



Baker City Community Health Needs Assessment

Baker County 2026



Saint Alphonius

A Member of Trinity Health



Acknowledgements

- Baker City
- Baker Senior Center
- Baker YMCA
- Eastern Oregon Coordinated Care Organization (EOCCO)
- Eastern Oregon Center for Independent Living (EOCIL)
- New Directions Northwest
- Oregon Food Bank
- Baker City School District
- Community Connections Baker City
- Baker County Health Department
- Ford Family Foundation
- Department of Human Services Oregon
- Baker City Chamber of Commerce
- Building Healthy Families Baker County
- Safe Families Baker City
- Northeast Oregon Compassion Center

Table of Contents

Executive Summary4

Introduction5

 Baker County CHNA Saint Alphonsus Hospital Information5

 Hospital Overview5

 Facilities Owned & Operated by Saint Alphonsus Medical Center-Baker City5

 Mission Statement.....6

 Services Provided6

 Conducting the 2026 Community Needs Assessment.....6

 Summary of Previous CHNA7

 Evaluation of Impact.....7

 Comments.....9

 Date Adopted by Board9

Community Description10

Process and Methods14

 Data Collection14

 Health Needs Identified.....14

Health Needs Prioritized15

 Access to Care.....15

 Housing.....23

 Behavioral Health26

Health Needs Not Prioritized.....34

 Food Access34

 Chronic Disease.....37

 Maternal and Child Health.....38

 Childcare.....40

Prioritization.....42

Community Resources and Assets.....43

Conclusion.....44

Appendix 1: Data Sources.....45

Executive Summary

The Community Health Needs Assessment (CHNA) for Baker County, conducted by Saint Alphonus Medical Center Baker City, aims to identify and address the health needs of the community. This assessment provides a comprehensive overview of the health status, challenges, and opportunities within Baker County, guiding future health initiatives and programs.

Saint Alphonus Medical Center Baker City is dedicated to improving the health and well-being of the communities it serves. With a mission to provide quality healthcare services, the hospital engages in various community health initiatives and partnerships to address the specific needs of Baker County residents. The hospital's commitment to community health is reflected in its collaborative efforts with local organizations, healthcare providers, and government agencies.

Baker County, located in eastern Oregon, is characterized by its rural setting and diverse population. Key demographics of the area include a mix of age groups, with a significant proportion of older adults. The community faces several health challenges, including access to healthcare services, chronic diseases, and mental health issues. The CHNA identified these key demographics and health needs through extensive data collection and analysis.

The assessment utilized primary data sources such as community surveys, focus groups, and existing health data from local and state health departments. The methodology involved a thorough analysis of quantitative and qualitative data to identify the most pressing health needs in Baker County. Health needs identified in the assessment include:

- Access to Care
- Behavioral Health
- Childcare
- Chronic Disease
- Food Access
- Housing
- Maternal and Child Health

These needs were presented to community partners and leaders, who were then asked to vote on the upcoming priorities. The following health needs were prioritized:

- Behavioral Health
- Access to Care
- Housing

The findings of this CHNA will inform the development of targeted health programs and initiatives aimed at improving the overall health of Baker County residents. By addressing the prioritized health needs, Saint Alphonus Medical Center Baker City and its partners aim to create a healthier community and reduce health disparities.

Introduction

Baker County CHNA Saint Alphonsus Hospital Information

As a Catholic health system, Saint Alphonsus 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 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 Alphonsus 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 Alphonsus 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 Alphonsus is a proud affiliate of Trinity Health, one of the largest not-for-profit, faith-based health care systems in the nation. It is a family of 133,000 colleagues and more than 38,900 physicians and clinicians caring for diverse communities across 25 states. Nationally recognized for care and experience, the Trinity Health system includes 92 hospitals, 101 continuing care locations, the second largest PACE program in the country as well as many other health and well-being services. For more information, please visit www.saintalphonsus.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 Alphonsus Medical Center, and a Saint Alphonsus 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 Experiencing Poverty:** We stand with and serve those who are poor, especially those most vulnerable.
- **Safety:** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **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.

Services Provided

SAMC-BC is a Critical Access Hospital with SAMG primary and internal medicine practices. Services provided include breast care, cancer care, cardiology, dietary services, emergency services, intensive care, laboratory, maternity care, medical/surgical services, ophthalmology, orthopedics, physical and occupational therapies, radiology, respiratory therapy, rheumatology, sleep disorders, surgical services, and tele-stroke.

Conducting the 2026 Community Needs Assessment

Saint Alphonus Medical Center-Baker City (SAMC-BC) performed the Community Health Needs Assessment 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 considered input from representatives of the community, community members, and various community organizations. It is available publicly online at <https://www.saintalphonus.org/about-us/community-benefit/community-needs-assessment>, or by request from the Saint Alphonus Health System Community Health and Well-Being Department.

The 2026 Community Health Needs Assessment was led by Saint Alphonus Health System with Metopio, Inc. as research partners using the same tools and protocols used in the 2026 Idaho Treasure Valley and Malheur County CHNAs. Baker County was the primary service area studied with analysis and comparison of county/health district, state, and national data wherever available. This is the primary service area most SAMC-Baker City patients draw from. The Idaho Oregon Community Health Data Atlas was utilized as a primary source 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 2026 Community Health Needs Assessment document, as are the methods for prioritizing the key health needs for 2026.

The 2026 Community Health Needs Assessment processes and drafts were presented to the SAMC-BC Community Hospital Advisory Board. Their input was reviewed and approved by the Saint Alphonus Health System Board on February 18, 2026, with delegation of approval for any subsequent edits to board chair Adam Richins.

Summary of Previous CHNA

The 2023 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 2023. The community organizations that made up the 2023 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 Hospital Advisory Hospital Board was provided with drafts of the Community Assessment Update and provided input the 2023 CHNA priorities.

The 2023 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 2023, identified significant health needs within the SAMC-BC community:

1. Safe, Affordable Housing and Homelessness
2. Access to Affordable Health Care, Including Oral and Vision Health
3. Caregiver Supports, Including Childcare and Assistance for Older Adults

The 2023 Community Health Needs Assessment Update was reviewed in detail within the Saint Alphonus Health System Community Health and Well-Being Department in partnership with Metopio prior to the development of the 2026 Community Health Needs Assessment processes and tools.

SAMC-BC did not receive any comments from the public on the 2023 CHNA beyond the contributions of the Baker County Steering Committee and qualitative data collection methods between January and May 2023.

Evaluation of Impact

SAMC-BC acknowledged the wide range of priority health issues that emerged from the 2023 CHNA 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.

Safe, Affordable Housing and Homelessness

SAMC-Baker City has worked over the past three years in consultation with the City, community-based organizations, and several Oregon-based developers to evaluate opportunities for bringing affordable housing units to the Baker City community. The SAMC-Baker City Community Health Workers also work

daily with patients, Baker 5J School District students and families, and residents to connect them to housing resources.

Specifically, SAMC-Baker City provided financial support to the Compassion Center of Northeast Oregon to provide hotel vouchers to individuals and families experiencing homelessness or housing insecurity during times of transition or relocation.

Access to Affordable Health Care, Including Oral and Vision Health

SAMC-BC sought to identify barriers to health care by screening the social needs of patients in hospital and community settings. SAMC-Baker City plays an active role in community groups such as Baker County Mental Health Advisory Committee, Baker County Safe Sleep Committee, EOCCO Care Coordination, Baker County Local Community Health Partnership, New Directions Suicide Prevention Team, Baker County Transportation Advisory Committee, and the Eastern Oregon Community Resource Network.

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: Baker City 864 CHW encounters, 186 CHW referrals, 647 hotline calls

FY24: Baker City CHW 627 CHW encounters, 267 CHW referrals, 414 CHW hotline calls

FY25: Malheur and Bakery City 1654 CHW encounters, 492 CHW referrals, 379 CHW hotline calls

Contributions were provided to the following organizations to support access to affordable health care:

- \$27,000 to Community Connection of Northeast Oregon to support rides for wellness and transportation programs
- \$100,000 to Northeast Oregon Compassion Center to support patients in our community needing assistance with expenses associated with Obstetrics care
- \$7,800 to Community Connection of Baker County for rides to wellness program
- \$20,000 to Northeast Oregon Compassion Center (estimated impact 112 people)

Caregiver Supports, Including Childcare and Assistance for Older Adults

SAMC-Baker City has continued to support the Baker YMCA in the provision of childcare and contributed funds toward the Family Center to provide physical activity and recreational opportunities for youth and their families in Baker County.

Comments

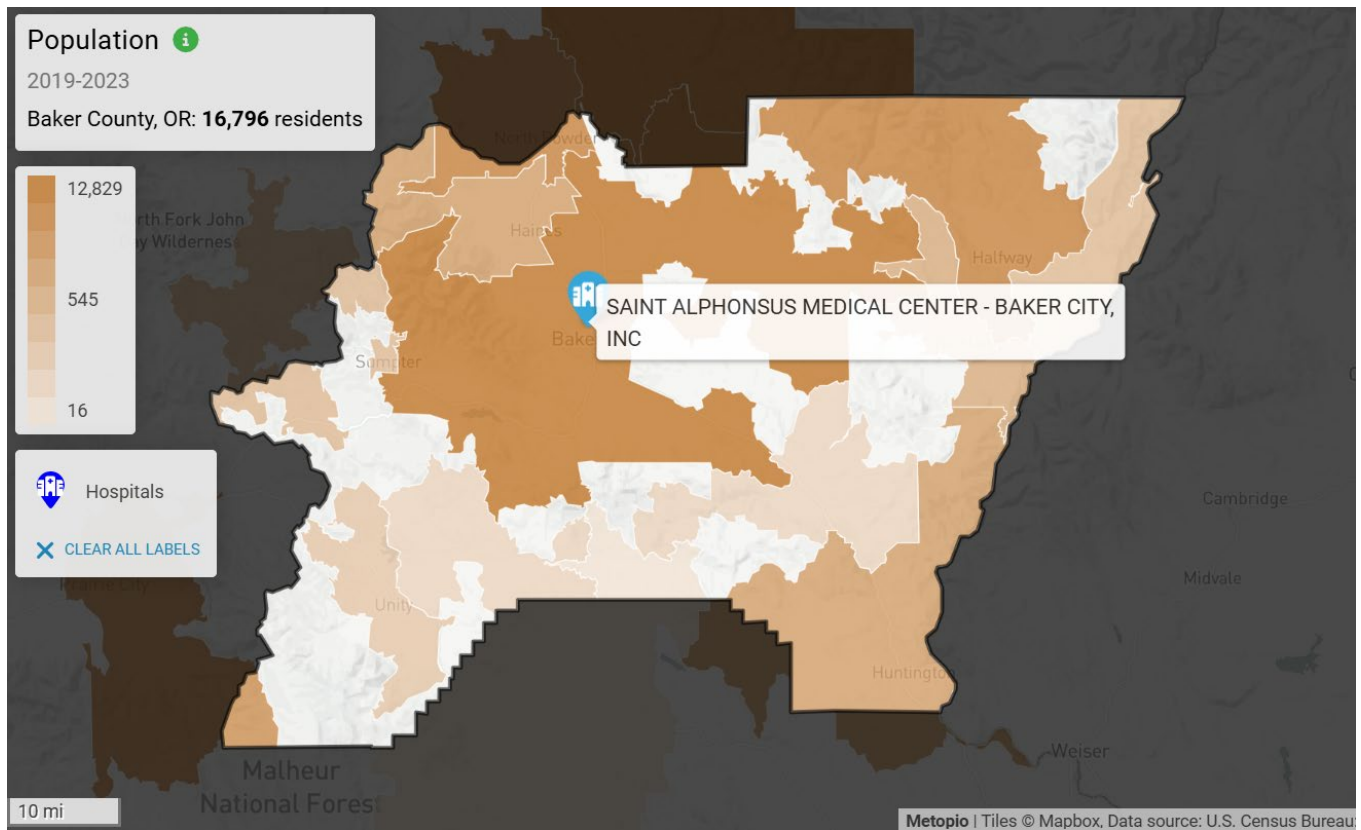
Any comments on this report may be submitted to Corey Surber, Vice President of Government Affairs and Advocacy at corey.surber@saintalphonsus.org.

Date Adopted by Board

The 2026 Community Health Needs Assessment was reviewed by the Baker City Community Hospital Advisory Boards and approved by the Saint Alphonsus Health System Board on May 13, 2026.

Community Description

For the purpose of this CHNA report, the geographic area served is defined as Baker County, shown in the map below. Baker County is a relatively small, rural county in eastern Oregon with an estimated population of about 16,796 in 2023. The population is fairly stable, showing only modest growth over the past decade. The population skews older than national or state averages: the median age in 2023 is about 47 years. Roughly 28% of residents are age 65 or older, while only about 19–20% are under 18.

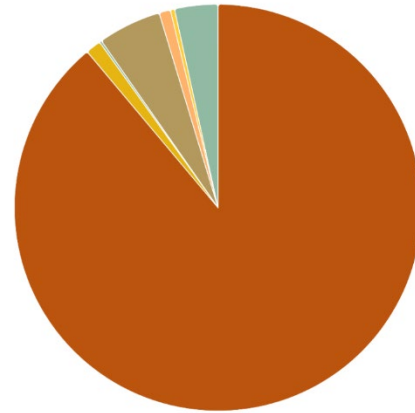


Race/Ethnicity

Baker County is predominantly white, with smaller populations of Hispanic or Latino, Native American, and other racial and ethnic groups. The racial and ethnic composition of Baker County is similar to that of Oregon but differs significantly from the more diverse demographics of the United States.

Population by Race/Ethnicity – Baker County, OR, 2019-2023

Race/Ethnicity	Baker County
White (Non-Hispanic)	88.9%
Hispanic or Latino (Regardless of Race)	5.0%
Two or more races (Non-Hispanic)	3.4%
Black (Non-Hispanic)	1.2%
Native American (Non-Hispanic)	0.9%
Pacific Islander/Native Hawaiian (Non-Hispanic)	0.3%



Created on Metopio | metop.io/i/8zzqbhz | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
 Population: Average population over the time period.

Quick Facts

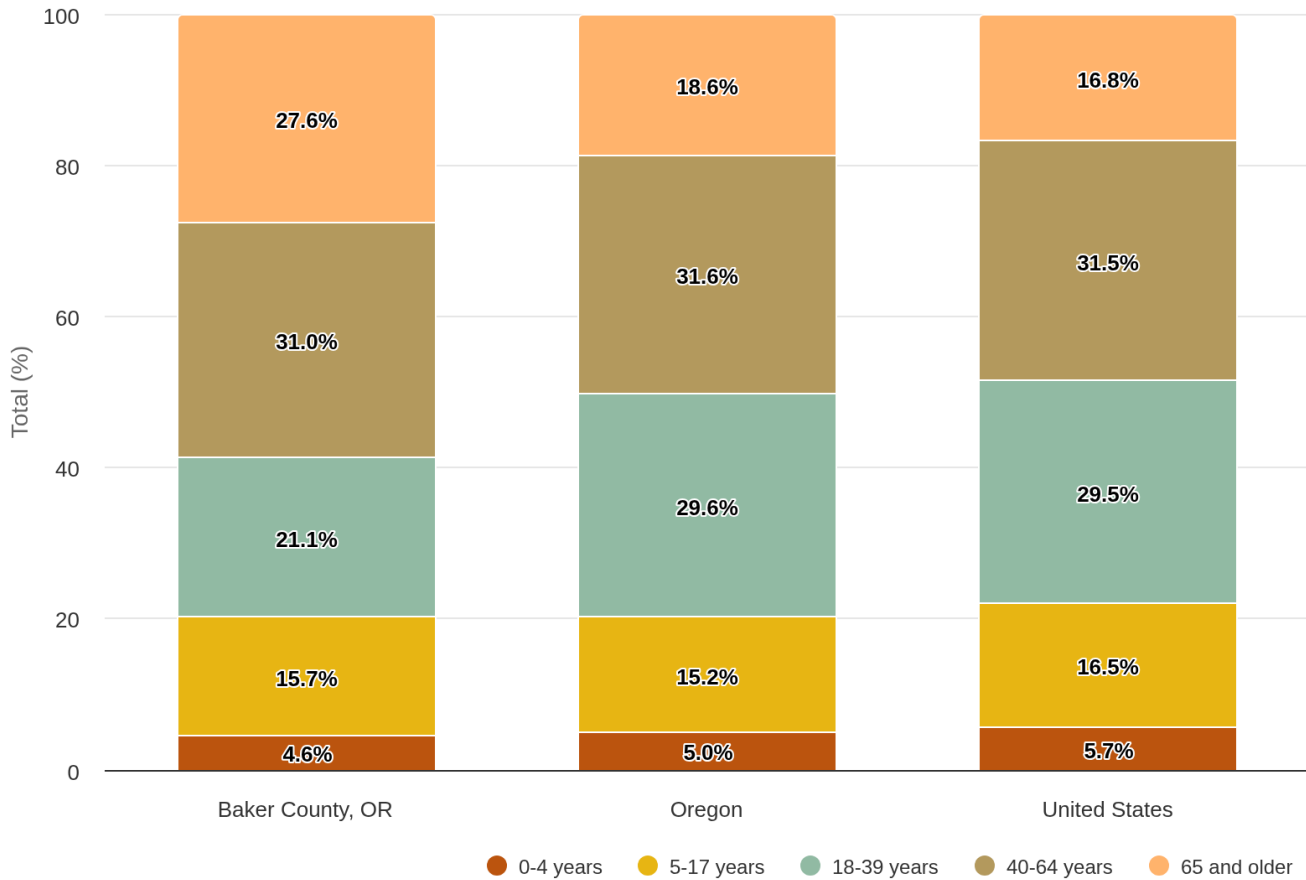
	Baker County	Oregon	United States
Median Household Income	\$57,844	\$80,426	\$78,538
Disability	21.94%	15.15%	13.04%
Limited English Proficiency	0.54%	5.33%	8.39%

U.S. Census Bureau: American Community Survey (ACS), 2019-2023

Age Distribution

Compared to Oregon and the United States, Baker County has a higher proportion of residents aged 65 and older. This demographic trend suggests a greater demand for healthcare services for older adults, such as chronic disease management and long-term care. The county's age distribution underscores the importance of developing comprehensive healthcare strategies that address the needs of both the working-age population and older adults.

Population by Age, 2019-2023 - Baker County, OR and comparison

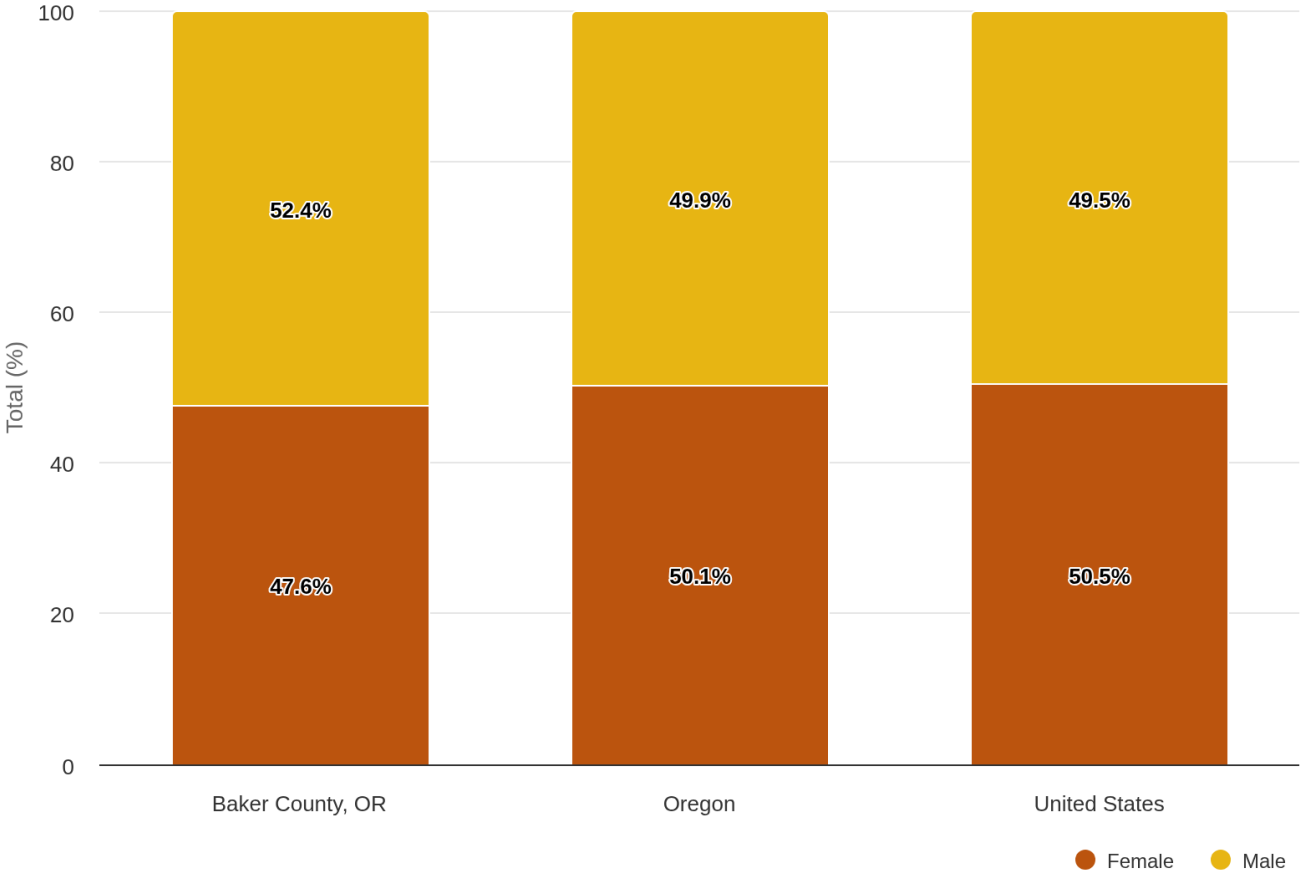


Created on Metopio | metop.io/i/ppq7b1wd2 | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001;

Gender Distribution

In Baker County, the gender distribution is relatively balanced, with a slight majority of males. This balance is consistent with the overall gender demographics of Oregon and the United States.

Population by Sex, 2019-2023 - Baker County, OR and comparison



Created on Metopio | metop.io/i/ffmony4nb | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001;

Process and Methods

Data Collection

Survey

Surveys are essential for collecting data from specific populations to analyze trends, attitudes, or opinions using questionnaires or interviews. They can help implement programs addressing community needs by providing quantitative data on health behaviors, mental health, and other relevant issues. Survey questions included health behaviors, mental health, and questions about the Baker County service area community. 125 surveys were collected for this report between March and June of 2025.

Focus Groups

Focus groups involve small group discussions guided by a moderator, providing insights into participants' perceptions, opinions, and attitudes. They are useful for understanding community members' views on various health-related topics and identifying areas for improvement. The focus group discussions in Baker County highlighted several challenges, including limited access to healthcare services, transportation issues, and a lack of mental health support for young people. The top three themes across the focus groups were Access to Care, Health Behaviors, and Maternal and Child Health. Two focus groups were conducted for this report between March and June of 2025.

Interviews

Interviews are direct one-on-one conversations that seek in-depth information on the interviewee's views, experiences, or knowledge on a specific subject. They are valuable for gathering detailed insights into individual experiences and perspectives. The interviews in Baker County revealed several key health-related challenges and opportunities, such as successful programs and partnerships, transportation barriers, and a lack of mental health services for working professionals. The top three themes across the interviews were Access to Care, Behavioral Health, and Health Behaviors. Six interviews were conducted for this report between May and July of 2025.

Metopio

Metopio is a robust platform that offers curated data from public and proprietary sources on health behaviors, health risks, health outcomes, healthcare utilization, and community-level drivers of health. It was used in this report to provide additional context and support for the primary data collected from surveys, focus groups, and interviews.

Health Needs Identified

For this health assessment report, primary and secondary data were gathered and analyzed for the following top health themes and issues. A closer look at the data for each of these themes will be provided in the report.

- Access to Care
- Behavioral Health
- Childcare
- Chronic Disease
- Food Access
- Housing
- Maternal and Child Health

Health Needs Prioritized

Access to Care

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.

Community Input

Focus group and key informant interview participants expressed frustration over the difficulties in accessing timely and affordable healthcare. Others have pointed out the financial strains caused by high medical costs. Additionally, the lack of coordination between healthcare providers and transportation services has made it even more challenging for residents to access care, as one person mentioned, “One of the biggest challenges is that when it comes down to people making it to their appointments on time, and I don’t see a partnership between the hospital and community connection.”

The disparities in healthcare access are particularly pronounced in rural areas, where individuals may have to travel significant distances to receive care. One person shared, “Some of them were literally drive to Boise when they have even a condition that could potentially kill them.” This reflects the lack of trust in local medical facilities and the lengths individuals must go to ensure they receive appropriate treatment. Additionally, the limited availability of specialists and the high cost of medications have forced some individuals to forgo necessary care, as one person explained, “One of the challenges we’re facing here is the high cost of medications.”

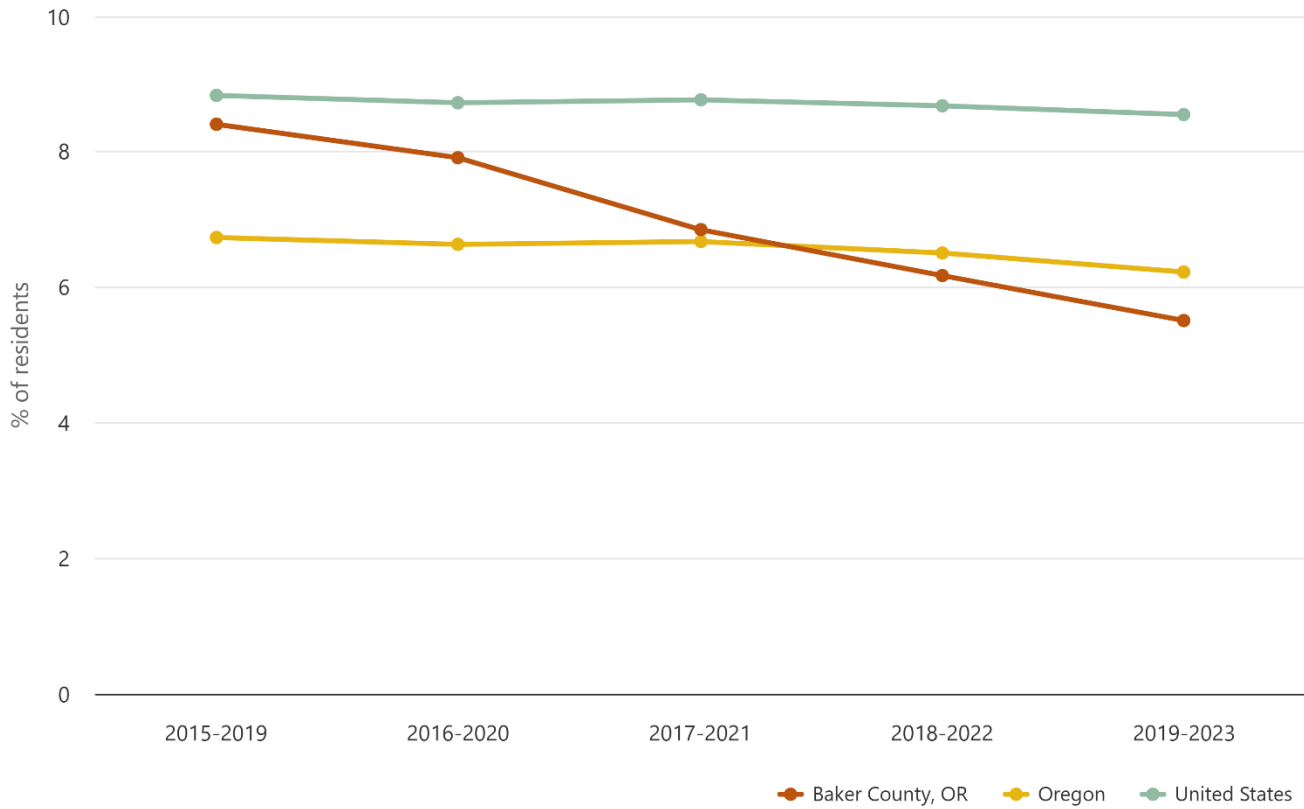
“One of the challenges we’re facing here is the high cost of medications.”

Community Member

Chart of Uninsured Rate in Baker County

The uninsured rate in Baker County is lower than both the state and national averages. Additionally, the rate has decreased from 8.41% of residents in 2015-2019 to 5.51% of residents in 2019-2023.

Uninsured Rate – Baker County, OR and comparison



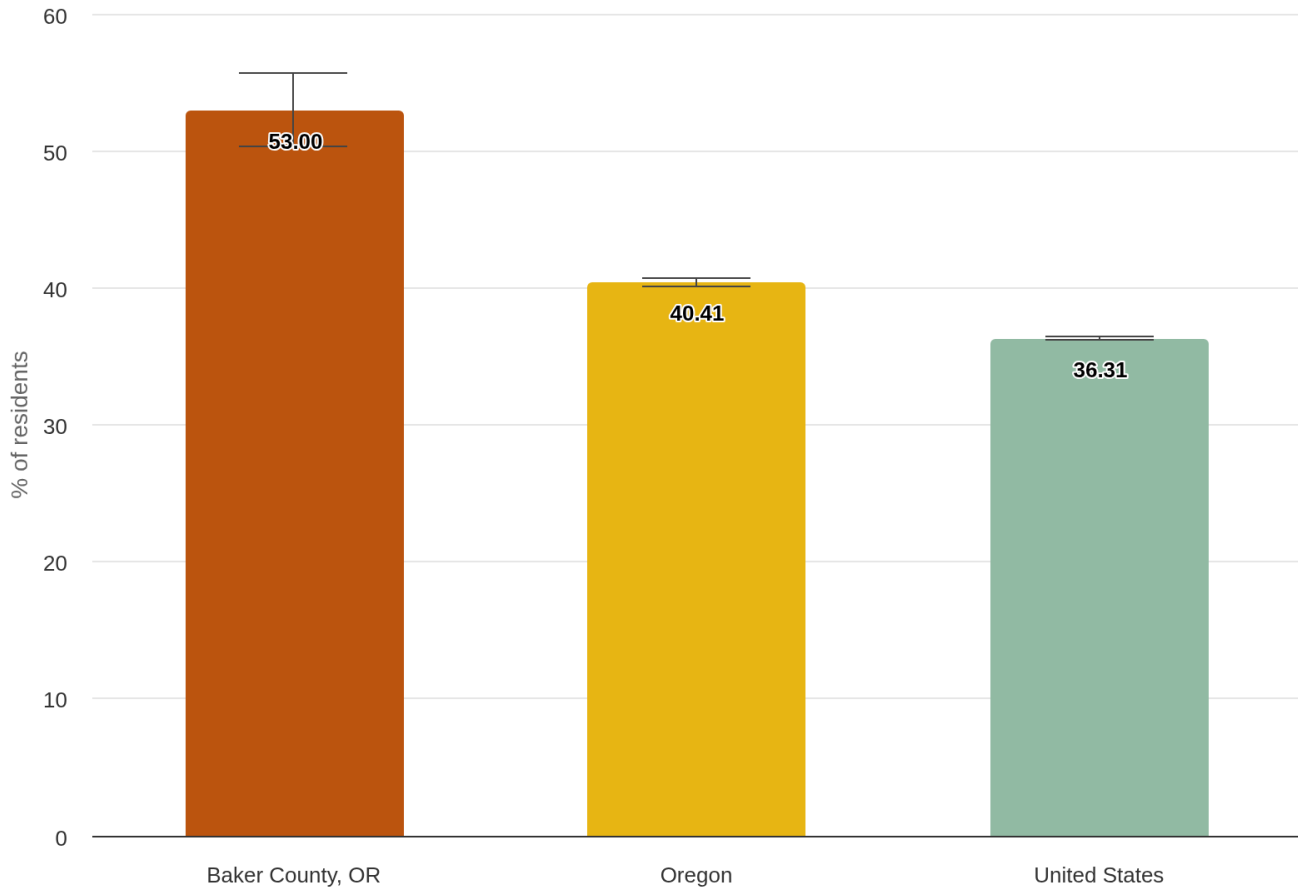
Created on Metopio | metop.io/i/np52yn63 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)
 Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Category	Baker County	Oregon	United States
2015-2019	8.41	6.74	8.84
2016-2020	7.92	6.64	8.73
2017-2021	6.85	6.68	8.77
2018-2022	6.17	6.51	8.68
2019-2023	5.51	6.23	8.55

Chart of Public Health Insurance in Baker County

Public health insurance coverage in Baker County stands at 53.0%, significantly higher than the state average of 40.41% and the national average of 36.31%. This indicates a notable local emphasis on public health insurance, reflecting broader regional healthcare priorities.

Public Health Insurance, 2019-2023 - Baker County, OR, 2025



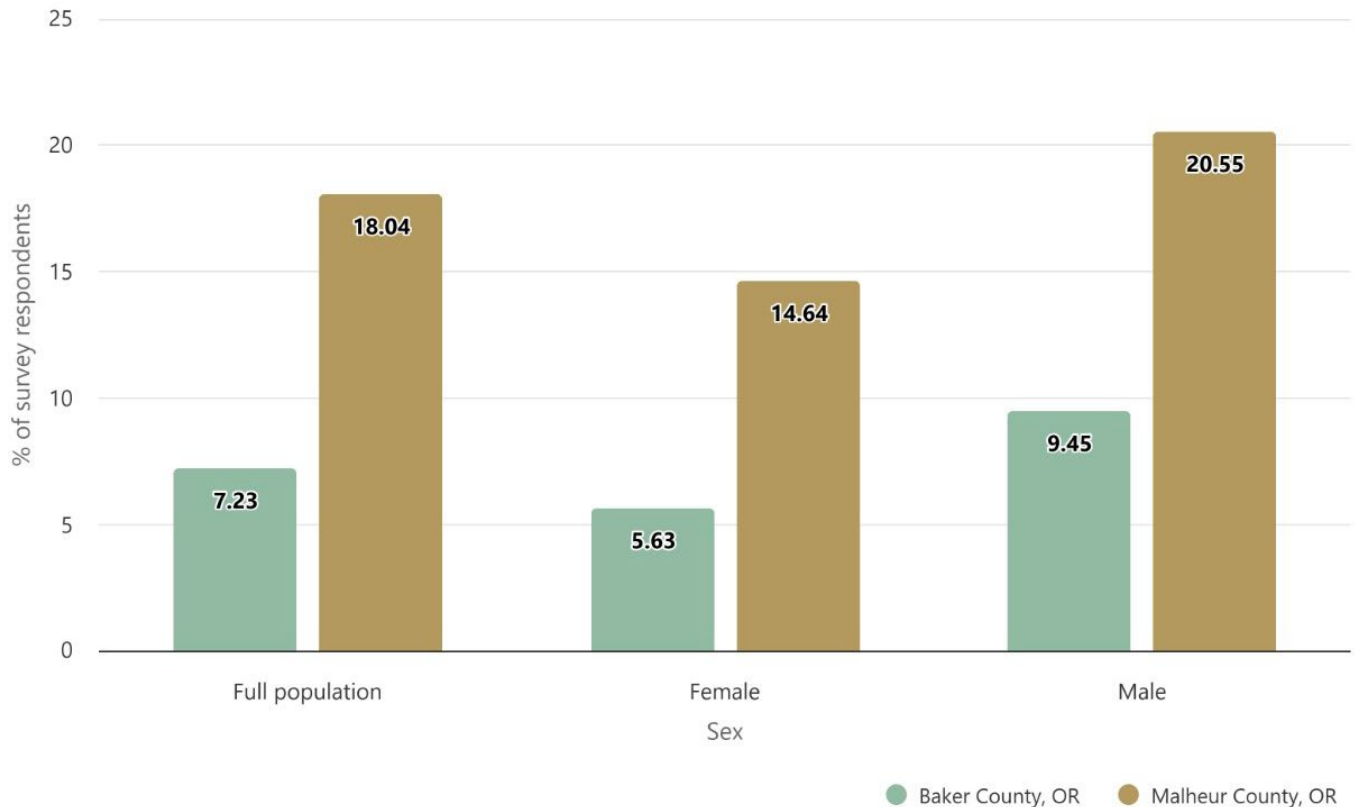
Created on Metopio | metop.io/i/45vtg847 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701,

Chart of Respondents Who Perceive Satisfaction with Healthcare Options by Sex in Baker County

Survey respondents in Baker County were less likely to report satisfaction with healthcare options, compared to Malheur County. Female survey respondents were less likely to report healthcare satisfaction compared to male survey respondents.

Respondents Who Perceive Satisfaction with Healthcare Options by Sex, 2025

Baker County, OR and comparison



Created on Metopio | metop.io/i/i9usqqq | Data source: Treasure Valley Community Health Survey

Respondents who perceive satisfaction with healthcare options: Percentage of survey respondents who selected "Agree" or "Strongly Agree" in response to the statement: "Individuals are satisfied with the healthcare options in this community."

Chart of Visited Dentist in Baker County

Baker County has a slightly lower rate of adults who have visited a dentist in the past year, compared to the state and national averages.

Visited Dentist, 2022 – Baker County, OR and comparison

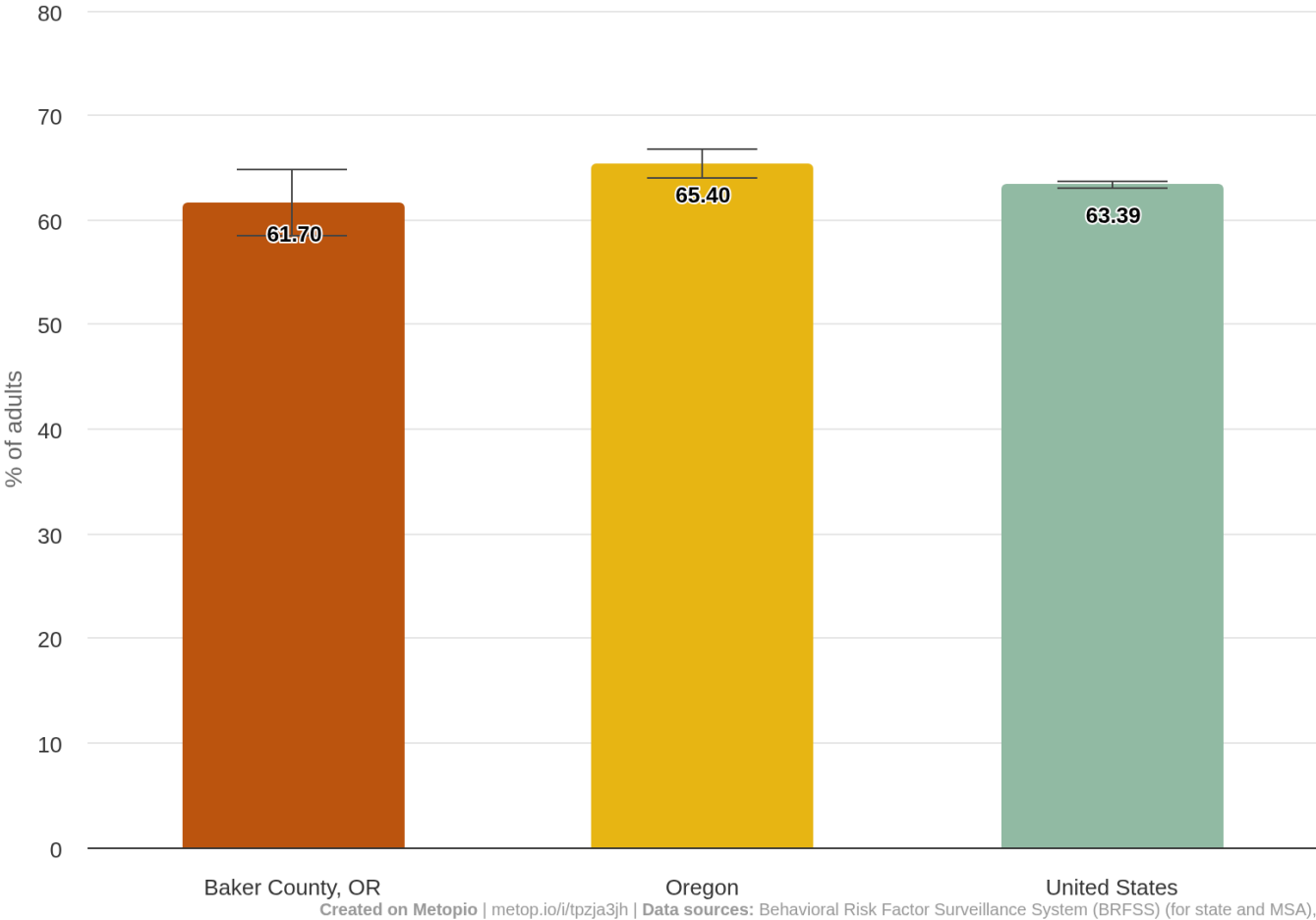
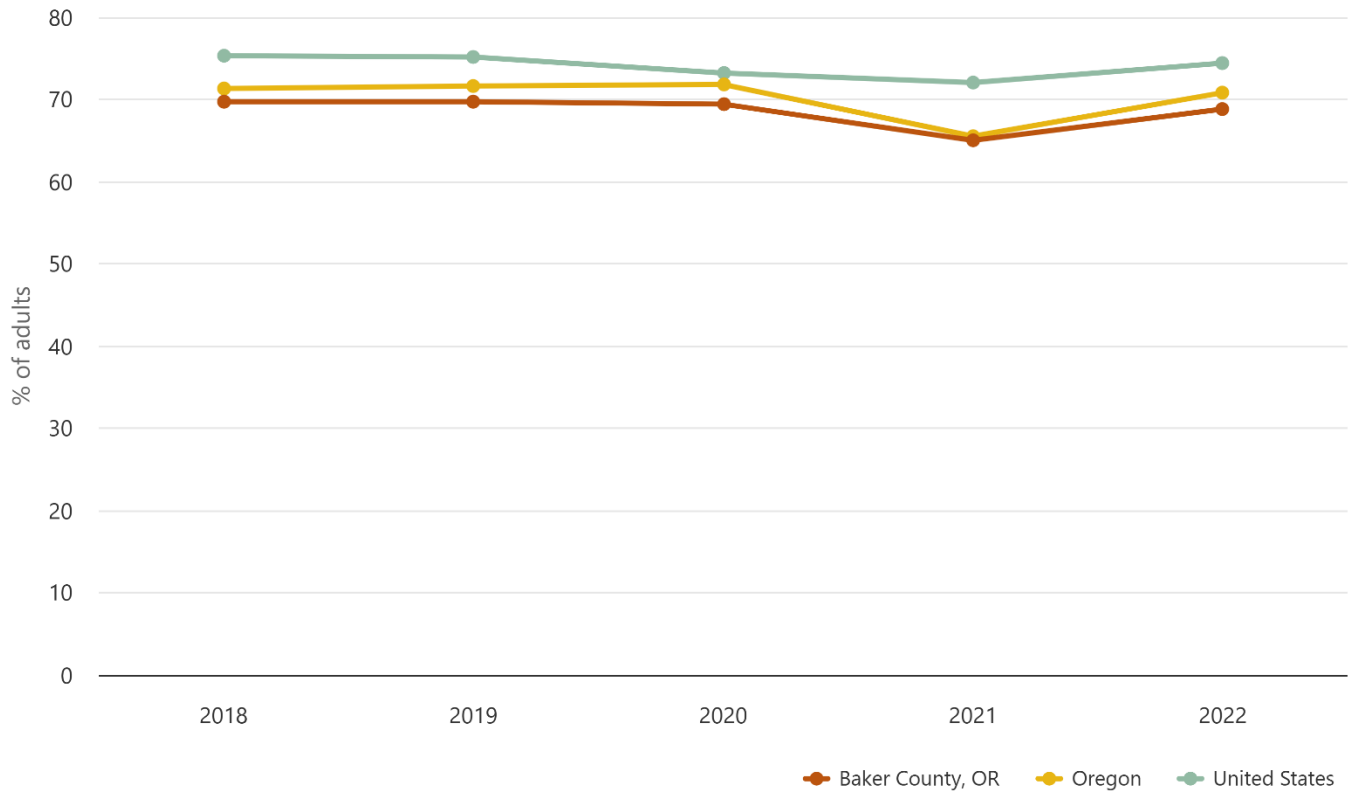


Chart of Visited Doctor for Routine Checkup in Baker County

The percentage of people visiting a doctor for routine checkups in Baker County, OR, was consistently lower than the state and national averages from 2018 to 2022. While the county saw a slight decline in 2021, it rebounded in 2022, though still below the state and national rates. This trend indicates a potential area for healthcare improvement in Baker County.

Visited Doctor for Routine Checkup – Butler County, OR and comparison



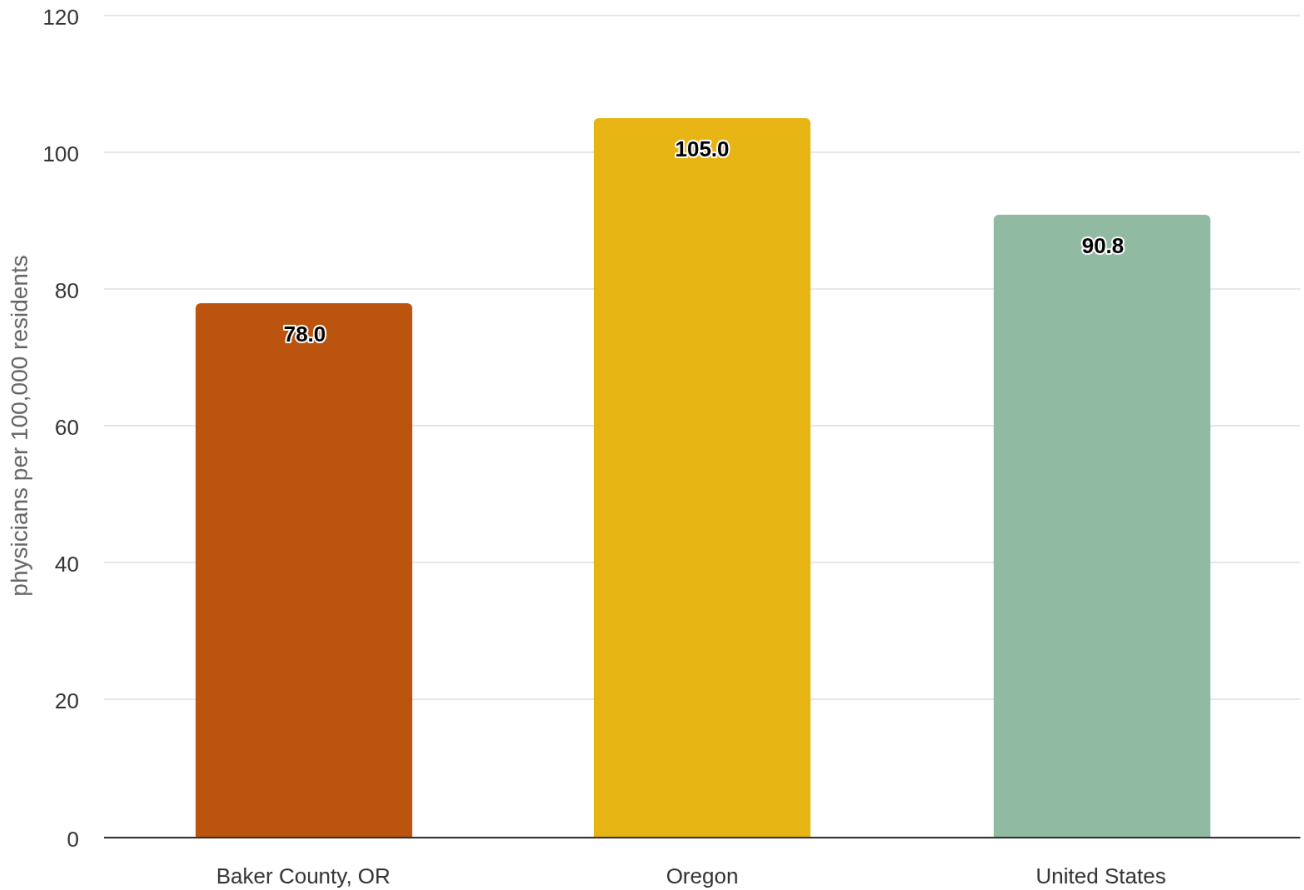
Created on Metopio | metop.io/i/wzs5wbiz | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Visited doctor for routine checkup: Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Category	Baker County	Oregon	United States
2018	69.70	71.30	75.29
2019	69.70	71.60	75.13
2020	69.40	71.80	73.19
2021	65.00	65.50	72.03
2022	68.80	70.80	74.39

Chart of Primary Care Providers (PCP) Per Capita in Baker County

Baker County, has an average of 77.99 primary care physicians per 100,000 residents, which is lower than state and national averages.

Primary Care Providers (PCP) Per Capita, 2022 - Baker County, OR and comparison

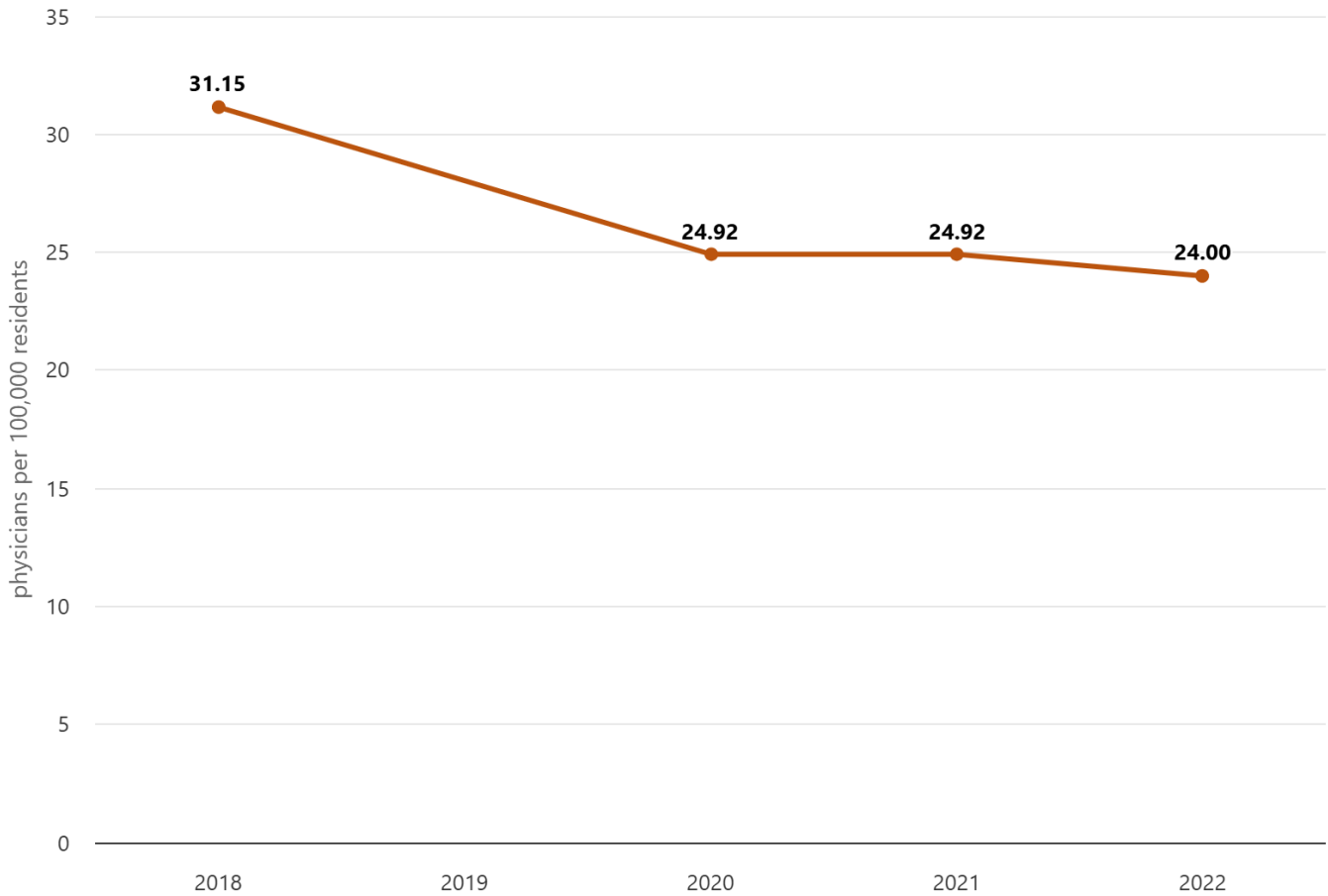


Created on Metopio | metop.io/l/wcvdawe | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and

Chart of Specialist Physicians Per Capita

Specialist physicians per capita in Baker County are significantly lower than the state and national averages. In 2022, the county had 24.0 specialists per 100,000 residents, compared to 101.03 per 100,000 residents in Oregon and 107.95 per 100,000 residents in the United States.

Specialist Physicians Per Capita - Baker County, OR



Created on Metopio | metop.io/i/rgbjwu6c | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF)

Housing

Housing quality and affordability play a crucial role in shaping health outcomes as they directly influence various aspects of well-being. High housing cost burdens, eviction rates, vacant (unused) housing, or crowded housing translate directly into poorer socioeconomic and health outcomes, including housing instability and homelessness.

Community Input

Housing remains a critical issue, with many focus groups and key informant interview participants expressing frustration over the rising costs and lack of affordable options. One individual stated, “Housing has always been an issue here,” highlighting the long-standing challenges in securing affordable living spaces. Community members stated this problem has been increasing, with one resident noting, “We had a bunch of folks move from more expensive areas, driving up local housing prices.”

The rising cost of housing has forced some residents into difficult situations. One individual shared, “We had to move back in with my parents,” illustrating the impact of high rents on family dynamics. Another person pointed out, “We don’t make enough now to catch up to the new prices. But we make too much to have resources,” highlighting the challenges of being just above the income threshold for assistance.

The shortage of affordable housing is particularly challenging for vulnerable populations, including older adults. One individual stated, “Housing is a big, very difficult issue, especially for the older adults. They can’t climb 3 flights of stairs for an apartment they can afford.” This underscores the need for more accessible housing options for older adults. Community members are calling for more resources and solutions to address the affordability crisis.

“We don’t make enough now to catch up to the new prices. But we make too much to have resources”

Community Member

Chart of Housing Cost Burden in Baker County

Baker County has a lower housing cost burden at 25.95%, when compared to state and national averages. Households spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs).

Housing Cost Burden, 2019-2023 - Baker County, OR and comparison

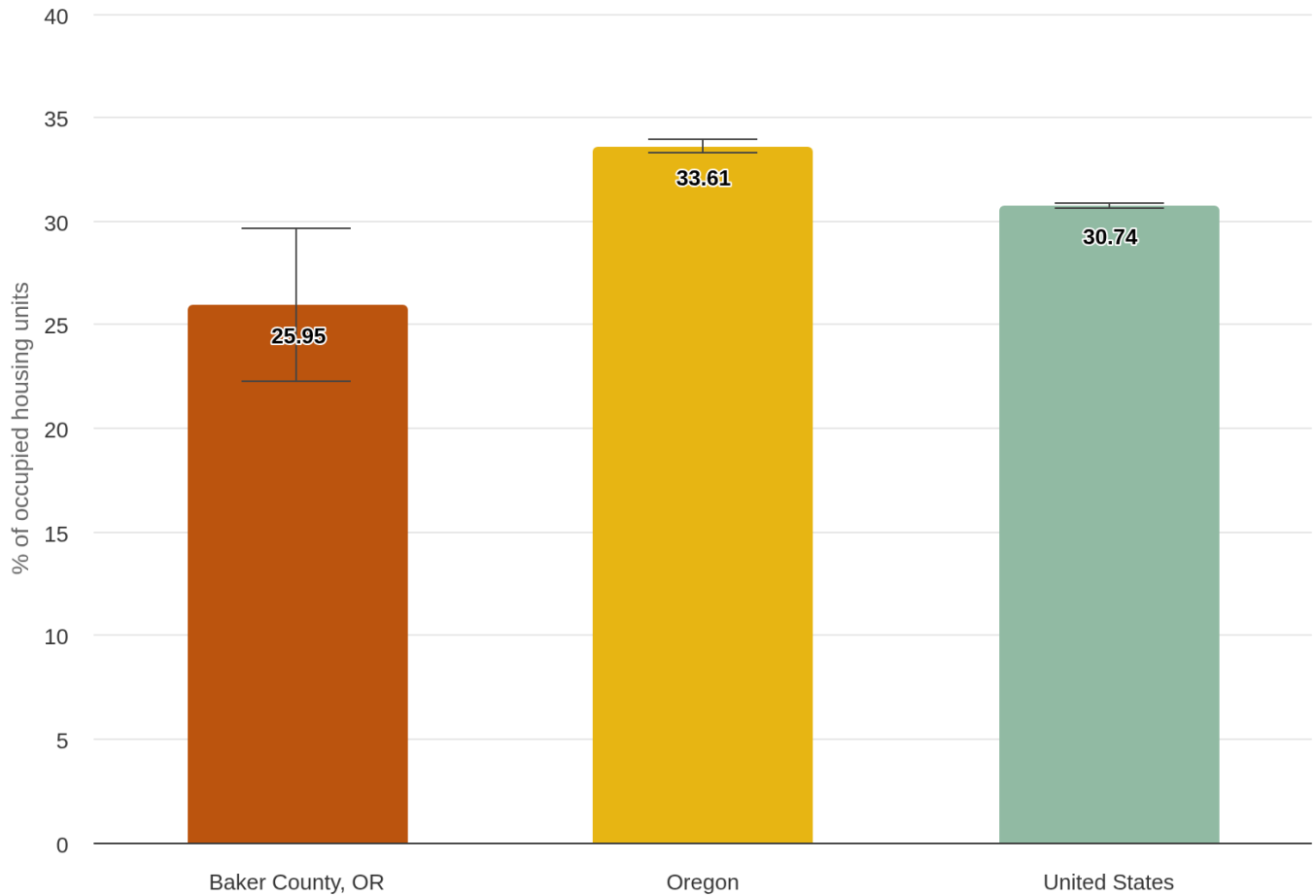
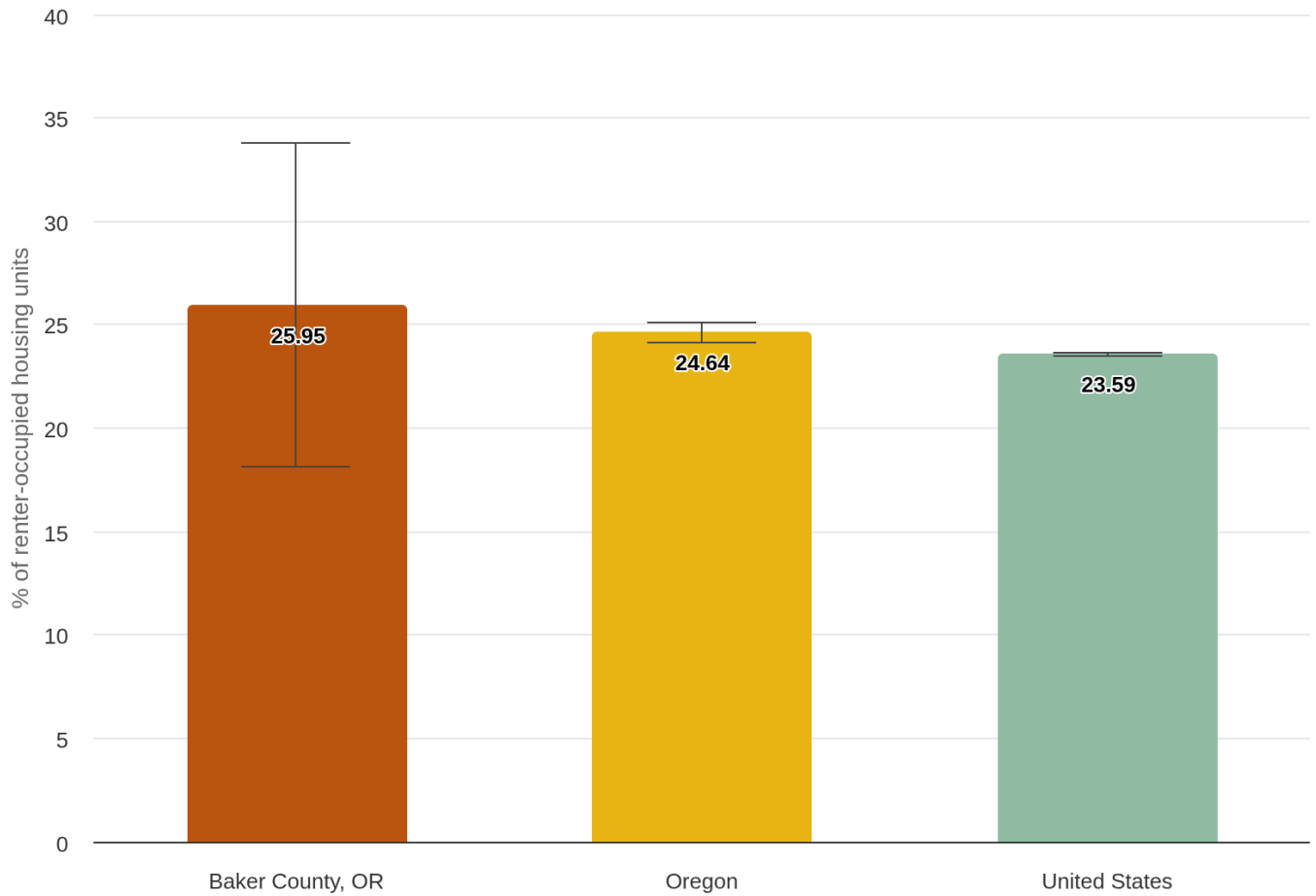


Chart of Severely Rent-Burdened in Baker County

Severely rent-burdened households are those that spend over 50% of their income on rent. In Baker County, 25.95% of households fall into this category, which is higher than the state average of 24.64% and the national average of 23.59%.

Severely Rent-Burdened, 2019-2023 - Baker County, OR and comparison



Created on Metopio | metop.io/i/dwgp1tfr | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25070)

Behavioral Health

Includes the prevalence of mental health disorders and access to mental health services, addressing issues like depression and anxiety, and other disorders, as well as substance abuse such as addiction to drugs and alcohol.

Community Input

Focus group and key informant interview participants expressed deep concern about the lack of mental health and substance use disorder resources in their area. Many individuals struggle to access care due to financial constraints, long travel distances, and limited availability of providers. Substance use disorders were described as significant issues, with people turning to drugs as a coping mechanism for stress and trauma. There is also a strong desire for increased support services, including therapy, treatment programs, and family reunification programs. Community members emphasized the need for better access to care, including more local clinics and mental health professionals, to address growing behavioral health needs.

One community member noted, “if you need help, it’s hard trying to ask or trying to find it in rural Oregon,” which reflects the social stigma that prevents individuals from seeking the help they need, in addition to lack of resources. Community members described the need for increased funding for mental health services, training for local providers, and community outreach programs to reduce stigma and improve access to care.

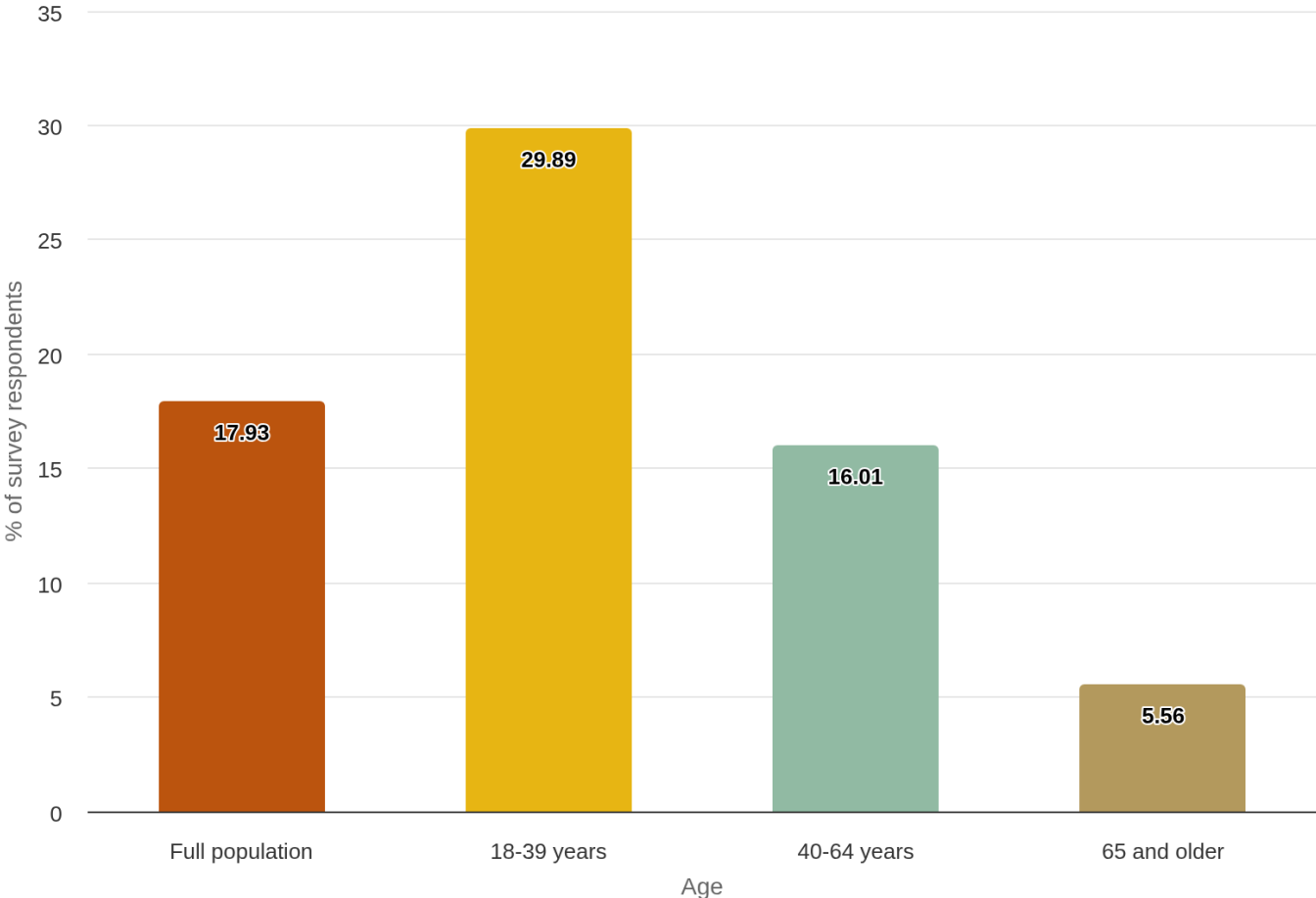
“If you need help,
it’s hard trying to
ask or trying to
find it in rural
Oregon.”

Community Member

Chart of Respondents who Received Mental Health Services by Age in Baker County

The data indicates that a significant portion of respondents who received mental health services are young adults, with 29.89% of those aged 18-39 years seeking such services. This is notably higher than the overall population rate of 17.93%. In contrast, only 5.56% of respondents aged 65 and older received mental health services.

Respondents Who Received Mental Health Services by Age - Baker County, OR, 2025



Created on Metopio | metop.io/i/ngeofpkm | Data source: Treasure Valley Community Health Survey

Chart of Depression in Baker County

Depression rates in Baker County are higher than both the state average for Oregon and the national average for the United States.

Depression, 2022 – Baker County, OR and comparison

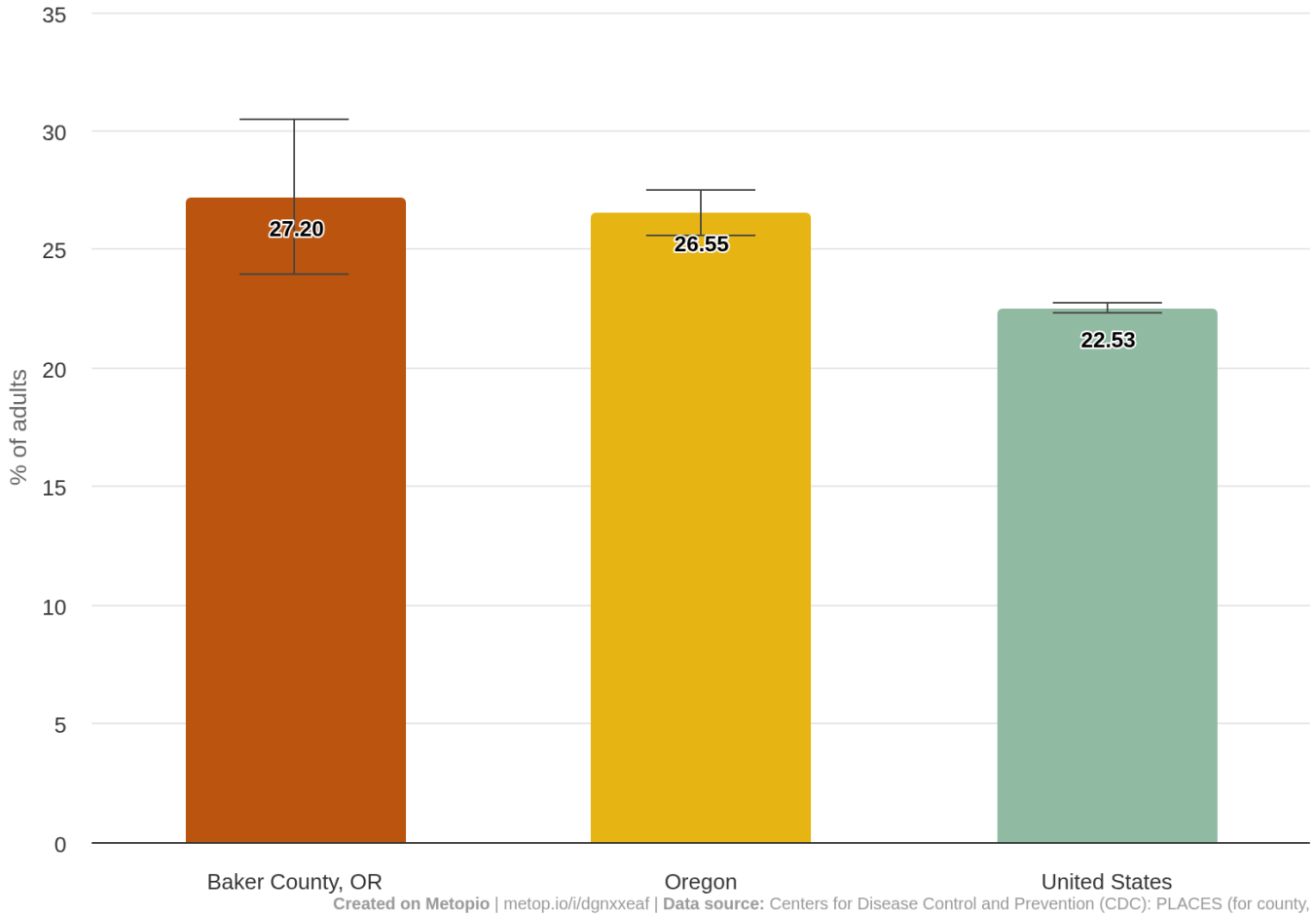
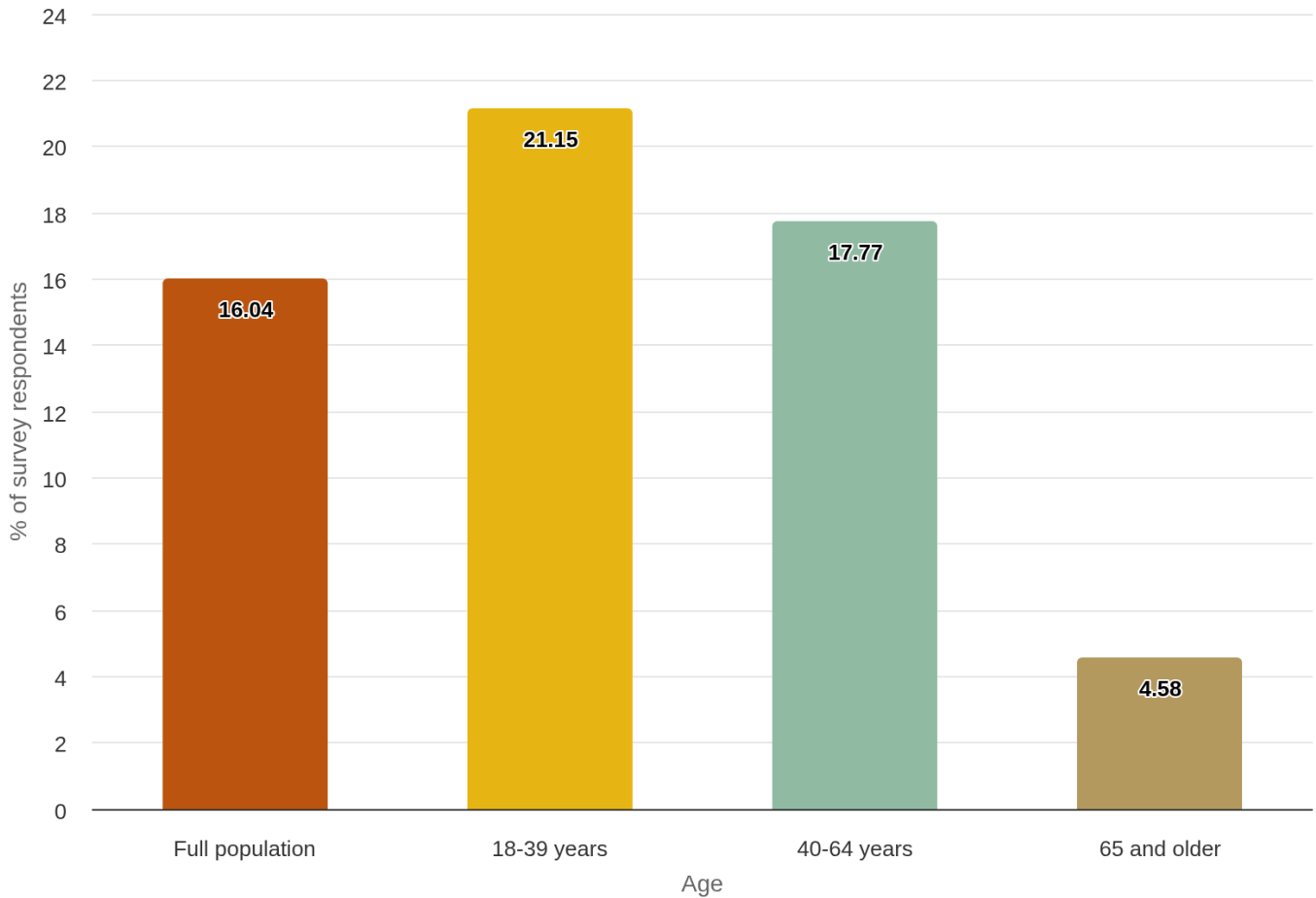


Chart of Anxious Respondents by Age in Baker County

The data shows that anxious respondents are most prevalent among the 18-39 age group, with a rate of 21.15% survey respondents. This rate decreases with age, with the 40-64 age group at 17.77% and the full population at 16.04%. The 65 and older age group has the lowest rate of anxious respondents at 4.58%.

Anxious Respondents by Age – Baker County, OR, 2025

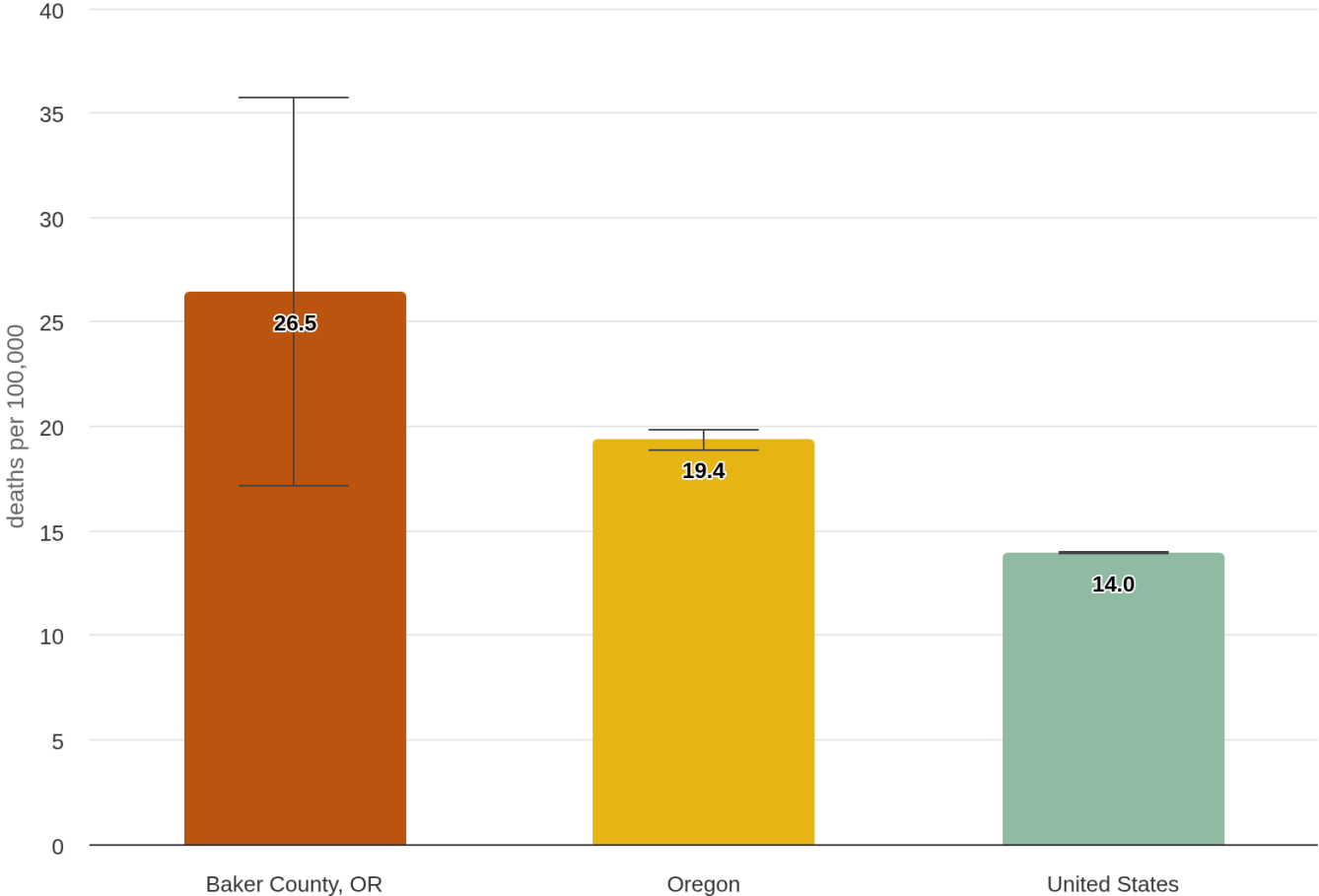


Created on Metopio | metop.io//c3us6ocv | Data source: Treasure Valley Community Health Survey

Chart of Suicide Mortality in Baker County

Suicide mortality in Baker County is 26.5 deaths per 100,000 individuals, higher than both the state of Oregon and the national average.

Suicide Mortality, 2019-2023 – Baker County, OR and comparison



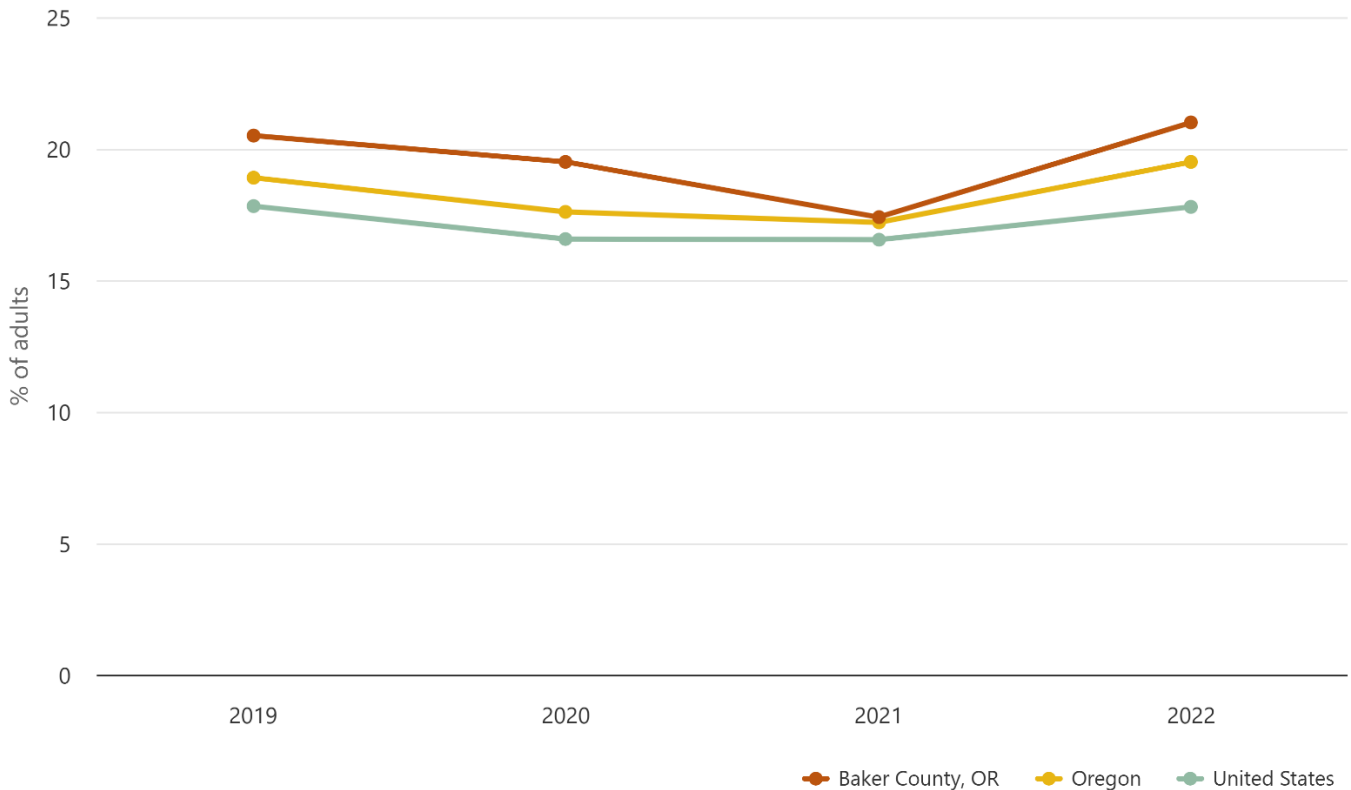
Created on Metopio | metop.io//6eroumm2 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Chart of Binge Drinking in Baker County

Binge drinking is defined as the percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Binge drinking in Baker County is higher than state and national averages. The rate for Baker County increased from 17.40% in 2021 to 21.00% in 2022.

Binge Drinking – Baker County, OR and comparison



Created on Metopio | metop.io/i/p7i6n1ef | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Binge drinking: Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Category	Baker County	Oregon	United States
2019	20.50	18.90	17.82
2020	19.50	17.60	16.57
2021	17.40	17.20	16.54
2022	21.00	19.50	17.79

Chart of Alcohol-related Mortality in Baker County

Alcohol-related mortality in Baker County is higher than both the state of Oregon and the United States as a whole. The county's rate of 31.29 per 100,000 people is more than double the national average of 12.81.

Alcohol-related Mortality, 2019-2023 – Baker County, OR and comparison

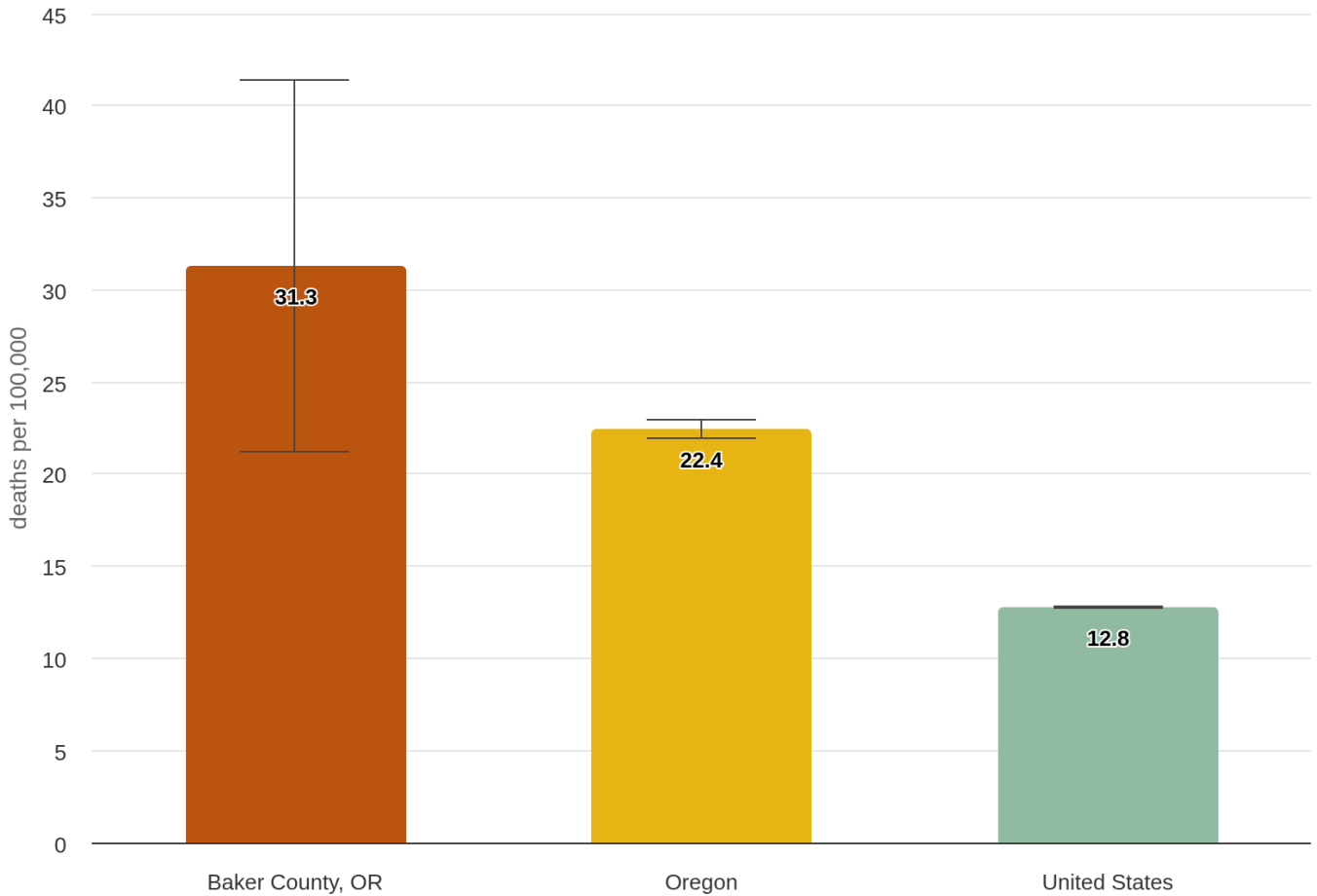
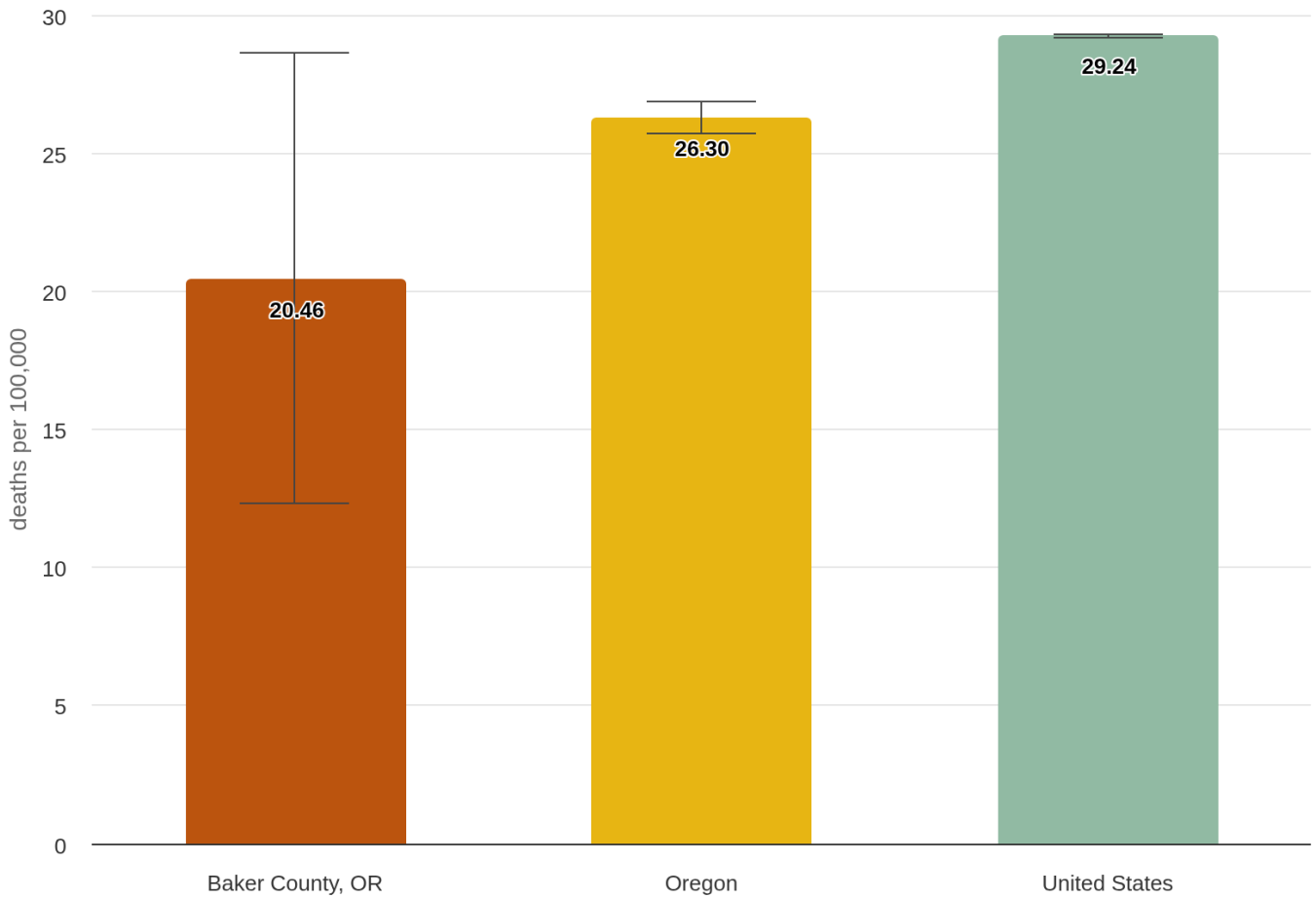


Chart of Drug Overdose Mortality in Baker County

Drug overdose mortality in Baker County is 20.46 deaths per 100,000 residents, lower than both the state and national averages.

Drug Overdose Mortality, 2019-2023 – Baker County, OR and comparison



Created on Metopio | metop.io/i/21nx2vsn | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Health Needs Not Prioritized

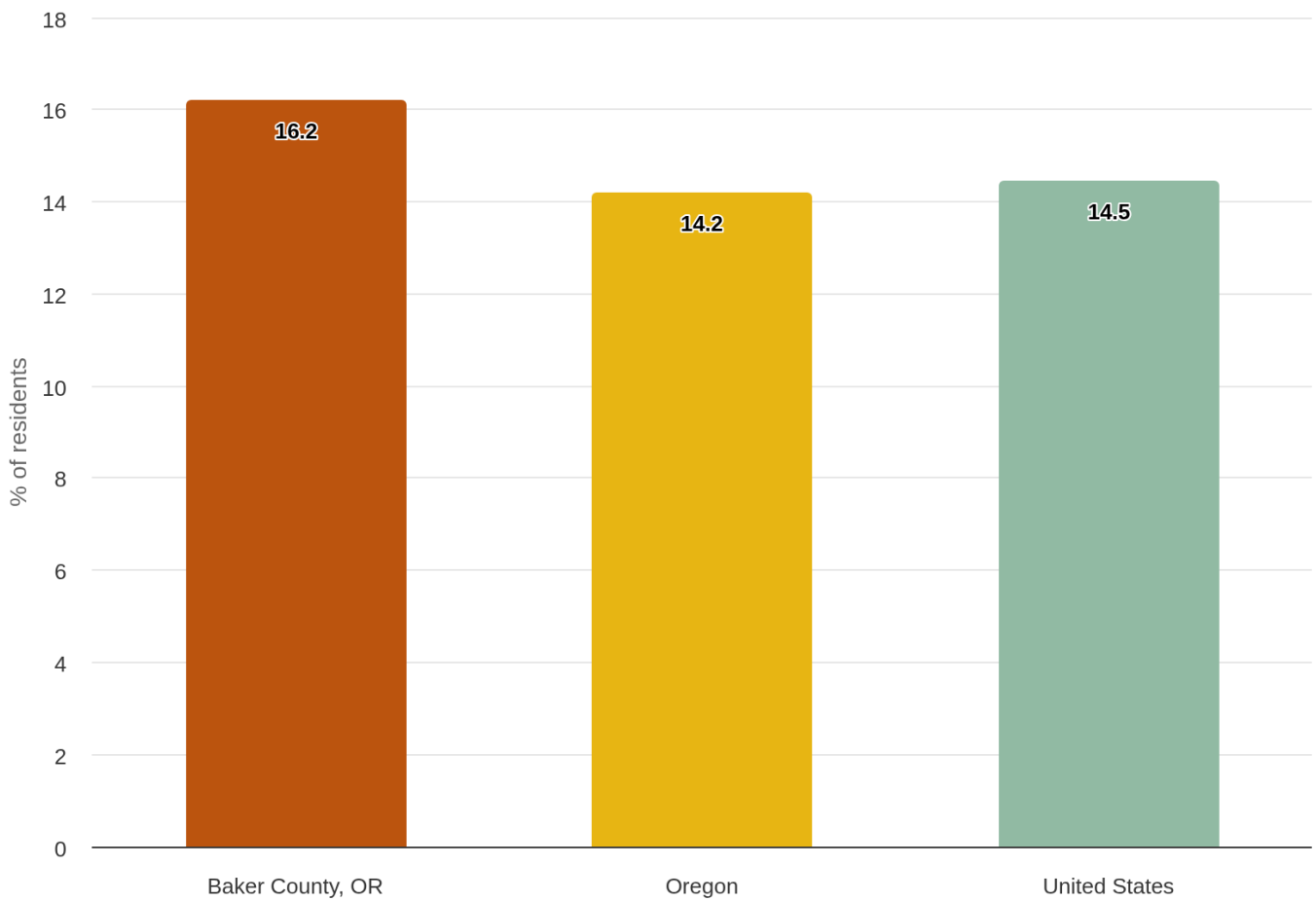
Food Access

Access to fresh, healthy, or affordable food. This can be related to grocery store proximity, school lunches, and availability of fruits, vegetables, and other healthy foods.

Chart of Food Insecurity in Baker County

Food insecurity is a significant issue, with Baker County, experiencing a higher rate of 16.2%, compared to the national average of 14.46% and Oregon’s state average of 14.2%.

Food Insecurity, 2023 - Baker County, OR and comparison



Created on Metopio | metop.io/i/i6gwgp22 | Data source: Feeding America: Map the Meal Gap

Chart of Respondents who Accessed a Food Pantry by Age in Baker County

Respondents who accessed a food pantry were most prevalent among the 18-39 age group, accounting for 22.76%, while those aged 65 and older represented 12.42%. The overall percentage for the full population was 12.38%, with a notably lower rate of 6.24% among respondents aged 40-64.

Respondents who Accessed a Food Pantry by Age - Baker County, OR, 2025

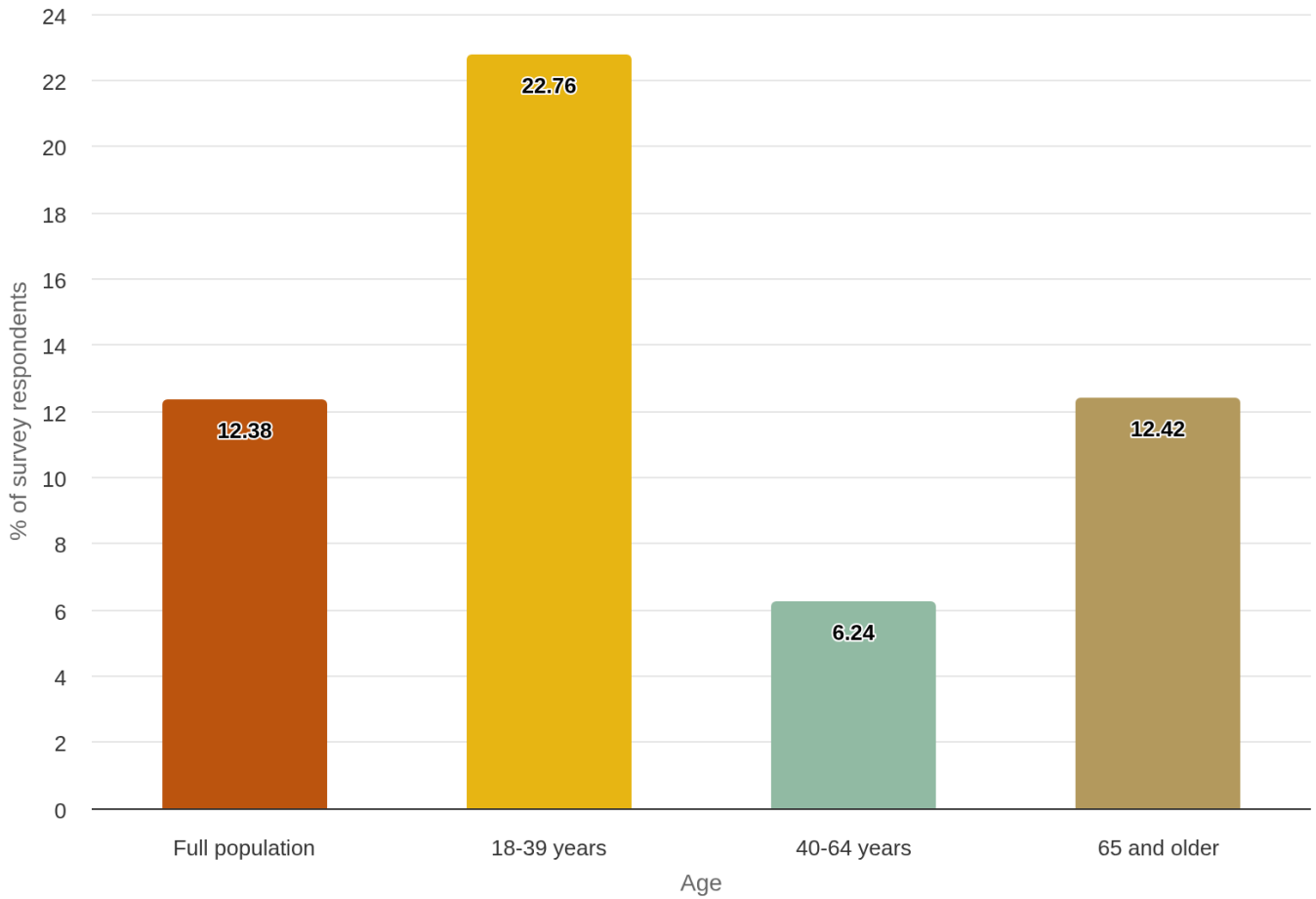
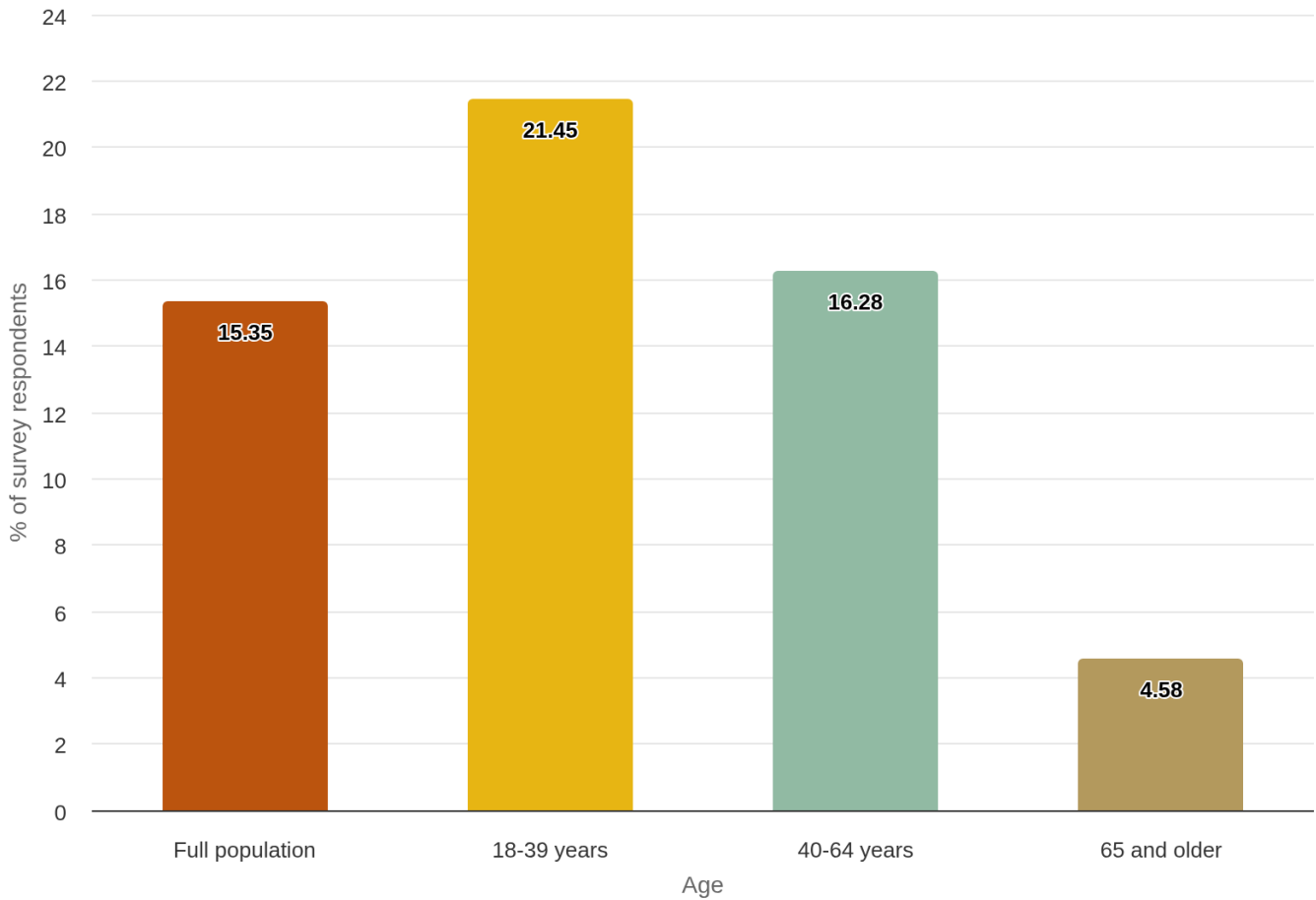


Chart of Respondents Without Enough Money for Food by Age in Baker County

Respondents without enough money for food are most prevalent among those aged 18-39 years, with a rate of 21.45%. This rate decreases with age, as those aged 40-64 years have a rate of 16.28%, and those 65 and older have a rate of 4.58%. Overall, the full population has a rate of 15.35%.

Respondents Without Enough Money for Food by Age - Baker County, OR, 2025



Chronic Disease

Indicators of chronic disease, such as diabetes, heart disease, asthma, obesity, or other conditions. These tend to comprise the greatest burden on health in a community and can significantly affect lifespan and quality of life.

Chronic Disease Prevalence

The table below shows the chronic disease prevalence for Baker County, compared to Oregon and United States averages.

Topic	Baker County	Oregon	United States
Have ever had cancer <i>% of adults, 2022</i>	7.4	8.1	6.64
Diagnosed stroke <i>% of adults, 2022</i>	3.5	2.7	2.91
Coronary heart disease <i>% of adults, 2022</i>	6.6	2.7	3.40
Current asthma <i>% of adults, 2022</i>	12.0	11.8	9.88
Diagnosed diabetes <i>% of adults, 2022</i>	9.5	9.1	10.8
High blood pressure <i>% of adults, 2022</i>	29.5	29.0	31.14

Centers for Disease Control and Prevention PLACES, 2022

Chronic Disease Mortality

The table below shows the chronic disease mortality for Baker County, compared to Oregon and United States averages.

Topic	Baker County	Oregon	United States
Alzheimer's disease mortality <i>deaths per 100,000, 2019-2023</i>	65.0	37.6	30.0
Cancer mortality <i>deaths per 100,000, 2019-2023</i>	300.8	147.4	144.1
Breast cancer mortality <i>deaths per 100,000, 2019-2023</i>	19.3	10.4	10.5
Prostate cancer mortality <i>deaths per 100,000, 2019-2023</i>	27.7	8.9	7.8
Heart disease mortality <i>deaths per 100,000, 2019-2023</i>	344.1	140.1	166.5
Diabetes mortality <i>deaths per 100,000, 2019-2023</i>	40.9	24.4	23.6

Centers for Disease Control and Prevention National Vital Statistics Systems-Mortality (NVSS-M), 2019-2023

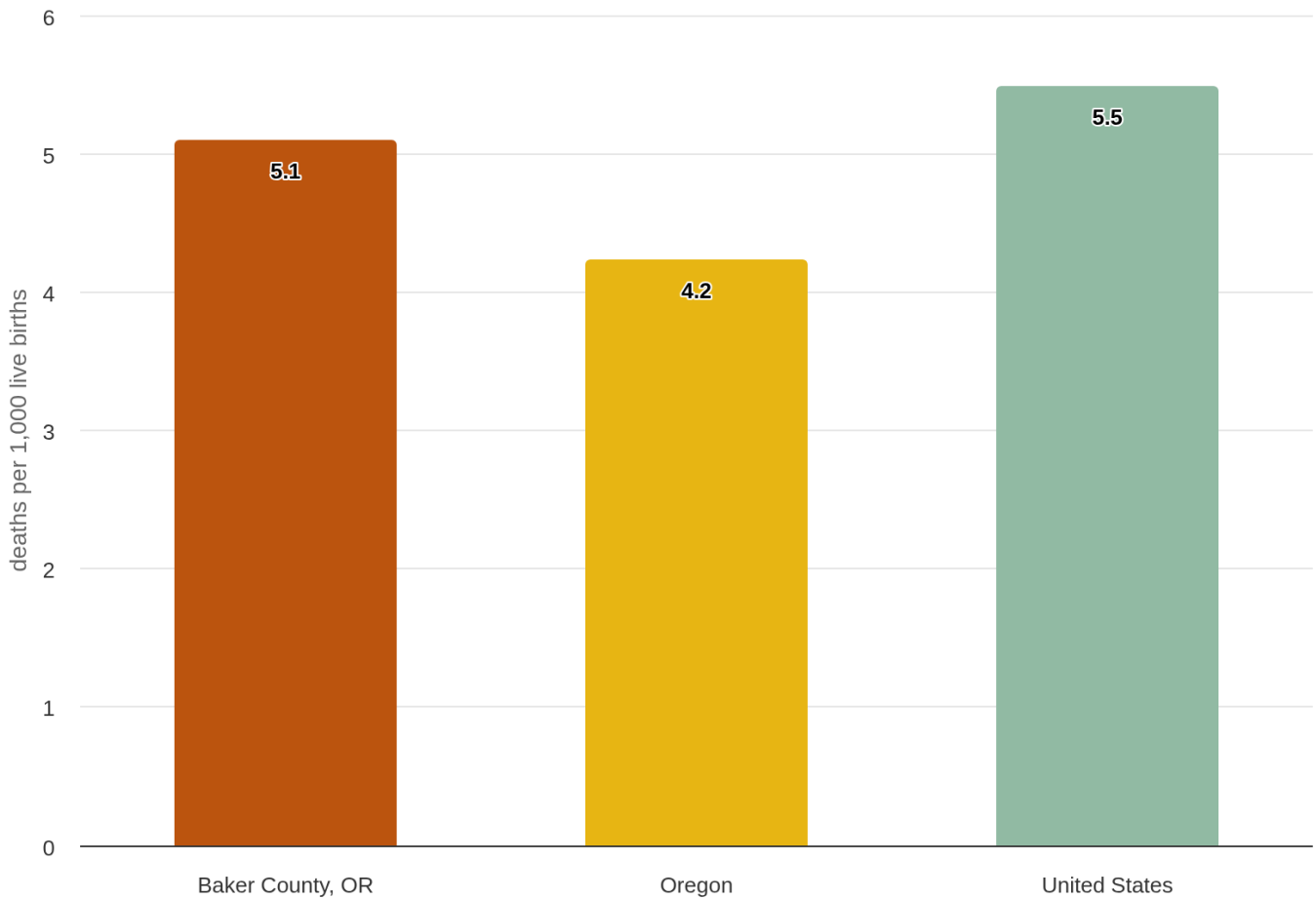
Maternal and Child Health

Focuses on the well-being of mothers, infants, children, and adolescents, addressing factors such as prenatal care, maternal health outcomes, child development, immunization rates, and access to pediatric healthcare services.

Chart of Infant Mortality in Baker County

Baker County has a slightly lower infant mortality rate of 5.1, compared to the national average, while the state of Oregon as a whole has a lower rate of 4.23.

Infant Mortality, 2020-2022 - Baker County, OR and comparison

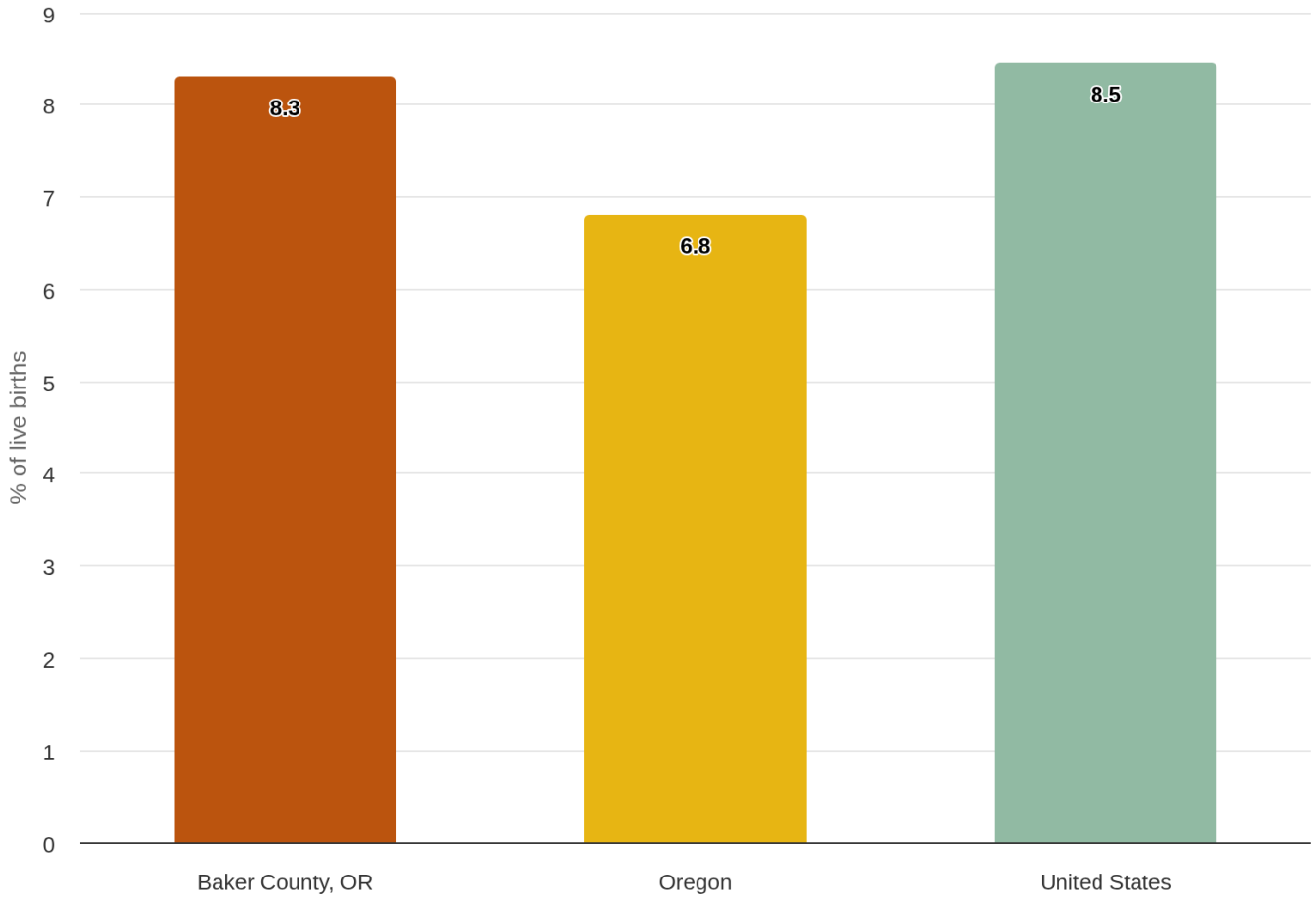


Created on Metopio | metop.io/i/4w9tkwq8 | Data sources: HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping

Chart of Low Birth Weight in Baker County

Baker County, has a slightly lower low birth weight rate of 8.3%, when compared to the national average, while the state of Oregon has a lower rate of 6.8%.

Low Birth Weight, 2020-2022 - Baker County, OR and comparison



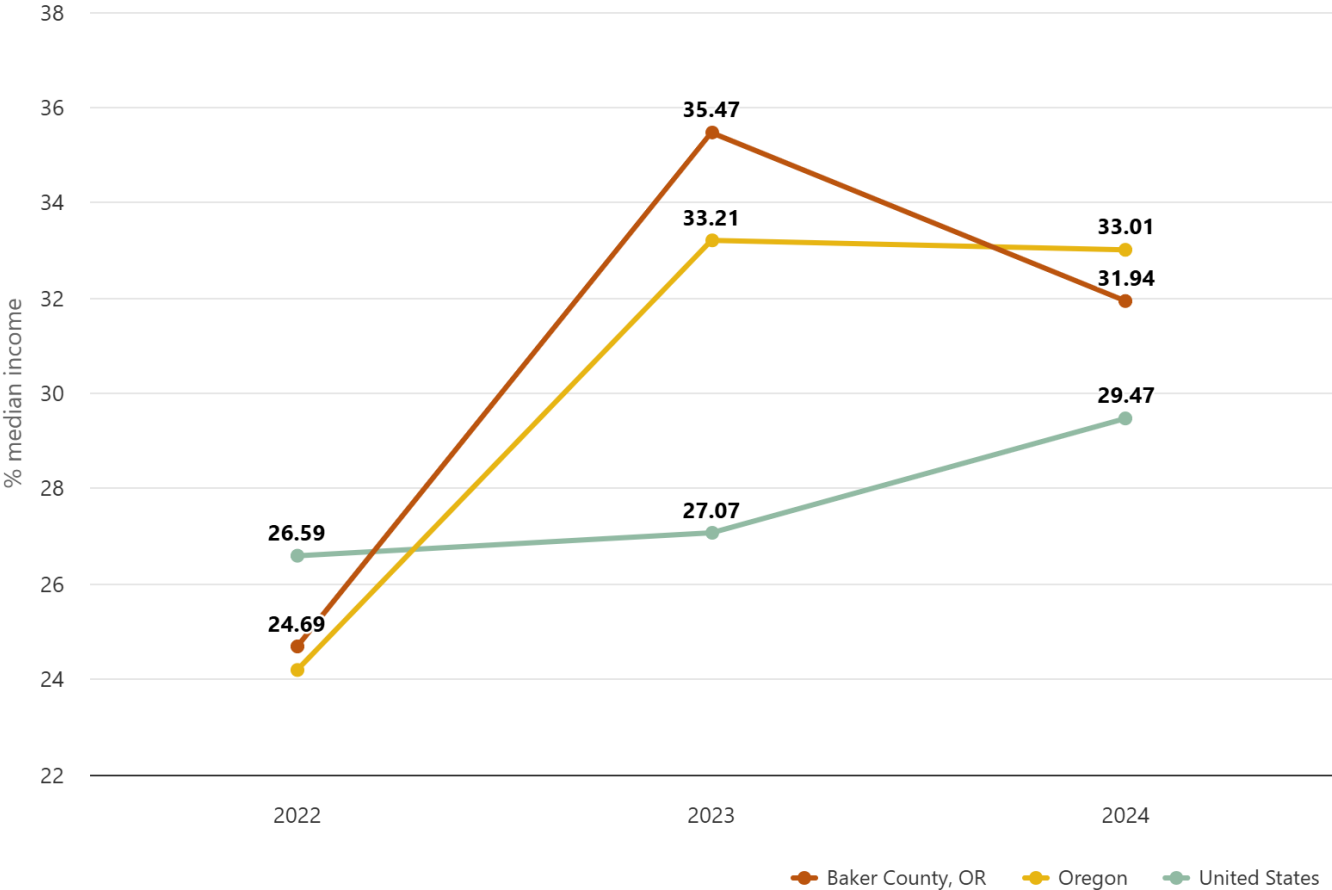
Created on Metopio | metop.io/i/3pn1f8ic | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org>), HRSA's Maternal and Child Health Bureau

Childcare

Chart of Childcare Cost Burden

The childcare cost burden in Baker County is higher than the national average and has increased since 2022.

Childcare Cost Burden - Baker County, OR and comparison

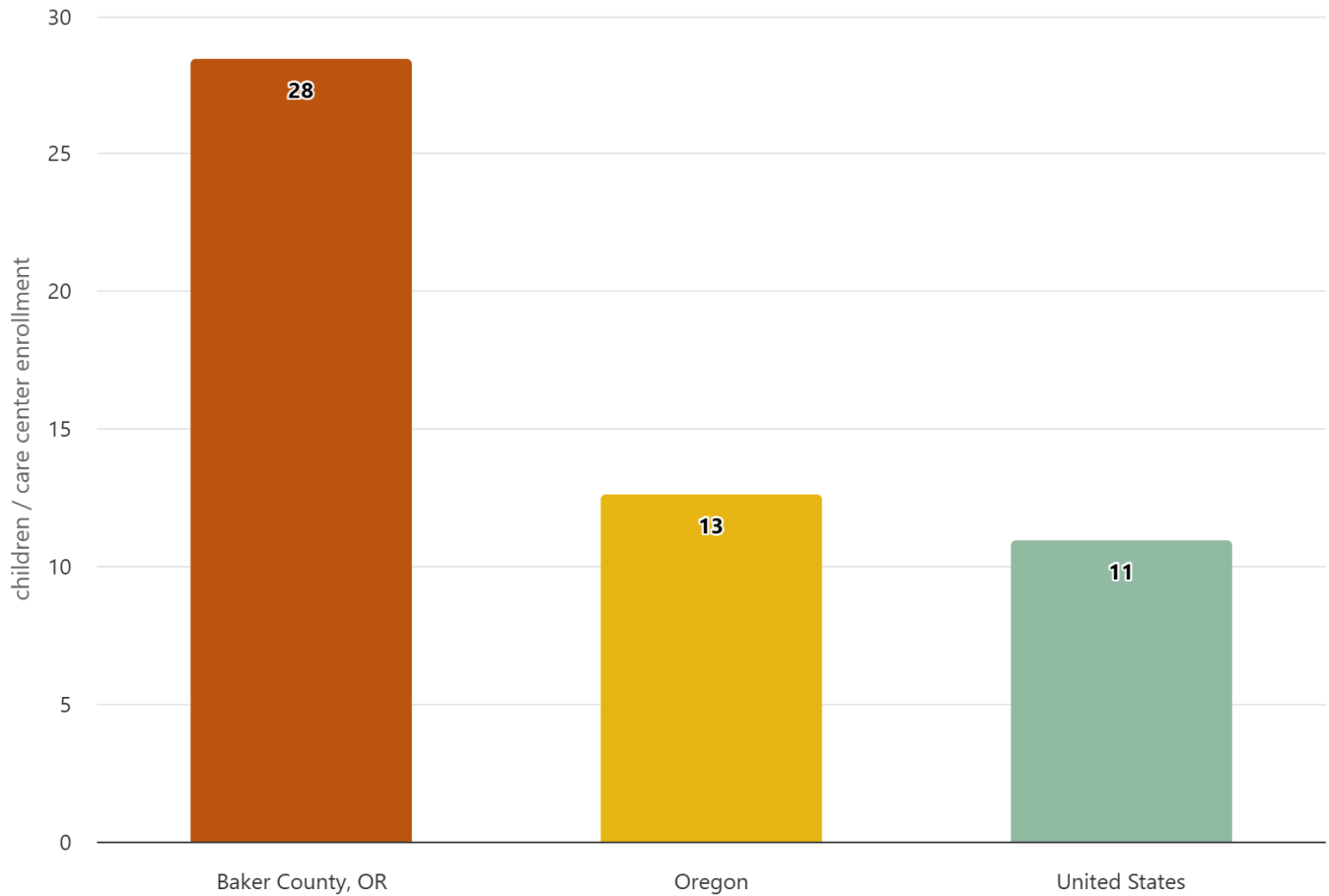


Created on Metopio | metop.io/i/uj6wtvqh | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated)

Chart of Childcare Center Ratio

The childcare center ratio is Number of children over childcare center enrollment. A value of 10 means that an area has 10 children for every one spot in local childcare centers.

Childcare Center Ratio, 2023 – Baker County, OR and comparison



Created on Metopio | metop.io/i/w9bhvz15 | Data source: Department of Homeland Security (DHS): Homeland Infrastructure Foundation-Level Data (HIFLD) Open Data

Prioritization

On September 29, 2025, community partners and leaders reviewed the Community Health Needs Assessment results and collaboratively determined the priority health issues for the implementation strategy. Partners consisted of organizations representing sectors including food security, social services, government and other nonprofits.

The session began with a presentation outlining the top health needs identified through both quantitative and qualitative data collection. These themes included access to care, behavioral health (mental health and substance use), childcare, chronic disease, food access, housing, and maternal and child health.

Following the presentation, participants engaged in discussion regarding the presented data, and were asked to rank the top health needs using an online survey. The following factors were considered during ranking:

- Seriousness and Impact: How does the identified need impact health and quality of life?
- Consequences of Inaction: What impact would inaction have on individuals and the community?
- Magnitude and Inequity: How many people in the community are or will be impacted? Who is most impacted?
- Feasibility of Influencing: What assets or capacity currently exist to address the need?
- Trend: How has the need changed over time?

After ranking, each health need was assigned a score from 1-100, with higher scores indicating a higher need.

Rank	Opinion	Score
🏆 1st	Access to Care	68
🥈 2nd	Housing	68
🥉 3rd	Behavioral Health	65
4th	Maternal and Child Health	50
5th	Chronic Disease	49
6th	Food Access	32
7th	Child Care	22

Community Resources and Assets

Saint Alphonsus will develop and publish implementation strategies upon publication of the report. Community resources to address these and other social and economic needs include:

- **Baker County Health Department-** Offering the community: immunizations, family planning, communicable disease management and sexually transmitted disease testing and management, maternal and child health services, tobacco prevention, environmental health services, and Women, Infant and Children Program (WIC). Their mission is “To promote health and wellness by providing education, support, and healthcare services to the community.”
- **St. Luke’s Clinic- Eastern Oregon Medical Associates: Baker City-** Primary care clinic offers a wide range of services from acute illness treatment and chronic condition management to annual wellness exams and preventative care.
- **St. Luke’s Clinic- Baker Specialty Services: Baker City-** Urology Clinic offered the second Friday of each month.
- **Tamarack Health Clinic-** Behavioral health clinic specializing in medication assisted treatment and recovery, mental health therapy, addiction counseling, weight management, drug screening and case management services.
- **New Directions Northwest, Inc-** Specializes in helping people with alcohol, drug and gambling addictions, mental health, developmental disabilities and prevention services to individuals from Baker County, and throughout the state of Oregon.

Conclusion

After approval from the SAHS Board of Directors the Baker County CHNA Advisory Committee will begin the development of the Implementation Strategies that will be available in a separate document approved and released to the community no later than November of 2026.

Saint Alphonsus Ontario and the Baker County CHNA Advisory Committee did not receive any comments from the public on the 2023 Community Health Needs Assessment.

Any additional comments on this report may be submitted to Corey Surber, Regional Vice President of Advocacy and Government Affairs at corey.surber@saintalphonsus.org.

To obtain copies of this report, please contact the Community Health and Well-Being Department at Saint Alphonsus Regional Medical Center at 1055 N. Curtis Rd., Boise, ID 83706.

The next Community Health Needs Assessment will be due in June of 2029 and data collection will begin in June of 2028.

Appendix 1: Data Sources

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Environmental Protection Agency (EPA): Air Quality Index Report

The AirData Air Quality Index Summary Report displays an annual summary of Air Quality Index (AQI) values for counties. Air Quality Index is an indicator of overall air quality, because it takes into account all of the criteria air pollutants measured within a geographic area.

U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

Health Resources & Services Administration: Area Health Resources Files (AHRF)

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation's counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Centers for Disease Control and Prevention (CDC)

U.S. Census Bureau: County Business Patterns

An annual series that provides subnational economic data by industry. This series includes the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll.

University of Wisconsin Population Health Institute: County Health Rankings

County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Division of Nutrition, Physical Activity, and Obesity (DNPAO)

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) invests in efforts to support healthy eating, active living, and healthy weight for all people. These investments advance public health strategies that prevent chronic diseases related to diet and inactivity to protect the health of people across the nation.

Centers for Disease Control and Prevention (CDC): Heat and Health Tracker

The Centers for Disease Control and Prevention launched the Heat & Health Tracker to provide timely, local-level, heat and health information to the public.

Idaho Oregon Community Health Survey

Surveys include: Treasure Valley Community Health Survey, Saint Alphonsus Community Health Survey, and South Central Idaho Community Health Survey

Feeding America: Map the Meal Gap

Map the Meal Gap generates two types of community-level data: Local food insecurity estimates among all individuals and children by income category and local food expenditure estimates among people who are food insecure and food secure Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool

Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus

The National Center's vision is a future free of HIV, viral hepatitis, STDs, and TB.

Centers for Disease Control and Prevention (CDC): National Environmental Public Health Tracking Network

The National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environmental data from national, state, and city sources and provides supporting information to make the data easier to understand.

Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI is the required identifier for Medicare services, and is also used by other payers, including commercial healthcare insurers. The NPI Registry provides information about all physicians in the country and their specialties.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Beginning in 2021, age-adjusted rates are no longer available from the CDC at a county level. All data from 2021 onward is presented as crude rates. Please use caution when directly comparing data from before 2021 to data from 2021 onward. The National Vital Statistics System Mortality component (NVSS-M) obtains information on deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. The system is operated by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS). This data is available from the CDC Wonder data portal.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N)

In the United States, State laws require birth certificates to be completed for all births, and Federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the Federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the States to provide access to statistical information from birth certificates.

Oregon Health Authority: Oregon Public Health Division

The Oregon Public Health Division works to protect and promote the health of all Oregonians and the communities where they live, work, play and learn.

Centers for Disease Control and Prevention (CDC): PLACES

The PLACES Project is a collaboration between CDC, the Robert Wood Johnson Foundation (RWJF), and the CDC Foundation (CDCF). PLACES will allow counties, places, and local health departments regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their jurisdictions and assist them in planning public health interventions. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts, and ZIP codes across the United States.

National Cancer Institute (NCI): State Cancer Profiles

State Cancer Profiles characterizes the cancer burden in a standardized manner to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites with evidence-based control interventions. Interactive graphics and maps provide support for deciding where to focus cancer control efforts.

Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps

The data in the maps show the geographic distribution in the United States, at both state and county levels, of retail opioid prescriptions dispensed per 100 persons per year.

Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System

The CDC's United States Diabetes Surveillance System contains data about diabetes, obesity, and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

United for Alice: United Way ALICE Data

Every two years, United For ALICE conducts a study of financial hardship at the national level in order to better understand economic disparity within and across states, to track changes over time, and to inform action that improves conditions for ALICE households nationwide.

US Department of Agriculture (USDA) - Food and Nutrition Service: WIC Data Tables