



**Saint Alphonse
Medical Center**

ONTARIO

2017

Community Health Needs Assessment

Adopted in FY2017 for FY2018-2020



Acknowledgements

Saint Alphonsus – Ontario would like to thank the following partners and agencies for their participation in the 2017 Community Health Needs Assessment (CHNA)

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Introduction

History

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 (SAHS) 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 Trinity Health, Livonia, Michigan.

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.

Mission Statement

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

Core Values

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

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

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

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

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

Executive Summary

The Mission of Saint Alphonse 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 to 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 to develop implementation plans to address identified needs. Saint Alphonse – Ontario (SA - Ontario) will utilize the combination of primary and secondary data collected, as well as community input to develop a Community Benefit Implementation Strategy addressing priority needs that fit within the scope of SA – Ontario's Mission, strengths and capacity to influence.

SA – Ontario is deeply committed to Community Benefit. 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.

Prioritized Community Needs

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
- High School Graduation Rates (improving)
- Low College enrollment rates/Student Loan Debt
- Access to educational support (Tutors, mentors, programing) and Family/Parental Support
- Access to training and development opportunities
- Disconnected Youth

Access to Health Services

Priority #3

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

Financial Stability

Priority #4

- Unemployment/Underemployment
- Affordable Housing/Housing Assistance
- Living Wage Jobs
- Financial Education/Training
- College/Vocational Training
- Job Training
- Transportation Barriers
- Children Living in Poverty

Injury & Violence Prevention

Priority #5

- Unintentional Injury Deaths (Poisonings/Accidental Overdoses, Opioid Epidemic, Motor Vehicle Crashes, Falls)
- Family Violence (Domestic Violence, Child Abuse)
- Human Trafficking
- Suicide
- Drug and Alcohol Abuse

Date CHNA was Adopted by Authorized Body

The Hospital board reviewed the draft CHNA on June 8th and appointed two board members to review and adopt the final CHNA on behalf of the SA – Ontario Hospital Board. Maureen McDonough and Fran Halcom authorized final adoption on June 30, 2017.

Review of Previous CHNA

In 2014, the SA – Ontario CHNA identified several high priority health needs, including:

- Nutrition, Physical Activity & Weight Status- Prevalence of Obesity & Diabetes
- Education Barriers- Low High School Graduation Rates & low College Enrollment
- Access Barriers to Health Services- Basic Health Services and lack of Insurance
- Financial Stability- Unemployment & Lower Living Wage
- Injury & Violence Prevention- Unintentional Injury Deaths & Domestic Violence

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

Nutrition Outreach

We continue our support of HealthTeacher (Now GoNoodle), and food education programs such as Healthy Plate, Healthy Pantry and Cooking Matters, in partnership with the Oregon Food Bank. GoNoodle is embedded in 37 classrooms across the service area and averages over 600 exercise/education student activities per month with several of them focused on healthy food choices. Cooking Matters is an intensive 6 week course focused on incorporating healthy cooking along with healthy behaviors and lifestyle modification. 33 participants have completed the class.

Educational Barriers – Poverty to Prosperity (P2P)

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

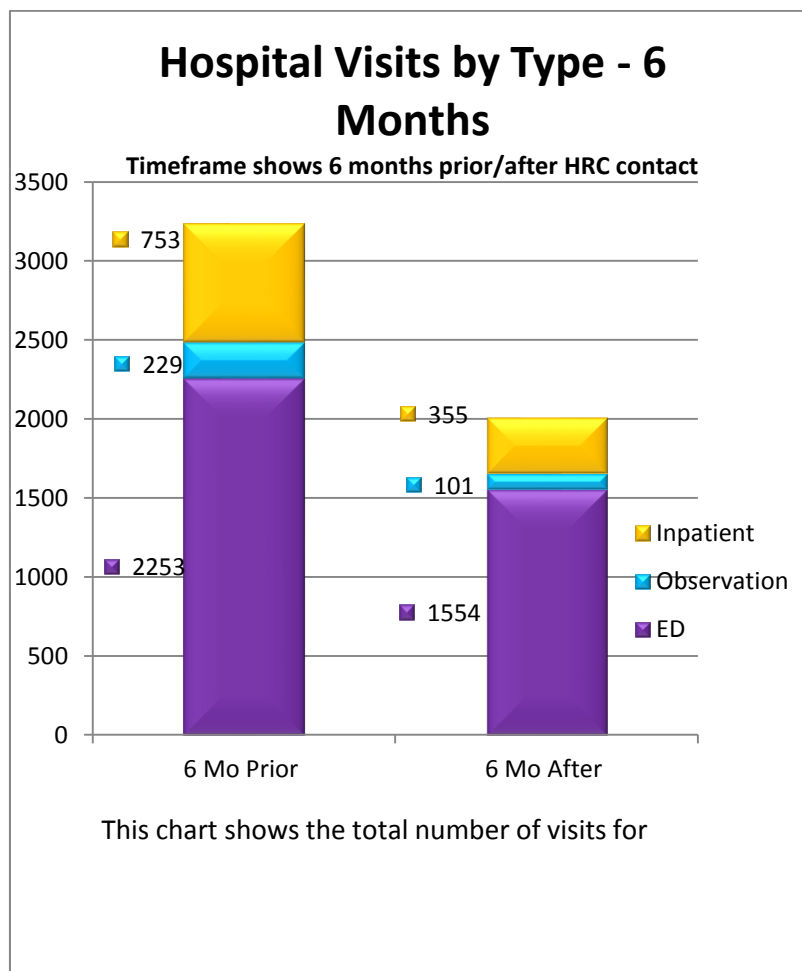
The Poverty to Prosperity RAC in Malheur County came together to provide training opportunities aligned with regional workforce needs to ensure students are both career ready and equipped with the skills in demand in their community. Education, community and businesses leaders hope to build local capacity for filling employment needs that will strengthen the bond between the community and business/industry.

<http://education.oregon.gov/portfolio/poverty-to-prosperity/>

SA – Ontario participates in the Allied Health career track and affords students the opportunity to train with health care professionals in a real-time work environment as they complete their Certified Nursing Assistant (CNA). The CNA program has graduated 34 students to date.

Access Barriers to Health Services – Health Resource Clinic (HRC)

A grant that was obtained through the Eastern Oregon Coordinated Care Organization (EOCCO) aided in developing a new, innovative approach to care for the chronically ill and poorest members of our community. The Health Resource Center enrolls patients in a comprehensive program aimed at addressing chronic disease, preventive care and long-term health maintenance. By providing resources through the HRC, patients have been able to reduce Emergency Department utilization, admissions to Observation Units and In-Patient admission days. Patients show an average 38% reduction in visits during their first 6 months of care, and maintain an average 28% reduction in visits over 18 months in care.



Inpatient Reduction: 53%

Observation Reduction: 56%

ER Visit Reduction: 32%

Total Overall Reduction: 38%

Data from the CHNA was presented to community groups, including the External Review Committee, and service providers who participated in data gathering for the CHNA. The CHNA was posted at SaintAlphonsus.org and paper copies were made available at Saint Alphonsus – Ontario.

SA – Ontario did not receive any comments from the public on the 2014 CHNA.

Community Description

Geographic Area Served

This assessment focuses on the primary service area for SAMC-Ontario: Malheur County, Oregon, and Washington and Payette Counties in Idaho. Canyon County and Gem County were not included in this survey as Canyon County and Gem County were included in the United Way of Treasure Valley's 2017 Community Assessment and in the Saint Alphonsus Regional Medical Center/Saint Alphonsus – Nampa 2017 Community Health Needs Assessment documents.

Population Served

Saint Alphonsus - Ontario is located in Malheur County, Ontario, Oregon. The surrounding counties to the East and West of Malheur County include: Gem County, Idaho, located East of Ontario, which is served by Valor Health Hospital. Canyon County, Idaho is located to the East of Ontario, and served by West Valley Medical Center in Caldwell as well as Saint Alphonsus - Nampa. Washington County, Idaho is located to the North of Ontario and Payette County, Idaho is served by Weiser Memorial Hospital, as well as SA – Ontario. Lastly, Baker County is to the North of Malheur County and is served by Saint Alphonsus – Baker City.

Overview and Demographic Profile

SA – 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 30,439 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)*

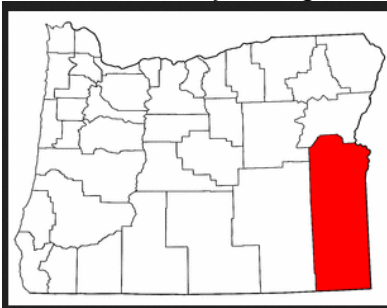
In Idaho, Payette County lies just to the East of Malheur County and has a total of approximately 23,026 residents. Payette County is the home of Payette, Fruitland and New Plymouth. It is the smallest of Idaho's counties in size but is ranked 14th in population. (Source: *Payette County Department of Commerce*)

Also in Idaho, Washington County lies to the North of Payette County, with an additional 10,172 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 SA – Ontario.

County Maps

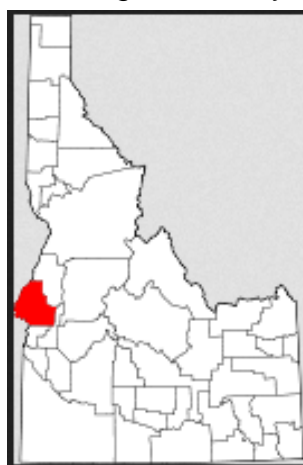
Malheur County, Oregon



Payette County, Idaho



Washington County, Idaho



Demographics of Population

US Census Bureau QuickFacts	Malheur	Oregon	Washington	Payette	Idaho	US
Population, July 1, 2016 estimate	30,439	4,093,465	10,172	23,026	1,683,140	323,127,513
Population, percent change, April 1, 2010 to July 1, 2016	-2.8%	6.8%	-0.3%	1.8%	7.4%	4.7%
Persons under 5 years old, 07-01-15	7.0%	5.7%	5.2%	6.8%	6.8%	6.2%
Persons under 18 years old, 07-01-15	x	21.4%	23.3%	27.0%	26.2%	22.9%
Persons 65 years old and over, 07-01-15	25.2%	16.4%	23.4%	17.3%	14.7%	14.9%
Female persons, 07-01-15	45.5%	50.5%	49.8%	50.4%	49.9%	50.8%
White alone, 07-01-15	92.2%	87.6%	94.9%	94.2%	93.4%	77.1%
Hispanic or Latino, 07-01-15	33.2%	12.7%	17.2%	17.3%	12.2%	17.6%
Asian alone, 07-01-15	1.7%	4.4%	1.1%	1.1%	1.5%	5.6%
Black or African American alone, 07-01-15	1.5%	2.1%	0.4%	0.4%	0.8%	13.3%
American Indian and Alaskan Native alone, 07-01-15	2.1%	1.8%	1.4%	1.1%	1.7%	1.2%

US Census Bureau QuickFacts	Malheur	Oregon	Washington	Payette	Idaho	US
Native Hawaiian and Other Pacific Islander alone, 07-01-15	0.2%	0.4%	0.2%	0.1%	0.2%	0.2%
Language other than English spoken at home, age 5+, 2011-2015	23.9%	15.1%	13.5%	11.6%	10.6%	21.0%
High school graduate or higher, percent of persons age 25+, 2011-2015	80.2%	89.8%	82.8%	86.2%	89.5%	86.7%
Bachelor's degree or higher, percent of persons age 25+, 2011-2015	13.8%	30.8%	13.9%	15.7%	25.9%	29.8%
Veterans, 2011-2015	2,144	306,723	914	1,945	119,711	20,108,332
Owner-occupied housing unit rate, 2011-2015	59.7%	61.3%	73.2%	76.0%	68.9%	63.9%
Median household income, 2011-2015	\$35,418	\$51,243	\$34,775	\$44,257	\$47,583	\$53,889
Persons in poverty, percent**	24.9%	15.4%	17.1%	15.7%	15.1%	13.5%
Population per square mile, 2010	3.2	39.9	7.0	55.6	19.0	87.4

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

**This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates....

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 with 23.9%. 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 \$35,418, compared to \$51,243 at a state level and \$53,889 at the U.S. level. The poverty level, at 24.9% is the highest of the three counties, and is significantly above state and U.S. levels, with an increase of 2.2% from 2014 at 22.7%.

Payette County is notable for having the highest median household income at \$44,257, an increase of \$1,510 from 2014 census of \$42,747. However, is still well below state and U.S. median incomes. The poverty level of 15.7% is a marked decrease from 19.2% reported in 2014, and currently has the lowest poverty level of the three counties. However, is still well above U.S. levels.

Washington County has a high percentage of people over the age of 65 at 23.4% and the lowest median household income of all three counties at \$34,775.

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

Health Facilities Owned & Operated by Saint Alphonsus Health System

The facilities owned and operated by Saint Alphonsus Health System in the Ontario service area include:

- Saint Alphonsus Medical Center – Ontario
- Ontario Health Plaza
- Fruitland Health Plaza
- 2 free-standing Saint Alphonsus Medical Group facilities in Ontario

Services Provided

SA – Ontario is a not-for-profit 49-bed, acute care hospital serving Ontario and the surrounding communities in eastern Oregon and southwest Idaho. SA – Ontario not only provides quality health care but as part of our Mission, is committed to contribute to the well-being of the community through health education, outreach programs, screenings, health fairs, seminars, community partnerships and more. SA – Ontario also provides primary and specialty care through two medical group practices, Ontario Health Plaza and Fruitland Health Plaza.

Services provided include:

- Breast Care
- Cancer Care
- Critical Care
- Diabetes Care & Education
- Dietary Services
- Emergency Care
- Heart Care
- Hospice
- Laboratory & Radiology
- Maternity Care
- Neurology
- OB/GYN Services
- Orthopaedics
- Primary Care
- Rehabilitation Services
- Sleep Disorders Treatment
- Surgical Services
- Tele-stroke Services
- Wound Care

Process and Methods Used to Conduct CHNA

Data Sources and Methodology

This CHNA was conducted by Saint Alphonsus Health System staff and includes information collected from primary and secondary data sources. Wherever possible, community health indicator data were collected to allow comparisons between Malheur County, the State of Oregon, and Washington County/Payette County, Idaho and the State of Idaho, as well as national rates.

Patterned off of the United Way of Treasure Valley's Community Assessment of 2017, data was obtained primarily through External Focus Groups to gather qualitative assessment information.

The first round of focus groups were conducted with service providers, those on the frontlines, interacting with those who use services. These ten focus groups included over 70 participants from over 45 different organizations that provide support services throughout the Eastern Treasure Valley. The purpose of these focus groups was to assess what had changed in the area since the last assessment, brainstorm potential solutions, determine what solutions could be the most useful, and most importantly gather insights from diverse members of the Eastern Treasure Valley community.

Following the service providers, we wanted to gain an understanding of how services and systems were working for those utilizing them. Several additional focus groups and smaller scale conversations were undertaken with community members who were actively receiving services. These opportunities provided some new and different insight from what was learned with the service providers. Locations of these focus groups and smaller scale conversations included homeless service providers and shelter recipients, domestic violence service providers and recipients, food distributors and recipients of

food boxes, Boys and Girls Club instructors and teenagers in the Boys and Girls Club and Malheur County Department of Human Services. Further input was gained from diverse communities through EUVALCREE (Hispanic Community), refugees and refugee service providers, LGBT community members and seniors.

SA – Ontario Community Benefit staff also conducted one-on-one interviews with leaders within the community- from those in charge of businesses/organizations, to city officials, educators and state legislators. These conversations asked similar questions as seen in the focus groups . The information gained through these conversations provides a human context to the compiled data and was utilized to help inform this CHNA.

The focus groups discussed health disparities that were identified in the FY '14 CHNA .The categories were based off of the prioritized disparities:

- Nutrition, Physical Activity & Weight Status – Prevalence of Obesity & Diabetes
- Education Barriers- Low High School Graduation Rates & low College Enrollment
- Access Barriers to Health Services- Basic Health Services and lack of Insurance
- Financial Stability- Unemployment & Lower Living Wage
- Injury & Violence Prevention- Unintentional Injury Deaths & Domestic Violence

Focus group conversations and responses were captured in 3 categories:

- Barriers to Health Access/Positive Changes in Health Access
- Barriers to Financial Independence/Positive Changes in Financial Independence
- Barriers to Success in Education/Positive Changes in Educational Success

SA – Ontario also utilized secondary source data for the community assessment from numerous sources, including the U.S. Census Bureau, U.S. Bureau of Labor Statistics, U.S. Department of Health and Human Services, Idaho State Department of Education, Malheur County School District, the Center for Disease Control, United Way, County Health Rankings and many more.

The Malheur County Health Department served as a reviewer of this CHNA.

SA – Ontario Community Benefit Colleagues worked in conjunction with two Community Assessment Advisory Groups:

- An Internal Assessment Committee, comprised of staff from departments across the organization including: admissions, finance, emergency, community relations, social services and population health management
- An External Review Committee comprised of community stakeholders and representatives of local community organizations that are knowledgeable about pressing community health issues and acted as a guide in the collective process prior to and post- focus groups.

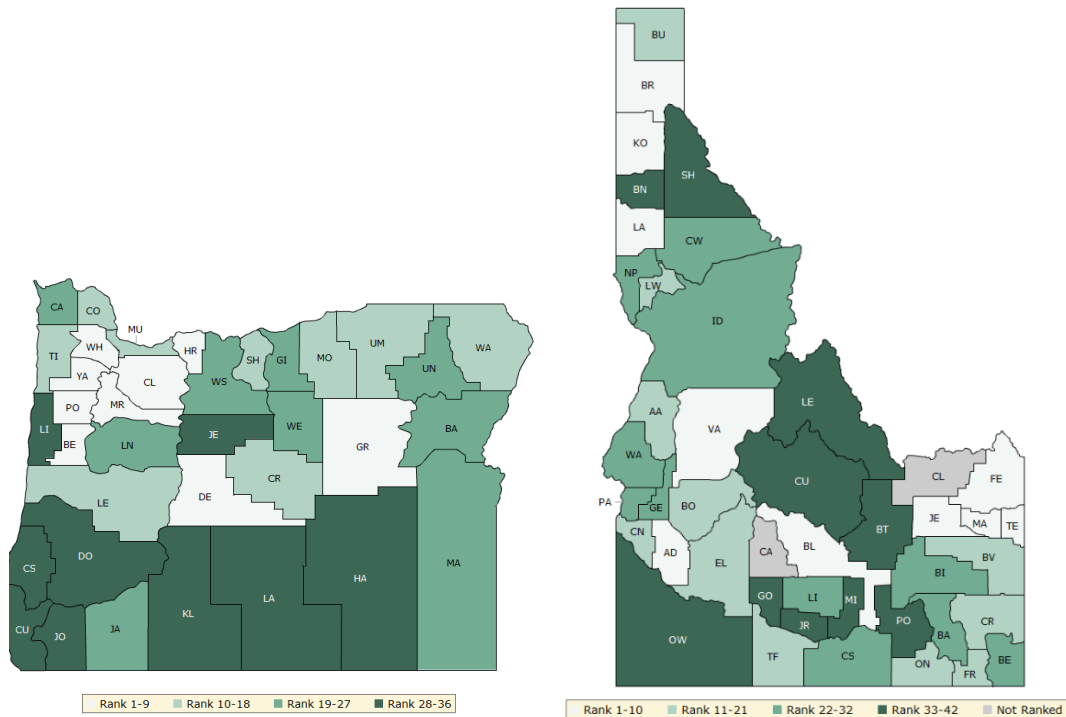
Both groups provided guidance and expertise with particular emphasis on determining which community indicators to include in the assessment. Meetings took place between September of 2016 and April of 2017.

County Health Rankings for Service Area

County Health Rankings (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.

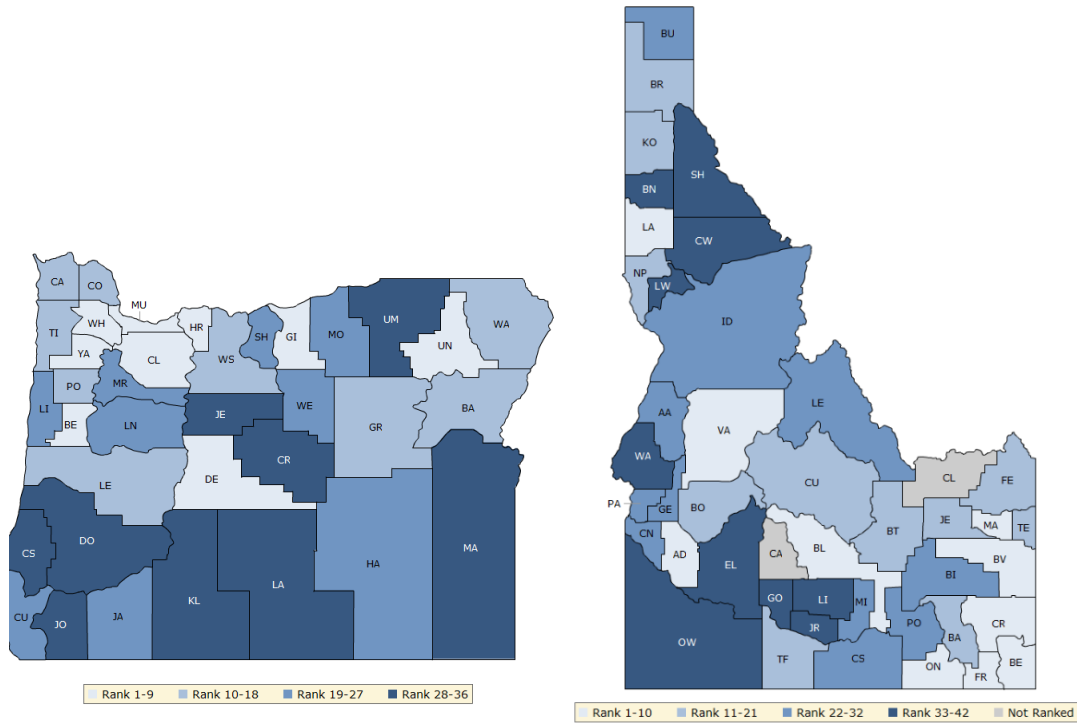
Health Outcomes – Idaho & Oregon

Health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to County Health Rankings 2017, Malheur County ranks #27 out of 36 counties in Oregon in health outcomes. Washington County, ID Ranks #32 and Payette, ID Ranks #25 out of 42 counties in Idaho.



Health Factors- Idaho & Oregon

Health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. According to County Health Rankings 2017, Malheur County Ranks #35 out of 36 counties in Oregon in health factors. Washington County, ID Ranks #33 and Payette, ID Ranks #29 out of 42 counties in Idaho.



Community Input Received

Section One: Success in Education

Community Conversations:

In the 2014 CHNA Community Survey, 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.

During the 2017 community conversations, low high school graduation rates were the number one concern from participants. Interestingly, this is not well supported by secondary source data, which shows higher than state average rates in all 3 counties. Lack of, and quality of extracurricular activities and the availability of P.E., music, sports and life skills training were common themes as well. Students indicated that many sports and extracurricular activities required travel to other areas (most commonly Boise, ID) in order to get the level of quality and competition they needed in order to advance their skills. Finances to participate (and travel) were noted as a barrier as well.

Most student respondents indicated they felt that their teachers cared about them and that most of them were engaged and helpful. Some Hispanic students noted that they felt a lack of support or motivation from teachers, as well as not having many ESL resources at the high school level to help with language barriers. They themselves were extremely interested and hopeful regarding post-high school education (whether college or technical opportunities).

While many participants expressed desire for higher education through colleges and technical schools, there is a growing concern about student loan debt and the value of a college degree given the shortage of living wage jobs available to them, noting that in many cases, a technical career may be a more affordable option. Treasure Valley Community College was frequently cited as a source of desirable training opportunities, although many mentioned that travel to their Canyon County facilities was a barrier, with few options available beyond a personal vehicle. Lack of transportation was an overarching barrier that was mentioned in all three focus areas.

The importance of quality, affordable pre-school was another emerging theme, with many participants being frustrated at having to choose lower quality, but more affordable options.

Secondary Source Education Data:

High School Graduation Rates

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
High school graduation	84%	75%	86%	80%	79%	95%

Graduation from high school is one of the primary social determinants of health. Health outcomes for those who lack a high school diploma are disproportionately worse, including living in poverty, heart disease, mental and physical health, substance use, imprisonment and life span. In Malheur county, graduation rates are improving, (from 70% in 2010-2011 to 84% in 2014-2015) and this momentum is an important opportunity to impact overall population health in a significant manner. In Payette county, graduation rates are declining and in Washington county, rates are high but stagnant over time.

What is behind the upward trend in Malheur county?

Poverty to Prosperity

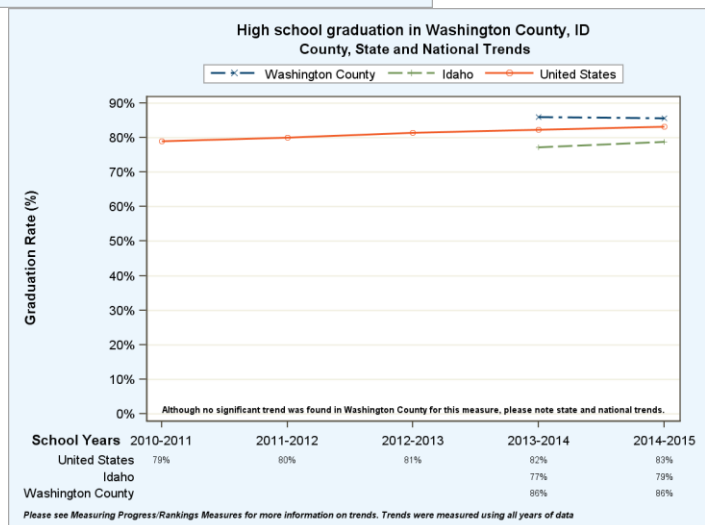
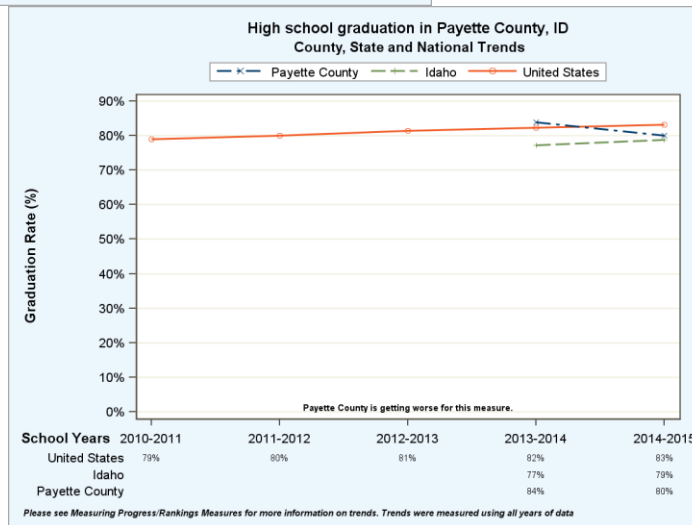
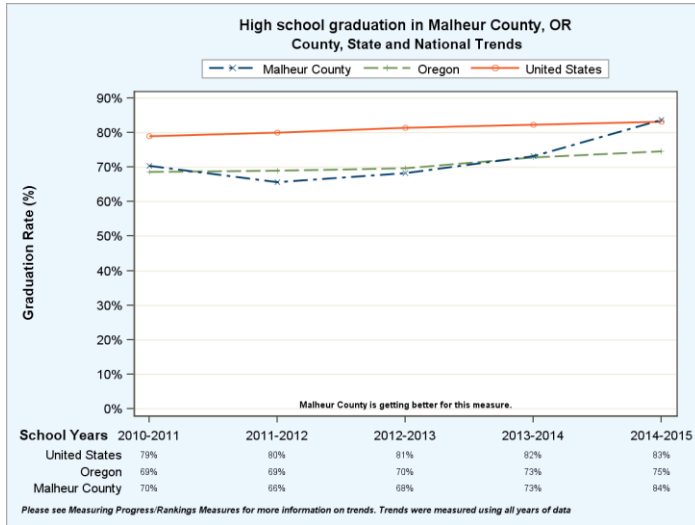
Poverty to Prosperity is a community partnership and education program embedded in Malheur, Harney, Grant and Baker County schools. P2P provides training opportunities to students, allowing them to develop career skills in welding, allied health programs and automation. This collaborative effort is helping to retain students who might otherwise leave school and prepares them to enter the local workforce. Over 400 students have enrolled since the program's inception in 2013. P2P will be expanding into Washington and Payette Counties in Idaho in the near future, further positively impacting the area of this CHNA.

Teacher Development and Training, Malheur Education Service District

The Malheur Education Service District also began revamping their continuing education and training methodologies at about the same time as the development of P2P. Teachers across the district gather twice yearly for intensive development opportunities specific to their subject matter.

Boys & Girls Club of Western Treasure Valley

The Boys & Girls Club of Western Treasure Valley in Ontario provides a wealth of programmatic and other opportunities for literally hundreds of youth of the area, including age-appropriate activities aimed at academic success, leadership, living healthy lifestyles and nutrition.



Opportunities Beyond High School

College-going Rates

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Some college	51%	68%	43%	57%	65%	72%

As in the community focus groups, data shows that all three counties have low college-going rates. With P2P being expanded to Weiser, Fruitland and Payette, it will be important to follow this trend during the next Community Health Needs Assessment.

Disconnected Youth

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Disconnected youth	22%	15%	29%	30%	15%	9%

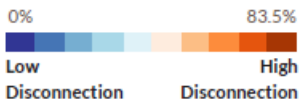
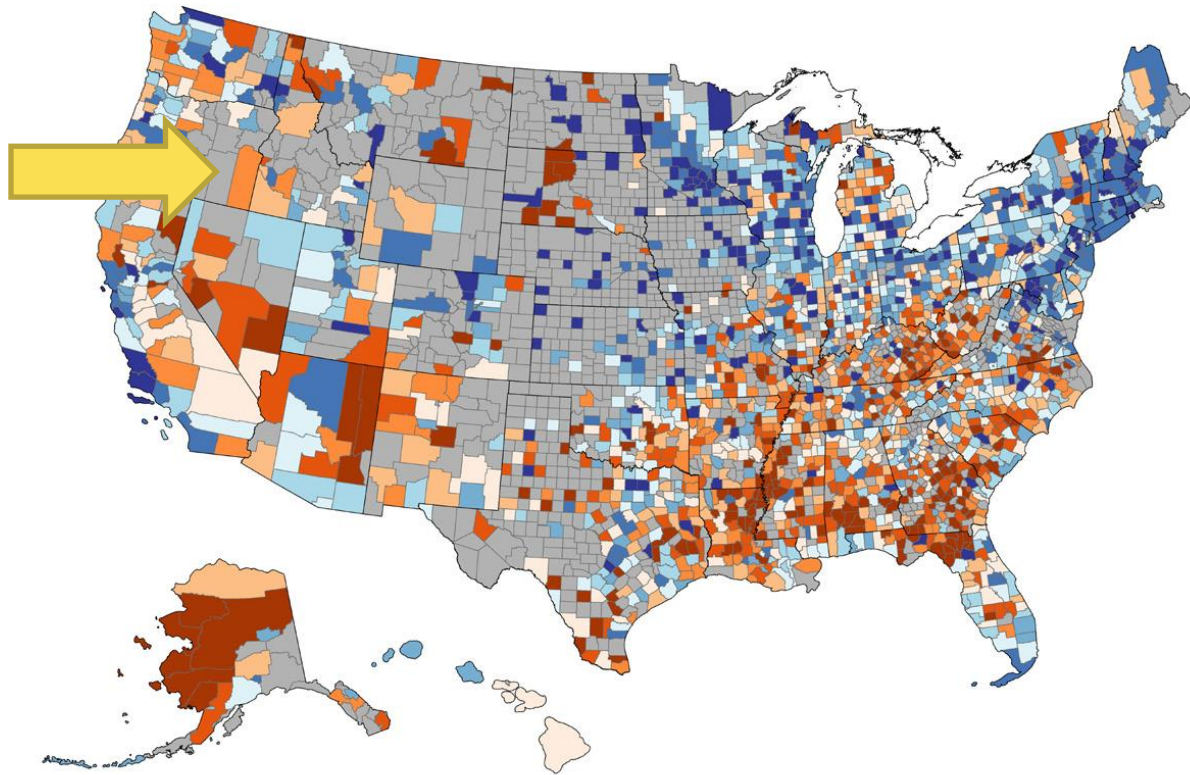
A new measure this year, Disconnected Youth are those ages 16-24 who are neither in school or working. "These years represent a critical stage in an individual's journey toward independence, self-sufficiency and civic engagement in adulthood" County Health Rankings 2017 Key Findings Report.

What does this mean for our communities?

- Places with high levels of youth disconnection have higher rates of unemployment, child poverty, children in single-parent households, and teen births, and lower educational attainment.
- Rates of disconnect are highest among American Indian/Alaskan Native, Black and Hispanic youth
- Rates of youth disconnection are higher in rural counties (21.6 percent) than in urban counties (13.7 percent), particularly rural counties in the South and West.
- Malheur county and Washington county have the highest rates of disconnect.

Programs like Poverty to Prosperity are proven strategies to address disconnection. With the expansion of P2P into the communities of Weiser, Fruitland and Payette, it will be important to look at the effects on disconnected youth in the next Community Health Needs Assessment.

Disconnected Youth by County 2010- 2014

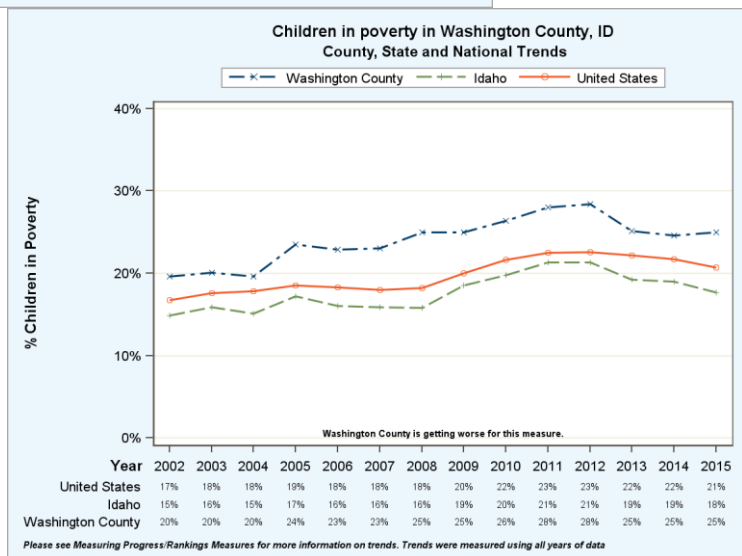
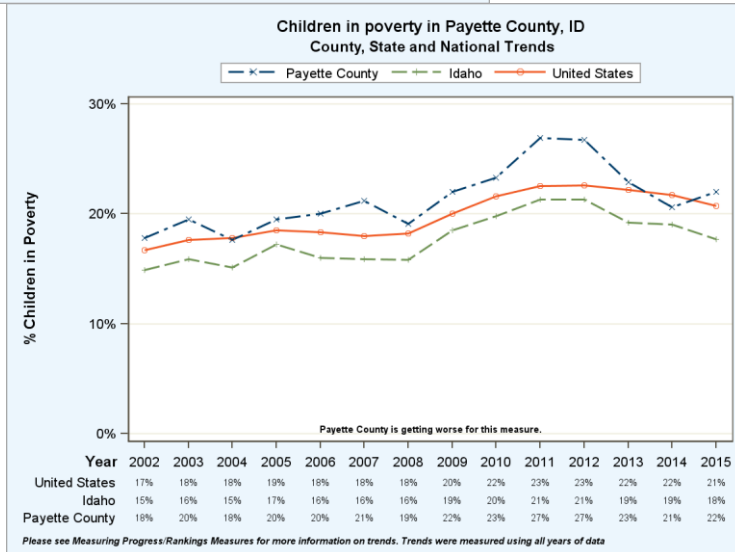
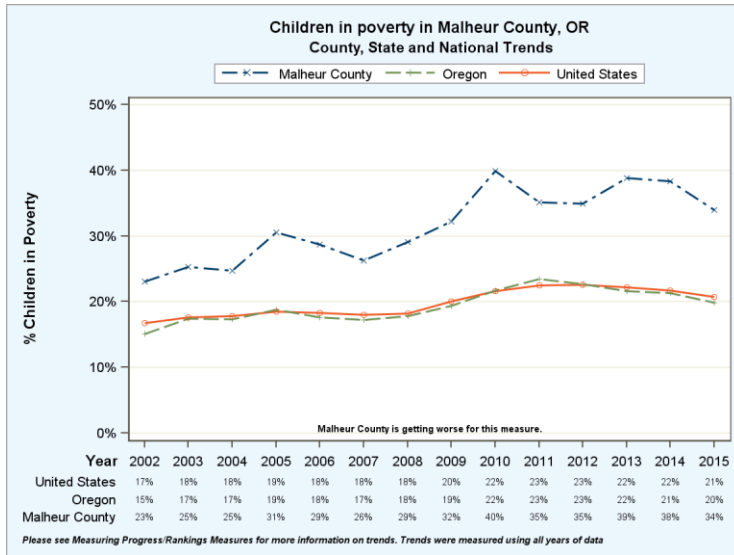


Data source: Measure of America <http://www.measureofamerica.org/DY2017/#County>

Childhood Poverty

1	County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
52	Children in poverty	34%	20%	25%	22%	18%	12%

Childhood poverty remains as one of, if not the largest concern within our communities. This measure is getting worse, even in light of decreasing unemployment. This is largely driven by stagnant wages, unemployment and under-employment. Living in poverty is one of the primary social determinants that affects educational attainment as well as health outcomes across the board. Living in poverty is considered an Adverse Childhood Event by the CDC, and is a predictor of poor health outcomes throughout the life of each child who experiences poverty.



Children Eligible for Free and Reduced-price Meals

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Children eligible for free or reduced price lunch	71%	53%	58%	57%	49%	33%

Single-parent Households

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Children in single-parent households	33%	31%	39%	24%	25%	21%

While single-parent households are not necessarily an indicator of childhood success in education, they can be more prone to poverty and the secondary health outcomes associated with living in poverty.

Section Two: Living Healthy Lives

From Community Conversations:

In 2014, 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. Since that time, insured rates have increased, but at a significant cost. During the 2017 community focus groups, the most common theme was the need for affordable insurance. Many participants discussed rapidly rising fees and penalties as a major barrier to receiving health care. Many are opting out of purchasing insurance through State Insurance Exchanges, paying the IRS penalty as a more affordable option, and foregoing health care. Of ongoing concern is the Insurance Gap in Idaho, where Medicaid expansion has still not taken place, leaving many of the poorest residents uncovered by products from the State Insurance Exchanges and ineligible to access Medicaid. Even respondents with insurance have trouble accessing meaningful interventions, especially dental, vision and mental health services, as well as having trouble affording medications.

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 through our implementation strategy.

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/re-opening, with a splash pad potentially opening this year.

Participants from Weiser noted that the closure of the local bowling alley due to snow damage is a big impact on recreational opportunities, with few other indoor facilities available. Weiser residents also temporarily lost the only major grocer in their community due to snow collapsing the roof of the local Ridley's Market. Fortunately, they were able to obtain another location in town to utilize while their primary facility is repaired.

Again, transportation barriers were commonly mentioned as a concern across all three dimensions of the assessment.

A new barrier to living health lives emerged during the CHNA as announcements were made that the only local nursing home in Ontario is closing. It is unsure whether a new resource will be found for these residents, or if they will have to relocate out of the area.

A discussion new to the CHNA this year concerns the opening of both medical and recreational marijuana dispensaries in nearby Huntington, OR. There are several secondary outcomes associated with dispensaries that should be monitored over time, including impacts to tax base and economy, increased traffic/volume, and potential impacts to the opioid crisis.

Human Trafficking remains a concern in this area and should continue to be a priority.

Secondary Source Health Data:

General Well-being

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Quality of Life						
Poor or fair health	22%	18%	19%	17%	14%	12%
Poor physical health days	4.9	4.4	4.4	4	3.5	3
Poor mental health days	4.6	4.6	3.8	3.6	3.5	3

Access to Health Care

Primary Care

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Primary care physicians	2,530:1	1,070:1	1,670:1	2,540:1	1,560:1	1,040:1

Access to Primary Care in all 3 counties is hampered by higher than average patient:provider ratios.

Insurance

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Uninsured	15%	12%	21%	18%	16%	8%
Uninsured adults	20%	14%	25%	22%	19%	10%
Uninsured children	7%	5%	12%	9%	9%	4%

Malheur county continues to trend lower, but Idaho counties are trending higher, primarily due to the lack of Medicaid expansion in Idaho.

Mental Health

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Mental health providers	290:1	250:1	2,000:1	1,430:1	550:1	360:1
Frequent mental distress	14%	14%	12%	11%	11%	9%

Of particular note is Malheur county's favorable patient:provider ratio compared to Washington and Payette county's unfavorable ratios.

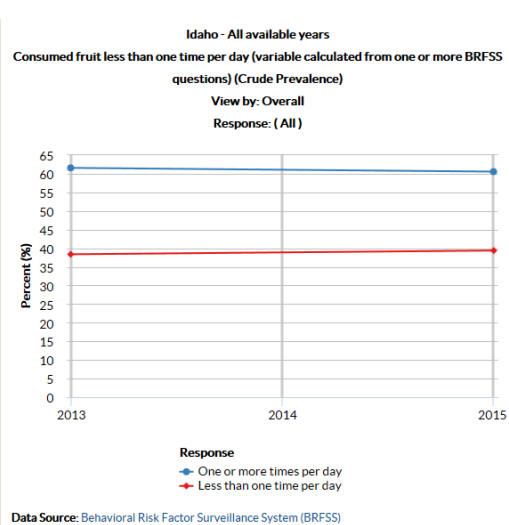
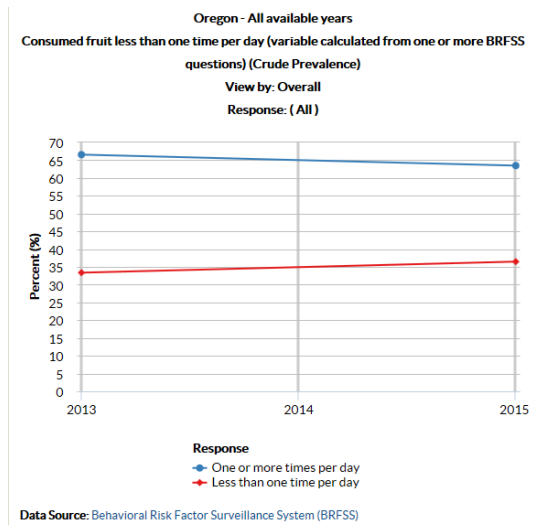
Oral Health

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Dentists	1,450:1	1,300:1	4,990:1	2,080:1	1,560:1	1,320:1

Of note are the unfavorable patient:provider ratios for dental services in Washington and Payette counties.

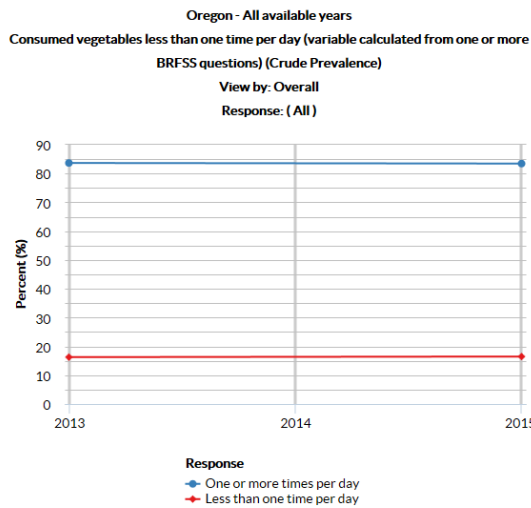
Food and Exercise: Fruit and Vegetable Consumption:

Fruit

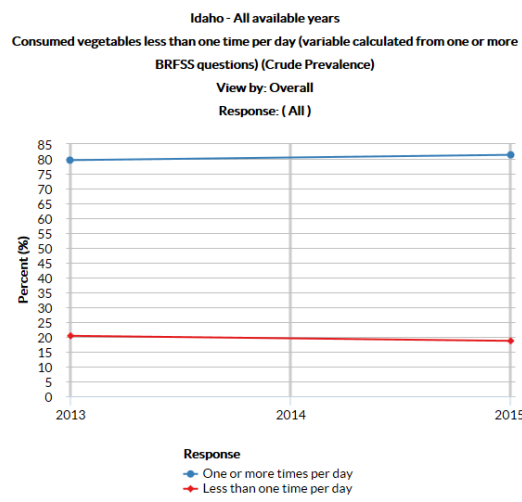


Both Oregon and Idaho residents show flat to declining fruit consumption, with 36% of Oregon residents and 40% of Idaho residents consuming less than 1 serving of fruit per day.

Vegetables



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Vegetable consumption fares much better, with only 16% - 19% of Oregon/Idaho residents consuming less than one serving of vegetables per day. Fully 84% of Oregon residents and 82% of Idaho residents consume at least one serving of vegetables per day.

Note that CDC/BRFSS are no longer collecting data regarding whether people eat 5 or more servings of combined fruits and vegetables.

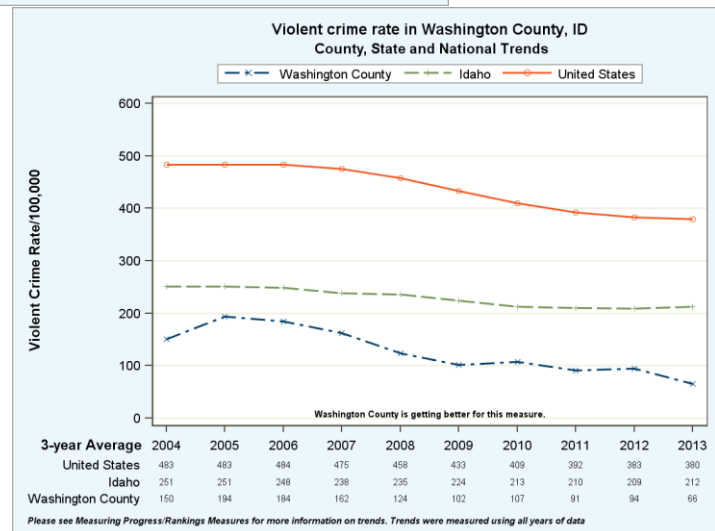
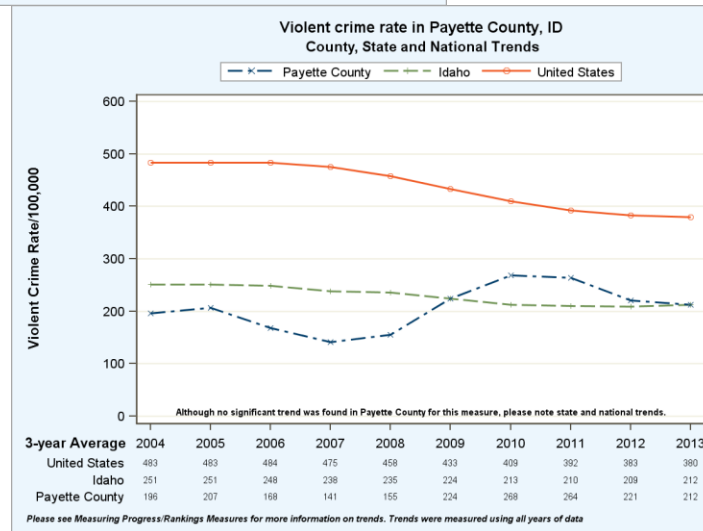
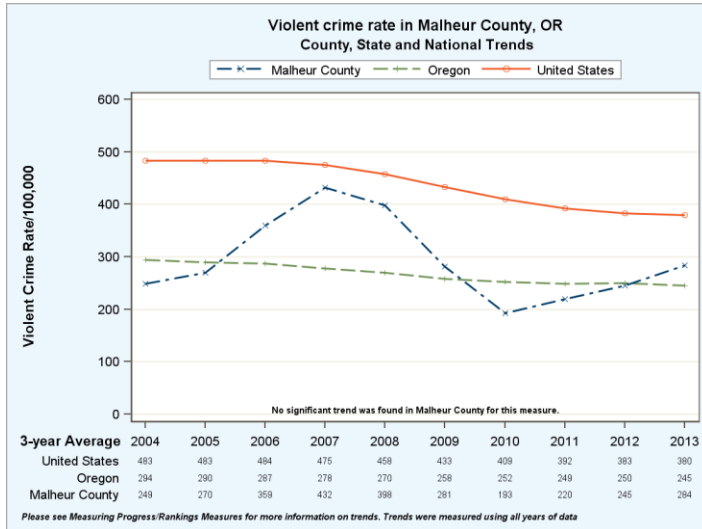
Exercise Opportunities

Many community conversations mentioned the lack of exercise opportunities in their communities, most notably the closure of the pool in Ontario and the collapse of the bowling alley in Weiser, but residents in all areas expressed a desire for more opportunities for activity. County Health Rankings (below) uphold this need, showing 24% - 28% of residents being physically inactive, and access to exercise opportunities being worse in all three counties than state levels, and much worse than top U.S. performer levels.

Health Behaviors:

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Health Behaviors						
Adult smoking	18%	17%	17%	15%	14%	14%
Adult obesity	29%	26%	30%	33%	28%	26%
Food environment index	7.3	7.3	7	7.1	7.2	8.4
Physical inactivity	21%	15%	28%	24%	20%	19%
Access to exercise opportunities	51%	88%	66%	67%	75%	91%

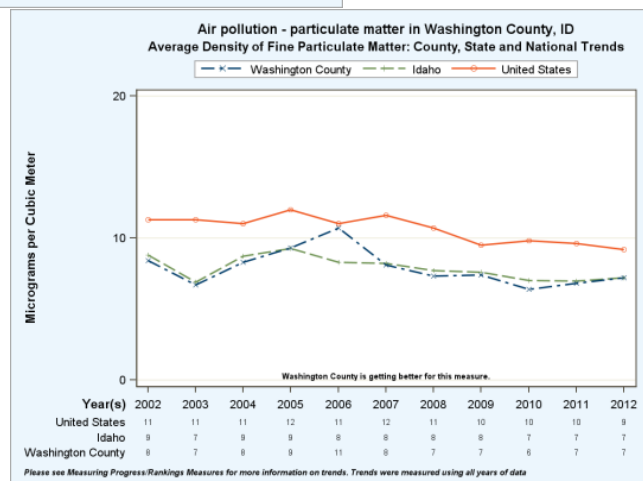
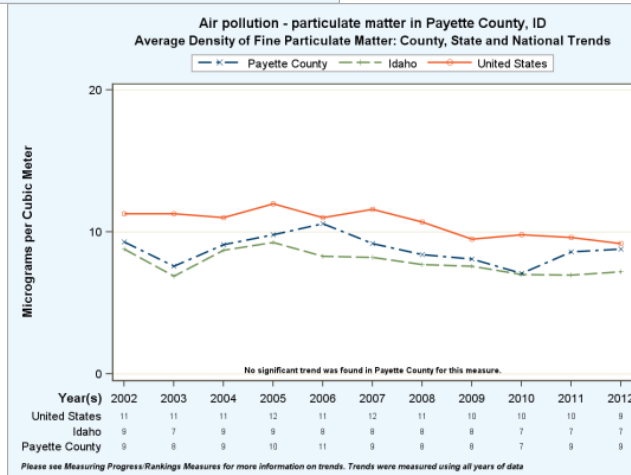
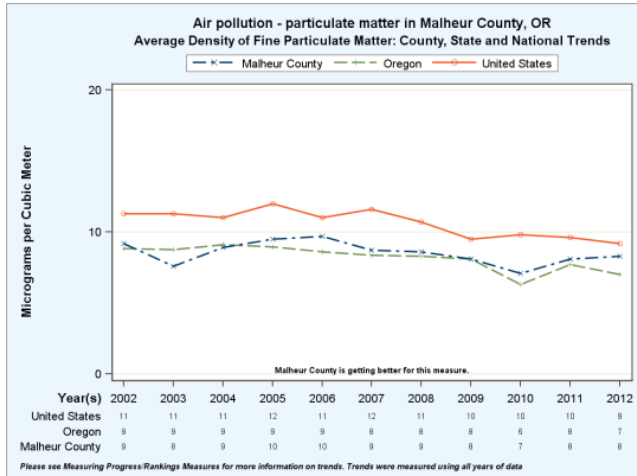
Violent Crimes:



Violent crimes remain fairly stable across all three counties, and are less than U.S. averages.

Environmental Factors:

Air pollution is typically low across all three counties, but concerns do arise during fire seasons, which we saw during the 2014 CHNA Fall data collection cycle. Air pollution was not mentioned as a concern by any community conversation participants.



Health Outcomes

Leading Causes of Death

Leading Causes of Death							
	Malheur County	Oregon	Washington County	Payette County	Idaho	USA	
1	Heart Disease	Cancer	Cancer	Heart Disease	Cancer	Heart Disease	
2	Cancer	Heart Disease	Heart Disease	Cancer	Heart Disease	Cancer	
3	CLRD	CLRD	CeVD	CLRD	CLRD	CLRD	
4	Alzheimer's Disease	Unintentional Injury	CLRD	CeVD	Unintentional Injury	Unintentional Injury	
5	CeVD	CeVD	Unintentional Injury	Alzheimer's Disease	CeVD	CeVD	
6	Unintentional Injury	Alzheimer's Disease	Diabetes	Suicide	Alzheimer's Disease	Alzheimer's Disease	
7	Chronic Liver Disease	Diabetes	Influenza/Pneumonia	Unintentional Injury	Diabetes	Diabetes	
8	Suicide	Chronic Liver Disease	Chronic Liver Disease	Diabetes	Suicide	Influenza/Pneumonia	
9	Diabetes	Suicide	Insufficient data	Influenza/Pneumonia	Chronic Liver Disease	Kidney Disease	
10	Kidney Disease	Influenza/Pneumonia	Insufficient data	Insufficient data	Influenza/Pneumonia	Suicide	
	*CLRD = Chronic Lower Respiratory Disease	*CeVD = Cerebrovascular Disease					

Tobacco use

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Adult smoking	18%	17%	17%	15%	14%	14%

Smoking kills more people than alcohol, car crashes, illegal drugs, murders and suicides combined. While adult smoking rates are fairly low, the prevalence of smokeless tobacco products is proliferating, with heavy marketing in lower income communities and neighborhoods. Most concerning is nicotine addiction in young people, who are also heavily targeted for both traditional tobacco products as well as smokeless products. Approximately 12% of youth smoke currently. Nicotine addiction from any source is problematic in youth who are still experiencing brain development. (Project Filter)

Screening rates

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Diabetes monitoring	77%	86%	93%	84%	82%	91%
Mammography screening	60%	61%	54%	54%	58%	71%

Mammography screening outreach opportunities exist, especially in Washington and Payette counties.

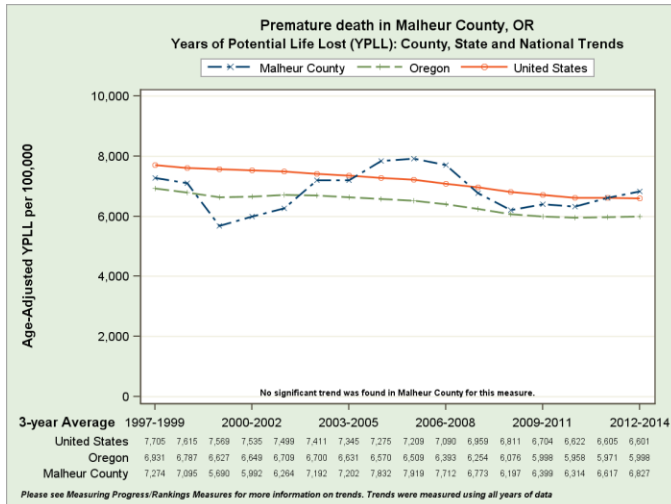
Alcohol use

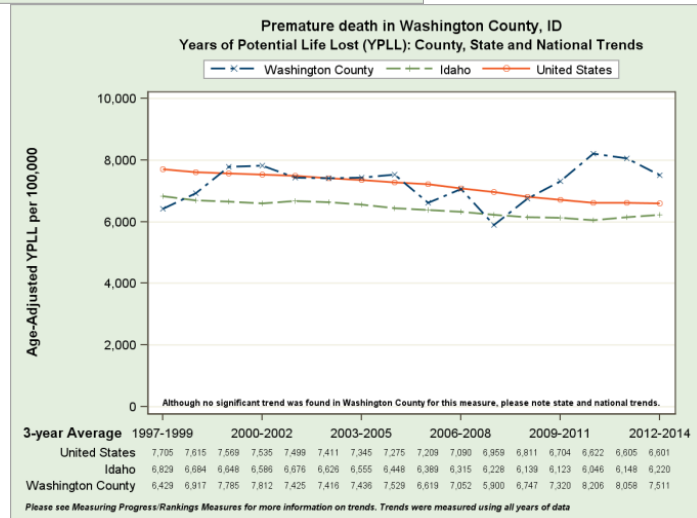
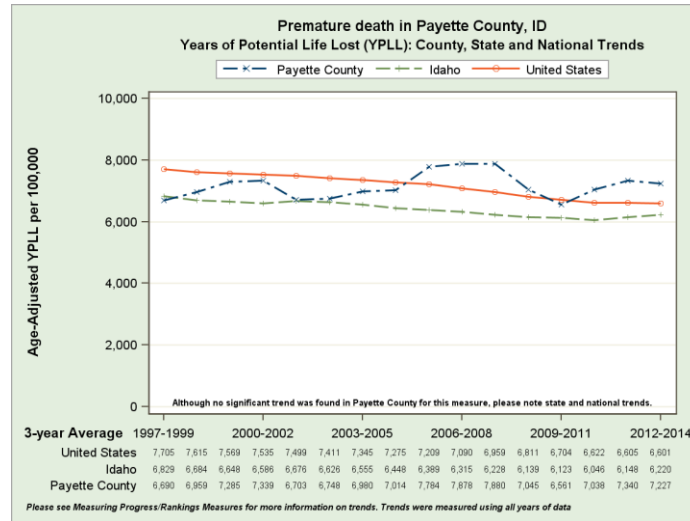
County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Excessive drinking	19%	19%	13%	14%	15%	12%
Alcohol-impaired driving deaths	31%	33%	22%	23%	32%	13%

Of note are high but improving rates in Malheur county.

Injury Deaths/Premature Deaths

Injury and premature deaths remain relatively steady over time.





Drug Use

The U.S. continues to experience an epidemic of drug overdose deaths. From 2000 to 2015 more than half a million people died from drug overdoses, the majority (55 percent of these deaths) occurring from 2009 to 2015. While injury deaths due to drug overdoses, motor vehicle crashes, and firearms have consistently been leading contributors to premature death, as indicated in the graphic, drug overdose was by far the single leading cause of premature death by injury in 2015.

Malheur County- 6,197 deaths prematurely in 1997-1999 in 2009 to 6,827 in 2012-2014...Increase 630 deaths – not huge, but on the rise and a concern

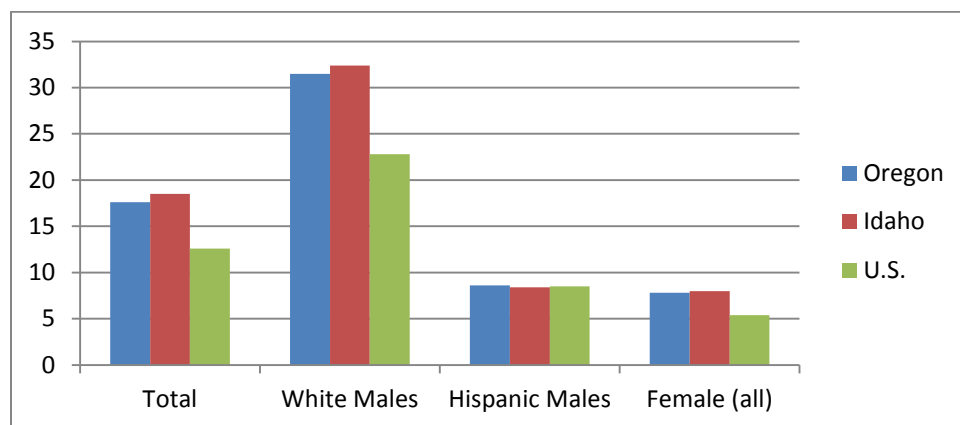
Premature deaths due to drug overdose have risen over the past decade with an accelerated rate in recent years.

Premature death due to drug overdose increased across community types, with large suburban metro, smaller metro, and rural counties having the highest rates.

Unintentional injuries, suicides, and homicides have consistently been the leading causes of death among 15–24 year olds.

Compared to drug overdose deaths, there were more than three times as many injury deaths due to motor vehicle crashes and firearms among youth and young adults ages 15–24 in 2015.

Suicide



Suicide rates in Oregon and Idaho are a significant finding. While total rates/100,000 are higher than the national average, when broken out by race a significant problem is unveiled. Hispanic males and all females tend to commit suicide at much lower rates, skewing data. It is also important to look at suicide in terms of leading causes of death, noting that suicide is the leading cause of death for 10-14 year old girls, and is the second leading cause of death for males age 10 - 35.

10 Leading Causes of Death by Age Group, United States – 2014

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,746	Unintentional Injury 1,216	Unintentional Injury 730	Unintentional Injury 750	Unintentional Injury 11,836	Unintentional Injury 17,357	Unintentional Injury 16,048	Malignant Neoplasms 44,834	Malignant Neoplasms 115,282	Heart Disease 489,722	Heart Disease 614,348
2	Short Gestation 4,173	Congenital Anomalies 399	Malignant Neoplasms 436	Suicide 425	Suicide 5,079	Suicide 6,569	Malignant Neoplasms 11,267	Heart Disease 34,791	Heart Disease 74,473	Malignant Neoplasms 413,885	Malignant Neoplasms 591,699
3	Maternal Pregnancy Comp. 1,574	Homicide 364	Congenital Anomalies 192	Malignant Neoplasms 416	Homicide 4,144	Homicide 4,159	Heart Disease 10,368	Unintentional Injury 20,610	Unintentional Injury 18,030	Chronic Low. Respiratory Disease 124,693	Chronic Low. Respiratory Disease 147,101
4	SIDS 1,545	Malignant Neoplasms 321	Homicide 123	Congenital Anomalies 156	Malignant Neoplasms 1,569	Malignant Neoplasms 3,624	Suicide 6,706	Suicide 8,767	Chronic Low. Respiratory Disease 16,492	Cerebrovascular 113,308	Unintentional Injury 136,053

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Teen Births (per 1,000 female population age 15-19) (per 1,000 female population age 15-19)

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Teen births	61	27	36	41	31	17

Section Three: Financial Stability and Independence

From Community Conversations:

The ability to earn a living wage was the most frequently mentioned need, with almost every focus group participant listing this as the primary barrier to 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. New this year were significant discussions regarding the value of traditional 4-year college degrees, with student loan debt and low wages being major contributors to the sense of lessening value.

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. Under-employment and lack of benefits was a major theme in discussions about financial stability.

In particular, Idaho's minimum wage jobs do not provide financial stability. Focus group participants noted people frequently leave Idaho jobs for jobs in Oregon. Idaho's minimum wage is set at the federal level of \$7.25 per hour, which has not changed since 2009. Oregon's non-urban minimum wage increased in 2017 to \$9.50 per hour with planned \$0.50 annual increases to \$12.50 per hour by 2022. Beginning in 2023, the Oregon minimum wage will be adjusted annually, based on any changes to the average Consumer Price Index.

The availability, quality and affordability of housing was another frequently mentioned barrier to stability. Housing burden (spending more than 30% of income on housing) affects a significant number of both home owners and (disproportionately) renters.

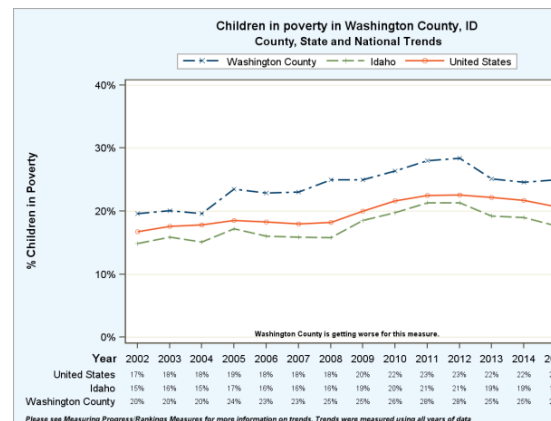
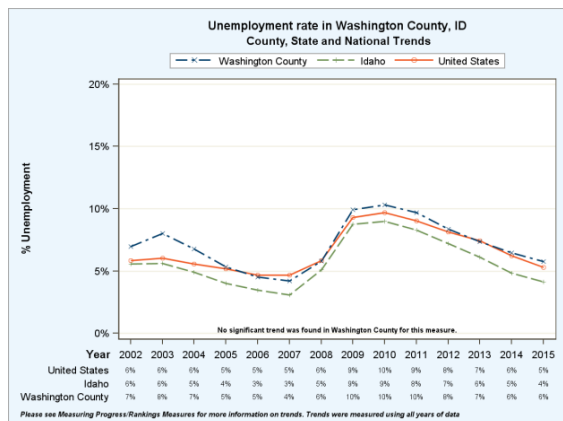
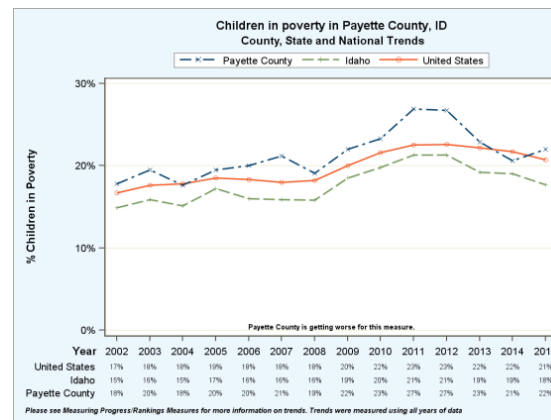
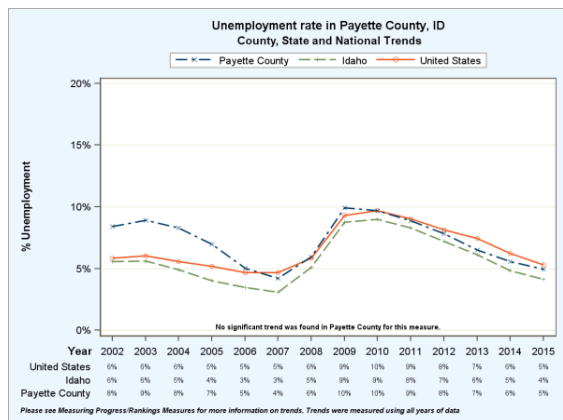
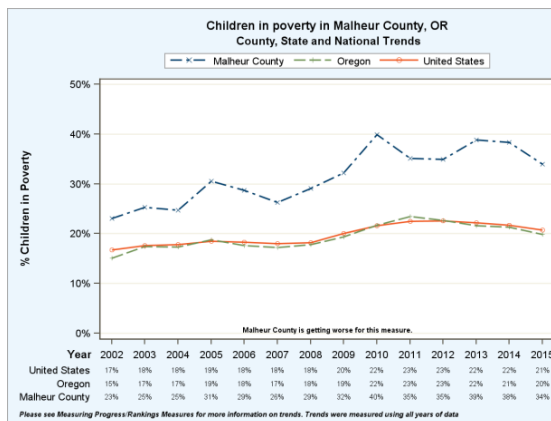
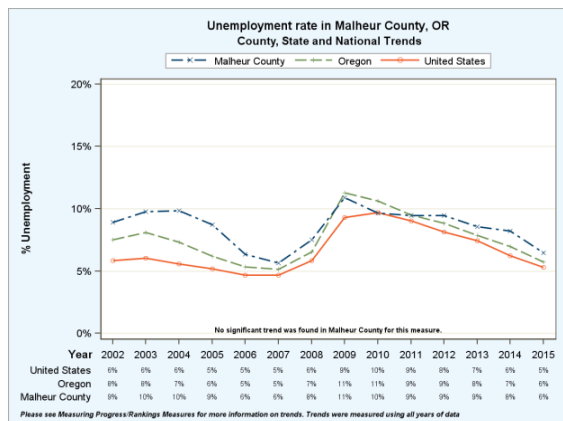
Given the close proximity of Washington and Payette counties to nearby Ontario, many people choose to commute across state lines depending on available employment and housing options.

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 participants. 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, Unemployment and Poverty

Consistent with the 2014 Community Health Needs Assessment, unemployment continues to stay relatively low, but poverty, and especially children in poverty, continues to trend upward, with Malheur County running much higher than Oregon, Idaho and U.S. averages. Washington and Payette Counties are also higher than State and National levels.



Median Household Income

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Median household income	\$37,600	\$54,100	\$38,600	\$44,500	\$48,300	\$63,300

Children in Poverty

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Children in poverty	34%	20%	25%	22%	18%	12%

United Way ALICE® Information

ALICE®, a United Way acronym which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, is a way of defining and understanding our families, neighbors, and colleagues (men and women) who work hard, earn above the federal poverty level, but not enough to afford a basic household budget of housing, child care, food, transportation, and health care. These measurements provide a broader picture of financial insecurity than traditional federal poverty guidelines.

ALICE educates our children, keeps us healthy, and makes our quality of life possible. But these low-wage jobs, often in the service sector, do not pay enough for ALICE to live on. These families are forced to make tough choices, such as deciding between quality child care or paying the rent, which have long-term consequences for ALICE and our communities.

UNITED WAY ALICE REPORT – PACIFIC NORTHWEST

Idaho

Municipality by County	Population	Households	Poverty %	ALICE %	Above ALICE Threshold %	Gini Coefficient	Unemployment Rate	Health Insurance Coverage %	Housing Burden: % Owner over 30%	Housing Burden: % Renter over 30%	Source, American Community Survey estimate
Fruitland CCD, Payette	8,034	3,101	15%	16%	69%	0.41	8.3	74.9	31%	44%	5 year
Fruitland city, Payette	4,711	1,879	20%	17%	63%	0.37	8.7	77.0	34%	46%	5 year
New Plymouth CCD, Payette	5,399	1,647	14%	25%	61%	0.42	8.5	76.8	21%	26%	5 year
New Plymouth city, Payette	1,898	655	12%	36%	52%	0.33	10.4	66.9	23%	28%	5 year
Payette CCD, Payette	9,196	3,308	25%	23%	52%	0.41	17.3	63.0	31%	53%	5 year
Payette city, Payette	7,447	2,580	28%	24%	48%	0.41	18.7	60.1	32%	56%	5 year
Cambridge CCD, Washington	928	408	14%	34%	52%	0.46	11.8	62.9	45%	36%	5 year
Cambridge city, Washington	249	115	7%	55%	38%	0.40	17.5	87.6	31%	21%	5 year
Midvale CCD, Washington	578	289	13%	36%	52%	0.43	5.9	73.1	32%	30%	5 year
Weiser CCD, Washington	8,588	3,241	17%	28%	55%	0.44	14.4	68.6	26%	62%	5 year
Weiser city, Washington	5,438	1,973	22%	31%	47%	0.43	15.7	63.5	25%	65%	5 year

In Idaho, Payette county , 48% - 69% of households making more than the upper limit ALICE threshold amount, 16%-36% within ALICE guidelines and 15% - 28% of households are in poverty.

In Washington county, 38% - 55% of households make greater than the ALICE threshold, 28%-55% are within the ALICE designation and 7% - 22% are in poverty.

Oregon

Municipality by County	Population	Households	Poverty %	ALICE %	Above ALICE Threshold %	Gini Coefficient	Unemployment Rate	Health Insurance Coverage %	Housing Burden: % Owner over 30%	Housing Burden: % Renter over 30%	Source, American Community Survey estimate
Adrian CCD, Malheur	913	360	12%	34%	54%	0.49	13.0	75.8	27%	36%	1 year
Annex CDP, Malheur	296	100	19%	25%	56%	0.45	14.9	62.1	17%	16%	1 year
Brogan CCD, Malheur	2,789	333	20%	39%	41%	0.43	7.9	29.3	44%	24%	1 year
Dead Ox Flat CCD, Malheur	1,345	443	14%	26%	60%	0.35	5.1	68.5	21%	31%	1 year
Jordan Valley CCD, Malheur	666	269	16%	43%	41%	0.41	2.7	71.9	29%	5%	1 year
Malheur Junction CCD, Malheur	899	309	8%	11%	81%	0.37	13.6	60.4	8%	30%	1 year
Nyssa CCD, Malheur	4,499	1,440	19%	25%	56%	0.36	16.9	71.2	16%	46%	1 year
Nyssa city, Malheur	3,231	1,097	19%	28%	53%	0.36	17.4	73.7	18%	44%	1 year
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West Bench CCD, Malheur	273	117	31%	16%	53%	0.41	12.9	46.3	16%	61%	1 year

In Malheur county, wide variations are seen, but most striking are households in the most populous region of the county surrounding the city of Ontario. Only 35%-37% of households have income surpassing the upper ALICE threshold, 30%-32% fall within ALICE guidelines and fully 33% of households live in poverty. Simply put, 65% of households do not have enough income for a basic survival budget.

A threshold ALICE budget for Malheur County is shown below; one for a single person, and another for a family of four, assuming one adult working, one child in pre-school/day care and one parent with an infant at home. (2013 data). (See Sample Malheur county budget below)

Household Survival Budget, Malheur County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Housing	\$432	\$626
Child Care	\$-	\$675
Food	\$191	\$579
Transportation	\$350	\$700
Health Care	\$119	\$474
Miscellaneous	\$131	\$336
Taxes	\$220	\$308
Monthly Total	\$1,443	\$3,698
ANNUAL TOTAL	\$17,316	\$44,376
Hourly Wage	\$8.66	\$22.19

Source: U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture (USDA), Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS) and state Treasury, and ChildCare Aware, 2013; American Community Survey, 1 year estimate.

Significant Community Health Needs

Process for Prioritizing and Prioritized List of Significant Health Needs

This CHNA identified the top needs within the service area of Malheur County, OR, Washington County, ID and Payette County, ID. Needs were prioritized based off data gathered through focus groups and community conversations, secondary source data, input from the Internal and External Review Committees, and the Malheur County Health Department. Needs were further prioritized into five categories of need as seen below. Criteria used to prioritize these needs included feasibility, impact on the communities served, capacity to impact and alignment with Trinity Health ARC goals. The top needs are described below:

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
- High School Graduation Rates (improving)
- Low College enrollment rates/Student Loan Debt
- Access to educational support (Tutors, mentors, programing) and Family/Parental Support
- Access to training and development opportunities
- Disconnected Youth

Access to Health Services

Priority #3

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

Financial Stability

Priority #4

- Unemployment/Underemployment
- Affordable Housing/Housing Assistance
- Living Wage Jobs
- Financial Education/Training
- College/Vocational Training
- Job Training
- Transportation Barriers
- Children Living in Poverty

Injury & Violence Prevention**Priority #5**

- Unintentional Injury Deaths (Poisonings/Accidental Overdoses, Opioid Epidemic, Motor Vehicle Crashes, Falls)
- Family Violence (Domestic Violence, Child Abuse)
- Human Trafficking
- Suicide
- Drug and Alcohol Abuse

Conclusion**Reflections on the Assessment and Implementation Strategy**

This assessment is an effort to analyze the current state of health and socioeconomic factors in the SA – 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.

Implementation Strategy

Further prioritization of needs will occur with input from public health and individuals representing a broad variety of community perspectives and constituencies to identify those needs we will address as well as those needs that we will not address, or that are being addressed by other organizations or entities. Identified priority needs that we will address will be incorporated into a SA – 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 SA – 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.

Instructions on How to Obtain Copies

This Community Health Needs Assessment will be posted to the Saint Alphonsus website: www.saintalphonsus.org/community-needs-assessment
You may also request copies of this report directly at SAMC-Ontario.

Contact Information for comments on CHNA

If you would like to provide any feedback regarding this Community Health Needs Assessment, please contact Denise Ewing at 541-881-7010 or Tony Fisk at 208-367-7082. Email's Denise.Ewing@saintalphonsus.org and Tony.Fisk@saintalphonsus.org.
You may also send information to:

Saint Alphonsus - Ontario
351 Southwest 9th Street
Ontario, OR 97914
541-881-7010

Next CHNA Due Date

The next Community Needs Assessment will be scheduled for completion by June 30, 2020.

Appendices

Appendix 1: Key Community Health Indicators: County Health Rankings 2017
Appendix 2: United Way ALICE® Data

Appendix 1: Key Community Health Indicators

County Health Rankings 2017

County Health Rankings (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.

County Health Rankings 2017

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Health Outcomes						
Length of Life						
Premature death	6,800	6,000	7,500	7,200	6,200	5,200
Quality of Life						
Poor or fair health	22%	18%	19%	17%	14%	12%
Poor physical health days	4.9	4.4	4.4	4	3.5	3
Poor mental health days	4.6	4.6	3.8	3.6	3.5	3
Low birthweight	6%	6%	6%	7%	7%	6%
Additional Health Outcomes						
Premature age-adjusted mortality	370	310	330	320	310	270
Child mortality	40	40		80	50	40
Infant mortality		5			6	5
Frequent physical distress	14%	13%	13%	12%	11%	9%
Frequent mental distress	14%	14%	12%	11%	11%	9%
Diabetes prevalence	9%	9%	11%	9%	9%	8%
HIV prevalence	85	162		55	66	42
Health Factors						

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Health Behaviors						
Adult smoking	18%	17%	17%	15%	14%	14%
Adult obesity	29%	26%	30%	33%	28%	26%
Food environment index	7.3	7.3	7	7.1	7.2	8.4
Physical inactivity	21%	15%	28%	24%	20%	19%
Access to exercise opportunities	51%	88%	66%	67%	75%	91%
Excessive drinking	19%	19%	13%	14%	15%	12%
Alcohol-impaired driving deaths	31%	33%	22%	23%	32%	13%
Sexually transmitted infections	344.5	394.6	120.7	225.6	337.6	145.5
Teen births	61	27	36	41	31	17
Additional Health Behaviors						
Food insecurity	15%	15%	14%	14%	15%	10%
Limited access to healthy foods	6%	5%	9%	9%	7%	2%
Drug overdose deaths	12	12		22	13	9
Motor vehicle crash deaths	11	9	27	10	13	8
Insufficient sleep	31%	31%	32%	31%	30%	28%
Clinical Care						
Uninsured	15%	12%	21%	18%	16%	8%
Primary care physicians	2,530:1	1,070:1	1,670:1	2,540:1	1,560:1	1,040:1
Dentists	1,450:1	1,300:1	4,990:1	2,080:1	1,560:1	1,320:1
Mental health providers	290:1	250:1	2,000:1	1,430:1	550:1	360:1
Preventable hospital stays	40	33	27	42	32	36
Diabetes monitoring	77%	86%	93%	84%	82%	91%
Mammography screening	60%	61%	54%	54%	58%	71%
Additional Clinical Care						
Uninsured adults	20%	14%	25%	22%	19%	10%
Uninsured children	7%	5%	12%	9%	9%	4%
Health care costs	\$8,205	\$7,316	\$7,628	\$7,717	\$8,238	
Other primary care providers	1,013:1	1,446:1	2,496:1	916:1	1,168:1	853:1

County Health Rankings 2017	Malheur County	Oregon	Washington County	Payette County	Idaho	Top U.S. Performers
Social & Economic Factors						
High school graduation	84%	75%	86%	80%	79%	95%
Some college	51%	68%	43%	57%	65%	72%
Unemployment	6.50%	5.70%	5.70%	4.90%	4.10%	3.30%
Children in poverty	34%	20%	25%	22%	18%	12%
Income inequality	5.2	4.7	4.3	4.5	4.2	3.7
Children in single-parent households	33%	31%	39%	24%	25%	21%
Social associations	12.5	10.4	9	6.1	7.5	22.1
Violent crime	284	245	66	212	212	62
Injury deaths	75	69	99	70	70	53
Additional Social & Economic Factors						
Disconnected youth	22%	15%	29%	30%	15%	9%
Median household income	\$37,600	\$54,100	\$38,600	\$44,500	\$48,300	\$63,300
Children eligible for free or reduced price lunch	71%	53%	58%	57%	49%	33%
Residential segregation - black/white	38	62			69	22
Residential segregation - non-white/white	25	33	22	14	30	14
Homicides		3			2	2
Firearm fatalities	16	12		13	13	7
Physical Environment						
Air pollution - particulate matter	8.3	7	7.2	8.8	7.2	6.7
Drinking water violations	Yes		No	Yes		
Severe housing problems	22%	21%	22%	15%	16%	9%
Driving alone to work	75%	71%	71%	78%	78%	72%
Long commute - driving alone	20%	27%	33%	16%	22%	15%

Appendix Two: United Way ALICE® Data

UNITED WAY ALICE REPORT – PACIFIC NORTHWEST

Idaho/Oregon

Municipality by County	Population	Households	Poverty %	ALICE %	Above ALICE Threshold %	Gini Coefficient	Unemployment Rate	Health Insurance Coverage %	Housing Burden: % Owner over 30%	Housing Burden: % Renter over 30%	Source, American Community Survey estimate
Fruitland CCD, Payette	8,034	3,101	15%	16%	69%	0.41	8.3	74.9	31%	44%	5 year
Fruitland city, Payette	4,711	1,879	20%	17%	63%	0.37	8.7	77.0	34%	46%	5 year
New Plymouth CCD, Payette	5,399	1,647	14%	25%	61%	0.42	8.5	76.8	21%	26%	5 year
New Plymouth city, Payette	1,898	655	12%	36%	52%	0.33	10.4	66.9	23%	28%	5 year
Payette CCD, Payette	9,196	3,308	25%	23%	52%	0.41	17.3	63.0	31%	53%	5 year
Payette city, Payette	7,447	2,580	28%	24%	48%	0.41	18.7	60.1	32%	56%	5 year
Cambridge CCD, Washington	928	408	14%	34%	52%	0.46	11.8	62.9	45%	36%	5 year
Cambridge city, Washington	249	115	7%	55%	38%	0.40	17.5	87.6	31%	21%	5 year
Midvale CCD, Washington	578	289	13%	36%	52%	0.43	5.9	73.1	32%	30%	5 year
Weiser CCD, Washington	8,588	3,241	17%	28%	55%	0.44	14.4	68.6	26%	62%	5 year
Weiser city, Washington	5,438	1,973	22%	31%	47%	0.43	15.7	63.5	25%	65%	5 year
Adrian CCD, Malheur	913	360	12%	34%	54%	0.49	13.0	75.8	27%	36%	1 year
Annex CDP, Malheur	296	100	19%	25%	56%	0.45	14.9	62.1	17%	16%	1 year
Brogan CCD, Malheur	2,789	333	20%	39%	41%	0.43	7.9	29.3	44%	24%	1 year
Dead Ox Flat CCD, Malheur	1,345	443	14%	26%	60%	0.35	5.1	68.5	21%	31%	1 year
Jordan Valley CCD, Malheur	666	269	16%	43%	41%	0.41	2.7	71.9	29%	5%	1 year
Malheur Junction CCD, Malheur	899	309	8%	11%	81%	0.37	13.6	60.4	8%	30%	1 year
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