



# 2013-2014 Community Health Needs Assessment



## Table of Contents

---

<b>Introduction and Background Information.....</b>	<b>3</b>
<b>Assessment Scope and Methodology.....</b>	<b>5</b>
<b>Health Needs of the Community.....</b>	<b>6</b>
<b>Description of the Community .....</b>	<b>8</b>
 <b>The Community Assessment:</b>	
<b>1. Financial Stability and Independence.....</b>	<b>13</b>
<b>2. Success in Education.....</b>	<b>19</b>
<b>3. Living Healthy Lives.....</b>	<b>23</b>
<b>4. Basic Needs.....</b>	<b>41</b>
 <b>Opportunities and 2011 Assessment Review.....</b>	<b>44</b>
 <b>Reflections and Next Steps.....</b>	<b>48</b>
 <b>Appendix 1: Health Data.....</b>	<b>49</b>
 <b>Appendix 2: Community Survey Results.....</b>	<b>51</b>
 <b>Appendix 3: Community Survey – Blank.....</b>	<b>64</b>

## **Introduction and 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 Alphonse Regional Medical Center (Boise, Idaho), joined together to form the Saint Alphonse Health System with Ontario, Nampa and Baker City each changing their respective names to Saint Alphonse 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 Alphonse Medical Group, with over 270 primary care and specialty care providers at 125 clinic locations throughout Western Idaho and Eastern Oregon.

As a not-for-profit, Saint Alphonse 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 Alphonse Health System is a member of CHE Trinity Health, Livonia, Michigan.

CHE Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. It serves people and communities in 20 states from coast to coast with 86 hospitals, 109 continuing care facilities and home health and hospice programs that provide nearly 2.8 million visits annually. The organization was formed in May 2013, when Trinity Health and Catholic Health East closed their consolidation to strengthen their shared mission, increase excellence in care and advance transformative efforts with their unified voice.

Saint Alphonse Medical Center - Ontario (SAMC – Ontario) has provided care to Ontario, Fruitland, Payette, and surrounding communities for over 100 years. For this significant milestone we not only celebrate the passing of one hundred years but we reflect on the journey experienced along the way. This year saw the unveiling of a new Mission Statement and Core Values that honors our joining with Catholic Health East (CHE) and reinvigorates our commitment to healing the communities we serve.

## **Mission**

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

## **Core Values**

### **Reverence**

We honor the sacredness and dignity of every person.

### **Commitment to Those Who are Poor**

We stand with and serve those who are poor, especially those most vulnerable.

### **Justice**

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

### **Stewardship**

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

### **Integrity**

We are faithful to who we say we are.

## **Purpose of Assessment**

The Mission of Saint Alphonsus compels us to “serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.” 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 primary and secondary data collected, as well as community input to develop a Community Benefit Implementation 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 focuses on the primary service area for SAMC - Ontario, including Malheur County in Oregon, Payette County and Washington County in Idaho. Some survey respondents were included from Northern portions of Canyon County and Gem County in Idaho. Canyon County and Gem County were included in the United Way of Treasure Valley 2014 Community Needs Assessment and in the Saint Alphonsus Regional Medical Center/Saint Alphonsus – Nampa needs assessment documents. Wherever possible, community health indicator data were collected to allow comparisons between the three primary 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 (CHNA) was conducted by Saint Alphonsus Health System staff, including information collected from primary and secondary data sources during the period of February, 2014 through June, 2014.

Primary Sources: Data was obtained through community surveys in Oregon and Idaho. In order to provide continuity of information throughout the Saint Alphonsus Health System, one Community Survey was utilized for the Community Health Needs Assessments (CHNA) conducted in Ada, Canyon and Gem counties by United Way of Treasure Valley and the Utah Foundation, as well as the needs assessment conducted in Malheur, Payette and Washington counties for Saint Alphonsus – Ontario. The survey was developed by The United Way of Treasure Valley with community advice on a number of indicators to best describe the overall health of the communities being surveyed. The indicators are grouped into four categories:

- Financial Stability and Independence
- Success in Education
- Living Healthy Lives
- Access to Basic Services

While the indicators are grouped into categories, many of the indicators and barriers identified have implications in other categories. These over-arching barriers tend to be

social determinants of population health such as wage and job opportunities, poverty, educational attainment, availability of healthy foods and exercise opportunities, and access to basic services. Paying increased attention to these social determinants of health represents a fundamental shift in approaching improvements in the overall health of communities.

Administering the survey was accomplished through a variety of methods aimed at getting the most diverse cross-section of respondents with respect to those typically at risk in our communities including people who are poor, single parents, the elderly, limited English proficient people, people with low levels of literacy and education, racial minorities and people with undocumented residency status. Surveys were administered through partnerships with service agencies and community experts such as WICAP (Western Idaho Community Action Partnership, Inc.), Senior Centers, school districts, food pantries, and health care providers. The survey was administered in English and Spanish, as well as orally. The survey was administered in a variety of settings, including health care waiting rooms, community events, school fairs, client-based service settings, and areas where people from under-served populations tend to congregate such as Laundromats, senior centers, service agencies, libraries and food kitchens. Community experts and service agencies provided much input through survey work, discussions and review of the Needs Assessment and findings. This work occurred during the time period of March through May during the survey period as well as in June during development of the final Community Health Needs Assessment.

Appendix 2 displays a detailed demographic analysis of the survey respondents as well as the survey results. Survey results are also displayed at the beginning of each of the four major survey focus sections.

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 and trends over time wherever possible.

## Health Needs of the Community

The CHNA conducted in April 2014 identified five significant health needs within the SAMC - Ontario community. Those needs were then prioritized based on persons affected, impact on quality of life, and feasibility of reasonable impact. SAMC – Ontario studied the findings of the assessment and performed an asset analysis to determine what identified needs were within their ability to impact. In addition, they looked at several other local needs assessments and obtained input from organizations involved in those assessments, including the External Review Committee (Four Rivers Healthy Communities Oregon), the Malheur County Health Department and the Eastern Oregon Coordinated Care Organization, to identify needs being addressed by other agencies. County Health Rankings data was utilized to determine areas where local communities were significantly below/above State and National averages.

As part of the prioritization process, an inventory of current and on-going work around those needs was compiled. The five health needs identified, include:

**Nutrition, Physical Activity & Weight Status**

**Priority #1**

- Prevalence of Obesity & Diabetes
- Low Fruit & Vegetable Consumption
- Lack of affordable physical fitness opportunities
- High levels of Food Assistance

**Education**

**Priority #2**

- Access to high-quality pre-school programs
- Low High School Graduation Rates
- Low College enrollment rates
- Access to educational support (Tutors, mentors, programing) and Family/Parental Support
- Access to training and development opportunities

**Access to Health Services**

**Priority #3**

- Access to basic health services
- Lack of Medical, Dental and Vision Insurance Coverage/Utilization
- Prescription Costs
- Low levels of Prenatal Care
- Transportation Barriers
- Idaho Insurance Gap

**Financial Stability**

**Priority #4**

- Unemployment
- Affordable Housing/Housing Assistance
- Living Wage
- Financial Education/Training
- College/Vocational Training
- Job Training

**Injury & Violence Prevention**

**Priority #5**

- Unintentional Injury Deaths (Poisonings/Accidental Overdoses, Motor Vehicle Crashes, Falls)
- Family Violence (Domestic Violence, Child Abuse)
- Suicide Prevention

## **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 31,313 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)*

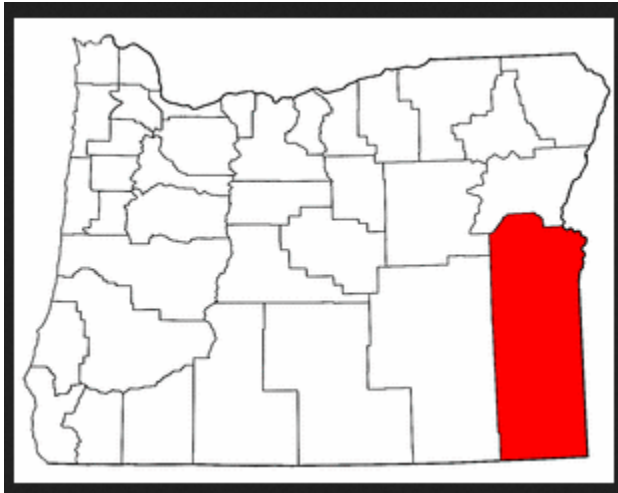
In Idaho, Payette County lies just to the East of Malheur County and has a total of approximately 23,000 residents. Payette County is the home of Payette, Fruitland and New Plymouth. It is the smallest of Idaho’s counties in size but is ranked 14<sup>th</sup> in population. *(Source: Payette County Department of Commerce)*

Also in Idaho, Washington County lies to the North of Payette County, with an additional 9,944 residents. The population is concentrated in the city of Weiser, the county seat, which has a population of approximately 5,400 residents. *(Source: Washington County official site)*

These three counties constitute the Primary Service area for Saint Alphonsus – Ontario. Information and data from the Secondary Service area was included during the Community Survey as well as from key informants in those communities. We obtained information from the West end of Canyon County (Notus & Parma) and Gem County (Emmett) as residents in these areas may seek health care in Malheur County depending on distance and services.



## County Maps



Malheur County, Oregon



Payette County, Idaho



Washington County, Idaho



Gem County, Idaho

## The State of the States: Health and Well-Being

Examining the Gallup-Healthways Well-Being Index 2013 survey of overall health for Oregon and Idaho shows some declining rankings for both states. In both states, the largest declines were seen in emotional health and work environment. In Idaho, basic access also showed a significant drop. Life evaluation improved slightly in both states, with physical health and healthy behaviors remaining relatively stable.

	Oregon 2013	Oregon 2012	Idaho 2013	Idaho 2012
Overall	25	24	29	22
Life Evaluation	24	28	32	36
Emotional Health	29	23	35	15
Work Environment	30	21	31	19
Physical Health	39	37	29	33
Healthy Behaviors	6	9	16	14
Basic Access	27	25	25	11

Source: Gallup-Healthways Well-Being Index.

At a **County Level**, Opportunity Index.org offers a similar picture of the three counties constituting the primary service area for Saint Alphonsus – Ontario. Malheur County scored significantly lower than U.S., Oregon, Idaho and Payette/Washington Counties in most categories. Payette County fared slightly better, due to significantly better Economic indicators, while Washington County received the highest County ranking, approaching State and U.S. rankings with the exception of their low Community Health/Civic Life scores.

#### 2013 Opportunity Index Scores and Grades by Nation, State and County

Source: Opportunity Index.org

	U.S.	Oregon	Idaho	Malheur County	Payette County	Washington County
Opportunity	50.9	51	51.3	37.3	41.1	45.7
Economy	49.4	47.3	49.9	43.1	52.6	51.4
Education	49.3	46.1	48.4	32	36.8	49.1
Community Health & Civil Life	54.1	59.7	55.5	36.9	33.8	36.6
Grade/Score	50.9	51	51.3	37.3/D+	41.1/C-	45.7/C

## Demographic Overview of Primary Service Area

US Census Bureau QuickFacts	U.S.	Oregon	Idaho	Malheur Co.	Payette Co.	Washington Co.
Population, 2013 estimate	316.1 M	3.9 M	1.6 M	31,313	22,610	9,944
Population, percent change, 2010-2013	2.4%	2.6%	2.8%	-1%	-0.1%	-2.5%
Persons under 5 years old, percent 2012	6.4%	6.0%	7.3%	7.4%	7.2%	5.0%
Persons under 18 years old, percent 2012	23.5%	22.1%	26.7%	25.6%	27.3%	23.9%
Persons 65 years old and over, percent 2012	13.7%	14.9%	13.3%	15%	16.3%	21.3%
White persons, not Hispanic, percent 2012	63%	77.8%	83.5%	63.6%	80.5%	79.1%
Persons of Hispanic or Latino origin, percent 2012	16.9%	12.2%	11.8%	31.5%	15.5%	17.3%
Asian persons, percent 2012	5.1%	4.0%	1.4%	1.7%	0.9%	1.2%
Black persons, percent 2010	13.1%	2.0%	0.8%	1.2%	0.4%	0.4%
American Indian and Alaskan Native persons, percent 2010	1.2%	1.8%	1.7%	1.2%	1.5%	1.3%
Language other than English spoken at home, Age 5+, 2008-2012	20.5%	14.7%	10.4%	23.3%	10.8%	15.2%
High school graduates, percent of persons age 25+, 2008-2012	85.7%	89.2%	88.6%	78.7%	83.2%	80.2%
Bachelor's degree or higher, pct. of persons age 25+, 2008-2012	28.5%	29.2%	24.7%	12.7%	13.8%	15.8%
Homeownership rate, 2008-2012	65.5%	62.5%	70.1%	66%	75.9%	74.2%
Median household income, 2008-2012	\$53,046	\$50,036	\$47,015	\$35,788	\$42,747	\$36,311
Persons below poverty level, percent 2008-2012	14.9%	15.5%	15.1%	22.7%	19.2%	14.8%
Persons per square mile, 2010	87.4	39.9	19	3.2	55.6	7

Examining data from the U.S. Census Bureau reveals some significant demographic differences between the three counties. Some key differences are highlighted in **yellow**:

Malheur County is notable for a higher than average Hispanic/Latino population, many of whom are seasonal, or migrant, agriculture workers. This is also evidenced by a higher than average percentage of languages other than English spoken at home. Malheur County is also notable for a population density of 3.2 persons per square mile, where residents must travel long distances for services. Malheur County has the lowest median household income at \$35,788, compared to \$50,036 at a state level and \$53,046 at the U.S. level. The poverty level, at 22.7%, is the highest of the three counties, and is significantly above state and U.S. levels.

Payette County is notable for having the highest median household income at \$42,747. This is still well below state and U.S. median incomes. The poverty level of 19.2% is well above state and U.S. levels.

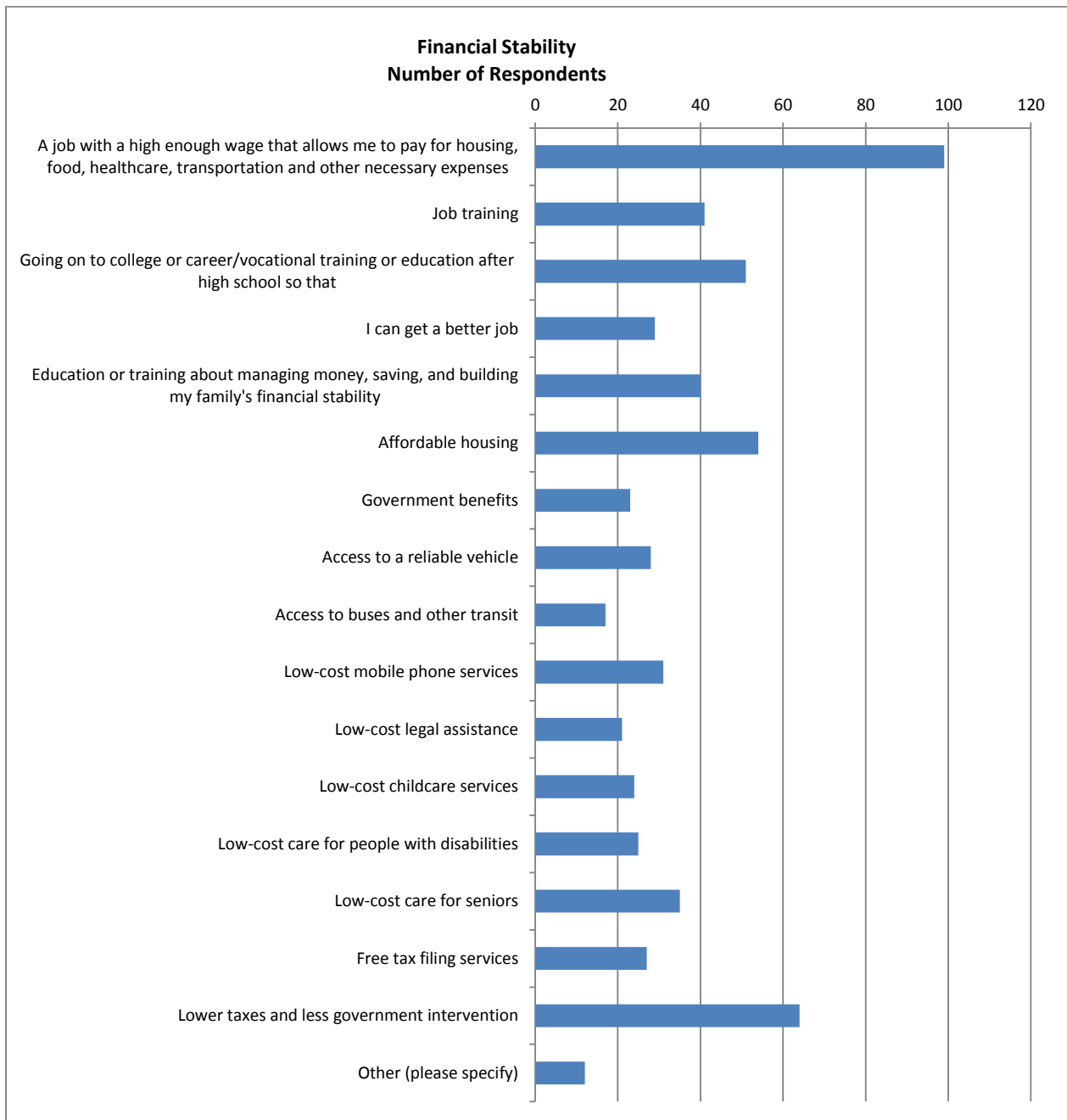
Washington County has a high percentage of people over the age of 65 and has the lowest poverty level of the three counties.

All three counties in the primary service area are notable for low levels of educational attainment (high school and college/technical training).

## Section One: Financial Stability and Independence

From the Survey:

**"Which three of the following items best describe what you and your family need to be financially stable and independent?"**



**"Looking back to the list in number 5, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items."**

### **Survey Responses Regarding Barriers to Financial Stability:**

The ability to earn a livable wage was the highest rated barrier to financial stability with almost every survey respondent listing this as their primary need for achieving financial stability. Low wages also contribute to the other most frequently identified barriers as well, with inability to afford training and education, including college and technical education as a key theme. High housing cost burdens further exacerbated the difficulties of those with low income levels.

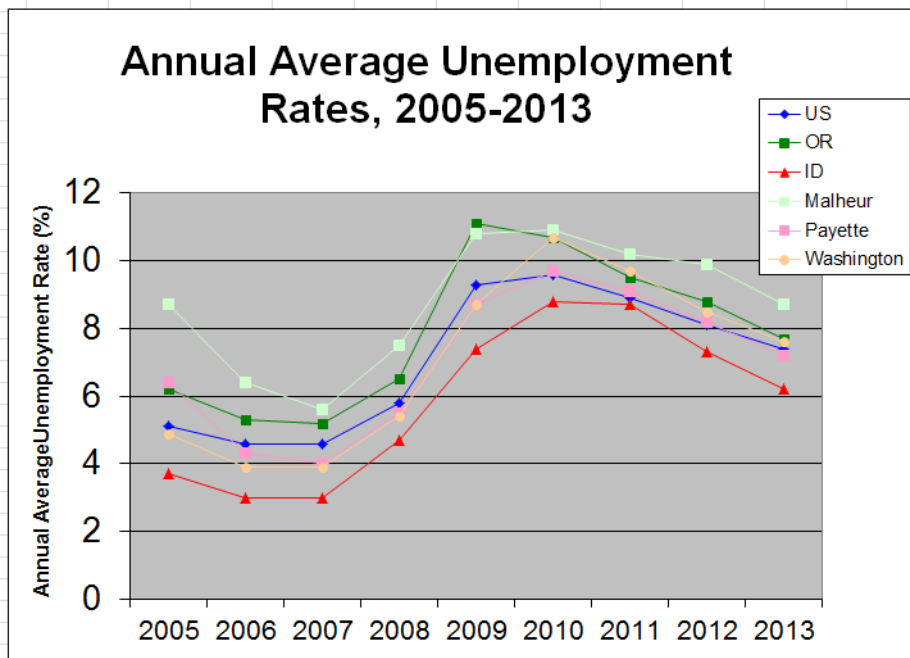
Many respondents noted that even with training and education, there were few higher paying jobs available in the area. It was also noted that the available skilled jobs in the area had lower than expected wages or were not available as full time positions with benefits.

The second-highest rated barrier to financial stability was taxes and government intervention, with over 60 respondents identifying this as a major concern. This survey item drew the most responses of any item on the survey, with very strong opinions about government involvement in education, taxation, regulation, environmental control, health care and a myriad of other subjects.

Transportation to jobs, services, colleges and technical schools was also noted as a significant barrier. The cost of purchasing, maintaining and insuring an automobile was a significant barrier for many respondents. Very few public transportation options are available in either the primary or secondary service areas and those that are available often have limited hours of operation. "Just getting there" is a major barrier to many survey respondents.

## Secondary Source Financial Stability Data:

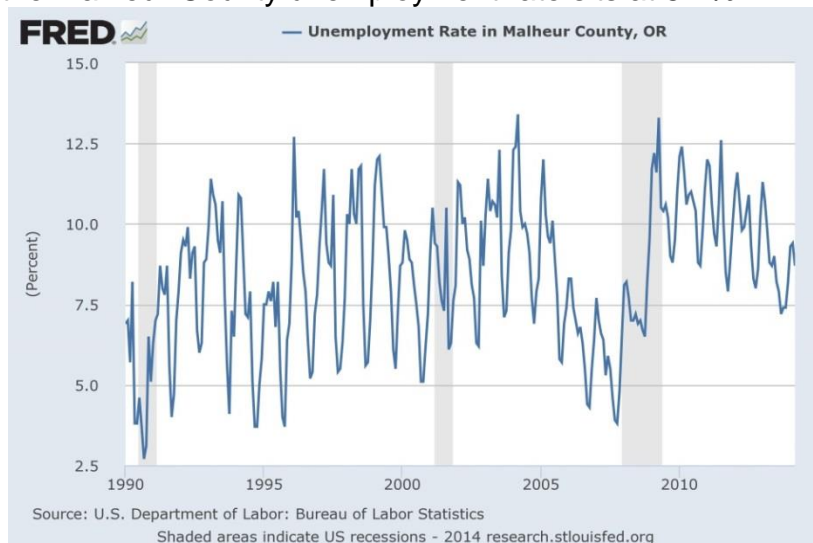
### Employment



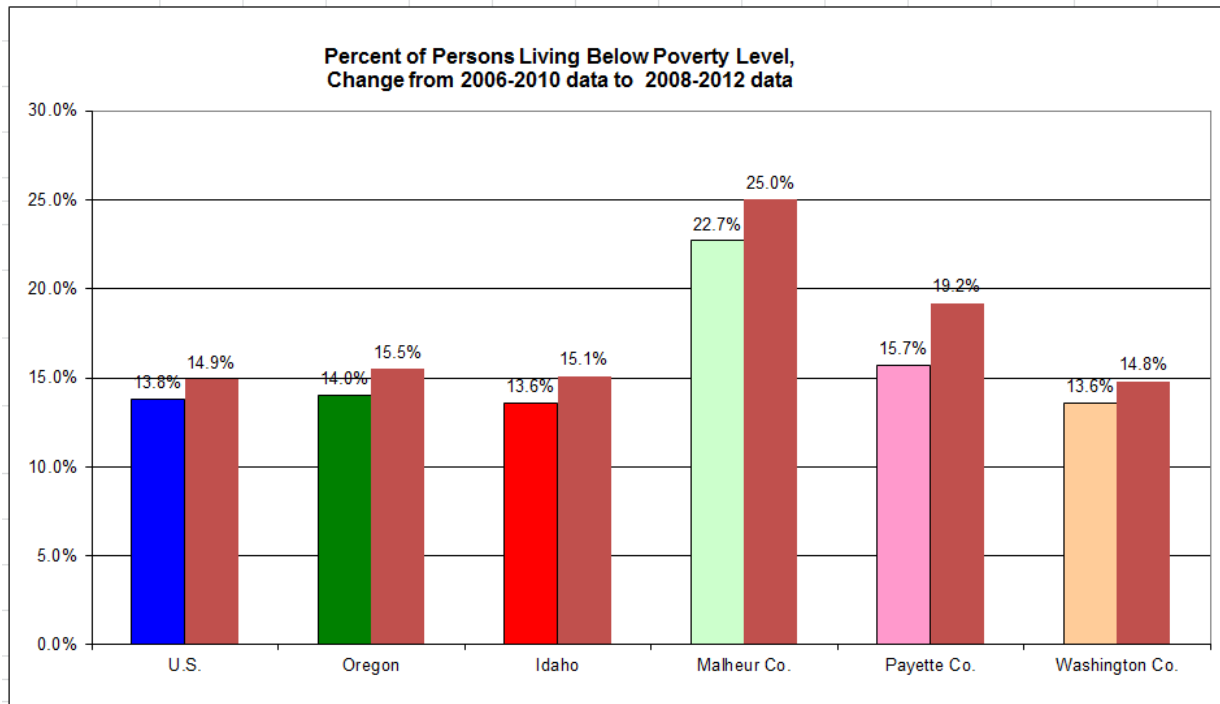
Source: US Bureau of Labor Statistics, <http://www.bls.gov/lau/>

### 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 during the 2008 recession. Overall the unemployment rate has trended downward since 2010 but remains well above national unemployment rates. As of April, 2014, the Malheur County unemployment rate sits at 8.7%.



## Poverty/Wages



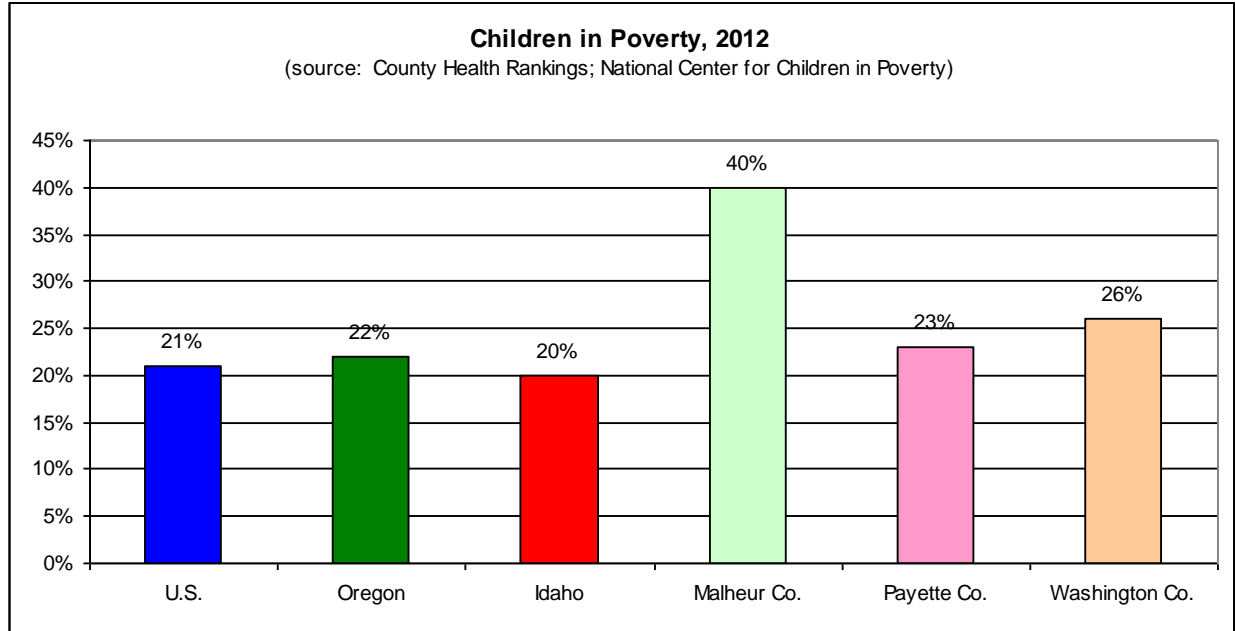
<b>Federal Poverty Levels 2014</b>	<b>100%</b>	<b>138% (Medicaid)</b>
<b>Family Size (Household)</b>	<b>Income to:</b>	<b>Income to:</b>
<b>One person</b>	<b>\$11,670</b>	<b>\$16,104</b>
<b>Two people</b>	<b>\$15,730</b>	<b>\$19,541</b>
<b>Three people</b>	<b>\$19,790</b>	<b>\$27,310</b>
<b>Four people</b>	<b>\$23,850</b>	<b>\$32,913</b>
<b>Five people</b>	<b>\$27,910</b>	<b>\$38,516</b>
<b>Six people</b>	<b>\$31,970</b>	<b>\$44,119</b>
<b>Seven people</b>	<b>\$36,030</b>	<b>\$49,721</b>
<b>Eight people</b>	<b>\$40,090</b>	<b>\$55,324</b>
<b>Additional Persons, add</b>	<b>\$4,060</b>	

Source: U.S. Department of Health  
& Human Services

The current trend of high but decreasing unemployment rates and increasing poverty reflects changes in the employment environment, with a shift toward lower wage jobs and part-time jobs with few or no benefits. In some counties, over 50% of households earn less than 200% of the Federal Poverty Level.



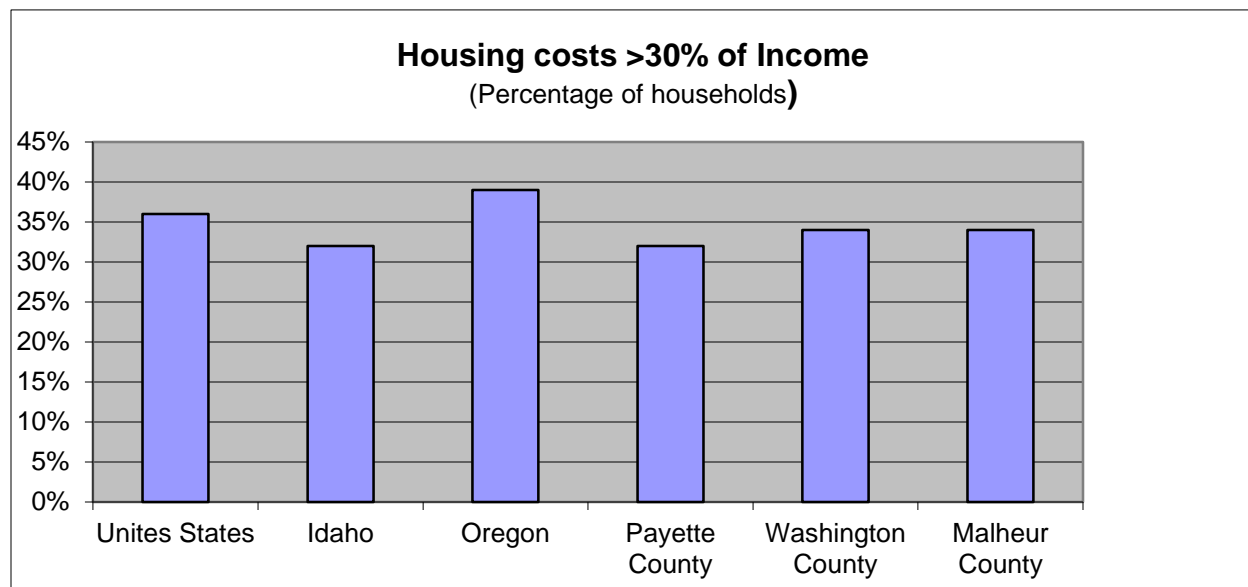
## Children in Poverty



Children in Poverty – percentage of all children

Malheur County is notable for a high level of childhood poverty (40% of all children), which is significantly higher than all U.S., state and county data for the defined service area.

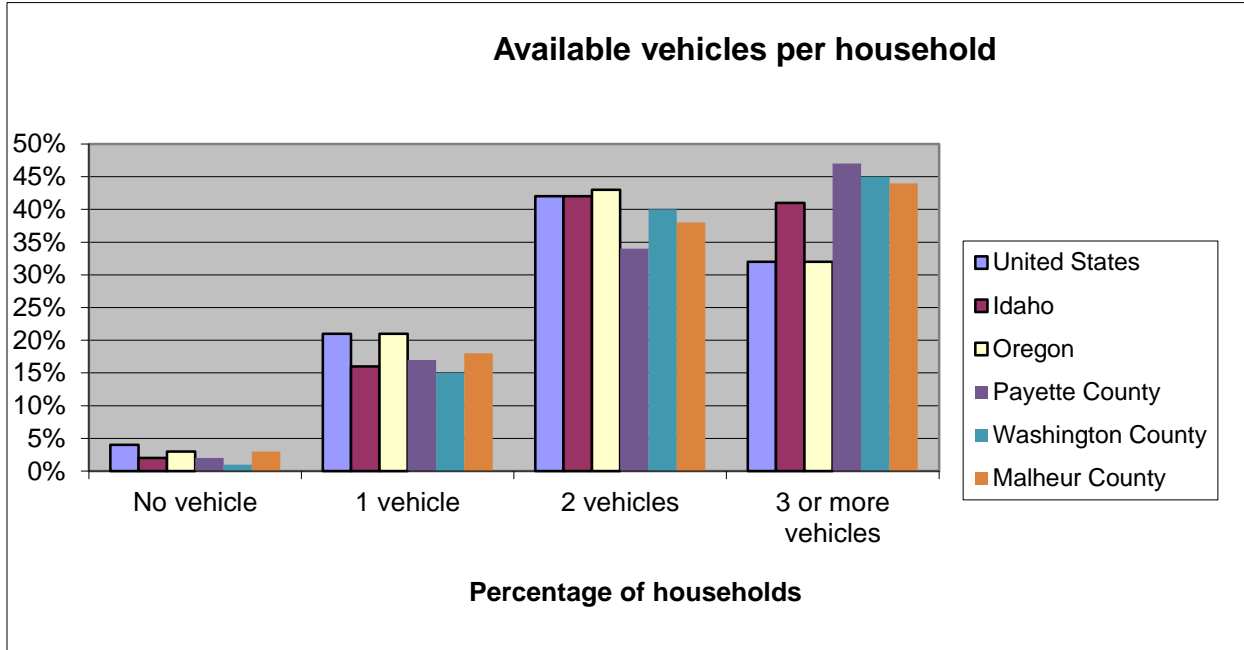
## Housing Burden



Source: American Community Survey, 2012

Housing burden is high, but in line with State and National trends.

## Transportation Barriers



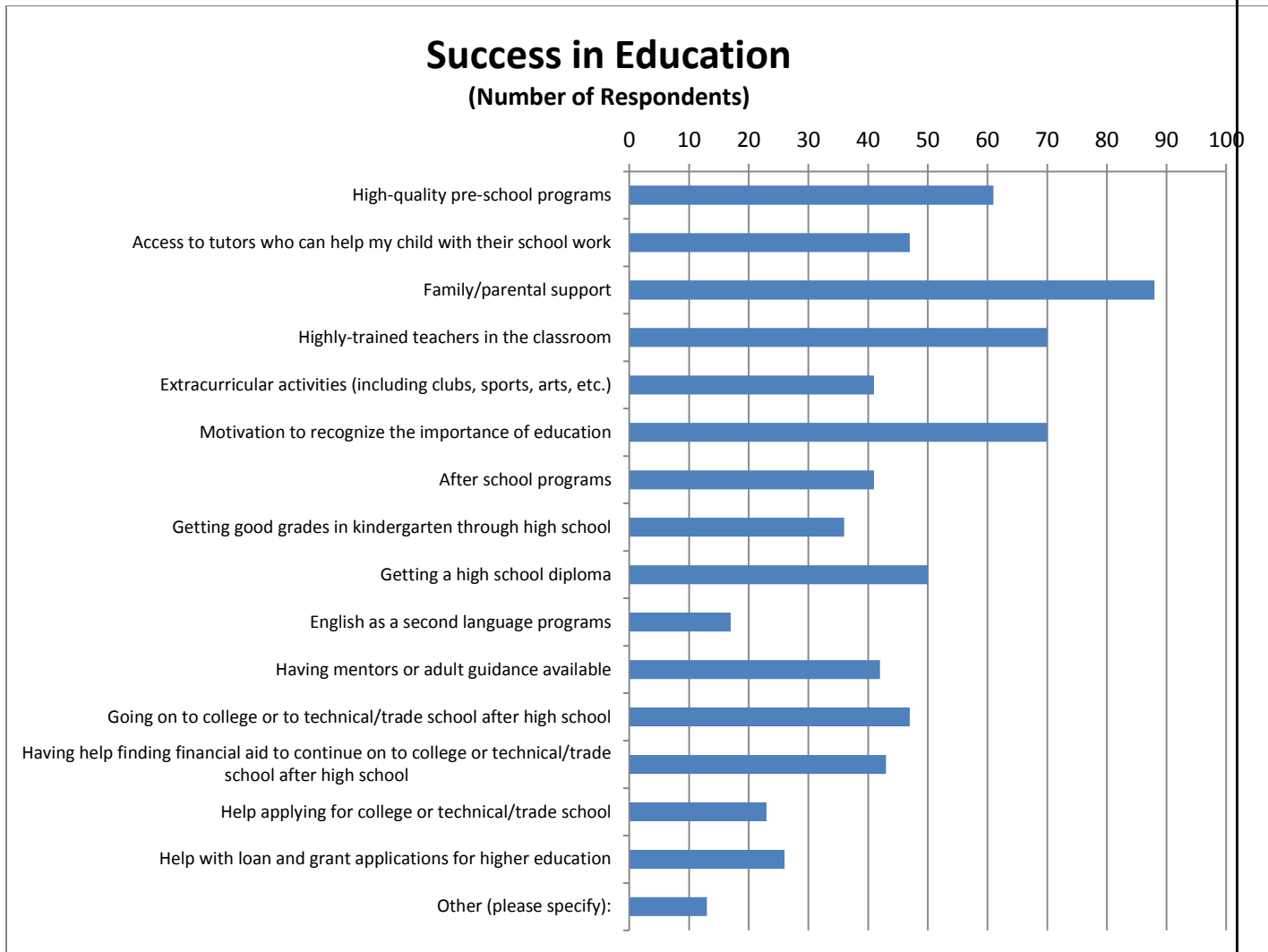
Source: American Community Survey, 2012

Transportation barriers (private vehicle availability) are not significantly different than State and U.S. levels, but the highly rural nature of the service area, coupled with few public transportation options (limited bus routes) magnifies the problem. According to the American Community Survey, 2012, 85% of the residents of the primary service area use an automobile to commute, with over 20% having commutes >30 minutes. Less than 1% of residents utilized public transportation to get to work. Lack of a vehicle is a significant barrier to accessing services as many services exist only in County seats or larger cities. The high poverty levels in the area make the cost of purchasing, maintaining and insuring a vehicle prohibitive for many residents.

## Section Two: Success in Education

From the Community Survey:

"Which three of the following items would most help children to have success in education? Please answer even if you have no children."



"Looking back to the list in number 1, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items."

Survey Responses Regarding Barriers to Success in Education:

Family and parental support was the most identified barrier to success in education, with almost 90 respondents selecting this as a top need. Student motivation was mentioned as a significant need by almost 70 respondents. Access to tutors and mentors was also a top concern, highlighting the difficulty of accessing scarce resources in smaller communities. Overwhelmingly, parents want their children to succeed, and have a high level of frustration as to how to motivate and assist their children in attaining educational success. Many parents mentioned their hope of breaking the cycle of poverty so their children would have a better quality of life. This frustration is frequently coupled with many parents not having attained a sufficient level of education themselves, and feeling ill-prepared to assist their children. Teachers frequently stressed the importance of engaged parents, and the inability of many parents to engage due to the stress of low wages, working multiple jobs, single parenthood, legal status, language barriers and the effects of substance use in the home. Access to sports and other extra-curricular activities was a barrier for many students due to associated costs.

While highly trained teachers was identified as an important need for success, only 5% of respondents indicated having trouble accessing this resource. Indeed, throughout the surveyed communities, this was consistently identified as a community asset. Conversely, lack of funding and resources that hamper the ability of teachers and schools to do effective work was mentioned frequently, especially with respect to cancellations or cuts to needed services.

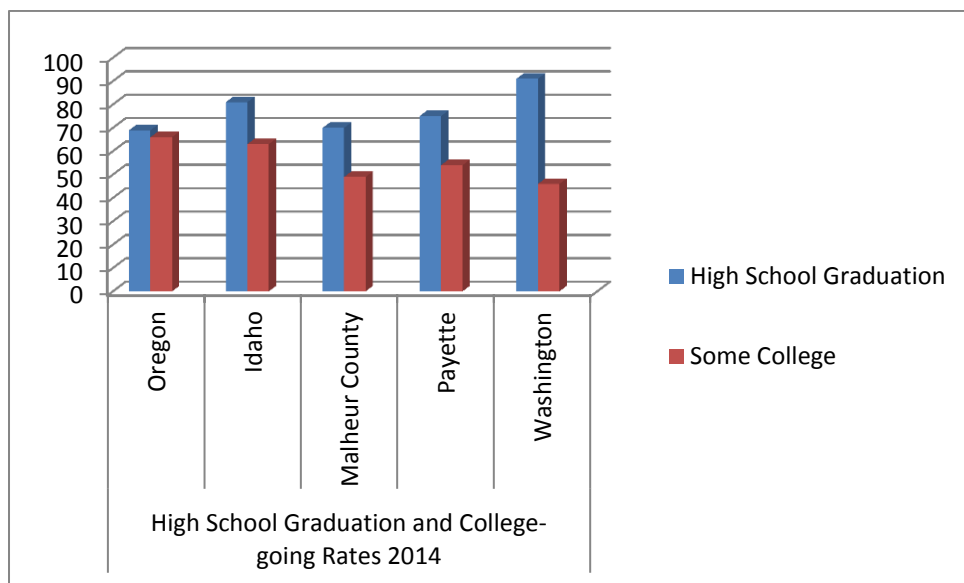
The importance of pre-school was identified by over 60 respondents but was also frequently identified as a lacking resource in many communities.

Higher education through colleges and technical schools was identified as important by over 40 respondents, but this desire was tempered by many comments regarding the feasibility of this being an attainable goal due to lack of finances, loans, grants or other assistance. Transportation was frequently mentioned as another significant barrier to higher education, with few options available beyond a personal vehicle. Lack of transportation was an over-arching barrier that was mentioned in each of the four survey sections.

## Secondary Source Education Data:

### Graduation/College Going Rates

As seen below, County Health Rankings shows that Malheur County's high school graduation rate is similar to Oregon's, but the enrollment 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. On the whole, graduation rates are improving, especially in Washington County, and this momentum is an important opportunity to impact overall population health in a significant manner. Lack of a high school diploma is associated with negative outcomes. In Oregon, high school dropouts comprise 79% of the Oregon adult prison population (Oregon Department of Corrections), are more than twice as likely to be unemployed than students who graduate, and earn on average 30% less in wages than students who graduate. (Oregon Employment Department)

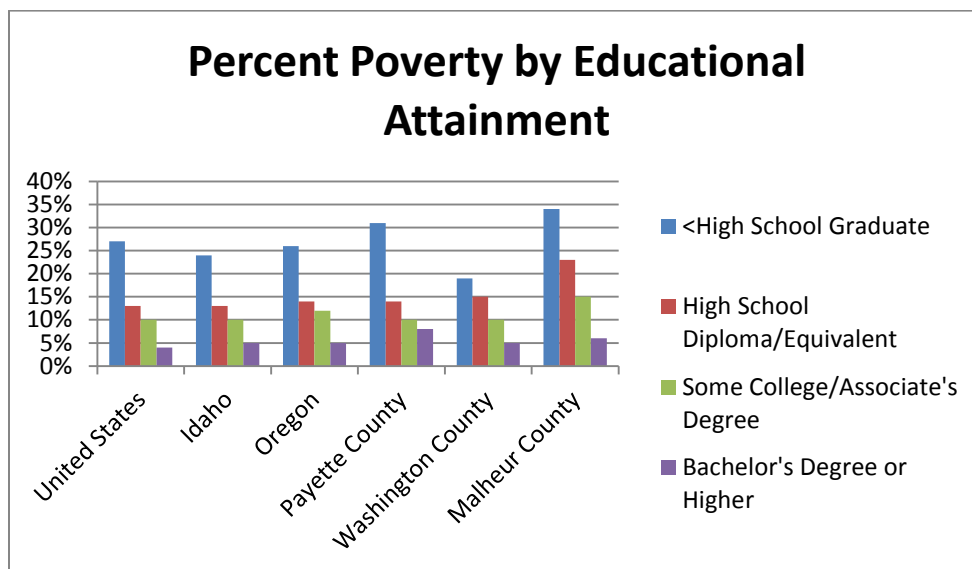


Source: *CountyHealth Rankings 2014*

“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.

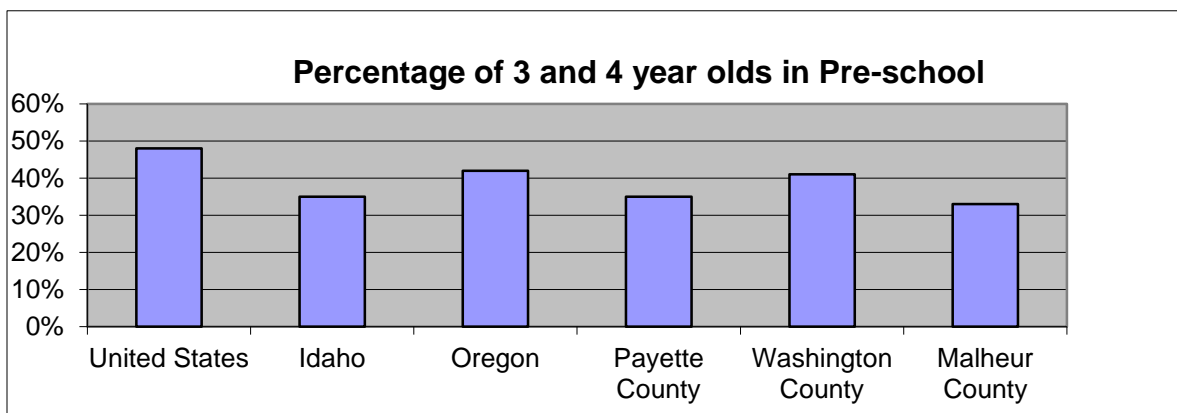
## Education Attainment and Poverty



Source: American Community Survey, 2012

The effect of education on poverty levels is significant. Not having a high school diploma increases the risk of remaining in poverty exponentially. Even with a high school diploma, poverty rates of between 10% and 15% are common. Achievement of a Bachelor's degree drops the risk of poverty to less than 5% in most locations.

## Pre-school Attendance



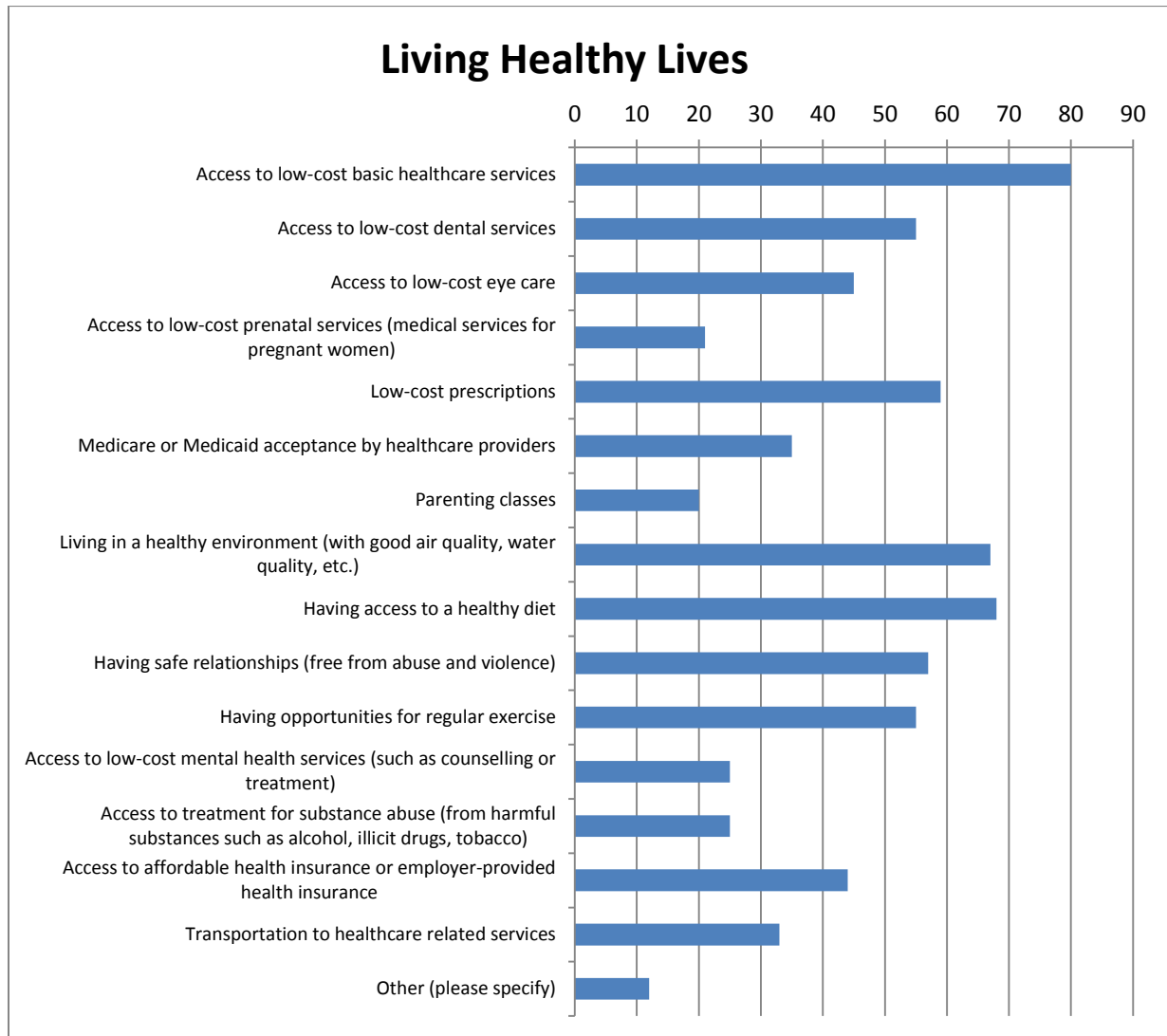
Source: American Community Survey, 2012

Pre-school attendance rates are lower than U.S. levels across the SAMC – Ontario service area, with Malheur County's pre-school attendance rate 15 percentage points lower than U.S. Pre-school programs are lacking, or in short supply in many towns across the communities served and often have waiting lists.

## Section Three: Living Healthy Lives

From the Community Survey:

**"Which three of the following items best describe what you and your family need to live healthy lives?"**



**"Looking back to the list in number 3, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items."**

### Survey Responses Regarding Barriers to Living Healthy Lives:

Access to health insurance was the highest scoring need identified in the community survey, with 80 respondents listing this as a primary need for health. Access to health

insurance was also listed as something they were unable to attain by 20% of those respondents. Of particular concern is the Insurance Gap in Idaho, where Medicaid expansion did not take place, leaving many residents uncovered by products from the State Insurance Exchanges and ineligible to access Medicaid. Significantly, while 55 respondents listed access to low-cost dental services as necessary for health, 36% of those are unable to get meaningful access to services. Vision service and medication assistance were also significant needs identified in the community survey.

There is great interest and concern regarding improvement of health status through food choices and exercise, with significant opportunity for improvements in access to resources and facilities for exercise. Of particular importance to the community is the closure of the Ontario Aquatic Center. This Community Hub closed in the Fall of 2013 and needs extensive repairs/remodeling to re-open. The park saw almost 50,000 recorded visits annually prior to its closure. There are proposals before local government for renovation and re-opening.

Concern for the physical environment (air/water) and safe relationships (domestic violence, violent crime, child abuse) were other key themes. Again, transportation barriers were commonly mentioned as a concern.

Another key finding regarding barriers to achieving wellness and living healthy lives was having access to reliable information. Many people expressed frustration at not getting the information that they needed in order to participate in the Health Insurance Exchanges and many had no idea that the programs were in existence or that there were subsidies available. Continued education and assistance during enrollment periods is a community need that should continue to be addressed.



## Secondary Source Health Data:

### Access to health care

#### Primary care, dental care, mental health and vision services

Health Outcomes – Access to Care:	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Primary Care Physicians	1,051:1	1,115:1	1,683:1	1,942:1	5,656:1	2,051:1
Dentists	1,439:1	1,430:1	1,629:1	1,692:1	2,067:1	3,406:1

Source: County Health Rankings 2014

### Insurance

Health Outcomes – Access to Care	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Uninsured	11%	18%	19%	21%	21%	25%

Source: County Health Rankings 2014

### Mental health

Health Outcomes – Access to Care	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Poor mental health - days per 30 days	2.4	3.7	3.4	3.4	3.7	4.3
Mental Health Providers	536:1	419:1	854:1	529:1	1,624:1	10,218:1

Source: County Health Rankings 2014

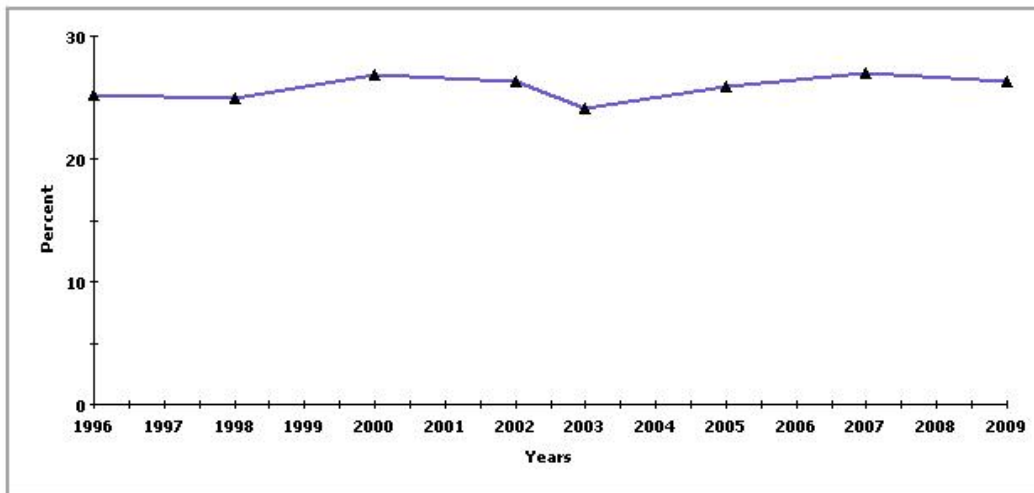
There is a notably high ratio of persons per provider in Payette and Washington Counties (especially Mental Health Providers), which may represent opportunities to

extend care to these populations either through mobile means or virtual means such as Telepsychiatry.

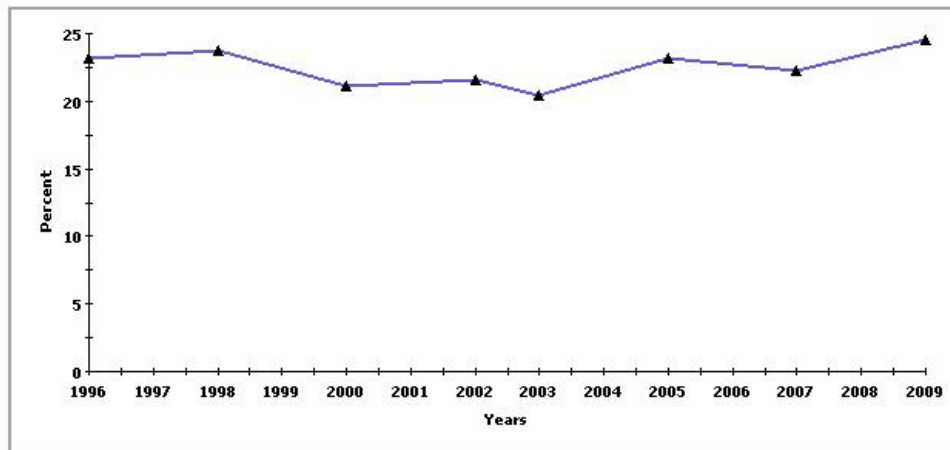
**Food and exercise:**

**Consumption of fruits and vegetables**

**Consumption of Fruits and Vegetables per day  
Oregon - All Available Years  
Response = Consume 5 or more times per day**



**Consumption of Fruits and Vegetables per day  
Idaho - All Available Years  
Response = Consume 5 or more times per day**



Source: Behavioral Risk Factor Surveillance System from the U.S. Centers for Disease Control and Prevention

According to the most recent information from the U.S. Centers for Disease Control and Prevention's State-Indicator Report: Fruits Vegetables 2013, Current median fruit consumption for Idaho and Oregon are 1.1 servings per day, and vegetable consumption is just over 1.7 servings per day with over 30% of adults reporting less than one serving per day.

Consumption of fruits and vegetables has remained relatively flat over time, and represents one of the largest opportunities for improving the overall health of the community. While Government recommendations still hover near the five servings per day recommendation, new large-scale research from the United Kingdom\* suggests that seven-plus servings has significant health benefits and reductions in overall mortality, cardiovascular disease and stroke as well as cancer. Regardless of the recommendations, current fruit and vegetable consumption remains low with less than 25% of the population consuming five or more servings of fruits and vegetables on a regular basis, and an opportunity for impacting large scale population health outcomes.

\*(Source: Fruit and vegetable consumption and all-cause, cancer and CVD mortality: analysis of Health Survey for England data Oyinlola Oyebode, Vanessa Gordon-Dseagu, Alice Walker, Jennifer S Mindell *J Epidemiol Community Health* jech-2013-203500 Published Online First: 31 March 2014 doi:10.1136/jech-2013-20350)

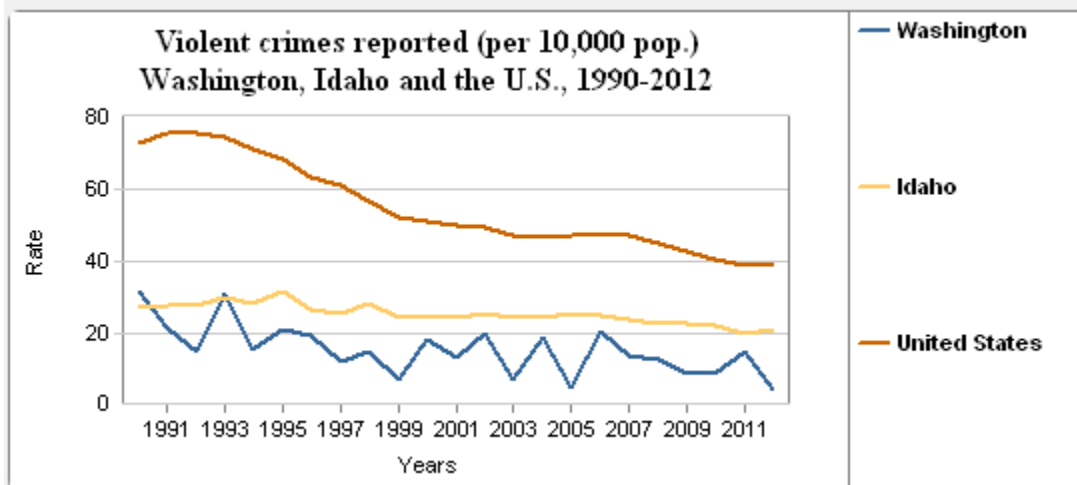
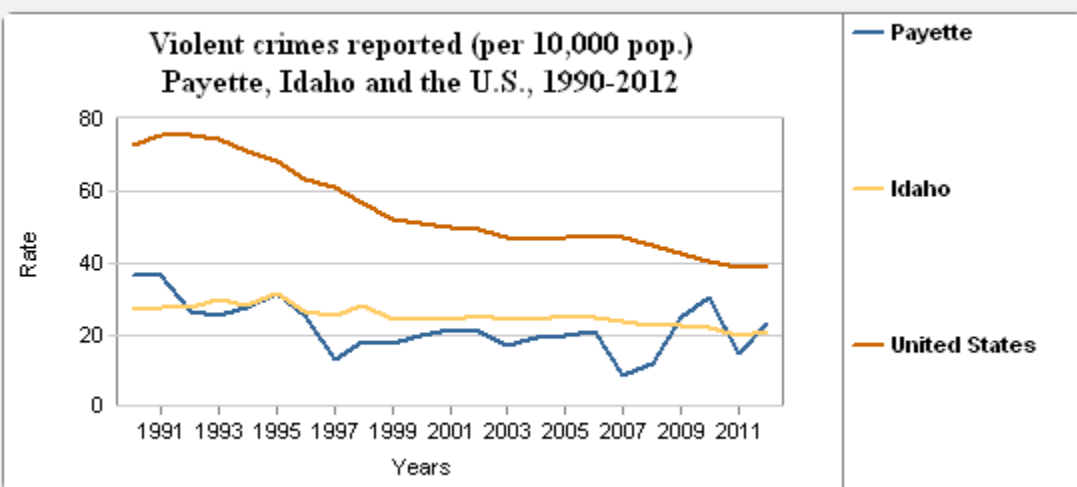
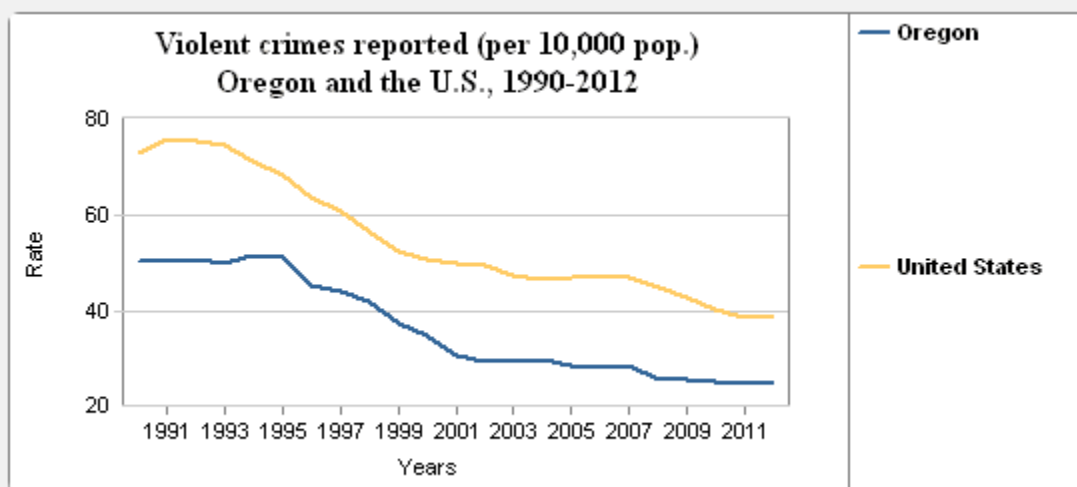
<i>Health Outcomes- Health Behaviors:</i>	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
Adult Smoking	14%	16%	17%	23%	24%	17%
Adult Obesity	25%	26%	27%	28%	28%	29%
Food environment index	8.7	7.6	7.3	7.3	7.1	7.1
Physical Inactivity	21%	17%	20%	22%	24%	26%
Access to exercise opportunities	85%	81%	62%	51%	26%	34%

*Source: County Health Rankings 2014*

Lack of physical activity and opportunities to exercise are another significant opportunity to impact health on a large scale. Payette and Washington Counties in particular had slightly higher levels of inactivity coupled with significantly lower than State scores for access to exercise opportunities.

## Social environment: Crime and violence

### Violent Crimes

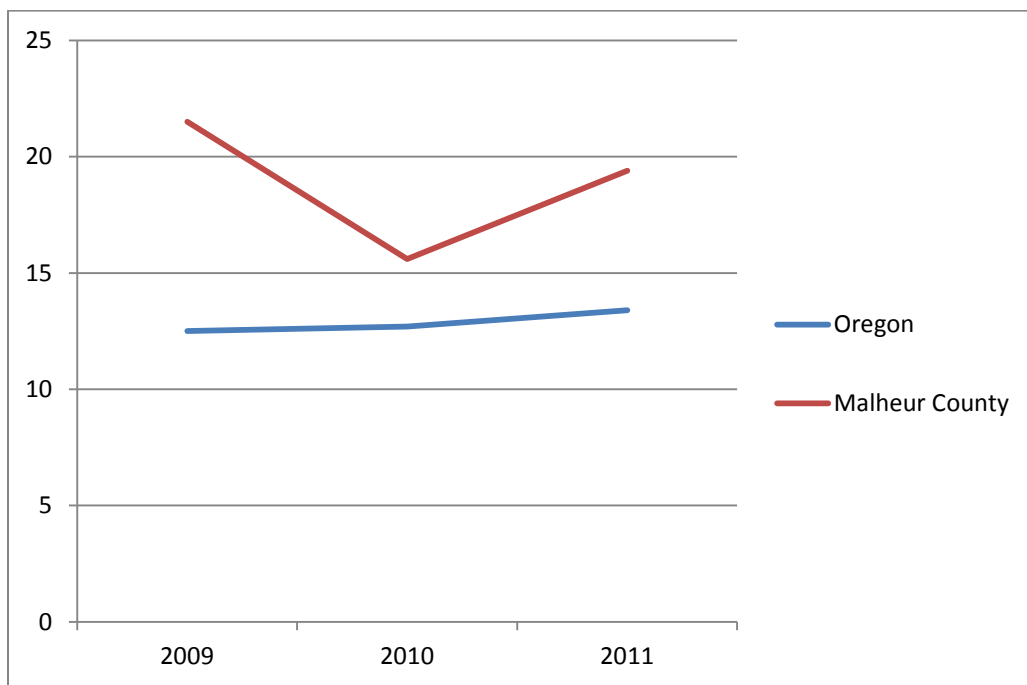


Source: Indicators Idaho (formerly Indicators Northwest) (Malheur County unavailable)

Crime rates continue a downward trend, with violent crimes being significantly lower than U.S. levels. In the 2011-2012 Saint Alphonsus – Ontario Community Health Needs Assessment, juvenile and gang-related crimes were of particular concern. At that time it was noted that in Ontario, there were six gangs and that juvenile crime cases were running over 1,000 per year. At present, there are two known gangs in Ontario, with 94 cases registered last year. Of those cases, 92 were related to graffiti, and 2 were related to physical assaults. Juvenile crimes in 2013 numbered 145 cases. (Source: Ontario Police Department)

**Child abuse:**

**Abuse & Neglect Victims (per 1,000, less than 17 years)**

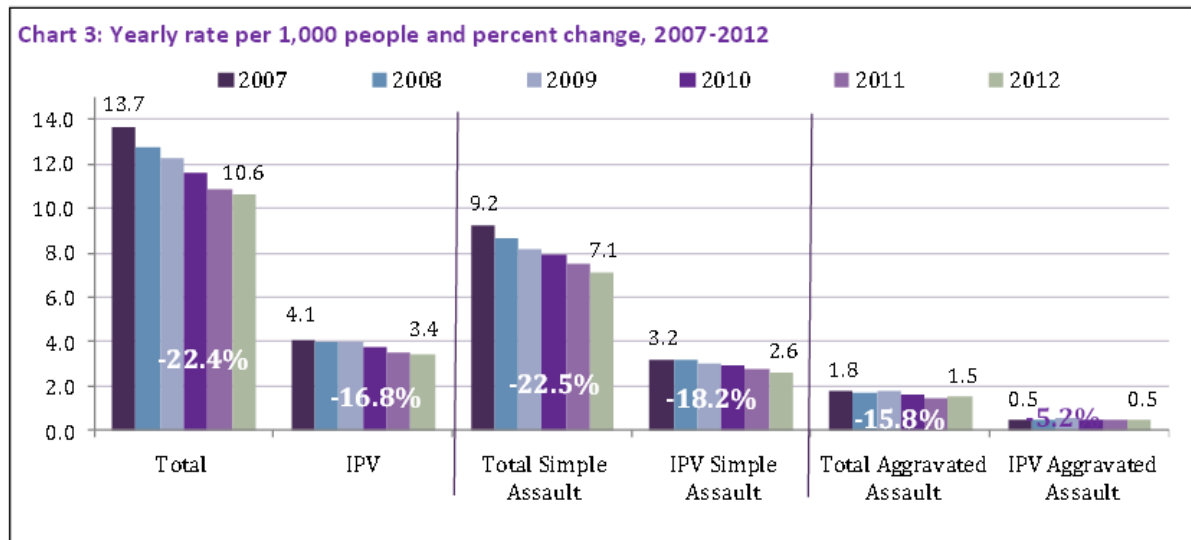


(No longer collecting data)

According to the Kids COUNT Data Center, 2012 rates for child abuse in Idaho are approximately 3.4 per 1,000, while Oregon's rate is 11 per 1,000. Information from the Oregon Department of Human Services lists Malheur County's rate at just over 24 per 1,000. Child abuse remains a concern. Idaho County-level data was unavailable.

## Safe relationships: Intimate Partner Violence (IPV)

Chart 3 represents the yearly violent crime rate per 1,000 people for IPV and total violent crime victims. The number and rate of all violent crimes, including intimate partner crimes, has consistently decreased every year from 2007 through 2012. However, IPV decreased at a less significant rate (16.8%) compared to total victims of violence (22.4%). In addition, all aggravated assaults decreased 15.8%, compared to a 5.2% decrease in IPV aggravated assaults.



Source: Idaho Statistical Analysis Center; Planning, Grants, & Research Idaho State Police

Like violent crime, Intimate Partner Violence (IPV) has continued to decrease.

## Environmental factors

Health Outcomes – Physical Environment	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Air Pollution – Particulate Matter	9.5	8.9	10.1	9.4	8.8	9.2
Drinking Water Violations – exposure	0%	11%	8%	32%	38%	0%
Severe Housing Problems	9%	19%	15%	17%	11%	15%

Source: County Health Rankings 2014

Water quality in Malheur and Payette Counties remains a concern, with over 1/3 of residents being exposed to unhealthful water in the past year. The largest concern is agricultural contamination (coliform bacteria and other contaminants).

## Health Outcomes

### Top 10 Leading Causes of Death

Top causes of death closely mirror the national list. The most notable difference is the inclusion of suicide as a leading cause of death in Oregon, Idaho and all three counties at a significantly higher rate than the United States, where suicide is the 10<sup>th</sup> leading cause of death. Other notable differences are that diabetes is higher in the rankings for Payette and Washington Counties than the U.S., and chronic lower respiratory disease is higher in all three counties.

Other fluctuations are largely attributable to small sample sizes for 7<sup>th</sup> through 10<sup>th</sup> leading causes.

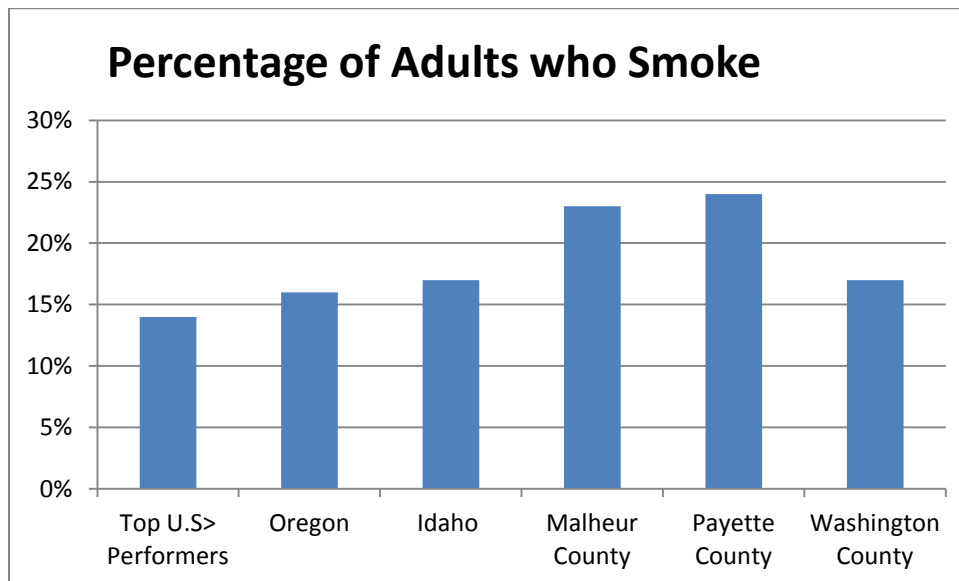
### Leading Causes of Death 2012

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

*Oregon / Idaho Vital Statistics*

## Leading Causes of Death: Risk factors:

### Tobacco use



Source: County Health Rankings 2014

Higher than U.S. rates of smoking mirror higher rates of obstructive lung disease seen in top causes of death. Reduction in smoking rates has positive long-term and short-term health benefits.

Of recent concern is the emergence of smokeless nicotine inhalation, "vaping" as a popular alternative to tobacco. This trend bears investigation to determine health effects and whether it will alter overall rates of obstructive lung disease or tobacco utilization. Vaping is especially popular with younger smokers, but doesn't appear to be a lure for new users as much as it is being used as an alternative to smoked and smokeless tobacco. Of note is that vaping is also economically attractive as an alternative to smoked tobacco as it is significantly cheaper. Also of concern is the currently loosely regulated status of vaping, with little knowledge or control of flavoring and other ingredients in smokeless nicotine products. (CDC.gov)



## Screening rates

Health Outcomes – Length of Life:	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Diabetic Screening	90%	86%	82%	69%	71%	89%
Mammography Screening	71%	63%	58%	56%	49%	57%

Source: County Health Rankings 2014

## Alcohol use

Health Outcomes – Length of Life:	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Excessive drinking	10%	16%	15%	14%	13%	10%
Alcohol-impaired driving deaths	14%	31%	33%	48%	21%	33%

Source: County Health Rankings 2014

Alcohol-related driving deaths are of concern in Malheur County. The County's sparse population rate, coupled with few public transportation alternatives and extensive 2 lane highways may be creating a scenario of high risk for alcohol-impaired drivers. Excessive drinking rates are not significantly higher, but alcohol-impaired driving deaths are over 300% of the U.S. 90<sup>th</sup> percentile and double the rate in neighboring Payette County.

## Injury Deaths

Health Outcomes – Length of Life:	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Injury Deaths	49	65	64	65	69	67

Injury death rates are higher than U.S. best performers, but are close to State levels.

## Alzheimer's Disease – Oregon

Number of people aged 65 and older with Alzheimer's by age

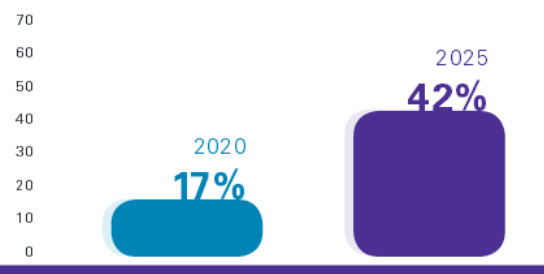
Totals may not add due to rounding.

Year	65-74	75-84	85+	TOTAL
2014	8,300	24,000	27,000	59,000
2020	12,000	29,000	28,000	69,000
2025	13,000	40,000	32,000	84,000

Percentage of seniors with Alzheimer's disease

**10%**

Percentage change from 2014 in the number of seniors living with Alzheimer's disease



Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	Number of Caregivers (in thousands)	Total Hours of Unpaid Care (in millions)	Total Value of Unpaid Care (in millions)	Higher Health Costs of Caregivers (in millions)
2011	166	189	\$2,288	\$91
2012	167	191	\$2,352	\$96
2013	173	196	\$2,446	\$100

Number of deaths from Alzheimer's disease in 2010

**1,300**

For more information, view the 2014 Alzheimer's Disease Facts and Figures report at [alz.org/facts](http://alz.org/facts).

The percentage of seniors with Alzheimer's Disease is expected to increase and continue to impact the health care environment in Oregon and Idaho. Alzheimer's Disease currently affects 10% of seniors, but is expected to reach 17% by 2020. (Source: 2014 Alzheimer's Disease Facts and Figures report)

# Alzheimer's Disease - Idaho

Number of people aged 65 and older with Alzheimer's by age

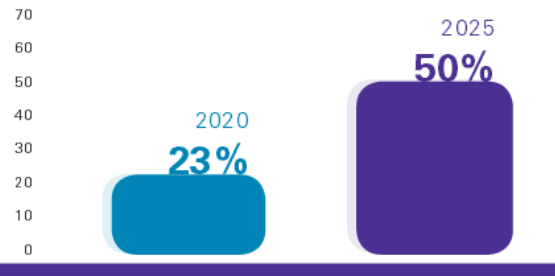
Totals may not add due to rounding.

Year	65-74	75-84	85+	TOTAL
2014	3,200	9,000	9,200	22,000
2020	4,500	12,000	10,000	27,000
2025	5,400	16,000	12,000	33,000

Percentage of seniors with Alzheimer's disease

**10%**

Percentage change from 2014 in the number of seniors living with Alzheimer's disease



Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

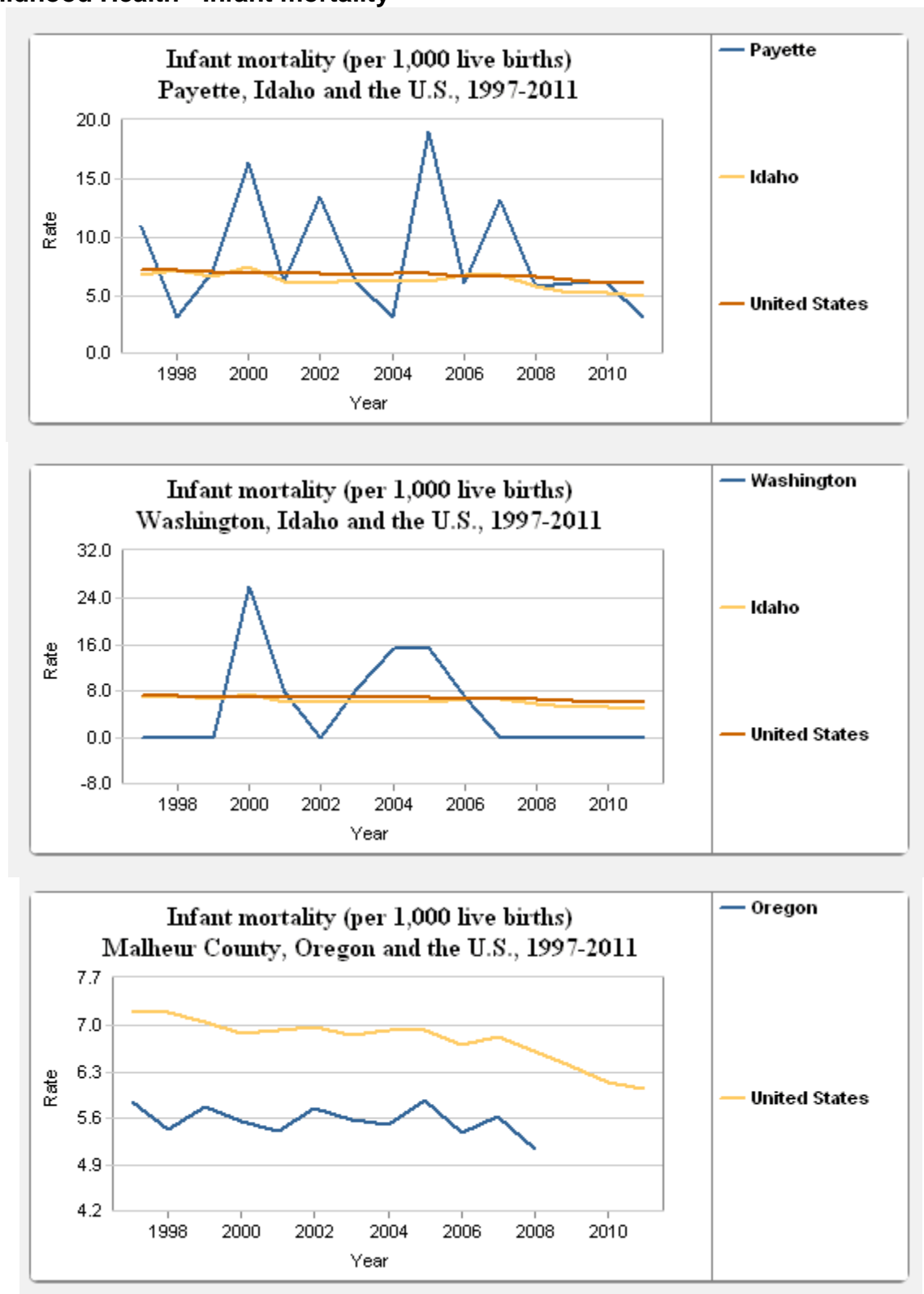
Year	Number of Caregivers (in thousands)	Total Hours of Unpaid Care (in millions)	Total Value of Unpaid Care (in millions)	Higher Health Costs of Caregivers (in millions)
2011	75	86	\$1,038	\$35
2012	76	87	\$1,067	\$37
2013	77	88	\$1,091	\$38

Number of deaths from Alzheimer's disease in 2010

**410**

For more information, view the 2014 Alzheimer's Disease Facts and Figures report at [alz.org/facts](http://alz.org/facts).

## Childhood Health - Infant mortality



Source: Indicators Idaho (formerly Indicators Northwest) (Malheur County unavailable)

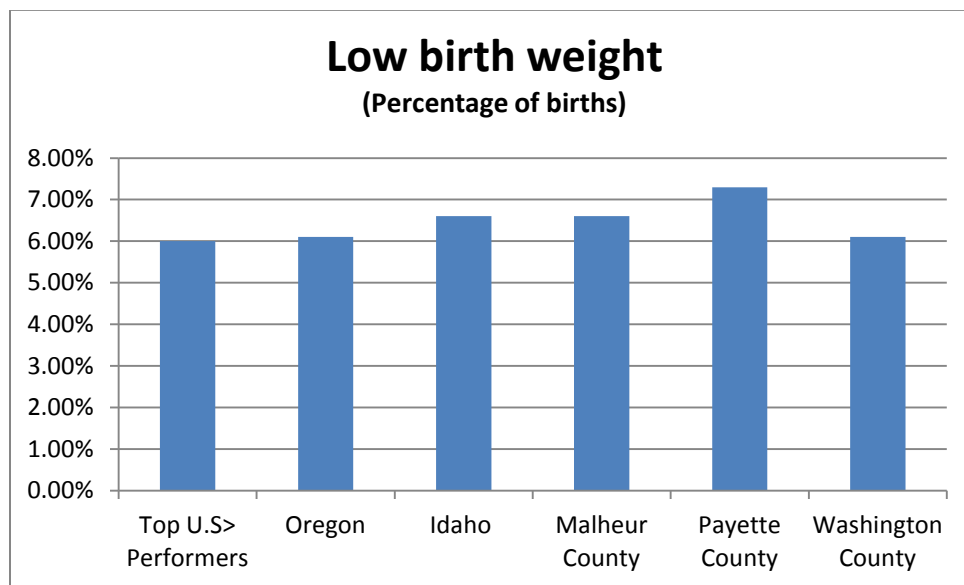
### Childhood Health - Premature Birth

Health Outcomes – Length of Life:	U.S. 90 <sup>th</sup> %ile	Oregon	Idaho	Malheur County	Payette County	Washington County
Premature birth	6.0%	6.6%	6.6%	6.6%	7.3%	6.1%

Source: County Health Rankings 2014

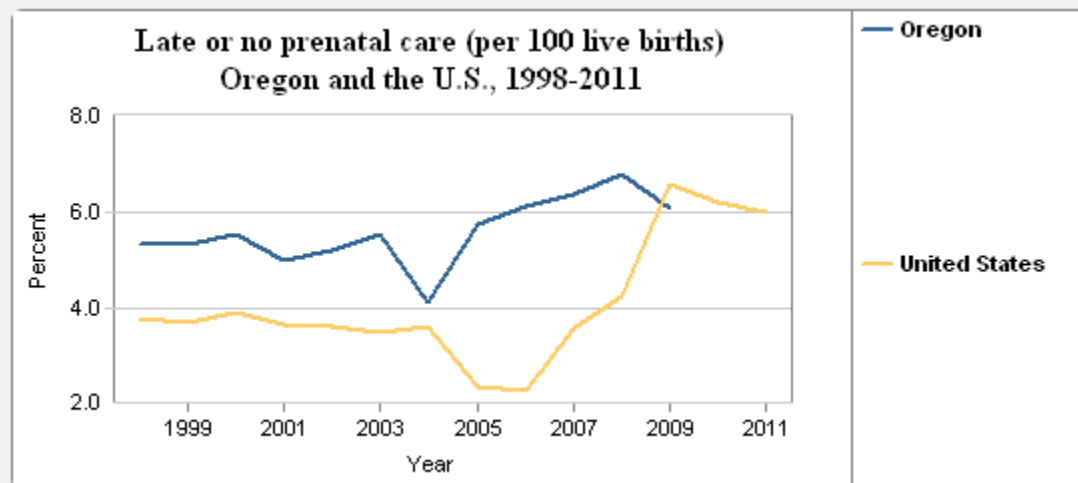
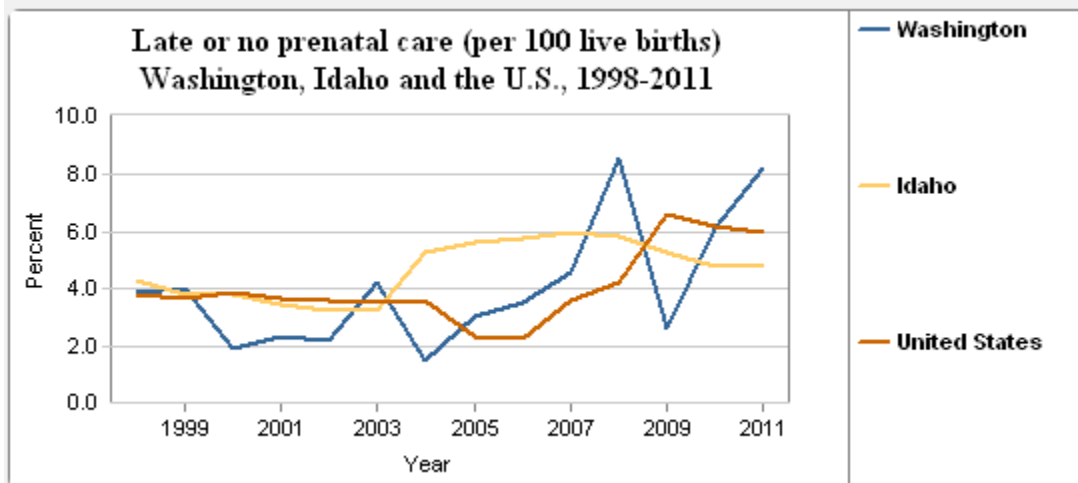
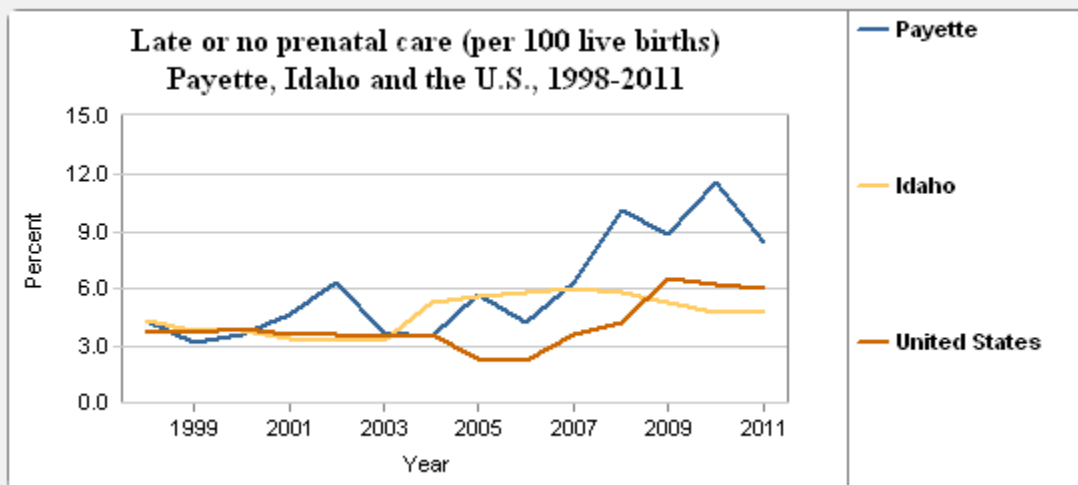
Infant mortality and premature birth remain near State and U.S. levels. Payette County has a slightly elevated premature birth rate, which corresponds to a slightly higher than State and U.S. incidence of low birth weight babies.

### Low birth weight rates



Source: County Health Rankings 2014

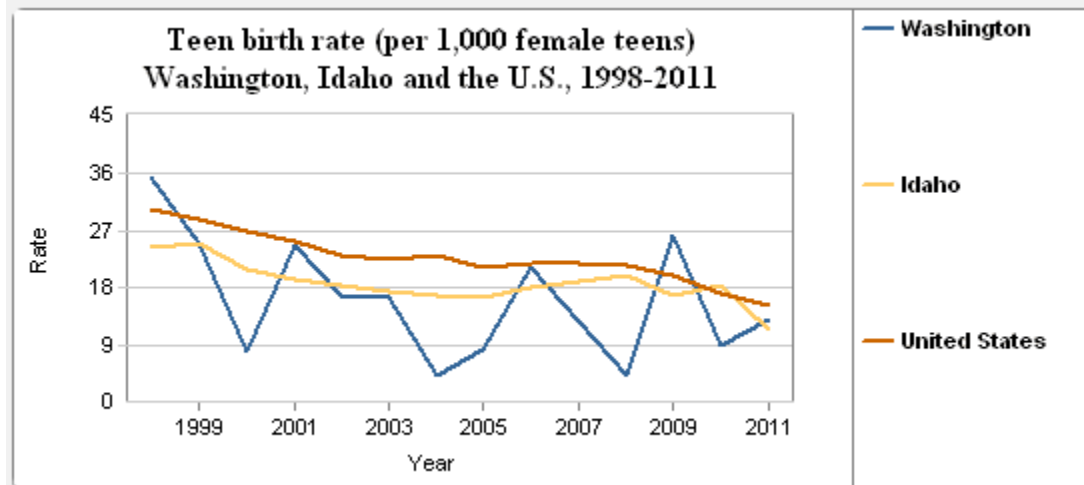
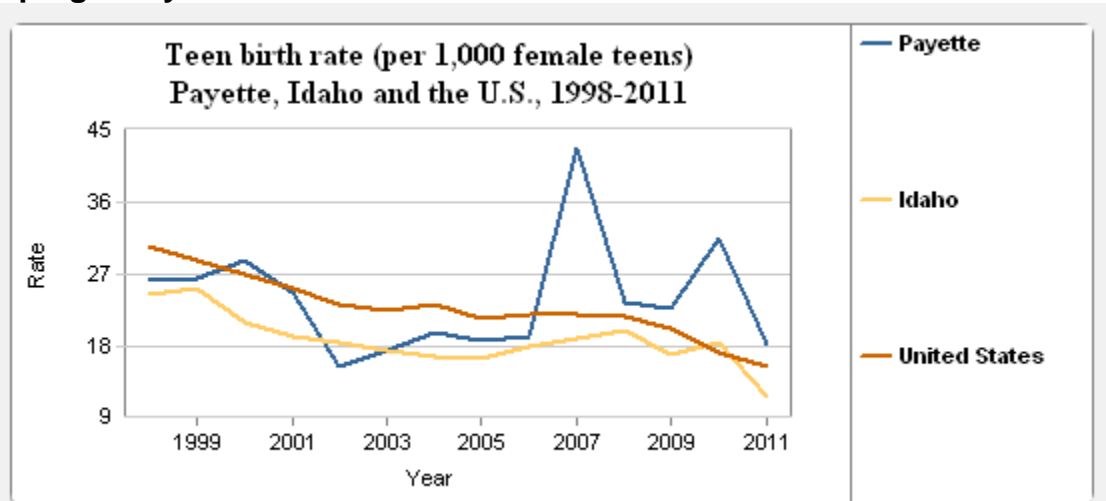
## Childhood Health - Late/no prenatal care



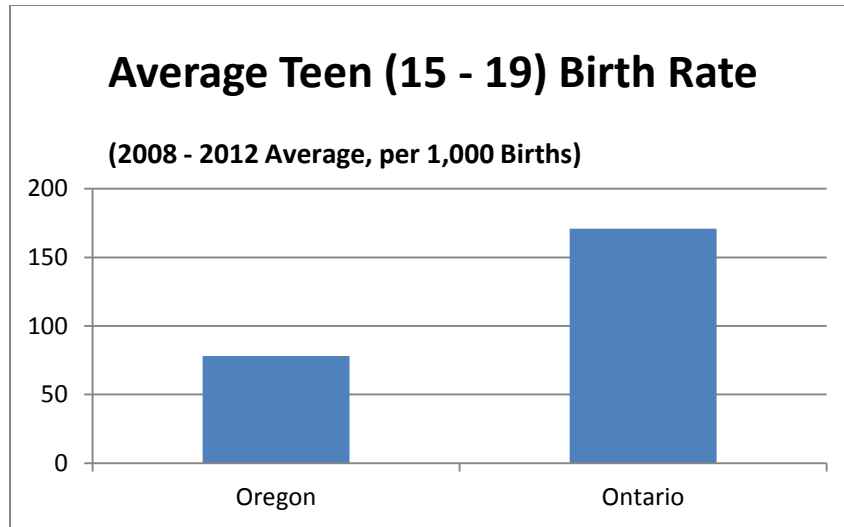
Source: Indicators Idaho (formerly Indicators Northwest)

Late/no prenatal care is higher than average for all three counties in the service area and is an opportunity to continue to address. A shortage of providers is coupled with difficulty accessing services and getting medical coverage.

### Teen pregnancy



Source: Indicators Idaho (formerly Indicators Northwest) (Malheur Unavailable)



Source: Oregon Department of Human Services

Teen birth rates in Idaho are near National and State averages, but in the City of Ontario the Teen birth rate is significantly higher than the State of Oregon at 171 per 1,000 births. (Note that this statistic is different than the Idaho statistic of birth rate per 1,000 female teens) (Source: Oregon Department of Human Services)

### Sexually transmitted infections

<i>Health Outcomes – Health Behaviors</i>	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
Sexually transmitted infections (Chlamydia/100,000)	123	352	297	399	358	185

Source: County Health Rankings 2014

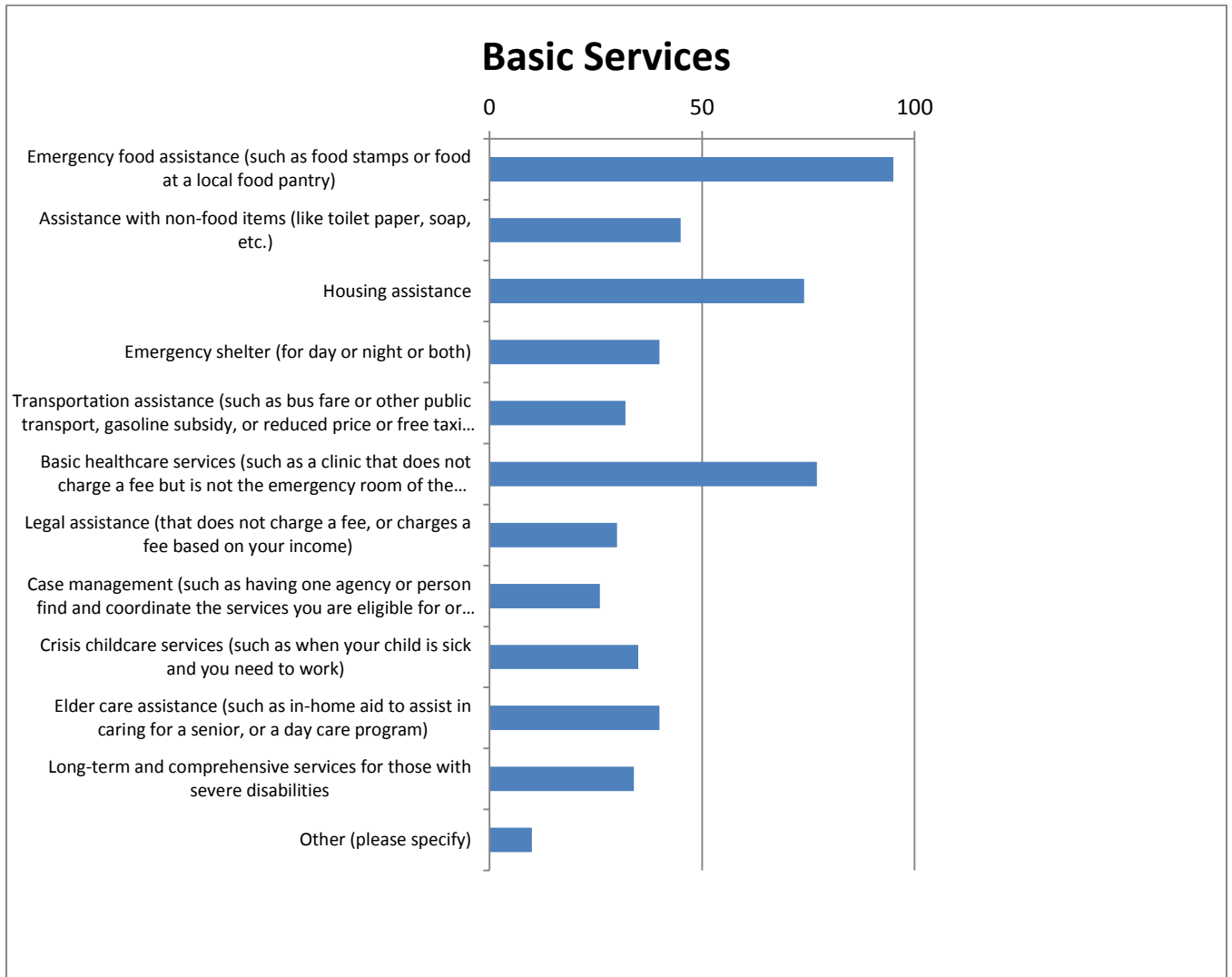
Sexually transmitted infections (Chlamydia) remain high in Malheur and Payette Counties.



## Section Four: Access to Basic Services

From the Community Survey:

**"Which three of the following basic services help families the most?"**



**"Looking back to the list in number 7, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items."**

**Survey Responses Regarding Barriers to Accessing Basic Services:**

Emergency food assistance was the number one service identified as being a benefit to families in all communities surveyed, highlighting the significant levels of food insecurity present in the surveyed population. This mirrors the discussions with community experts who identified community support services as community assets in every community surveyed. Of particular note were Senior Centers, community agencies (such as WICAP) and Faith Communities, who provide high levels of service throughout the primary and secondary survey areas.

Housing assistance was listed as the next significant basic service need, followed by access to basic health care services. Of particular note is the differences noted by Idaho versus Oregon residents. Idaho residents who were ineligible for health insurance through the State insurance exchanges, but who were also left with few other resources due to the lack of Medicaid expansion in Idaho were most impacted.

None of the basic services on the survey received less than 25 respondent selections, highlighting the importance of multiple avenues of assistance across communities. Other comments addressed the role of low paying jobs and unemployment in the need for assistance and also as a barrier to accessing services that had significant utilization charges. Para-transit was cited as a service which is an undue hardship for someone with low income.

Lack of information about available services was again a key theme in this section of the survey, highlighting the importance and need for information sharing between counties, agencies and communities.

### **Secondary Source Basic Services Data:**

#### **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 209 homeless individuals in January 2013, with 93% of those being sheltered. 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.

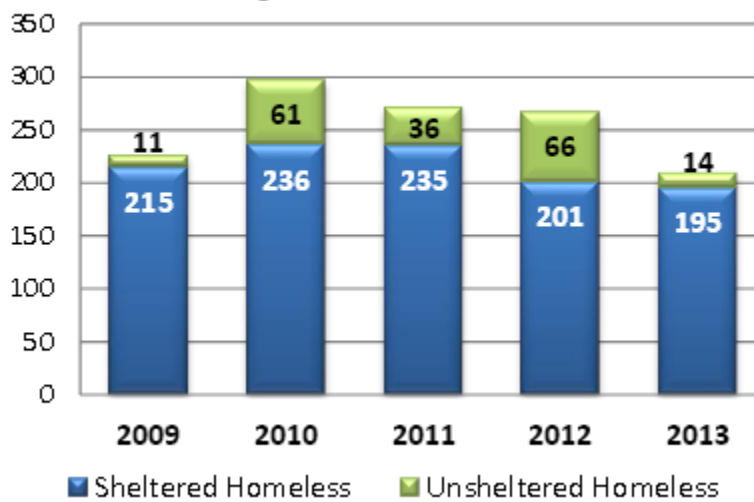
Oregon Housing & Community Services 2011 Poverty Report

**Homeless Count**

<b>2011</b>	
<b>Total Homeless Households</b>	<b>31</b>
Total Homeless Population	53
<i>in Emergency Shelter</i>	21
<i>in Transitional Housing</i>	22
<i>Turnaway &amp; Street Count</i>	10
Chronically Homeless Population	5
Children (under 18)	21
Households with Children	15
<b>Length of Homelessness (months):</b>	
Average	11.6
<i>0-11 yrs</i>	3.6
<i>12-17 yrs</i>	7.0
<i>18+ yrs</i>	17.3

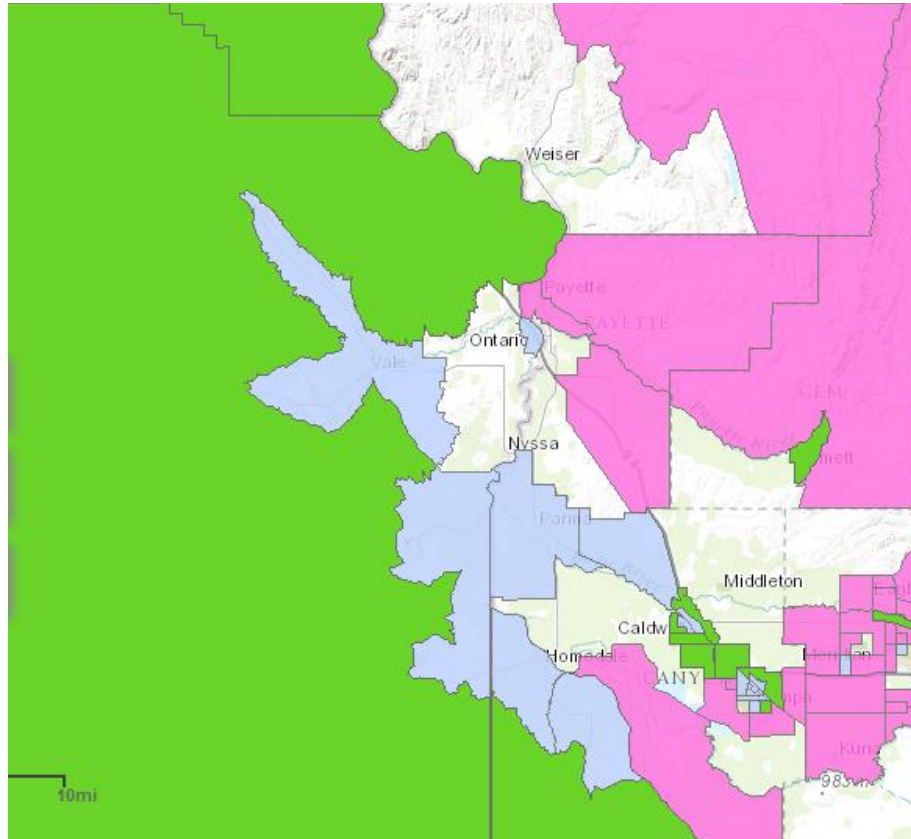
Homelessness in Idaho-2013 Point-In-Time Count Report

**Region 3 Pit Count - 2013**



Homelessness remains a concern, but has improved with significant decreases in unsheltered homelessness. Payette is in the process of establishing another shelter, which will provide another resource for homeless community members.

### Food Insecurity



▼ **Low Income (LI) & Low Access (LA) Layers** ?

- **LI and LA at 1 and 10 miles** ? (Original Food Desert measure)
- **LI and LA at 1/2 and 10 miles** ?
- **LI and LA at 1 and 20 miles** ?
- **LI and LA using vehicle access** ?

▼ **Component Layers** ?

- **Low Income** ?
- **Low Access at 1 and 10 miles** ?
- **Low Access at 1/2 and 10 miles** ?
- **Low Access at 1 and 20 miles** ?
- **Low vehicle access** ?
- **High Group Quarters** ?

Food insecurity remains a major concern over most of the primary service area, with heavy utilization of food banks. Much of the area is considered a food desert, with little food available with walking distance or <10 miles driving distance.

## **Opportunities**

### **The 2011 Community Health Needs Assessment – re-visited**

In 2011, the Saint Alphonsus – Ontario Community Health Needs Assessment identified several high priority health needs, including:

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

In response, many innovative strategies and programs have been implemented to address identified barriers to health.

Transportation assistance in the form of supporting additional bus routes to/from Vale, Nyssa and Fruitland have helped many get access to much needed services not available in their communities.

Significant effort in the form of Certified Assisters was provided to help residents navigate the challenge of the newly formed State Health Insurance Exchanges and Medicaid Expansion in Oregon. Thousands of residents were enrolled in insurance products; many had been without insurance for extensive periods of time.

Continued support of the Maternity Care Clinic enables early prenatal care for under-insured, uninsured and impoverished women who might otherwise be unable to qualify for care.

Of particular note is a grant that was obtained to develop a new, innovative approach to care for the chronically ill and poorest members of our community. The Health Resource Center will begin enrolling patients in a comprehensive program aimed at addressing chronic disease, preventive care and long-term health maintenance.

Another grant, the Frontier Healthcare Access Project, will address barriers to access to care in rural Malheur County such as transportation, high rates of uninsured and under-insured, difficulty navigating the health care system, and lack of primary and preventive care. This new program will utilize Nurse Navigators, providers and screeners with free medical tests and one-on-one consultations, Certified Oregon health insurance assisters to help patients with Medicaid or Insurance and subsidy enrollment, as well as van transportation to get residents to medical appointments in Ontario. The Frontier Healthcare Access Project for Malheur County will be operational by the end of 2014.

In 2014, some of the same opportunities exist, validating that these areas still deserve and warrant attention, and offer information on new opportunities that exist. 2014 marks the inclusion of a community survey targeting vulnerable and underserved community members, offering a wealth of information on what services and programs are important, and what barriers exist that prevent successful access. Access to insurance and providers is still a barrier, and we are committed to providing Certified Health Assistants to continue helping people gain access to coverage.

There is a great interest in all parts of the community on health and healthy living. Several new programs have been well received and bear promise in changing attitudes and behaviors around health choices. GoNoodle, a program aimed at teaching children healthy habits and providing "Brain Breaks" during the school day has expanded into the Ontario, New Plymouth and Payette school districts. Meet Me Monday; a walking and movement program for all ages has begun in New Plymouth, with potential to expand into other communities. We continue our support of Health Teacher, and food education programs such as Healthy Pantry and Cooking Matters in partnership with the Oregon Food bank, and are committed to looking for ways to make fresh fruit and vegetable consumption more accessible.

Innovative school programs such as the Boys and Girls Club's GREAT Futures, and establishment of an Allied Health program in Ontario help create opportunities for students to succeed in on-time graduation and increased college going.

### **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 referencing their 2012 – 2013 plan reveals several parallels to this Community Assessment. Top health needs and concerns include:

- Teen pregnancy
- Prenatal care availability
- Alcohol and drug use
- Mental health access

The Oregon Office of Rural Health Demographic and Socio-Economic Data Report, May 2014 reveals similar information for Malheur County and Ontario:

- Low graduation rates, higher than average dropout rates
- High level of free/reduced lunch eligibility
- High unemployment
- Poverty levels
- Lack of insurance
- High levels of Medicaid eligibility
- High rate of food stamp utilization
- Child abuse and neglect

Community Input was also gained during the survey period (March – May, 2014) through conversations and input from a number of community experts and community service agencies including:

Four Rivers Healthy Community

- Served as External Review Board, assisted with survey distribution, guidance on prioritization of needs, input on past community needs assessment items & new developments, update on Ontario Aquatic Center status,
- 

Saint Alphonsus Board of Trustees

- Guidance on prioritization of needs, implementation plan, approval of CHNA in June

Western Idaho Community Action Partnership, Inc.

- General community Information, survey distribution, access/attendance at their community resource fair

Malheur County Community Action Coalition

- Information on current research on "vaping", input on prioritization of needs, other community assessment.

School districts - Idaho:

Notus School District #135  
Parma School District #137  
Weiser School District #431  
Payette School District #371  
New Plymouth School District #372  
Fruitland School District #373

School Districts – Oregon:

Adrian School District 61  
Nyssa School District 26  
Ontario School District 8C  
Vale School District 84

School Districts provided community expert advice, survey distribution to teachers, counselors and PTA members, provided access to fairs and community events where families could take the survey.

Senior Centers:

New Plymouth Senior Citizens  
Payette Senior Center

Parma Senior Center  
Weiser Senior Center

Senior Centers provided survey distribution, and community information.

The United Way of Treasure Valley  
-Provided the Community Health Needs Assessment Survey Tool

### **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.

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.

#### **Next Steps**

Findings of the Community Health Needs Assessment will be shared with key community stakeholders, and their feedback and additional recommendations will be solicited. Further prioritization of needs will occur with input from public health and individuals representing a broad variety of community perspectives and constituencies. Identified priority needs will be incorporated into a Saint Alphonsus – Ontario Community Benefit Implementation Plan, which will inventory current programs in place and recommend additional services and collaborative efforts to target priority needs. Once drafted, the Community Benefit Implementation 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 June 30th of 2017.





## Appendix 1: Key Community Health Indicators

### County Health Rankings 2014

County Health Rankings ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org)), 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).

### County Health Rankings 2014

<i>Health Outcomes – Length of Life:</i>	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
<i>Premature death (potential years lost/1000)</i>	5,317	6,076	6,139	6,197	7,045	6,747
<i>Health Outcomes – Quality of Life:</i>						
<i>Poor or fair health</i>	10%	14%	15%	16%	18%	19%
<i>Poor mental health - days per 30 days</i>	2.4	3.7	3.4	3.4	3.7	4.3
<i>Premature birth</i>	6.0%	6.6%	6.6%	6.6%	7.3%	6.1%
<i>Health Outcomes- Health Behaviors:</i>						
<i>Adult Smoking</i>	14%	16%	17%	23%	24%	17%
<i>Adult Obesity</i>	25%	26%	27%	28%	28%	29%
<i>Food environment index</i>	8.7	7.6	7.3	7.3	7.1	7.1

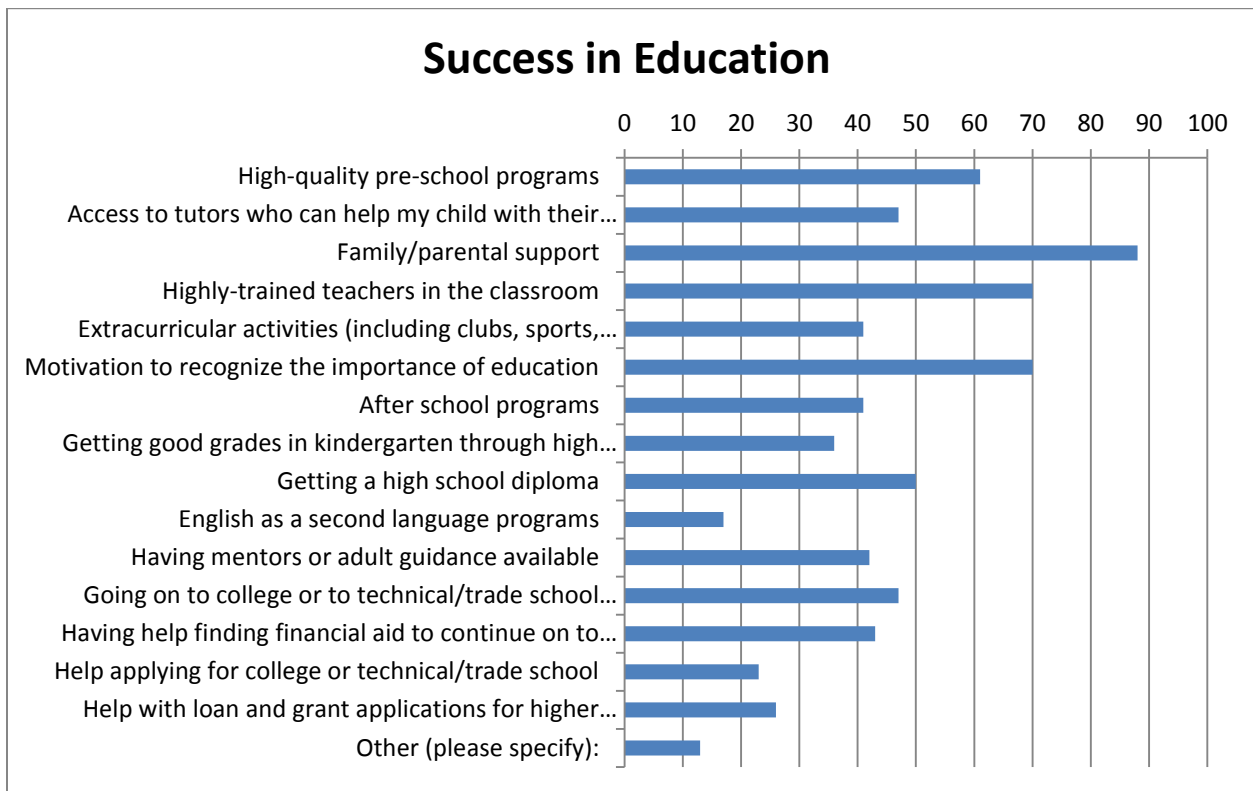
	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
Physical Inactivity	21%	17%	20%	22%	24%	26%
Access to exercise opportunities	85%	81%	62%	51%	26%	34%
Excessive drinking	10%	16%	15%	14%	13%	10%
Alcohol-impaired driving deaths	14%	31%	33%	48%	21%	33%
Sexually transmitted infections (Chlamydia/100,000)	123	352	297	399	358	185
Teen births/1,000	20	32	36	68	47	41
	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
Health Outcomes- Clinical Care						
Uninsured	11%	18%	19%	21%	21%	25%
Primary Care Physicians	1,051:1	1,115:1	1,683:1	1,942:1	5,656:1	2,051:1
Dentists	1,439:1	1,430:1	1,629:1	1,692:1	2,067:1	3,406:1
Mental Health Providers	536:1	419:1	854:1	529:1	1,624:1	10,218:1
Preventable Hospital Stays	46	42	46	53	43	48
Diabetic Screening	90%	86%	82%	69%	71%	89%
Mammography Screening	71%	63%	58%	56%	49%	57%

Health Outcomes – Social and Economic Factors:	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
High School Graduation	<i>Unavailable</i>	<i>69%</i>	<i>81%</i>	<i>70%</i>	<i>75%</i>	<i>91%</i>
Some College	<i>70%</i>	<i>66%</i>	<i>63%</i>	<i>49%</i>	<i>54%</i>	<i>46%</i>
Unemployment	<i>4.4%</i>	<i>8.7</i>	<i>7.1%</i>	<i>9.8%</i>	<i>8.0%</i>	<i>8.4%</i>
Children in Poverty	<i>13%</i>	<i>23%</i>	<i>21%</i>	<i>35%</i>	<i>27%</i>	<i>28%</i>
Inadequate Social Support	<i>14%</i>	<i>16%</i>	<i>17%</i>	<i>19%</i>	<i>21%</i>	<i>20%</i>
Violent Crime	<i>64</i>	<i>251</i>	<i>216</i>	<i>193</i>	<i>268</i>	<i>107</i>
Injury Deaths	<i>49</i>	<i>65</i>	<i>64</i>	<i>65</i>	<i>69</i>	<i>67</i>
Health Outcomes – Physical Environment	<i>U.S. 90<sup>th</sup> %ile</i>	<i>Oregon</i>	<i>Idaho</i>	<i>Malheur County</i>	<i>Payette County</i>	<i>Washington County</i>
Air Pollution – Particulate Matter	<i>9.5</i>	<i>8.9</i>	<i>10.1</i>	<i>9.4</i>	<i>8.8</i>	<i>9.2</i>
Drinking Water Violations – exposure	<i>0%</i>	<i>11%</i>	<i>8%</i>	<i>32%</i>	<i>38%</i>	<i>0%</i>
Severe Housing Problems	<i>9%</i>	<i>19%</i>	<i>15%</i>	<i>17%</i>	<i>11%</i>	<i>15%</i>

## Appendix 2: 2014 Saint Alphonsus – Ontario Community Needs Survey Results

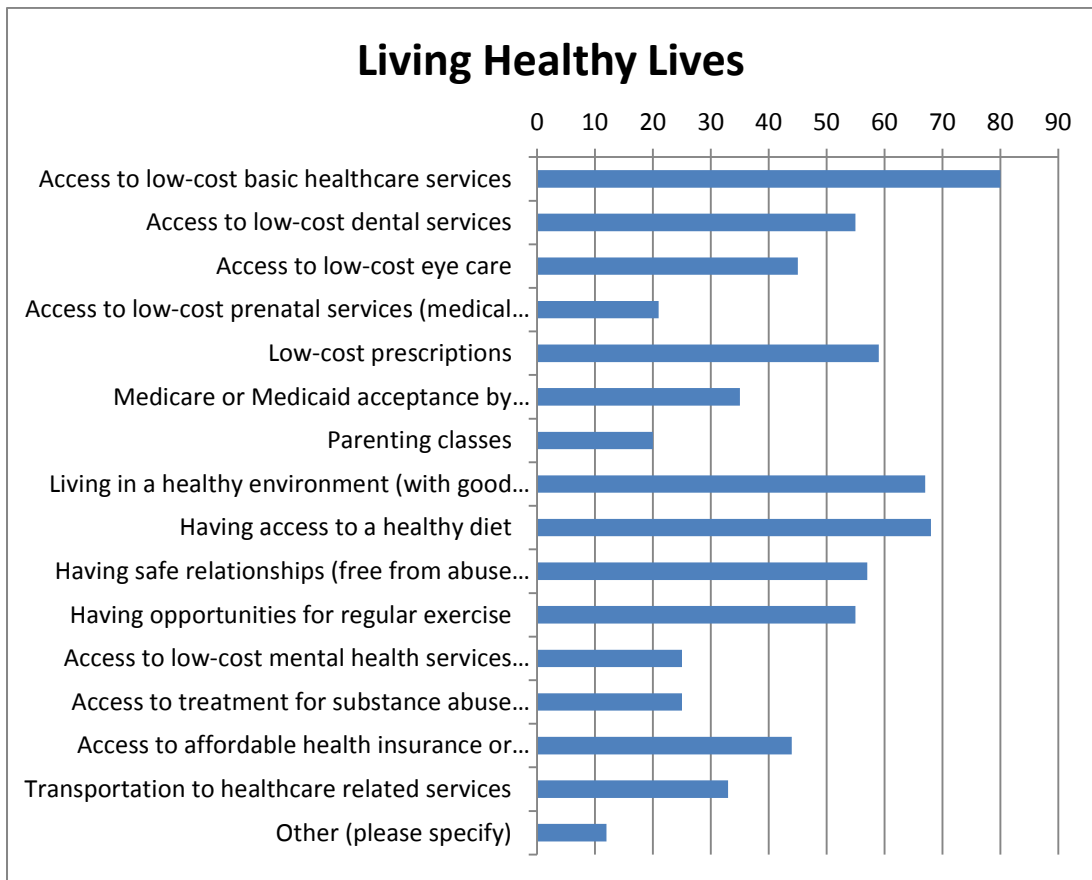
1. Which three of the following items would most help children to have success in education? Please answer even if you have no children.

2. Looking back to the list in number 1, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:



3. Which three of the following items best describe what you and your family need to live healthy lives?

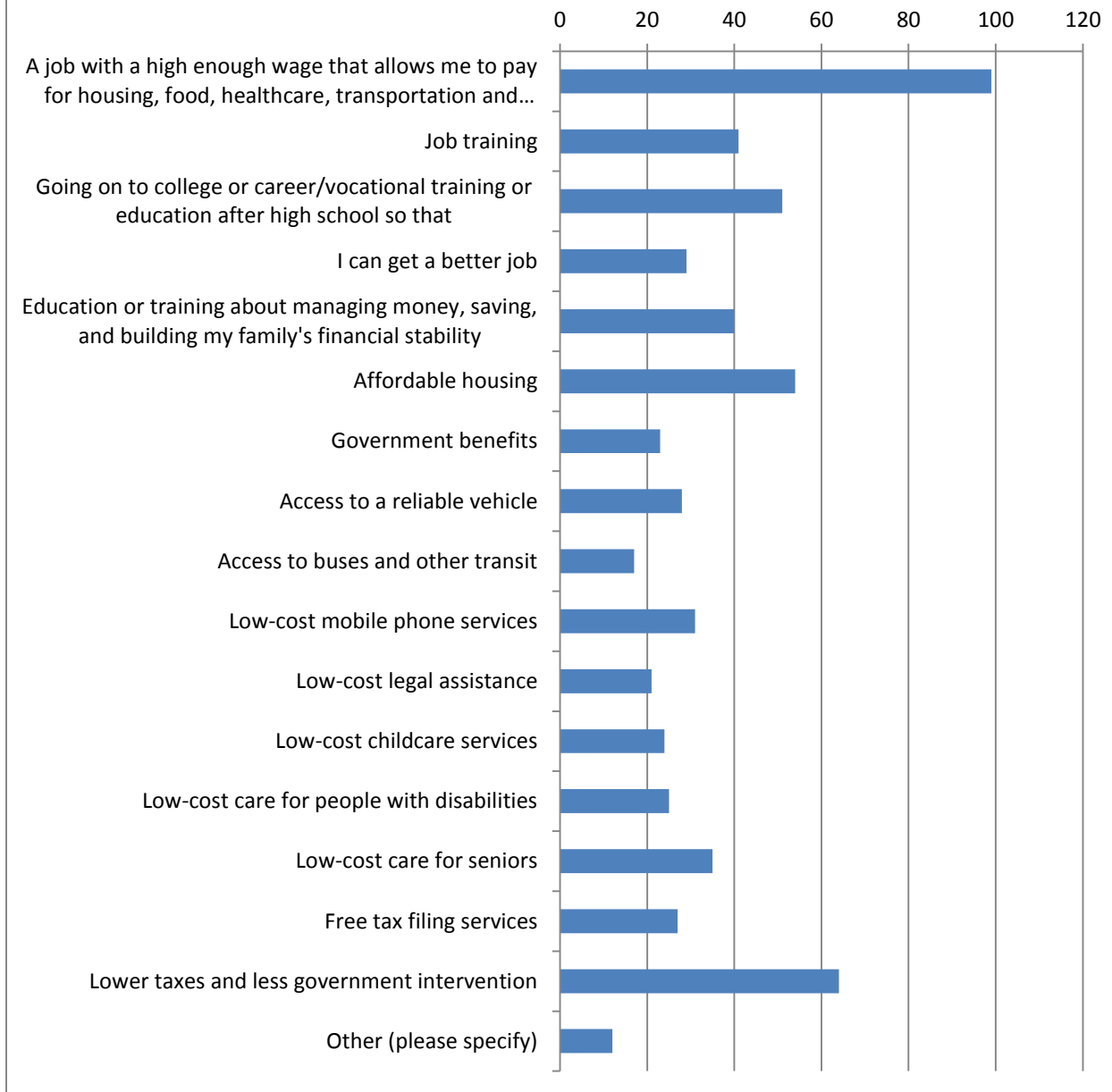
4. Looking back to the list in number 3, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:



**5. Which three of the following items best describe what you and your family need to be financially stable and independent?**

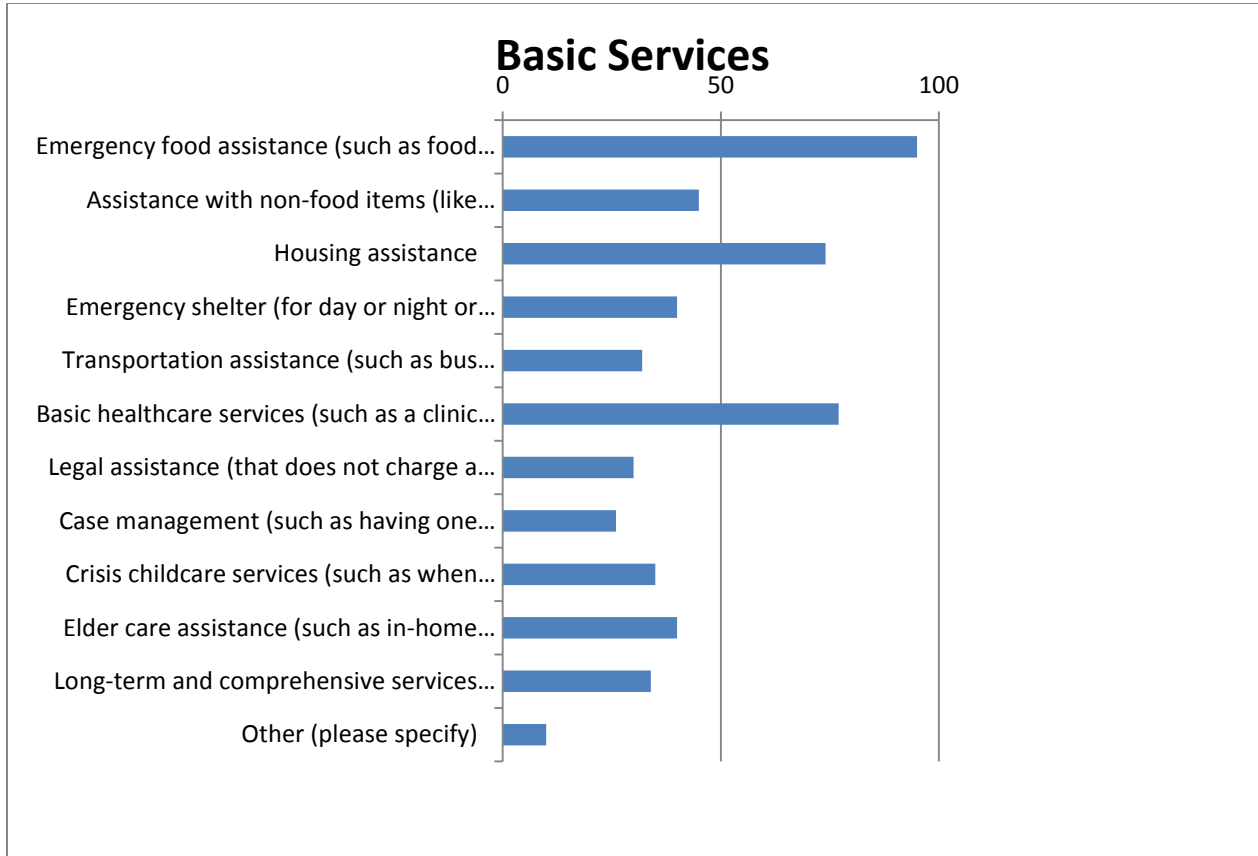
**6. Looking back to the list in number 5, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

## Financial Stability

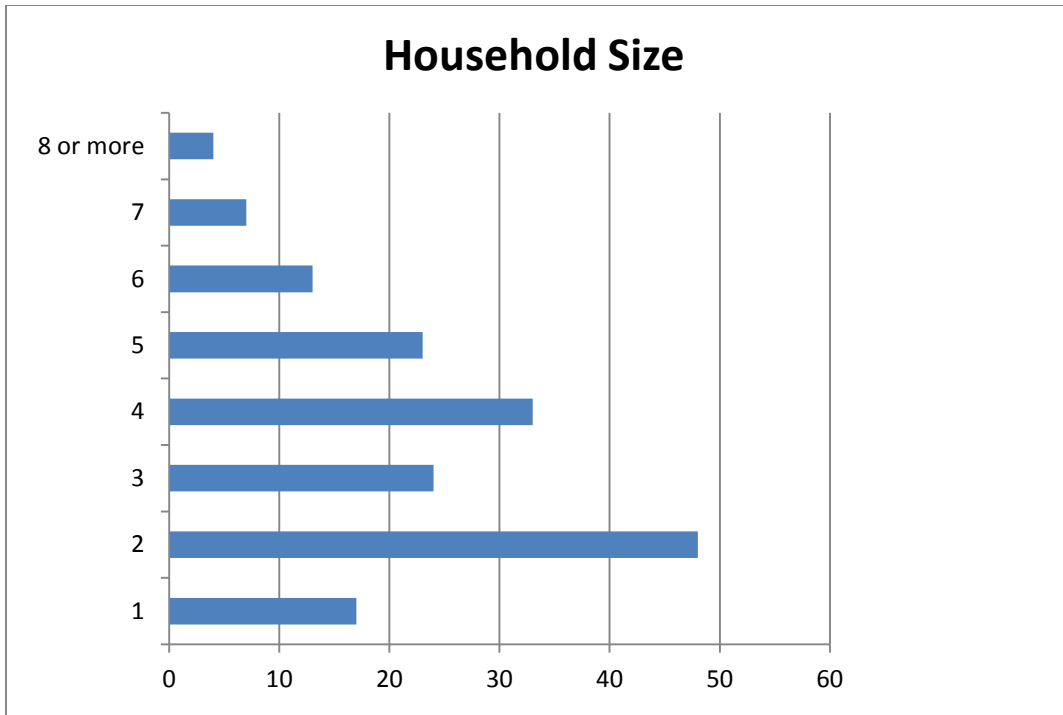


### 7. Which three of the following basic services help families the most?

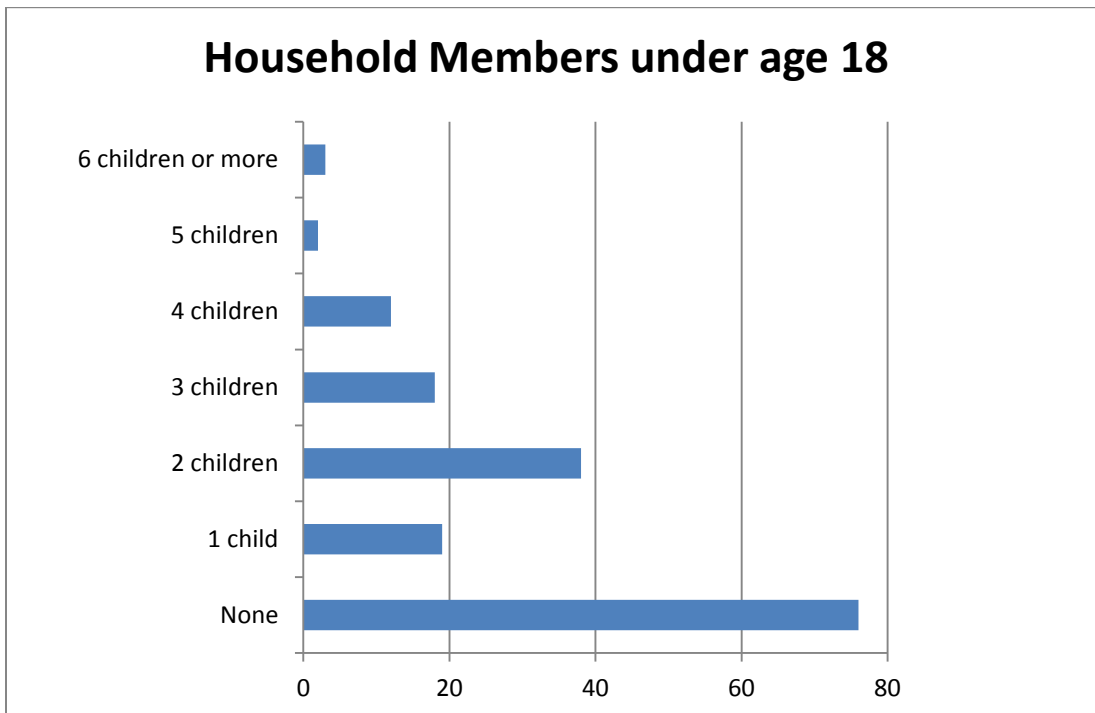
**8. Looking back to the list in number 7, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**



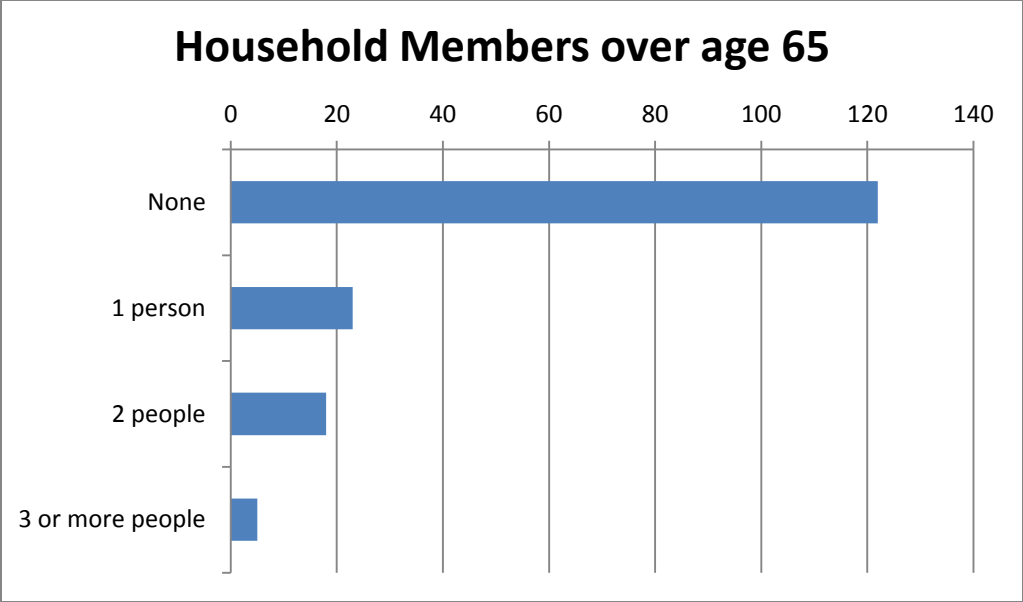




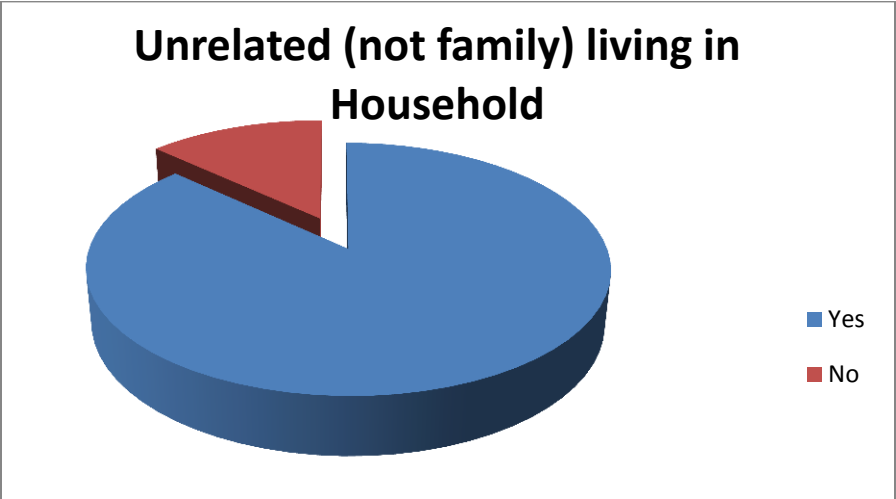
**9. How many people are in your household?**



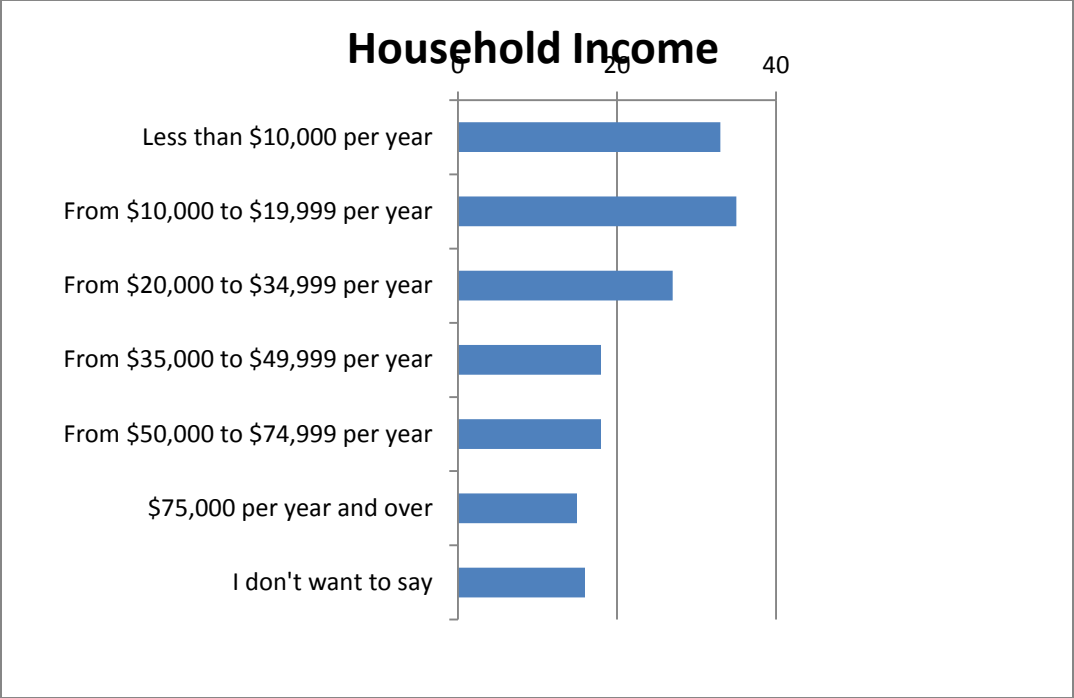
**10. Of the people in your household, how many are under 18 years of age?**



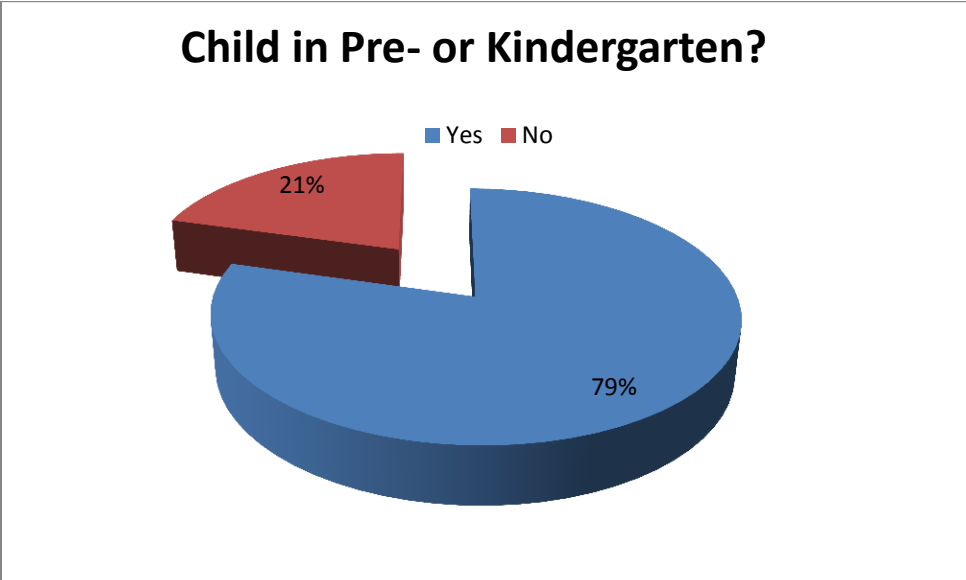
**11. Of the people in your household, how many are over 65 years of age?**



**12. Are any of the people in your household not related to you? (Are not family members)**

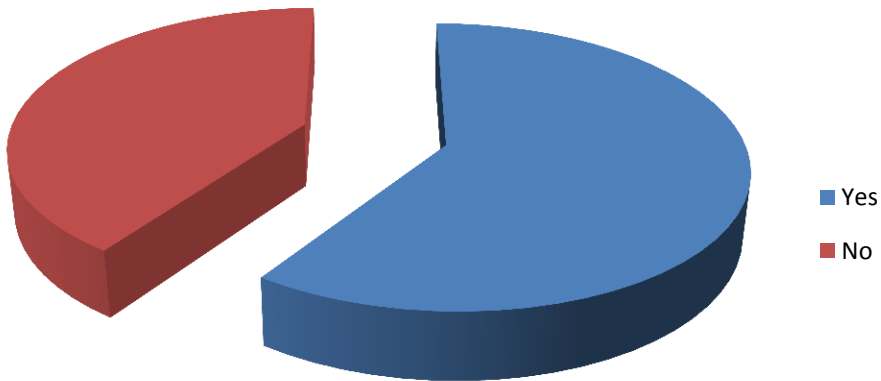


**13. What income range best describes your total household income?**



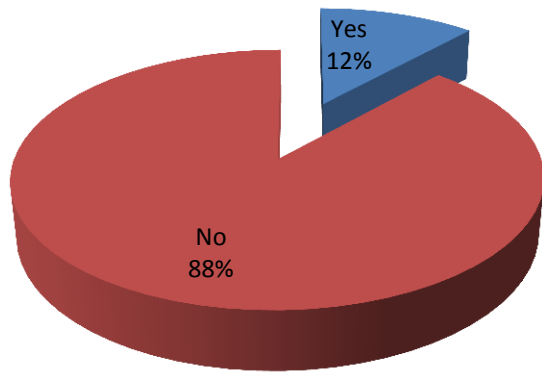
**14. Do you have a child or children in pre-kindergarten or kindergarten now?**

### Children Grades 1 - 12



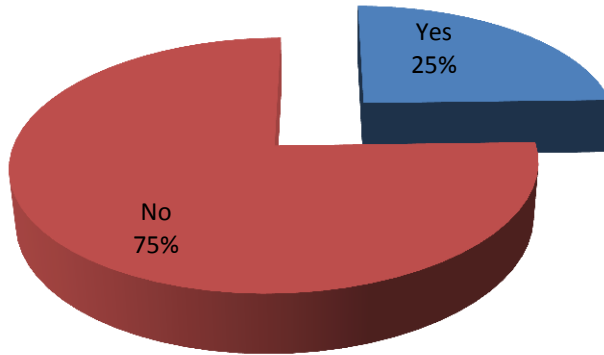
15. Do you have a child or children in grades 1 through 12 now?

### Child in Post- High School Education



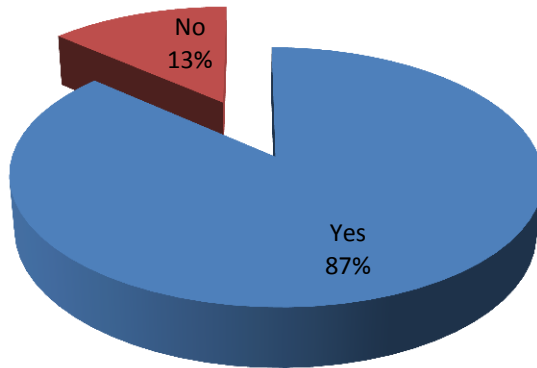
16. Do you have a child or children in post high school (college or vocational training) education now?

### Adults Unemployed/Looking

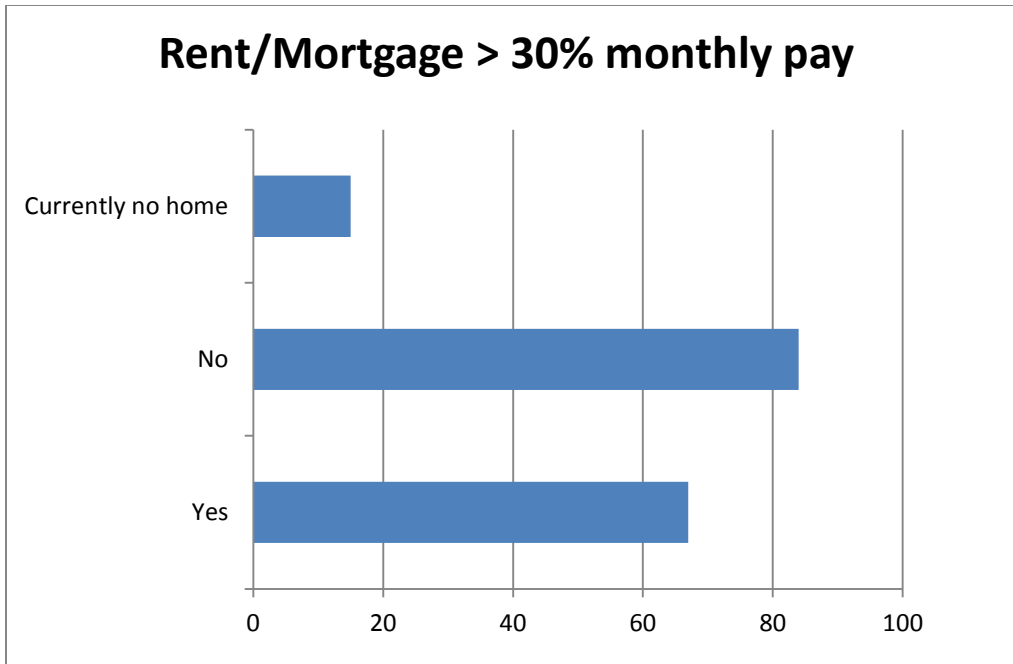


17. Are any of the adults in your household looking for work but are unemployed now?

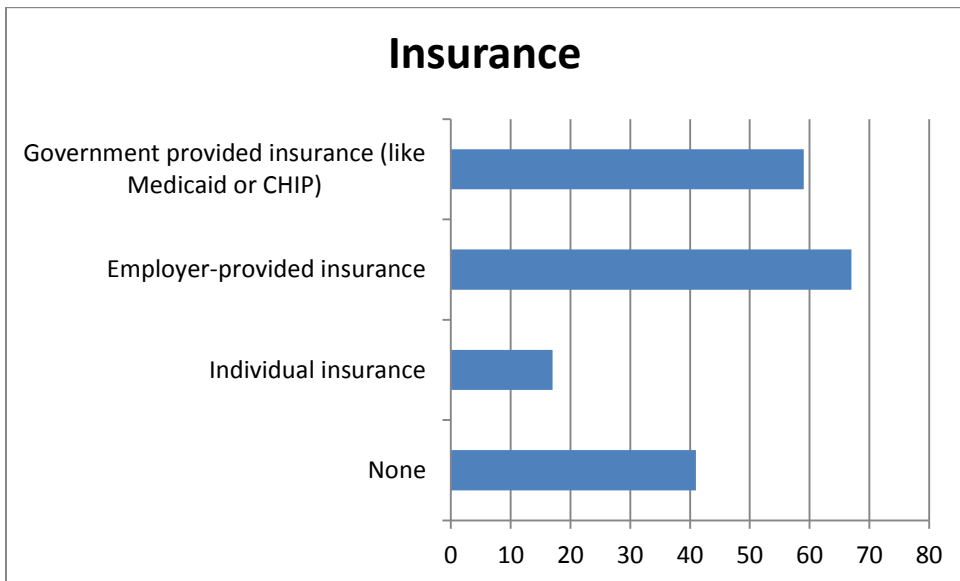
### Access to Convenient Transportation



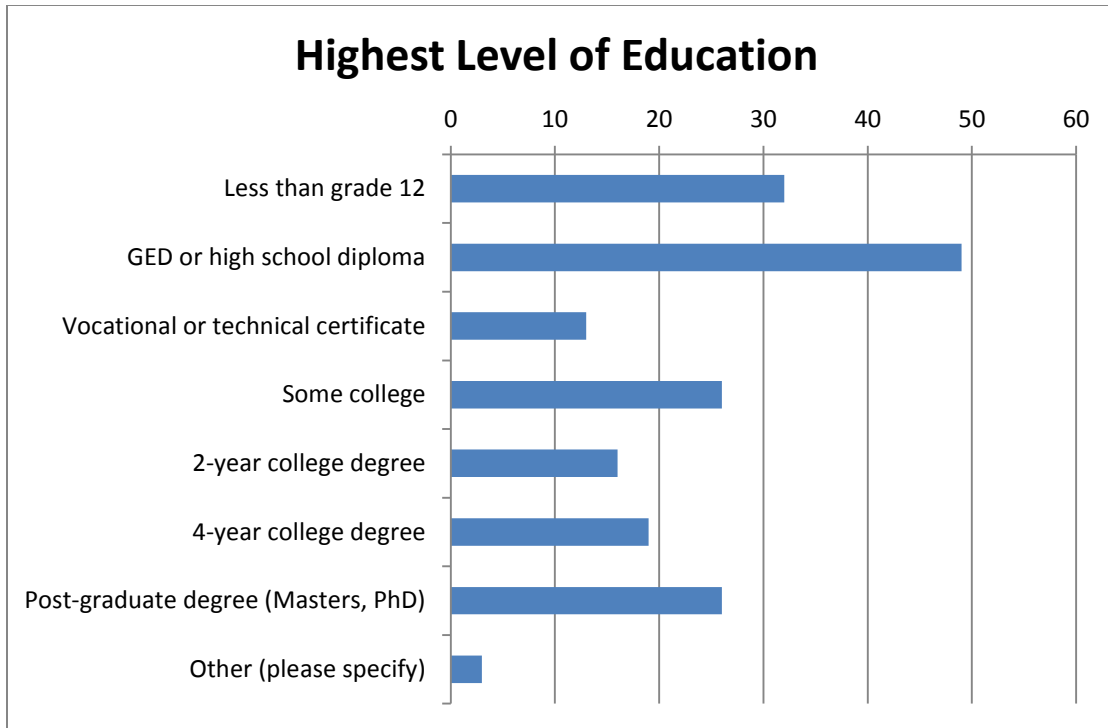
18. Do you have, or have access to, convenient transportation? (A car or public transit that is accessible when you need it)?



**19. Does your rent or mortgage payment currently exceed 30% of your monthly take-home pay?**

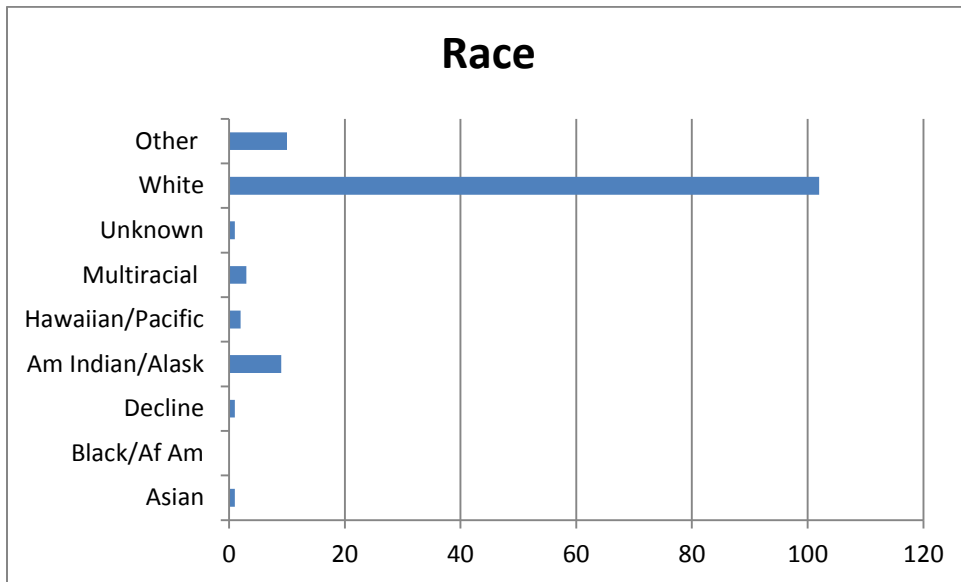


**20. Please describe your health insurance coverage:**

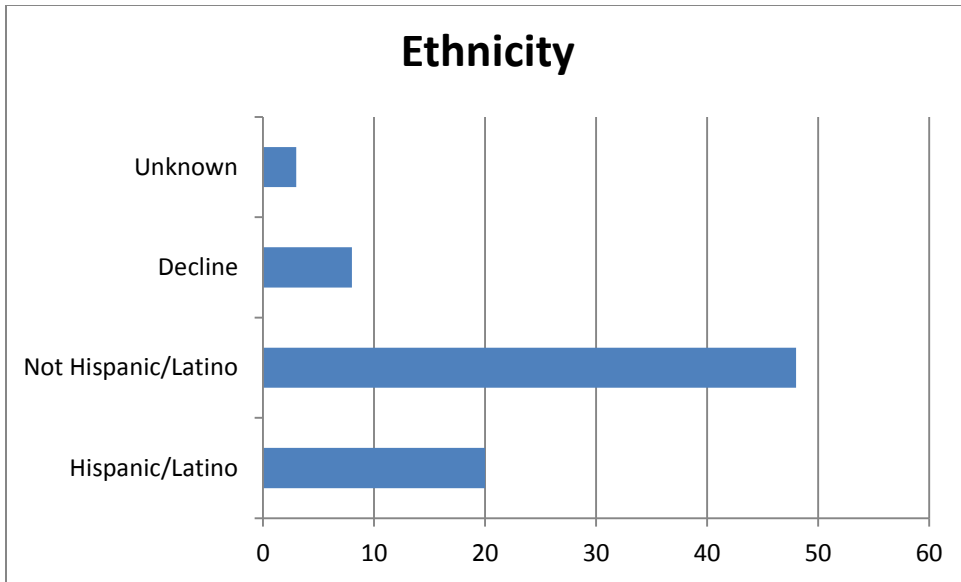


**21. What is the highest level of education you have obtained?**

**22. Demographic Information:**

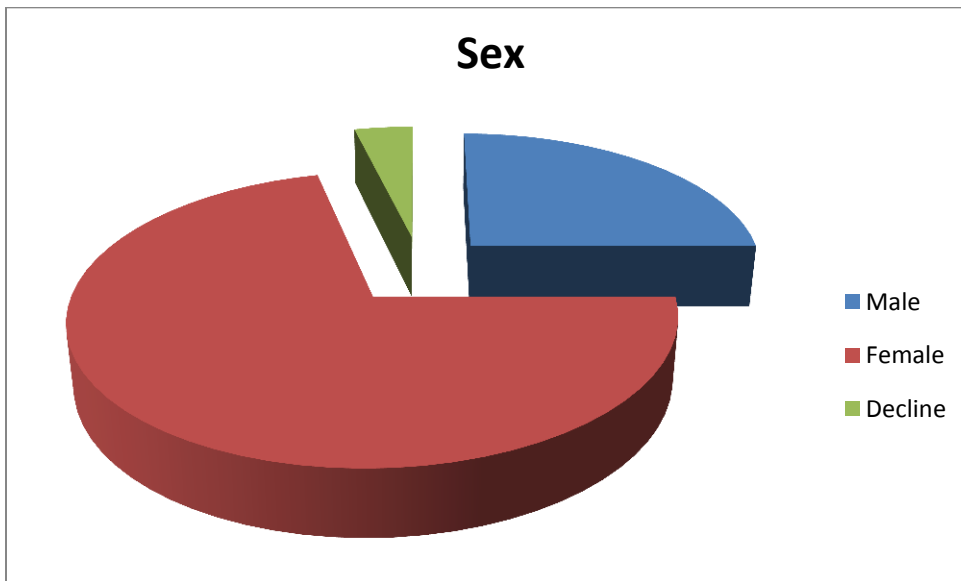


**Race:  Asian  Black/Af Am  Decline  Am Indian/Alask  
 Hawaiian/Pacific  Multiracial  Unknown  White  
 Other**



Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Decline  Unknown

Sex:  Male  Female  Decline





## Appendix 3: Community Needs Survey

### UNITED WAY OF TREASURE VALLEY SURVEY

Please take 10 minutes to complete the following survey. It is anonymous. The survey results will assist the United Way of Treasure Valley and its partners in better serving the communities of Eastern Oregon and Western Idaho.

**1. Which three of the following items would most help children to have success in education? Number them 1 for most important, 2 for second most important, and 3 for third most important. Please answer even if you have no children.**

- High-quality pre-school programs
- Access to tutors who can help my child with their school work
- Family/parental support
- Highly-trained teachers in the classroom
- Extracurricular activities (including clubs, sports, arts, etc.)
- Motivation to recognize the importance of education
- After school programs
- Getting good grades in kindergarten through high school
- Getting a high school diploma
- English as a second language programs
- Having mentors or adult guidance available
- Going on to college or to technical/trade school after high school
- Having help finding financial aid to continue on to college or technical/trade school after high school
- Help applying for college or technical/trade school
- Help with loan and grant applications for higher education
- Other (please specify): \_\_\_\_\_

**2. Looking back to the list in number 1, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**3. Which three of the following items best describe what you and your family need to live healthy lives? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

- Access to low-cost basic healthcare services
- Access to low-cost dental services
- Access to low-cost eye care
- Access to low-cost prenatal services (medical services for pregnant women)
- Low-cost prescriptions
- Medicare or Medicaid acceptance by healthcare providers
- Parenting classes
- Living in a healthy environment (with good air quality, water quality, etc.)
- Having access to a healthy diet
- Having safe relationships (free from abuse and violence)
- Having opportunities for regular exercise
- Access to low-cost mental health services (such as counseling or treatment)
- Access to treatment for substance abuse (from harmful substances such as alcohol, illicit drugs, tobacco)
- Access to affordable health insurance or employer-provided health insurance
- Transportation to healthcare related services
- Other (please specify): \_\_\_\_\_

**4. Looking back to the list in number 3, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**5. Which three of the following items best describe what you and your family need to be financially stable and independent?**

- A job with a high enough wage that allows me to pay for housing, food, healthcare transportation and other necessary expenses
- Job training
- Going to college or career/vocational training or education after high school so that I can get a better job
- Education or training about managing money, saving, and building my family's financial stability
- Affordable housing
- Governmental benefits
- Access to a reliable vehicle
- Access to buses and other transit
- Low-cost mobile phone services
- Low-cost legal assistance
- Low-cost childcare services
- Low-cost care for people with disabilities
- Low-cost care for seniors
- Free tax filing services
- Lower taxes and less governmental intervention
- Other (please specify): \_\_\_\_\_

**6. Looking back to the list in number 5, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**7. Which three of the following basic services help families the most?  
Number them 1 for most important, 2 for second most important, and 3 for third most important.**

- Emergency food assistance (such as food stamps or food at a local food pantry)
- Assistance with non-food items (like toilet paper, soap, etc.)
- Housing assistance
- Emergency shelter (for day or night or both)
- Transportation assistance (such as bus fare or other public transport, gasoline subsidy, or reduced price or free taxi service)
- Basic healthcare services (such as a clinic that does not charge a fee but is not the emergency room of the hospital)
- Legal assistance (that does not charge a fee, or charges a fee based on your income)
- Case management (such as having one agency or person find and coordinate the services you are eligible for, or need)
- Crisis childcare services (such as when your child is sick and you need to work)
- Elder care assistance (such as an in-home aide to assist in caring for a senior, or a day care program)
- Long-term and comprehensive services for those with severe disabilities
- Other (please specify): \_\_\_\_\_

**8. Looking back to the list in number 7, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items: \_\_\_\_\_**

**9. How many people are in your household?**

1  2  3  4  5  6  7  8 or more

**10. Of the people in your household, how many are under 18 years of age?**

None  1 child  2 children  3 children  4 children  5 children  6 children or more

**11. Of the people in your household, how many are over 65 years of age?**

None  1 person  2 people  3 or more people

**12. Are any of the people in your household not related to you? (Are not family members)**

Yes  No

**13. What income range best describes your total household income?**

- Less than \$10,000 per year
- From \$10,000 to \$19,999 per year
- From \$20,000 to \$34,999 per year
- From \$35,000 to \$49,999 per year
- From \$50,000 to \$74,999 per year
- \$75,000 per year and over
- I don't want to say

**14. Do you have a child or children in pre-kindergarten or kindergarten now?**

Yes  No

**15. Do you have a child or children in grades 1 through 12 now?**

Yes  No

**16. Do you have a child or children in post high school (college or vocational training) education now?**

Yes  No

**17. Are any of the adults in your household looking for work but are unemployed now?**

Yes  No

**18. Do you have, or have access to, convenient transportation? (A car or public transit that is accessible when you need it)?**

Yes  No

**19. Does your rent or mortgage payment currently exceed 30% of your monthly take-home pay?**

Yes  No  Currently no home

**20. Please describe your health insurance coverage:**

- None
- Individual insurance
- Employer-provided insurance
- Government provided insurance (like Medicaid or CHIP)

**21. What is the highest level of education you have obtained?**

- Less than grade 12**
- GED or high school diploma**
- Vocational or technical certificate**
- Some college**
- 2-year college degree**
- 4-year college degree**
- Post-graduate degree (masters, PhD)**
- Other (please specify)\_\_\_\_\_**

**22. Demographic Information**

**Race:**  **Asian**  **Black/Af Am**  **Decline**  **Am Indian/Alask**  
 **Hawaiian/Pacific**  **Multiracial**  **Unknown**  **White**  
\_\_\_\_\_ **Other**

**Ethnicity:**  **Hispanic/Latino**  **Not Hispanic/Latino**  **Decline**  **Unknown**

**Sex:**  **Male**  **Female**  **Decline**