



**Saint Alphonius Medical Center Baker City  
Community Health Needs Assessment (CHNA)  
Implementation Strategy**  
*Fiscal Years FY24-26*



**Saint Alphonius**

A Member of Trinity Health

**Saint Alphonsus Regional Medical Center Baker City (SAMC-BC) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 5, 2023.** SAMC-BC performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at [saintalphonsus.org/assets/documents/chna/bakercity/2023-community-health-needs-assessment-for-saint-alphonsus-medical-center\\_baker-city.pdf](https://saintalphonsus.org/assets/documents/chna/bakercity/2023-community-health-needs-assessment-for-saint-alphonsus-medical-center_baker-city.pdf) or printed copies are available at 3325 Pocahontas Road, Baker City, OR 97814.

## Our Mission

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

## Our Hospitals

Located in Baker City, Oregon and nestled beneath the Elkhorn Mountains, Saint Alphonsus Medical Center - Baker City serves Baker County and surrounding areas. Having been a part of Baker County 5 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 Alphonsus 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.saintalphonsus.org](http://www.saintalphonsus.org), and [www.Trinity-Health.org](http://www.Trinity-Health.org).

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

## Our Community Based Services

In addition to the SAM-BC facility, Saint Alphonsus also provides community-based services through the Saint Alphonsus Medical Group (SAMG). This includes a variety of medical specialties such as women's health, pediatrics, family practice, urgent care, physical therapy, and orthopedics.

The Saint Alphonsus Health Alliance (SAHA) is a physician-led network sponsored by the Saint Alphonsus Health System. The Alliance represents a new model of healthcare delivery, known as a clinically integrated network, based on a strategy to tightly align physicians, hospitals, and payers to provide better access to care, better clinical quality, and control costs.

Saint Alphonsus serves its mission through the community health and well-



being (CHWB) department. The CHWB department houses services to improve community-clinical linkages for our patients and residents in the communities served by Saint Alphonsus. This includes the Community Health Worker Hub, mobile clinical services, Faith Community Nurses, Catholic School nurses, language access resources, tobacco treatment specialists, Family Centers that encompass patient education, counseling, and other therapeutic services for new parents and families, and extensive community outreach to address the social influencers of health.

## Our Community

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

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.

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.

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

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.

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.

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.



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.

The Americans with Disabilities Act defines a disability as a “physical or mental impairment that substantially limits one or more major life activities.”<sup>3</sup> 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%.

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.

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.



## Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation’s definition of Health Equity - “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

## Health and Social Needs of the Community

The CHNA conducted between June and December 2022 and identified the significant needs for health and social drivers of health within the Baker County community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

---

### 1. Safe, affordable housing and homelessness

- 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.

---

### 2. Access to affordable health care, including oral and vision health

- 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.

- 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.

---

**3. Caregiver supports, including childcare and assistance for older adults**

- 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.
-

## Hospital Implementation Strategy

### **Significant health and social needs to be addressed**

SAMC-BC, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

- Safe, affordable housing and homelessness- CHNA pages 16-25.
- Access to affordable healthcare, including oral and vision health- CHNA pages 37-49.
- Caregiver supports, including childcare and assistance for older adults- CHNA pages 15, 32-26, and 52.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

# 1

## Safe, affordable housing and homelessness



**Goal: Saint Alphonsus seeks to improve the availability of attainable housing for the residents of Baker County regardless of their income status.**

| CHNA Impact Measures   | 2024 Baseline  | 2026 Target     |
|--|----------------|-----------------|
| <b>Increase the number of attainable housing units made possible in participation by Saint Alphonsus Medical Center- Baker City by at least 25 units by June 30, 2025.</b> | <b>0 units</b> | <b>25 units</b> |

| Strategy  | Timeline |    |    | Hospital and Committed Partners<br>(align to indicate committed resource) | Committed Resources<br>(align by hospital/committed partner)  |
|---|----------|----|----|---|---|
|   | Y1       | Y2 | Y3 |   |   |
| Explore the development of affordable housing, including an associated social influencer of health (i.e. food, transportation, healthcare services, etc.) | x        | x  | X  | SAMC-BC   | Up to \$20k/year toward housing, in kind support of CHWB Director and Coordinator to convene, lead, advocate for, and work in coordination with developer and service provider partners in Baker City |
|   | x        |    |    | Northwest Housing Alternatives  | Potentially acting as lead developer on a housing project   |
|   | x        |    |    | GST Development   | Potentially contributing land to development  |
|   | x        |    |    | LEAP Housing  | Potentially acting as lead developer on a housing project   |
|   |          | x  | x  | Service Provider/CBO partners   | TBD providing in kind services for residents and community members around a housing development, advocating for housing with municipal leadership   |
|   |          |    |    |   | <b>Focus location(s)</b>  |
|   |          |    |    | Baker City, including priority zip code 97814                             | People making 30-80% of the Baker County Area Median Income   |



# 2

Access to affordable healthcare, including oral and vision health



**Goal: Improve access to affordable healthcare services for community members regardless of income and insurance status**

| CHNA Impact Measures  | 2024 Baseline        | 2026 Target                  |
|---|----------------------|------------------------------|
| Provide access to healthcare services via the provision of transportation and/or mobile health clinics for at least 225 uninsured or underinsured individuals by June 30, 2025. | 75 individuals /year | 225 individuals over 3 years |

| Strategy  | Timeline                                     |    |    | Hospital and Committed Partners<br>(align to indicate committed resource) | Committed Resources<br>(align by hospital/committed partner)  |
|---|--|----|----|---|---|
|   | Y1   | Y2 | Y3 |   |   |
| Support Community Connections of Northeast Oregon in providing non-medical transportation services to/from healthcare appointments, including vision and dental health appointments | x  | x  | x  | SAMC-BC   | \$20-30k.year, in kind support from CHWB Supervisor to coordinate with CCNO   |
|   | x  | x  | x  | Community Connections of Northeast Oregon                                 | Exploring other funding sources, employe driver, and conduct operations of transportation services                    |
|   | <b>Focus location(s)</b>                     |    |    |   | <b>Focus Population(s)</b>  |
|   | Baker City including priority zip code 97814 |    |    |   | People with limited income or older adults and folks with disabilities in need of non-medical transportation services |
| Strategy  | Timeline                                     |    |    | Hospital and Committed Partners<br>(align to indicate committed resource) | Committed Resources<br>(align by hospital/committed partner)  |
| Explore the need within community and ability to scale the Ontario mobile clinic to serve Baker County  | Y1   | Y2 | Y3 |   |   |
|   |  | x  | x  | SAMC-BC   | ~\$3500/clinic  |
|   |  | x  | x  | TBD mobile host partners  | In kind mobile host sites   |
|   |  | x  | x  | TBD social service providers/CBOs   | In kind food distribution and social services for patients  |
| <b>Focus location(s)</b>  |  |    |    | <b>Focus Population(s)</b>  |   |
| Baker City- including priority zip code 97814   |  |    |    | Uninsured and underinsured individuals                                    |   |

# 3

## Caregiver supports, including childcare and assistance for older adults



**Goal: Improve access to caregiver services for community members regardless of income**

| CHNA Impact Measures   | 2024 Baseline | 2026 Target  |
|--|---------------|--------------|
| Provide early childhood education and childcare for at least 100 children/families by June 30, 2025. | 25 children   | 100 children |

| Strategy   | Timeline                                      |    |    | Hospital and Committed Partners<br>(align to indicate committed resource) | Committed Resources<br>(align by hospital/committed partner)  |
|--|---|----|----|---|---|
|  | Y1  | Y2 | Y3 |   |   |
| Support the Baker YMCA in the provision of early childhood education and childcare for families in Baker County              | x   | x  | x  | SAMC-BC   | \$35k/year for YMCA operations, engaging in community conversations with other childcare providers to address gaps in infant/toddler care                 |
|  | x   | x  | x  | Baker YMCA  | Provision of childcare and early learning services in Baker County  |
|  | x   | x  | x  | Baker School District   | In kind partnership for childcare services with the YMCA  |
|  | Focus location(s)                             |    |    |   | Focus Population(s)   |
|  | Baker City- including priority zip code 97814 |    |    |   | Individuals and families in need of childcare, regardless of income   |
| Strategy   | Timeline                                      |    |    | Hospital and Committed Partners<br>(align to indicate committed resource) | Committed Resources<br>(align by hospital/committed partner)  |
|  | Y1  | Y2 | Y3 |   |   |
| Explore community services for older adults offered by Community Connections of Northeast Oregon and how SAMC-BC can support | x   | x  | x  | SAMC-BC   | Up to \$10k/year for caregiver supports for older adults, convene community discussions around the need for in-home services to help seniors age in place |
|  | x   | x  | x  | Community Connections of Northeast Oregon                                 | In kind provision of services, TBD  |
|  | Focus location(s)                             |    |    |   | Focus Population(s)   |
|  | Baker City- including priority zip code 97814 |    |    |   | Older adults, particularly those with limited incomes   |

## Adoption of Implementation Strategy

On September 19, 2023, the Board of Directors for Saint Alphonus Health System met to discuss the 2023-2025 Implementation Strategy for addressing the community health and social needs identified in the 2023 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

Michael Ballantyne  
Michael Ballantyne (Oct 16, 2023 12:52 PDT)

October 16, 2023

Michael Ballantyne, Saint Alphonus Health System Board Chair

