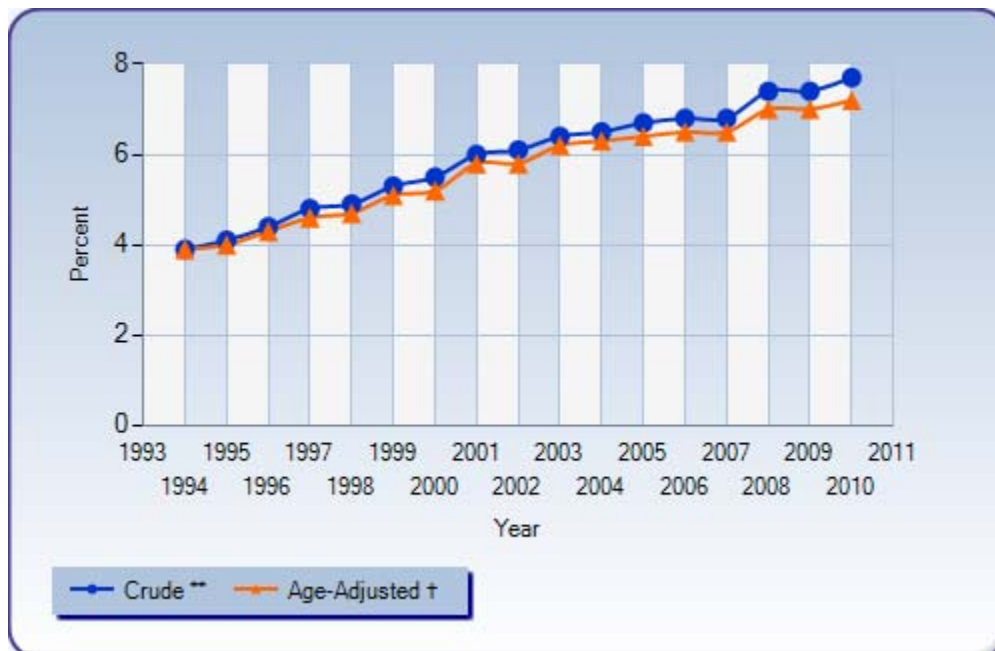
The following map shows diabetes prevalence in Malheur County in comparison with other Oregon counties.



[http://apps.nccd.cdc.gov/DDT\\_STRS2/CountyPrevalenceData.aspx?StateId=1](http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?StateId=1)

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

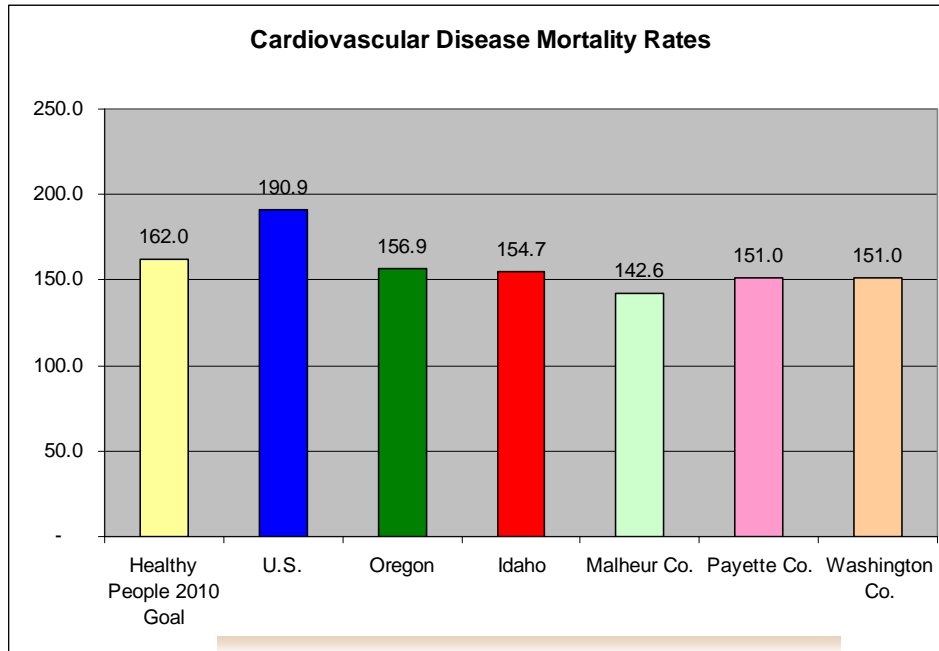
### Oregon - Percentage of Adults with Diagnosed Diabetes, 1994 - 2010



CDC.gov Diabetes Data & Trends

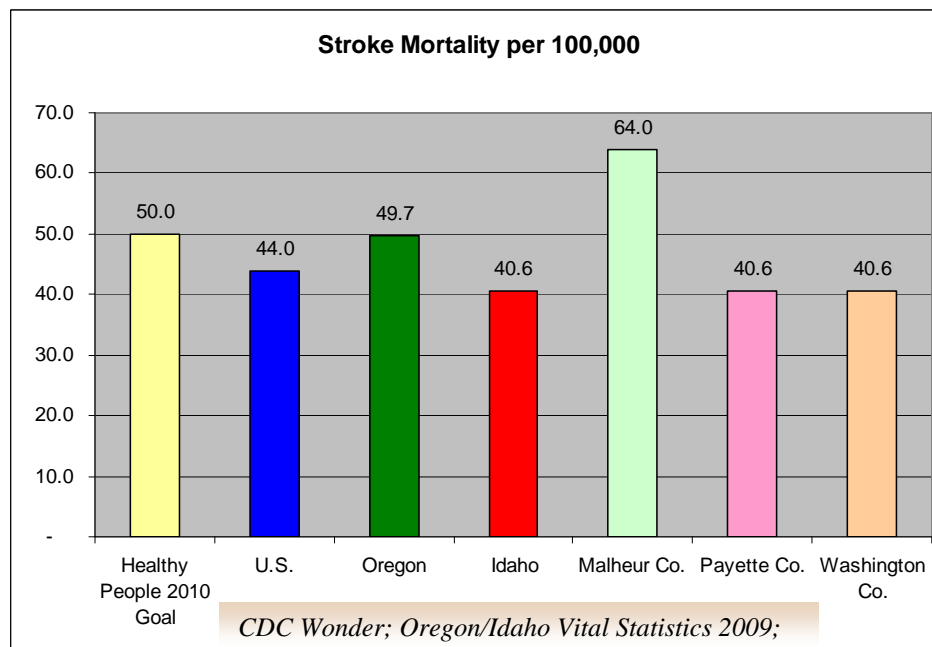
## Heart Disease and Stroke

Mortality rates for cardiovascular disease in the three local counties are slightly lower than the Oregon & Idaho rates, but lower than the national rate.



*Idaho Vital Statistics 2009; Kaiser State Health Facts*

Malheur County's stroke mortality rate is significantly higher than the other comparison groups, whereas Payette and Washington Counties have rates closer to the Idaho rate and slightly lower than the national rate.



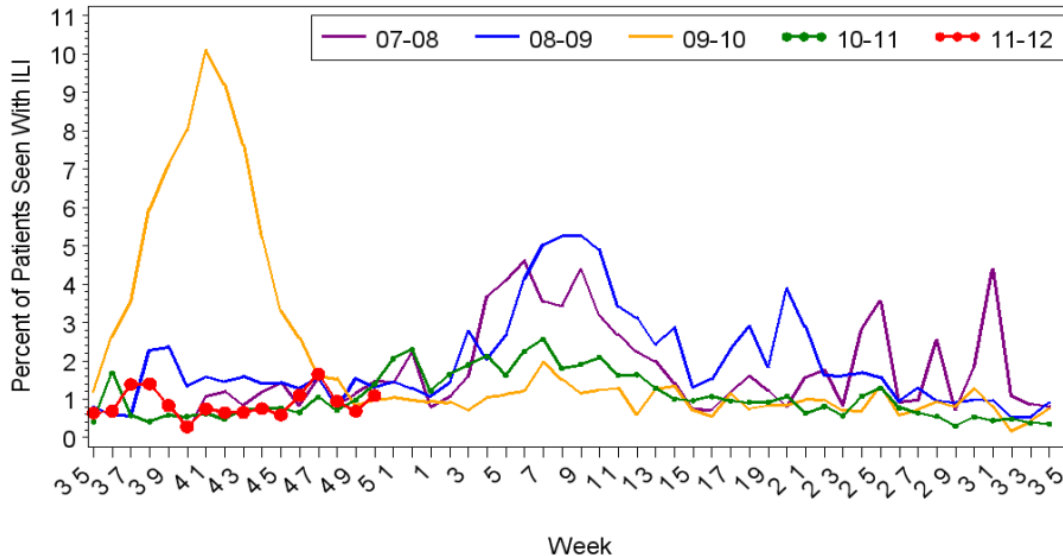
*CDC Wonder; Oregon/Idaho Vital Statistics 2009; Community Health Status Indicators*



## Influenza and Pneumonia

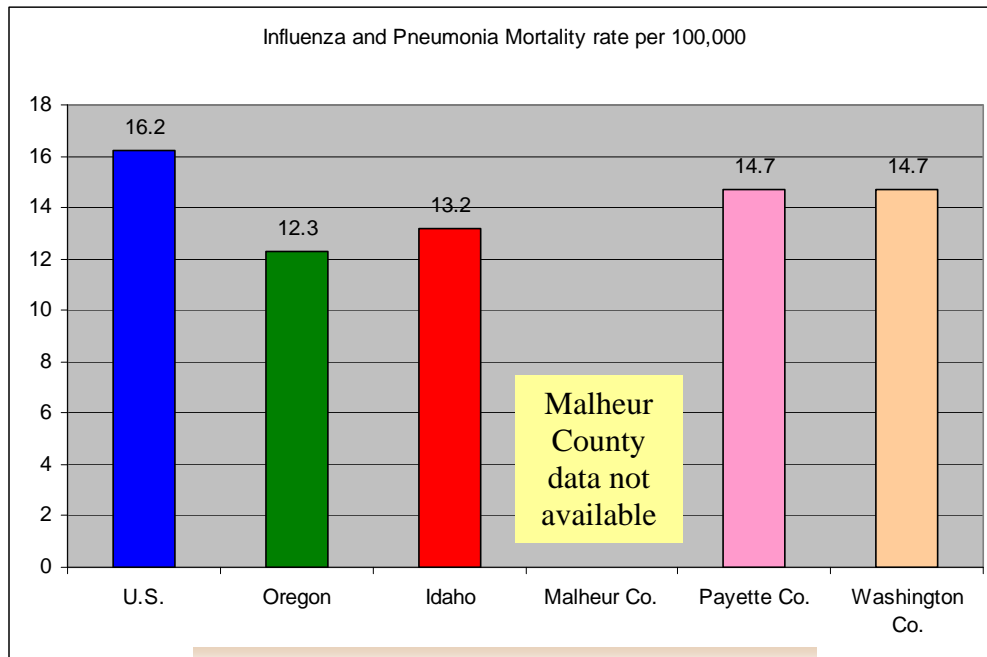
Incidence of influenza-like illness has remained fairly low in the state of Oregon for the past two years, following a major spike in 2009-2010 during the H1N1 outbreak.

Oregon Outpatient Influenza-Like Illness Surveillance Network (ILINet) 21DEC11  
**Percent of Outpatients with Influenza-like Illness (ILI)**  
 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012



*Oregon Health Authority Public Health Information*

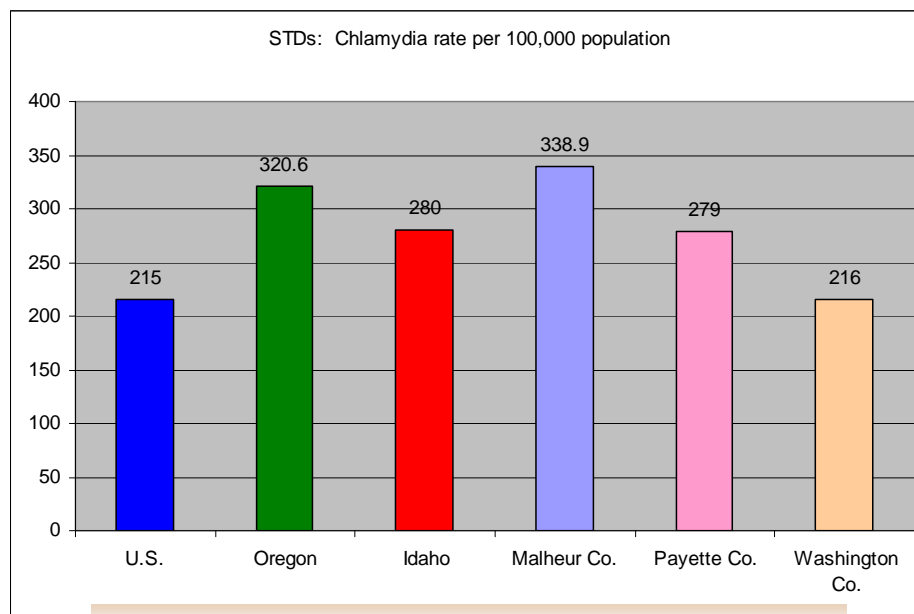
Influenza and pneumonia mortality data is not available for Malheur County, but Payette and Washington Counties both have higher rates than the Oregon and Idaho state rates, although lower than the national rate.



*Idaho Vital Statistics 2009; Kaiser State Health Facts*

## Sexually Transmitted Diseases (STDs)

Oregon's rates for Chlamydia infection are significantly higher than the national 50<sup>th</sup> percentile. Locally, Malheur County's rate is higher than all other comparison groups.



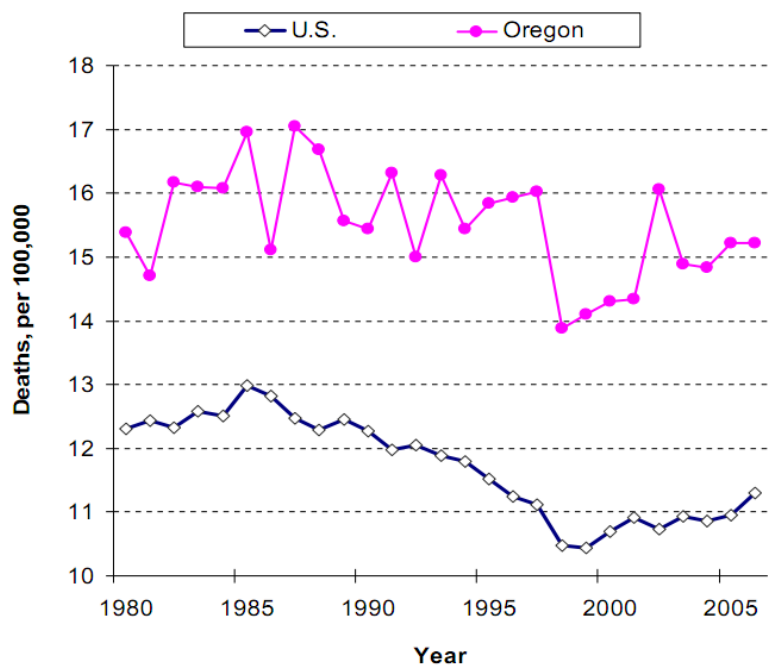
*County Health Rankings 2011; Oregon Health Authority 2010*

## Suicide

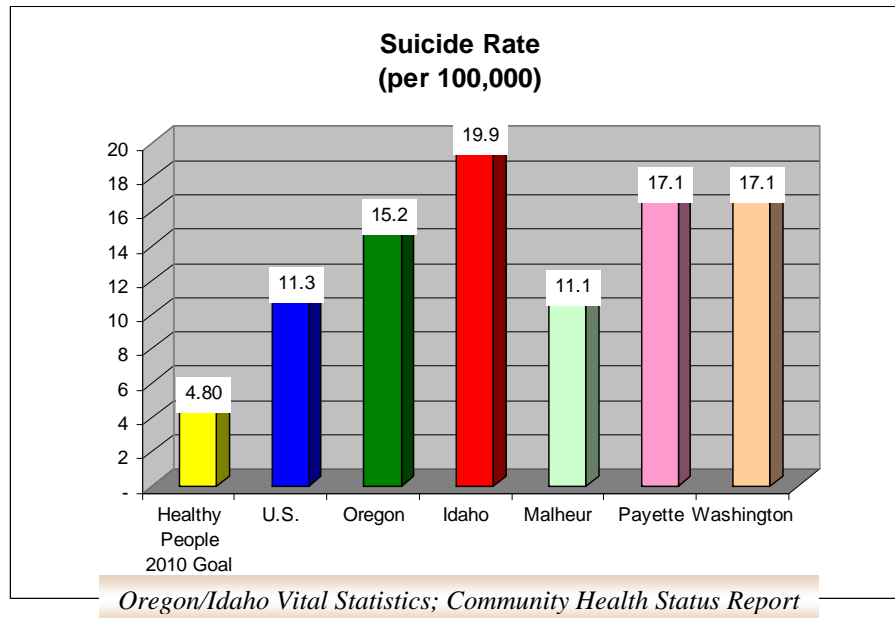
According to the report *Suicides in Oregon: Trends and Risk Factors (2010)*, "Compared to the national average, Oregon suicide rates have been higher for more than two decades. Most recently available national data shows Oregon age-adjusted suicide rate of 15.2 per 100,000 in 2007 was 35 percent higher than the national average and Oregon ranked 10th 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 women ages 10-24.

### Age-Adjusted Suicide Rates, 1981-2007, Oregon vs. U.S.

*Source: Suicides in Oregon 2010*

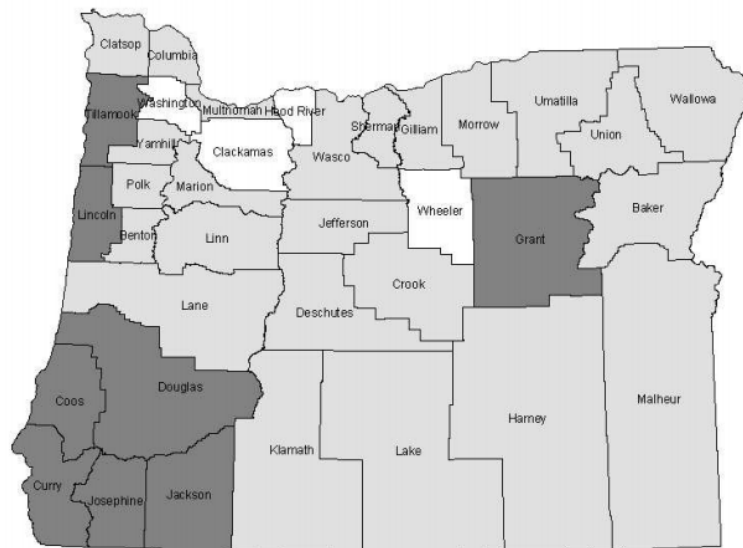


Suicide rates in Malheur County are comparatively lower than neighboring Payette and Washington Counties. Idaho's suicide rate is the 4<sup>th</sup> highest in the nation; Oregon's rate is somewhat lower but still higher than the national rate.



According to the report *Suicides in Oregon (2010)*, Malheur County's suicide rate falls among the state average rate when compared with other counties across the state (see figure below).

Suicide rate by county, Oregon, 2003-2007

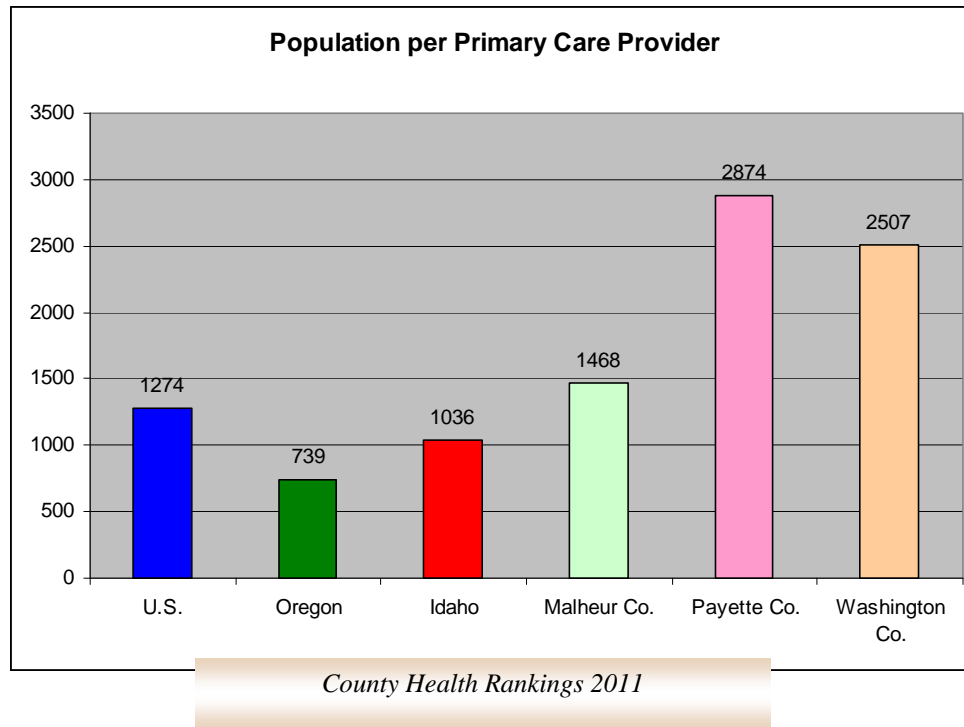


- Lower than the state average
- The state average rate  
(95% CI: 15.1 -16.3 per 100,000)
- Higher than the state average

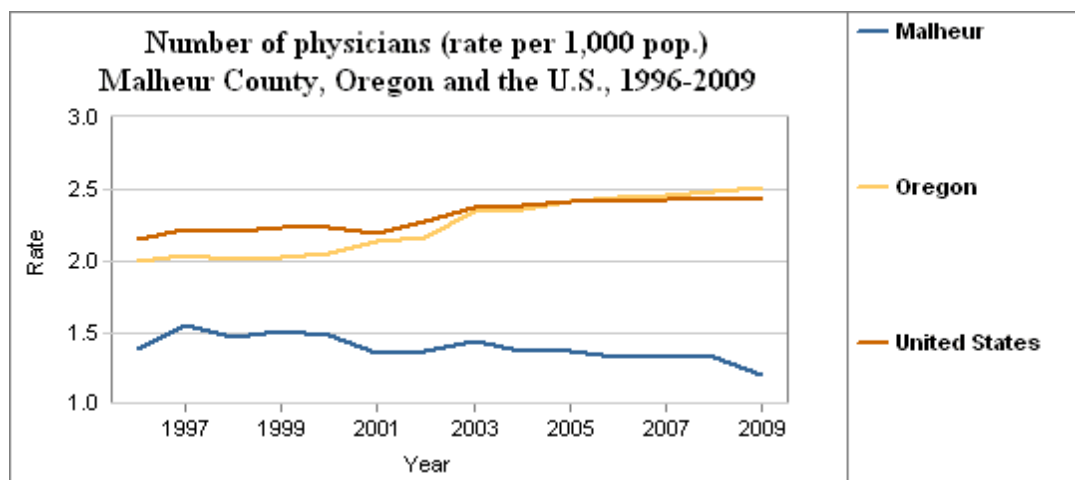
## Access to Care Measures

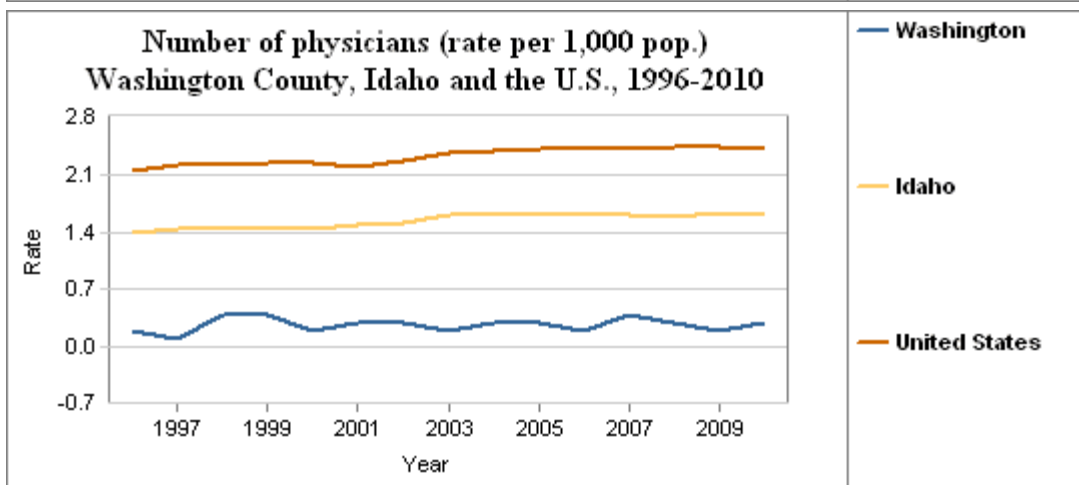
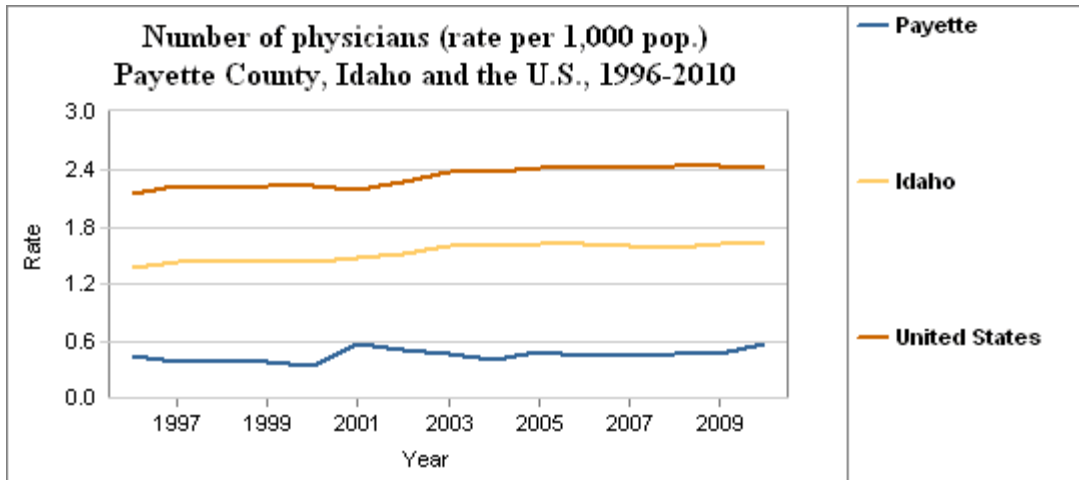
### Physician Supply

Malheur, Payette and Washington Counties face a significant shortage of primary care providers, as evidenced by the graph below showing the population per each primary care provider.



The graphs below from Indicators Northwest demonstrate the supply of physicians per population in Malheur, Payette and Washington Counties, and show all three counties having more limited physician supply than at the state and national level. Note that data from 2003 and later count all physicians in patient care. Data prior to 2003 count only physicians in patient care who are not employed by the federal government.

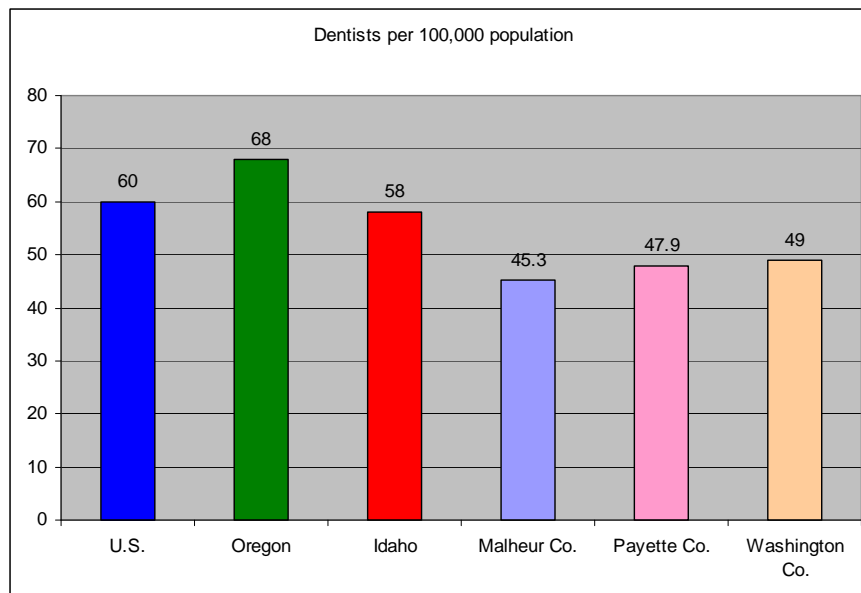




*Indicators Northwest*

### Availability of Dentists

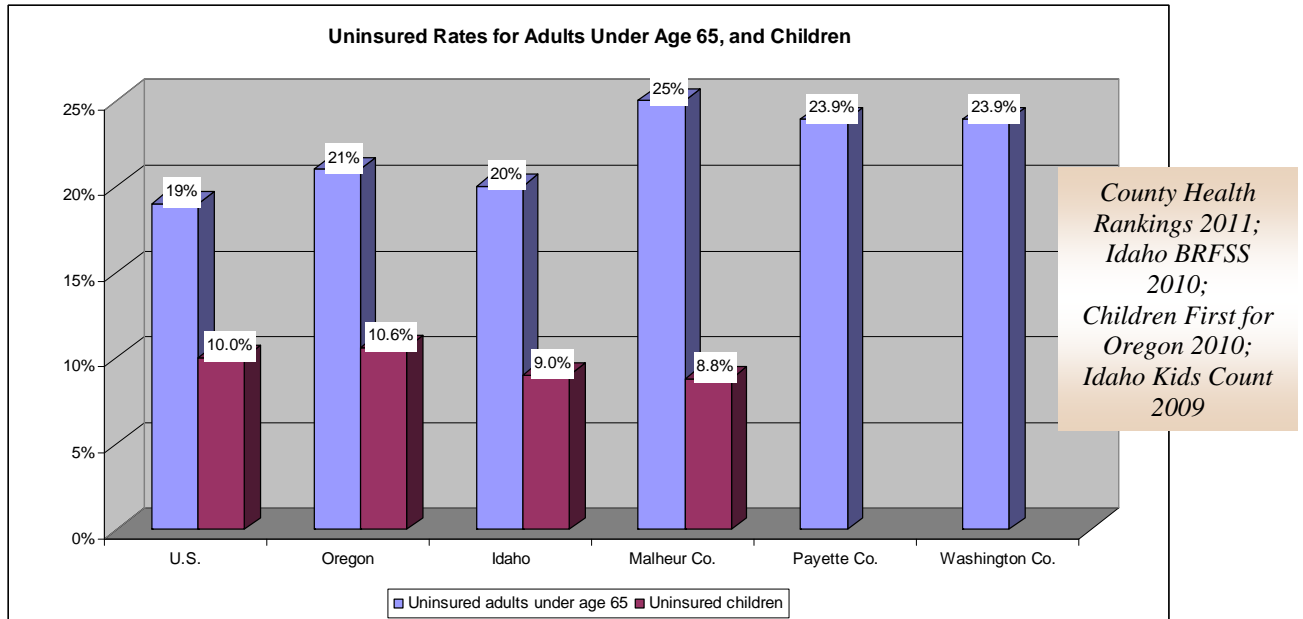
Malheur, Payette and Washington Counties also have a lower supply of dentists per population than the state and U.S. rates.



*HRSA Area Resource  
File 2008; Kaiser State  
Health Facts*

## Lack of Health Insurance

Locally there is a higher rate of uninsured adults than at the state and national level; however, one bright spot is that the rate of uninsured children is lower than the state rate, likely due in part to the high enrollment of Malheur County children in the Healthy Kids coverage program through the State of Oregon.

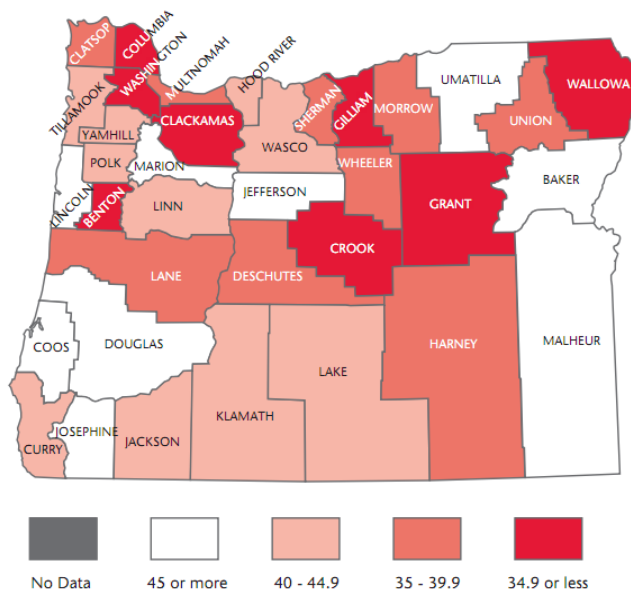


## Healthy Kids

*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, helped cover over 70,000 additional kids in 2010. Accordingly, the rate of uninsured kids dropped from 12.9% in 2008 to 10.6% in 2009.

Baker	45.4
Benton	21.8
Clackamas	24.3
Clatsop	36.0
Columbia	33.4
Coos	47.6
Crook	29.9
Curry	44.6
Deschutes	35.3
Douglas	45.4
Gilliam*	30.1
Grant	32.3
Harney	39.8
Hood River	44.9
Jackson	42.4
Jefferson	49.0
Josephine	52.5
Klamath	43.6
Lake	40.3
Lane	38.9
Lincoln	51.1
Linn	43.7
Malheur	56.1
Marion	49.1
Morrow	37.7
Multnomah	38.5
Polk	40.4
Sherman*	36.5
Tillamook	43.0
Umatilla	46.5
Union	39.3
Wallowa	33.4
Wasco*	43.7
Washington	26.5
Wheeler*	38.8
Yamhill	40.5

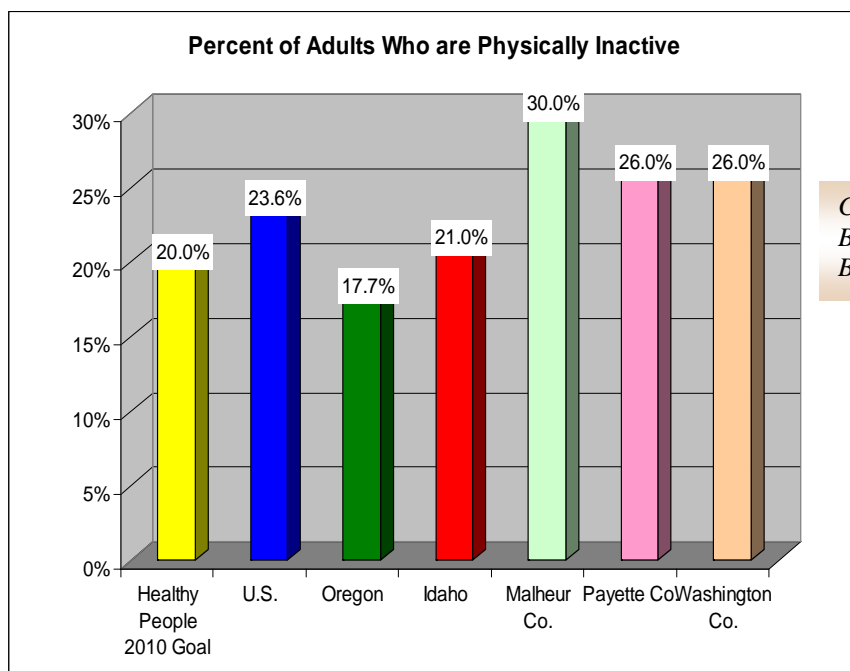


\* Denotes regional data

## Risk Factors for Premature Death

### Physical Inactivity

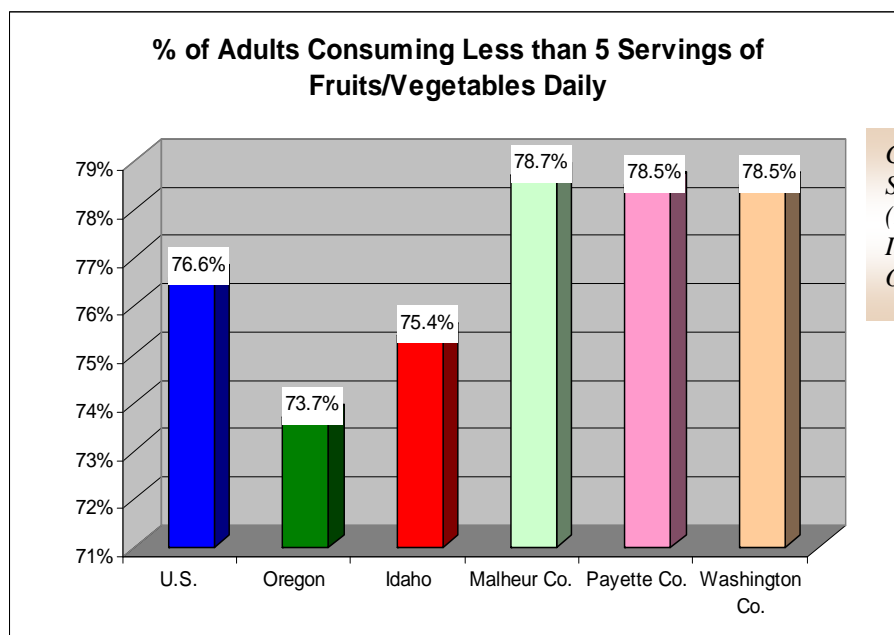
All three local counties have a higher rate of physical inactivity for adults than the national and state rates, with Malheur County's rate also being approximately 12 percentage points higher than the Oregon state rate.



*CDC Wonder; Idaho BRFSS 2010; Oregon BRFSS 2009*

### Inadequate Fruit & Vegetable Consumption

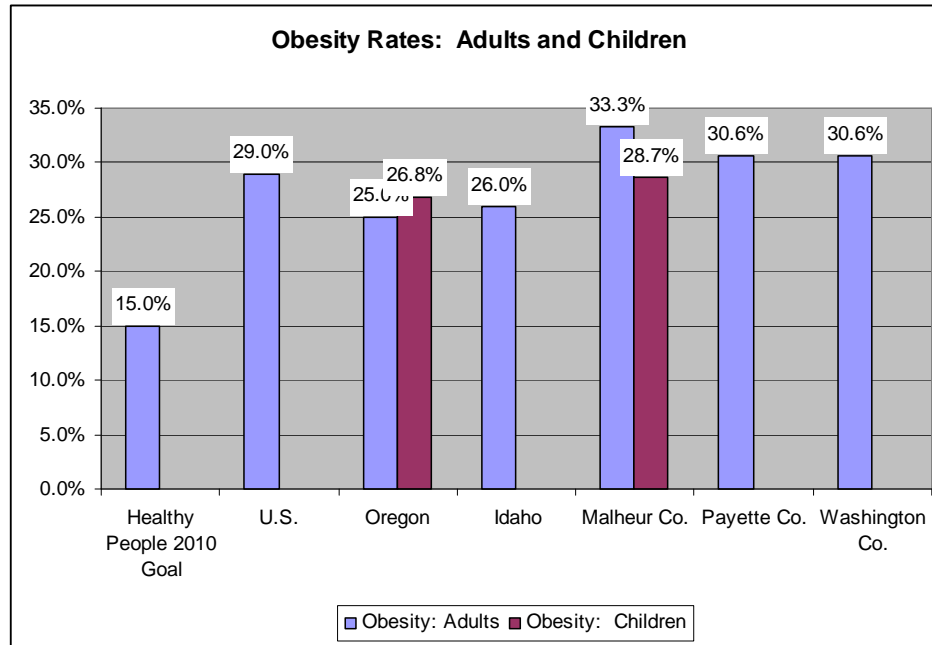
Consumption of the recommended quantity of fruits and vegetables is lagging in the three local counties, in comparison to national and state data. Malheur County's rate is approximately 5 percentage points worse than the State of Oregon rate. It has been noted by community partners that recently developed farmers' markets in Ontario, Nyssa, Vale and Payette may be valuable in improving access to fresh local fruits and vegetables.



*Community Health Status Report, HHS (2000-2006 data); Idaho BRFSS 2010; Oregon BRFSS 2009*

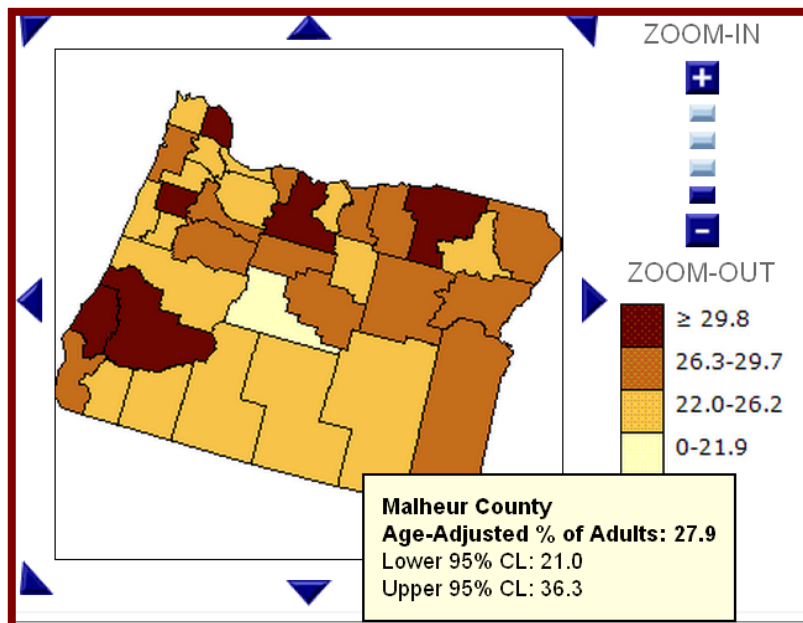
## Obesity Rates

Malheur, Payette and Washington Counties have a higher adult obesity rate than Oregon and Idaho state rates, and slightly higher than the U.S. rate. Childhood obesity rate data availability was limited, but does reveal that Malheur County has a slightly higher childhood obesity rate than the state of Oregon. Idaho's childhood obesity rates included high school students only and therefore were not a comparable measure.



County Health Rankings 2011;  
Idaho BRFSS 2010;  
Oregon BRFSS

## Oregon 2008 Age-Adjusted Estimates of the Percentage of Adults Who Are Obese

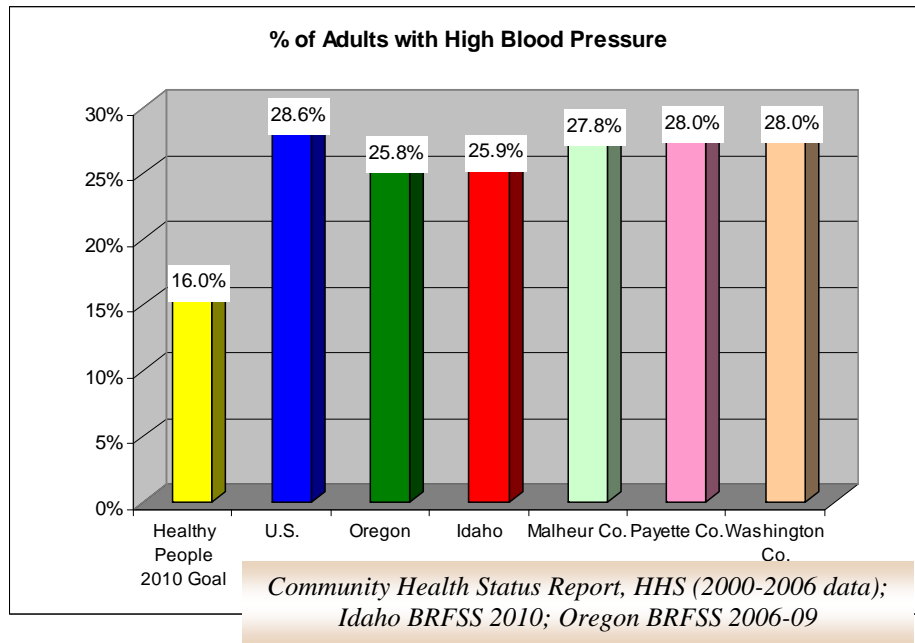


CDC.gov Diabetes Data & Trends



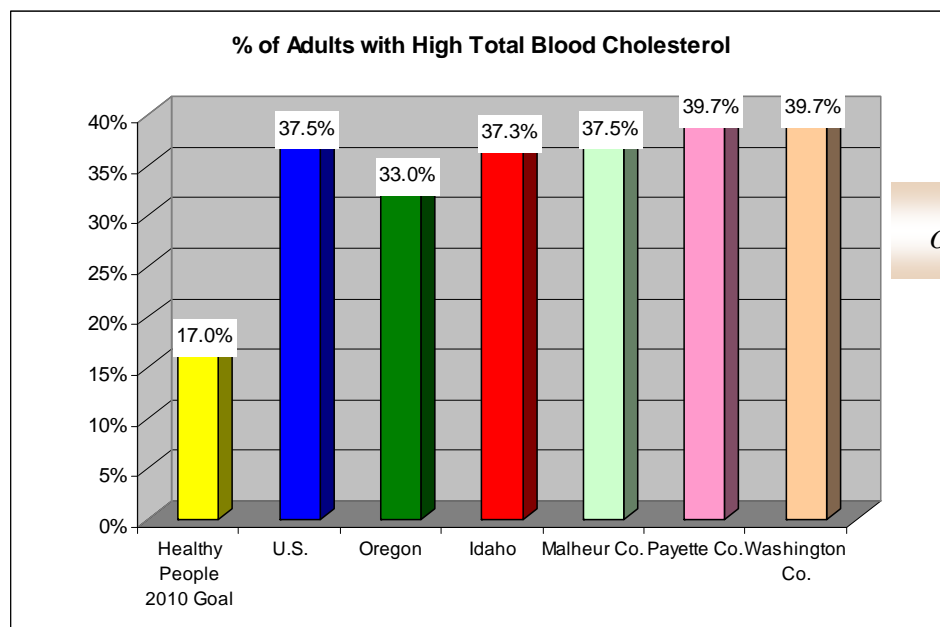
## High Blood Pressure

Incidence of high blood pressure locally is fairly consistent with the national rate, although a couple percentage points higher than the state rate.



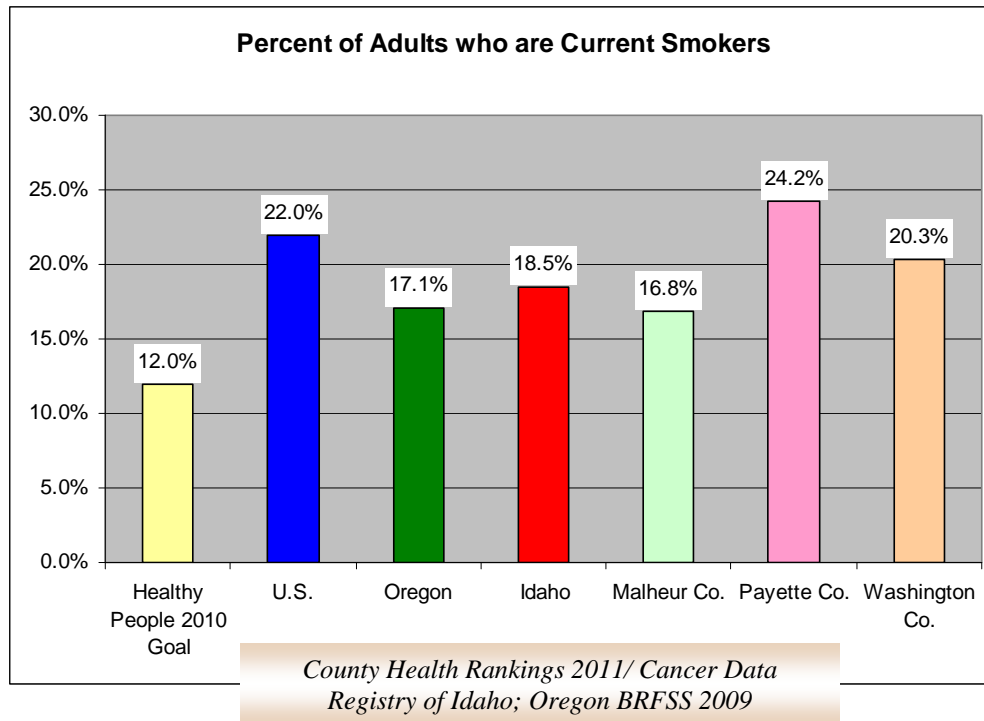
## High Blood Cholesterol

Locally the prevalence of high cholesterol levels in adults is fairly consistent with the national rate, although a few percentage points higher than the Oregon state rate.



## Tobacco and Other Substance Use

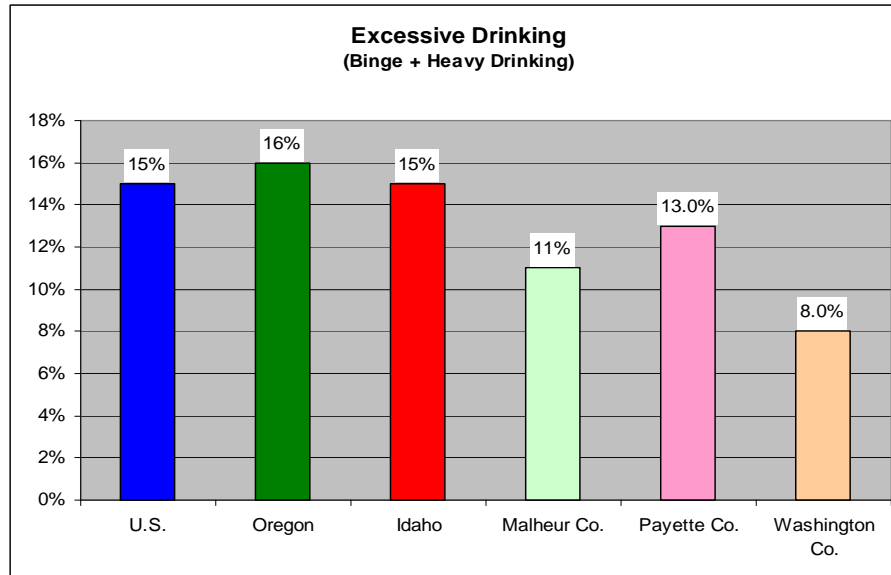
The adult smoking rate in Malheur County is lower than the U.S. 50<sup>th</sup> percentile and the Oregon state rate; although adjacent Payette and Washington Counties both have higher rates, with Payette County's smoking rate being higher than all other comparison groups.



The 2010 Oregon Student Wellness Survey conducted by the Division of Addiction and Mental Health Services indicated that youth in Malheur County are exhibiting higher substance use rates than their statewide counterparts, at all grade levels, and for all substances covered by the survey. Malheur County 6<sup>th</sup> graders exhibited a marijuana use rate 3.3 times greater than the statewide norm. According to the survey, one in eight 8<sup>th</sup> grade students in Malheur County is exhibiting early onset of substance use and is at high risk for lifelong issues of drug use escalation and dependency. Also of concern, Malheur County youth do not perceive tobacco, alcohol, or marijuana use to be as risky as do their statewide counterparts.

## Excessive Drinking

All three local counties have lower incidence of excessive drinking (including binge and heavy drinking) than the national 50<sup>th</sup> percentile and the state rates.

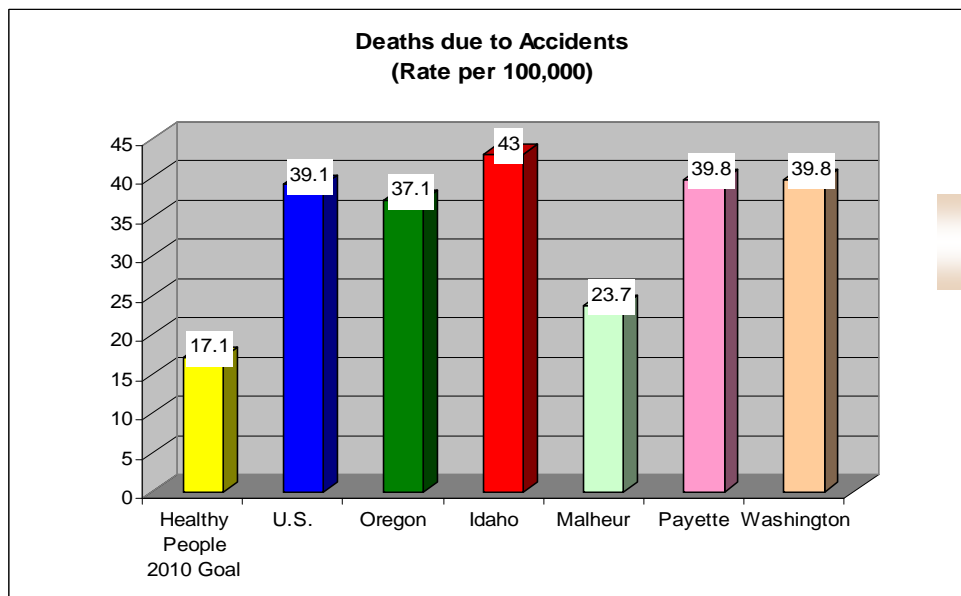


*County Health Rankings 2011 (data from Behavioral Risk Factor Surveillance System, Centers for Disease Control)*

The 2010 Oregon Student Wellness Survey indicates that the rate of binge drinking among Malheur County youth is 2.5 times the statewide average. Also of concern, the Malheur County Epidemiological Data on Alcohol, Drugs and Mental Health notes that in studies taken between 2004 and 2010, Malheur County's rate among youth for driving under the influence was statistically higher than statewide norms every year, with 12% of 11<sup>th</sup> grade students reporting they had driven a motor vehicle while intoxicated. Additionally, 61% of youth stated that they could readily acquire alcohol, and 39% of youth stated they could readily obtain marijuana.

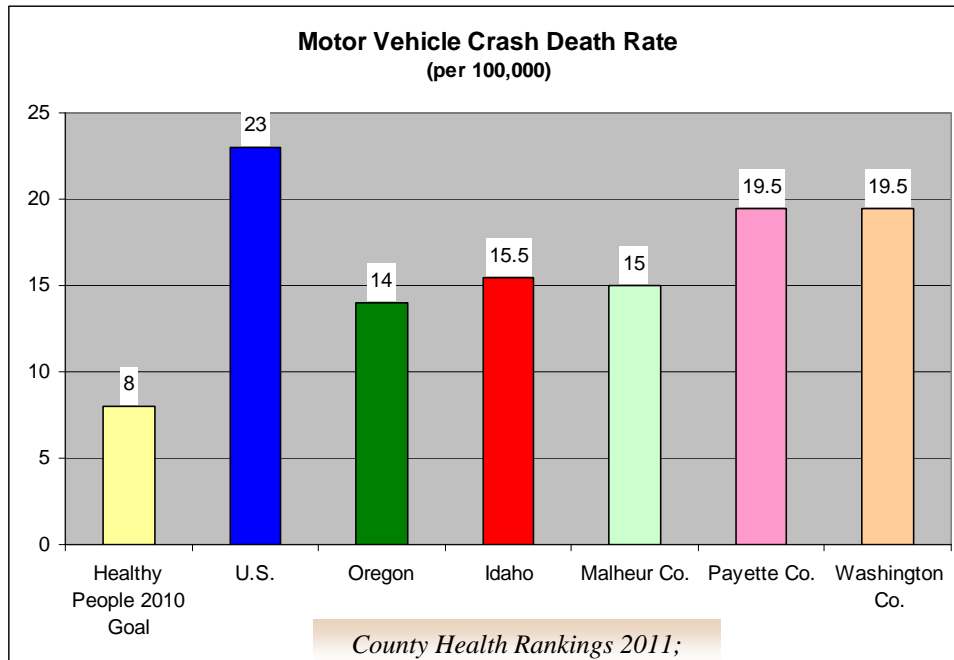
## Accidents

Malheur County has a lower rate of deaths due to accidents than any of the other comparison groups; however, Payette and Washington Counties have higher rates that are close to the national rate, which is slightly higher than the Oregon rate but lower than Idaho's rate.



*Oregon / Idaho Vital Statistics*

All three local counties have lower motor vehicle crash death rates than the U.S. 50<sup>th</sup> percentile; however, Payette and Washington Counties have higher rates than Malheur County and the states of Idaho & Oregon.

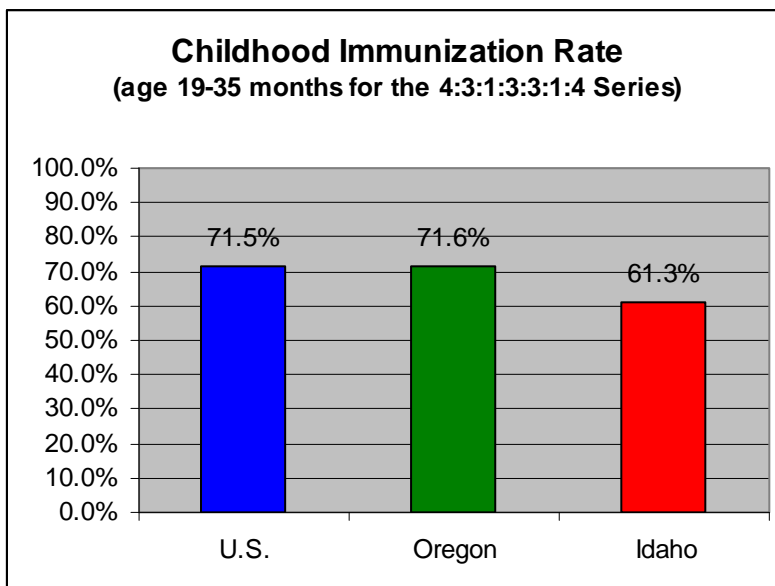


*County Health Rankings 2011; Idaho Vital Statistics 2009*

*Preventive Health Factors*

**Childhood Immunization Rate**

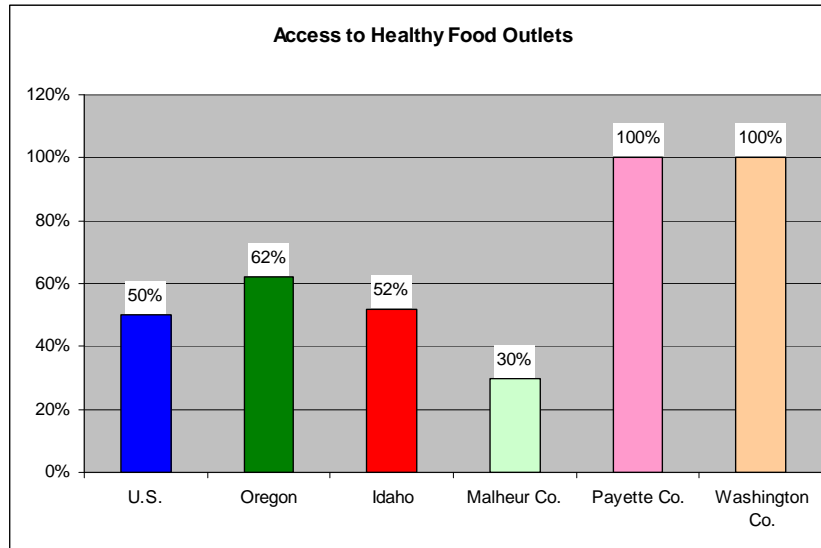
Malheur County has a significantly higher child immunization rate than the State of Oregon, and has shown a 16% improvement over the prior year, at a time when the state immunization rate declined by 9%.



*U.S. National Immunization Survey, 2010*

## Access to Healthy Foods

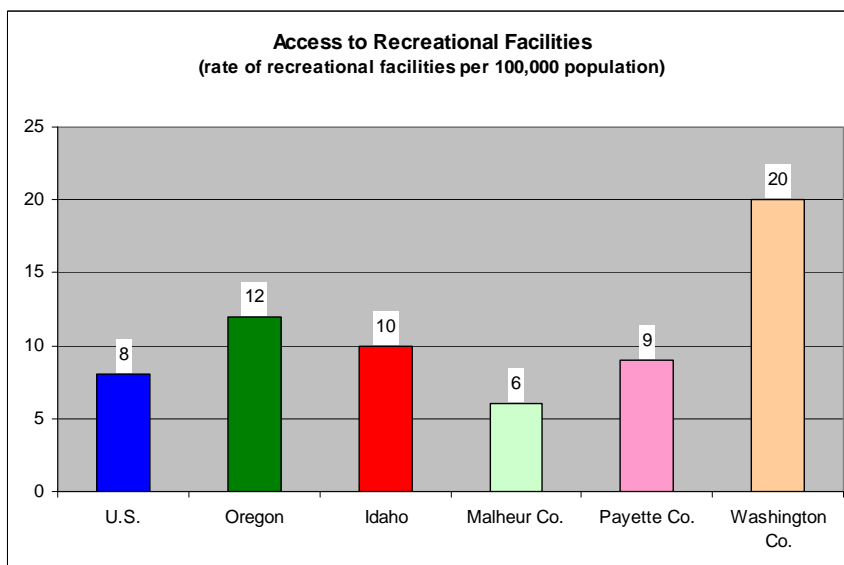
County Health Rankings analyzes the percent of zip codes in a county with a healthy food outlet, defined as a grocery store, produce stand or farmers' market. While Malheur County rates very low on this measure compared to all other comparison groups, both Payette and Washington Counties appear to have a good distribution of healthy food outlets. It should be noted that the 3-county area does serve as a combined "market" for the local community, so likely residents in Malheur County seek foods in the other counties, and vice versa. Recently added farmers' markets in the local area are considered by community partners to be a positive development in terms of enhancing local residents' access to healthy foods.



County Health Rankings  
2011

## Access to Recreational Facilities

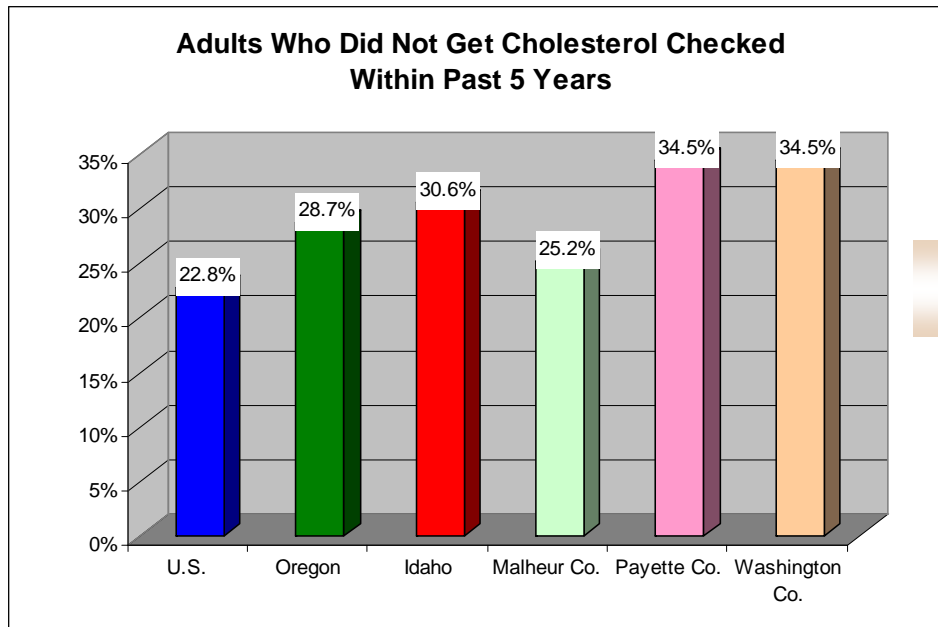
Per the County Health rankings, this indicator looks at the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports. Malheur County has a lower rate than the national 50<sup>th</sup> percentile and the other comparison groups, whereas Payette and Washington Counties appear to have better access to recreational facilities.



County Health Rankings  
2011

## Cholesterol Screening

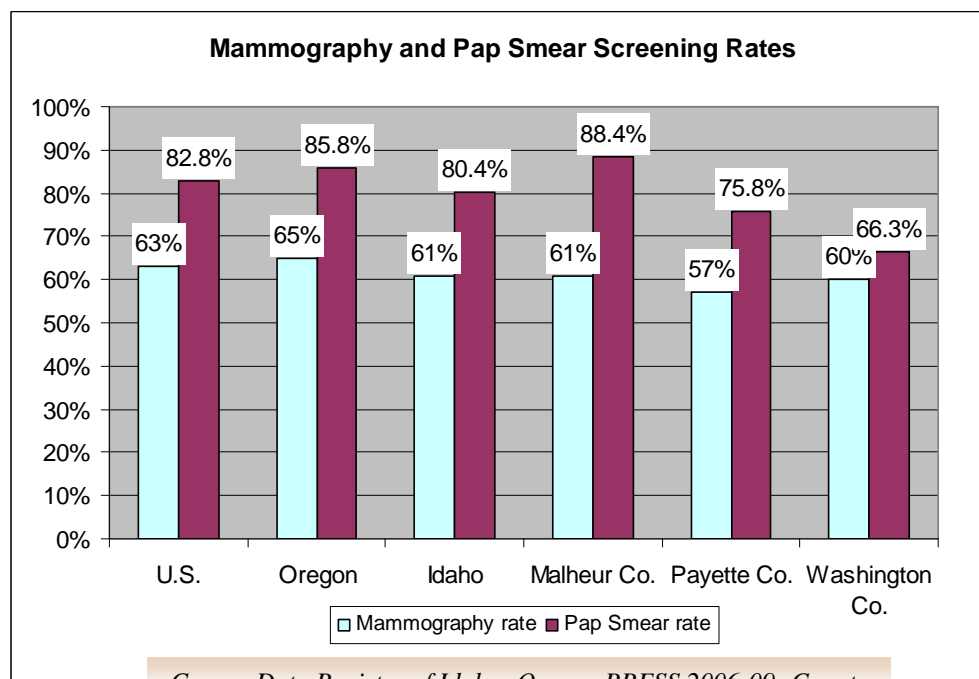
A greater proportion of local adults are going without cholesterol screening than the national rate, although Malheur County fared better than the State of Oregon on this indicator.



*Idaho BRFSS 2010;  
Oregon BRFSS 2006-09*

## Breast and Cervical Cancer Screening

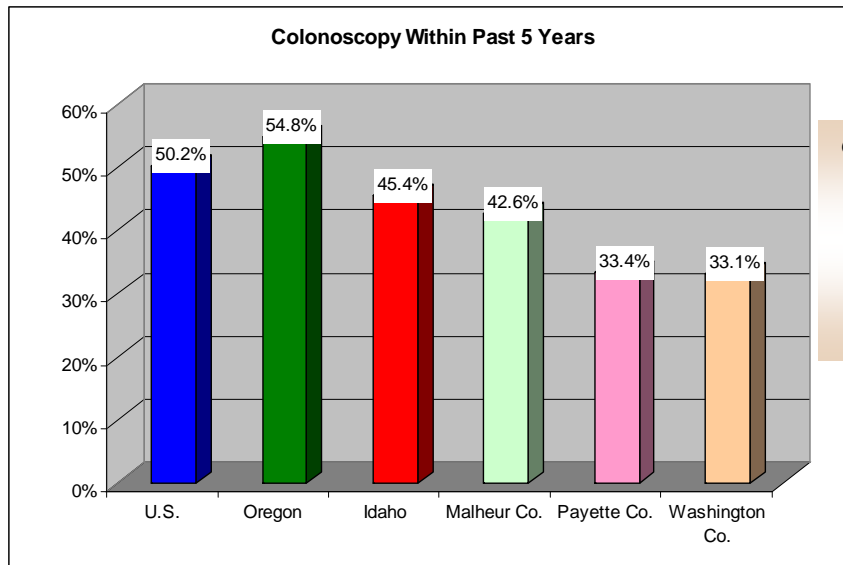
Locally, mammography rates are lower than the U.S. 50<sup>th</sup> percentile and the State of Oregon, with Payette County having the lowest rate of the three local counties. On the bright side, however, the pap smear screening rate for cervical cancer is better in Malheur County than all other comparison groups. Payette and Washington Counties, however, have lower pap smear rates than the other comparison groups.



*Cancer Data Registry of Idaho; Oregon BRFSS 2006-09; County Health Rankings 2011; Kaiser State Health Facts*

## Colon Cancer Screening

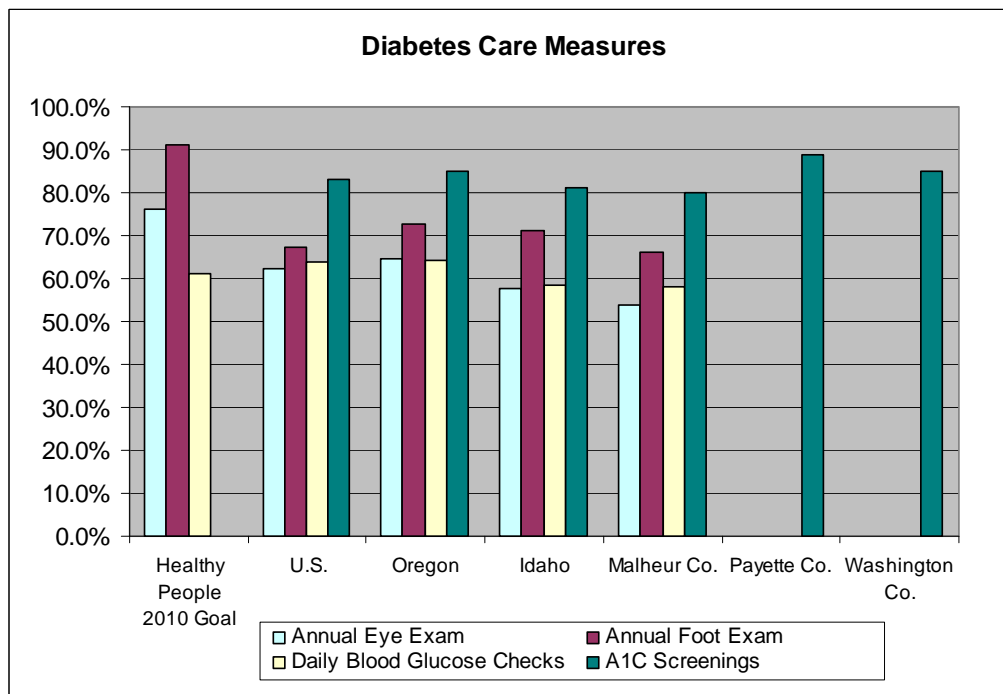
All three local counties have significantly lower colonoscopy rates than the state and national rates, with the lowest rates in Payette and Washington Counties.



*Cancer Data Registry of Idaho; Oregon BRFSS 2006-09; NCI State Cancer Profiles; American Cancer Society Cancer Prevention Facts & Figures 2011*

## Diabetes Care Measures

For recommended diabetes care measures, Malheur County performs lower than the U.S. and Oregon rates for annual eye exams, daily blood glucose checks, and annual hemoglobin A1C checks for diabetic patients. Malheur County performs similar to the national rate but lower than the state rate for diabetic patients receiving annual foot exams.



*CDC.gov*

## Community Perspectives

In assessing the needs of our community, we must take into consideration other community health assessment and planning processes that have taken place locally. One such process is the Malheur County Health Department's annual plan, and comments from their most recent plan are included below:

According to the Malheur County Health Department 2011-12 annual plan:

“The unmet needs in Malheur County are:

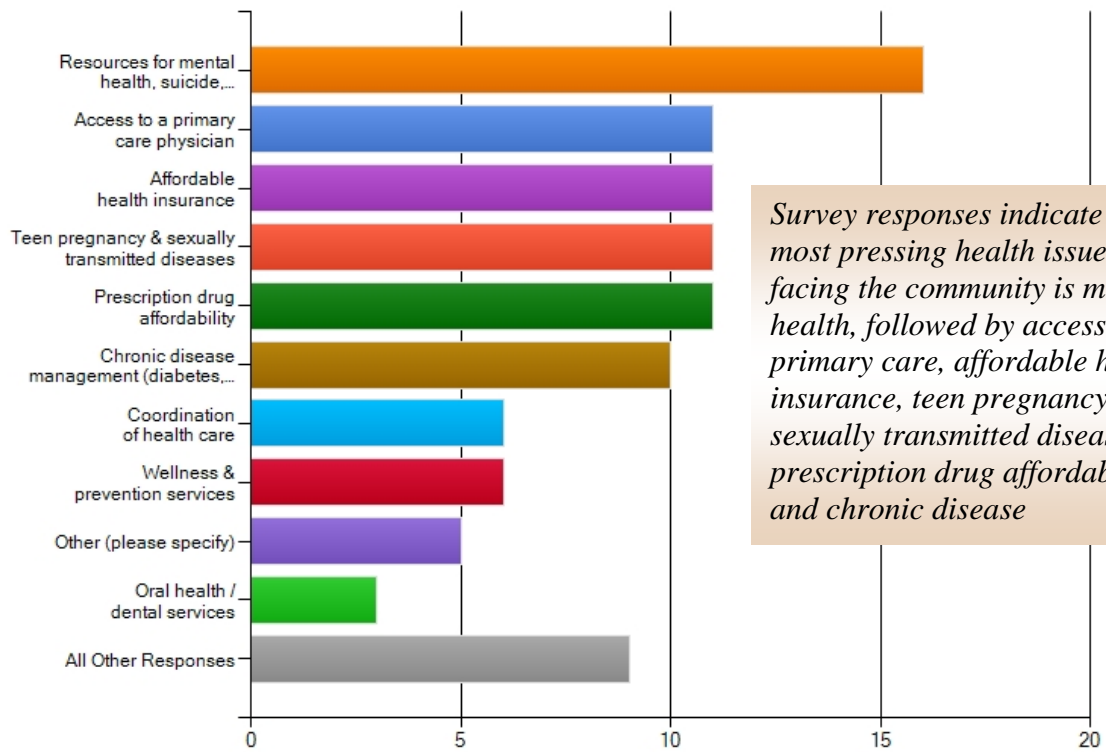
- Transportation
- Affordable medical and mental health care
- Access to early prenatal care
- Access to drug and alcohol treatment services
- Housing

Malheur County residents are detached from news and information specific to Oregon. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not available in our region. Addressing these concerns in our community is an ongoing, community partnership effort.”

In an effort to gather community input from a broad spectrum of community interests, a web-based survey was conducted in September 2011, using [www.SurveyMonkey.com](http://www.SurveyMonkey.com). A link to the survey was e-mailed to many local community stakeholders, with particular emphasis on those representing public health and those representing the interests of the broader community. A full list of the questions as well as a listing of the survey respondents who identified themselves can be found in the appendix. A total of 38 individuals responded to the survey, providing helpful input on the greatest community needs, barriers to healthcare, social concerns and gaps in services. A breakdown of the survey participants' affiliations can be found in Appendix 3. Results from the community survey are summarized in the following charts.

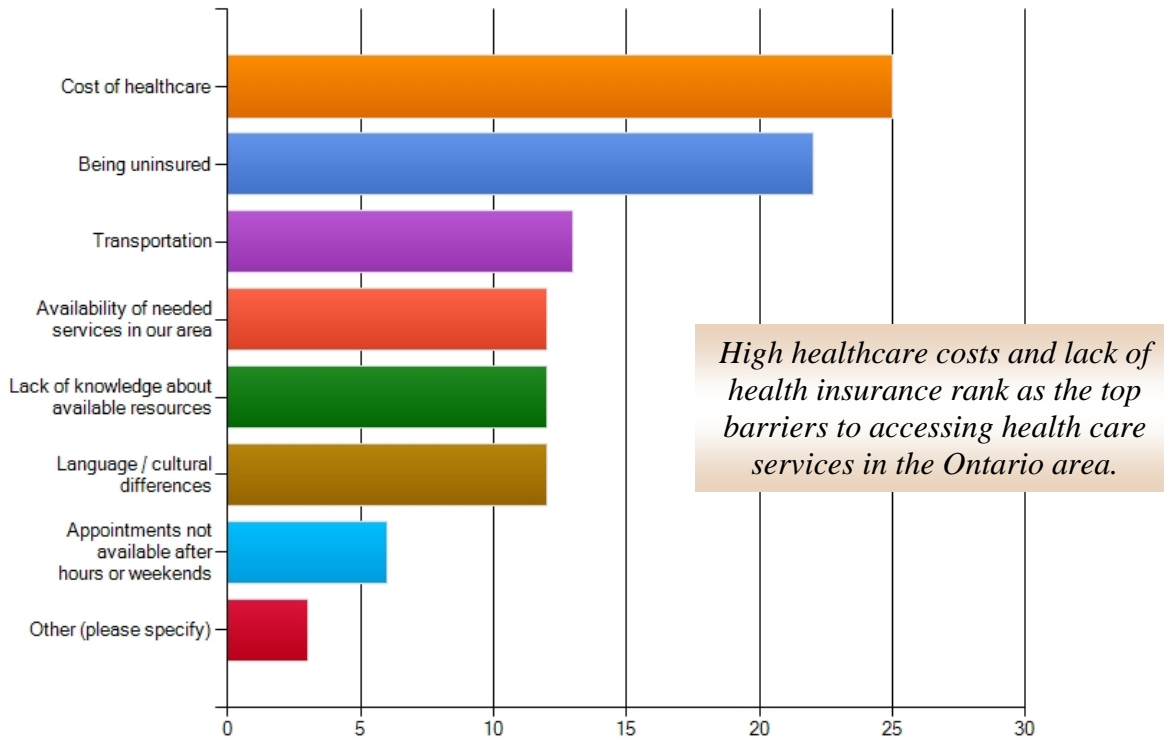


**What do you see as the most pressing health issues facing Ontario and surrounding communities?**

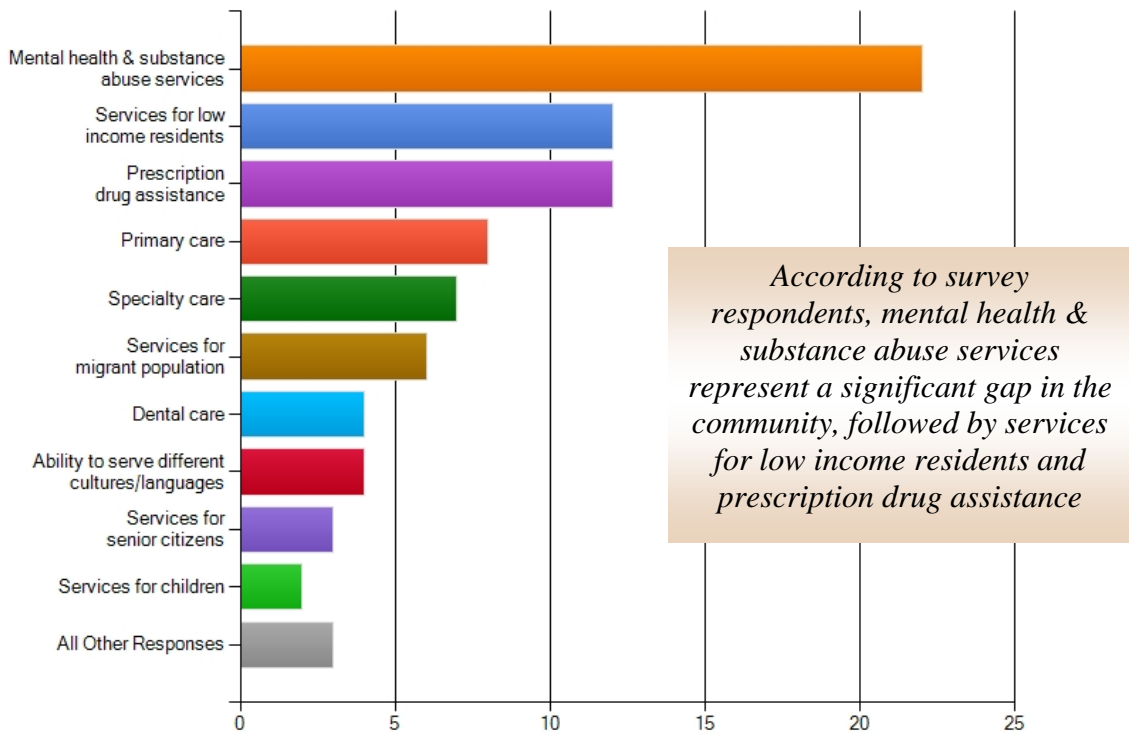


*Survey responses indicate the most pressing health issue facing the community is mental health, followed by access to primary care, affordable health insurance, teen pregnancy, sexually transmitted diseases, prescription drug affordability and chronic disease*

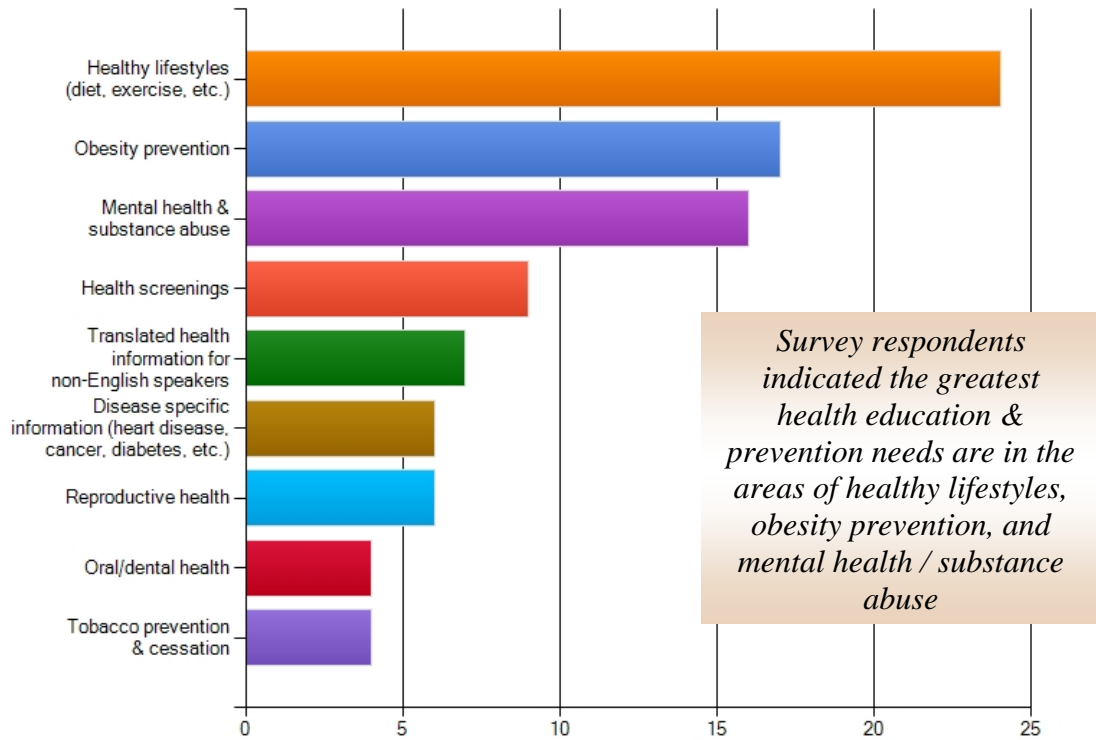
**What are the greatest barriers to accessing health care services in the Ontario area?**



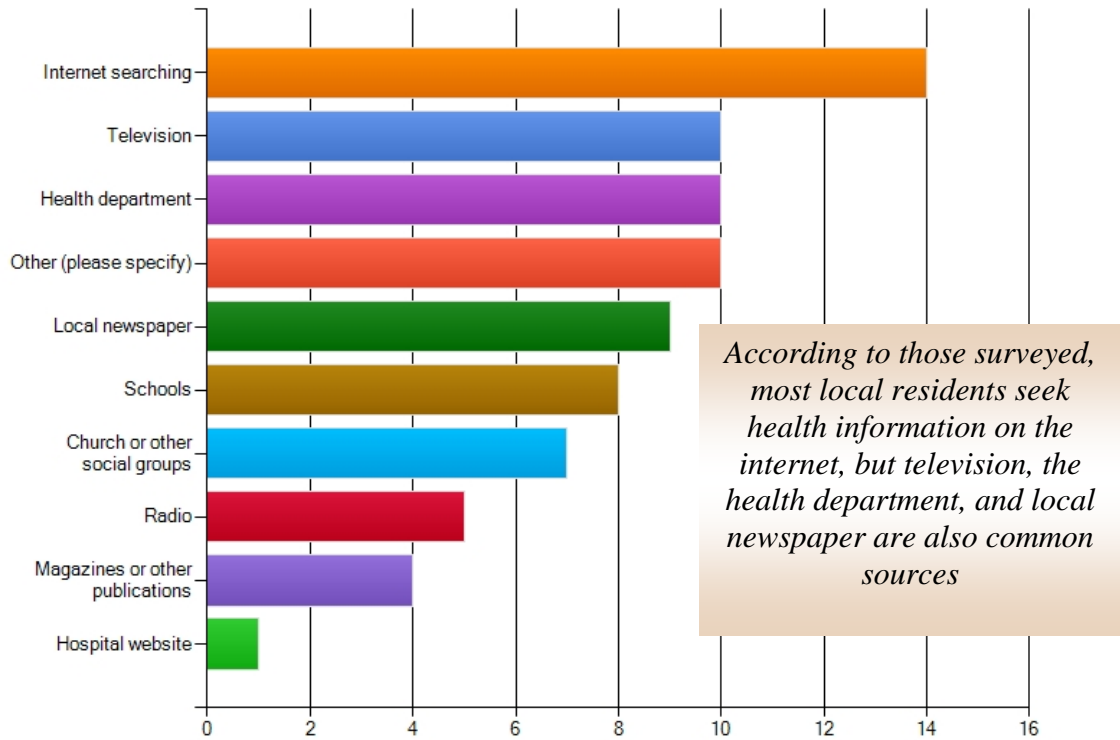
**What are the greatest gaps in health care services in the Ontario area?**



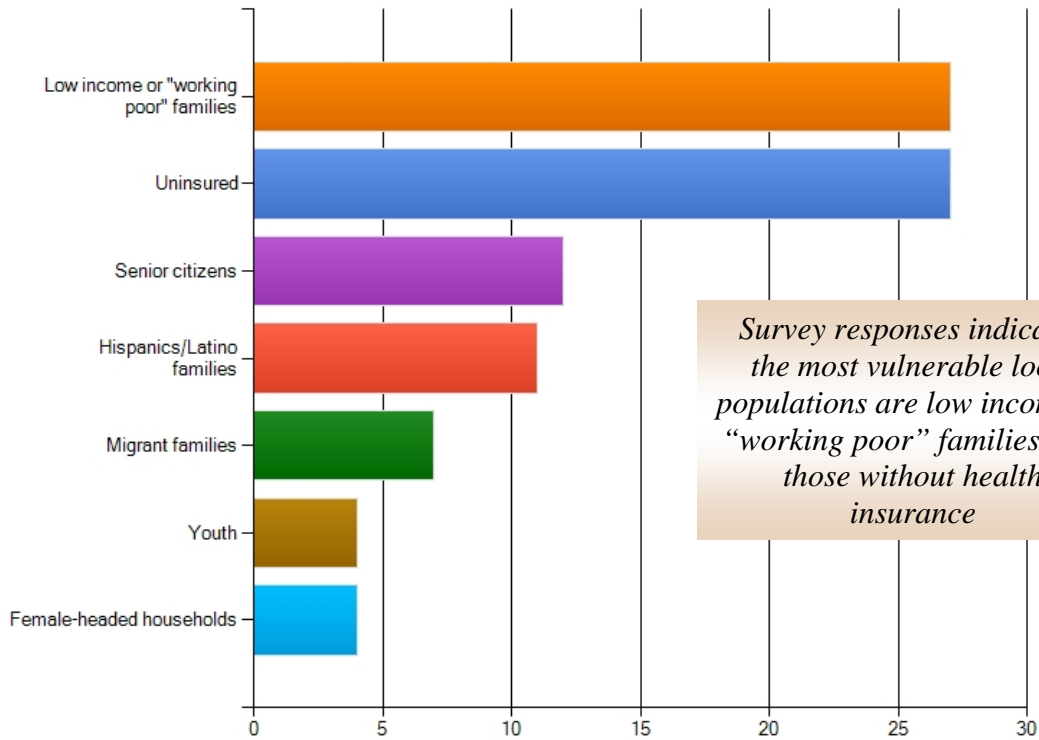
**What are the greatest needs regarding health education and preventive services?**



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

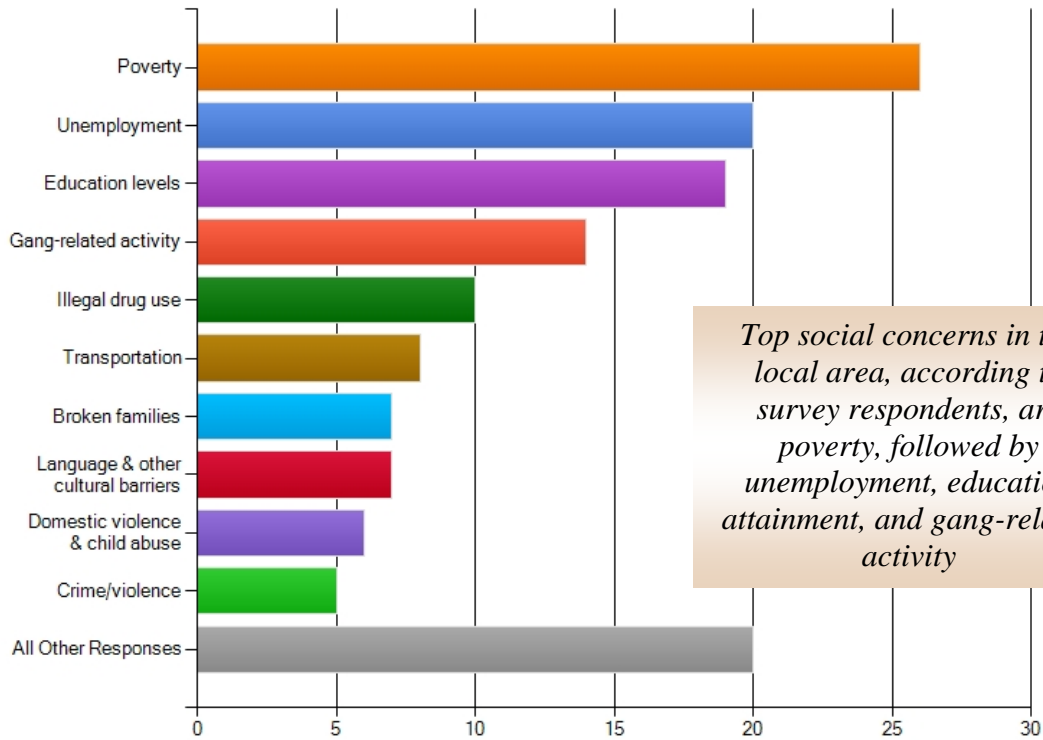


**Who are the vulnerable populations most affected by local health care needs?**



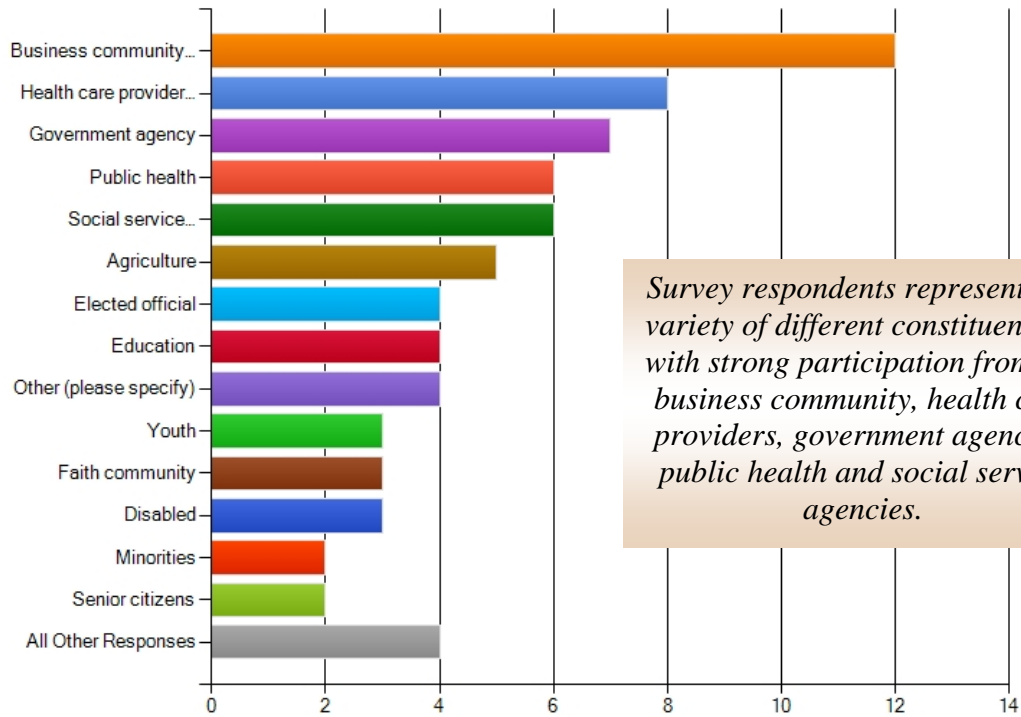
*Survey responses indicated the most vulnerable local populations are low income or "working poor" families, and those without health insurance*

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



*Top social concerns in the local area, according to survey respondents, are poverty, followed by unemployment, education attainment, and gang-related activity*

Please share with us any populations or groups that you represent or serve, or what perspective you represent as a constituent.



*Survey respondents represented a variety of different constituencies, with strong participation from the business community, health care providers, government agencies, public health and social service agencies.*

## **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 – Ontario service area. Clearly the economic downturn and resulting surge in unemployment are drivers of many other socioeconomic and health challenges faced by the local population.

Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local communities, the state and the nation as a whole. With local counties sitting in two different states, there are often gaps or inconsistencies in data availability to allow apples-to-apples indicator comparisons. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought if needed. There are some indicators where local-level data was not available, and this assessment may point out areas for future data collection.

The next steps for Saint Alphonsus – Ontario 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 2014.

## Appendix 1: Health Data Recording Worksheet

Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
<b>Health Outcomes</b>								
Premature death rate		8149	6478	6422	8103	7856	6589	County Health Rankings 2011
Poor or fair health		16%	14%	15.2%	17.6%	20.9%	20.9%	County Health Rankings 2011; Idaho BRFSS 2010; Oregon BRFSS 2007
Poor physical health days		3.7	3.7	3.5	3.7	4.9	4.2	County Health Rankings 2011
Poor mental health days		3.4	3.3	3.3	2	4.1	3.2	County Health Rankings 2011
Avg number unhealthy days in past month		6			6.1	7	6.1	Community Health Status Report
<b>Health Conditions</b>								
Arthritis (% of adult population)			27.3%	23.7%	27.1%	25.7%	25.7%	Oregon BRFSS 2009; Idaho BRFSS 2010
Asthma: Adults		<b>8.5%</b>	<b>11.1%</b>	8.4%	8.4%	7.4%	7.4%	The Burden of Asthma in Oregon, 2010; CDC Wonder; Idaho BRFSS 2010
Cancer Mortality Rate per 100,000	158.6	180.7	185.8	159.0	159.6	148.2	148.2	Cancer Data Registry of Idaho; Cancer.gov State Cancer Profiles; Idaho Vital Statistics 2009
Cancer: Breast Cancer Mortality per 100,000	21.3	24.0	23.2	24.0	16.5	19.2	19.2	Cancer Data Registry of Idaho; Cancer.gov State Cancer Profiles; Idaho Vital Statistics 2009; Community Health Status Report
Cancer: Colorectal Cancer Mortality per 100,000	13.7	17.6	16.8	13.7	20.8	11.6	11.6	Cancer Data Registry of Idaho; Cancer.gov State Cancer Profiles; Idaho Vital Statistics 2009
Cancer: Lung/Bronchus Cancer Mortality per 100,000	43.3	52.5	53.5	41.3	38.1	44.6	44.6	Cancer.gov State Cancer Profiles; Idaho Vital Statistics 2009
Cancer: Prostate Cancer Mortality per 100,000		24.7	26	21.3	25.8	22.3	22.3	Cancer Data Registry of Idaho; Cancer.gov State Cancer Profiles; Idaho Vital Statistics 2009
Cardiovascular Disease Mortality per 100,000	162.0	190.9	162.8	154.7	142.6	151.0	151.0	CDC Wonder; Idaho Vital Statistics 2009
Cerebrovascular Disease: Stroke deaths per 100,000	50.0	44.0	49.7	40.6	64.0	40.6	40.6	CDC Wonder; Idaho Vital Statistics 2009
Diabetes Incidence (Adults)		8.3%	7.1%	8.0%	7.7%	8.8%	8.8%	CDC Wonder; Idaho BRFSS 2010

Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
Diabetes-related mortality per 100,000 population	46	74		24		23.9	23.9	CDC Wonder; Idaho Vital Statistics 2009
HIV-Caused Death Rate per 100,000	0.7	3.7		0.3		0	0	CDC Wonder
Influenza and Pneumonia Mortality rate per 100,000		16.2	12.3	13.2		14.7	14.7	Oregon/Idaho Vital Statistics 2009; Kaiser State Health Facts
Kidney Disease Mortality rate per 100,000		14.5		12		13.1	13.1	Idaho Vital Statistics 2009
Mental Health: Suicide Rate per 100,000	4.80	11.3		19.9	11.1	17.1	17.1	Idaho Vital Statistics 2009; Community Health Status Report
Preventable hospital stays		80	46	50	43	44	37	County Health Rankings 2011
STDs: Chlamydia rate per 100,000 population		215	320.6	280	338.9	279	216	County Health Rankings 2011; Oregon Health Authority 2010
<b>Access to Care</b>								
Population per Primary Care Provider		1274	739	1036	1468	2874	2507	County Health Rankings 2011
Primary Care Physicians per 100,000 population		89.9	99.9	65.8	58.2	21.8	29.4	HRSA Area Resource File, 2008; AAMC 2009 State Physician Data book
Active Physicians per 100,000 population		239.6	268	181.8				AAMC 2009 State Physician Data Book
Dentists per 100,000 population		60	68	58	45.3	47.9	49	HRSA Area Resource File 2008; Kaiser State Health Facts
Uninsured adults under age 65		19%	21%	20%	25%	23.9%	23.9%	County Health Rankings 2011; Idaho BRFSS 2010
Uninsured children		10%	10.6%	9%	8.8%			Children First for Oregon 2010; Idaho Kids Count 2009
<b>Risk Factors for Premature Death</b>								
Physical Inactivity	20.0%	23.6%	17.7%	21.0%	30.0%	26.0%	26.0%	CDC Wonder; Idaho BRFSS 2010; Oregon BRFSS 2009
Sufficient Moderate/Vigorous Physical Activity			55.8%	57.6%	56.9%	52.7%	50.5%	Cancer Data Registry of Idaho; Oregon BRFSS 2006-09
Few Fruits/Vegetables		76.6%	73.7%	75.4%	78.7%	78.5%	78.5%	Community Health Status Report, HHS (2000-2006 data); Idaho BRFSS 2010; Oregon BRFSS 2009
Eat 5+ servings fruit & vegs / day			27.0%	22.1%	19.5%	17.8%	24.5%	Cancer Data Registry of Idaho; Oregon BRFSS 2006-09



Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
Obesity: Adults	15.0%	29.0%	25.0%	<b>26.0%</b>	33.3%	30.6%	30.6%	County Health Rankings 2011; Idaho BRFSS 2010; Oregon BRFSS 2006-09
Obesity: Children			26.8%		28.7%			Children First for Oregon 2010
High Blood Pressure	16.0%	28.6%	25.8%	25.9%	27.8%	28.0%	28.0%	Community Health Status Report, HHS (2000-2006 data); Idaho BRFSS 2010; Oregon BRFSS 2006-09
High Cholesterol	17.0%	37.5%	33.0%	<b>37.3%</b>	37.5%	39.7%	39.7%	Idaho BRFSS 2010; Oregon BRFSS 2006-09
Current Smoker	12.0%	22.0%	17.1%	<b>18.5%</b>	16.8%	24.2%	20.3%	County Health Rankings 2011/ Cancer Data Registry of Idaho; Oregon BRFSS 2009
Youth cigarette smoking, 11th grade		22.3%	14.9%		16.5%			Oregon Healthy Teens Survey 2007-08
Binge Drinking	6.0%	15%	16%	13%	11%	13.4%	13.4%	County Health Rankings 2011; Idaho BRFSS 2010
Heavy Drinking (adult males)		5%	6%	5%	15%	3.2%	3.2%	Idaho BRFSS 2010; Oregon BRFSS 2009; Malheur County Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2008
Excessive Drinking (binge plus heavy drinking)		15%	16%	15%	11%	13.0%	8.0%	County Health Rankings 2011
Trauma: Accidental Death Rate per 100,000	17.1	39.1		43	23.7	39.8	39.8	Idaho Vital Statistics 2009
Trauma: Motor Vehicle Crash Death Rate per 100,000	8	23	14	15.5	15	19.5	19.5	County Health Rankings 2011; Idaho Vital Statistics 2009
<b>Vital Statistics</b>								
Infant Mortality Rate per 1,000	4.5	6.9	5.6	<b>5.3</b>	8.7	6.1	6.7	Idaho Vital Statistics 2009; Community Health Status Report; Kaiser State Health Facts
Preterm Births	7.6%	12.7%	10.1%	10.1%	10.6%	10.5%	10.3%	Kids Count; Idaho Vital Statistics 2009; Kaiser State Health Facts
Low Birth Weight Babies	5.0%	7.8%	6.0%	6.6%	6.6%	7.3%	6.1%	County Health Rankings 2011; Idaho Vital Statistics 2009
Teen Birth Rate per 1,000		46.0	36.0	35.8	62.0	40.1	58.8	County Health Rankings 2011

Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
Prenatal Care begun in 1st trimester	90%	84%	79.2%	71.5%	70.9%	57.9%	63.4%	Idaho Vital Statistics 2009; Community Health Status Report; Kaiser State Health Facts
<b>Social &amp; Economic Factors</b>								
High School Graduation		79%	74%	80%	75%	80%	95%	County Health Rankings 2011
Some College		52%	64%	61%	44%	46%	46%	County Health Rankings 2011
3rd Grade Math Proficiency			78.5%		78.9%			Children First for Oregon 2010
3rd Grade Reading Proficiency			82.8%		84.7%			Children First for Oregon 2010
8th Grade Math Proficiency			72.0%		67.1%			Children First for Oregon 2010
8th Grade Reading Proficiency			69.6%		62.5%			Children First for Oregon 2010
Unemployment		8.8%	11.1%	8.0%	10.8%	9.4%	9.1%	County Health Rankings 2011
Inadequate social support		19%	16%	17%	22%	19%	20%	County Health Rankings 2011
Single-parent households		29%	29%	23%	24%	22%	30%	County Health Rankings 2011
Juvenile Arrests per 1,000 Under Age 18			15.30		19.60			Children First for Oregon 2010
Violent Crime Rate		254	275	Not avail	438	Not avail	Not avail	County Health Rankings 2011
Personal bankruptcy filings (per 1,000) in 2009			4.6		2.4			Children First for Oregon 2010
% of public school children eligible to receive free/reduced price lunches			54.1%		62.4%			Children First for Oregon 2010
<b>Physical Environment</b>								
Air pollution-particulate matter days		0	12	10	20	37	23	County Health Rankings 2011
Access to Healthy Food Outlets		50%	62%	52%	30%	100%	100%	County Health Rankings 2011
Access to recreational facilities		8	12	10	6	9	20	County Health Rankings 2011
<b>Demographics</b>								
Population 2009		307,006,550	3,825,657	1,545,801	30,745	23,099	10,119	Census.gov
Population change 2000-2009		9.1%	11.8%	19.5%	-2.8%	12.3%	1.4%	Census.gov
Persons under age 18, 2009		24.3%	22.8%	27.1%	24.3%	28.1%	25.6%	Census.gov
Persons age 65+ (%), 2009		12.9%	13.5%	12.1%	15.2%	14.3%	19.5%	Census.gov

Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
Persons of Hispanic/Latino origin, 2009		15.8%	11.2%	10.7%	28.4%	15.1%	17.8%	Census.gov
White persons not Hispanic, 2009		65.1%	79.6%	84.5%	66.2%	81.4%	79.3%	Census.gov
Median household income, 2008		\$ 52,029	\$ 50,165	\$ 47,561	\$ 36,403	\$40,707	\$ 37,222	Census.gov
Population Living in Poverty		14.3%	14.3%	12.5%	23.3%	14.6%	16.3%	Census.gov/ Poverty in Oregon 2010 report
Children in Poverty		21%	22%	20%	40%	23%	26%	County Health Rankings 2012; National Ctr for Children in Poverty
Average household size		2.6			2.7	2.75	2.41	Census.gov
Speak language other than English at home		19.60%			23.30%	10.50%	17.50%	Census.gov
<b>Preventive Services</b>								
Immunizations: Adult Influenza			70.5%		64.7%	59.3%		Oregon BRFSS 2004-07; Community Health Status Report
Immunizations: Adult Pneumonia			71.7%		66.6%	64.7%		Oregon BRFSS 2004-07
Child immunizations (age 19-35 months)		71.5%	71.6%	61.3%				US National Immunization Survey, 2010
No visit to dentist in past 12 months (adults)				29.9%		37.9%	37.9%	Idaho BRFSS 2010
No routine checkup in past 12 months				43%				Idaho BRFSS 2009
No cholesterol check within past 5 years		22.8%	28.7%	30.6%	25.2%	34.5%	34.5%	Idaho BRFSS 2010; Oregon BRFSS 2006-09
Mammography rate		63%	65%	61%	61%	57%	60%	County Health Rankings 2011
Pap Smear rate		82.8%	85.8%	80.4%	88.4%	75.8%	66.3%	Cancer Data Registry of Idaho; Oregon BRFSS 2006-09
Colonoscopy within past 5 yrs		50.2%	54.8%	45.4%	42.6%	33.4%	33.1%	Cancer Data Registry of Idaho; Oregon BRFSS 2006-09; NCI State Cancer Profiles; American Cancer Society
PSA Test for Prostate Cancer				64.8%		62.3%	53.8%	Cancer Data Registry of Idaho
<b>Diabetes Care</b>								
Annual Eye Exam	76.0%	62.2%	64.6%	57.8%	54.0%			CDC Wonder
Annual Foot Exam	91.0%	67.2%	72.6%	71.0%	66.0%			CDC Wonder
Daily Blood Glucose Checks	61.0%	64.0%	64.4%	58.6%	58.0%			CDC Wonder

Indicator	Healthy People 2010 Goal	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.	Source
A1C Screenings		83%	85%	81%	80%	89%	85%	County Health Rankings 2011
<b>Child Health</b>								
% of 8th graders not receiving medical checkup in past year			52.6%		58.3%			Children First for Oregon 2010
Child abuse and neglect victims per 1,000			7.3		14.8			Children First for Oregon 2010

## Appendix 2: Community Needs Survey Distributed Via SurveyMonkey

### Ontario Community Needs Assessment



**Saint Alphonus**

BOISE NAMPA ONTARIO BAKER CITY

### The critical difference™

Saint Alphonus is conducting a Community Needs Assessment focusing on the areas primarily served by Saint Alphonus Medical Center-Ontario.

Every three years, Saint Alphonus conducts or partners on Community Needs Assessments to evaluate the changing health and social needs in the communities we serve. This Community Needs Assessment process involves analysis of available data from a variety of sources, and seeking input from public health organizations and stakeholders representing the interests of the broader community.

Once completed, the Community Needs Assessment will be shared publicly on our website and utilized to prioritize focus areas for Saint Alphonus community benefit planning. The assessment will also be discussed with our community partners to identify opportunities for collaboration to address priority needs.

Community input into this process is tremendously valuable, so we hope you will take a few minutes to complete this short survey. Additionally, if you have recent local health or socioeconomic indicator data that should be considered for inclusion in the Community Needs Assessment, please forward it by e-mail to [coresurb@samc.org](mailto:coresurb@samc.org) or mail it to:

Corey Surber  
Director, Advocacy & Community Benefit  
Saint Alphonus Health System  
1055 N. Curtis Road  
Boise, ID 83706

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Thank you for your participation!

## Most Pressing Health Issues

### 1. What do you see as the most pressing health issues facing Ontario and surrounding communities?

- |   |   |
|---|---|
| <input type="checkbox"/> Wellness & prevention services     | <input type="checkbox"/> Cancer   |
| <input type="checkbox"/> Prenatal care & infant mortality   | <input type="checkbox"/> Resources for mental health, suicide, substance abuse      |
| <input type="checkbox"/> Coordination of health care        | <input type="checkbox"/> Reliable health information                                |
| <input type="checkbox"/> Prescription drug affordability    | <input type="checkbox"/> Teen pregnancy & sexually transmitted diseases             |
| <input type="checkbox"/> Access to a primary care physician | <input type="checkbox"/> Motor vehicle crashes & other accidental injuries          |
| <input type="checkbox"/> Affordable health insurance        | <input type="checkbox"/> Oral health / dental services                              |
| <input type="checkbox"/> Heart disease & stroke             | <input type="checkbox"/> Chronic disease management (diabetes, heart failure, etc.) |
| <input type="checkbox"/> Other (please specify)             |   |

### 2. List any programs or services you are aware of that currently address the most pressing health issues you checked in the previous question:

## Healthcare Barriers and Gaps

### 3. What are the greatest barriers to accessing health care services in the Ontario area?

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation                                     | <input type="checkbox"/> Cost of healthcare                          |
| <input type="checkbox"/> Being uninsured                                    | <input type="checkbox"/> Language / cultural differences             |
| <input type="checkbox"/> Appointments not available after hours or weekends | <input type="checkbox"/> Availability of needed services in our area |
| <input type="checkbox"/> Lack of knowledge about available resources        |  |
| <input type="checkbox"/> Other (please specify)                             |  |

### 4. What are the greatest gaps in health care services in the Ontario area?

- |  |  |
|--|--|
| <input type="checkbox"/> Mental health & substance abuse services      | <input type="checkbox"/> Specialty care                    |
| <input type="checkbox"/> End-of-life care (hospice, palliative care)   | <input type="checkbox"/> Dental care                       |
| <input type="checkbox"/> Primary care                                  | <input type="checkbox"/> Services for migrant population   |
| <input type="checkbox"/> Services for senior citizens                  | <input type="checkbox"/> Services for low income residents |
| <input type="checkbox"/> Prescription drug assistance                  | <input type="checkbox"/> Services for children             |
| <input type="checkbox"/> Ability to serve different cultures/languages |  |
| <input type="checkbox"/> Other (please specify)                        |  |

## Wellness and Health Education Needs

### 5. What are the greatest needs regarding health education and preventive services?

- |  |   |
|--|---|
| <input type="checkbox"/> Reproductive health                       | <input type="checkbox"/> Disease specific information (heart disease, cancer, diabetes, etc.) |
| <input type="checkbox"/> Tobacco prevention & cessation            | <input type="checkbox"/> Translated health information for non-English speakers               |
| <input type="checkbox"/> Healthy lifestyles (diet, exercise, etc.) | <input type="checkbox"/> Oral/dental health   |
| <input type="checkbox"/> Mental health & substance abuse           | <input type="checkbox"/> Health screenings  |
| <input type="checkbox"/> Obesity prevention                        |   |

Other (please specify)

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

- |  |   |
|--|---|
| <input type="checkbox"/> Health department               | <input type="checkbox"/> Internet searching |
| <input type="checkbox"/> Schools                         | <input type="checkbox"/> Television         |
| <input type="checkbox"/> Hospital website                | <input type="checkbox"/> Local newspaper    |
| <input type="checkbox"/> Magazines or other publications | <input type="checkbox"/> Radio              |
| <input type="checkbox"/> Church or other social groups   |   |
| <input type="checkbox"/> Other (please specify)          |   |



## Vulnerable Populations & Socioeconomic Issues

### 7. Who are the vulnerable populations most affected by local health care needs?

- |  |  |
|--|--|
| <input type="checkbox"/> Senior citizens                       | <input type="checkbox"/> Hispanics/Latino families |
| <input type="checkbox"/> Low income or "working poor" families | <input type="checkbox"/> Female-headed households  |
| <input type="checkbox"/> Migrant families                      | <input type="checkbox"/> Uninsured                 |
| <input type="checkbox"/> Youth                                 |  |

Other (please specify)

### 8. What do you consider to be the top social concerns in the Ontario area?

- |   |   |
|---|---|
| <input type="checkbox"/> Lack of social support (isolation) | <input type="checkbox"/> Unemployment                       |
| <input type="checkbox"/> Poverty                            | <input type="checkbox"/> Crime/violence                     |
| <input type="checkbox"/> Broken families                    | <input type="checkbox"/> Illegal drug use                   |
| <input type="checkbox"/> Services for senior citizens       | <input type="checkbox"/> Domestic violence & child abuse    |
| <input type="checkbox"/> Education levels                   | <input type="checkbox"/> Suicide                            |
| <input type="checkbox"/> Homelessness                       | <input type="checkbox"/> Gang-related activity              |
| <input type="checkbox"/> Discrimination                     | <input type="checkbox"/> Language & other cultural barriers |
| <input type="checkbox"/> Migrant population                 | <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> Other (please specify)             |   |

## Demographic Information

The following questions would help provide us some information about the cross-section of stakeholders responding to this survey and the populations they represent or serve. This information is optional, and you may choose to leave it blank and remain anonymous, or only include partial information if you desire.

### 9. Please enter as much information as you are comfortable sharing -- feel free to leave blank if you prefer to remain anonymous.

Name:

Organization (if any):

Address:

Address 2:

City:

State:

ZIP:

Email Address:

Phone Number:

### 10. Please share with us any populations or groups that you represent or serve, or what perspective you represent as a constituent.

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture                                    | <input type="checkbox"/> Interested citizen not affiliated with an organization |
| <input type="checkbox"/> Business community (non-agriculture)           | <input type="checkbox"/> Law enforcement  |
| <input type="checkbox"/> Corrections                                    | <input type="checkbox"/> Media (newspaper, radio, etc.)                         |
| <input type="checkbox"/> Disabled                                       | <input type="checkbox"/> Minorities   |
| <input type="checkbox"/> Education                                      | <input type="checkbox"/> Public health  |
| <input type="checkbox"/> Elected official                               | <input type="checkbox"/> Senior citizens  |
| <input type="checkbox"/> Faith community                                | <input type="checkbox"/> Social service organization                            |
| <input type="checkbox"/> Government agency                              | <input type="checkbox"/> Youth  |
| <input type="checkbox"/> Health care provider (medical, dental, mental) |   |
| <input type="checkbox"/> Other (please specify)                         |   |

### Appendix 3: Community Survey Respondent List

Total Respondents = 38 (not all identified themselves)

Name	Organization	City	Title or Groups Represented
Andrew P Bentz	Bentz Solutions, LLC	Ontario	Elected official; government agency; business community; agriculture; law enforcement; corrections
anonymous			Government agency
anonymous			Youth; minorities; public health; government agency; education
anonymous			Public health
anonymous			Public health
anonymous			Business Community
anonymous			Business Community
anonymous			Education
anonymous			Youth; health care provider; public health; social service organization
anonymous			Education; interested citizen
anonymous			Health care provider; agriculture
anonymous			Health care provider
anonymous			Interested citizen
anonymous			Youth; minorities; faith community; social service organization
anonymous		Caldwell	Health care provider; business community
anonymous		Ontario	Elected official; business community
anonymous		Vale	Government agency; agriculture; faith community; social service organization
anonymous		Ontario	Government agency
Barb Higinbotham	Community in Action	Ontario	Senior citizens; social service organization; disabled; low-income clients
Charlene Pelland	Veteran Advocates of Ore-Ida	Ontario	Senior citizens; social service organization; disabled; veterans and active duty military
Corey Surber	Saint Alphonsus Health System	Boise	Health care provider; business community
Fran Halcom	State Farm Insurance	Ontario	Business Community
Frank Spokas, MD		Ontario	Health Care Provider
Joe Recla	Four Rivers Health Care	Ontario	Business Community
John Kirby	True Value Hardware	Ontario	Business Community; agriculture
Kathy Daly	City of Ontario Parks & Recreation	Ontario	Government agency; disabled; fitness facility
Kelly Jansen	Malheur County Health Dept	Ontario	Public health
Kelly Poe	Commission on Children & Families	Ontario	Government agency
Ken Bishop	City of Fruitland	Fruitland	Elected official
Ken Hart	Gentry Ford	Ontario	Business Community
Nancy Greer	Saint Alphonsus-Ontario	Ontario	Health care provider

Peter Lawson	Oregon Food Bank	Ontario	Elected official; business community; education; faith community; social service organization
Sharon Wada	Four Rivers Healthy Community	Ontario	Business community; agriculture
Siri Jackman	Malheur County Health Dept	Ontario	Public health; health care provider