



Community Health Needs Assessment

Baker County
2023

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EXECUTIVE SUMMARY

OVERVIEW

The 2023 Baker County Community Health Needs Assessment (CHNA) aims to identify the health needs of Baker County, Oregon through a social influencer, or determinant, of health (SloH) framework. This framework defines health in the broadest sense and recognizes SloH factors such as employment, housing, and access to health care have an impact on the community's health.

Saint Alphonsus Medical Center- Baker City (SAMC-BC) leads CHNAs in Baker County every three years to best identify the assets and challenges experienced by residents and community members in the region. SAMC-BC does this in partnership with a number of community leaders, policymakers, public and private, and nonprofit organizations serving Baker County.

The initial step in the CHNA process was to gain an understanding of the community's health status from existing data and community members. Between July and November 2022, project partners collected primary data to gather the community's voice on health and SloH topics through surveys, focus groups, and interviews. Emphasis was placed on collecting feedback from underserved and underrepresented groups across the county. Secondary data was pulled between July and December 2022 from existing public datasets such as the Census, Behavioral Risk Factor Surveillance Survey, Department of Labor, the Trinity Health Data Hub, and others.

Once the data was gathered and analyzed, a rigorous prioritization process was employed in December 2022 to ensure the highest priorities identified within the community are addressed by the CHNA. This process involved community members and stakeholders providing their input and values across all aspects of this report.

KEY PRIORITIES

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Baker County. The top three priorities identified by key stakeholders include:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS

CHNA respondents throughout the region were severely concerned about housing, stemming from a shortage of available units and rising costs relative to local incomes. Residents report that it is increasingly difficult to attain and pay for housing in the region. Rising housing costs also make it difficult for residents to meet other expenses and to live near jobs and services.

- Baker County has seen an increase in home values since 2017, although these numbers have not increased at the same rate as the state of Oregon. Baker County's economically marginalized groups may be more likely to experience negative impacts as home vacancies decrease and values rise. Renters in particular have experienced increased rent burden, spending more than 30% of their annual income on housing costs.
- Baker County has seen increases in the number of both adults and students experiencing homelessness in recent years, straining its limited shelter and resources.

ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH

CHNA respondents throughout the region reported difficulty accessing health care, in the form of long waitlists, trouble scheduling urgent appointments, trouble accessing pharmacy services, and difficulty attaining and transporting to specialty care. These challenges are even more difficult for people relying on Medicaid or Medicare. Difficulty accessing health care can lead people to neglect their health, especially preventative health, resulting in more negative outcomes, and higher medical costs, in the future.

- Baker County is below the state average of individuals reporting a routine checkup with a medical provider. Similar findings can be seen among seniors receiving their core preventative services by sex and age compared to the state. Additionally, Baker County CHNA respondents reported insufficient mental health, substance use, and general and specialty health care services.
- Baker County is a designated health provider shortage area with approximately 65 primary care physicians per 100,000 individuals, which is much lower than the statewide average of 109 physicians.¹
- Oral health is an important component of overall health and well-being. Many residents in Baker County do not have adequate access to oral health care and the region is considered to be a dental health professional shortage area.

CARE GIVER SUPPORTS, INCLUDING CHILDCARE AND ASSISTANCE FOR OLDER ADULTS

Baker County has an aging population, which is increasing the region's need for support and caregiving options to help older adults age in place and remain independent. Childcare shortages in Baker County also pose an obstacle for parents and guardians trying to enter the workforce, especially among rural and low-income households. Families that are unable to access or afford childcare may be limited in their opportunities to earn income, which puts them at risk of financial instability. Likewise, a household that is spending a significant portion of its income on childcare will also be at greater risk of financial instability.

- Baker City is home to a higher rate of seniors, age 65 or older, than the statewide average. The older adult population was a major concern among primary data respondents. These concerns include transportation to medical, dental or vision care appointments, availability of health care services, and availability of caregivers.
- Childcare expenses increased as a percent of household income from 2019 to 2021, making childcare even more cost prohibitive for many families, especially for single parents, and families close to the poverty line. Childcare availability and affordability were both mentioned by CHNA respondents as challenges facing residents of the region, making it more difficult for households to meet other costs.

Saint Alphonsus will develop and publish implementation strategies by the end of 2023. Community resources to address these and other social care needs can be found at findhelp.org.

IDAHO OREGON COMMUNITY HEALTH ATLAS

Secondary data found from public datasets, including demographics, health outcomes, transportation data, and housing information found in this report can be accessed using the Idaho Oregon Community Health Atlas. Some of this data is in this report, but the community can access more data points and localized data at the following link: idahooregonatlas.org

BACKGROUND

Every three years Community Health Needs Assessments (CHNAs) are conducted to help nonprofit health systems, public health districts, and community organizations identify and better understand the most significant health challenges facing individuals and families in the communities they serve.

Saint Alphonius is a mission-driven, innovative health organization that strives to become the national leader in improving the health of communities and each person served.

For this CHNA, SAMC-BC convened community partners, including small- and medium-sized businesses, major corporations, and financial institutions; hospitals and health care organizations; and faith-based organizations, civic groups, governments, nonprofits, and volunteers to confront the socioeconomic challenges within Baker County. The information gathered guides the alignment of resources and implementation of needs-driven, evidence-based solutions.

HOSPITAL SYSTEM

As a Catholic health system, Saint Alphonius is committed to advocacy for and service to individuals who are underserved and underrepresented in our communities. We are called to minister to those who are vulnerable, to address health disparities and inequities, and to ensure the dignity of all people.

Our Mission calls us to serve together with Trinity Health, in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. The Community Health Needs Assessments (CHNA) allow Saint Alphonius to be responsible stewards of our resources and target our efforts and financial investments to where there is the greatest need and increased potential for effectiveness.

A Community Health Needs Assessment provides the opportunity to:

- Gain insights into the needs and assets of the communities served,
- Identify and address the needs of vulnerable populations and those experiencing health disparities and inequities within the community,
- Enhance relationships and opportunities for collaborative community action, and
- Provide information for community outreach planning, evaluation, and assessment.

HOSPITAL OVERVIEW

Located in Baker City, Oregon and nestled beneath the Elkhorn Mountains, Saint Alphonius Medical Center - Baker City serves Baker County and surrounding areas. Having been a part of Baker County

for nearly 113 years, we have developed relationships with those we serve—in many ways. Our concern and personal touch have become our tradition, and our professionalism and warmth continue to radiate into our community.

Saint Alphonus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 25 states from coast to coast with 88 hospitals and 131 continuing care facilities, home health and hospice programs, 125 urgent care centers, and the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country. For more information, please visit www.saintalphonus.org, and www.Trinity-Health.org.

FACILITIES OWNED & OPERATED BY SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY

The facilities owned and operated by SAMC-BC include the main hospital, Saint Alphonus Medical Center, and a Saint Alphonus Medical Group (SAMG) practice that is contiguous to the hospital.

MISSION STATEMENT

We, Saint Alphonus 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.

Safety: We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

SERVICES PROVIDED

SAMC-BC is a Critical Access Hospital with a SAMG primary and internal medicine practices. Services provided include breast care, cancer care, cardiology, dietary services, emergency services, intensive care, laboratory, labor and delivery and maternity care, medical/surgical services, ophthalmology, orthopedics, physical and occupational therapies, radiology, respiratory therapy, rheumatology, sleep disorders, surgical services, and telestroke. Significant services that SAMC-BC does not offer are neurology and inpatient psychiatric services.

CONDUCTING THE 2023 COMMUNITY NEEDS ASSESSMENT

Saint Alphonus Medical Center-Baker City (SAMC-BC) conducted a Community Health Needs Assessment that was reviewed by the Baker City Community Hospital Advisory Boards on January 30, 2023, and approved by the Saint Alphonus Health System Board on June 5, 2023. SAMC-BC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations. It is available publicly online at <https://www.saintalphonus.org/about-us/communitybenefit/community-needs-assessment/>, or by request from the Saint Alphonus Health System Community Health and Well-Being Department.

The 2023 Community Health Needs Assessment was led by SAMC-BC with Boise State University's Idaho Policy Institute (BSU IPI) and Metopio as research partners using the same tools and protocols used in the 2023 Treasure Valley and Malheur County CHNAs. Baker County was the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available. This is the primary service area the majority of SAMC-BC patients draw from. Additional counties of service are captured in the 2023 Treasure Valley CHNA. The Trinity Health Data Hub and Idaho and Oregon Community Health Atlas were utilized as the primary sources for secondary data, in addition to localized data sources provided by the Baker County Steering Committee members. Additional duties of the Steering Committee, whose members are listed in the Acknowledgements, included selecting secondary data indicators, developing the community survey and focus group/interview instruments, disseminating community surveys, conducting and participating in focus groups and key informant interviews, selecting significant health needs, providing review and revision to the draft assessment report, and drafting the plan for communications and dissemination of the completed assessment. The detail processes for conducting community surveys, focus groups, and key informant interviews is listed in the 2023 Community Health Needs Assessment document, as are the methods for prioritizing the key health needs for 2023.

The 2023 Community Health Needs Assessment processes and drafts were presented to the SAMC-BC Community Hospital Advisory Board on January 30, 2023. Their input was reviewed by the Saint Alphonus Health System Board on May 16, 2023, and approved by SAHS Board Vice Chair, Toni L. Nielsen, on June 5, 2023.

SUMMARY OF PREVIOUS CHNA

The 2022 Community Health Needs Assessment Update utilized a Baker County Steering Committee, as convened by Saint Alphonus Health System, as the primary method of gathering public input on the draft reports between January and May 2022. The community organizations that made up the 2022 Committee were provided with drafts of the assessment report and provided comments back to SAMC-BC for inclusion in the final document. Additionally, the SAMC-BC Community Advisory Hospital Board was provided with drafts of the Community Assessment Update and provided input the 2022 CHNA priorities.

The 2022 Baker County Community Health Needs Assessments can be found online at: <https://www.saintalphonus.org/about-us/community-benefit/community-needsassessment/>.

The prior CHNA, completed in June 2022, identified significant health needs within the SAMC-BC community:

1. Pharmacies and access to medications
2. Health care access
3. Housing and homelessness
4. Behavioral health services
5. Mental and behavioral health concerns
6. Education
7. Workforce shortages
8. Livable wage jobs
9. Chronic diseases prevention and management
10. Transportation
11. Food security
12. Tobacco and substance use

The 2020 Community Health Needs Assessment Update was reviewed in detail within the Saint Alphonsus Health System Community Health and Well-Being Department in partnership with BSU IPI in summer and fall 2022, prior to the development of the 2023 Community Health Needs Assessment processes and tools.

IMPACT OF HEALTH NEEDS

SAMC-BC acknowledged the wide range of priority health issues that emerged from the 2022 CHNA Update process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SAMC-BC developed and/or supported initiatives to improve the health needs of health care access, education, and transportation.

It should be noted that because this was an abbreviated update to the 2019 CHNA, the 2022 CHNA Implementation Strategy period has been June-December 2022 for the purposes of this report.

HEALTH CARE ACCESS

SAMC-BC sought to identify barriers to health care by screening the social needs of patients in hospital and community settings.

SAMC-BC utilized Community Health Workers (CHWs) to assess and address social influencers of health (SloH), including access to health care, through the utilization of Pathways models. SAMC-BC increases the number of patients screened and referred to community resources through the Community Resource Directory (findhelp.org) for SloH.

FY23 (July-Dec 2022):

2,279 encounters made between CHWs and patients across the SAHS Idaho and Oregon service area

652 referrals made from a CHW to a community resource/partner

As of December 2022, 31.7% of patients in Saint Alphonsus EDs, primary care practices, and specialty care settings are screened for social care needs.

SAMC-BC provided assistance to enroll patients in government health insurance programs for low-income persons and assists with helping patients to navigate the health insurance marketplace programs. Between July-December 2022, SAMC-BC contributed \$961 in staff time to enroll patients in Oregon Health Plan, Medicaid, and financial assistance programs.

EDUCATION

To identify barriers to education, SAMC-BC completed social care screenings for individuals and families in the Baker School District.

SAMC-BC deployed a total of 1.0 FTE between two CHWs within the Baker School District to screen and assess students, caregivers, families and residents in Baker County for SloH. Between July-December 2022, the CHWs served 120 families in Baker School District.

SAMC-BC has provided ongoing support for the Baker Early Learning Center (BELC) as a lead sponsor and partner in the BELC collaborative to bring childcare and early childhood education to Baker County families. Specifically, SAMC-BC contributed \$25,000 in FY23.

TRANSPORTATION

SAMC-BC sought to increase utilization of the Rides to Wellness non-medical transportation program in Baker County. SAMC-BC has just awarded Community Connections of Northeast Oregon with \$27,000 in December 2022 to provide non-medical transportation for Baker County residents to and from health care appointments. It is anticipated that this will serve 150 riders over the next year.

COMMENTS

SAMC-BC did not receive any comments from the public on the 2022 CHNA Update beyond the contributions of the Baker County Steering Committee and qualitative data collection methods between January and May 2022.

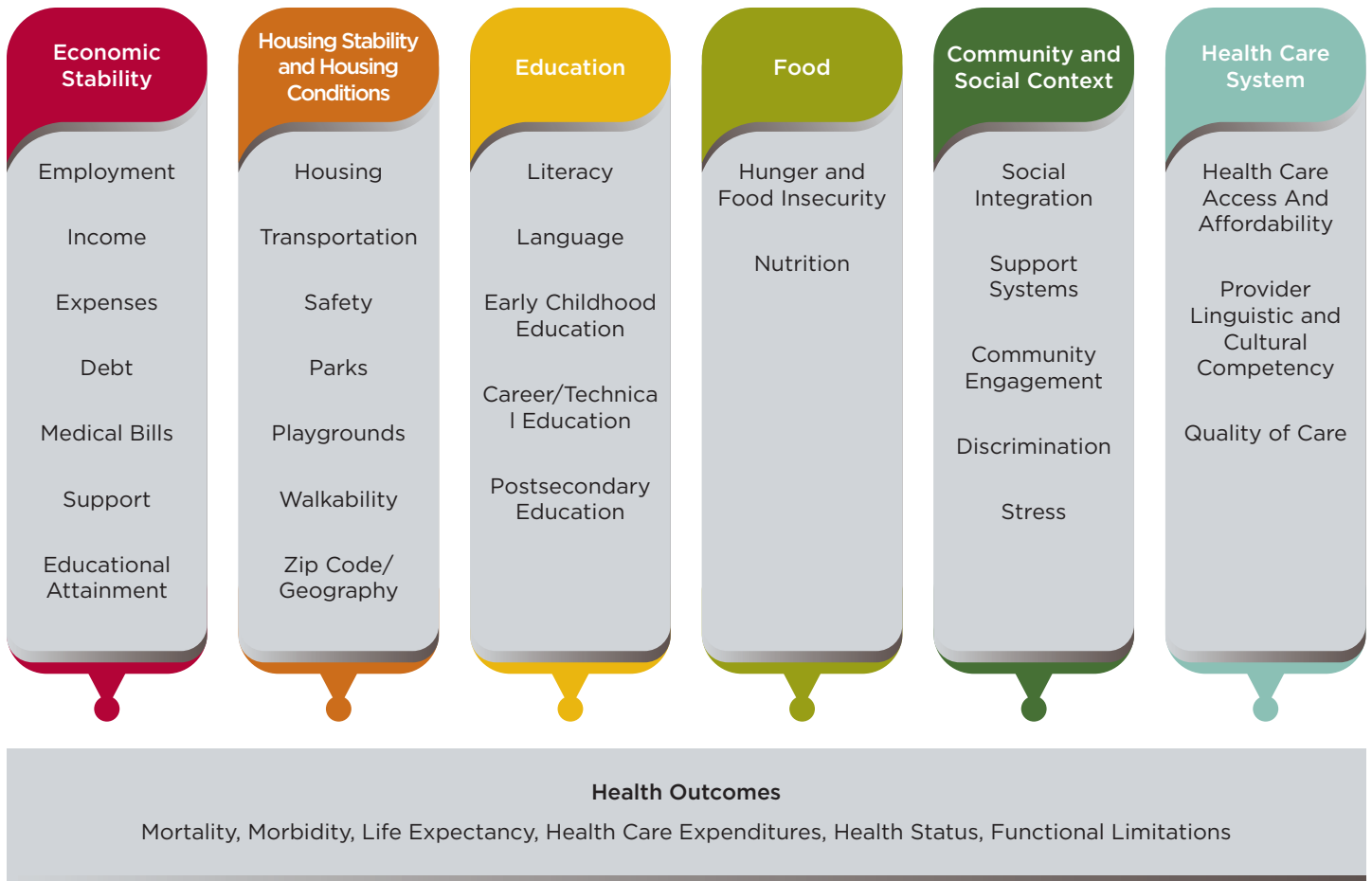
Any additional comments on this report may be submitted to Rebecca Lemmons, Saint Alphonsus Health System Regional Director of Community Health and Well-Being at Rebecca.Lemmons@saintalphonsus.org.

DATE ADOPTED BY BOARD

June 5, 2023


APPROACH AND METHODOLOGY

The initial step in the CHNA process was to gain an understanding of the community health status from existing data and community members. This included gathering data on regional health behaviors, health outcomes, causes of death, and the many social influencers, or determinants, of health (SloH). This information identifies the greatest and most pressing community needs for community-serving organizations, collaboratives, and policy makers through the implementation of programs, services, and policies. After data analysis, a rigorous prioritization process was employed to ensure the highest priorities identified within the community are addressed by the CHNA. This process includes various community members and stakeholders providing their community input and values across all aspects of this report and next steps.



Source: Braveman, P.A., Kumanyika, S., Fielding, J, et al. (2011). Health disparities and health equity: the issue is justice. American Journal of Public Health.

The 2023 CHNA aims to identify the health needs of Baker County, Oregon through a SloH framework, which defines health in the broadest sense and recognizes SloH factors such as employment, housing, and access to health care that impact on community health. Social, educational, economic, and health data are drawn from existing data sources such as the U.S. Census, Idaho Department of Health and Welfare, the Trinity Health Data Hub, and Oregon State Department of Education, among others.

Primary and secondary data is used to understand community health strengths, challenges, and opportunities in the counties of interest. Secondary data is defined as any data found in existing public datasets. Secondary data is presented for the most recent year available and data may be incomplete or not collected for certain outcomes. Due to the size of Baker County, some data is unavailable because of lower participation in data collection efforts. Primary data, or gathering the community voice through intentional outreach, is data collected for the purpose of this CHNA through surveys, focus groups, and interviews. Those results are highlighted in the report with a .

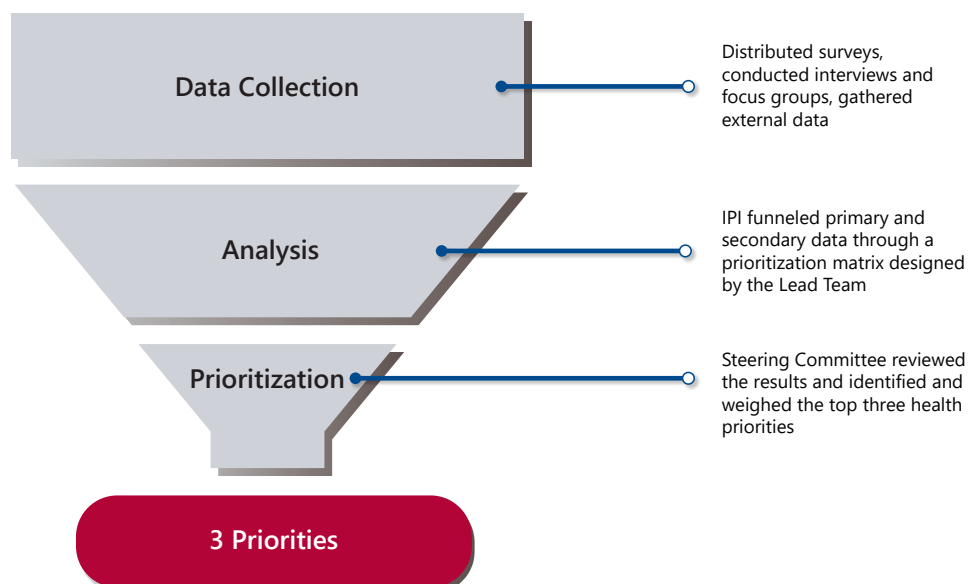
Online and paper community surveys engaged more than 38 Baker County residents. The survey can be viewed in Appendix D. Survey data was collected using convenience sampling and as such is not representative of the region population – respondents tended to be higher-income, older, white, and female. However, the responses still provide useful insight into community needs.

Focus groups and interviews conducted with community stakeholders across the region gathered more representative data. Hospital systems used a targeted approach to recruiting interview and focus group participants to ensure typically underrepresented groups were included in data collection such as older adults, rural residents, people experiencing homelessness, LGBTQIA+, Hispanic and Latino, and new American and resettlement groups. This process better allowed for identifying disparities and health inequities in the community.

Project partners conducted six interviews and three focus groups with multi-sector organizations, residents, and community stakeholders across the county. These focus groups and interviews aimed to gather feedback on the community strengths, challenges, and priority health concerns. Through the process of compiling, analyzing, and synthesizing primary and secondary data, a list of key themes emerged. This list was then prioritized by key stakeholders (see the `Prioritization of Needs` section below).

Assessment and recruitment oversight occurred through the utilization of a community assessment Steering Committee. The Steering Committee was comprised of members representing 15 institutions, including major hospital systems in the region, community health centers, local public health departments, nonprofit organizations, educational institutions, and other health and human service organizations. The Steering Committee led the efforts in recruitment for both the survey and interviews/focus groups. In addition, members of the steering committee were trained to conduct the interviews and focus groups.

DATA PRIORITIZATION PROCESS



COMMUNITY SERVED

This CHNA covers Baker County in Oregon. The largest cities in Baker County are Baker City, Sumpter, and Huntington.

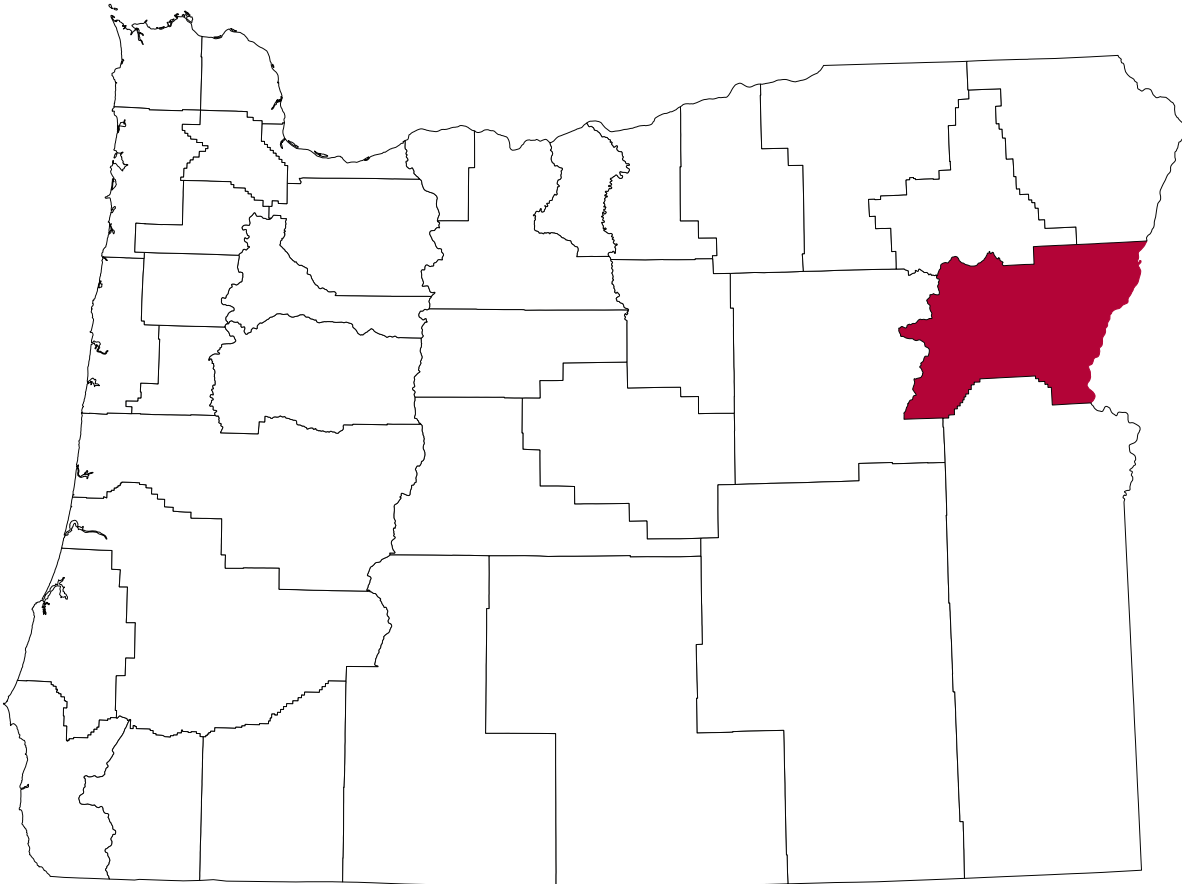
POPULATION DEMOGRAPHICS

TABLE 1: POPULATION

Population by County, 2017-2021

Baker County	16,539
Oregon	4,246,000

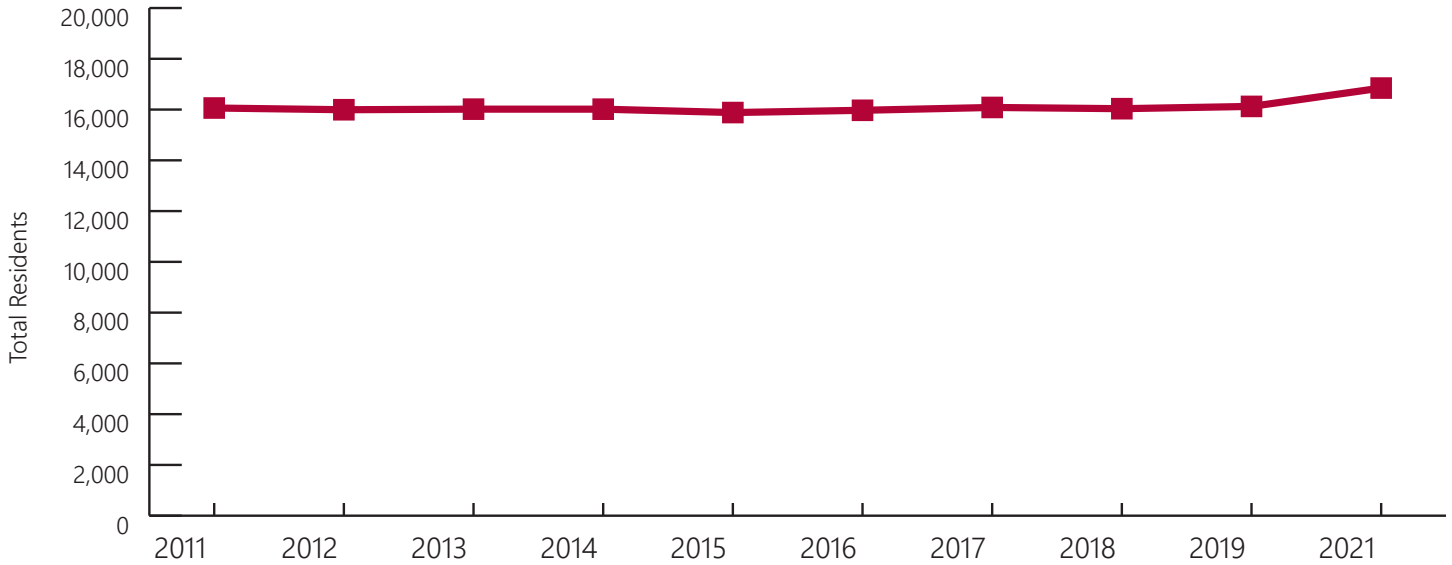
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021



POPULATION CHANGE

The population in Baker County from 2010 to 2020 increased by 4.3% whereas the state population increased by 10.6%. Almost all of the population growth in Baker County happened between 2019 and 2021.

FIGURE 1: POPULATION GROWTH IN BAKER COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

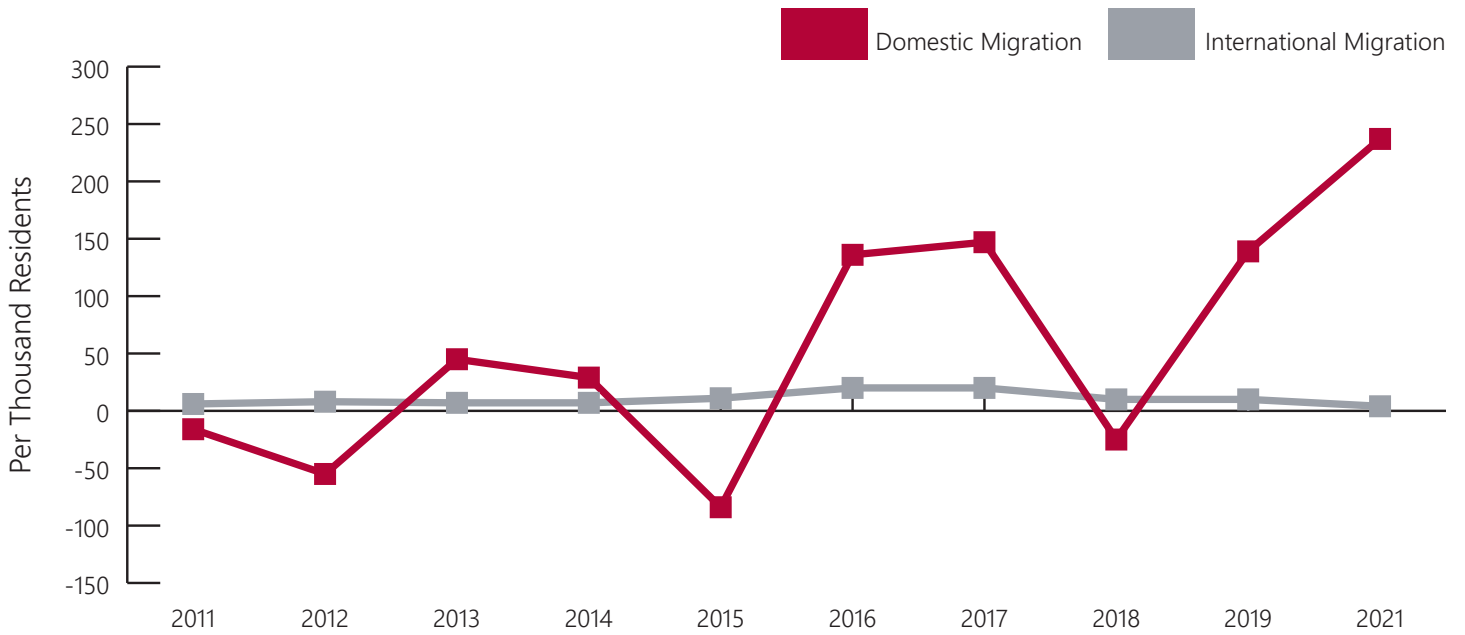
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Domestic migration, or the migration of population between US states, explains much of the growth between 2019 and 2021 in Baker County. During the COVID-19 pandemic, people across the country took advantage of remote work and relocated to more desirable or affordable areas. CHNA respondents recognized this growth of new residents from other states or parts of Oregon with varying levels of concern.

International migration, or individuals and families moving from another country, is minimal in Baker County, with 20 or less international migrators each year over the past decade.



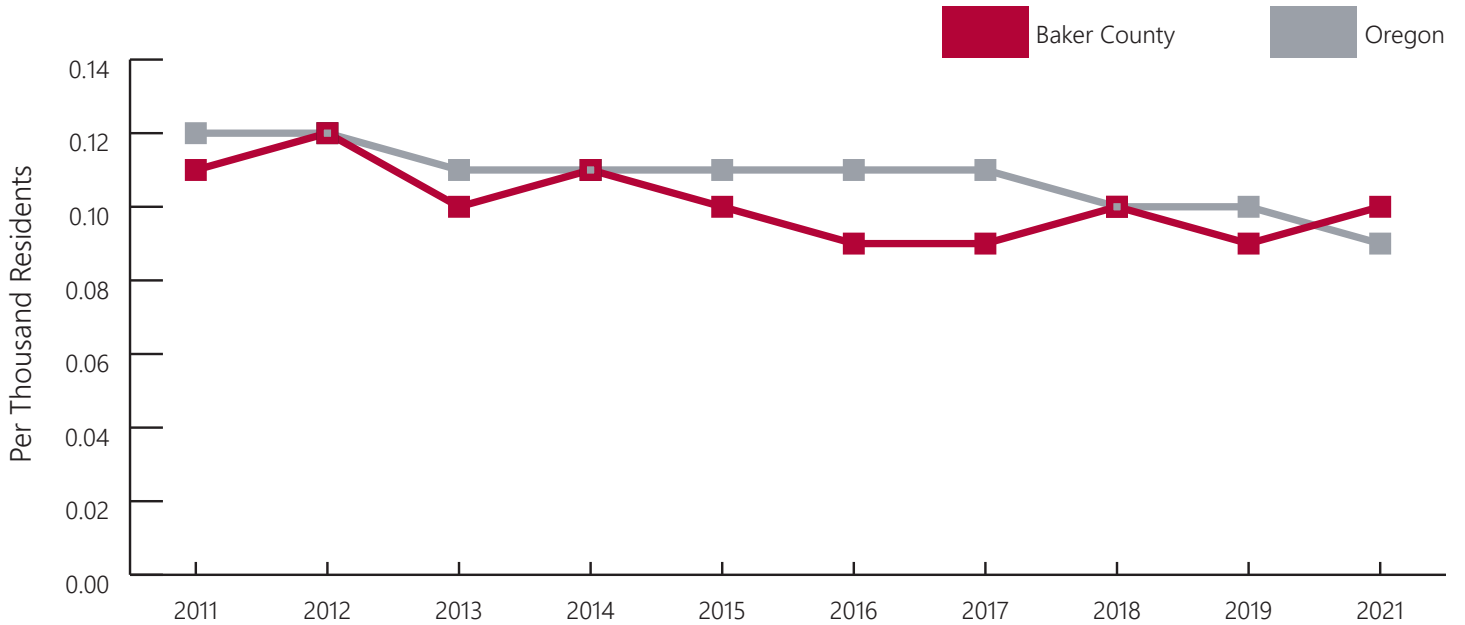
FIGURE 2: MIGRATION IN BAKER COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
Note: U.S. Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Births per capita in Malheur County have slightly decreased, often having lower rates than the statewide average.

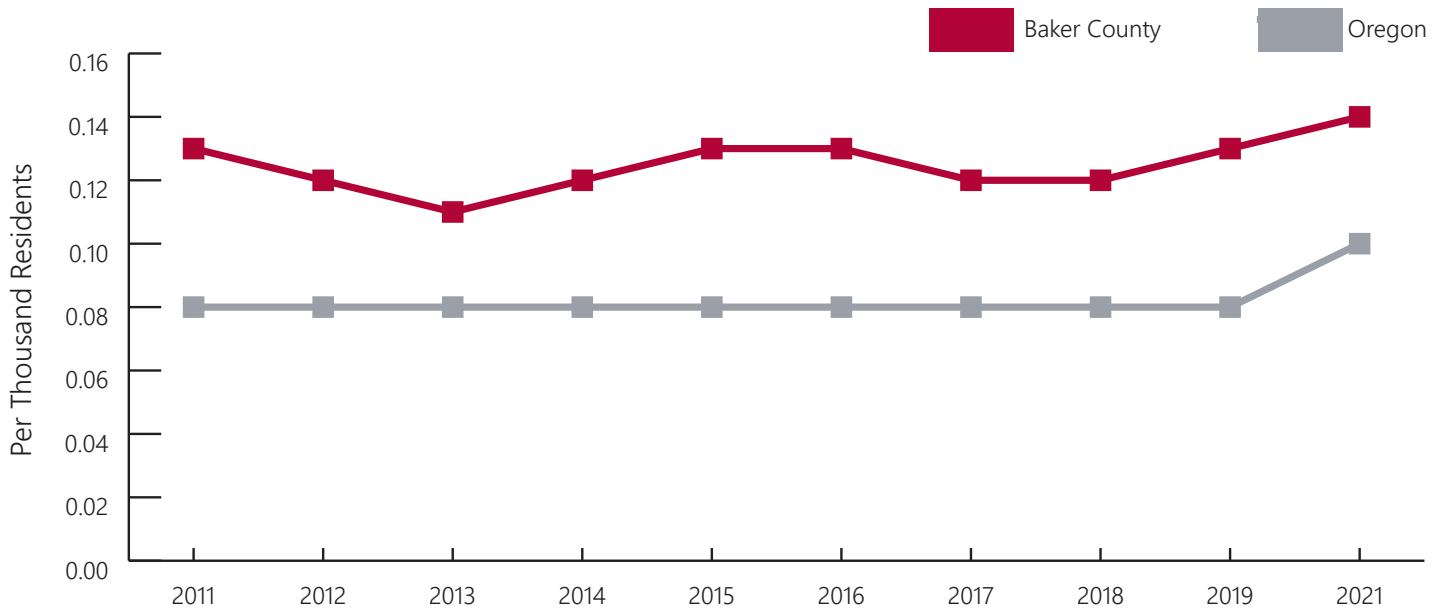
FIGURE 3: BIRTHS PER CAPITA IN BAKER COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates
Note: Census population estimates data does not include full estimates for the year 2020, so the year is omitted

Baker County has lower rates of young adults (ages 18 to 39) compared to the statewide average which may explain the lower rates of births. The county also has a higher rate of seniors (age 65 or older) which may explain the higher rate of deaths. Like most areas, Baker County saw an increase in deaths during the COVID-19 pandemic between 2019 to 2021.²

FIGURE 4: DEATHS PER CAPITA IN BAKER COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Note: Census population estimates data does not include full estimates for the year 2020, so the year is omitted

RACE AND ETHNICITY

Oregon is home to a majority white population. Compared to the state average, Baker County has a higher than state average of Indigenous or Native American population, though the average is still low. Baker County has a much smaller than average of Hispanic or Latino residents, particularly compared with neighboring Malheur County whose population is nearly 35% Hispanic or Latino.

TABLE 2: RACE AND ETHNICITY

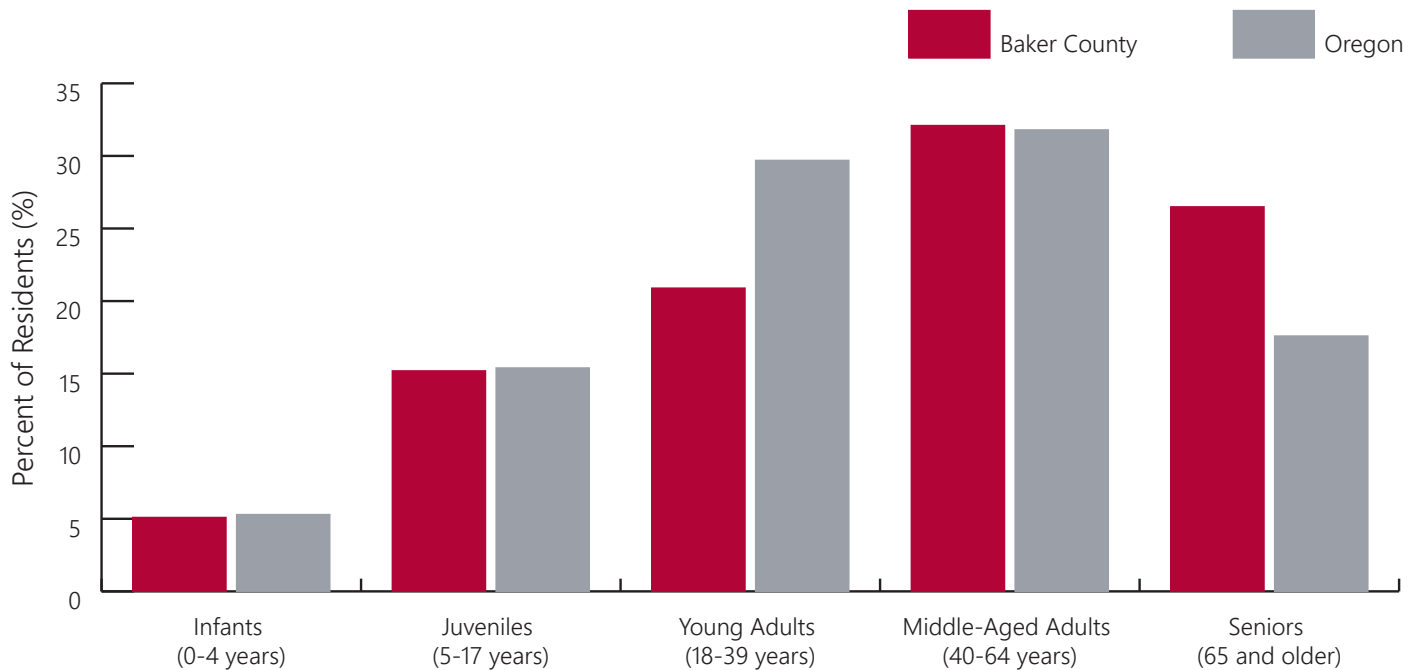
	Baker County	Oregon
Non-Hispanic White	89.6%	74.3%
Non-Hispanic Black	1.1%	1.7%
Hispanic or Latino	4.8%	13.6%
Asian	0.3%	4.3%
Native American	1.4%	0.7%
Pacific Islander/Native Hawaiian	0.1%	0.3%
Two or More Races	2.4%	4.7%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

AGE

Baker City has a higher percentage of seniors age 65 or older as compared to the state. CHNA respondents indicated that older adults were among the more vulnerable populations in Baker County. Concerns for older adults included transportation to medical appointments, availability of health care services, and availability of caregivers.

FIGURE 5: POPULATION BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

VETERANS

Baker County has a higher percentage of residents (13.2%) that are veterans compared to Oregon statewide (7.9%). Veterans have access to specialty care health services from The Baker County Veteran Services Office and from the Community Connections of Northeast Oregon who provide transportation services for veterans, but may have difficulty navigating these systems or may experience difficulty trying to find a provider in the area.

POPULATION WITH A DISABILITY

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities."³ People with disabilities may be unable to work and often face a higher rate of poverty. Baker County has a larger average population with a disability, 22.3%, compared to the statewide average of 14.4%.

ENGLISH PROFICIENCY

Limited English proficiency measures those who identify speaking English less than “very well” on the U.S. Census. Baker County has a much lower percentage than the statewide average at 2.6% compared to 0.2%. Adults aged 18-64 make up the largest percent of residents falling into this category.

LGBTQIA+

Health and other related data is often limited for those who are lesbian, gay, bisexual, transexual, queer or questioning, intersex, asexual, and/or other gender identities and sexual orientations (LGBTQIA+). A few primary data respondents identified as members of the LGBTQIA+ community. Concerns for the community include stigma, lack of community and resident support, lack of same sex education, fear of lack of privacy in health and public service settings due to the nature of the small community, and a lack of safe places, especially for youth in the LGBTQIA+ community. It was noted that the first Pride parade was held in Baker City in 2022, and was attended by many youth and their supporters.

DATA

HEALTH OUTCOMES

Health equity and social influencers of health such as financial stability, housing, and education, all play a critical role in health outcomes. While these factors have been specifically addressed in other sections of this CHNA, this section is designed to address the health and well-being of those in Baker County. First, this section will review overall health outcomes for general health and well-being, then will dive into more in-depth measures related to access to care, various mental health related outcomes, substance misuse and abuse, health behaviors, and chronic disease related outcomes. While this section of the report includes some key chronic diseases and health indicators, it is not inclusive of all health indicators available in the Idaho Oregon Community Health Atlas. Please refer to the health index for additional health indicators or to search for city-level data where available.

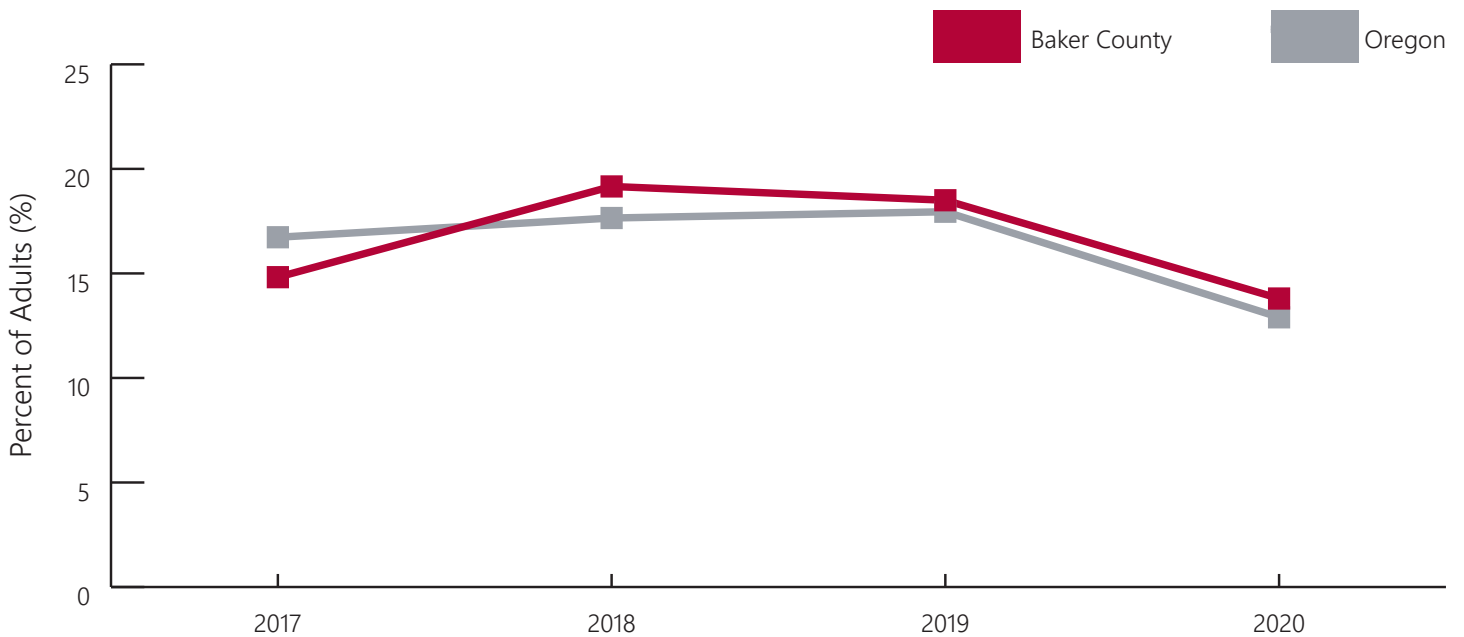
The Robert Wood Johnson County Health Rankings provides a base understanding of how each county ranks within the state regarding overall health and well-being. Baker County is ranked 31st for health outcomes and 12th for health factors out of the 35 counties in Oregon.⁴ Health outcome rankings are determined by comparing the length of life and the quality of life, including self-reported health status and percent of low birthweight newborns. Health factor rankings are determined by comparing many of the aspects of the Social Influencers of Health. This includes substance misuse and abuse, diet and exercise, access to and quality of health care, education, employment, family support, housing, public transit, and more.⁵

GENERAL HEALTH AND WELL-BEING

The length of life measure, Years of Potential Life Lost (YPLL), focuses on deaths that could have been prevented. YPLL is a measure of premature death based on all deaths occurring before the age of 75. By examining premature death rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life.

In Oregon the overall YPLL is 6,072 life-years lost per 100,000 years, while in Baker County the YPLL is significantly higher 9,509 per 100,000 years.⁶ This indicates that on average more people in Baker County are dying prematurely and efforts may be made to improve this outcome.

FIGURE 6: ADULTS SELF-REPORTING “FAIR” OR “POOR” HEALTH OUTCOMES



Source: University of Wisconsin Population Health Institute, County Health Rankings

When looking at self-reported overall health for Baker County and Oregon the rates of fair and poor health declined during 2020. This happened after Baker County experienced a sharp increase of fair or poor health in 2018.

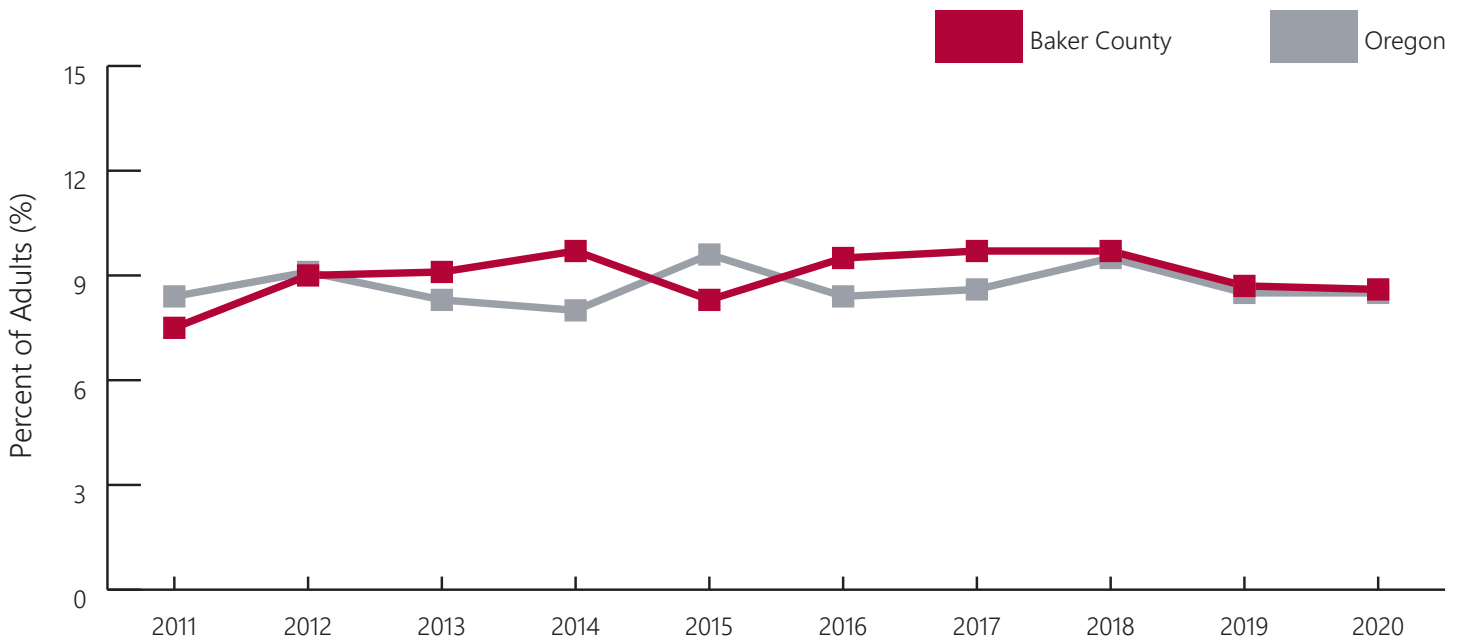


CHRONIC DISEASES

When looking at chronic diseases across the region, note that Baker County has such a small population that even a few individuals with a chronic disease diagnosis can change the estimation by multiple percentage points. Also note that diagnoses of all diseases likely decreased in 2020 because people delayed care due to the COVID-19 pandemic.

Diabetes diagnoses increased steadily from 2004 to 2008 and has varied somewhere between 7.5% and 9.7% each year since then. This increase matches the progress of the disease nationally.⁷ Generally, diabetes is more prevalent American Indian/Alaska Native, Black (non-Hispanic), and Hispanic populations.⁸

FIGURE 7: DIAGNOSED DIABETES

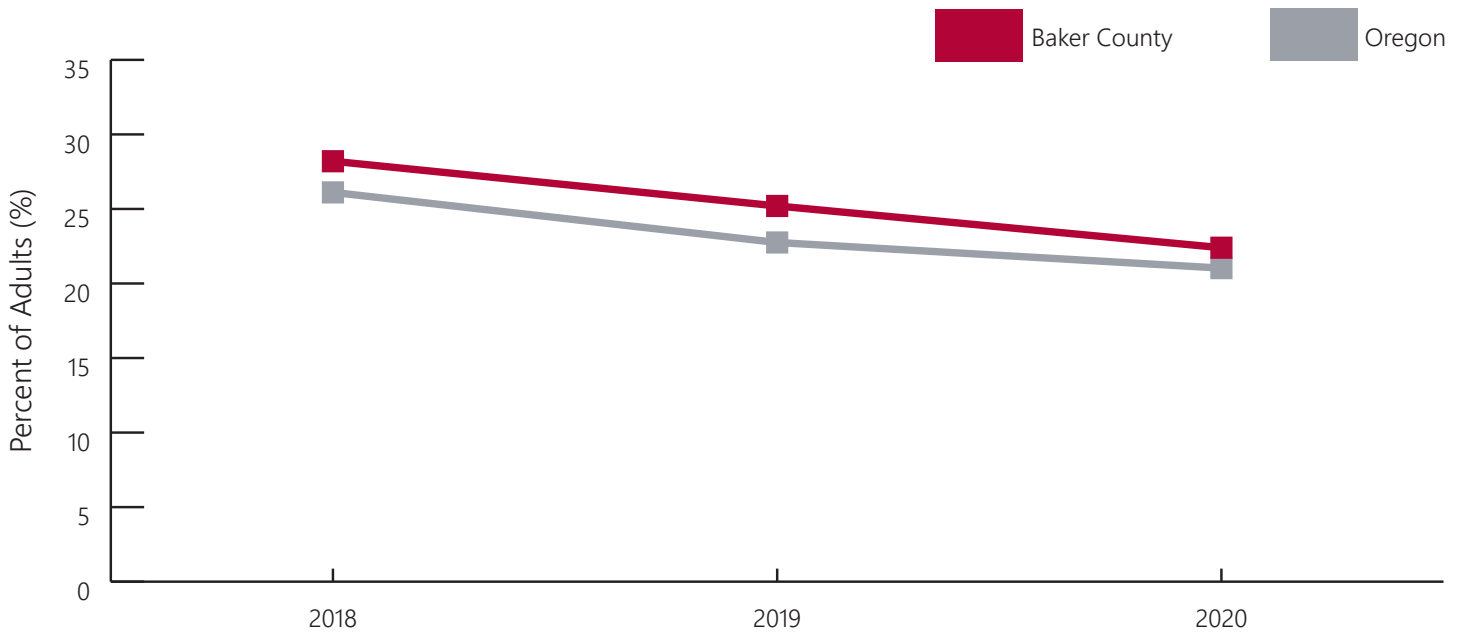


Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

The percentage of adults with arthritis in Baker County dropped at similar rates as the state average between 2018 and 2020. Baker County dropped by 5.8% and Oregon dropped by 5.1%.



FIGURE 8: ARTHRITIS



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

The percentage of adults in Baker County ever having cancer, coronary heart disease, or chronic kidney disease have each experienced a change of less than 1% since 2018.

TABLE 3: CHRONIC DISEASES

Percent of adults who have ever had:	2018	2019	2020
Cancer	6.6%	6.6%	6.1%
Coronary Heart Disease	6.7%	5.8%	5.8%
Chronic Kidney Disease	2.8%	2.8%	2.7%
High Blood Pressure	No data	29.3%	No data

Source: Centers for Disease Control and Prevention, PLACES

CHNA RESPONDENTS TOP FIVE POOR HEALTH OUTCOMES

When the Baker survey respondents were asked to identify the top five health concerns to their family, and their community, respondents identified the following:

- Their Family/Support System
 - Mental Health (33.3%)
 - Aging Health Concerns (27.2%)
 - Access to Health Care (27.2%)
 - Dental/Oral Health (24.2%)
 - COVID-19 (18.1%)

- Their Community
 - Mental Health (60.0%)
 - Access to Health Care (36.3%)
 - Aging Health Concerns (33.3%)
 - COVID-19 (30.3%)
 - Cancer, Dental/Oral Health, & Obesity/ Overweight (each at 12.1%)

These topics align with key themes from the interviews and community focus groups with an emphasis on mental health, access to health care, and concerns for the aging.

HEALTH CARE: ACCESS AND AFFORDABILITY

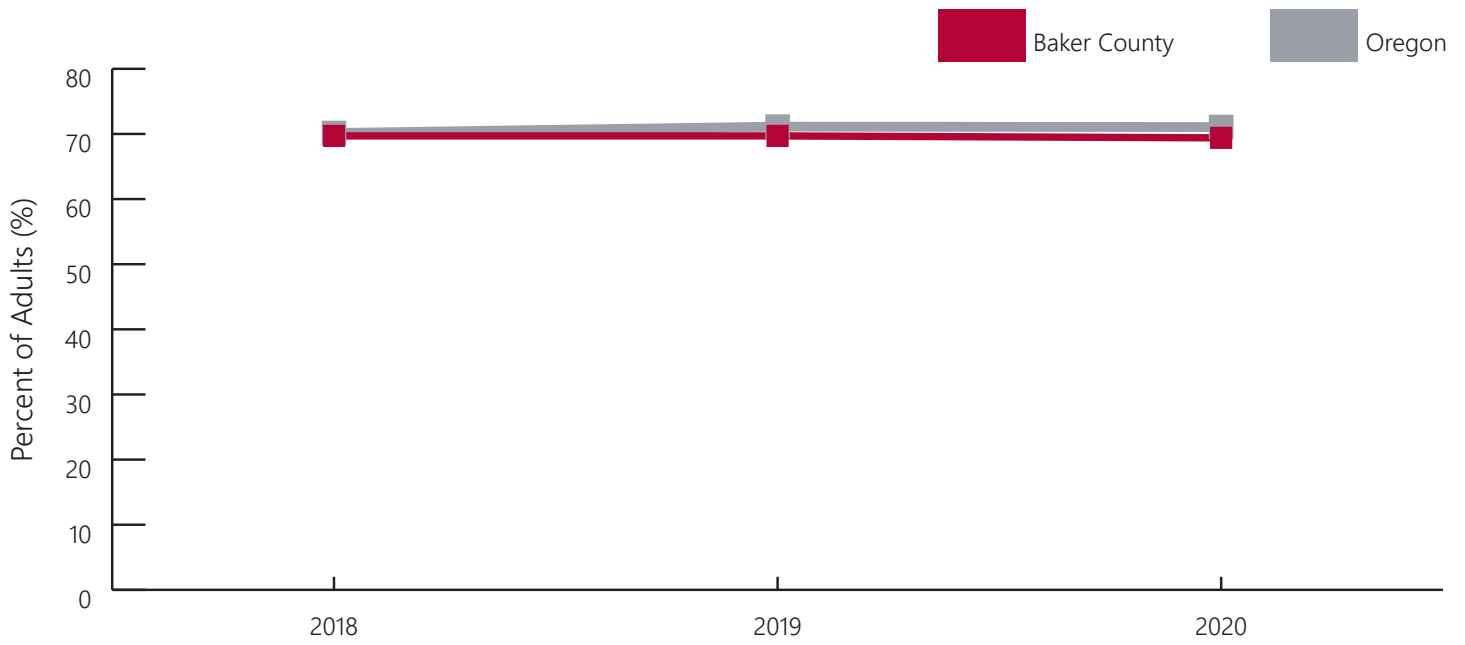
Access to health care is defined as the “timely use of personal health services to achieve the best possible health outcomes” by the National Academies of Sciences, Engineering, and Medicine.⁹ There are many barriers people may face preventing or limiting their ability to access health care services, which can lead to increases in poor health outcomes and impact overall health equity. Barriers to health care services mentioned by CHNA respondents include limited number of providers, long waits for appointments, inconvenient operating hours, insurance issues, lack of awareness, and costs associated with care.

HEALTH AND SOCIAL SERVICES

Overall, Baker County is below the state average of individuals reporting a routine checkup with a medical provider. Similar findings can be seen among seniors receiving their core preventative services by sex and age compared to the state. Additionally, Baker County CHNA respondents reported insufficient mental health, substance misuse and abuse, and general health care services in the region, with many traveling to larger cities in Idaho or further west in Oregon for specialty care.



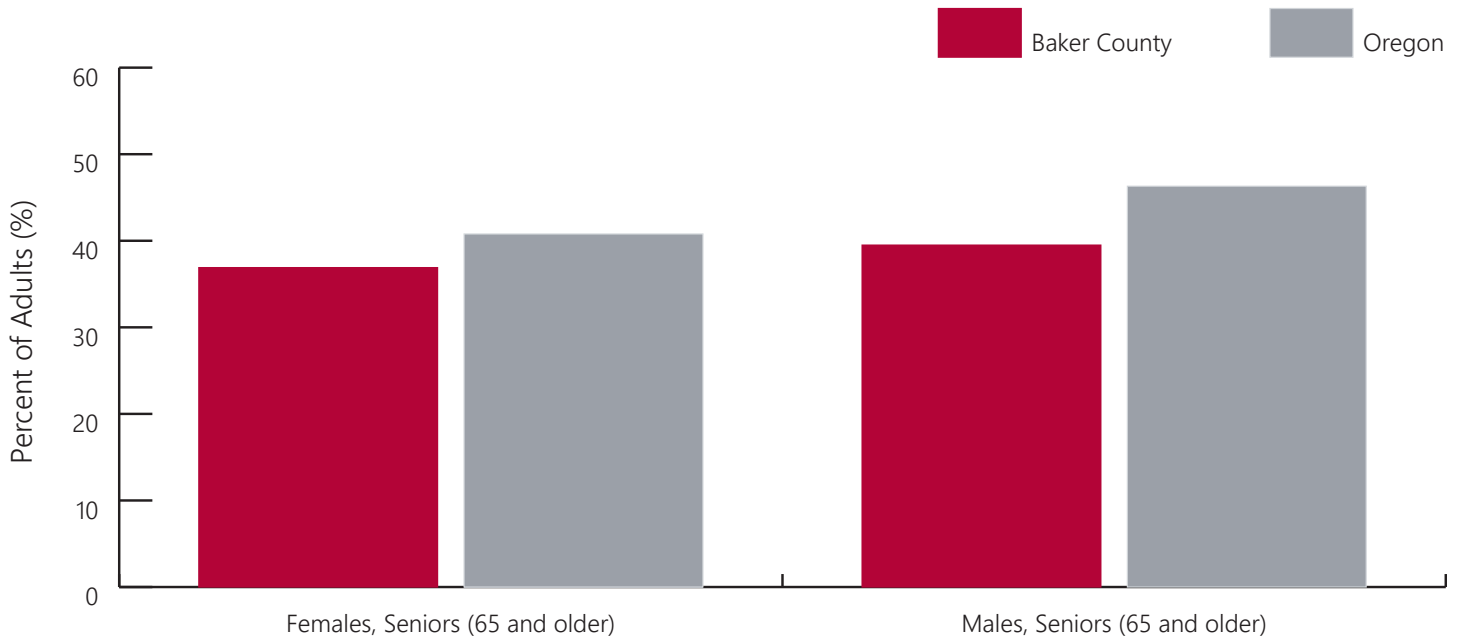
FIGURE 9: VISITED DOCTOR FOR ROUTINE CHECKUP



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

In Baker County there are approximately 65 primary care physicians per 100,000 individuals, which is much lower than the statewide average of 109 physicians.¹⁰ This presents an additional challenge when looking for a provider who accepts Medicaid or Medicare, or has interpreter or translations services for non-English speakers or those who are deaf or hard of hearing.

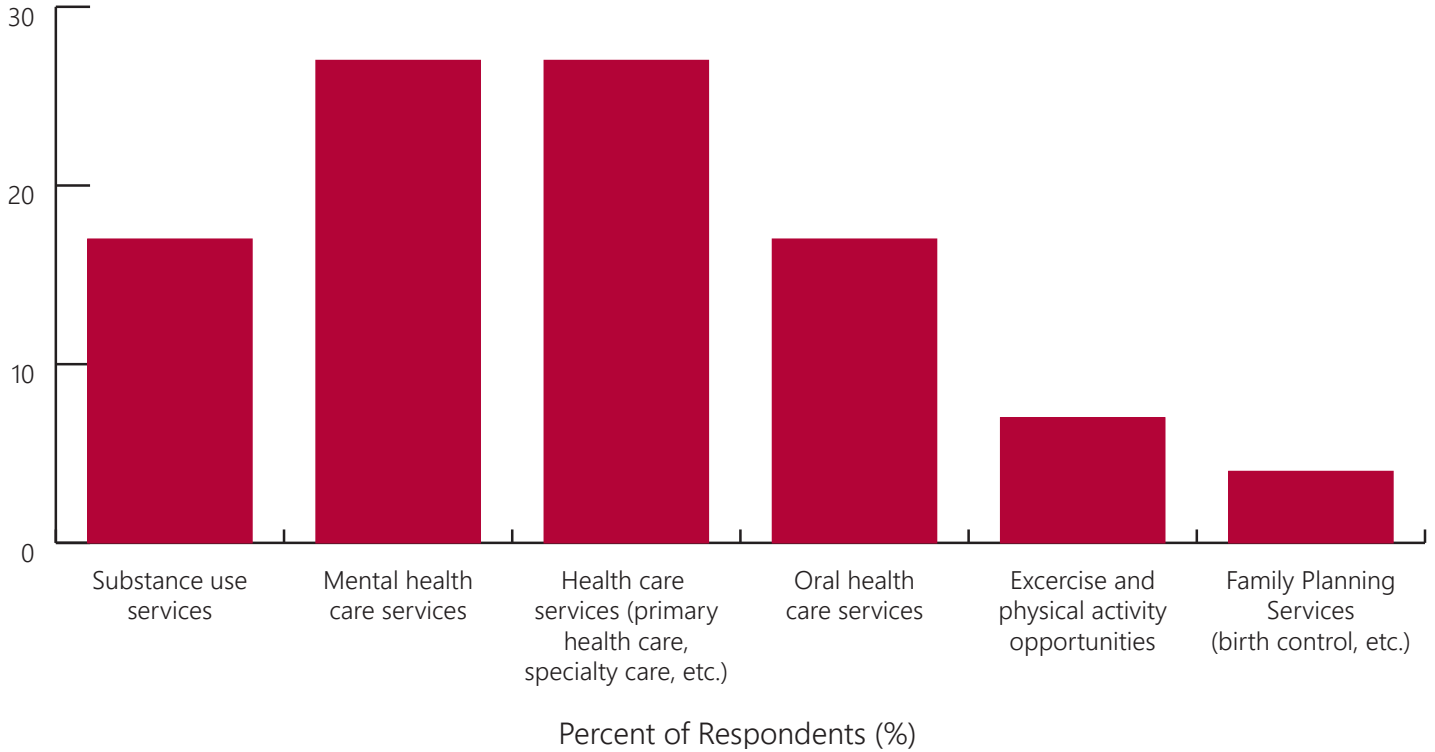
FIGURE 10: SENIORS UP TO DATE ON CORE PREVENTATIVE SERVICES BY SEX AND AGE, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System



FIGURE 11: CHNA REGIONAL SURVEY, WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY?



Source: CHNA Community Data, 2022

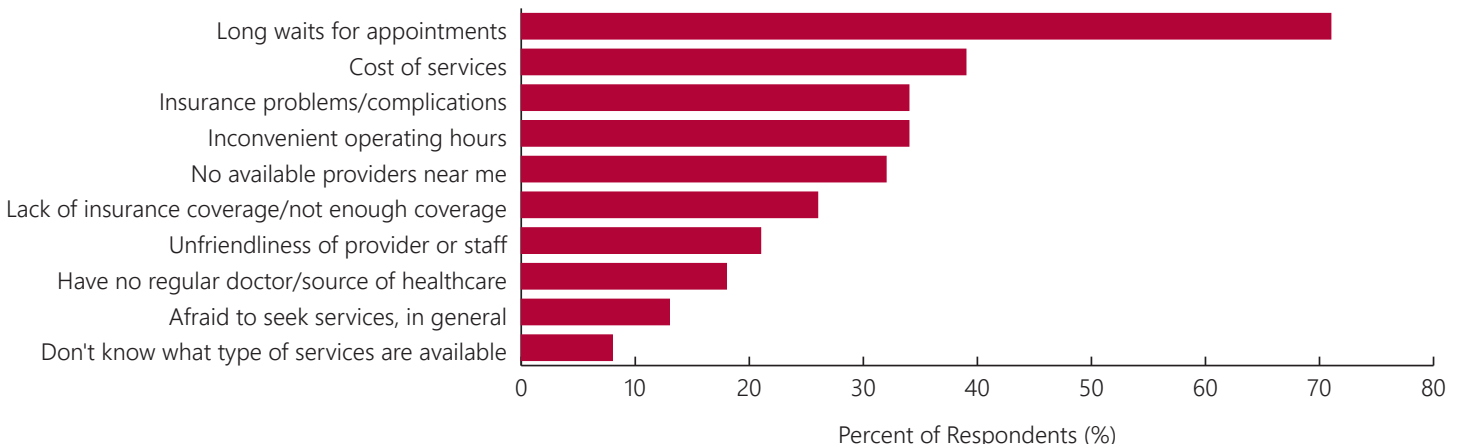
There are many reasons why an individual may not be able to access or utilize health care services in the county. CHNA respondents reported cost of services, insurance issues such as lack of coverage or not enough coverage, language or cultural differences, and long wait times for appointments as barriers to accessing needed health or social services.

“People are going without dental care, eye care, and other services just to meet cost of living for necessities.”

– Baker County Resident



FIGURE 12: CHNA REGIONAL SURVEY, CHALLENGES ACCESSING HEALTH OR SOCIAL SERVICES



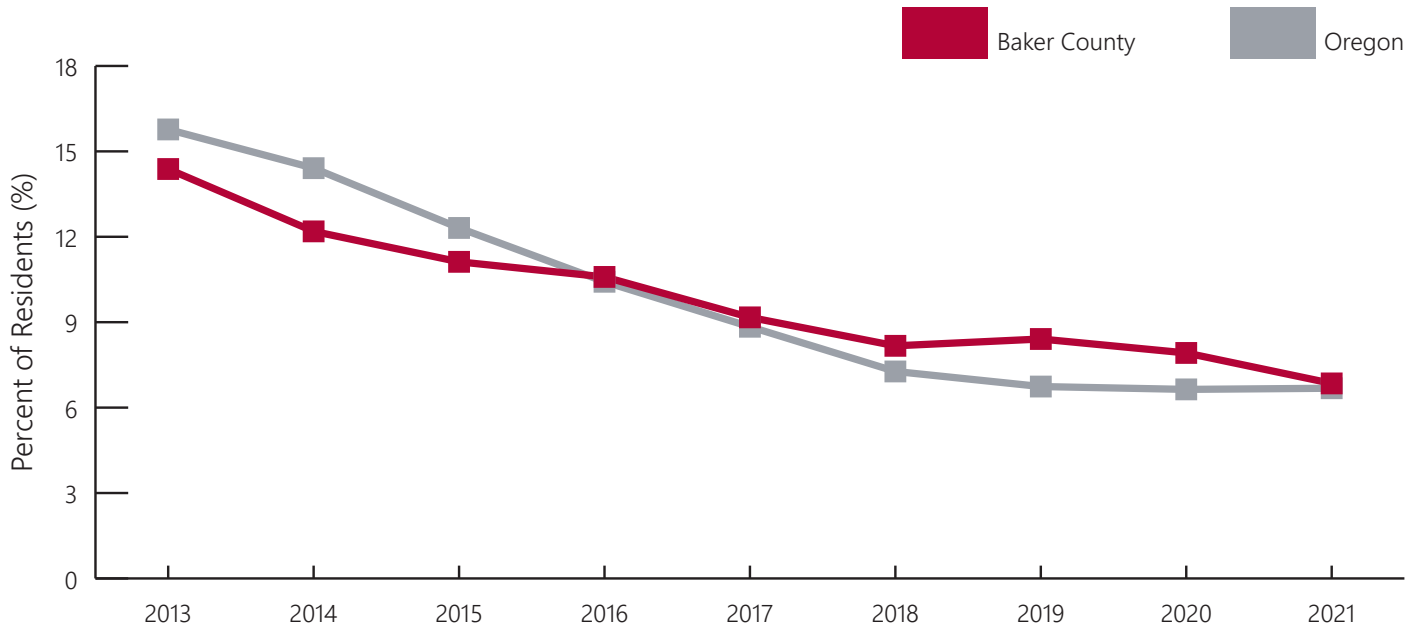
Source: CHNA Community Data, 2022

INSURANCE

Insufficient health insurance or lack of insurance coverage tends to be one of the largest barriers reported to receiving much needed health care.

The percentage of all Oregon residents who are uninsured has trended down since 2012. Baker County experienced this same trend and in 2021 had the same percentage of uninsured population as the statewide average.

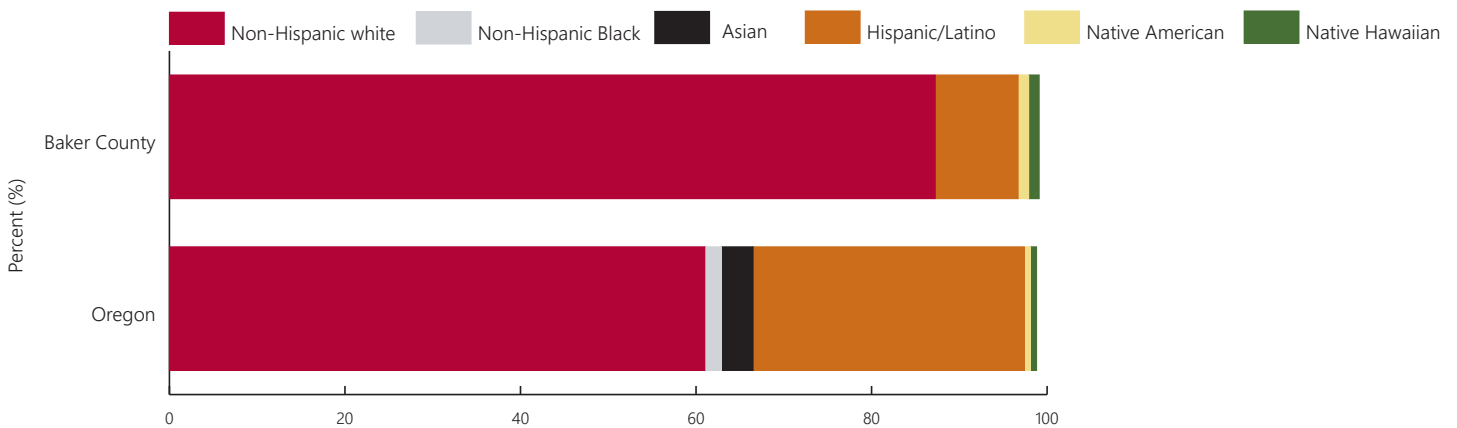
FIGURE 13: UNINSURED RATE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Inequities often exist in health insurance access and coverage based on age and race. Around 4.8% of the Baker County population is Hispanic or Latino, while 9.5% of the uninsured population is Hispanic or Latino. Though disproportionate, it is better than the statewide average.

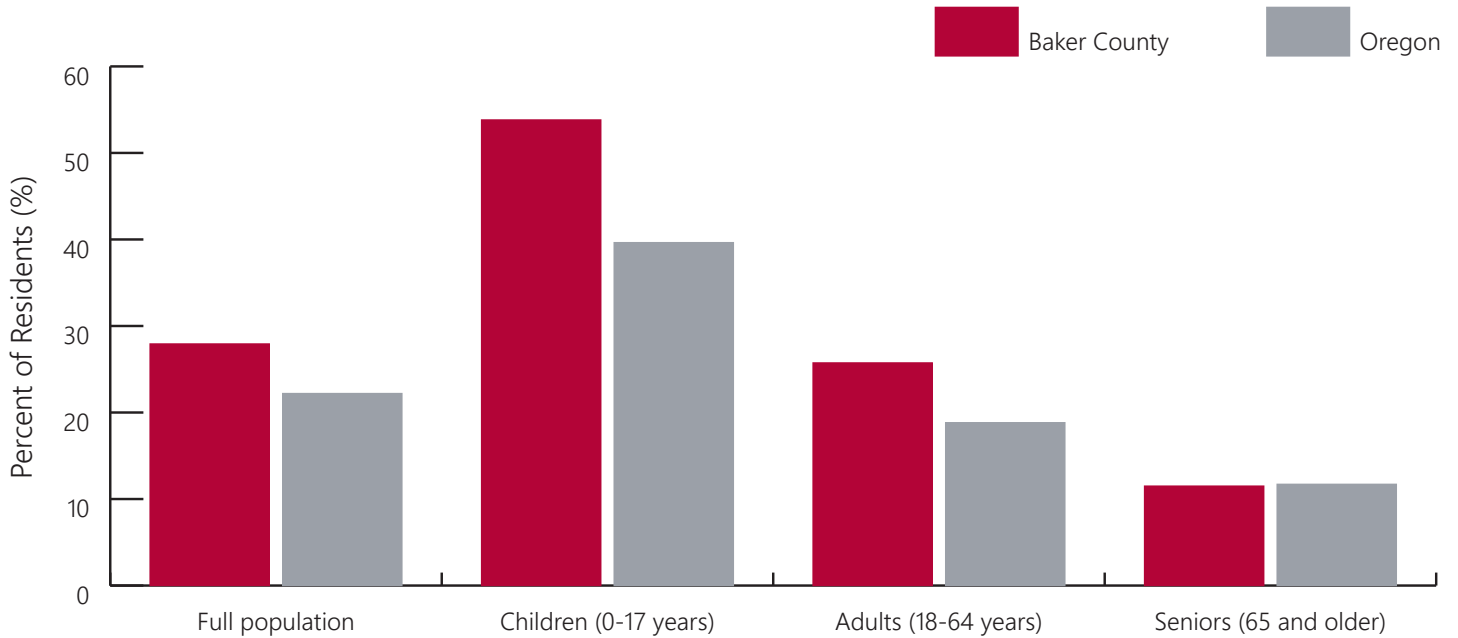
FIGURE 14: UNINSURED RATE BY RACE/ETHNICITY, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

The Medicaid program in Oregon grew by 59% after an expansion in 2014.¹¹ Federal expansion of the program during the pandemic also increased enrollment in the state. When the pandemic relief expired, Oregon expanded Medicaid coverage again, specifically for youth, so enrollment is anticipated to increase.¹² In Baker County, more than half of the population under 18 years old is enrolled in Medicaid compared to the state average of 39.6%.

FIGURE 15: MEDICAID COVERAGE BY AGE, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021



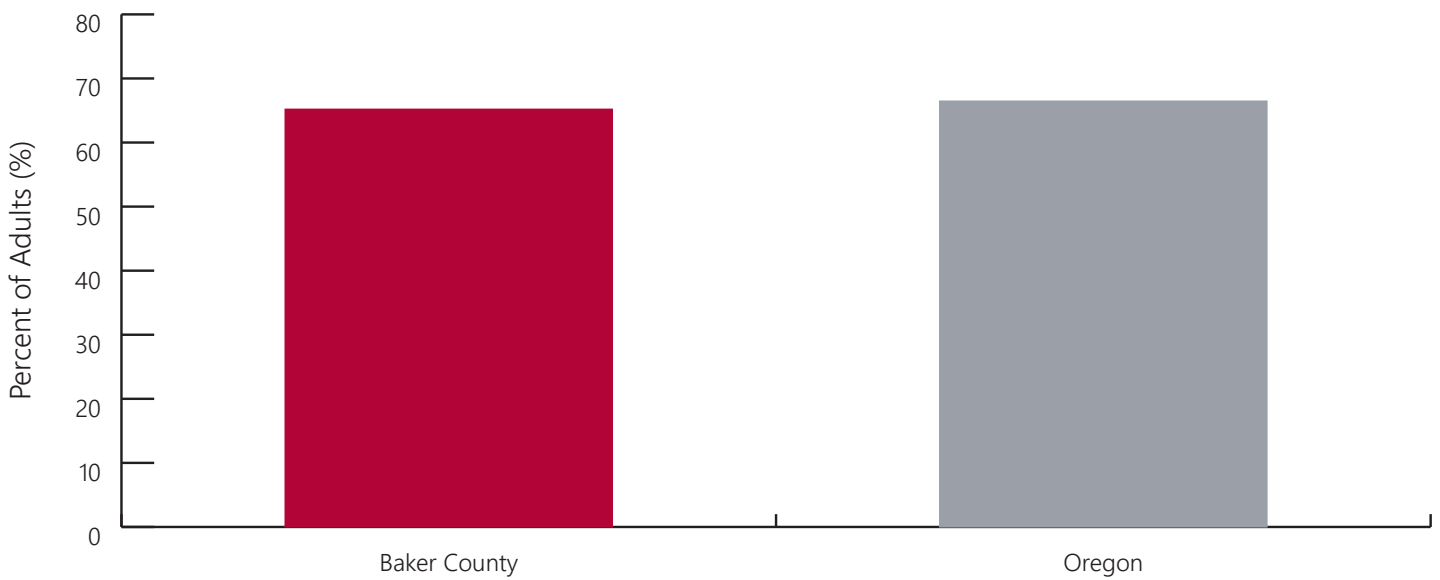
ORAL HEALTH

Oral health is an important component of overall health and well-being as it impacts physical health, medical costs, and quality of life. Many residents in Baker County do not have adequate access to oral health care and are considered to be in a dental health professional shortage area. CHNA respondents indicated that dentists are especially hard to find in Baker County with only one provider who accepts Medicaid or Medicare. Several people reported seeing dentists in other communities such as Ontario or LaGrande to avoid long wait times.

In 2022, there were 115 dentists per 100,000 residents in Oregon. For Baker County there were less with 89 dentists per 100,000.

Among adults in Oregon, more than 66% reported seeing a dentist in 2020. Baker County had a similar percentage with 65% reported seeing a dentist.

FIGURE 16: VISITED DENTIST, 2020



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System



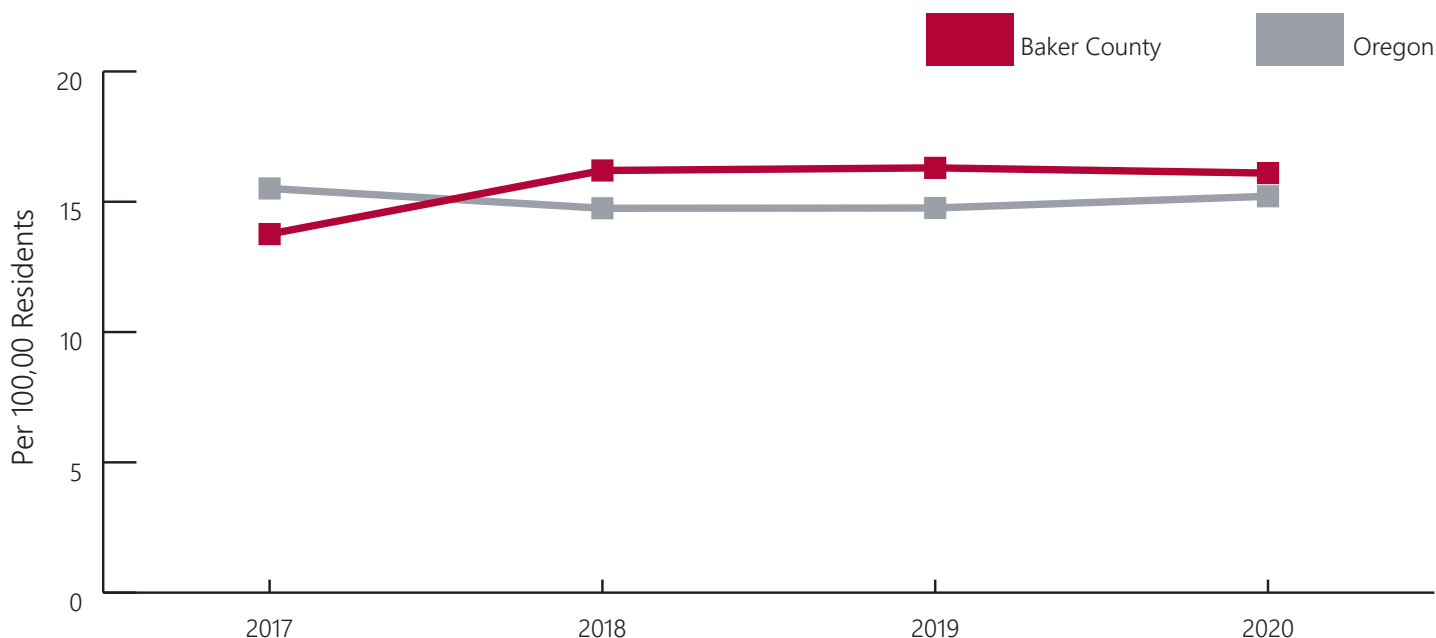
BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE MISUSE AND ABUSE

Behavioral health challenges can be attributed to many factors such as socioeconomic status, genetics, family stability, employment, and overall health and well-being. Behavioral health can impact an individual's ability to participate in health promoting behaviors and maintain their own health and well-being. Behavioral health encompasses both mental health and substance misuse and abuse because of how intertwined they are, with addiction being a form of mental illness and substance misuse and abuse being utilized as a self-prescribed treatment for mental illnesses. Behavioral health and physical health are directly related to each other and can have great implications on overall health outcomes for an individual and a community.

MENTAL HEALTH

Mental health was identified as a top need by community members in Baker County because of the lack of services available and resources. Rates of poor self-reported health remain above the statewide average and may be higher now as many CHNA respondents specifically indicated increased depression, anxiety, and feelings of isolation in both youth and adults as a result of the COVID-19 pandemic.

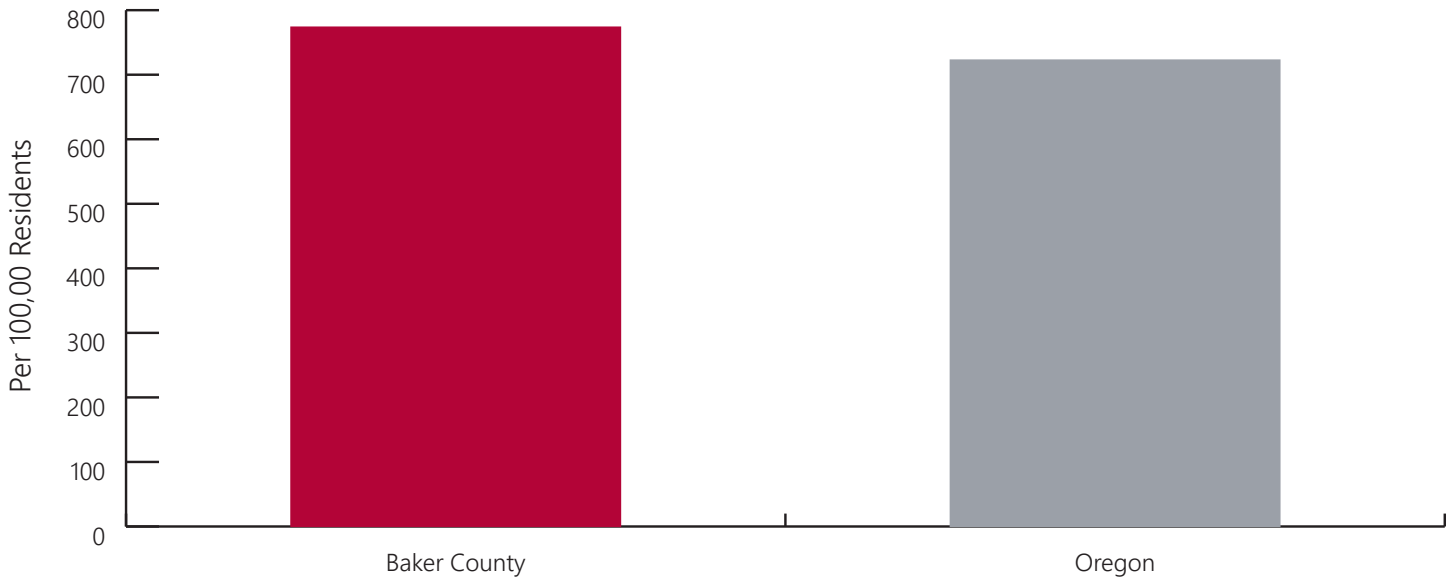
FIGURE 17: POOR SELF-REPORTED MENTAL HEALTH



Source: Centers for Disease Control and Prevention, PLACES

Baker County does have a higher rate of mental health providers per capita compared to the state. Baker County has a strong behavioral health provider in New Directions Northwest, providing outpatient programs, residential treatment, prevention, and alternative incarcerations programs. However, due to workforce shortages and high demand for services, community members may experience long wait times to get established with a provider.

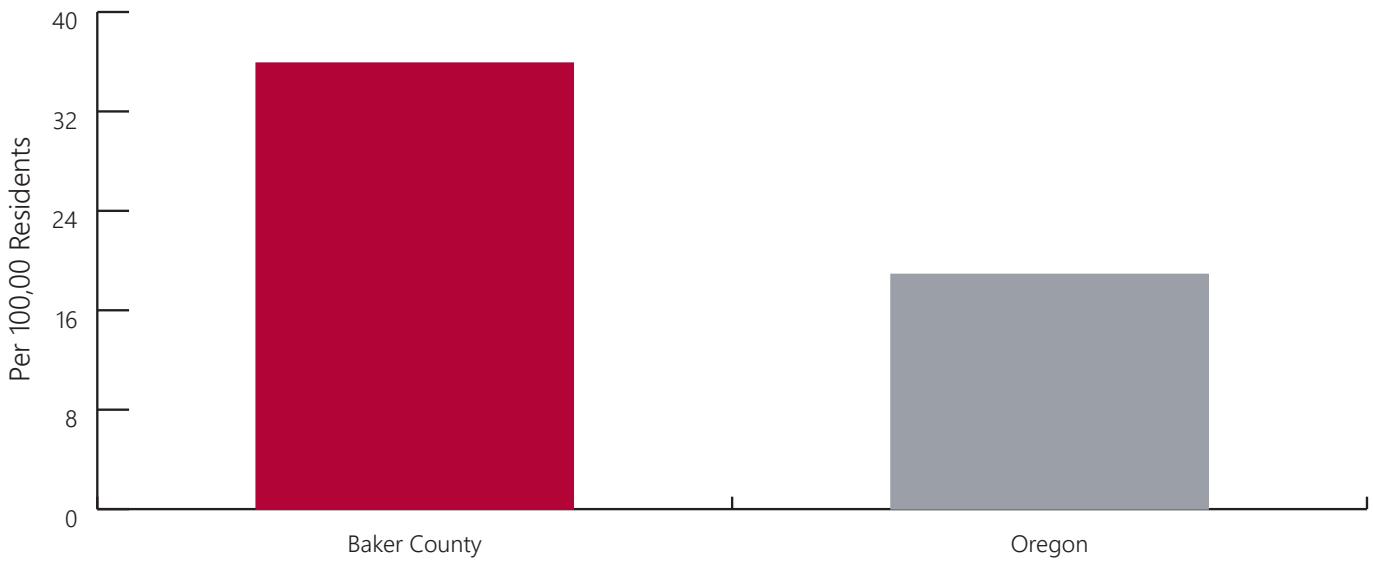
FIGURE 18: MENTAL HEALTH PROVIDERS PER CAPITA, 2021



Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, 2021

Survey data indicates that community members are concerned with their community’s response to overall mental health issues and how it impacts the ability to seek treatment. This stigma around mental health could influence suicide rates. Baker County has nearly twice the rate of suicide deaths per capita compared to the statewide average.

FIGURE 19: SUICIDE MORTALITY, 2016-2020

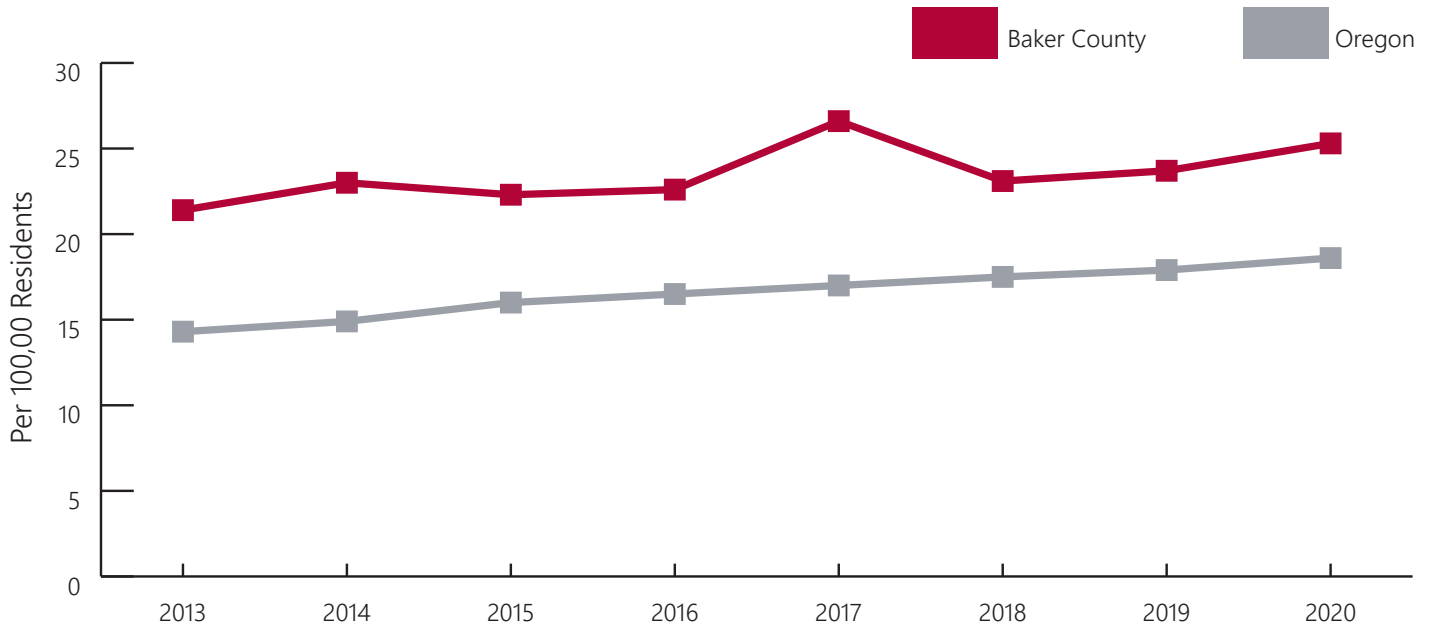


Source: Centers for Disease Control and Prevention, National Vital Statistics System

SUBSTANCE MISUSE AND ABUSE

Substance misuse and abuse continues to be a critical public health concern that impacts individuals, families, and their communities. Substance misuse and abuse disorders are multifaceted and can be impacted by biological, social, and environmental factors. Substance misuse and abuse disorders may impact serious health and social outcomes such as high rates of chronic diseases, cancer, and mental health, as well as violence, crime, housing instability, and financial hardships.

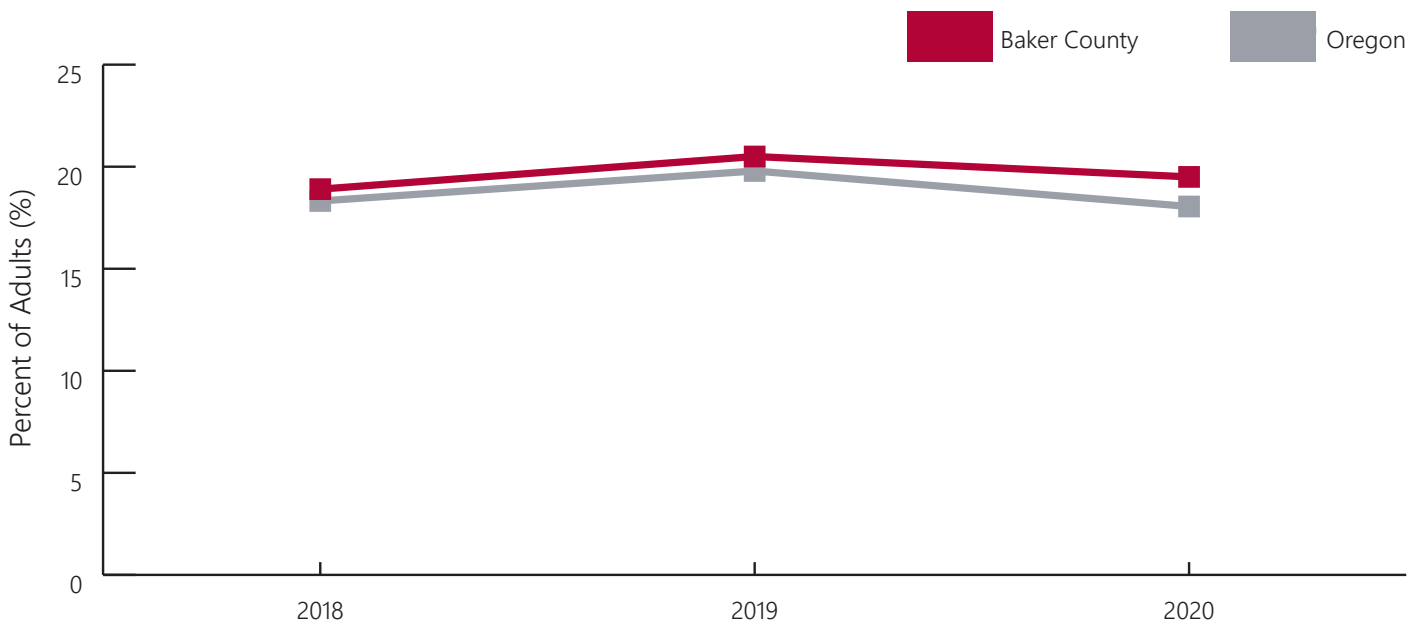
FIGURE 20: ALCOHOL RELATED MORTALITY



Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality

Alcohol is the most prevalent substance used nationwide and in Oregon. Figure 20 shows a steady increase in the deaths per 100,000 caused by alcohol across Baker County and in Oregon while Figure 21 shows binge drinking habits have started trending downward from 2019 to 2020.

FIGURE 21: BINGE DRINKING



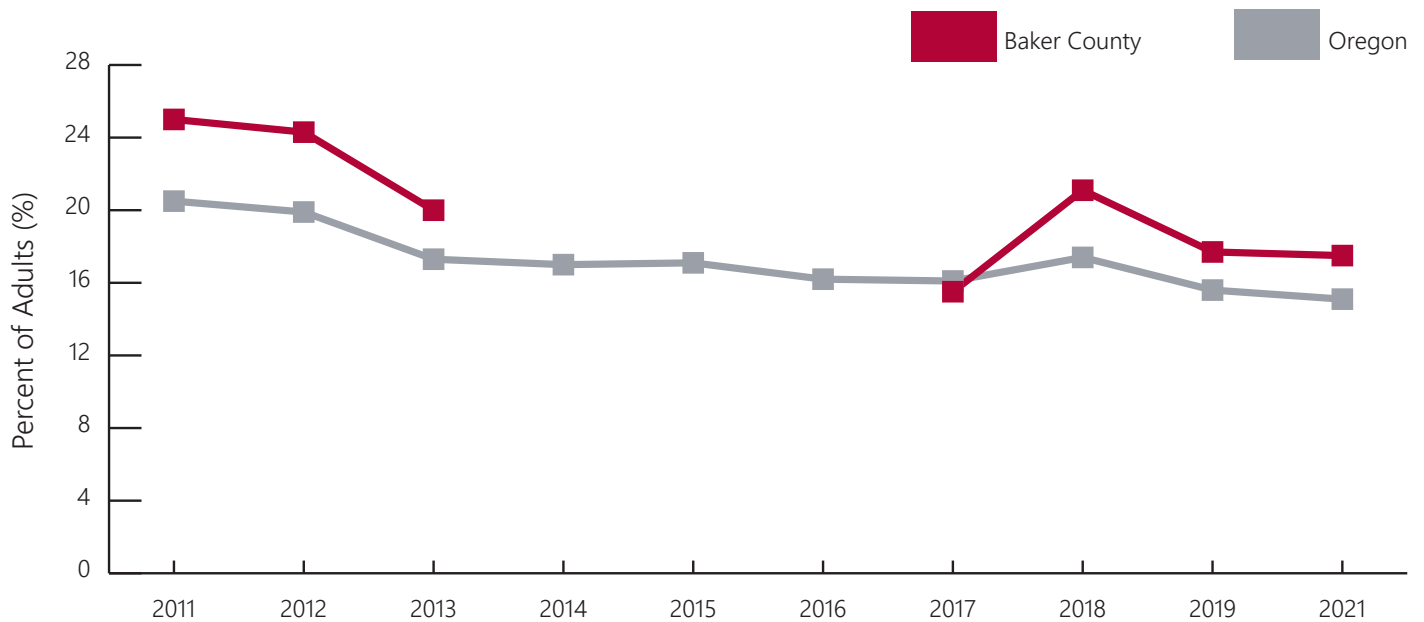
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

When looking at survey data collected on substance misuse and abuse, community members report concern for individuals' ability to seek treatment for substance use, methamphetamine usage, drug use among adults, and stigma associated with receiving treatments. In the focus groups and interviews it was commonly discussed how substance misuse and abuse and mental health are closely connected and that a community cannot address one issue without acknowledging the other.

When community members were specifically asked about youth substance misuse and abuse the majority reported high concern, specifically for vaping in youth populations.

Overall, cigarette tobacco use has been on the downward trend based on current data, which does not include e-cigarettes or vaping. There has been a slight increase seen from 2017-2018. In addition, the data currently available does not isolate vaping among specific populations, such as youth in the community. Only time will be able to tell the impacts of vaping on the community and youth populations in Oregon. However, the national data on youth tobacco use can be used as an indicator to understand the growing use seen in youth today. The 2022 National Youth Tobacco Survey (NYTS) found that 16.5% of high school students reported utilizing a tobacco product in the past 30 days and e-cigarettes/vaping being the most common product utilized.

FIGURE 22: CIGARETTE SMOKING PREVALENCE



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020

Note: Data for 2014-2016 is incomplete and not included in the BRFSS data

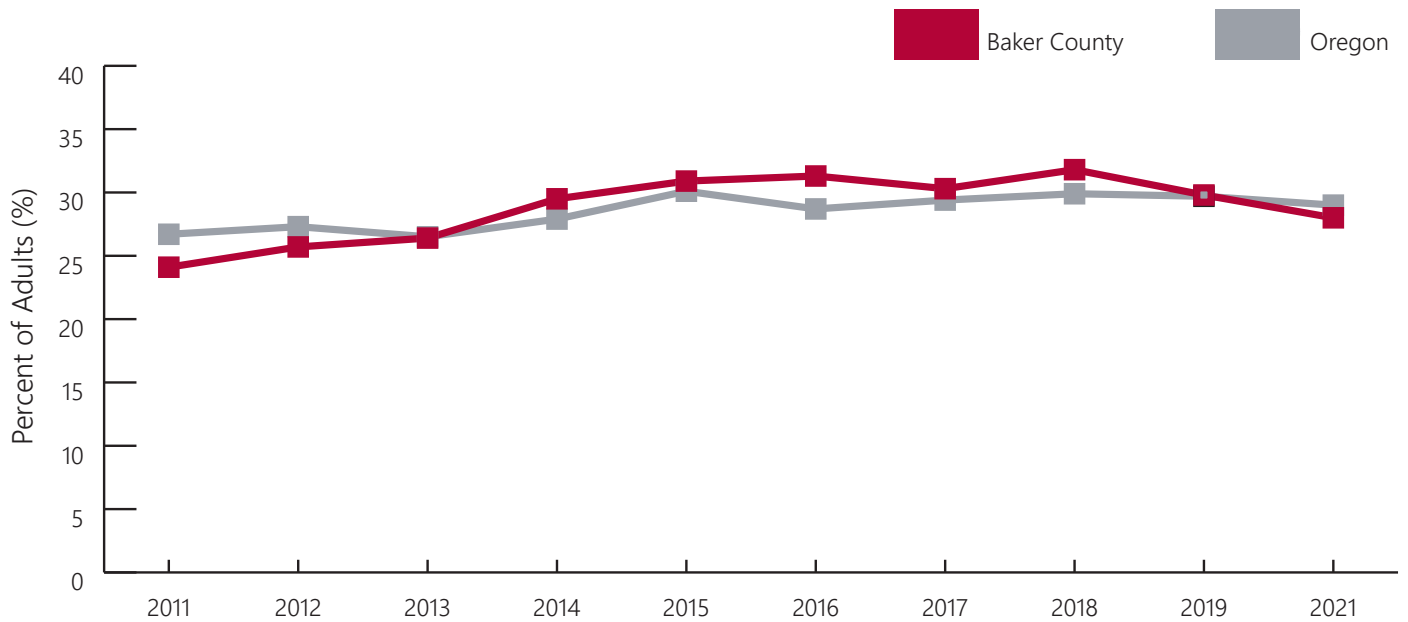
The recent passing of Measure 110 was a discussion topic for many CHNA respondents. Measure 110 reduced the penalties associated with possession of illegal drugs in Oregon. For those in possession of large amounts of the drugs, the penalty was reduced to a fine of \$6,250 and up to 364 days of imprisonment. Those caught with smaller amounts of the drugs now are either charged a \$100 fine or have the option to seek recovery. Measure 110 also created a grant program to help addiction recovery centers expand their services to account for those who choose to seek recovery over paying the fine.¹³ Some respondents were concerned about people choosing the fine over seeking treatment at all, but more were concerned about having sufficient resources and capacity to meet the potential influx of those seeking treatment. CHNA respondents also commented on the impacts of the legalization of recreational marijuana use in Oregon and the significant number of marijuana dispensaries in nearby Malheur County. To date, Baker County has not permitted dispensaries in the region.

HEALTHY BEHAVIORS: PHYSICAL ACTIVITY AND ACTIVE TRANSPORTATION

Healthy behaviors can include fruit and vegetable consumption, receiving flu vaccines, and participating in cancer screenings or other preventative health care services in addition to physical activity. Public data on fruit and vegetable consumption, as well as vaccination data is not updated frequently enough to include in this report. Conversely, screening data is too robust to include but can be found on the Idaho Oregon Community Health Atlas.

Body weight can be impacted by genetic, behavioral, and hormonal influences, and obesity is a complex medical condition. Rates of individuals who are affected by obesity have continued to rise across Baker County.

FIGURE 23: OBESITY

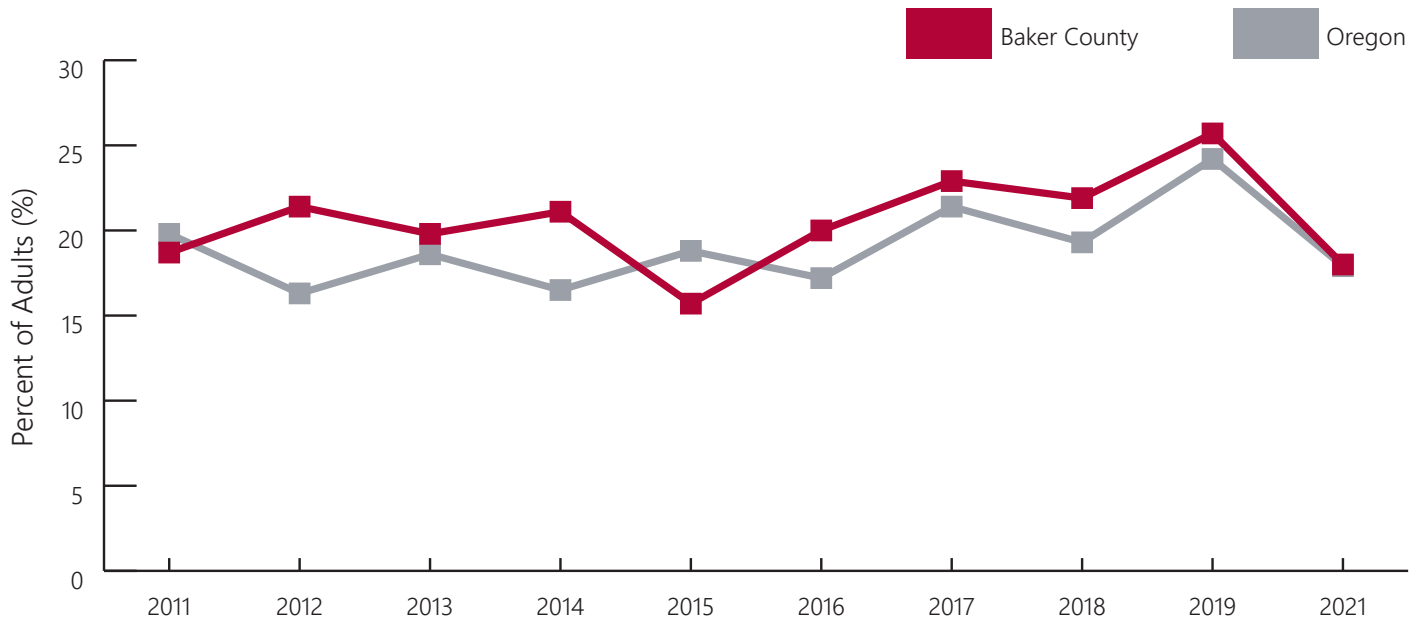


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Baker County has similar rates of adult obesity as the Oregon average. While obesity is impacted by a number of factors, some ways to combat obesity are through exercise and active transportation such as walking or biking. Overall, Baker County reports similar exercise outside of work obligations compared to the state.



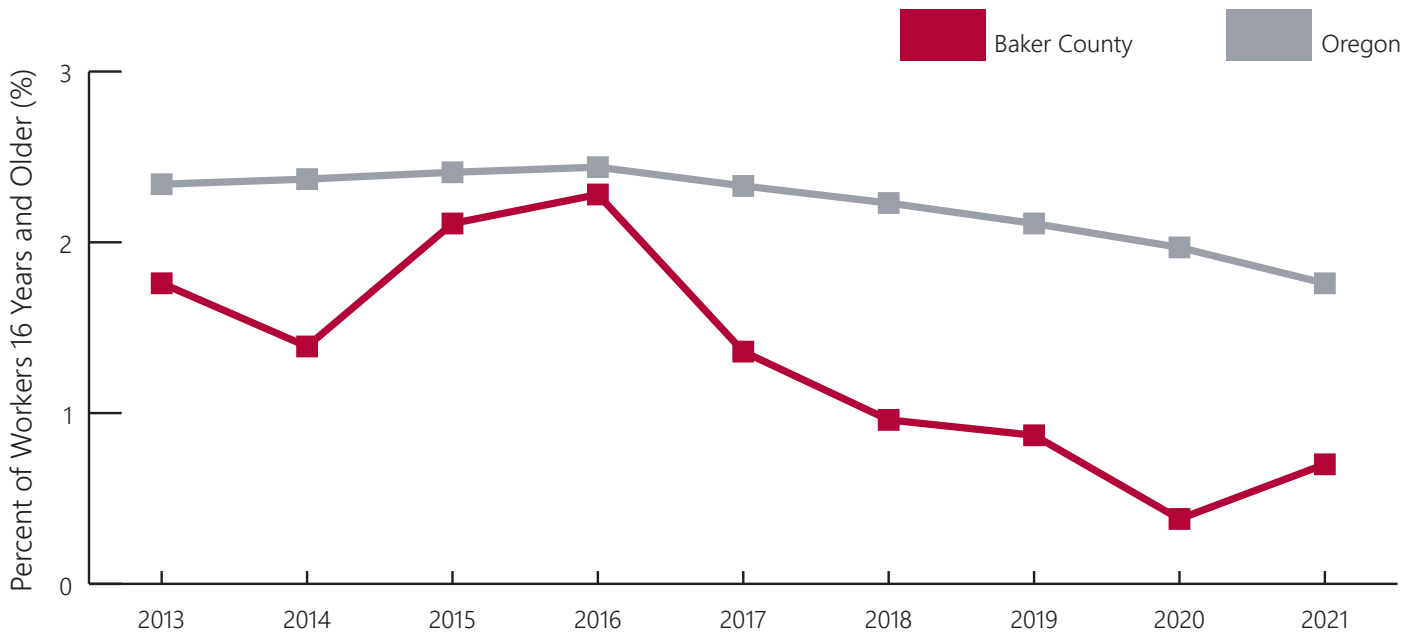
FIGURE 24: NO EXERCISE



Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

Baker County tends to have less bike to work activity compared to the rest of the state as is expected in a more rural community.

FIGURE 25: BIKE TO WORK



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH

FINANCIAL STABILITY

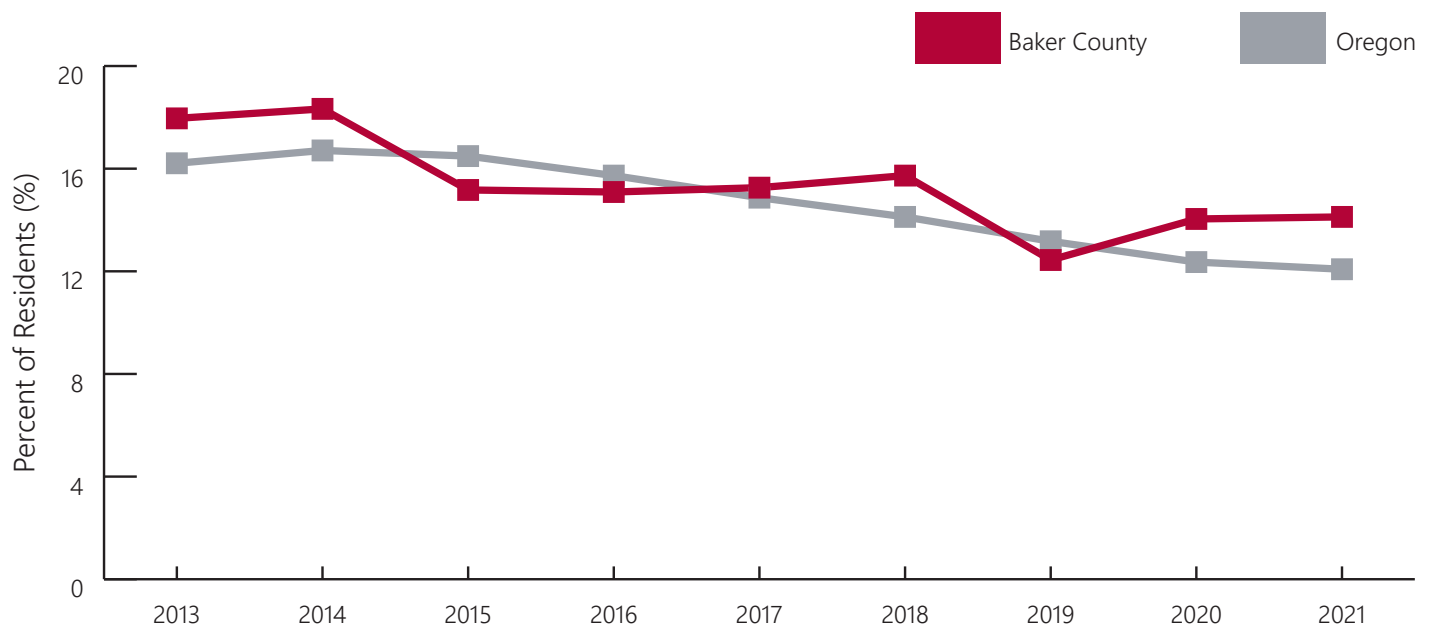
Financial stability reflects a person’s ability to find stability through resources requiring money, including housing, food, education, and health care. The following section discusses the financial stability of the residents of Baker County.

POVERTY

The Federal Poverty Level (FPL), is a measure of income issued annually by the Department of Health and Human Services used to determine eligibility for programs and benefits.¹⁴ Although the FPL is used to measure a resident’s ability to financially meet basic needs, it is not an exclusive measure of financial struggle. The FPL is also calculated for the entire 48 contiguous states grouped together and it cannot account for variation across states, nor county or city. This means that a region, such as Baker County, may have a much different cost of living than the national average the FPL was based on. In Baker County, many low-income households may fall above the FPL and still struggle to make ends meet.

The number of residents living under the FPL has been steadily declining in Oregon and Baker County for many years, although an increase in recent years has pushed Baker County’s poverty rate back above the state average.

FIGURE 26: POVERTY RATE

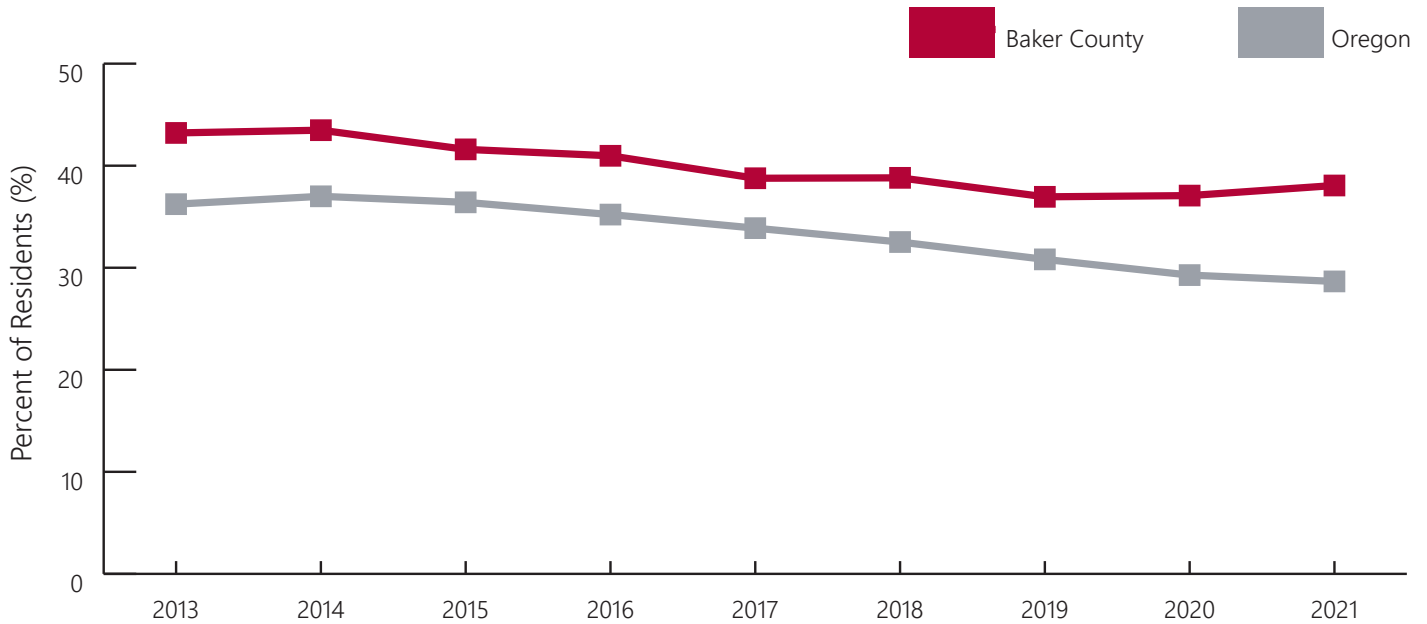


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Baker County also has higher than state average poverty rates among young and middle-aged adults (ages 18-64), indicating that those groups may be more vulnerable to financial instability in the area. CHNA respondents in the region commonly mentioned youth, seniors, and economically marginalized groups as being vulnerable populations disproportionately affected by financial challenges, such as housing burden, food insecurity, and trouble paying for health care.

Living with an income below two times (200% of) the FPL is another less severe indicator of financial stress. The percentage of residents living below 200% of FPL was declining in Baker County for many years although the county still had higher percentages of residents living with incomes below 200% of the FPL than statewide. In recent years, the county has seen a slight increase in residents living below 200% of FPL, widening the gap between the county and the state.

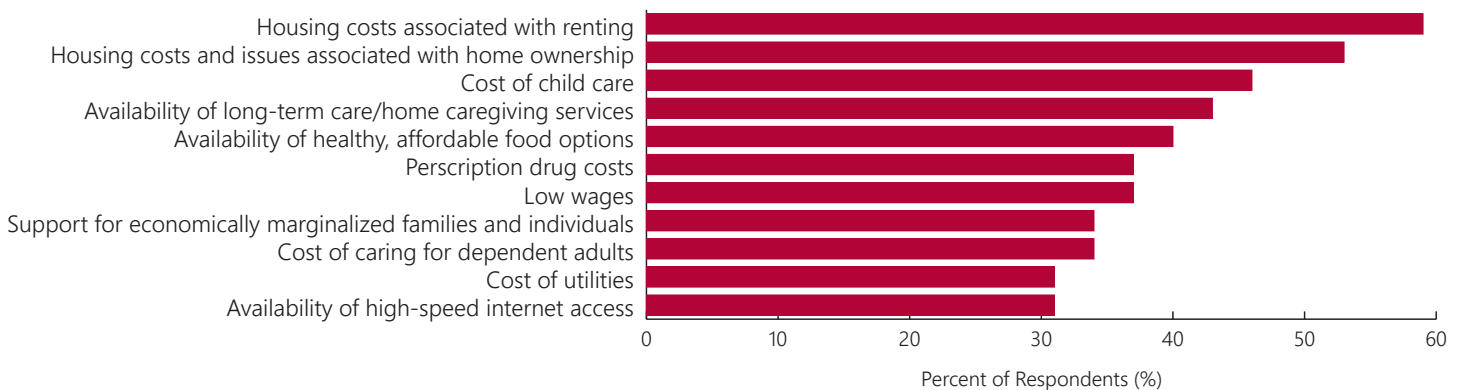
FIGURE 27: BELOW 200% OF POVERTY LEVEL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

When asked about their greatest cost of living concerns, most Baker County survey respondents ranked housing costs associated with both ownership and renting as their top concerns, followed by low wages. These responses are closely interconnected with the other response options as housing costs and low wages may have spillover effects, making it more difficult for households, especially economically marginalized households, to allocate funds toward dependent care, food, and health care.

FIGURE 28: CHNA REGIONAL SURVEY, COST OF LIVING - ISSUES LISTED AS 'HIGH CONCERN'



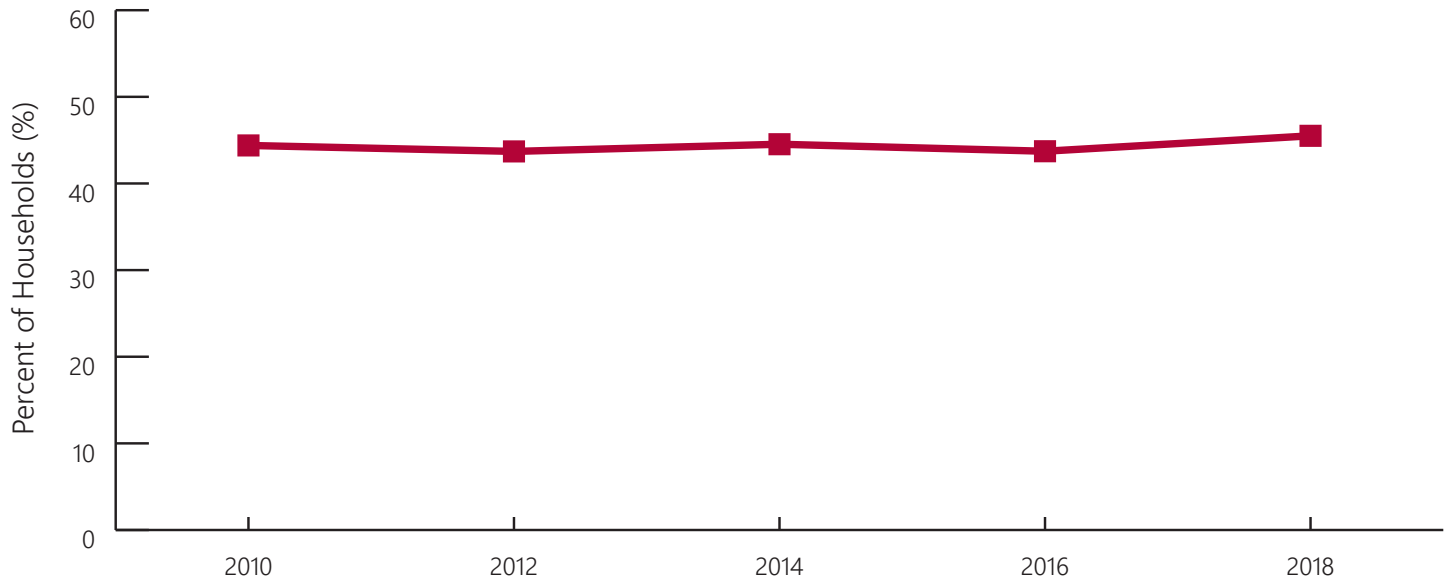
Source: CHNA Community Data, 2022

ALICE

Nationally, the United Way coined the term “ALICE” to refer to Asset Limited, Income Constrained, Employed individuals. The calculation of ALICE levels, last updated for 2018, considers the localized costs for a variety of household necessities and the amount of income required for a bare minimum “survival budget” for each census tract.¹⁵

As of 2021, nearly half of all households in Baker County were struggling to meet basic needs.

FIGURE 29: HOUSEHOLDS BELOW ALICE THRESHOLD



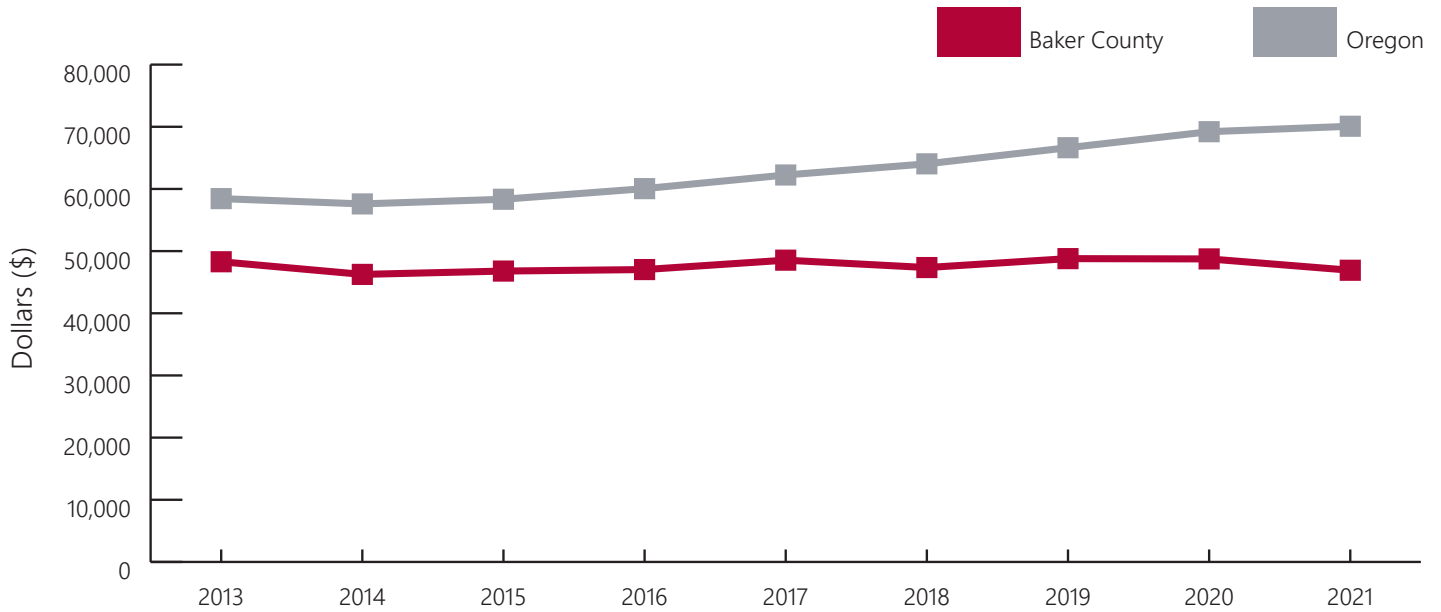
Source: United for Alice, ALICE State and County Demographics, 2021

INCOME

Wages in Baker County have remained relatively steady for many years, while wages in the state as a whole have risen rapidly, creating a significant and widening gap between the county and the state. This may in part be a result of a higher minimum wage in the Portland Metro area than in eastern rural Oregon counties although the minimum wage across the state has risen incrementally each year from 2016 to 2022.

***“There’s no middle class in Baker City. People are either super poor or have wealth”
– Baker County Resident***

FIGURE 30: MEDIAN HOUSEHOLD INCOME

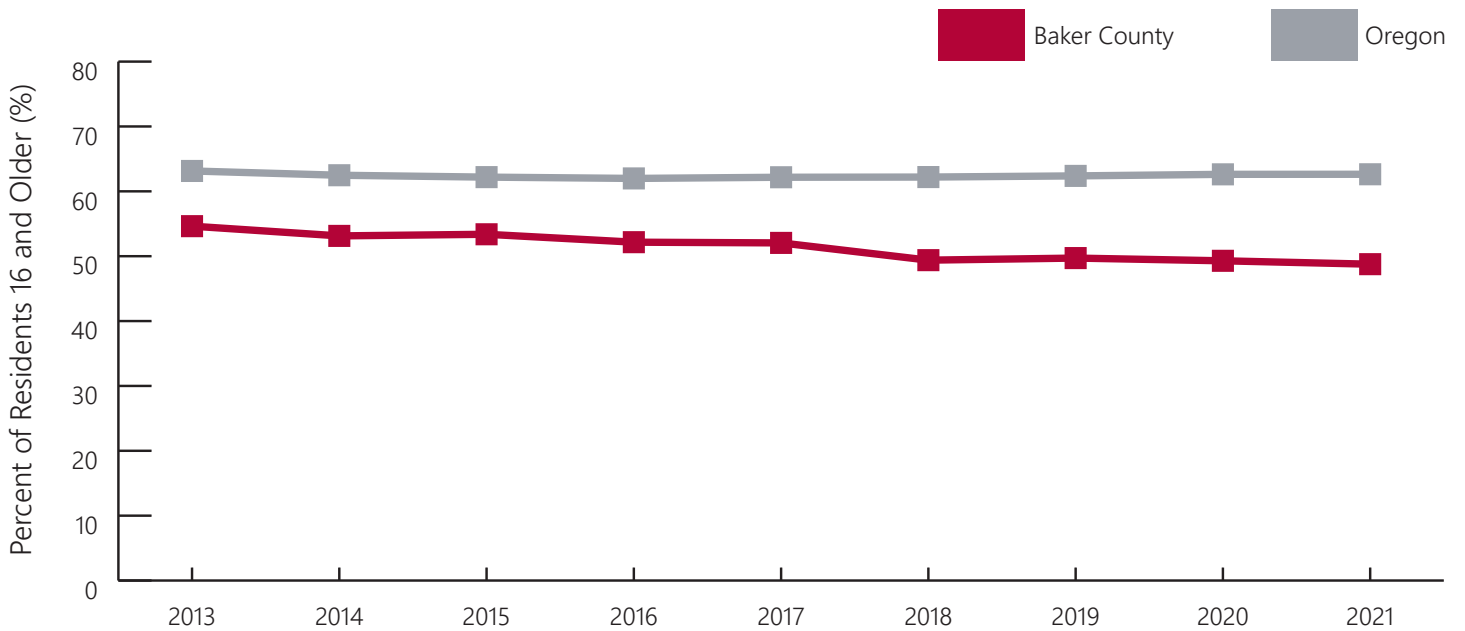


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

EMPLOYMENT

Labor force participation, defined as the percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment, is typically lower in Baker County than in the state, but has remained stable for many years. CHNA respondents often spoke of workforce shortages as a barrier to accessing services whose hours of operation have been reduced due to lack of available staff.

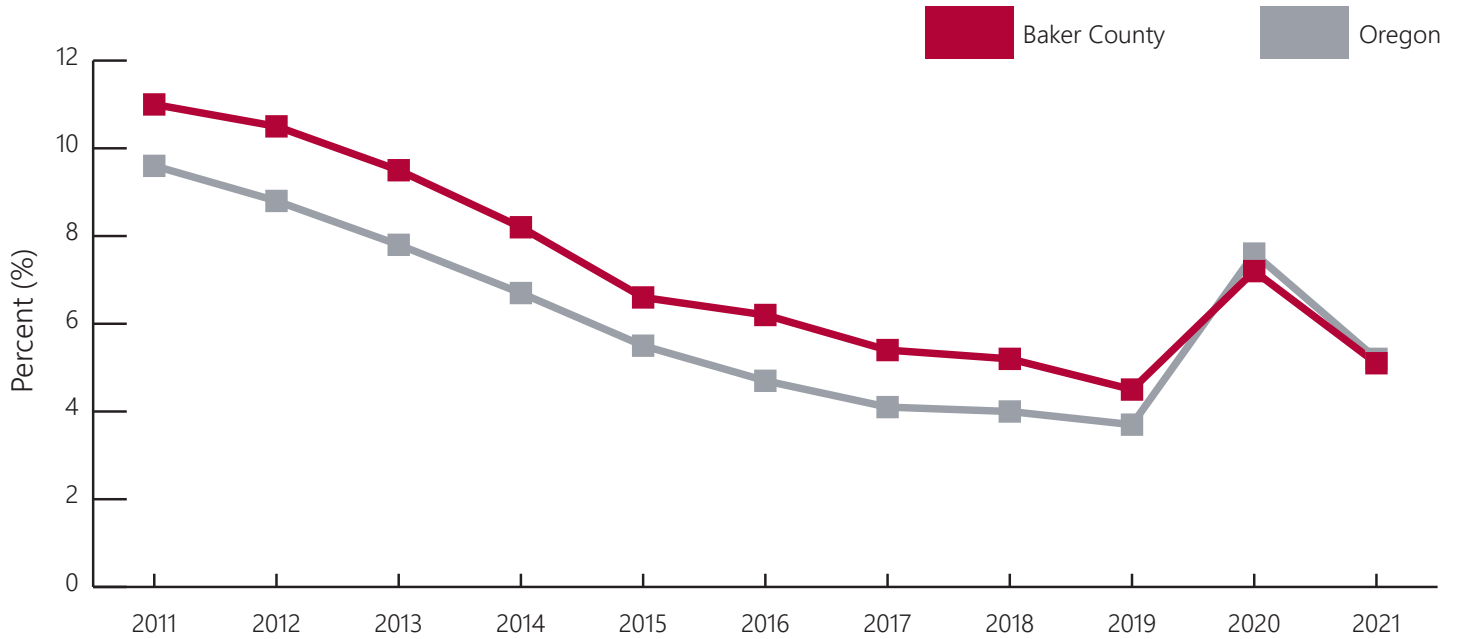
FIGURE 31: LABOR FORCE PARTICIPATION



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

The unemployment rate in Baker County was higher than the Oregon statewide rate for many years, but the gap closed as both Baker County and the state saw a sharp rise over the COVID-19 pandemic, followed by a sharp decline in 2021.

FIGURE 32: UNEMPLOYMENT RATE (BLS)



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

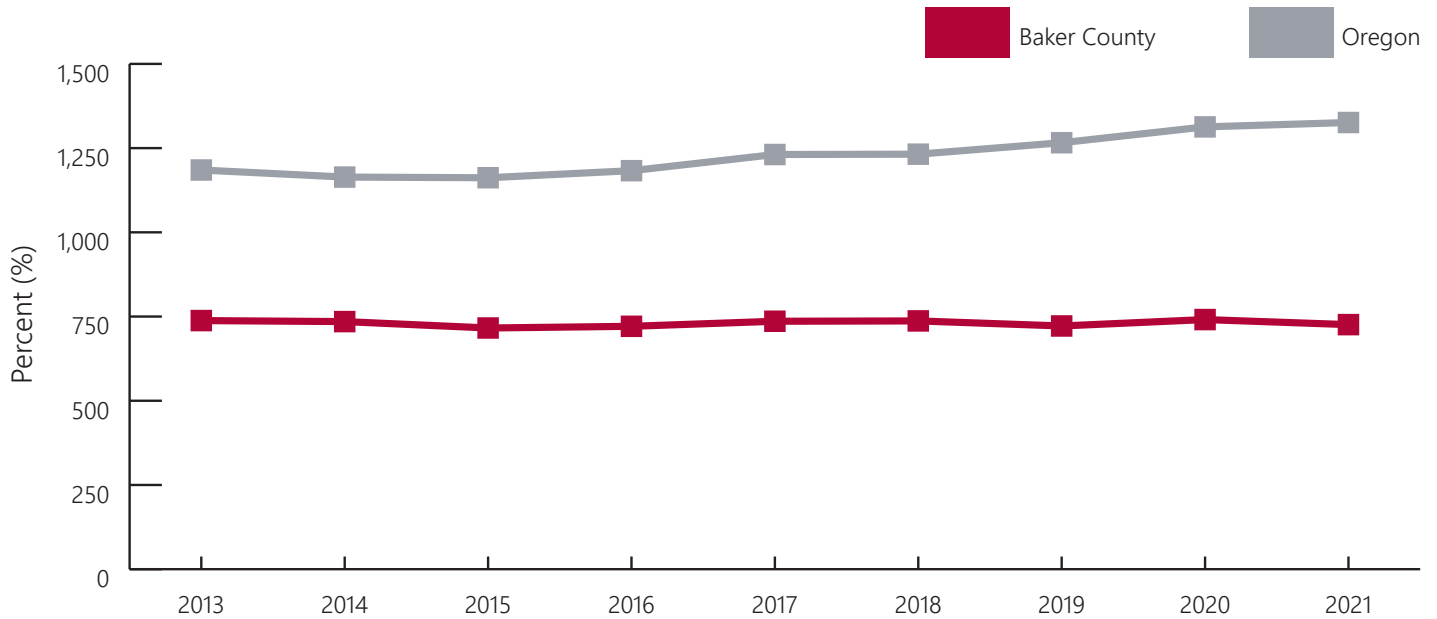
The unemployment rate typically does not capture people who have left the workforce and are not actively looking for jobs, nor does it count people who are underemployed and unable to find full-time employment. As Baker County has lower labor force participation rates, but similar unemployment rates compared to the state, it may have higher rates of non-jobseekers and underemployed individuals than the state as a whole.



HOUSING AND HOMELESSNESS

CHNA respondents throughout the region point to housing as a primary concern for residents of Baker County. Residents report that difficulty building new units and dropping vacancy rates are causing housing costs to rise, making it more difficult to obtain and pay for housing.

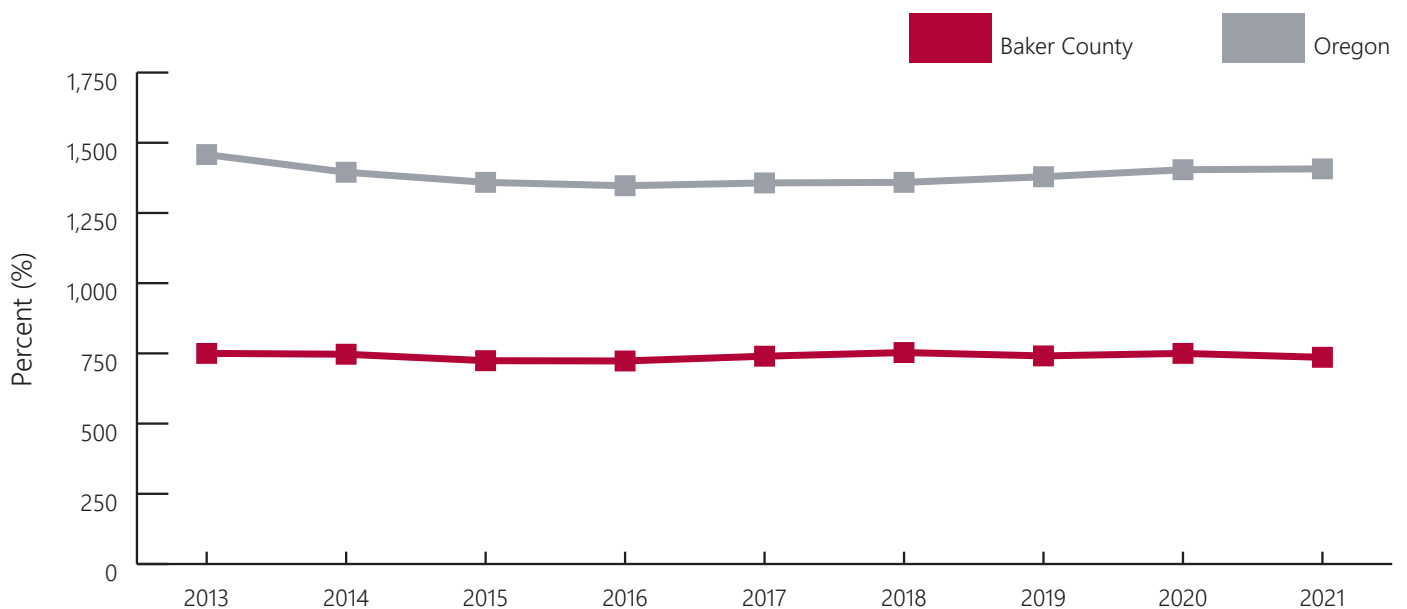
FIGURE 33: MEDIAN MONTHLY HOUSING COSTS



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Housing costs in Baker County have remained stable for many years, remaining lower than the rising state average. Combined with lower income levels in the region, this does not necessarily mean that housing is more affordable for many Baker County residents.

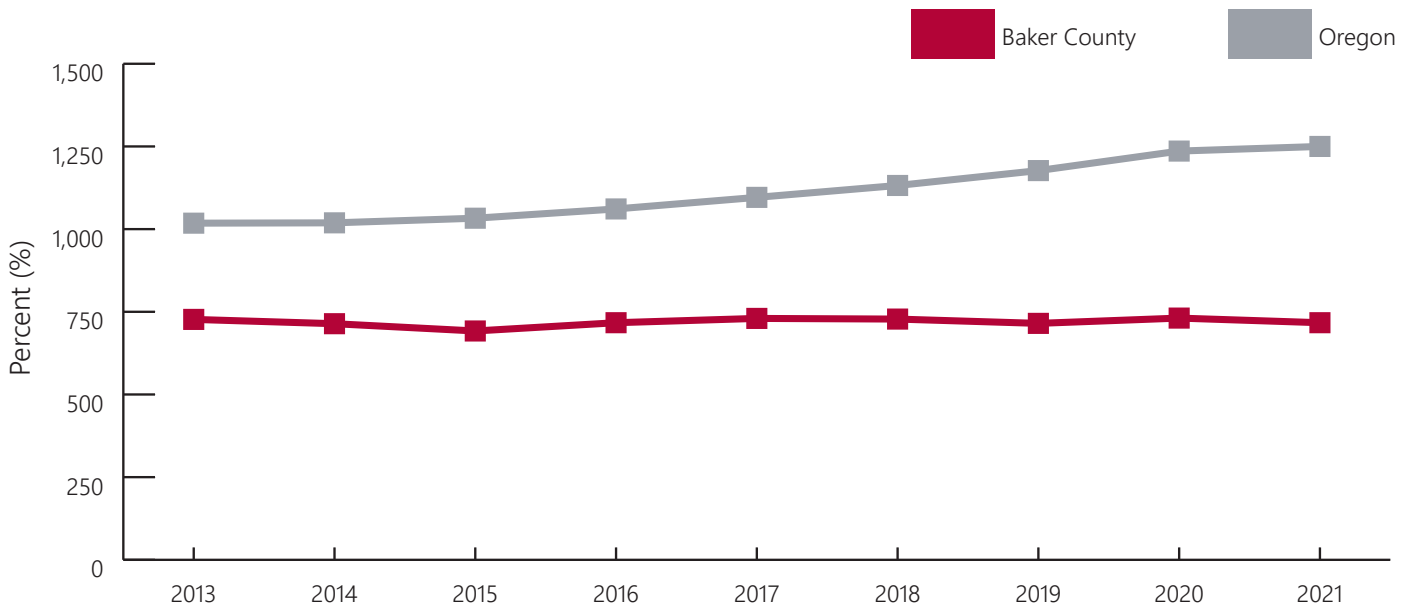
FIGURE 34: MEDIAN SELECTED MONTHLY OWNER COSTS (SMOC)



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Monthly housing costs include rent or mortgage, utilities, maintenance, and taxes. Upon further review, it appears that both follow similar trends, remaining stable and below the state average.

FIGURE 35: MEDIAN GROSS RENT

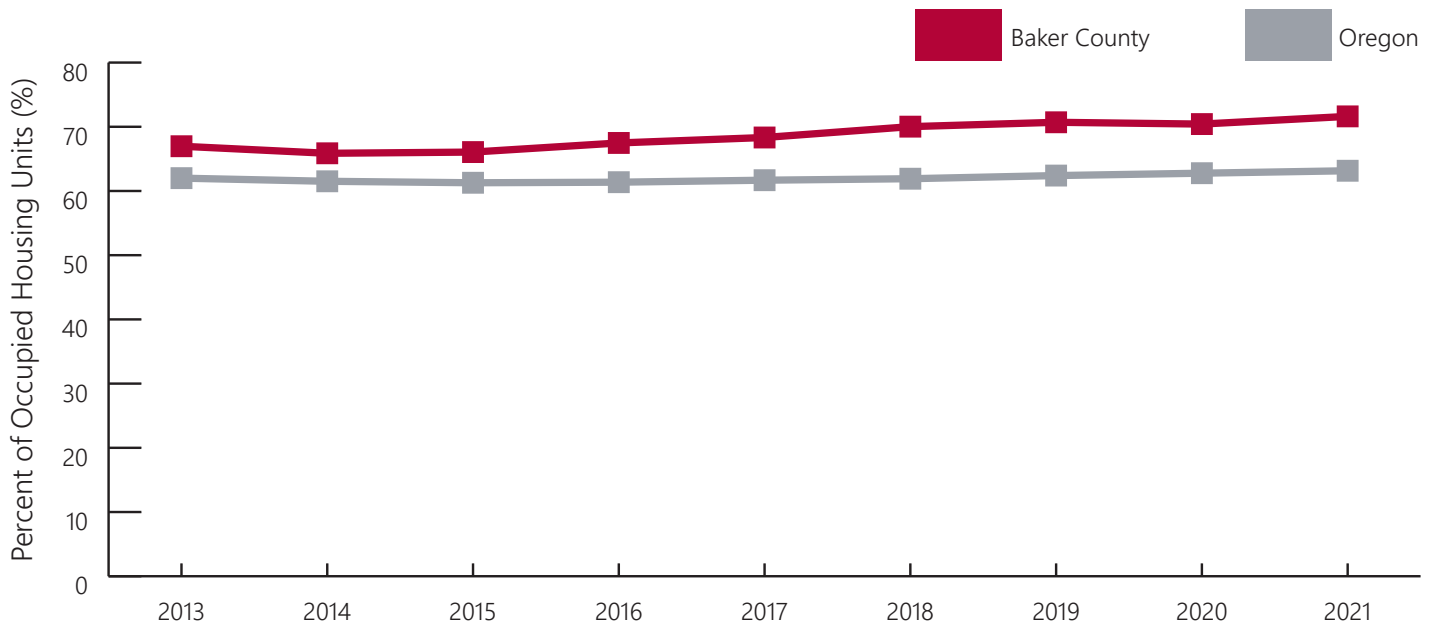


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

RENTER/OWNER OCCUPIED

Like Oregon, Baker County has seen increases in the percentage of owner-occupied households relative to renter-occupied households. Baker County has higher rates of owner-occupied households (72%) than the state average, and inversely, lower rates of renter-occupied households (28%) than the state average.

FIGURE 36: OWNER OCCUPIED

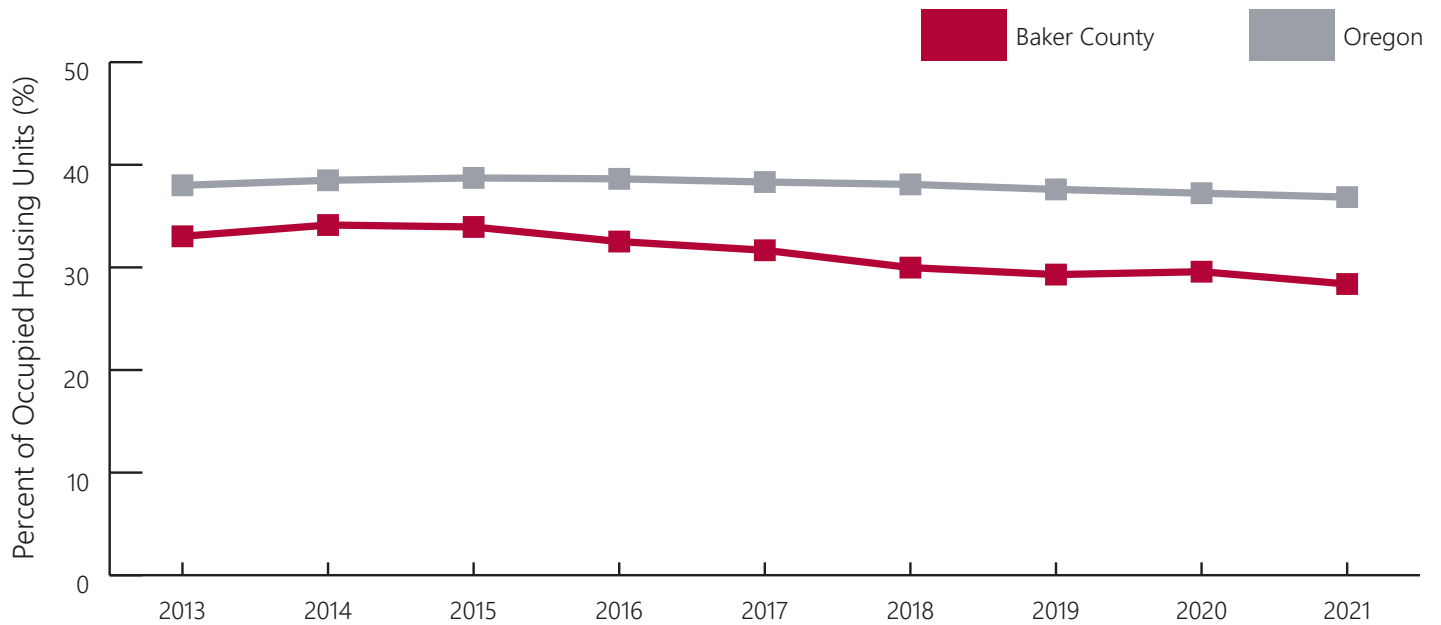


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

“There’s been a huge shift from normal rental housing to VRBOs (Vacation Rentals By Owner) in the community. A large portion of former rentals are now VRBOs.”
– Baker County Resident

CHNA respondents reflected that one factor impacting the availability of resident-occupied rental units is the dramatic rise in recent years of units being utilized as short-term rentals. Baker County is a beautiful region with plentiful recreational opportunities, leaving many residents to comment that a disproportionate number of housing units are used for tourists rather than for residential opportunities.

FIGURE 37: RENTER OCCUPIED



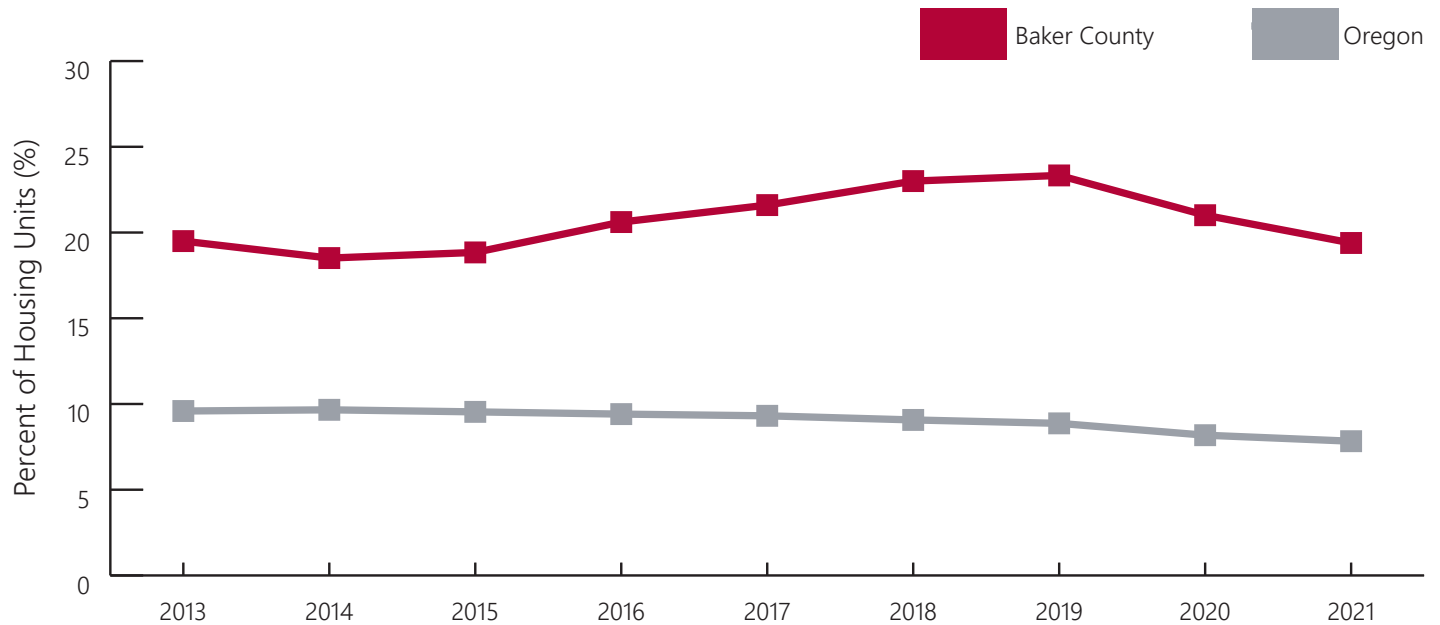
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates



AFFORDABLE AND AVAILABLE HOMES

Vacancy rates in Baker County were increasing for several years, but have seen a moderate decrease in recent years, while remaining higher than the state average. A vacancy rate of 4% or less is dangerously low,¹⁶ and Baker County falls well above that rate. However, vacant housing may include vacation homes or other homes where people only live for a part of the year. Adjusting for non-available vacancies, Baker County had in 2021 a homeowner vacancy rate of 2.9% (below dangerous levels) and a rental vacancy rate of 3.9%.¹⁷ For this and matters of cost, vacant housing may not necessarily be available for purchase, especially for low-income households.

FIGURE 38: VACANT

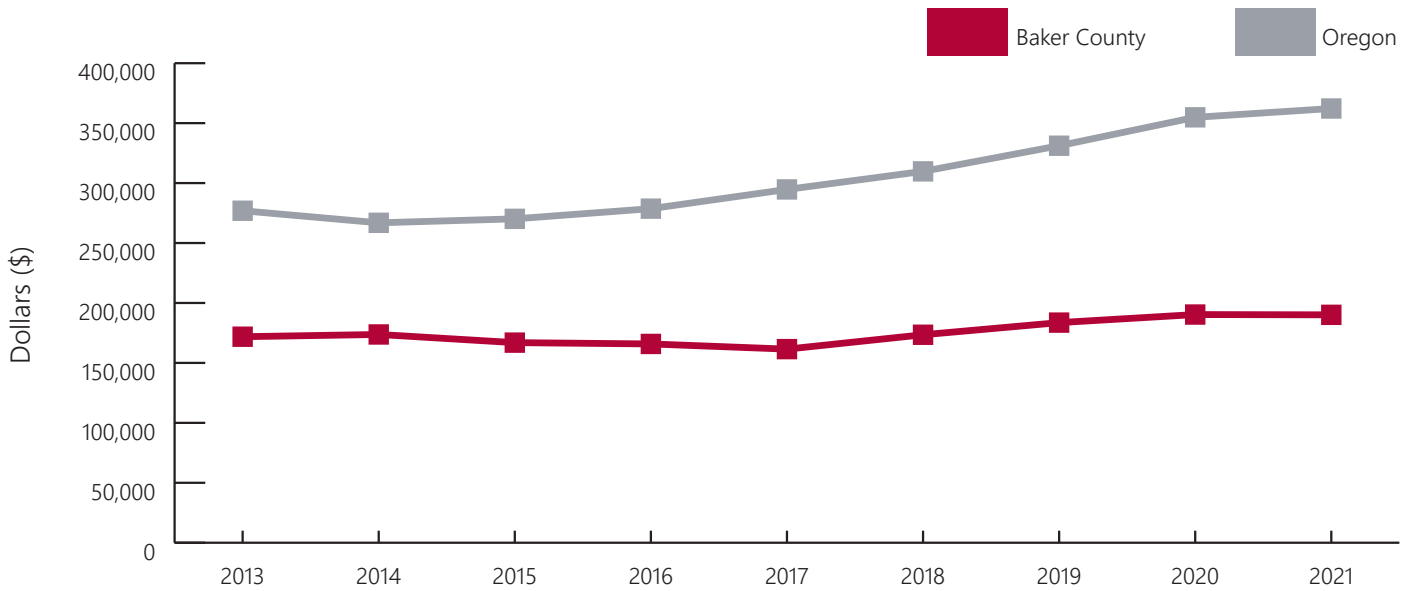


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

A dwindling housing supply can drive up home prices. Baker County has seen some increases in home values since 2017, although these numbers have not increased at the same rate as Oregon as a whole. Baker County's low-income groups may be more likely to experience negative impacts as home vacancies decrease and values rise.



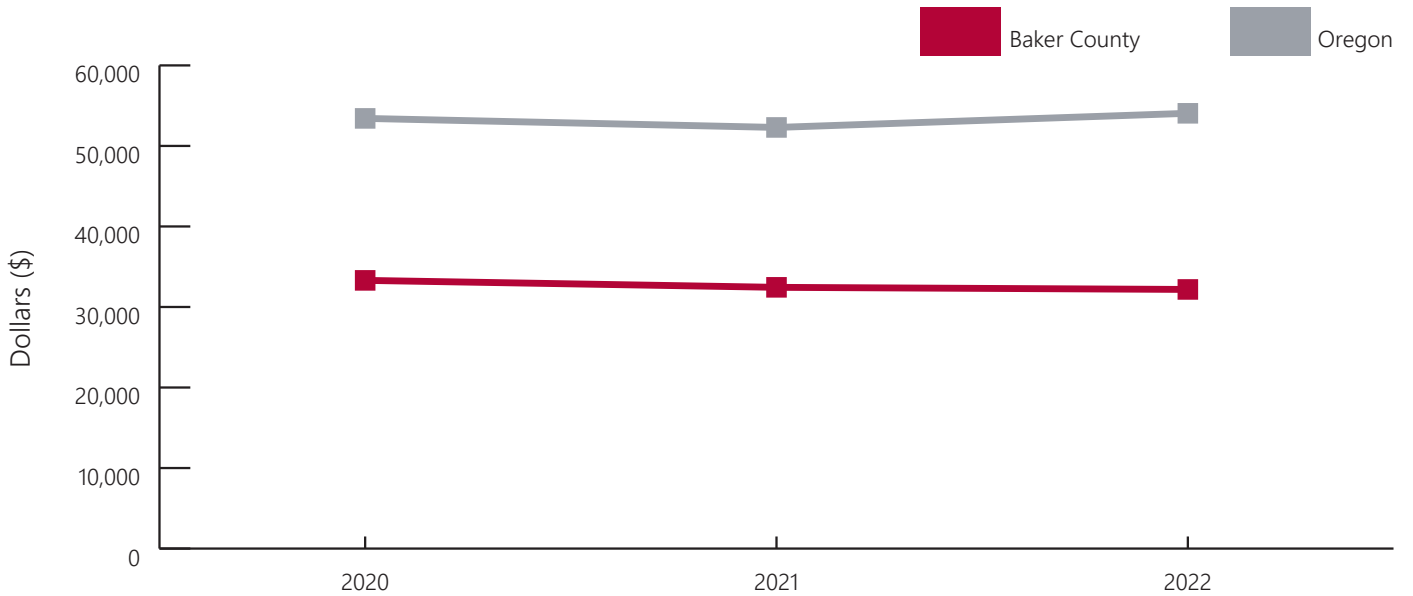
FIGURE 39: MEDIAN HOME VALUE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

The survival budget required for a typical household in Baker County has remained stable, with a slight decrease. A survival budget refers to the level of income required to afford a two-bedroom rental home. Although Baker County’s survival budget has not increased recently, CHNA respondents revealed that low incomes and other cost of living concerns may be compounding housing challenges.

FIGURE 40: ANNUAL INCOME NEEDED TO AFFORD 2 BEDROOM AT FAIR MARKET RENT

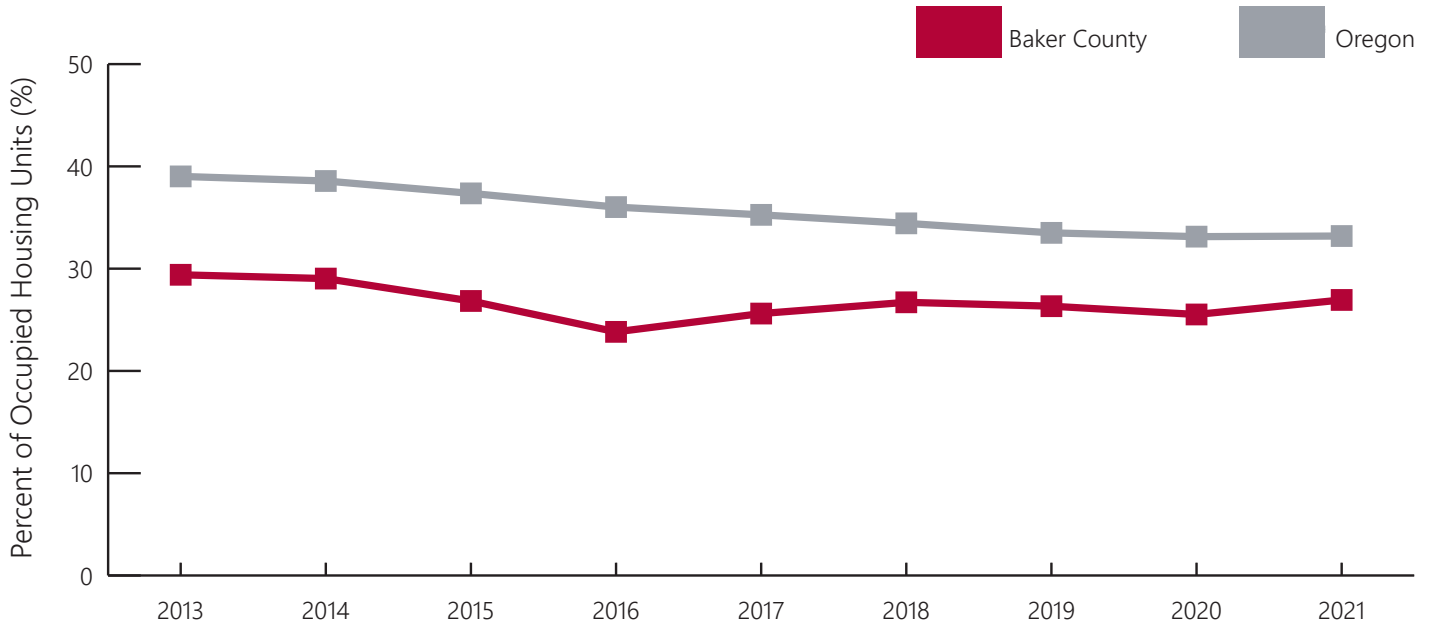


Source: National Low Income Housing Coalition, Housing Needs by State, aggregated by Metopio

COST BURDEN

Housing cost burden, or the percentage of occupied housing units where households are spending 30% or more of their incomes on housing costs, had been trending up in Baker County in recent years.

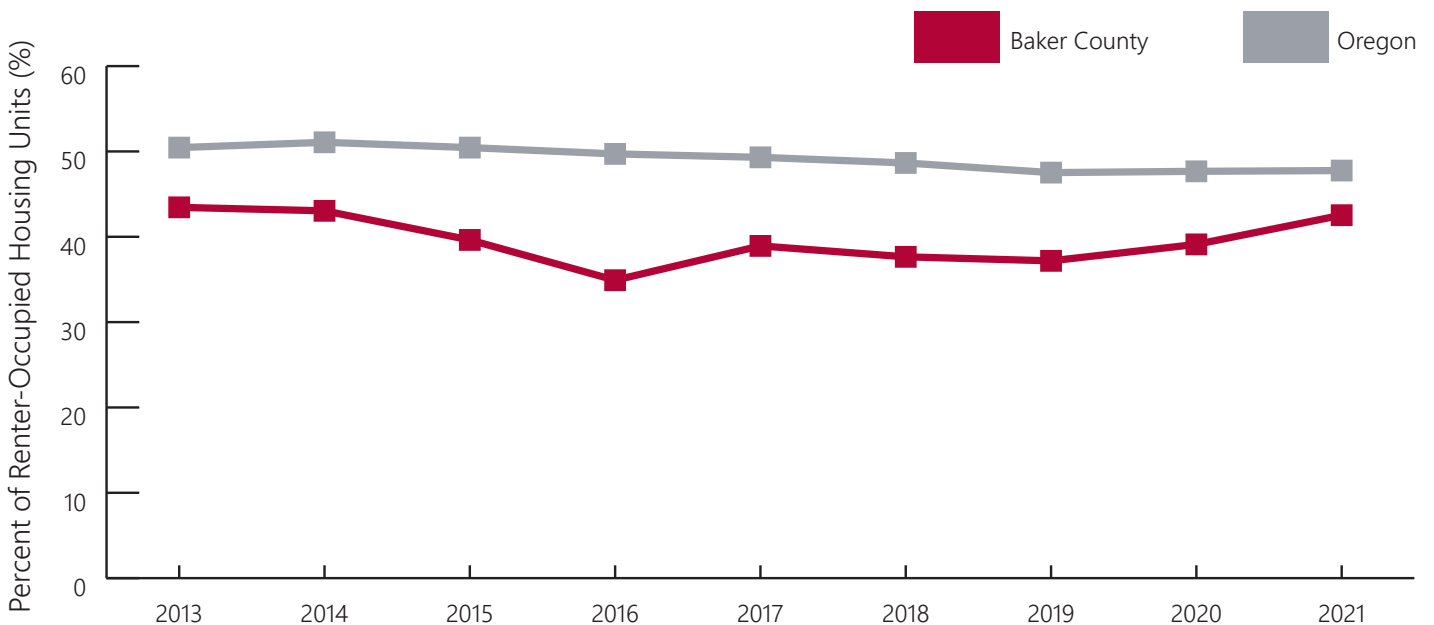
FIGURE 41: HOUSING COST BURDEN



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Rent burden has increased more notably in the county, with the percentage of households facing rent burden increasing to more than 40% in recent years. Severe rent burden, households spending 50% or more of their incomes on housing costs, has increased, with more than 25% of renting households facing severe rent burden.

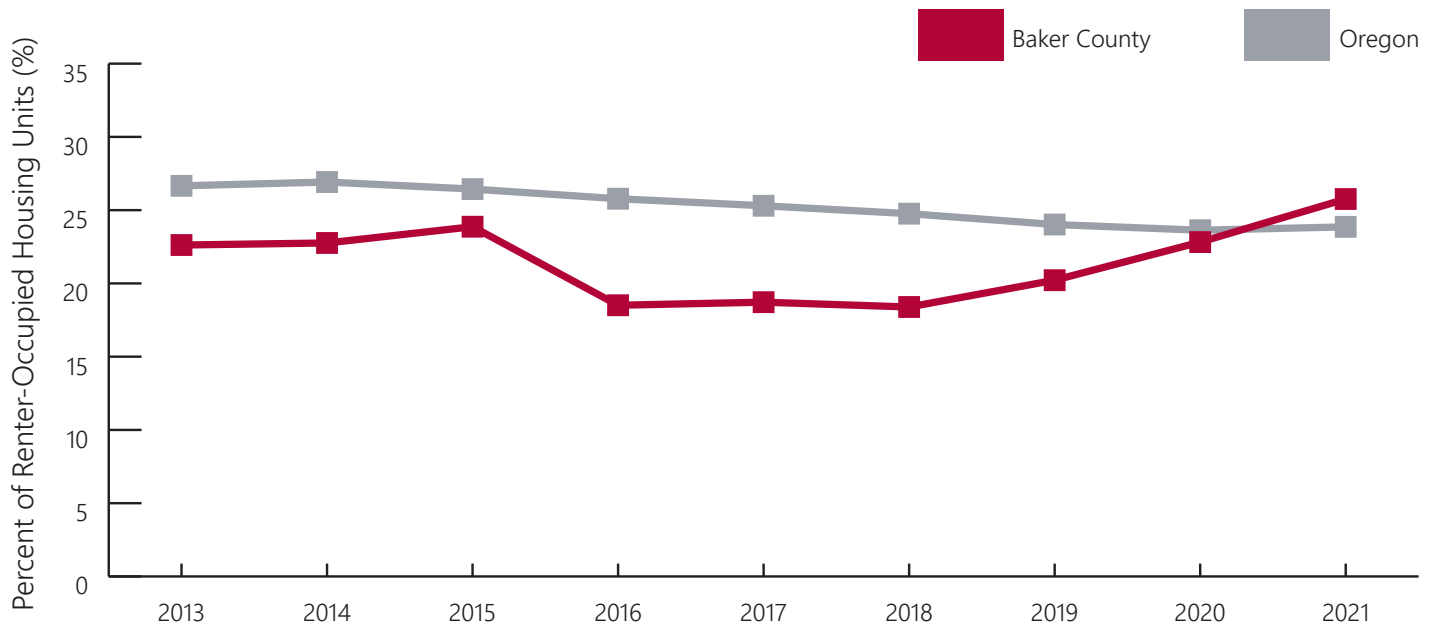
FIGURE 42: RENT-BURDENED



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Even as the county sees decreases in its percentage of renting households, it appears that many households that remain renting are facing increased financial pressure.

FIGURE 43: SEVERELY RENT BURDENED

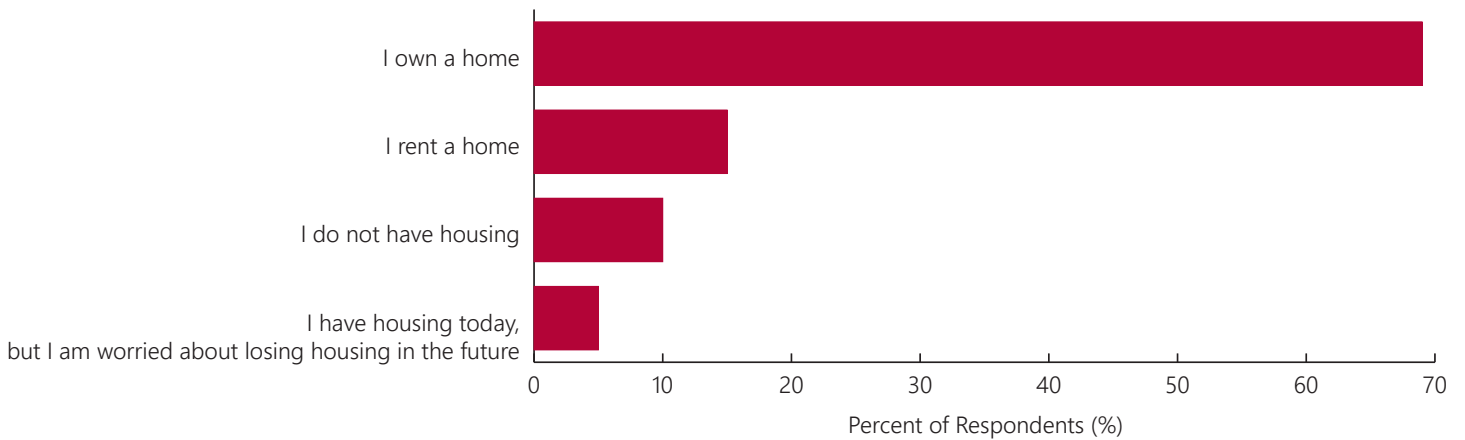


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

HOUSING STATUS

The majority of survey respondents were homeowners, while only 15% were renters, meaning renters were underrepresented by about 10%.

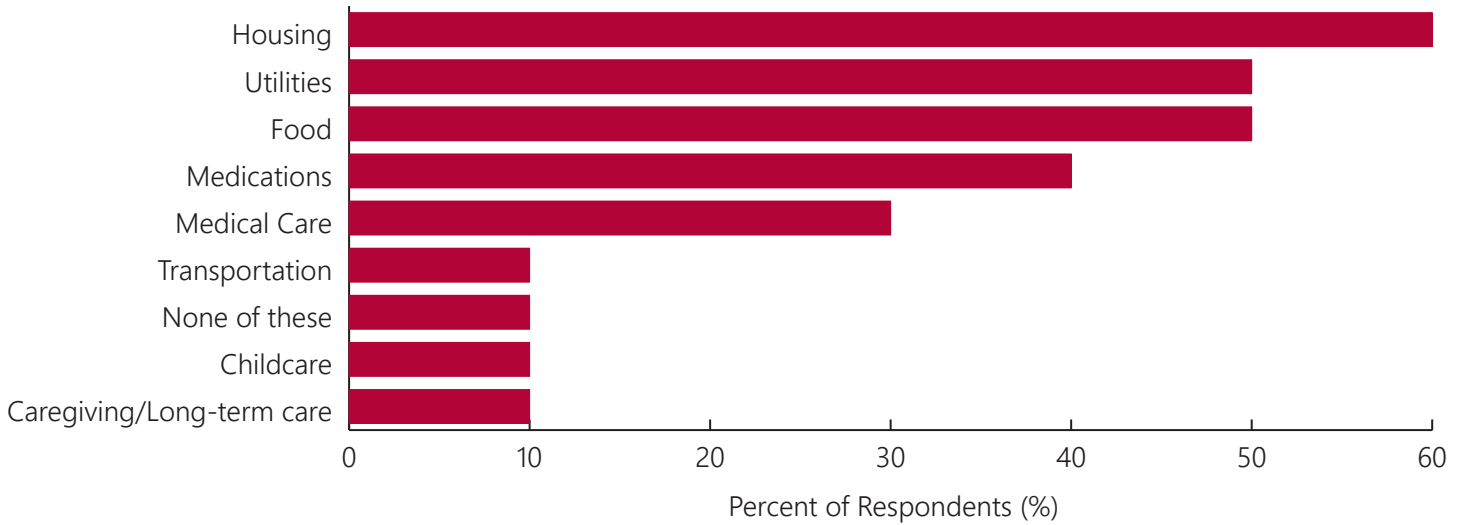
FIGURE 44: CHNA REGIONAL SURVEY, WHAT IS YOUR HOUSING SITUATION TODAY



Source: CHNA Community Data, 2022

When asked if they had trouble paying for various living expenses, more than half of survey respondents with incomes less than \$50,000 a year reported having trouble paying for housing, and close to half reported trouble paying for utilities, food, and medications/medical care. These responses are limited due to low response rates among low-income survey respondents, but they are supported by focus group and interview responses as well.

FIGURE 45: CHNA REGIONAL SURVEY, TROUBLE PAYING FOR ANY OF THE FOLLOWING (AMONG RESPONDENTS WITH AN INCOME OF LESS THAN \$50,000 A YEAR)



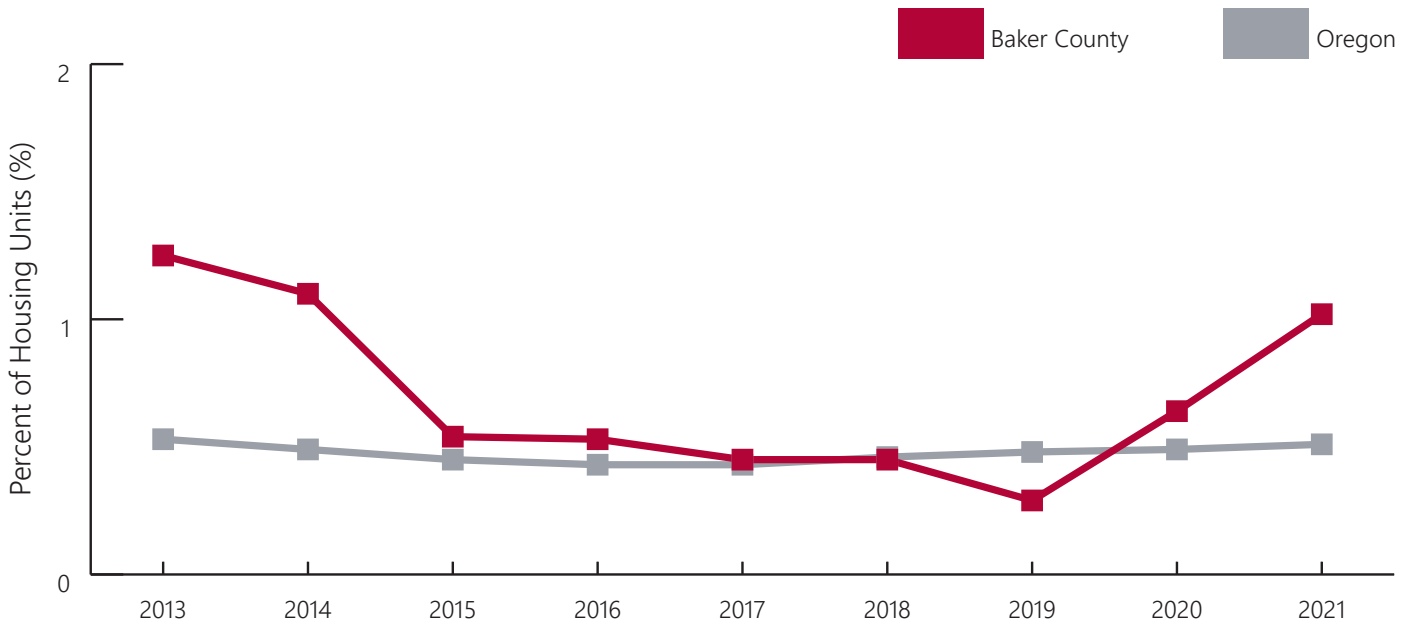
Source: CHNA Community Data, 2022



SUBSTANDARD HOUSING

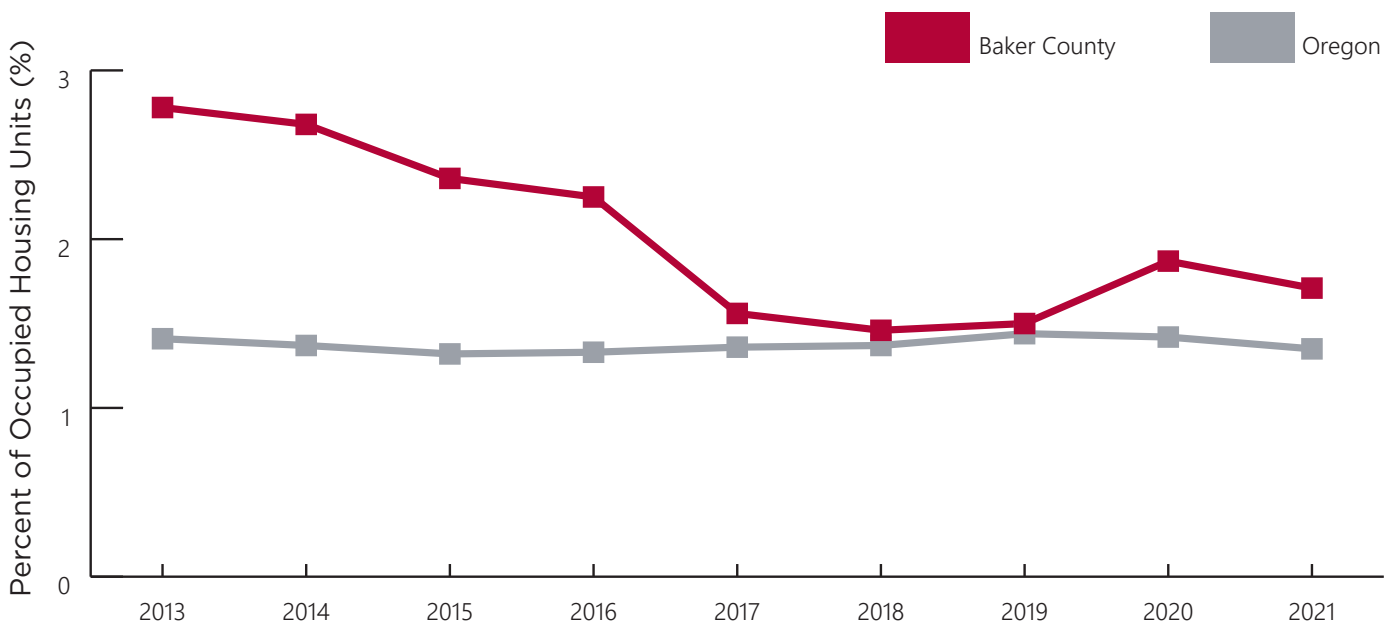
Substandard housing is defined as housing that has one or more of the following conditions: dilapidation, inadequate light, air, sanitation, open spaces, overcrowding, unsanitary or unsafe conditions- such as lack of heat, poor water quality, lead paint or pipes, etc. Substandard housing impacts the health of residents by exacerbating chronic diseases such as asthma, increased need for healthcare services, and greater risk for the spread of communicable diseases. Baker County saw an increase in its percentage of occupied housing units lacking complete plumbing, while its percentage of units lacking kitchen facilities remained stable. Both percentages are comparable to the state average, and margins of uncertainty make it difficult to determine whether differences are significant or not.

FIGURE 46: LACKING COMPLETE PLUMBING



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

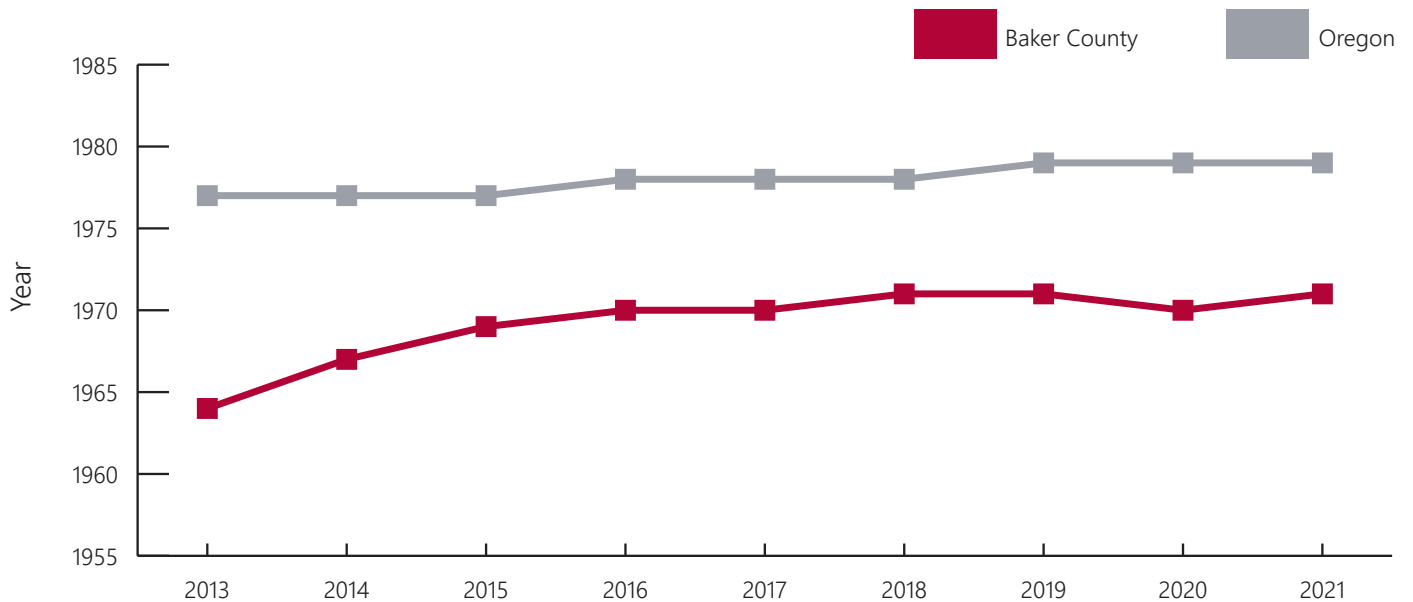
FIGURE 47: FIGURE 54: LACKING KITCHEN FACILITIES



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

While Baker County has had some newer housing developed, Baker County homes still tend to be older, potentially needing more repairs and updates, than homes statewide.

FIGURE 48: MEDIAN YEAR STRUCTURE BUILT

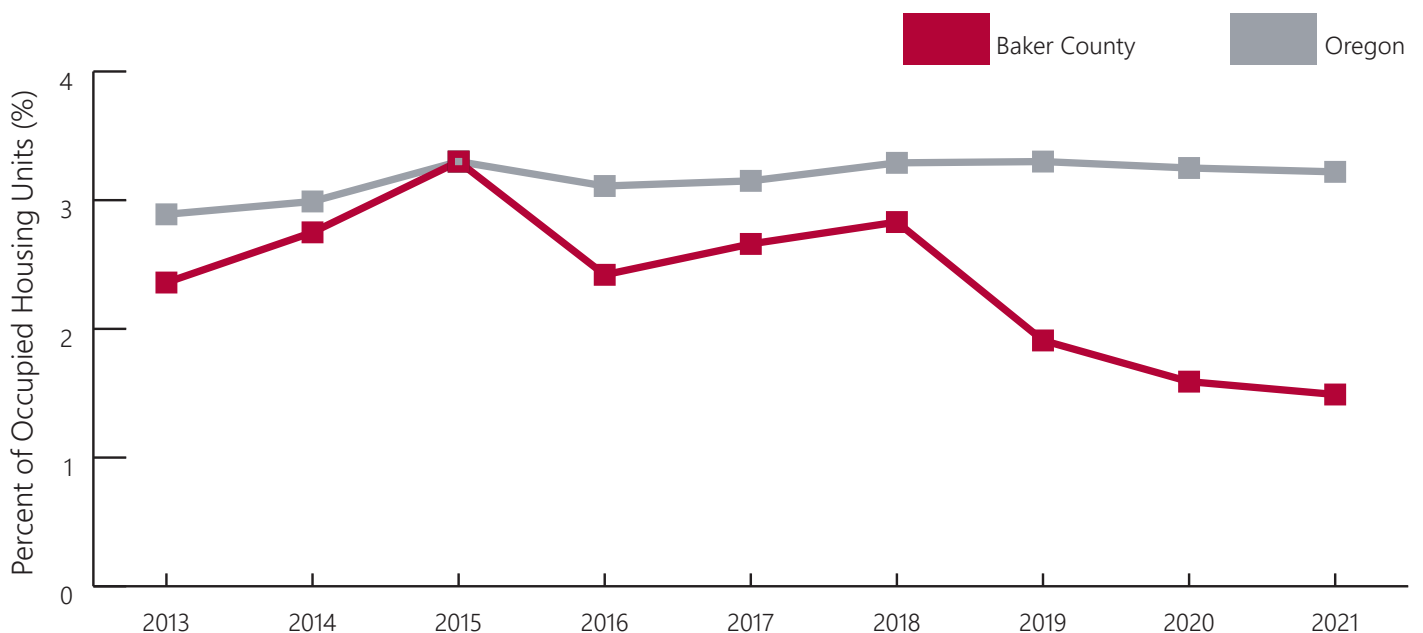


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

OVERCROWDED HOUSING

Crowded housing, the percentage of occupied housing units with more than one occupant per room, can be an outcome of rising housing costs pushing households to combine and share costs. Living in crowded housing can lead to increased infectious disease rates and mental health problems, and may harm educational attainment.¹⁸ While crowded housing rates have increased in Oregon as a whole, crowded housing in Baker County decreases following 2018.

FIGURE 49: CROWDED HOUSING

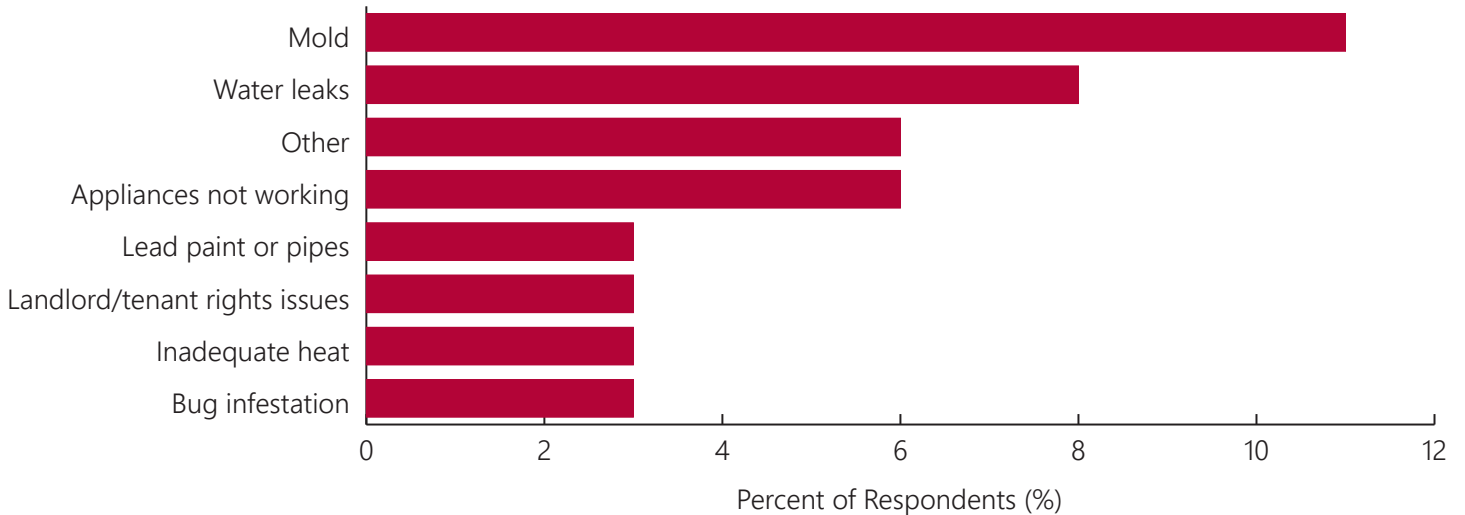


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

ADDITIONAL HOUSING CONCERNS

When asked about problems residents experienced, Baker County respondents most commonly noted mold and water leaks in their homes.

FIGURE 50: CHNA REGIONAL SURVEY, PROBLEMS WITH HOUSING



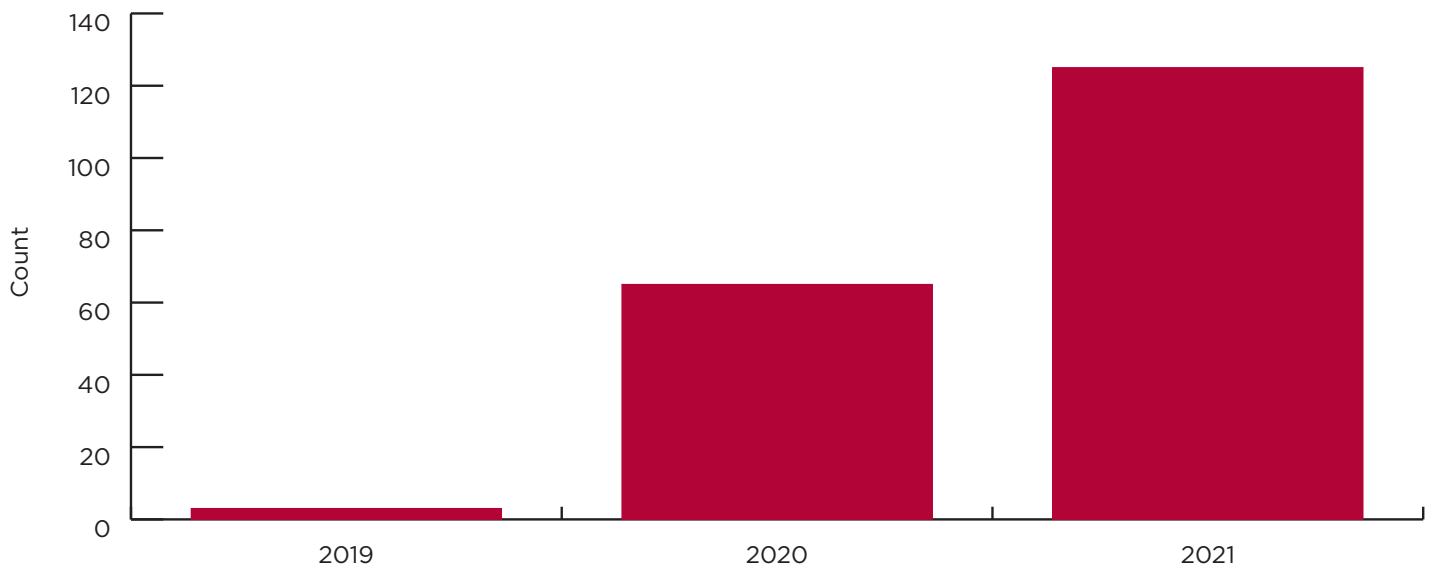
Source: CHNA Community Data, 2022

HOMELESSNESS

Typically, homelessness in a county is tracked via a Point-In-Time (PIT) count. The PIT count only attempts to measure individuals who are staying in emergency/transitional shelter or who are seen during street counts on a particular day. In addition to missing folks who cannot be found, this approach can undercount folks who are precariously housed, which may include many families and youths.

In the past, Baker County homelessness has been tracked the same way. However, in 2021, to avoid contagion during the pandemic, the Department of Housing and Urban Development provided a waiver to many rural Oregon counties exempting them from needing to collect PIT counts of unsheltered individuals experiencing homelessness. These waivers make recent PIT count data incomplete for those rural counties. Instead, Continuum of Care data provided by the Portland State University Homelessness Research & Action Collaborative³ through January and March provides a different, arguably more accurate picture of homelessness in Baker County over the past several years. This data suggests that homelessness increased notably over the pandemic.

FIGURE 51: CONTINUUM OF CARE COUNT



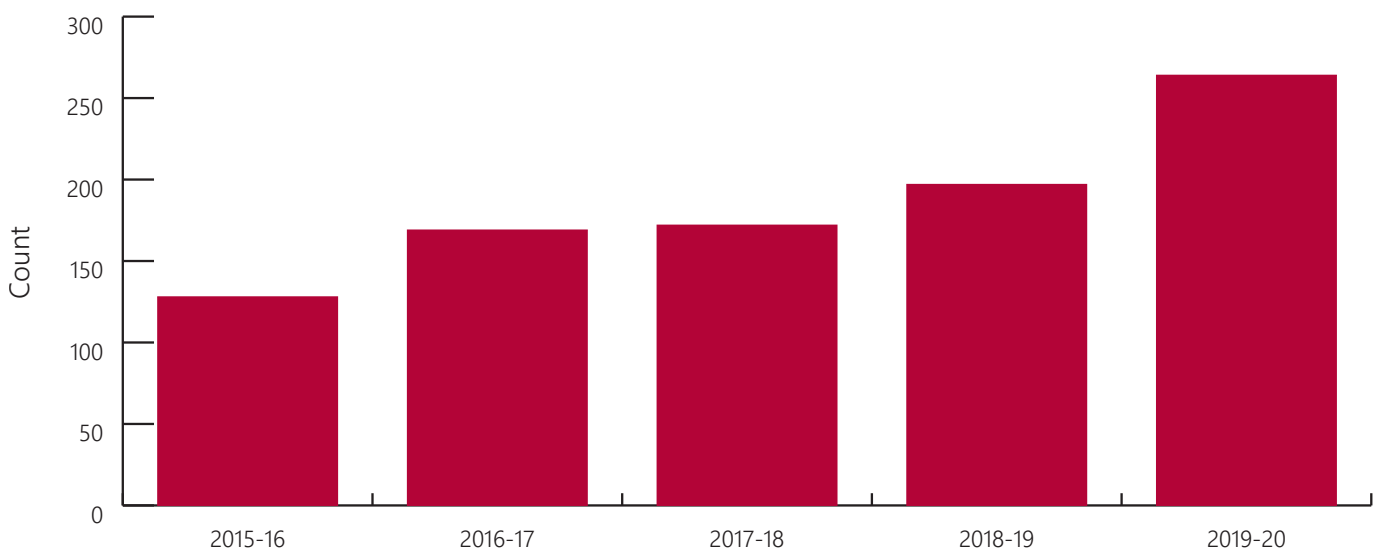
Source: Green, T., Zapata, M., Green, J. (2022). Oregon State Homelessness Estimates 2021. Portland State University.

STUDENTS EXPERIENCING HOMELESSNESS

The number of students experiencing homelessness across Baker County has increased over the past several years prior to the COVID-19 pandemic, more than doubling between 2015 and 2020. The stress and instability of homelessness can be an obstacle to academic achievement and student well-being.¹⁹

Student homelessness is measured according to the definitions provided in the McKinney-Vento Act, which count a youth as “homeless” if they are staying overnight in a place not intended for permanent human habitation (a car, public spaces, hotels/motels, campgrounds, etc.), if they are doubling-up housing or “couch-surfing” with other people due to loss of housing or economic hardship, or if they staying in an emergency or transitional shelter.

FIGURE 52: STUDENT HOMELESSNESS



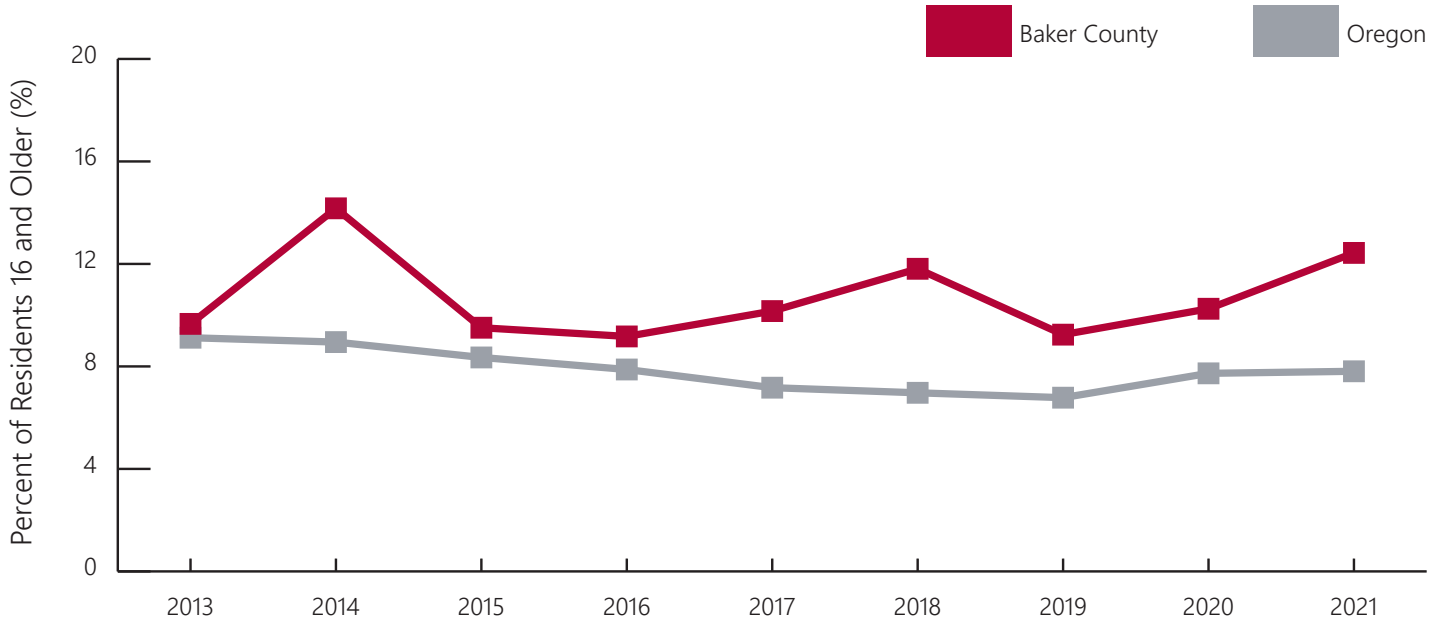
Source: Oregon State Department of Education, McKinney-Vento Act: Homeless education program

* Note: In order to protect student privacy, any cells in the data that represent less than 5 students or where the difference between the total of one or more cells of categorical data is less than 5 of the total student population is redacted.

OUT OF SCHOOL YOUTH

The percentage of disconnected youth, residents aged 16-19 who are neither working nor enrolled in school, has remained stable in Baker County while hovering slightly above the Oregon state average. Although margins of uncertainty make it difficult to track trends with accuracy, both the county and the state have seen likely increases in disconnected youth over recent years. The COVID-19 pandemic may have contributed to this increase, as more youth spent time in isolation, and job opportunities diminished. However, future data will be needed to tell if this trend moves downward or remains stable.

FIGURE 53: DISCONNECTED YOUTH



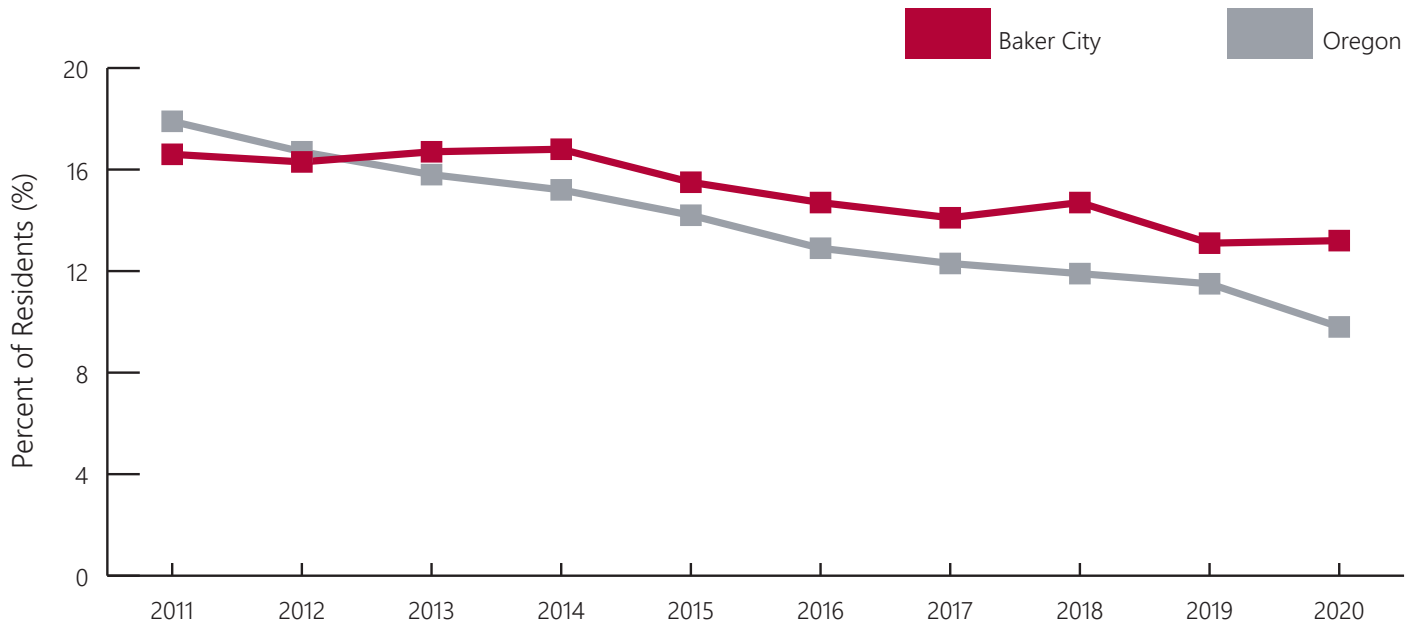
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates



FOOD INSECURITY

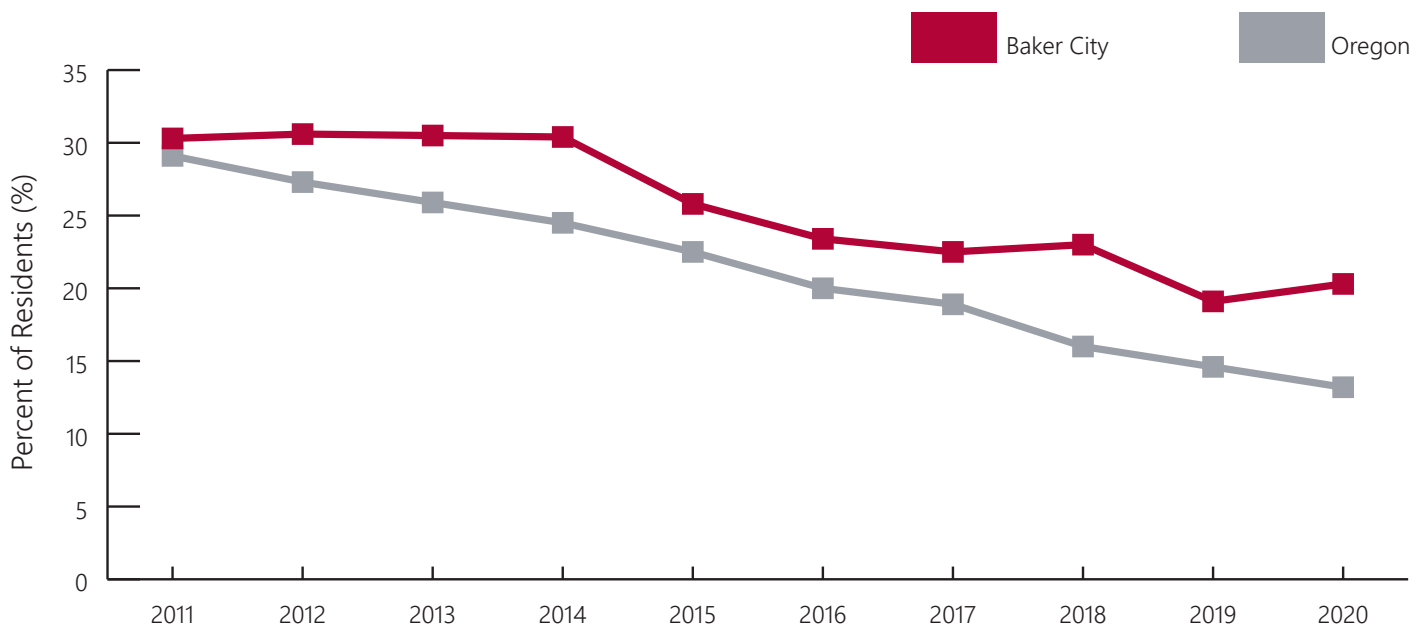
Food insecurity refers to an inability to obtain a diet with enough variety and quality to live an active, healthy life.²⁰ Food insecurity in the region has been on the decline for many years, but began to show increases since 2018. This lagging progress has put a widening gap between Baker County and the state average. Looking at youth 0-17 years of age, food insecurity specifically, Baker County saw a notable increase from 2019 to 2020. It should be noted, the last available data was from 2020. CHNA respondents anecdotally reported increases in food insecurity for many families, and the utilization of foodbank and pantry resources as food prices have risen steeply since the onset of the COVID-19 pandemic.

FIGURE 54: FOOD INSECURITY



Source: Feeding America, Map the Meal Gap, 2020

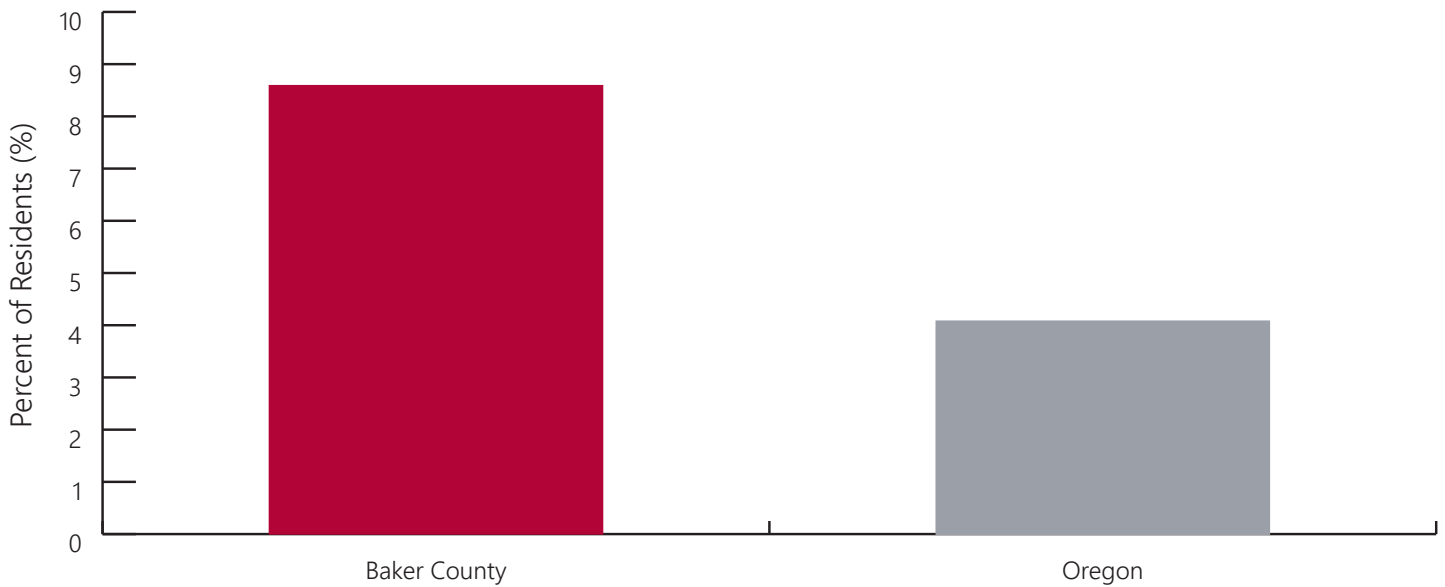
FIGURE 55: FOOD INSECURITY (CHILDREN 0-17 YEARS)



Source: Feeding America, Map the Meal Gap, 2020

The availability of healthy, affordable foods in a community is a significant driver of food security. A food desert is a geographic area where residents have little to no convenient access to healthy, affordable foods like fruits, vegetables, and whole grains. The percentage of residents living in food deserts in Baker County was more than double the state percentage in 2019.

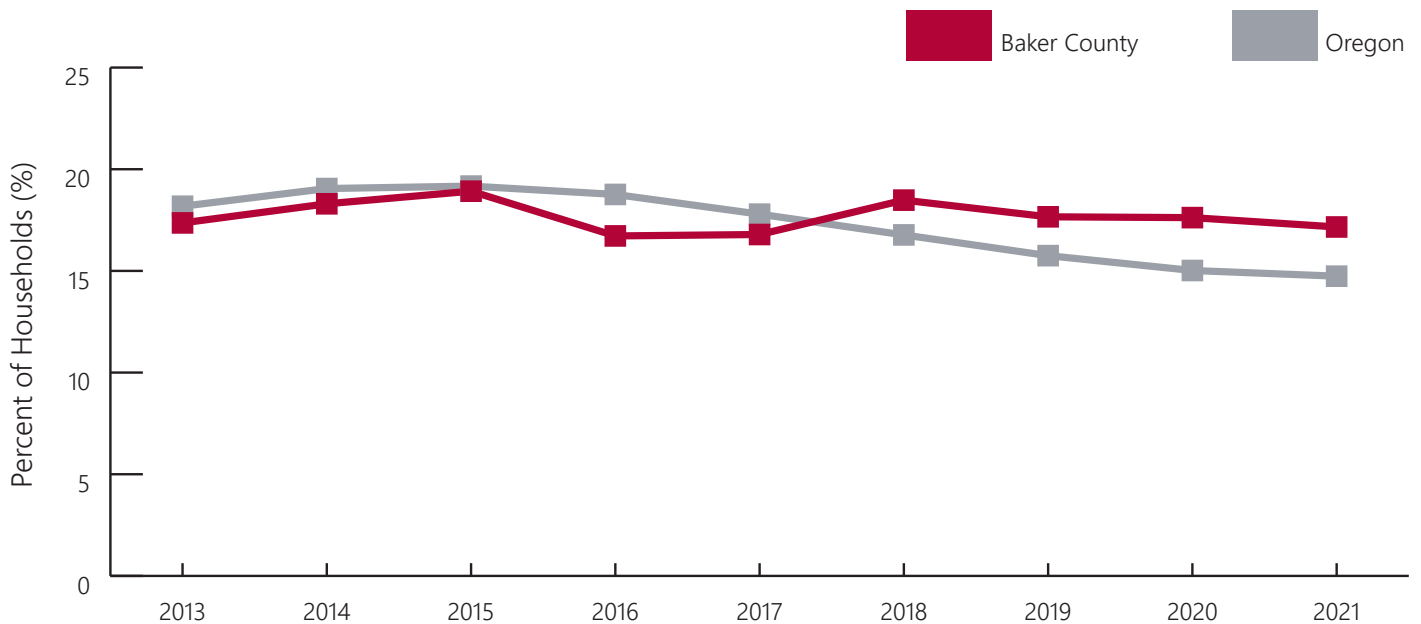
FIGURE 56: LIVING IN FOOD DESERTS, 2019



Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

While the percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP), otherwise known as food stamps, has declined across the state of Oregon. As of 2021, the percentage of Baker County residents participating in SNAP had continued to increase as compared to statewide participation.

FIGURE 57: FOOD STAMPS (SNAP)

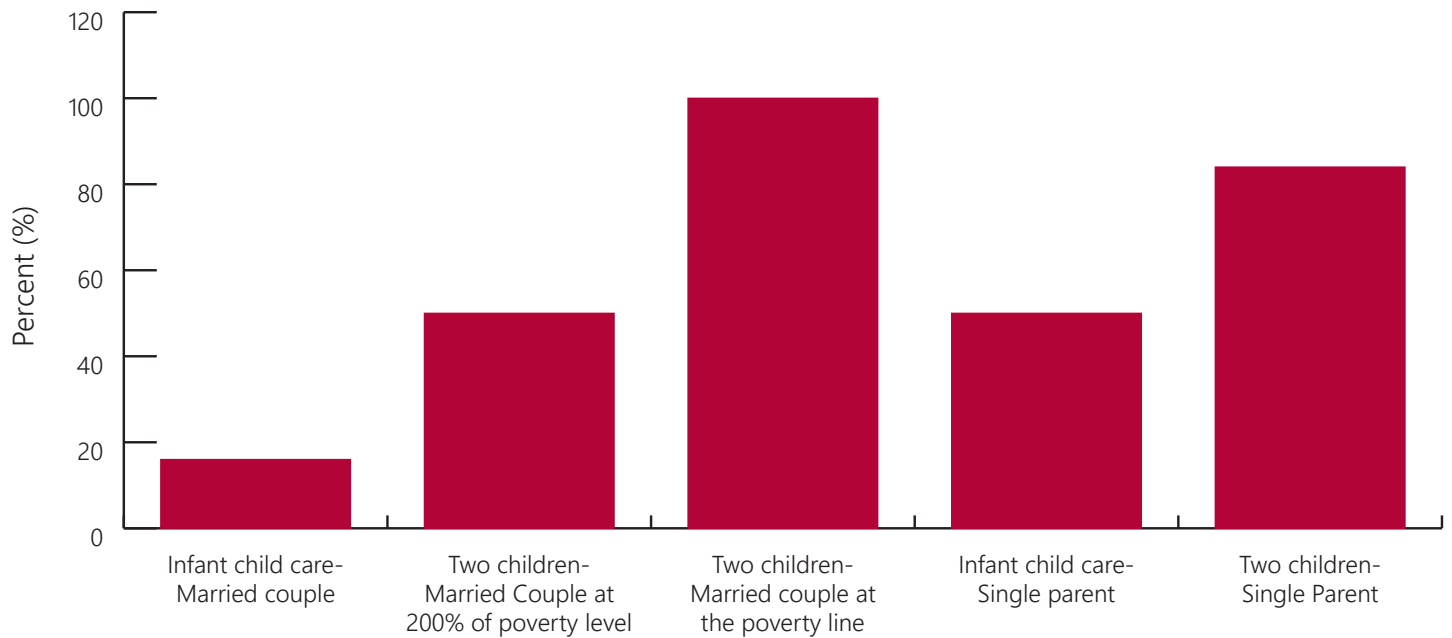


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019

CHILDCARE EXPENSES

Childcare is the workforce behind the workforce and is required for many Oregon parents to maintain their employment. Statewide, childcare expenses increased as a percent of household income from 2019 to 2021, making childcare even more cost prohibitive for many families, especially for single parents, and families close to the poverty line. Childcare availability and affordability were both mentioned by CHNA respondents as challenges facing residents of the region, making it more difficult for households to meet other costs. As a result, childcare is identified as a priority area within this report. It was reported that childcare is particularly difficult to find and afford for infants and toddlers, even in Baker City after the opening of the Baker Early Learning Center (BELC).

FIGURE 58: 2021 CHILD CARE CENTER COST (AS % OF INCOME)



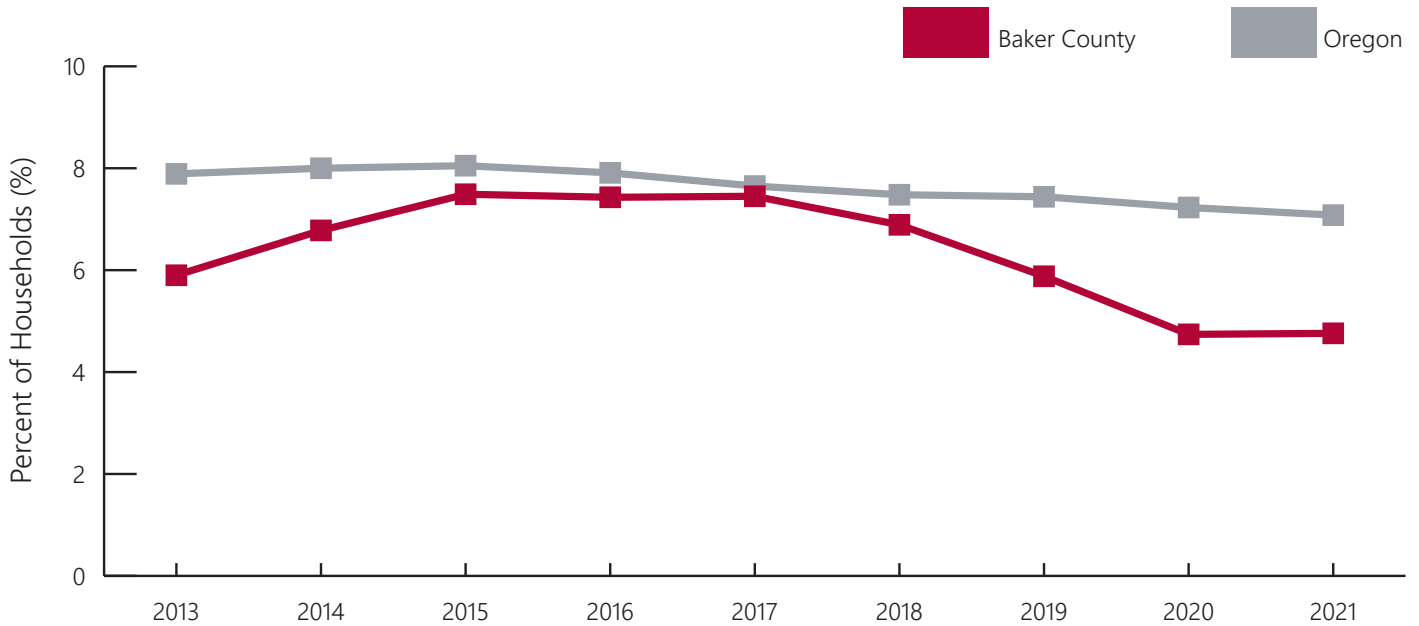
Source: *Child Care Aware of America, Childcare Affordability Analysis, 2021*



TRANSPORTATION

The percentage of households with no motor vehicle in Baker County has been steadily decreasing for several years and falls below the Oregon average. However, some survey respondents in the region noted that transportation costs are a concern for them, possibly reflecting increases in fuel costs over recent years.

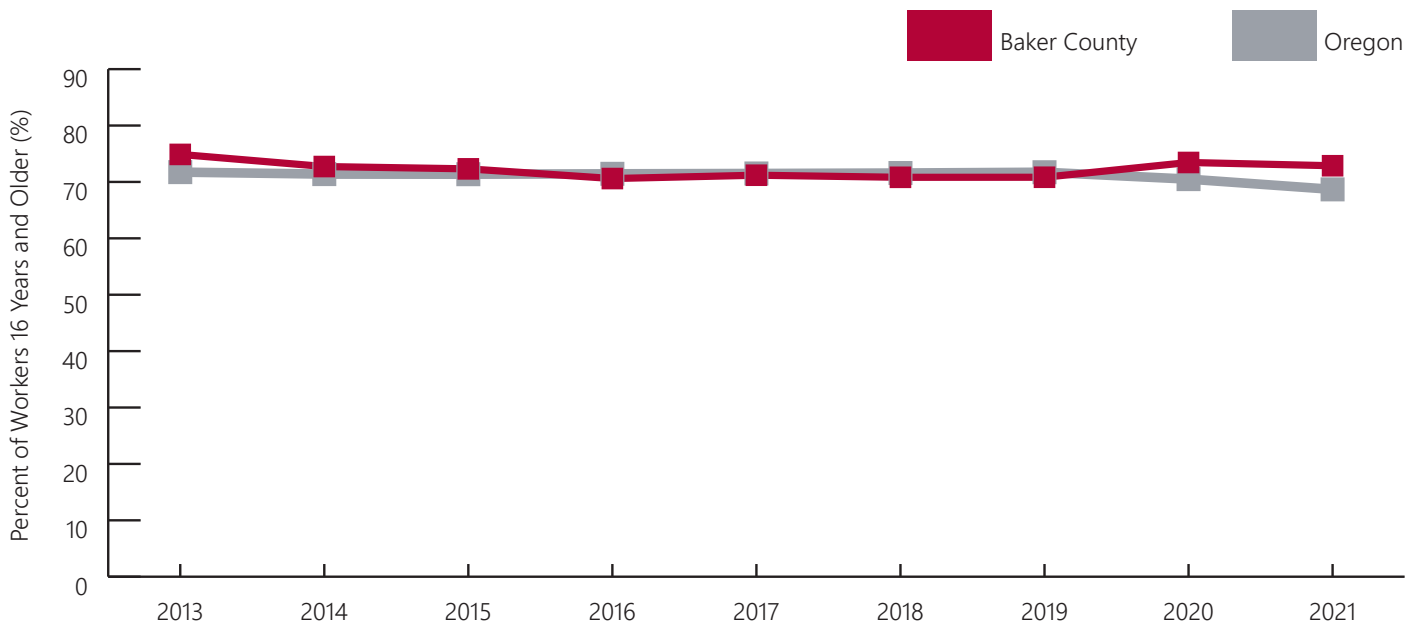
FIGURE 59: NO VEHICLE AVAILABLE



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Baker County saw an increase in the percentage of drivers commuting alone to work in recent years. This trend is the opposite of Oregon as a whole, which saw decreases in the percentage of workers commuting alone over the pandemic.

FIGURE 60: DRIVE ALONE TO WORK

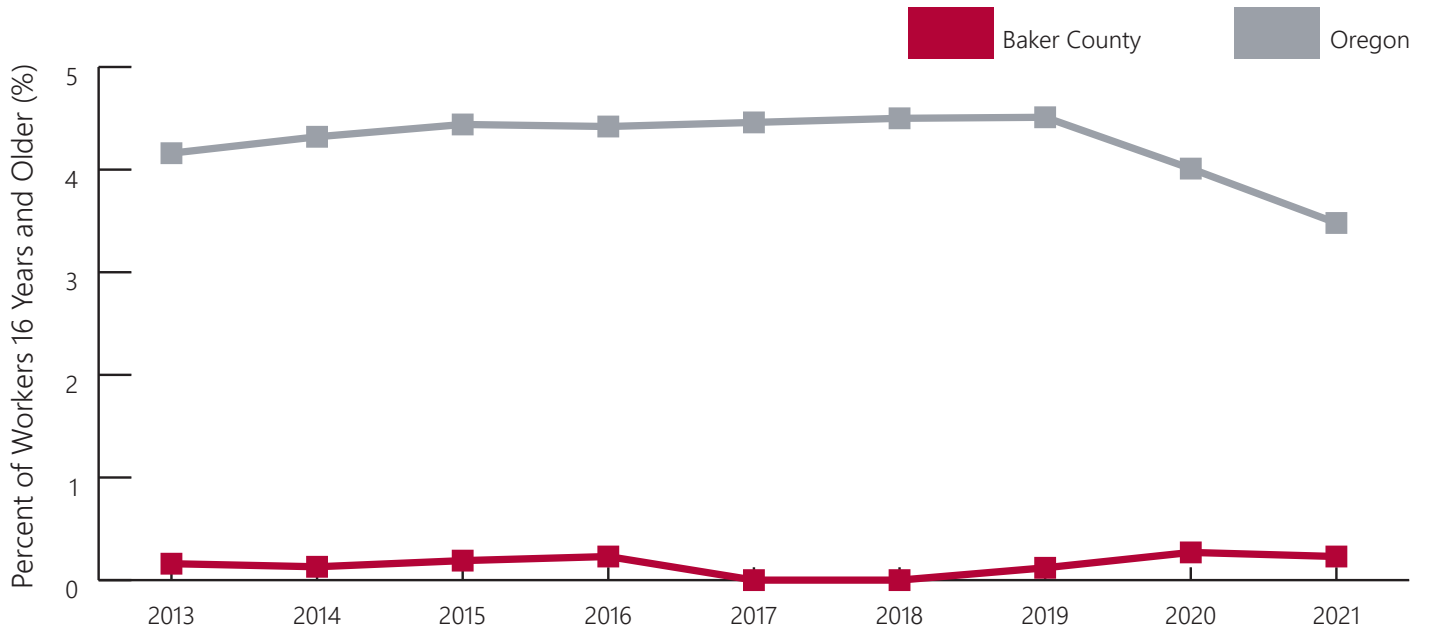


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

TRANSIT USE

The percentage of workers using public transit in Baker County is very low, and falls far below the state. Survey respondents indicated that the lack of public transportation options, particularly accessible options and options for transportation to activities other than work or emergency health needs, is a significant challenge for many residents. Because there is an aging population in Baker County, and a lack of access to health care (especially specialty services), some CHNA respondents report driving long distances to access services, and being unable to access those services if they lack the ability to drive or don't have someone to take them.

FIGURE 61: PUBLIC TRANSPORTATION TO WORK



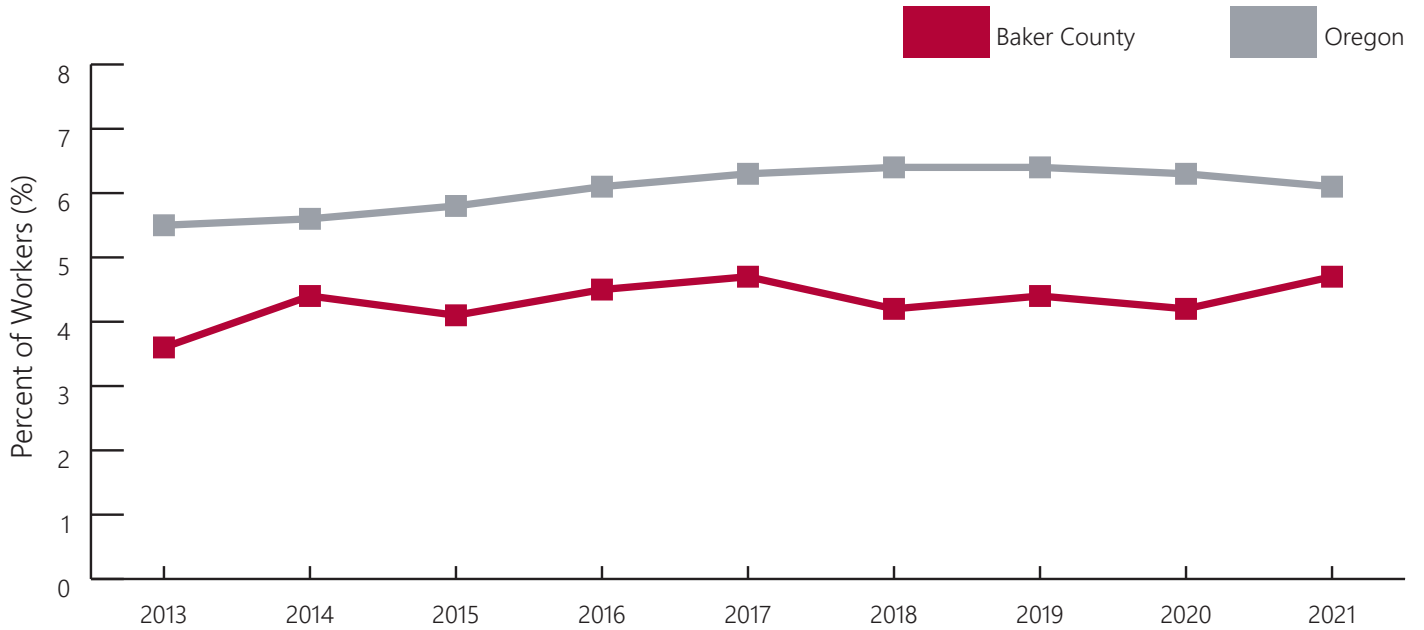
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates



LENGTH OF COMMUTE

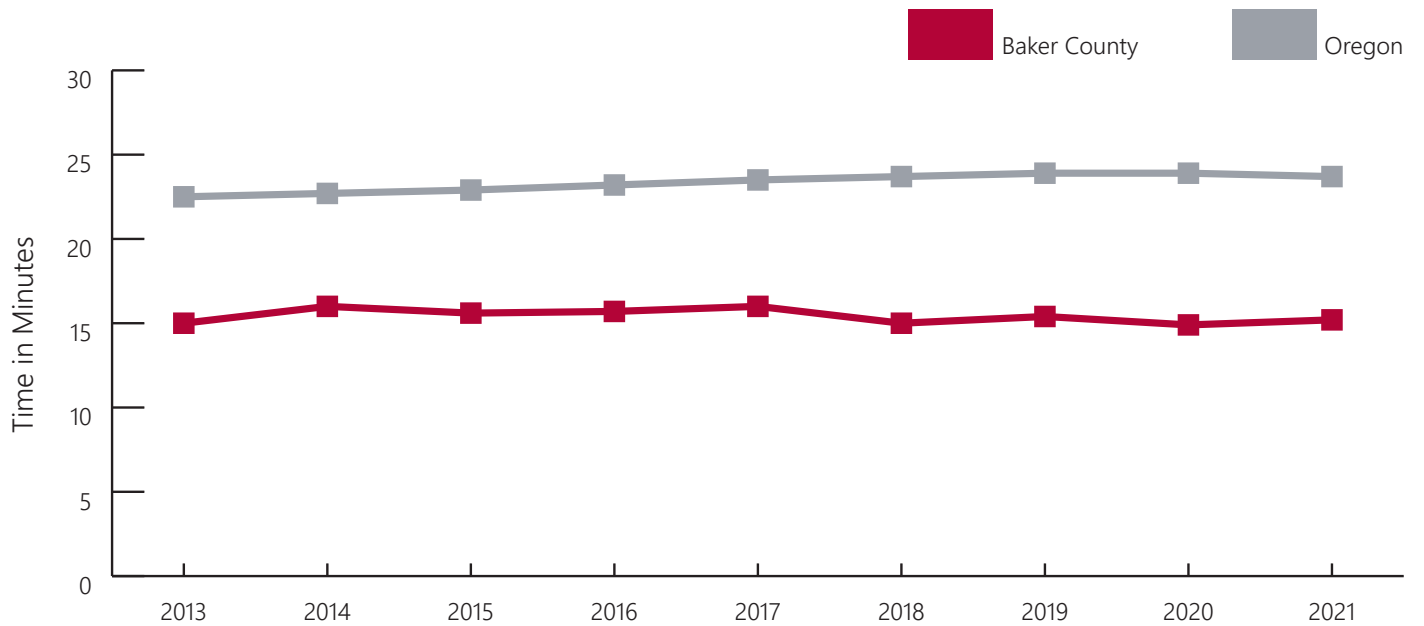
Fewer workers in Baker County than others statewide have a travel time to work of over one hour. Mean travel time to work has also remained stable, falling far below the mean travel time for Oregon.

FIGURE 62: TRAVEL TIME TO WORK OVER ONE HOUR



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

FIGURE 63: MEAN TRAVEL TIME TO WORK

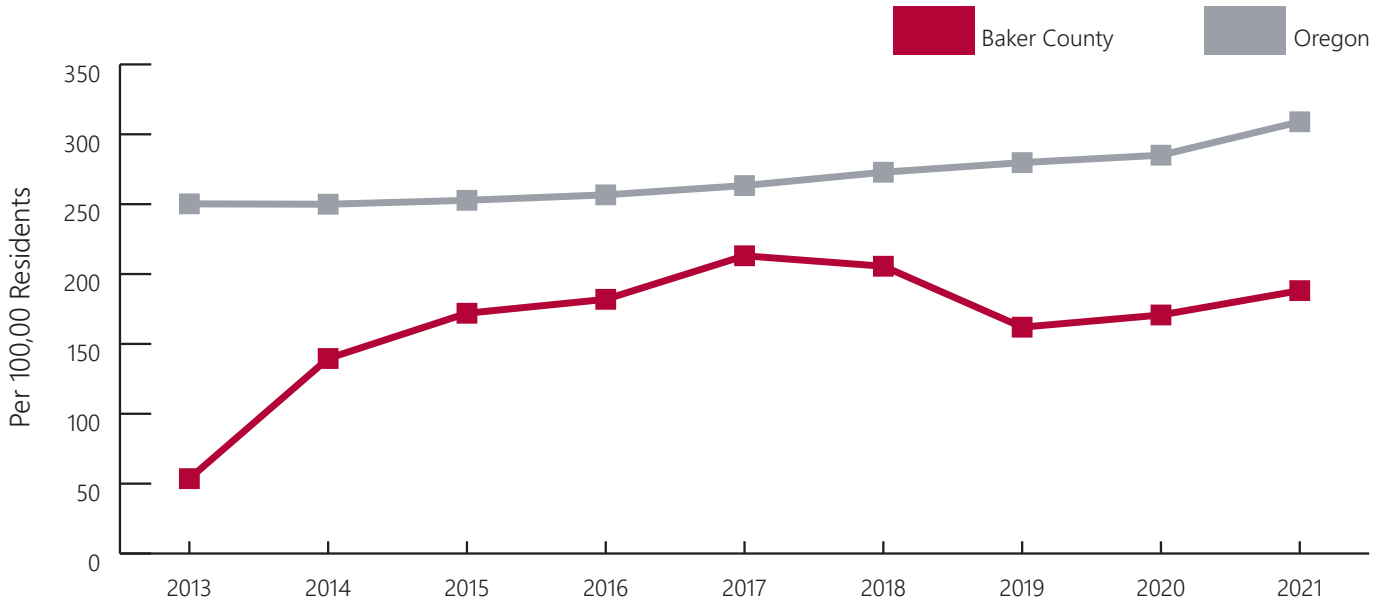


Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

SAFETY

Violent crime rates in Baker County have remained relatively stable over the past few years, following a rise from 2013 to 2017. Violent crime rates in the state of Oregon have risen in recent years, widening a gap between the state and the county.

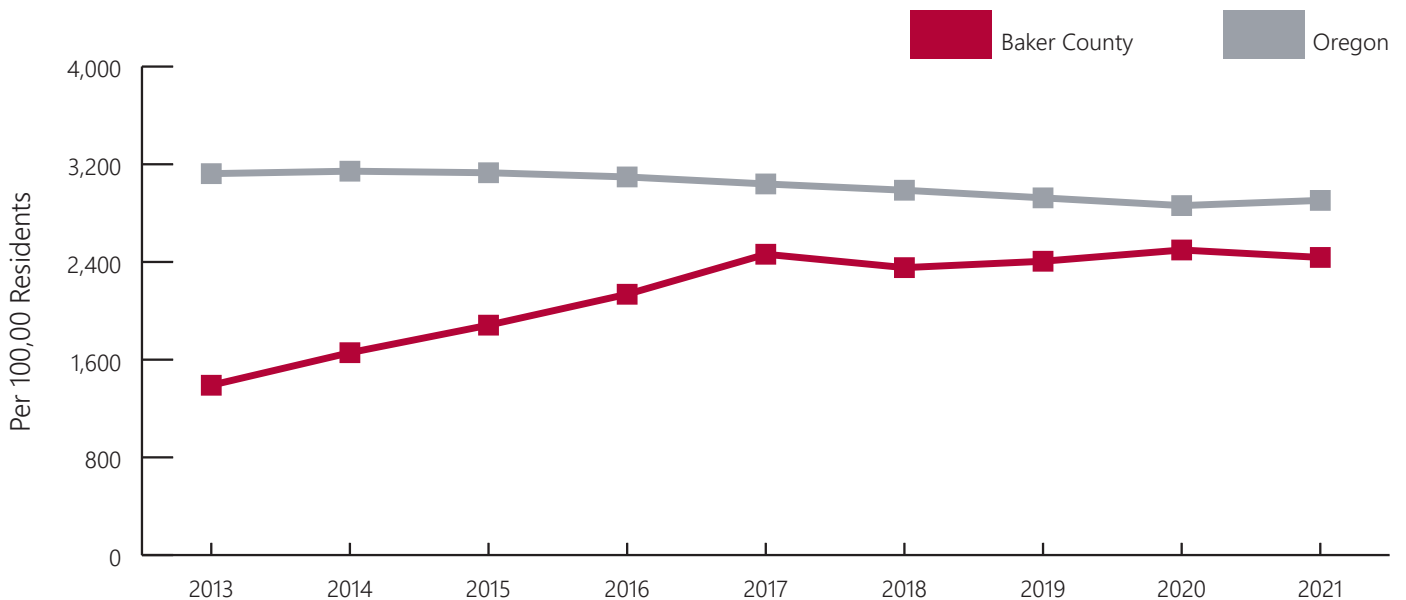
FIGURE 64: VIOLENT CRIME



Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Property crime rates in Baker County have also remained relatively stable over the past few years, following a rise from 2012 to 2018, with no notable leveling off during the COVID-19 pandemic.

FIGURE 65: PROPERTY CRIME



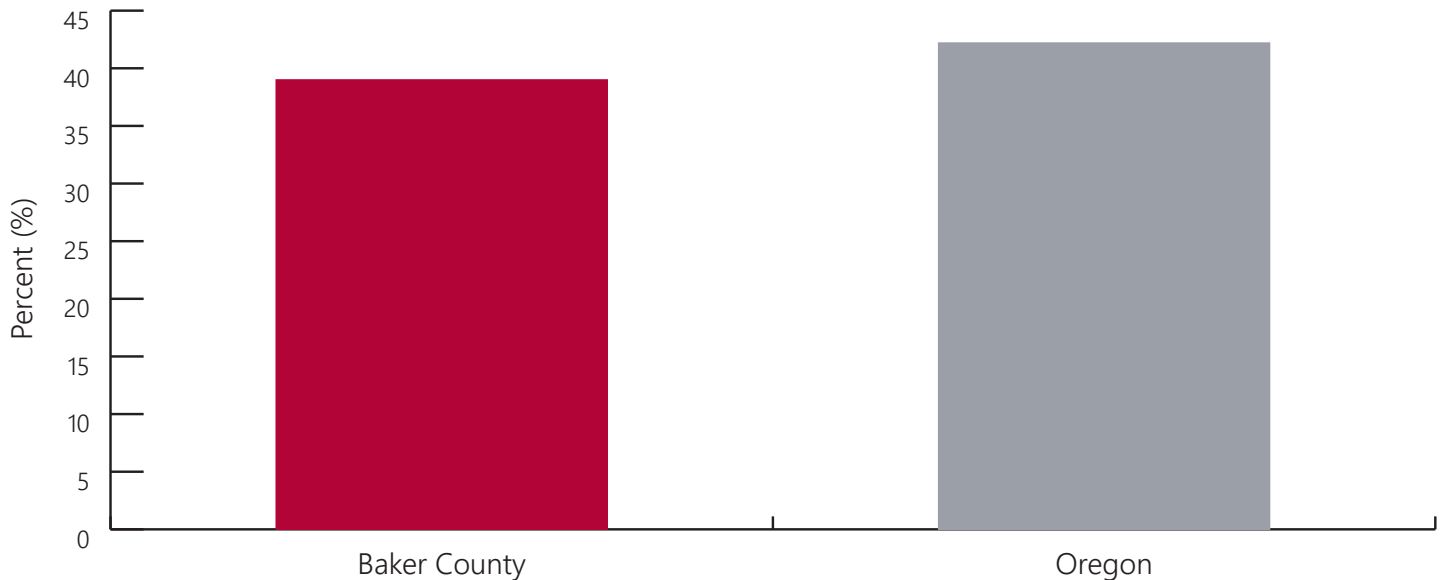
Source: Federal Bureau of Investigation, FBI Crime Data Explorer

EDUCATION

EARLY CHILDHOOD EDUCATION AND SCHOOL READINESS

The state of Oregon contributes funds and resources to early education. This includes providing guidelines for early learning programs, creating early learning hubs, providing Early Intervention Special Education Services, and instituting a program for transitioning into kindergarten.²¹ Baker County has similar rates of 3- to 4-year-old children enrolled in school programs as the statewide average, both are also fairly close to the nationwide average of 45.9%.

FIGURE 66: PERCENT OF CHILDREN 3–4-YEAR-OLD CHILDREN ENROLLED IN SCHOOL



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

CHNA respondents reported a concern about the availability and affordability of early childhood education. Head Start and Early Head Start are federally funded education programs for children aged 0-5 from extremely low-income families. In Baker County, there are two Head Start centers, both in Baker City, one of which is an early program for kids aged 0-3.

K-12 EDUCATION

Baker County is home to five public school districts and five public charter schools.

FUNDING FOR EDUCATION

In 2022, education was allocated \$20.6 billion, accounting for 17% of Oregon’s statewide budget and 43% of Oregon’s General and Lottery Funds.²² The budget increased by 3.5% from the previous year, providing dedicated funds toward early learning opportunities, K-8 student enrichment programs, and teacher recruitment and retention.²³

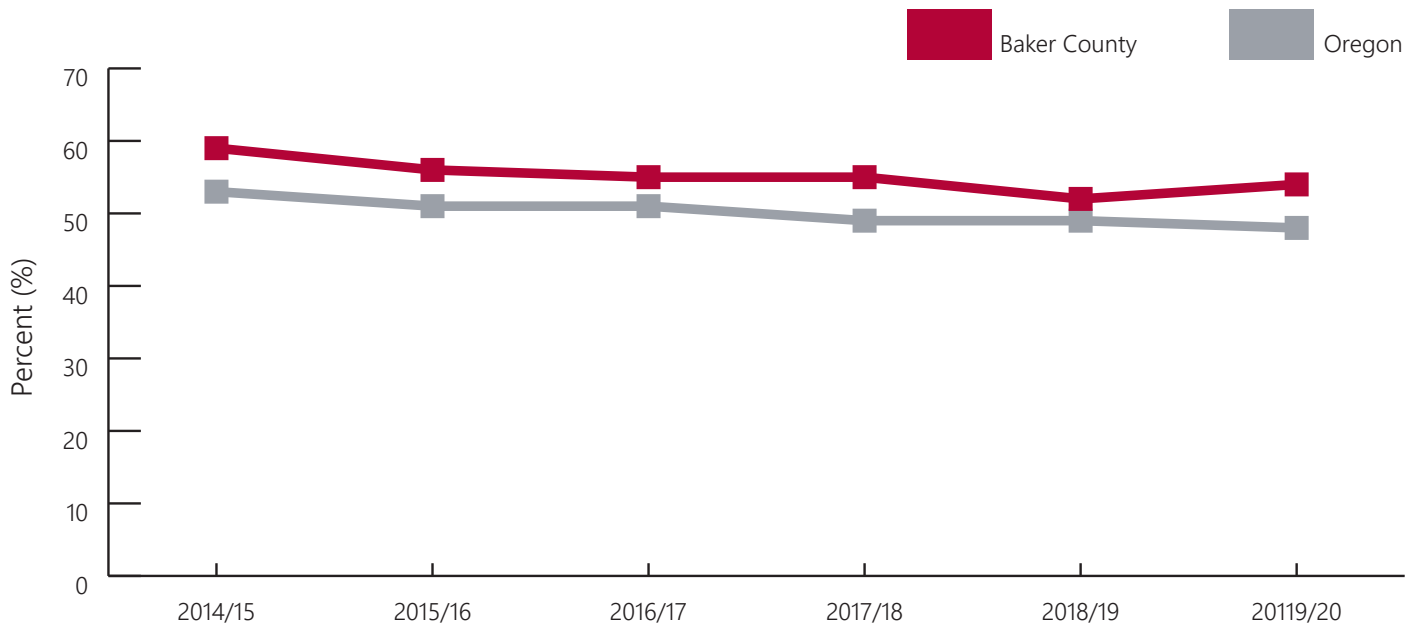
In 2020, Oregon ranked sixth in the Western states in per pupil spending, allocating \$12,855 per pupil. This amount is just above the Western states average of \$12,802 but below the national average of \$13,494.²⁴

POVERTY AND EDUCATION

Family income is a stronger influence on student performance than race or ethnicity.²⁵ In Oregon, students whose families have lower incomes are classified as qualifying for free or reduced lunch. For the past three years, it is becoming more common for entire schools to qualify for free or reduced lunch rather than individual students. As such the Oregon State Board of Education is creating a new measure to identify student socioeconomic levels.²⁶

From 2014 to 2020, rates of students in Baker County qualifying for free or reduced lunch have consistently been slightly higher than the state average. In 2021, the highest rates of free or reduced lunch students were found in Huntington School District (75%), while the lowest were in Burnt River School District (43%).

FIGURE 67: PERCENT OF STUDENTS QUALIFYING FOR FREE OR REDUCED LUNCH



Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

CHRONIC ABSENTEEISM

Of all Baker County students, 21.5% missed at least 15 days of school in 2021-22 school year. Among CHNA respondents, teachers and administrators surveyed reported trouble with attendance specifically among high school students. Many schools have rules that make it difficult for students who miss too much school to progress to the next grade

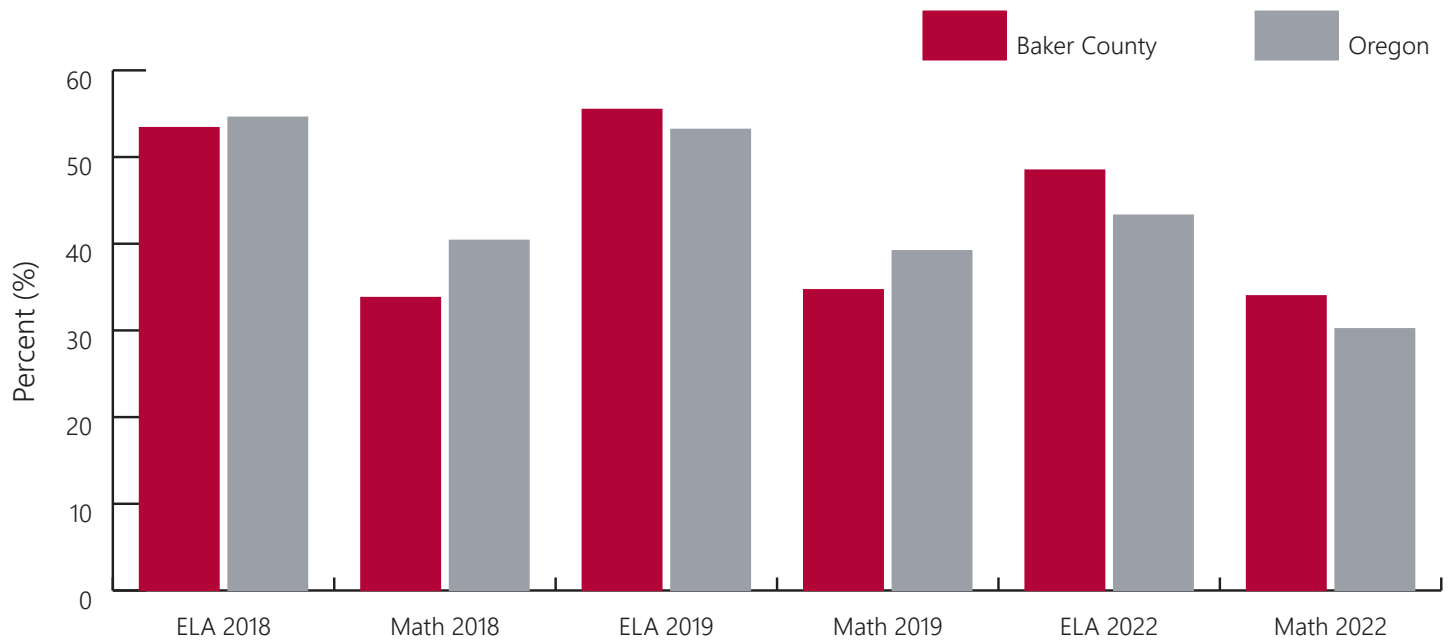


READING AND MATH PROFICIENCY

Grade 3-8, and Grade 11 students in Oregon take an English Language Arts (ELA) and math standardized test. Students in grades 5, 8, and 11 also take a science assessment.

As a whole, Baker County schools have higher rates of students scoring proficient than the state average in ELA. In math, Baker County schools had lower than state average rates before the pandemic. Education experts expected a drop in test scores because of virtual or cancelled school during the pandemic. This decrease is evident in the 2022 scores for both the state and Baker County. However, Baker County experienced a much smaller decrease in proficiency rates than statewide averages.

FIGURE 68: AVERAGE OF ALL STUDENTS SCORING “PROFICIENT” ON THE OREGON STATE ASSESSMENT



Source: Oregon State Department of Education, 2018-2022

POSTSECONDARY EDUCATION

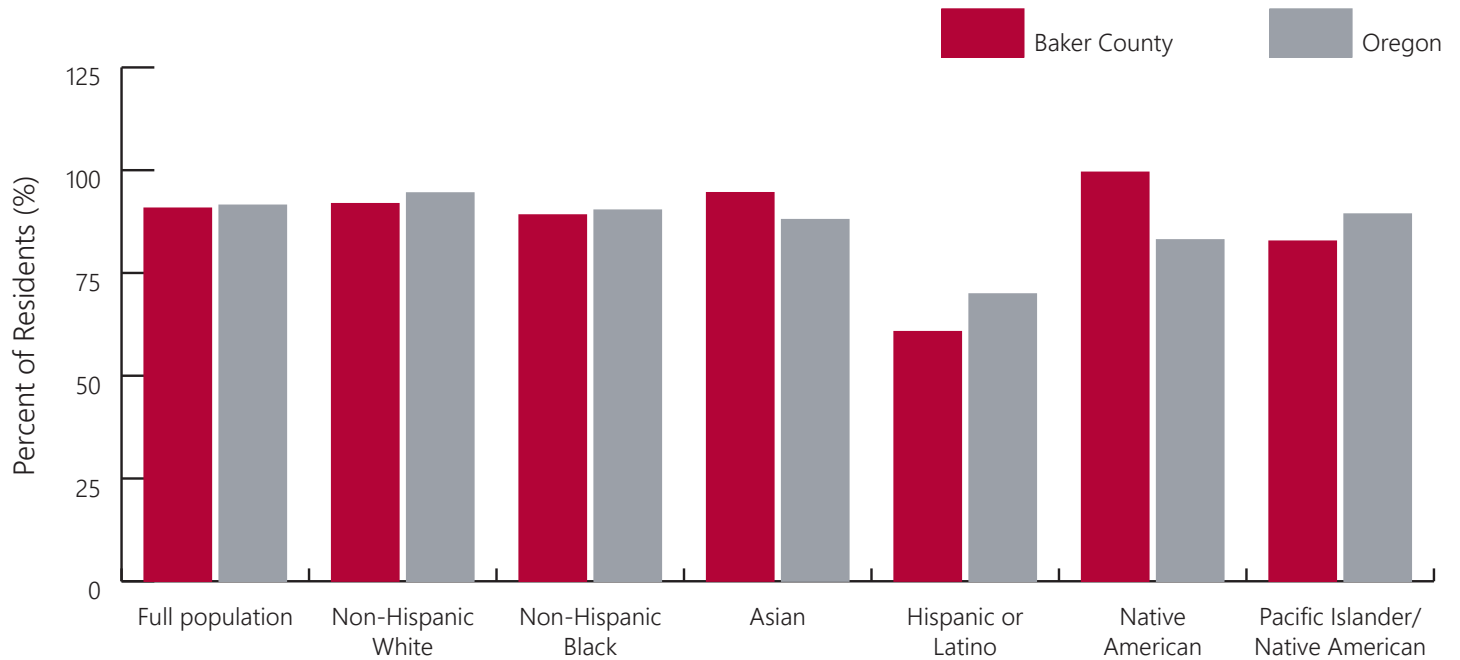
Approximately 44.6% of Oregonians ages 25-64 have a college or technical degree, increasing to 51.0% when including industry-recognized certifications. At 51.0%, Oregon has near the national average rate (51.9%) of higher educated adults but is still short of the state goal of 80%.²⁷

Both University of Oregon and Oregon State had more students enrolled in 2022 than they did before the pandemic. Enrollment in Oregon community colleges decreased during the pandemic but saw a slight increase in 2022. However, the number of Oregon residents being admitted into these institutions has been dropping steadily in the past ten years.²⁸ Of all Oregon university students, 78% continue after their first year and 68% of first-time, full-time freshman are able to complete a bachelor's degree within six years.²⁹

EDUCATION BY RACE/ETHNICITY

Education connects to financial stability by creating better job opportunities with better earnings. Baker County has similar high school graduation rates to the state average.

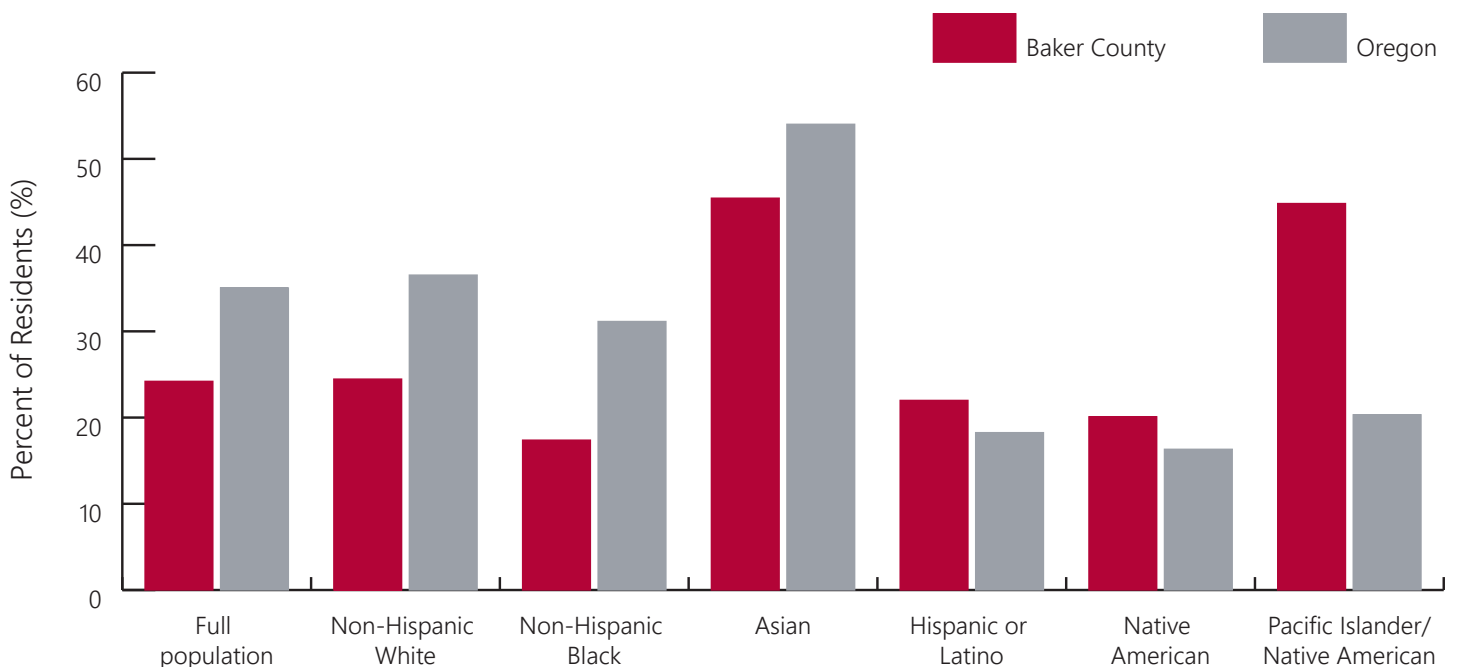
FIGURE 69: HIGH SCHOOL GRADUATION RATE BY RACE/ETHNICITY, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

A notable education gap shows up at the college level. Baker County has lower college graduation rates than the state average across the full population, while margins of uncertainty make it difficult to point to particular racial/ethnic trends. These gaps may contribute to inequitable economic outcomes between the county and other parts of the state.

FIGURE 70: COLLEGE GRADUATION RATE BY RACE/ETHNICITY, 2017-2021



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

SIGNIFICANT HEALTH NEEDS

DESCRIPTION

Upon analyzing and discussing the primary data, secondary data, and community feedback, a clear set of top priorities emerged for Baker County. The top three priorities identified by key stakeholders include:

Safe, affordable housing and homelessness

Access to affordable health care, including oral and vision health

Care giver supports, including childcare and assistance for older adults

PROCESS TO IDENTIFY NEEDS

Leaders and community members from throughout Baker County were invited to participate in a prioritization meeting in December 2022. In the meeting, Boise State University's IPI presented primary data from three focus groups, six interviews, and 38 survey responses, as well as secondary data from publicly available national datasets. Data was organized using the criteria listed below. Participants discussed surprising, expected, and missing themes in the data. The group then participated in nominal voting to select the top priorities for the hospital systems to address. A recording of the meeting was sent out to those unable to attend. These community members all had the opportunity to contribute to the voting process.

CRITERIA TO IDENTIFY NEEDS

The project lead team identified six criteria to better understand emergent themes in the data. The criteria aim to organize the themes based on the hospital systems' values for prioritization of needs.

1. Availability of community resources: perception of the sufficiency of resources
2. Equity/impact on vulnerable populations: populations identified as at risk of inadequate access to resources and disparities in experiences
3. Availability of evidence-based interventions: based on Healthy People 2030 evidence-based resources
4. Impact/value/consequence of inaction: quantifiable need demonstrated by trend over time indicating immediate action could prevent further poor outcomes and promote health and well-being
5. Importance to community: need is identified as important amongst community members
6. Severity/magnitude of health-related need: prevalence of need compared state and national benchmarks

RESOURCES AVAILABLE TO ADDRESS NEEDS

Saint Alphonse Medical Center- Baker City will develop and publish implementation strategies by the end of 2023. Community resources to address these and other social care needs can be found at

COMMUNITY INPUT PROCESS

INCORPORATION OF COMMUNITY INPUT

Community leaders, state and local public health departments and organizations, and people who represent and/or serve the medically underserved, low-income and minority populations, had three opportunities to provide input. Leaders were invited to participate in the CHNA Steering Committee process. The Steering Committee were involved in developing implementing community engagement strategies, including how to ensure participation from typically underrepresented groups. Steering Committee members also had the opportunity to facilitate focus groups with community members.

Community leaders were also invited to participate in key informant interviews. These interviews were designed to better understand the people the leaders serve as well as their feelings on health equity in the community.

Once all primary data was collected, community leaders were invited to attend a prioritization meeting. In this meeting they had the opportunity to discuss the needs of their communities and help in the process of prioritizing which needs the hospital systems should focus on addressing.

Community members, including those who are medically underserved, low-income, and or/ minority populations, had two opportunities to provide input. A survey was available in both paper and digital forms as well as in multiple languages (including Spanish, Swahili, and Arabic). The survey asked respondents about their health, their community, and experienced discrimination. Community members were also invited to participate in focus groups. Focus groups were held in community spaces and asked respondents about health in their community, general challenges, and needed services (See Appendix B).

APPENDIX A: DATA SOURCES

Table 1 - Population by County; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 1 - Population Growth; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 2 - Migration; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 3 - Births; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 4 - Deaths; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Table 2 - Population by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 5 - Population by Age; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 6 - Adults Self-Reporting "Fair" or "Poor" Health Outcomes; Source: University of Wisconsin Population Health Institute, County Health Rankings

Figure 7 - Diagnosed Diabetes; Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

Figure 8 - Arthritis; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Table 3 - Percentage of adults with Chronic Disease; Source: Centers for Disease Control and Prevention, PLACES

Figure 9 - Visited the Doctor for Routine Checkup; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 10 - Seniors up to date with Health Care; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 11- Insufficient services; Source: CHNA Community Data, 2022

Figure 12 - Challenges accessing services; Source: CHNA Community Data, 2022

Figure 13 - Uninsured Rate; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 14 - Uninsured Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 15 - Medicaid Coverage by Age; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 16 - Visited Dentist; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 17 - Poor Self-Reported Mental Health; Source: Centers for Disease Control and Prevention, PLACES

Figure 18 - Mental Health Providers per capita; Source: Centers for Medicare & Medicaid Services, National Provider Identifier Files,, 2021

Figure 19 - Suicide mortality; Source: Centers for Disease Control and Prevention, National Vital Statistics System

Figure 20 - Alcohol related mortality; Source: Centers for Disease Control and Prevention, National Vital Statistics System - Mortality

Figure 21 - Binge Drinking; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 22 - Cigarette Smoking Prevalence; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-2013; Centers for Disease Control and Prevention, PLACES, 2014-2020

Figure 23 - Obesity; Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 24 - No exercise; Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

Figure 25 - Bike to Work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 26 - Poverty Rate; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 27 - Below 200% of poverty level; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 29 - Households Below ALICE Threshold; Source: United for Alice, ALICE State and County Demographics, 2021

Figure 28 - Cost of Living; Source: CHNA Community Data, 2022

Figure 30 - Median Household Income; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 31 - Labor Force Participation; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 32 - Unemployment Rate; Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

Figure 33 - Median Monthly Housing Costs; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 34 - Median SMOC; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 35 - Median Gross Rent; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 36 - Owner Occupied; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 37 - Renter Occupied; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 38 - Vacant; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 39 - Median Home Value; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 40 - Annual Income Needed to Afford a 2-Bedroom; Source: National Low Income Housing Coalition, Housing Needs by State, aggregated by Metopio

Figure 41 - Housing Cost Burden; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 42 - Rent burdened; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 43 - Severely Rent burdened; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 44 - Housing Situation; Source: CHNA Community Data, 2022

Figure 45 - Trouble paying for Rent; Source: CHNA Community Data, 2022

Figure 46 - Lacking Complete Plumbing; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 47 - Lacking Kitchen Facilities; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 48 - Median Year Structure Built; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 49 - Crowded housing; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 50 - Problems with housing; Source: CHNA Community Data, 2022

Figure 51 - Continuum of Care count; Source: Green, T., Zapata, M., Green, J. (2022). Oregon State Homelessness Estimates 2021. Portland State University.

Figure 52 - Student Homelessness; Source: Oregon State Department of Education, McKinney-Vento Act: Homeless education program

Figure 53 - Disconnected Youth; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 54 - Food Insecurity; Source: Feeding America, Map the Meal Gap, 2020

Figure 55 - Food insecurity (youth); Source: Feeding America, Map the Meal Gap, 2020

Figure 56 - Living in food deserts; Source: U.S. Department of Agriculture, Food Access Research Atlas, 2019

Figure 57 - Food stamps; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2019

Figure 58 - Child Care Cost Source: Child Care Aware of America, Childcare Affordability Analysis, 2021

Figure 59 - No vehicle available Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 60 - Drive Alone to Work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 61 - Public transportation to work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 62 - Travel time to work over one hour; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 63 - Mean travel time to work; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates

Figure 64 - Violent Crime; Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Figure 65 - Property Crime; Source: Federal Bureau of Investigation, FBI Crime Data Explorer

Figure 66 - Percent of Children 3-4 enrolled in school; Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

Figure 67 - Percent of Students Qualifying for Free or Reduced Lunch; Source: University of Wisconsin Population Health Institute, County Health Rankings, 2022

Figure 68 - Average of All Students Scoring "Proficient" on the Oregon State Assessment; Source: Oregon State Department of Education, 2018-2022

Figure 69 - High School Graduation Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

Figure 70 - College Graduation Rate by Race/Ethnicity; Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2021

APPENDIX B: QUALITATIVE DATA COLLECTION

SURVEY QUESTIONS

2023 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Local health systems, public health departments, and community partners have partnered with Boise State University's Idaho Policy Institute to conduct an assessment to better understand the health needs of community members. We are asking community members to give us your thoughts about concerns and services in your region. The assessment will inform future regional community improvement activities.

This survey will take approximately 10–15 minutes to complete. Participation is voluntary, all responses are completely anonymous, and you can skip questions or end the survey at any time. By continuing this survey, you are consenting to share your responses with [hospital system or partners] and Boise State researchers.

If you have questions or concerns about this survey, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

You can complete this survey online in English, Arabic, Spanish, Russian, Somali, and Swahili at: [INSERT LINK]

Or return it by mail to: [Address]

Your input is valuable, and we appreciate your participation!

WHAT COUNTY DO YOU LIVE IN?

Ada

- Adams
- Baker
- Blaine
- Boise
- Canyon
- Elmore
- Gem
- Jerome
- Malheur
- Owyhee
- Payette
- Twin Falls
- Valley
- Washington
- Other _____

FIRST, WE WOULD LIKE TO ASK A FEW QUESTIONS ABOUT THE GENERAL LEVEL OF SERVICES AVAILABLE WITHIN YOUR COMMUNITY:

WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY? (SELECT ALL THAT APPLY)

- Substance use services
- Mental health care services
- Health care services (including primary care, specialty care, hospital services)
- Oral health care services
- Exercise and physical activity opportunities
- Family Planning Services (including birth control and pregnancy counseling services)
- I don't know
- Other (please specify):

WHICH OF THE FOLLOWING SOCIAL SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY? (SELECT ALL THAT APPLY)

- Services for older adults
- Services for people with disabilities
- Services for veterans
- Services for new immigrants
- Services for youth (including out of school time)

- Educational support services (including language services)
- Transportation services
- Affordable housing
- Affordable child care services
- Employment services (including job training and readiness)
- Financial assistance services
- Family planning services (including birth control and pregnancy counseling services)
- Housing services (including services for people experiencing homelessness or who are housing insecure)
- Food services (including food assistance, food pantries, nutrition education and support)
- Older adult care/Long term care/caregiver supports
- I don't know
- Other (please specify): _____

NOW, WE WOULD LIKE TO KNOW ABOUT YOUR SPECIFIC EXPERIENCES WITH ATTAINING HEALTH AND/OR SOCIAL SERVICES:

HAVE ANY OF THE FOLLOWING CHALLENGES EVER MADE IT MORE DIFFICULT FOR YOU TO GET THE HEALTH OR SOCIAL SERVICES YOU NEEDED? (SELECT ALL THAT APPLY)

- Lack of transportation
- Have no regular doctor/source of healthcare
- Cost of services
- Inconvenient operating hours
- Insurance problems/complications
- Lack of insurance coverage/not enough coverage
- Language barriers or could not communicate with provider or office staff
- Discrimination (race-based/size-based/income-based/gender-based, etc.)
- Unfriendliness of provider or office staff
- Afraid to seek services, in general
- Afraid due to my immigration status
- Don't know what type of services are available
- No available providers near me
- Long waits for appointments
- I have never experienced any difficulties getting services
- Other (please specify): _____

WHAT IS YOUR HOUSING SITUATION TODAY? (SELECT ALL THAT APPLY)

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have housing today, but I am worried about losing housing in the future.
- I rent a home
- I own a home

THINK ABOUT THE SPACE YOU LIVE IN. DO YOU HAVE PROBLEMS WITH ANY OF THE FOLLOWING? (SELECT ALL THAT APPLY)

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat
- Appliances not working
- No or not working smoke detectors
- Water leaks
- Landlord/tenant rights issues
- Landlord unresponsiveness to service requests
- None of the above
- Other [space for description]

IN THE PAST 12 MONTHS, HAS LACK OF RELIABLE TRANSPORTATION KEPT YOU FROM MEDICAL APPOINTMENTS, MEETINGS, WORK OR FROM GETTING THINGS NEEDED FOR DAILY LIVING?

- Yes
- No

WITHIN THE PAST 12 MONTHS, HAVE YOU OR ANYONE IN YOUR HOUSEHOLD HAD TROUBLE PAYING FOR ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- Childcare
- Transportation
- Food
- Housing
- Medical Care
- Medications

- Utilities
- Caregiving/Long term care
- None of these

SINCE THE COVID-19 PANDEMIC BEGAN (MARCH 2020), HAVE YOU HAD TROUBLE GETTING OR ACCESSING ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- Childcare
- Transportation
- Food
- Housing
- Medical Care
- Medications

- Mental Health
- Spiritual/Religious support
- Time with Family/Friends
- Other (please specify)

SINCE THE COVID-19 PANDEMIC BEGAN (MARCH 2020), HAVE YOU FELT AN INCREASE OF DEPRESSION, ANXIETY, ISOLATION, OR OTHER ISSUES?

- All of the time
- Most of the time
- About half the time
- Less than half the time
- Not at all

NOW WE WOULD LIKE TO KNOW YOUR THOUGHTS ON DISCRIMINATION IN YOUR COMMUNITY IN THE PAST 12 MONTHS

PLEASE INDICATE YOUR LEVEL OF CONCERN WITH RACISM/ DISCRIMINATION IN YOUR COMMUNITY.

- Not a concern
- Slight concern
- Moderate concern
- High concern
- Don't know

HAVE YOU EVER FELT DISCRIMINATED AGAINST IN ANY OF THE FOLLOWING WAYS BECAUSE OF YOUR RACE, ETHNICITY, GENDER IDENTITY, AGE, RELIGION, PHYSICAL APPEARANCE, SEXUAL ORIENTATION, OR OTHER CHARACTERISTICS? (PLEASE SELECT ALL THAT APPLY)

- I was discouraged by a teacher or advisor from seeking higher education
- I was denied a scholarship
- I was not hired for a job
- I was not given a promotion
- I was fired
- I was prevented from renting or buying a home in the neighborhood I wanted
- I was prevented from remaining in a neighborhood because neighbors made life so uncomfortable
- I was harassed by the police
- I was denied a bank loan
- I was denied or provided inferior medical care
- I was denied or provided inferior service by a service provider
- Other: _____

WE'D LIKE TO UNDERSTAND HOW YOU FEEL YOU'RE TREATED BY OTHERS. FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE SAY WHETHER THE STATEMENT APPLIES TO YOU ALWAYS, SOMETIMES, ALMOST NEVER OR NEVER.

	Never	Almost Never	Sometimes	Always
I am treated with less courtesy than other people.				
I receive poorer service than other people at restaurants or stores.				
People act as if they think I am not smart.				
People act as if they are afraid of me.				
People act as if they think I am dishonest.				
People act as if they think I am not as good as they are.				
I am called names or insulted.				
I feel threatened or harassed.				
People make an effort to avoid me in public spaces				

NOW WE WOULD LIKE TO KNOW MORE ABOUT YOUR CONCERNS REGARDING SPECIFIC COMMUNITY ISSUES.

PLEASE SELECT UP TO THE TOP 5 HEALTH ISSUES THAT HAVE THE LARGEST

IMPACT ON YOU AND/OR YOUR FAMILY OR SUPPORT SYSTEM, AND YOUR COMMUNITY AS A WHOLE IN THE PAST 12 MONTHS. YOU CAN SELECT THE SAME OR DIFFERENT ISSUES.

	You	YOUR FAMILY/ SUPPORT SYSTEM	YOUR COMMUNITY
Access to contraceptives (birth control)			
Aging health concerns (Alzheimer's, arthritis, dementia, falls, etc.)			
Air quality			
Asthma			
Cancer			
COVID-19			
Dental/oral health			
Diabetes			
Disabilities (including lack of services for individuals with disabilities)			
Education (including early childhood education)			
Access to health care (transportation, health insurance, cost, etc.)			
Heart disease/heart attacks			
High blood pressure/hypertension			
Homelessness			
Infectious/contagious diseases (tuberculosis, pneumonia, flu, etc.)			
Obesity/overweight			
Physical activity opportunities			
Sexually transmitted infections (STIs, Chlamydia, Gonorrhea, etc.)			
Teenage pregnancy			
Other (please specify): _____			

As a community member, please indicate your level of concern for each of the following topics:

	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Cost of Living					
Availability of healthy, affordable food options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of high-speed internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of long-term care/home caregiving services					
Availability of jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cost of child care (e.g., in-home, center based, or after school care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of caring for dependent adults (adult daycare, in-home care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of utilities (e.g., heat, electricity, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with home ownership (e.g., mortgage payments, property taxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs and issues associated with renting (e.g., rent payments, evictions, housing conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for economically marginalized families and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health and Stress	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Ability to get mental health care services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress related to low income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress among middle and high school aged youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress among veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real or perceived stigma associated with seeking mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Accessibility of transportation for those of all abilities (e.g., accessible ramps, lack of assistance, reader boards,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of public transportation (e.g., regional bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian and/or bike safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to activities other than work (e.g., grocery shopping, medical appointments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use	Not a Concern	Slight Concern	Moderate Concern	High	I don't know
Ability to get substance use services (e.g., affordable, timely, proximity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use among youth (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana use among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use among adults (including misuse of prescriptions, use of other illicit drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real or perceived stigma associated with seeking substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational marijuana use among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use among adults (smoking, chewing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use among youth (smoking, chewing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping among adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping among youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal and Public Safety	Not a Concern	Slight Concern	Moderate Concern	High Concern	I don't know
Adequate law enforcement system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun safety					
Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE THERE ANY OTHER ISSUES OF CONCERN – NOT LISTED PREVIOUSLY – THAT ARE OF HIGH CONCERN TO YOU AS A COMMUNITY MEMBER?

- No
- Yes, please specify: _____

THE FOLLOWING ITEMS ARE RELATED TO YOUR OWN DEMOGRAPHIC CHARACTERISTICS. WE ARE ASKING THESE QUESTIONS IN ORDER TO MAKE SURE THIS SURVEY HAS REACHED ALL POPULATION GROUPS THAT LIVE IN [REGION].

ARE YOU A HEALTH OR SOCIAL SERVICE PROVIDER?

- Yes
- No

WHAT IS YOUR ZIP CODE? _____

HOW OLD ARE YOU?

- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-64 years old
- 65+ years old

WHAT IS YOUR GENDER IDENTITY?

- Male

- Female
- Gender expansive/gender queer
- Gender questioning
- Gender fluid
- Intersex
- Non-binary
- Transmasculine
- Transfeminine
- Two-spirit
- Prefer not to answer
- Prefer to self-describe (please specify) _____

WHAT IS YOUR SEXUAL ORIENTATION?

- Asexual
- Bisexual
- Heterosexual/straight
- Gay
- Fluid
- Lesbian
- Pansexual
- Queer
- Prefer to self-describe (please specify) _____

HOW WOULD YOU DESCRIBE YOUR ETHNIC/RACIAL BACKGROUND? (PLEASE CHECK ALL THAT APPLY)

- African American or Black
- American Indian or Alaskan Native
- Asian
- Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander
- Caucasian/White
- Middle Eastern
- Other (please specify) _____

WHAT LANGUAGE DO YOU SPEAK MOST OFTEN AT HOME? (PLEASE CHOOSE ONE)

- English
- Spanish
- Arabic
- Swahili
- Somali
- Russian
- Other (please specify) _____

WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

- Less than high school
- High school graduate or GED
- Some college
- Associate or technical degree/certification
- Bachelor's degree
- Graduate or professional degree

WHAT IS YOUR HOUSEHOLD INCOME?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

HAVE YOU OR SOMEONE IN YOUR FAMILY EXPERIENCED HOUSING INSECURITY/HOMELESSNESS IN THE LAST 12 MONTHS?

- Yes
- No

ARE YOU IMPACTED BY ANY OF THE BELOW? (PLEASE SELECT ALL THAT APPLY)

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (because of a physical, mental, or emotional reasoning, having difficulty remembering, concentrating, or making decisions)
- Ambulatory difficulty (having serious difficulty walking or climbing stairs)
- Difficulty with activities of daily living (having difficulty bathing or dressing)
- Independent living difficulty (because of a physical, mental, or emotional reasoning, having difficulty

doing errands alone such as visiting a doctor's office or shopping)

None of the above

Prefer not to say

1 Health Resources & Services Administrations. (2022, July 31). Area Health Resources Files. HRSA. gov. Retrieved from <https://data.hrsa.gov/topics/health-workforce/ahr>

2 Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). National Vital Statistics System, Mortality 2018-2021. CDC WONDER Online Database. Retrieved from <http://wonder.cdc.gov/ucd-icd10-expanded.html>

2023 Community Health Needs Assessment

3 U.S. Department of Justice Civil Rights Division. (n.d.) Introduction to the Americans with Disabilities Act. ADA.gov. Retrieved from <https://www.ada.gov/topics/intro-to-ada/>

- | |
|---|
| <p>4 University of Wisconsin Population Health Institute. (2022). County Health Rankings State Report 2022 (County Health Rankings). https://www.countyhealthrankings.org/reports/state-reports/2022-oregon-state-report</p> <ul style="list-style-type: none"> • To identify the perceived health needs and assets in your community (describe geography to participants) <p>5 To gain an understanding of people's barriers to health and how these barriers can be addressed</p> <p>6 To identify areas of opportunity to address needs</p> |
|---|

7 Centers for Disease Control and Prevention (2022, September 30). Prevalence of Diagnosed Diabetes. Retrieved from <https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-diabetes.html>

[NOTE: GUIDE WILL BE TAILORED FOR EACH GROUP.]

8 Ibid.

I. BACKGROUND (5-10 MINUTES)

9 Milliman, M. (1993). Access to health care in America. Institute of Medicine (US) Committee on Monitoring Access to Personal Health Care. Washington, DC: National Academies Press (US).

doi:10.2009

We're going to be having a focus group today. You are here because we want to hear your perspective. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

10 See note 2. Health Resources & Services Administrations (2022).
11 Renfro, S. (2018). Oregon's Medicaid expansion drove shifts in health care spending. Center for Health Systems Effectiveness. Oregon Health and Science University. Retrieved from: https://www.ohsu.edu/sites/default/files/2019-10/Brief_Deconstruction_FINAL.pdf

The local health systems, public health departments and community partners are conducting a community health needs assessment with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. We want to hear from you about all the things that affects the health of a community, which can include not just health care but also other things related to where people live, work, and play. The information you provide is a valuable part of this assessment and improving health in our community.

12 Terry, J. (2022, September, 29). Under federal \$1 billion agreement, Oregon will expand Medicaid coverage. Oregonian Chronicle. Retrieved from <https://www.oregonian.com/2022/09/29/under-federal-1-billion-agreement-oregon-will-expand-medicaid-coverage/>

13 State of Oregon Legislative Policy and Research Office. (2020). Measure 110 Background Brief. Retrieved from [https://www.oregonlegislature.gov/info/Publications/Background-Brief-Measure-110-\(2020\).pdf](https://www.oregonlegislature.gov/info/Publications/Background-Brief-Measure-110-(2020).pdf)

14 General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected directly to you in our report. Your participation is voluntary and you are not required to respond to every question.

15 Alice in Idaho: A Financial Hardship Study. (2020). United Ways of the Pacific Northwest. Retrieved from <https://www.unitedforalice.org/state-overview/Idaho>

As you can see, I have a colleague with me today, [NAME], who is taking notes during our discussion. They work with me on this project. I want to give you my full attention, so they're helping me out by taking notes during the group and they do not want to distract from our discussion.

16 Malach, A. (2018). The empty house next door. Cambridge, MA: Lincoln Institute of Land Policy

17 U.S. Census Bureau, American Community Survey, Five-Year Estimates. Table DP04. 2021.

18 WHO Housing and Health Guidelines. Geneva: World Health Organization, 2018. 3. Household crowding. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK55289/>

I want to make sure we cover a number of different topics during our discussion.

19 Manfra, L. (2019). Impact of homelessness on school readiness skills and early academic

Lastly, please turn off your cell phones_or put them on silent or vibrate mode. Our group will last about 45-60 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

By continuing to participate in the focus group, you are consenting to share your responses with local health systems, public health departments, community partners and Boise State researchers. If you have questions or concerns about this focus group, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401. Any questions before we begin our introductions and discussion?

II. INTRODUCTION AND WARM-UP (5-10 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name and 2) what communities you are representing today. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY PERCEPTIONS (20-30 MINUTES)

2. Today, we're going to be talking a lot about the community that you represent. How would you describe your community?
 - a. If someone were to join your community, what would you say are some of its biggest strengths or the most positive things about it?
 3. What are some of the biggest problems or concerns in your community? [i.e. – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
 - a. How have these issues affected your community?
 - b. How has the COVID-19 epidemic impacted your community?
 - c. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
 - d. What populations, or groups of people, do you think struggle the most with challenges in your community?
 4. What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE USE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
 - i. How have these health concerns affected your community?
 5. Thinking about health and wellness in general, what helps keep you healthy?
 - a. What makes it easier to be healthy in your community?
 - i. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?
- ## IV. PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)
6. Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS DISCUSSED] What

programs, services, or policies are you aware of in the community that currently focus on these issues?

- a. What's missing? What programs, services, or policies are currently not available that you think should be?
- b. What do you think the community should do to address these issues?

V. VISION OF COMMUNITY (5 minutes)

7. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What is your vision for the future?

- a. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you.

As I mentioned before, we are conducting these groups around the [REGION], and we're also talking to people who work at organizations. After all this is over, we're going to be writing a report. The local health systems, public health departments, and community partners will post this report on their website.

Thank you again. Your feedback is extremely valuable, and we greatly appreciate your time and thank you for sharing your opinion.

Key Informant Interview Protocol

2023 Community Health Needs Assessment

Key Informant Interview Guide

Goals of the Key Informant Interview

- To gather perceptions of the health strengths and needs in your community (describe geography to participant)
- To identify health-related gaps, challenges, and assets
- To explore opportunities for addressing community health needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

BACKGROUND (5 minutes)

Hi, my name is _____ and I am with _____.

As you may know, local health systems, public health departments, and community partners are conducting a community health needs assessment in partnership with Boise State University's Idaho Policy Institute to gain a greater understanding of the issues facing the community of [REGION], how those needs are being addressed, and whether there might be opportunities to address these issues

more effectively.

As part of this process, we are conducting interviews with leaders in the community and focus groups with residents and other stakeholders to understand the community's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.

Our interview will last about 45 – 60 minutes. General themes that emerge during the discussions will be written into a summary report for the public. The report will not include any names or identifying information of participants. All names and responses will remain anonymous. Anything sensitive that you say here will not be connected to you in our report.

Your participation is voluntary and you are not required to respond to every question. By continuing the interview, you are consenting to share your responses with the local health systems, public health departments, community partners, and Boise State researchers. If you have questions or concerns about this interview, you can contact Vanessa Fry at vanessafry@boisestate.edu or 208-426-2848, or the Boise State University Institutional Review Board at humansubjects@boisestate.edu or (208) 426-5401.

Do you have any questions before we begin our introductions and discussion?

THEIR AGENCY / ORGANIZATION (5 minutes)

[SKIP THIS SECTION FOR ELECTED OFFICIALS]

Can you tell me a bit about your organization/agency?

- a. What are some of the biggest challenges your organization faces in conducting your work in the community?
- b. Do you currently partner with any other organizations or institutions in any of your work?

COMMUNITY OF ORGANIZATION SERVED (10 minutes)

How would you describe the community served by your organization/ that you serve as [INSERT TITLE]?

- c. What do you consider to be the community's strongest assets/strengths?

TOP ISSUES OF THE GENERAL COMMUNITY (10 minutes)

8. What do you think are the most pressing concerns in the general community (i.e. health/education/housing/education/economic/transportation)?
 - a. Why are these concerns?
 - b. How has the COVID-19 epidemic affected the community?
 - c. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for health disparities?
 - d. From your experience, what are the community's biggest challenges to addressing these issues?

PROGRAM / SERVICE ENVIRONMENT (10 minutes)

9. Let's talk about a few of the issues you mentioned previously. [SELECT TOP CONCERNS] What programs, services, or policies are you aware of in the community that address some of these issues?
 - a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

- b. How coordinated are these programs or services, if at all?
 - c. Where are the gaps? What program, services, or policies are currently not available that you think should be?
 - d. What do you think needs to be done to address these issues?
 - i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some “low hanging fruit” – current collaborations or initiatives that can be strengthened or expanded?
10. [IF HEALTH NOT YET MENTIONED/DISCUSSED] Thinking about your community, what do you see as the strengths of the health services there? What do you see as its limitations?
- a. What challenges do residents in your community face in accessing health services? [PROBE IN DEPTH FOR BARRIERS TO CARE: LACK OF TRANSPORTATION, INSURANCE ISSUES, LANGUAGE BARRIERS, CHILD CARE, ETC.]
 - b. Who do you consider to be the populations (geography, age, race, gender, income, education) in the community most vulnerable or at risk for disparities in accessing health services?
 - c. What do you think needs to happen in your community to help all residents overcome or address these challenges?

VISION OF THE FUTURE (10 minutes)

11. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
- a. What is your vision specifically related to people's health in the community?
 - i. What do you think needs to happen in the community to make this vision a reality?
 - ii. Who should be involved in this effort?

CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

As I mentioned before, we are conducting discussions all around the region. After collecting all the data and completing these interviews, we're going to be writing up a report which will be posted online.

Thank you again. Have a good day.

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Adoption of 2023 Baker County CHNA

On May 16, 2023, the Saint Alphonbus Health System Board of Directors met to discuss the 2023 Baker County Community Health Needs Assessment (CHNA). Upon review, the Board approved this CHNA Report on behalf of the Saint Alphonbus Regional Medical Center- Baker City.

Toni L. Nielsen
Toni L. Nielsen (Jun 8, 2023 15:30 EDT)

June 5, 2023

Toni L. Nielsen, Vice Chair, Saint Alphonbus Health System Board