



# Ontario Community Health Needs Assessment

**Malheur County 2026**



**Saint Alphonse**  
A Member of Trinity Health



# Acknowledgements

- Eastern Oregon Coordinated Care Organization (EOCCO)
- Eastern Oregon Center for Independent Living (EOCIL)
- Hispanic Community Center
- Euvalcree Oregon
- Lifeways, Inc.
- Oregon Food Bank
- GOBHI Oregon
- Oregon State University Extension Office
- Malheur County on Aging and Community Services
- Building Healthy Families
- St. Luke's Health System
- Treasure Valley Relief Nursery
- Oregon Department of Human Services
- Malheur Health Department
- Valley Family Health Care
- Community In Action
- Ontario School District and Office of Ontario District Superintendent
- Northwest Housing Alternatives
- Oregon and Idaho Border Board

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# Executive Summary

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

Saint Alphonus Medical Center - Ontario 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 Malheur County. The organization is committed to fostering a healthier community through preventive care, education, and accessible healthcare services.

Malheur County, located in southeastern Oregon, is characterized by its diverse population and unique health challenges. Key demographics of the area include a significant number of low-income families, older adults, and individuals with chronic health conditions. The CHNA identified several critical health needs, including access to primary care, mental health services, and chronic disease management.

The assessment utilized a combination of primary and secondary data sources, including community surveys, focus groups, and existing health data from local and state health departments. This comprehensive approach ensured a thorough understanding of the community's health needs. Health needs prioritized through this process include:

- Access to Care
- Behavioral Health
- Childcare
- Chronic Disease
- Food Access
- Housing
- Safety or Crime

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 addressing these prioritized needs. By collaborating with community partners and stakeholders, Saint Alphonus Medical Center - Ontario aims to implement effective strategies that will improve health outcomes and enhance the quality of life for residents of Malheur County.

# Introduction

## Malheur 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

Ontario's one and only hospital began with a small group of Dominican Sisters of the Portuguese Congregation of St. Catherine of Sienna. The Sisters began in a tent with limited resources. With the ambition of the Sisters and the community's overwhelming support the hospital went from a dream to a reality, breaking ground September 18, 1911, and completing ahead of schedule on April 15, 1912. Bishop O'Reilly named the hospital in honor of the Holy Rosary. The Saint Alphonsus Medical Center – Ontario is a 49-bed, acute care, not-for-profit hospital, serving Ontario and the surrounding communities in eastern Oregon and southwestern Idaho. We are committed to providing patients with the best in care, from qualified and caring staff in an environment that is comfortable and secure. At Saint Alphonsus Medical Center – Ontario, we not only provide quality care but feel it is equally important to contribute to the well-being of the community through health education, outreach programs, preventive and routine screenings, health fairs, seminars, community partnership, and more.

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](http://www.saintalphonsus.org), and [www.Trinity-Health.org](http://www.Trinity-Health.org).

## Facilities Owned & Operated by Saint Alphonus Medical Center-Ontario

Saint Alphonus Medical Center – Ontario (SAMC-Ontario); Fruitland Health Plaza; and two free-standing Saint Alphonus Medical Group facilities in Ontario.

## 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

Services provided include breast care, cancer care, diabetes care & education, dietary services, emergency care, cardiac care, hospice, laboratory & radiology, maternity care, neurology, OB/GYN services, orthopedics, primary care, rehabilitation services, sleep disorders treatment, surgical services, and tele-stroke services.

## Conducting the 2026 Community Needs Assessment

Saint Alphonus Medical Center-Ontario (SAMC-Ontario) 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/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 Baker County CHNAs. Malheur 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-Ontario patients draw from. Additional counties of service are captured in the 2026 Treasure Valley CHNA. 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 Ontario Community Hospital Advisory Board. Their input was reviewed and approved by the Saint Alphonse Health System Board on February 18, 2026, with delegation of approval for any subsequent edits to board chair Adam Richins.

## Summary of Previous CHNA

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The 2023 Community Health Needs Assessment utilized a Malheur County Steering Committee, as convened by Saint Alphonse Health System and Metopio, 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-Ontario for inclusion in the final document. Additionally, the SAMC-Ontario Community Hospital Board was provided with drafts of the Community Health Needs Assessment and provided input on the 2023 CHNA priorities.

The 2023 Malheur County Community Health Needs Assessments can be found online at: <https://www.saintalphonse.org/about-us/community-benefit/community-needsassessment/>.

The prior CHNA, completed in June 2023, identified significant health needs within the SAMC-Ontario community:

1. Affordable, Safe Housing and Homelessness
2. Access to Affordable Health Care, Including Oral and Vision Health
3. Safe, Reliable Transportation

The 2023 Community Health Needs Assessment was reviewed in detail within the Saint Alphonse 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-Ontario did not receive any comments from the public on the 2023 CHNA beyond the contributions of the Malheur County Steering Committee and qualitative data collection methods between January and May 2023.

## Evaluation of Impact

SAMC-Ontario 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-Ontario developed and/or supported initiatives to improve the health needs of affordable, safe housing and homelessness, transportation, and access to health care, including oral health.

### Affordable, Safe Housing and Homelessness

SAMC-Ontario sought to increase access to safe, affordable housing and decrease the incidence of homelessness in the Ontario region.

Specifically, SAMC-Ontario contributed to the Oregon Food Bank in partnership with The Western Treasure Valley Food System Partnership to renovate the River Bend Place housing development's former commercial kitchen in the Ontario Community Food Center. Breaking ground in 2026, the Food Center will provide a community pantry and food education center for Malheur County residents.

Since 2023, Saint Alphonsus has been the lead health partner in the BUILD Payette community coalition in partnership with WICAP, St. Luke's Health System, and Southwest District Health. BUILD Payette is a 3-year initiative to support affordable housing opportunities connected to other most needed and most wanted community services as identified by residents. In FY25, the collaborative focused on community outreach and engagement around the collocation of housing and healthcare services between Valley Family Health Care and LEAP Housing. In the summer of 2025, a community stakeholder meeting was convened to discuss the gaps in services for those in need of housing and how the Valley Family Health Care clinic will serve as an anchor for the housing structure that will serve seniors 55+ seeking affordable housing.

### Access to Affordable Health Care, Including Oral and Vision Health

SAMC-Ontario sought to improve access to health care by identifying and removing barriers and providing equitable services to those who are underserved. SAMC-Ontario plays an active role in community groups such as BUILD Payette, Payette and Washington Community Health Action Teams, Western Treasure Valley Food System Partnership, Malheur County Local Community Health Partnerships, EOCCO Work Group, and the Moore Institute's Nutrition Oregon Campaign.

SAMC-Ontario 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-Ontario increases the number of patients screened and referred to community resources through the Community Resource Directory (findhelp.org) for SloH.

**FY23:** Ontario CHW 542 CHW encounters, 117 CHW referrals & 585 phone calls

**FY24:** Ontario CHW 400 CHW encounters, 151 CHW referrals, 410 phone calls & 40 hotline calls

**FY25:** Ontario CHW 765 CHW encounters, 200 CHW referrals, 949 phone calls & 85 hotline calls

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

- \$12,500 to Angel Wing Network
- \$65,000 to Treasure Valley Community College
- \$100,000 to Oregon Food Bank (estimated impact 2000 people)

## Safe, Reliable Transportation

Non-medical transportation for patients and residents in Malheur County is limited, and SAMC-Ontario has been working for years to address by supporting taxis, public transportation options, and supporting rideshare options. Specifically, Saint Alphonus contributed to Angel Wings to provide rides to medical appointments for individuals in cancer treatment- including providing gas cards and food resources.

## Comments

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Any comments on this report may be submitted to Corey Surber, Vice President of Advocacy and Government Relations Saint Alphonus Health System at [corey.surber@saintalphonus.org](mailto:corey.surber@saintalphonus.org).

## Date Adopted by Board

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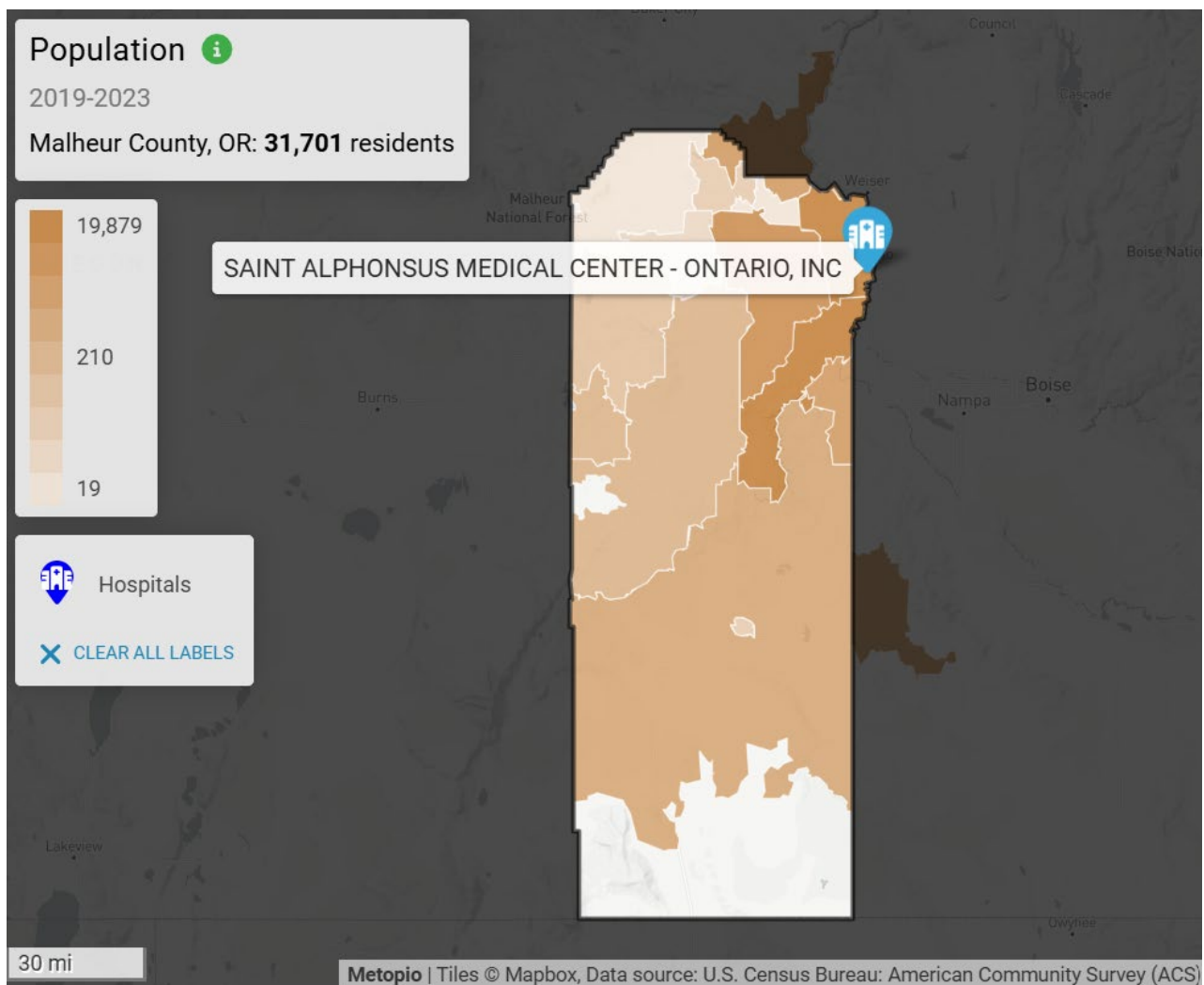
The 2026 Community Health Needs Assessment was reviewed by the Ontario Community Hospital Advisory Boards and approved by the Saint Alphonus Health System Board on May 13, 2026.

# Community Description

For the purpose of this CHNA report, the geographic area served is defined as Malheur County, Oregon, shown in the map below. Malheur County is the county that Saint Alphonsus- Ontario is located in and provides services to the entire community.

Malheur County, located in eastern Oregon, is the second-largest county in the state, covering approximately 9,930 square miles. The county shares borders with Idaho and Nevada, making it a strategically important region for interstate trade, agriculture, and transportation. Ontario, the county's largest city, serves as the primary economic, healthcare, and commercial hub, while Vale is the county seat. Other significant cities include Nyssa, Jordan Valley, and Adrian, as well as smaller rural communities such as Harper, Juntura, and Arock.

Malheur County is predominantly rural, with vast expanses of farmland, desert, and mountainous terrain. The region's economy is heavily dependent on agriculture, cattle ranching, and food processing, making it a key player in Oregon's agricultural industry. The county is one of the nation's leading onion producers and also contributes significantly to dairy, wheat, and livestock production.

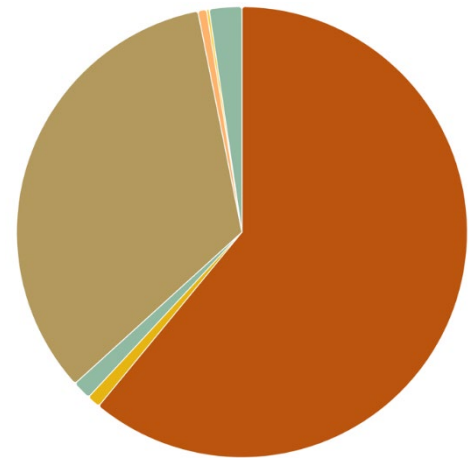


## Race/Ethnicity

Compared to Oregon and the United States, Malheur County has a higher proportion of Hispanic or Latino residents. This demographic diversity necessitates culturally competent healthcare services and outreach programs to address language barriers and cultural differences. By promoting inclusiveness and accessibility in healthcare, Malheur County can better serve its diverse population and improve health equity.

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

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



Created on Metopio | [metop.io/i/8zzqbhkhz](https://metop.io/i/8zzqbhkhz) | 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

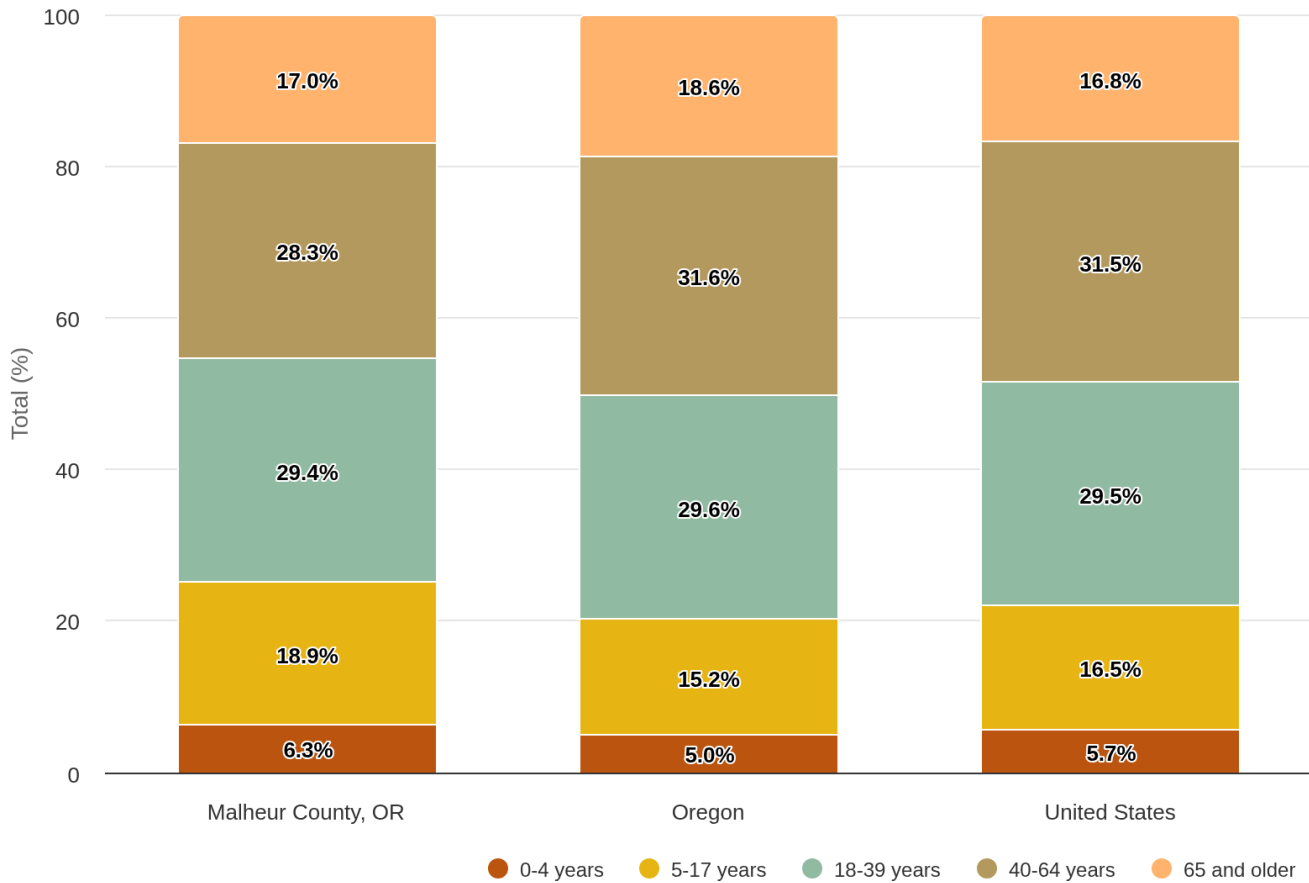
	Malheur County	Oregon	United States
<b>Median Household Income</b>	<b>\$49,902</b>	\$80,426	\$78,538
<b>Disability</b>	<b>15.14%</b>	15.15%	13.04%
<b>Limited English Proficiency</b>	<b>2.02%</b>	5.33%	8.39%

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

## Age Distribution

In Malheur County, the age distribution reveals a significant proportion of residents aged 18-39, making up 29.43% of the population. This is similar to the state and national averages. The county also has a notable percentage of children aged 5-17, accounting for 18.86% of the population. This youthful demographic suggests a need for robust educational and recreational facilities to support the development and well-being of young residents.

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

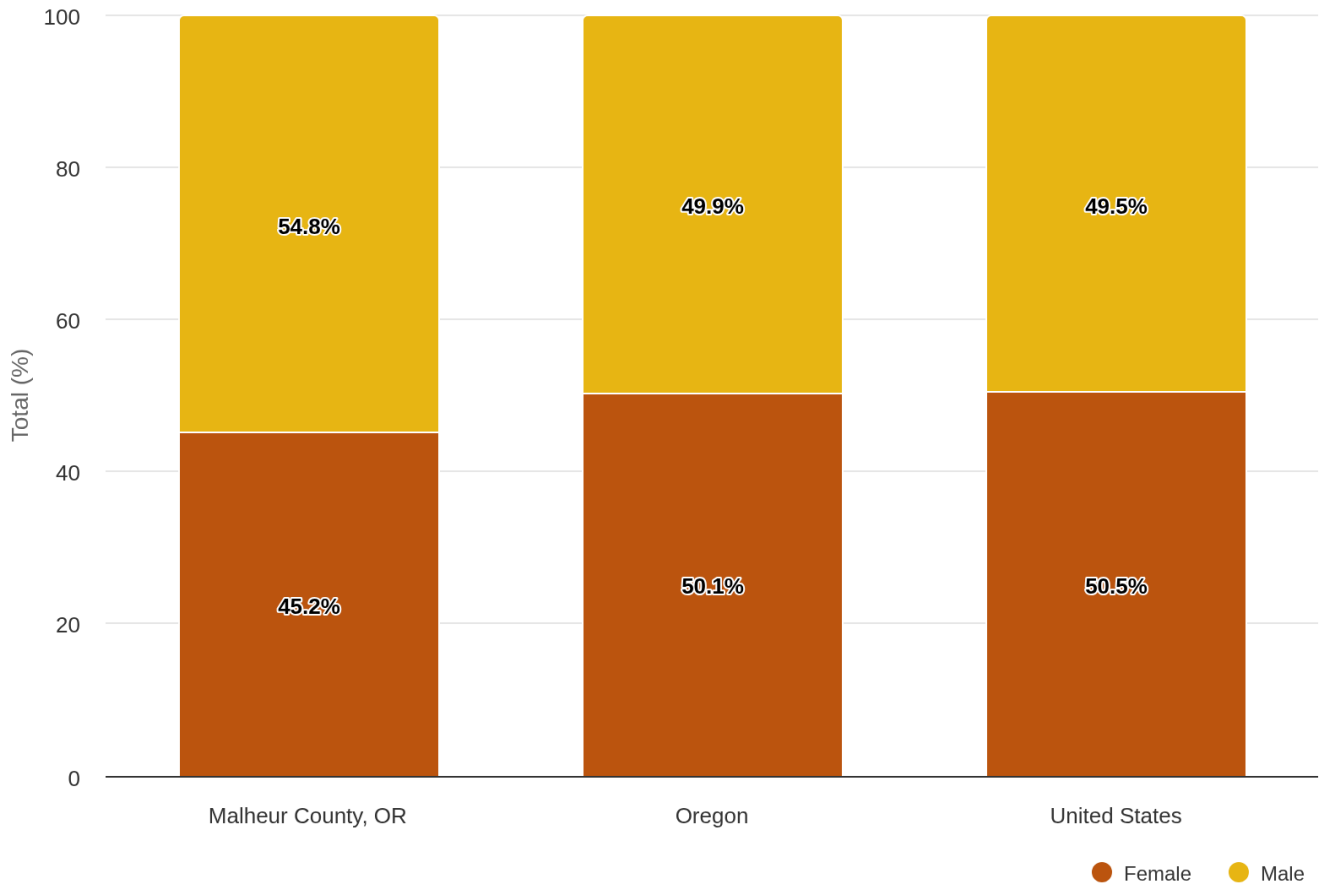


Created on Metopio | metop.io/i/ecotyumuq | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001;

## Gender Distribution

The gender distribution in Malheur County shows a higher percentage of males (54.83%) compared to females (45.17%). This contrasts with the gender distribution in Oregon and the United States, where females slightly outnumber males. The higher male population in Malheur County may be attributed to the types of industries and employment opportunities available in the region, such as agriculture and manufacturing, which traditionally attract more male workers.

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



Created on Metopio | metop.io//6mcfzhoy | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001;

# Process and Methods

## Data Collection

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### Survey

Surveys are essential for gathering data from a broad population, allowing for the analysis of trends, attitudes, and opinions. They can help identify specific health needs and areas requiring intervention within the community. In this assessment, survey questions included health behaviors, mental health, and aspects related to the Malheur County service area community. 151 survey responses were collected for this report between March and June of 2025.

### Focus Groups

Focus groups provide qualitative insights by engaging small groups in discussions about specific topics. This method uncovers perceptions, opinions, and attitudes that might not emerge in surveys. The focus groups in this assessment covered various topics, including access to care, food access, and housing. Three focus groups were conducted, revealing themes such as the need for bilingual healthcare providers, transportation options, and economic barriers to healthy living.

The top three themes that emerged were Access to Care, Food Access, and Housing. These themes highlight the critical areas where community health efforts should be focused to improve the overall health and well-being of Malheur County residents.

### Interviews

Interviews offer in-depth insights through one-on-one conversations, allowing for detailed exploration of individual views and experiences. They are particularly useful for understanding complex issues and personal stories. In this assessment, three interviews were conducted, focusing on access to care, behavioral health, and socio-economic factors. The interviews underscored the challenges faced by the community, such as long travel distances for medical care and the stigma associated with certain health conditions. Interviews were conducted between June and July of 2025.

The top three themes from the interviews were Access to Care, Health Conditions, and Socio-economic Factors. These themes emphasize the need for improved healthcare services and support systems to address the health disparities in Malheur County.

### Metopio

Metopio is a robust platform that offers curated data from public and proprietary sources, providing information on health behaviors, health risks, health outcomes, and community-level drivers of health. In this assessment, Metopio was used to gather secondary data to complement the primary data collected from surveys, focus groups, and interviews. This data helped to contextualize the findings and provide a broader understanding of the community's health needs.

## 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
- Food Access
- Housing
- Safety or Crime
- Chronic Disease

## Health Needs Prioritized

### 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

The theme of behavioral health encompasses a wide range of mental health and substance abuse challenges faced by individuals in the community. Focus group and key informant interview participants expressed concerns about the lack of access to mental health services. Financial hardship further complicates the situation, making it difficult for low-income individuals to seek the care they need. The community also grapples with substance abuse issues, including alcohol, marijuana, fentanyl, and methamphetamine, which are often exacerbated by limited resources and support systems. The need for greater collaboration between healthcare providers and community organizations is a recurring theme, as residents seek more accessible and affordable mental health services.

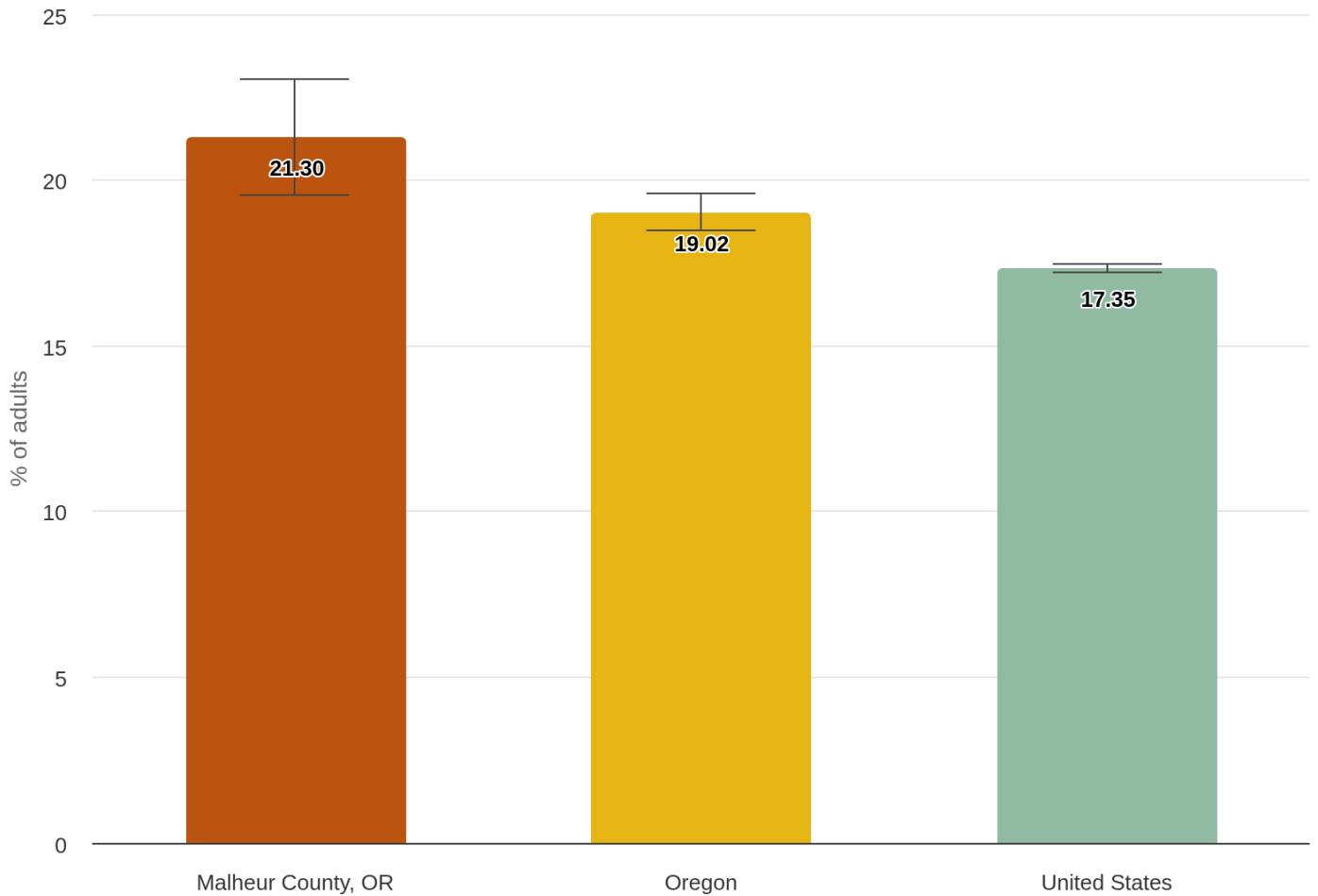
There is a clear need for increased accessibility to mental health services. One resident stated, “the (mental health) resources just aren’t there,” highlighting the scarcity of mental health professionals and facilities. Substance abuse remains a critical issue, with one individual stating, “sadly, there is a lot of substance abuse,” which further compounds mental health challenges. The community’s desire for greater collaboration between healthcare providers and local organizations is evident, as residents seek solutions to address these interconnected issues more effectively.

“The (mental health) resources just aren’t there”  
Community Member

## Chart of Self-Reported Poor Mental Health in Malheur County

Self-reported poor mental health is a significant issue across the United States. Malheur County reports a notably high rate of 21.3%, surpassing both the state average of 19.02% and the national average of 17.35%. This indicates a need for mental health support in this region

Self-Reported Poor Mental Health, 2022 – Malheur County, OR and comparison

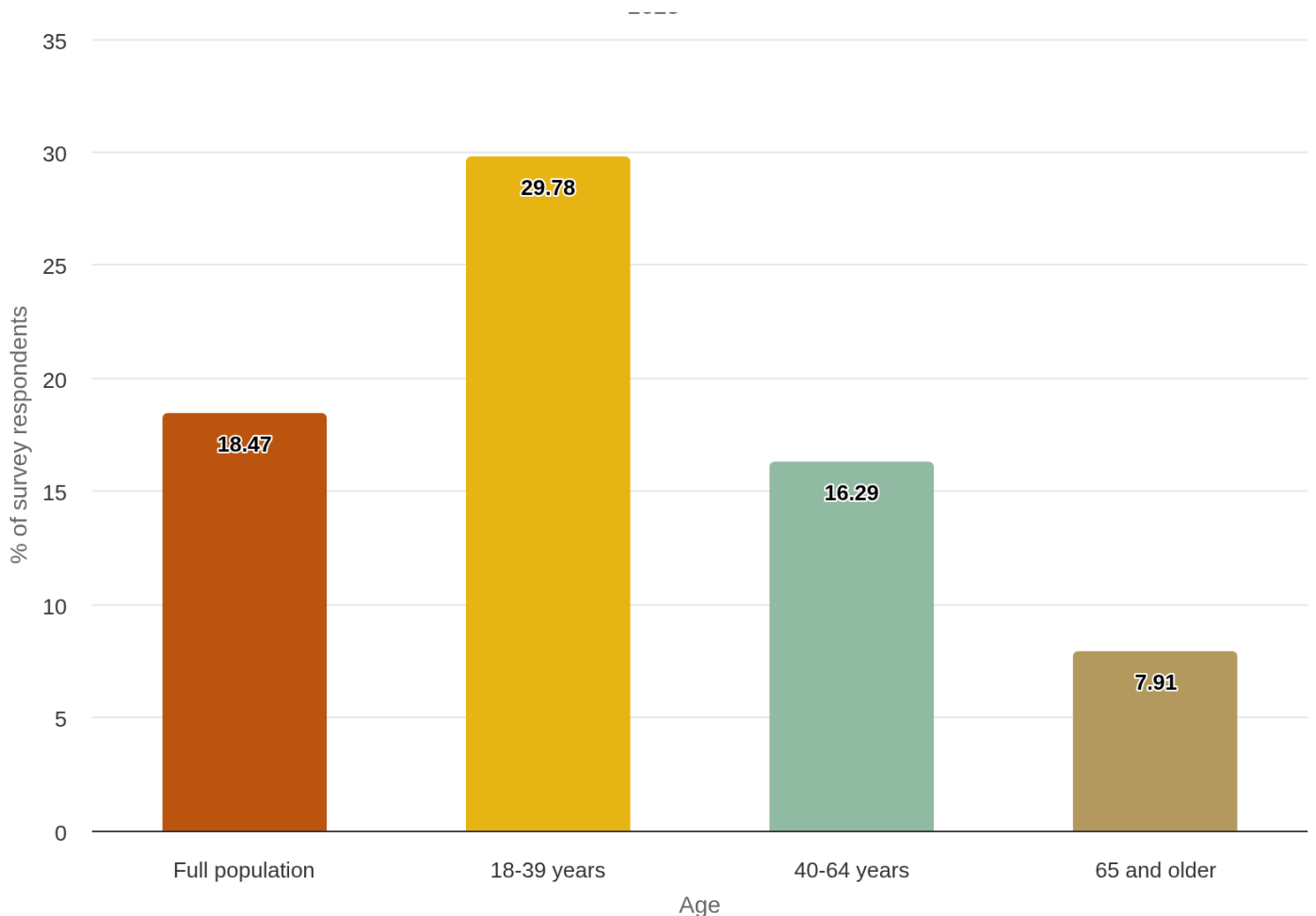


Created on Metopio | metop.io//unfza2c7 | Data source: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code,

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

Survey respondents who received mental health services were most prevalent among the 18-39 age group, with a rate of 29.78%. This is significantly higher than the overall population rate of 18.47%. The rate of mental health service utilization decreases with age, with the lowest rate found among those 65 and older at 7.91%.

Respondents who Received Mental Health Services by Age - Malheur County, OR, 2025

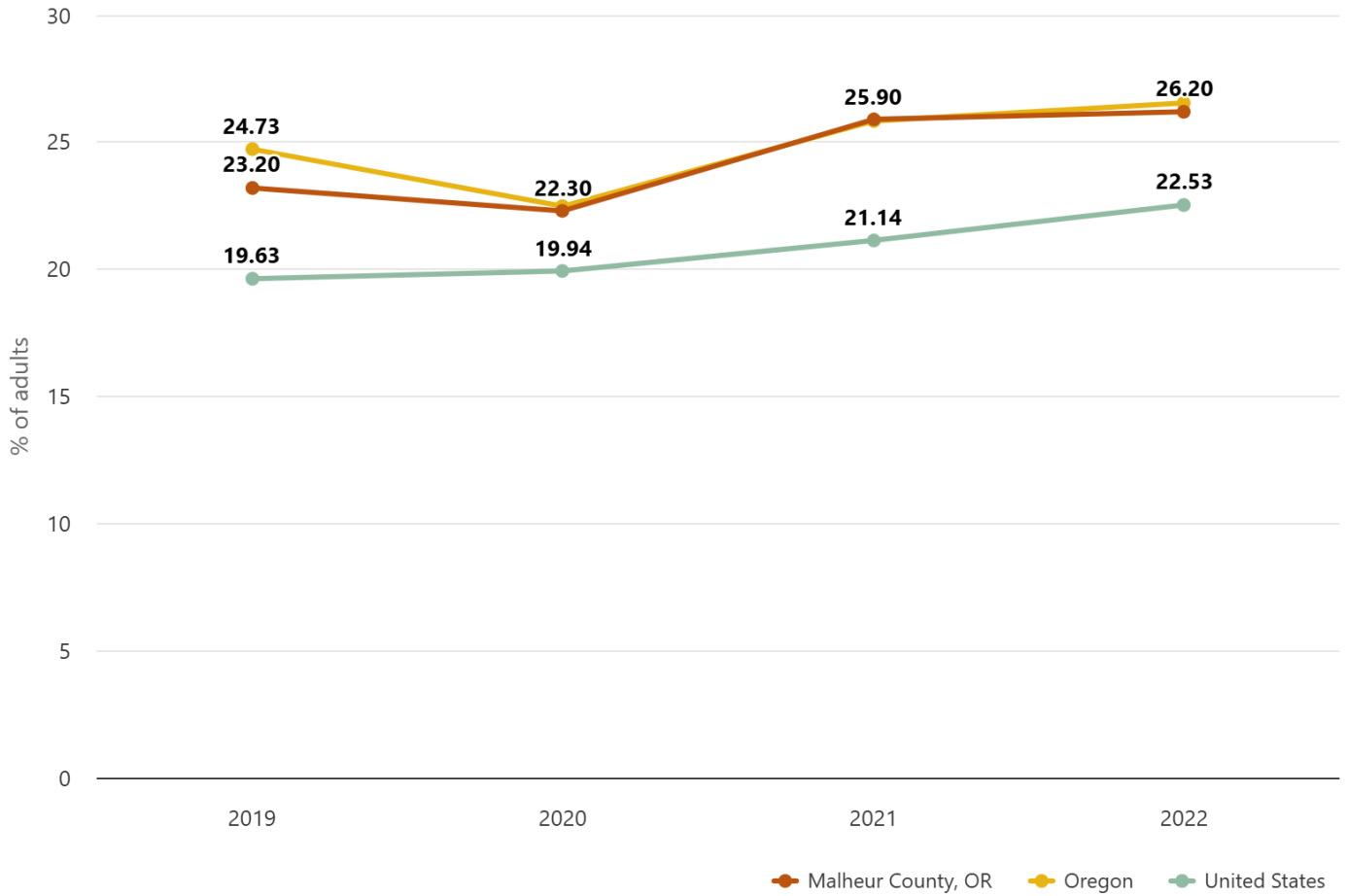


Created on Metopio | metop.io/i/1m2opckh | Data source: Treasure Valley Community Health Survey

## Chart of Depression in Malheur County

Depression rates in Malheur County are higher than the national average and have increased since 2020. This indicates a significant regional impact that may require additional mental health interventions.

Depression - Malheur County, OR and comparison

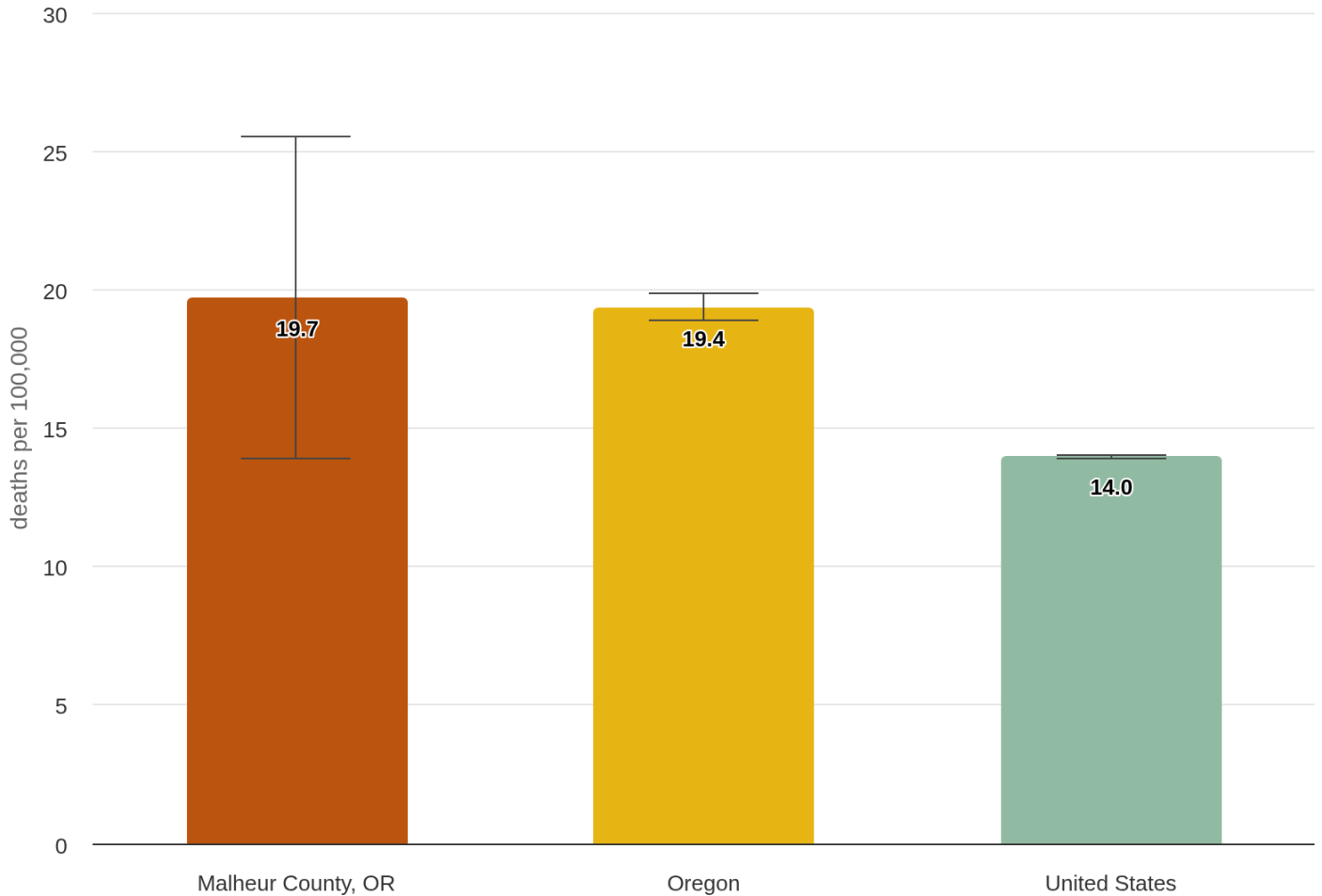


Created on Metopio | metop.io/i/qn76vsja | Data source: Centers for Disease Control and Prevention (CDC); PLACES (for county,

## Chart of Suicide Mortality in Malheur County

Suicide mortality in Malheur County is higher than both the state of Oregon and the United States as a whole. The rate in Malheur County is 19.72, while Oregon’s rate is 19.38, and the national rate is 13.98.

Suicide mortality, 2019-2023 – Malheur County, OR and comparison



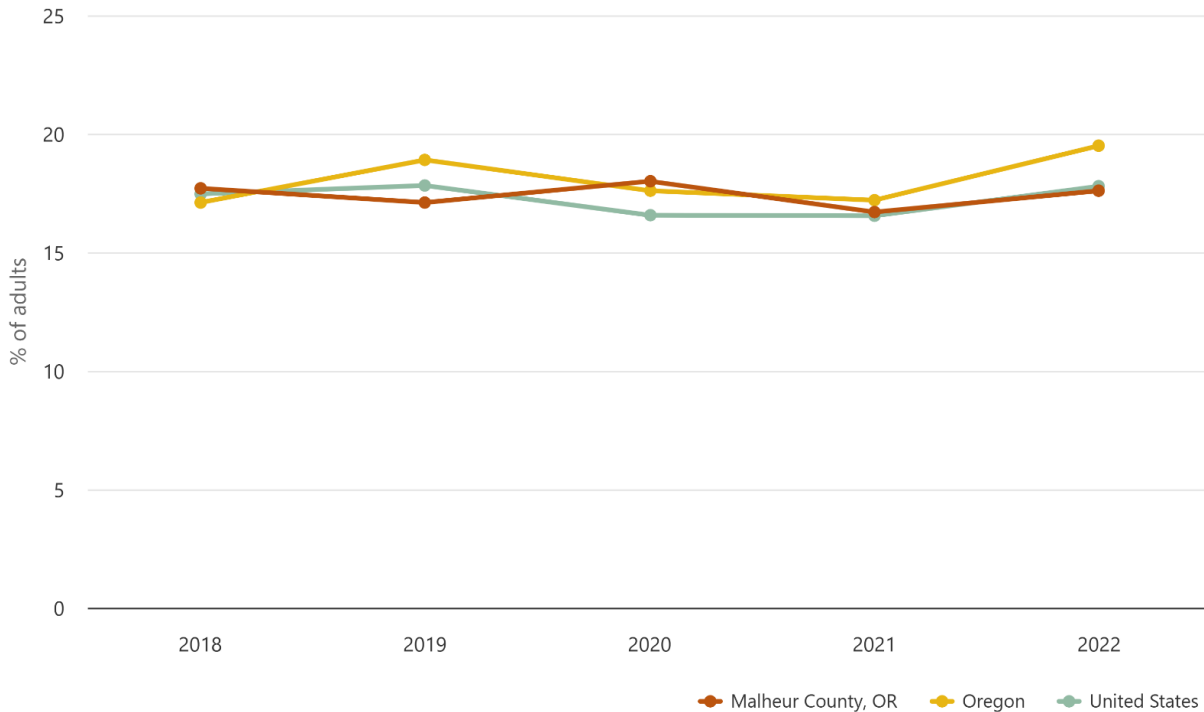
Created on Metopio | metop.io/i/31dc9ikt | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

## Chart of Binge Drinking in Malheur 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 rates vary across different locations in the United States. Oregon has the highest rate at 19.5%, while the national average is 17.79%. Malheur County has a slightly lower rate of 17.6%.

**Binge Drinking** - Malheur County, OR and comparison



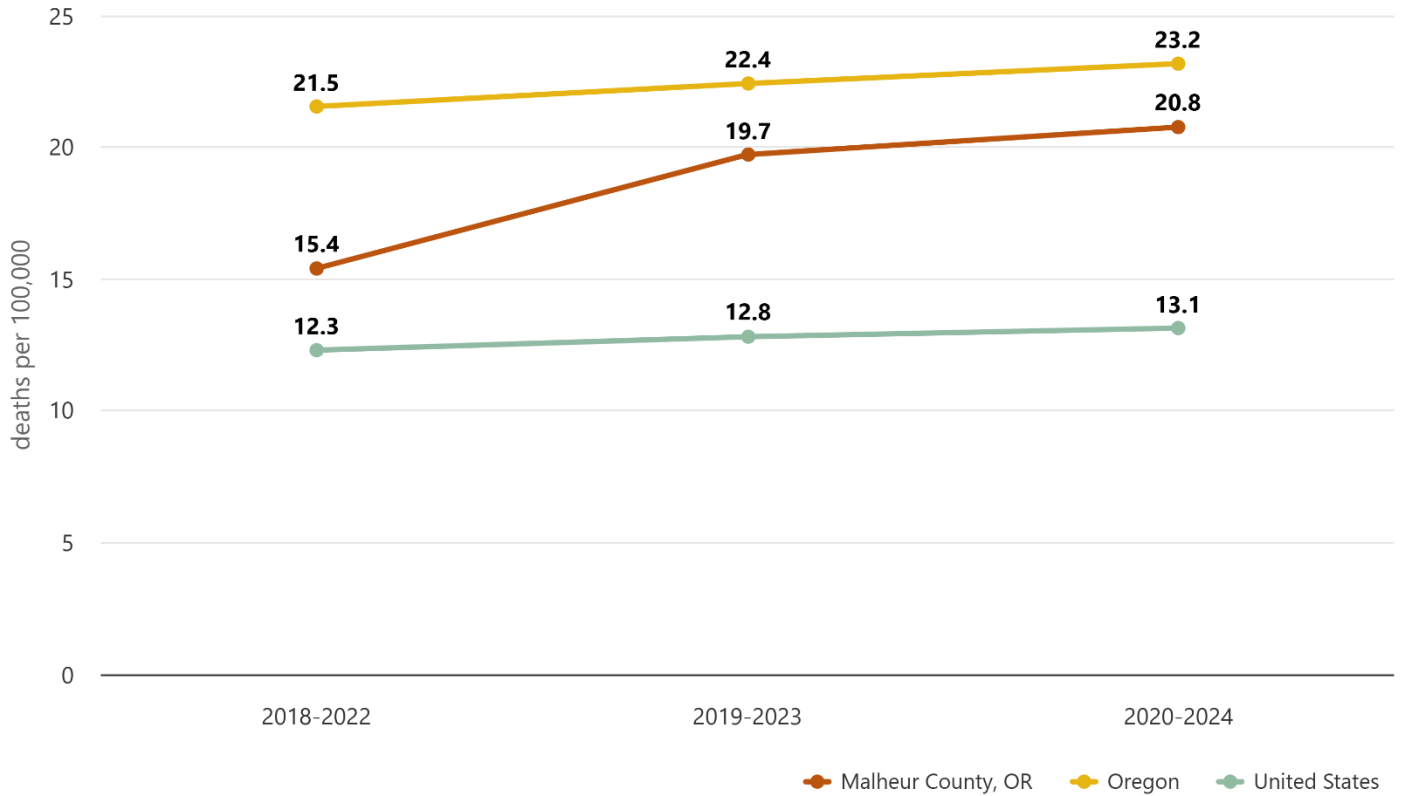
**Created on Metopio** | metop.io/i/4m4w7nz6 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)  
**Binge drinking:** Percent of 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	Malheur County	Oregon	United States
2018	<b>17.70</b>	17.10	17.46
2019	<b>17.10</b>	18.90	17.82
2020	<b>18.00</b>	17.60	16.57
2021	<b>16.70</b>	17.20	16.54
2022	<b>17.60</b>	19.50	17.79

## Chart of Alcohol-Related Mortality in Malheur County

Alcohol-related mortality in Malheur County is higher than the national average and lower than the Oregon average. The Malheur County alcohol-related mortality rate is 20.8 and has been increasing over time.

Alcohol-Related Mortality – Malheur County, OR and comparison

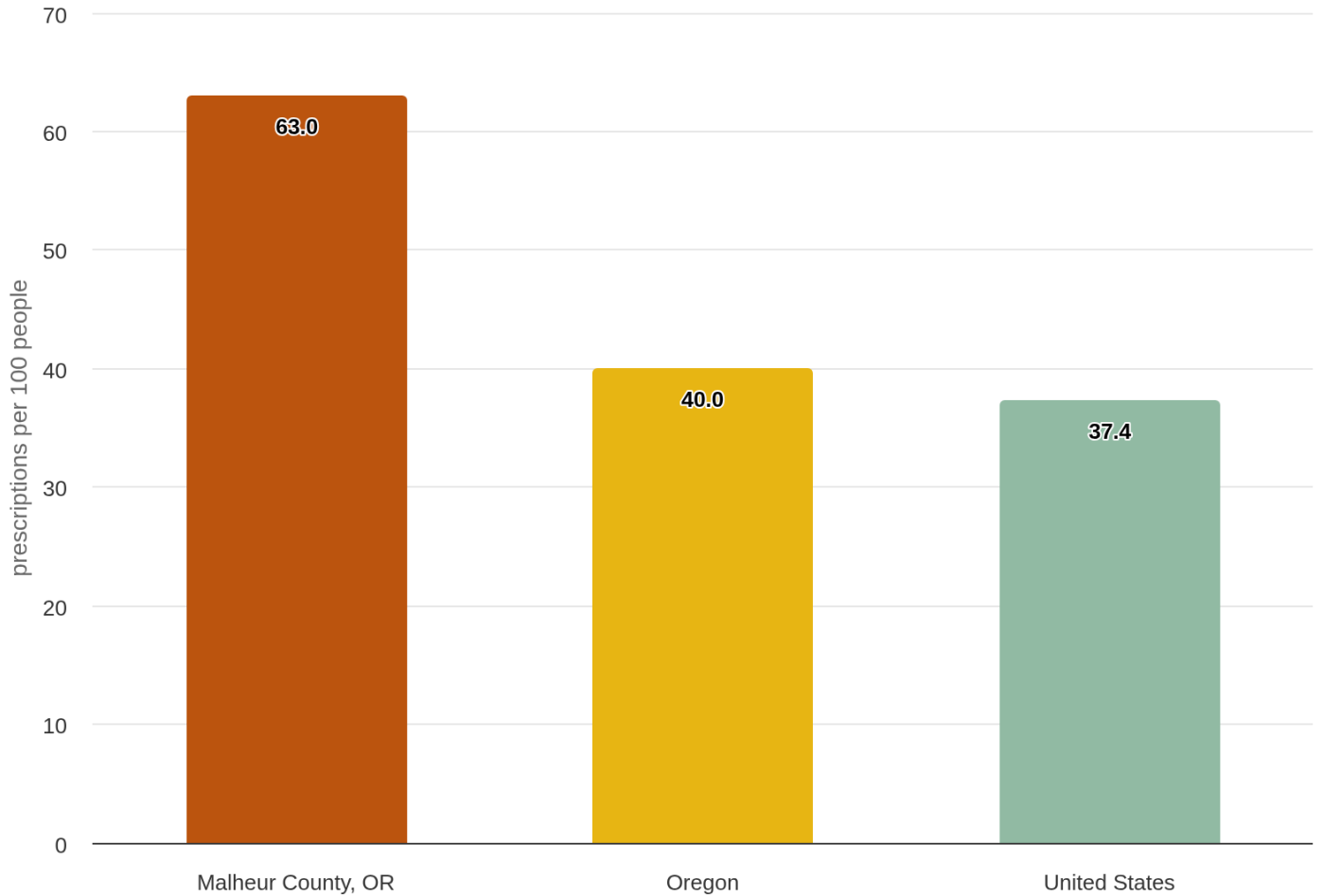


**Created on Metopio** | [metop.io/i/5cub6n9z](https://metop.io/i/5cub6n9z) | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)  
**Alcohol-related mortality:** Deaths per 100,000 residents with an underlying cause related to excessive alcohol use. This includes deaths attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis, and others. Because alcohol use is often a contributing factor in mortality from many other diseases, the CDC uses a complicated methodology to estimate total alcohol-related mortality, which is described in the technical notes. The estimates presented here are only from causes 100% attributable to alcohol consumption, so they are likely an undercount of the total societal impact of alcohol abuse.

## Chart of Opioid Dispensing Rate in Malheur County

The opioid dispensing rate in Malheur County is 63 prescriptions per 100 people, which is higher than both the state of Oregon and the United States as a whole. This indicates a potential issue with opioid overprescription in the county. Addressing this disparity could help mitigate the opioid crisis in the region.

Opioid Dispensing Rate, 2023 – Malheur County, OR and comparison

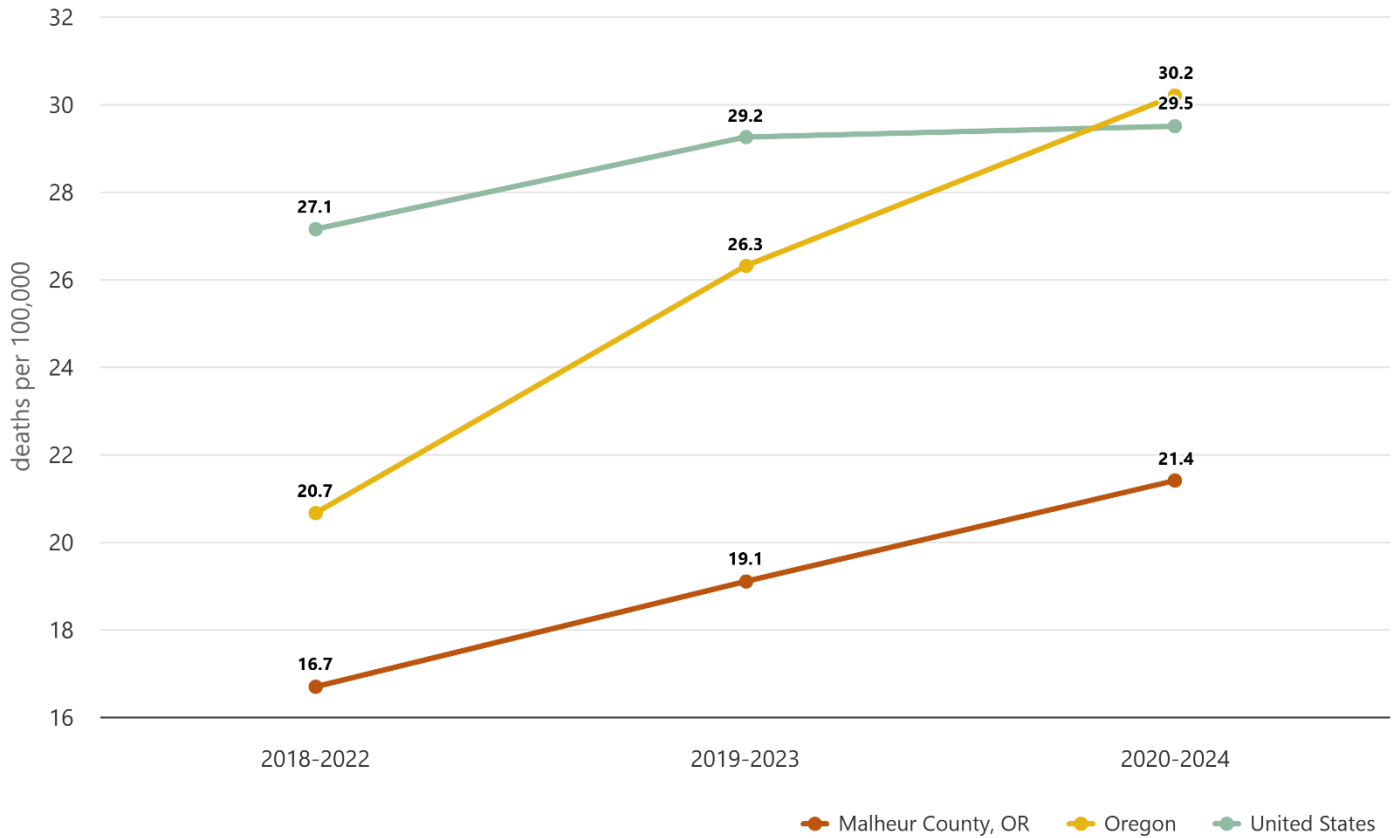


Created on Metopio | metop.io/i/v4phjyik | Data source: Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing

## Chart of Drug Overdose Mortality in Malheur County

The Malheur County drug overdose rate is lower than the state and national averages but has been increasing over time.

Drug Overdose Mortality – Malheur County, OR and comparison



Created on Metopio | metop.io/i/b8apcszx | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
**Drug overdose mortality:** Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

## 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

Access to healthcare is a critical determinant of health equity and well-being, yet many communities face barriers that prevent individuals from receiving timely and adequate care. Participants from focus groups and key informant interviews described long wait times for appointments, limited specialist availability, and transportation challenges. Additionally, financial burdens from high medication costs and inadequate insurance coverage further exacerbate disparities in healthcare access. Vulnerable populations, including older adults, individuals with disabilities, and low-income families, often bear the brunt of these challenges, leading to unmet health needs and worsening health outcomes.

Community members have expressed frustration over the difficulties in accessing care, particularly for specialized services. One individual noted, “The specialty care is difficult and just the long wait times for appointments,” highlighting the delays that prevent timely treatment. Transportation remains a significant barrier, especially for older adults and individuals with disabilities. Furthermore, insurance coverage issues complicate access, as one community member pointed out, “Insurance plans, particularly those used by older adults, are often not accepted at local hospitals.” The high cost of medications and treatment also forces individuals to make difficult choices, as one person explained, “Medication is really expensive. I know a couple of people who have to choose between groceries or getting seen by their doctor even getting their medication.”

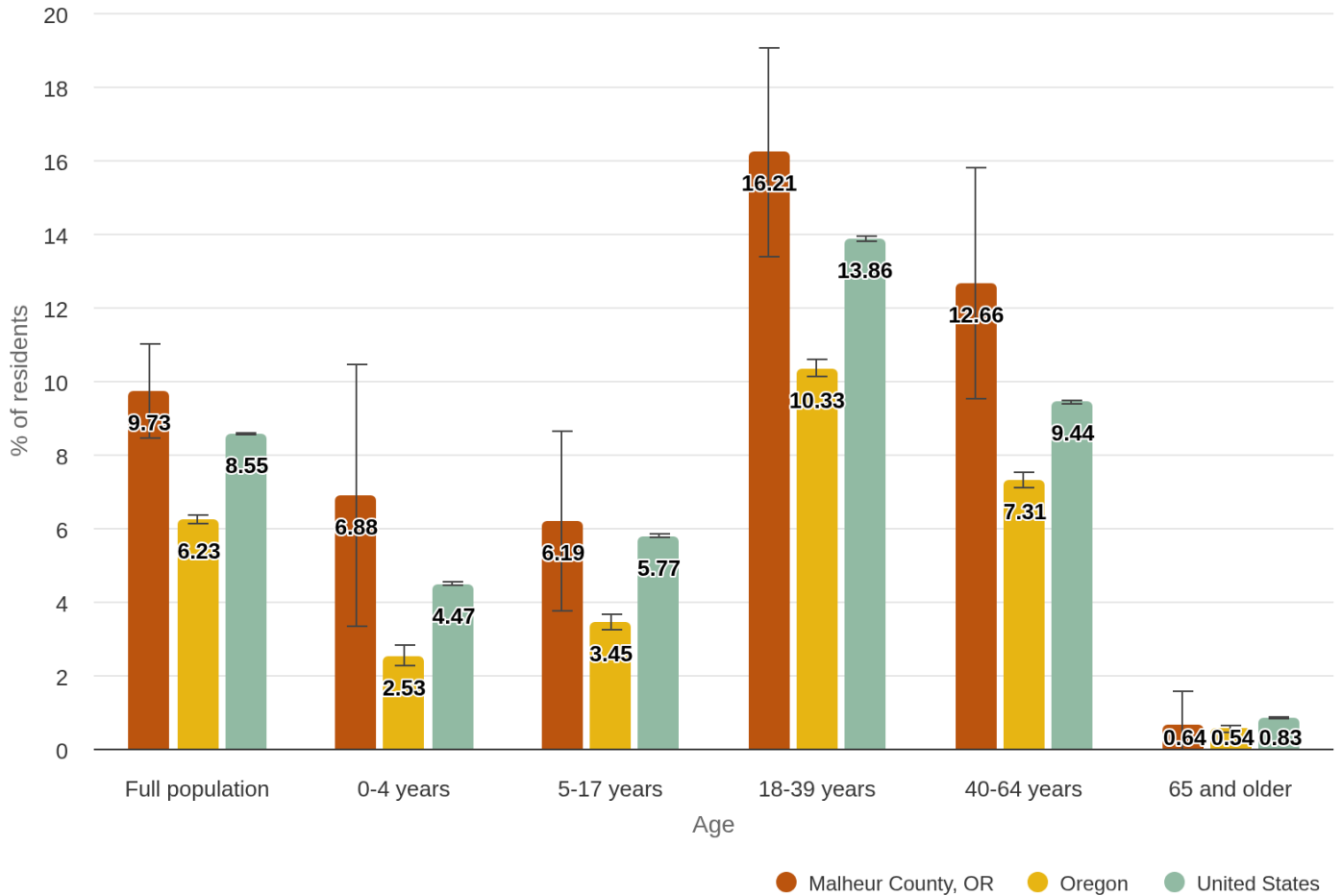
“Medication is really expensive. I know a couple of people who have to choose between groceries or getting seen by their doctor even getting their medication.”

**Community Member**

## Chart of Uninsured Rate by Age in Malheur County

The uninsured rate in Malheur County is higher than both the state and national averages across all age groups. Notably, the 18-39 age group in the county has a rate of 16.21%, compared to 10.33% in Oregon and 13.86% in the United States. This indicates a critical need for improved healthcare coverage in the county.

Uninsured Rate by Age, 2019-2023 - Malheur County, OR and comparison

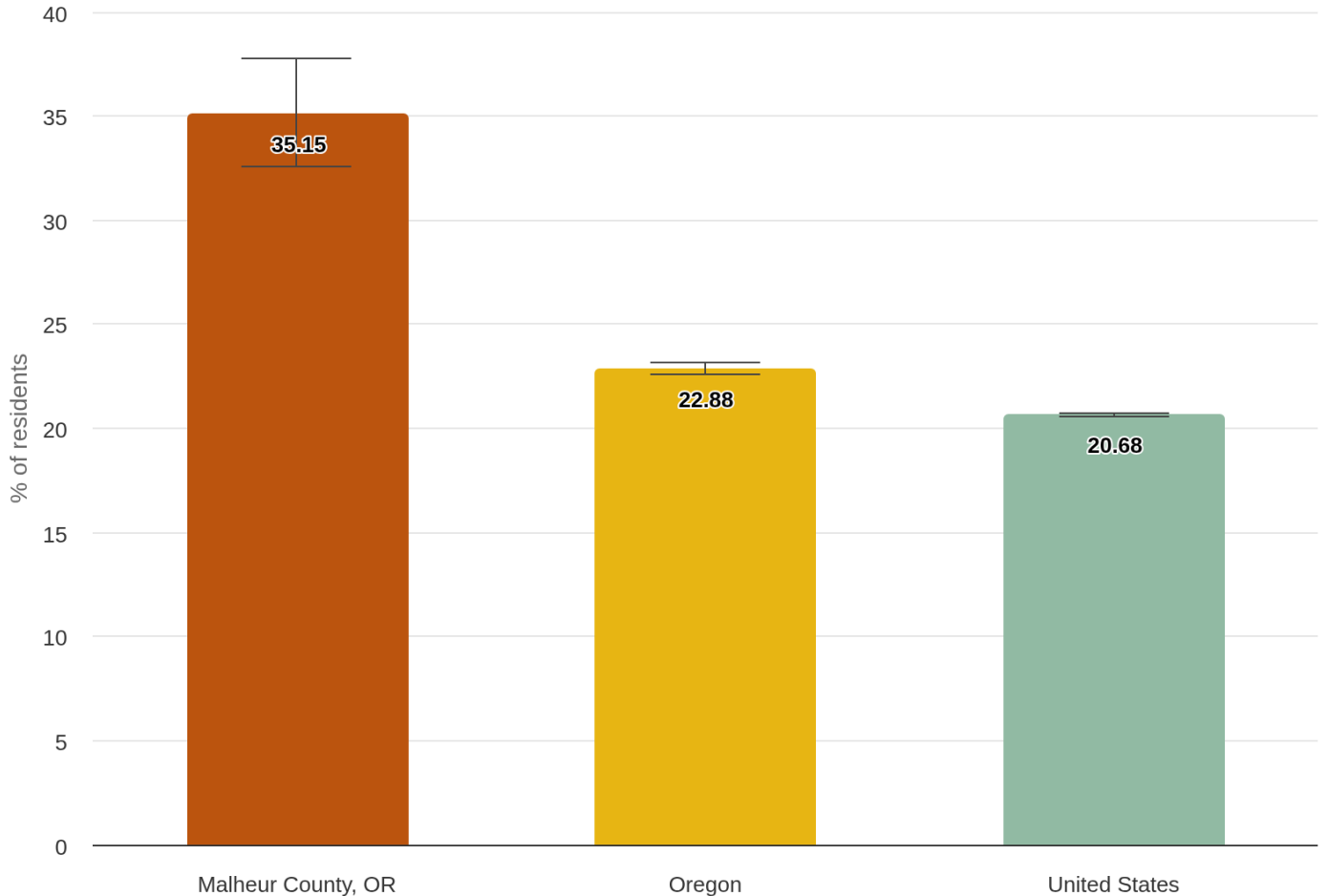


Created on Metopio | metop.io//c1tkn3w9 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

## Chart of Medicaid Coverage in Malheur County

Medicaid coverage in Malheur County is significantly higher than both the state average for Oregon and the national average for the United States. This indicates a greater proportion of the population in Malheur County is enrolled in Medicaid compared to other regions. The data highlights the importance of localized healthcare access and policy considerations.

Medicaid coverage, 2019-2023 – Malheur County, OR and comparison

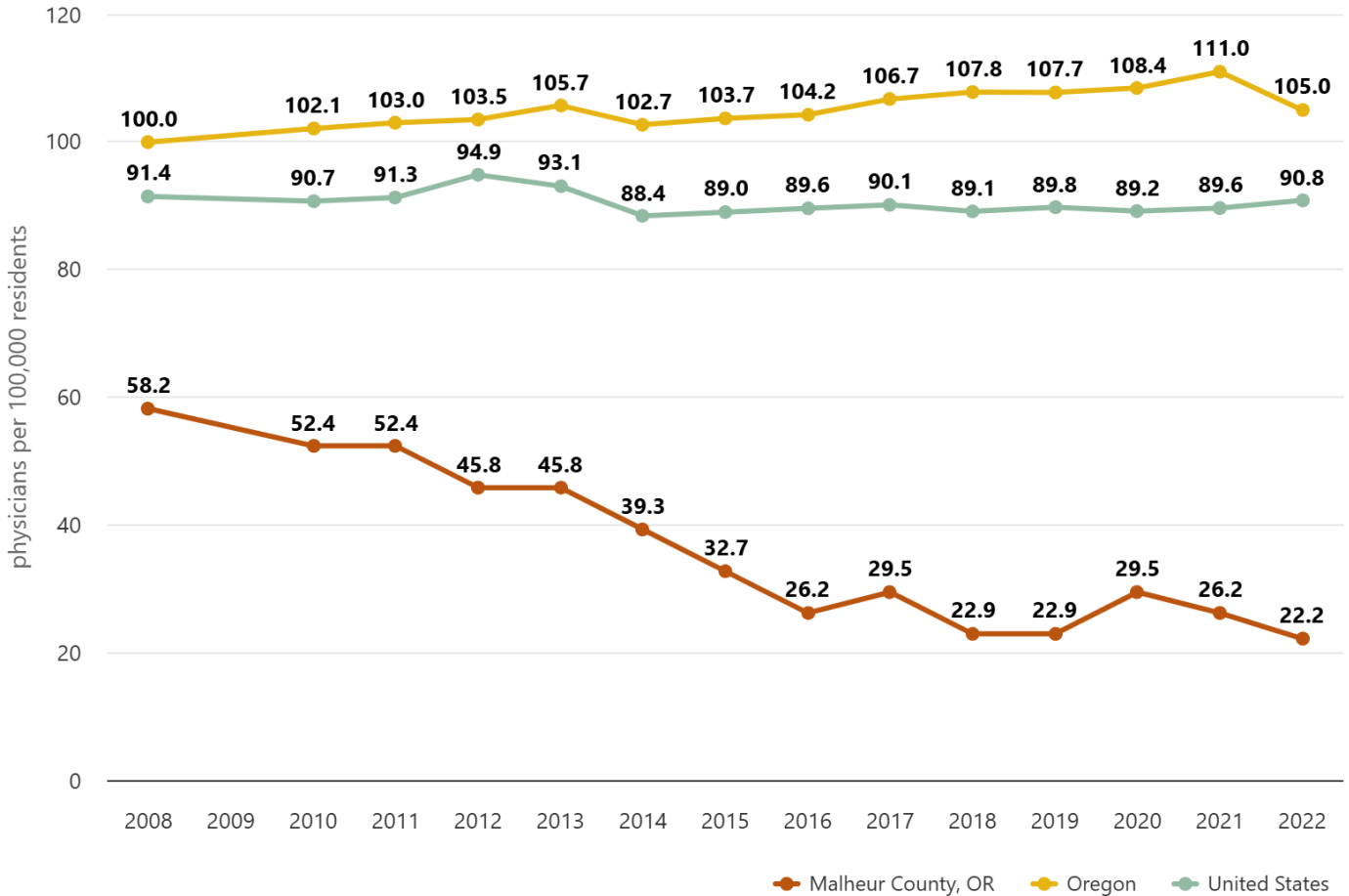


Created on Metopio | metop.io//6iqsf3fk | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

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

Malheur County has 22.2 primary care providers per 100,000 residents, which is lower than the state and national averages. The Malheur County rate has also been decreasing over time.

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



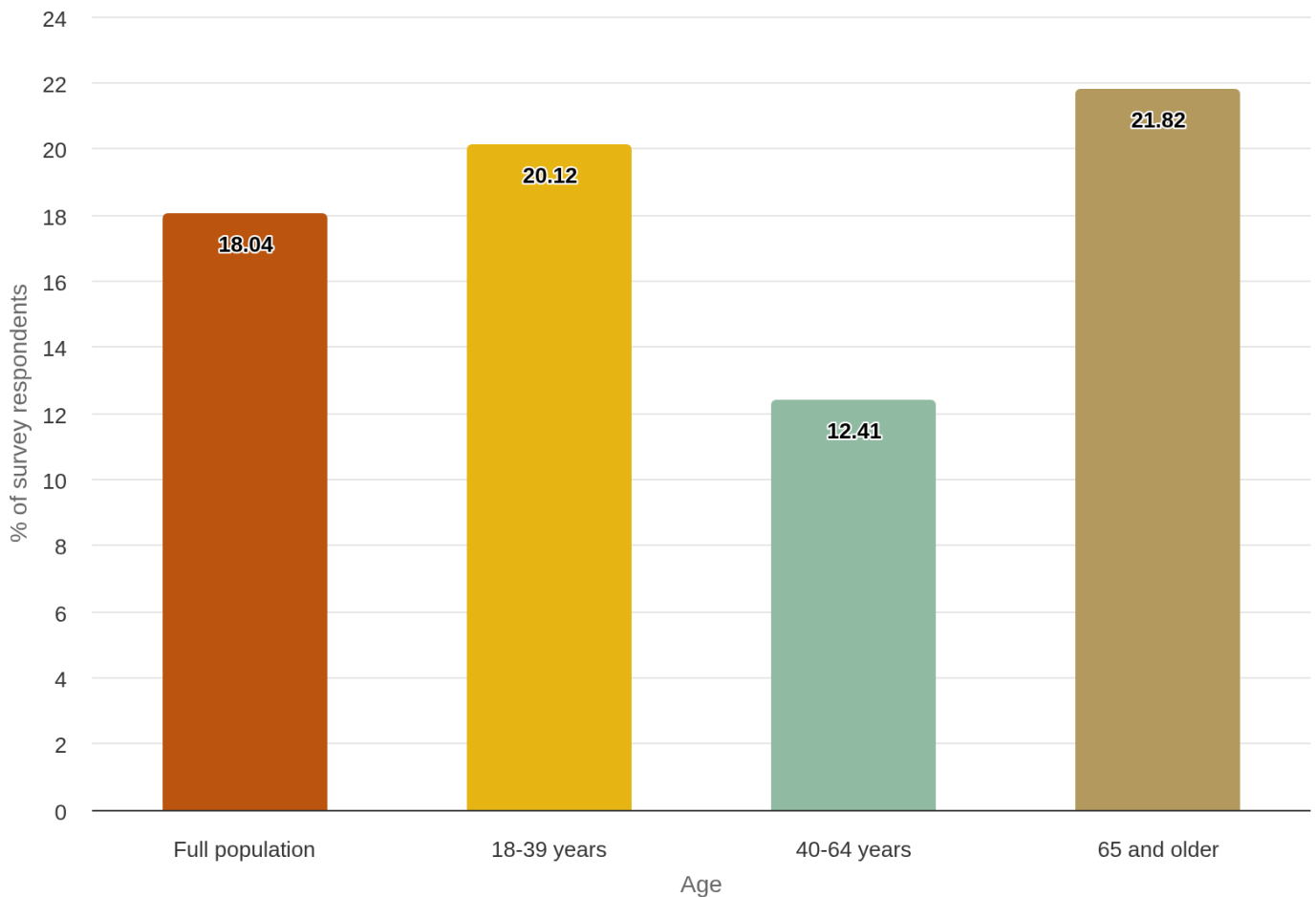
Created on Metopio | metop.io/i/etks7qyx | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and

## Chart of Respondents who Perceive Satisfaction with Healthcare Options by Age in Malheur County

The data indicates that respondents' satisfaction with healthcare options varies significantly across different age groups. The highest satisfaction is reported among those aged 65 and older, with 21.82% perceiving satisfaction, while the lowest satisfaction is among those aged 40-64 years, at 12.41%. Overall, only 18.04% of the full population perceives satisfaction with their healthcare options.

### Respondents who Perceive Satisfaction with Healthcare Options by Age

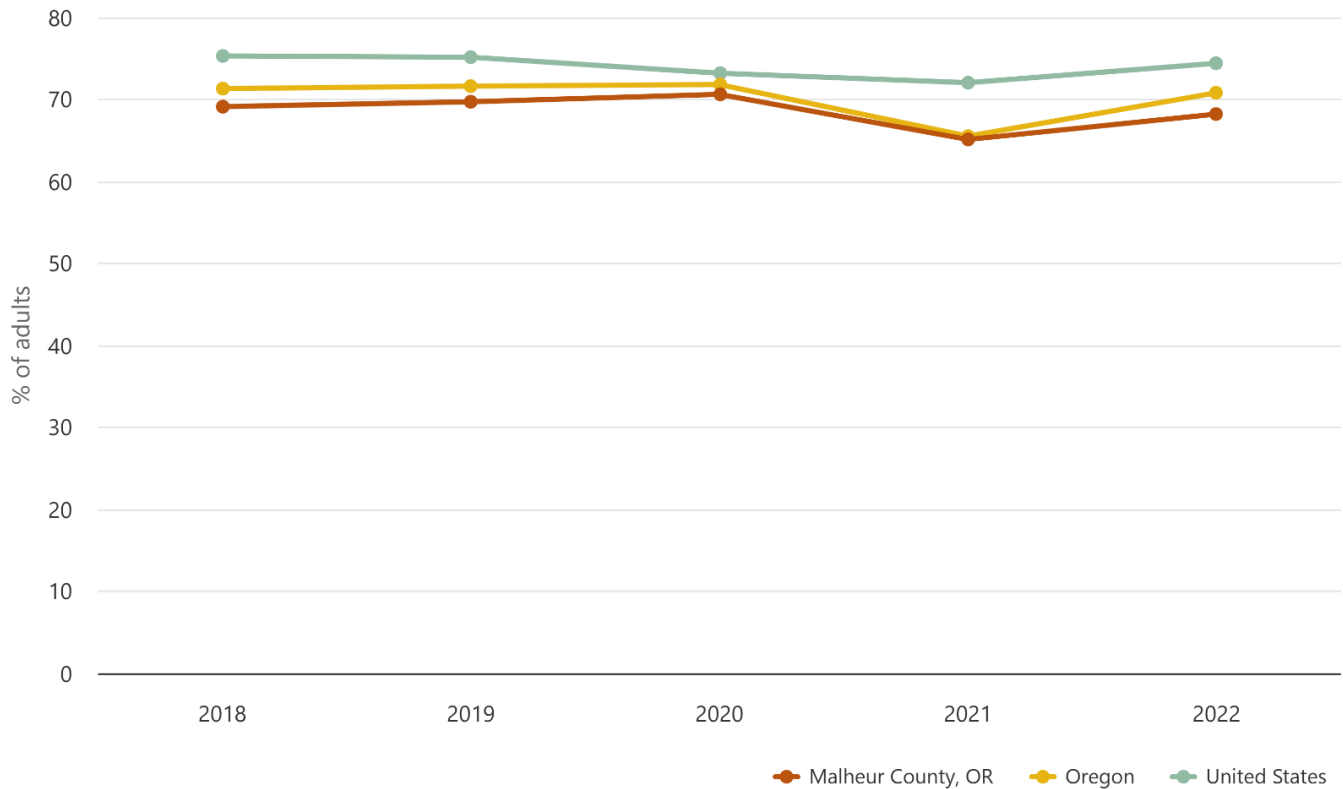
Malheur County, OR, 2025



## Chart of Visited Doctor for Routine Checkup in Malheur County

The majority of Americans have visited a doctor for a routine checkup in the past year, with the national average at 74.39%. Oregon’s average is slightly lower at 70.8%, and Malheur County has an even lower rate of 68.2%.

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



Created on Metopio | metop.io/i/ubqiiqsh | 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)

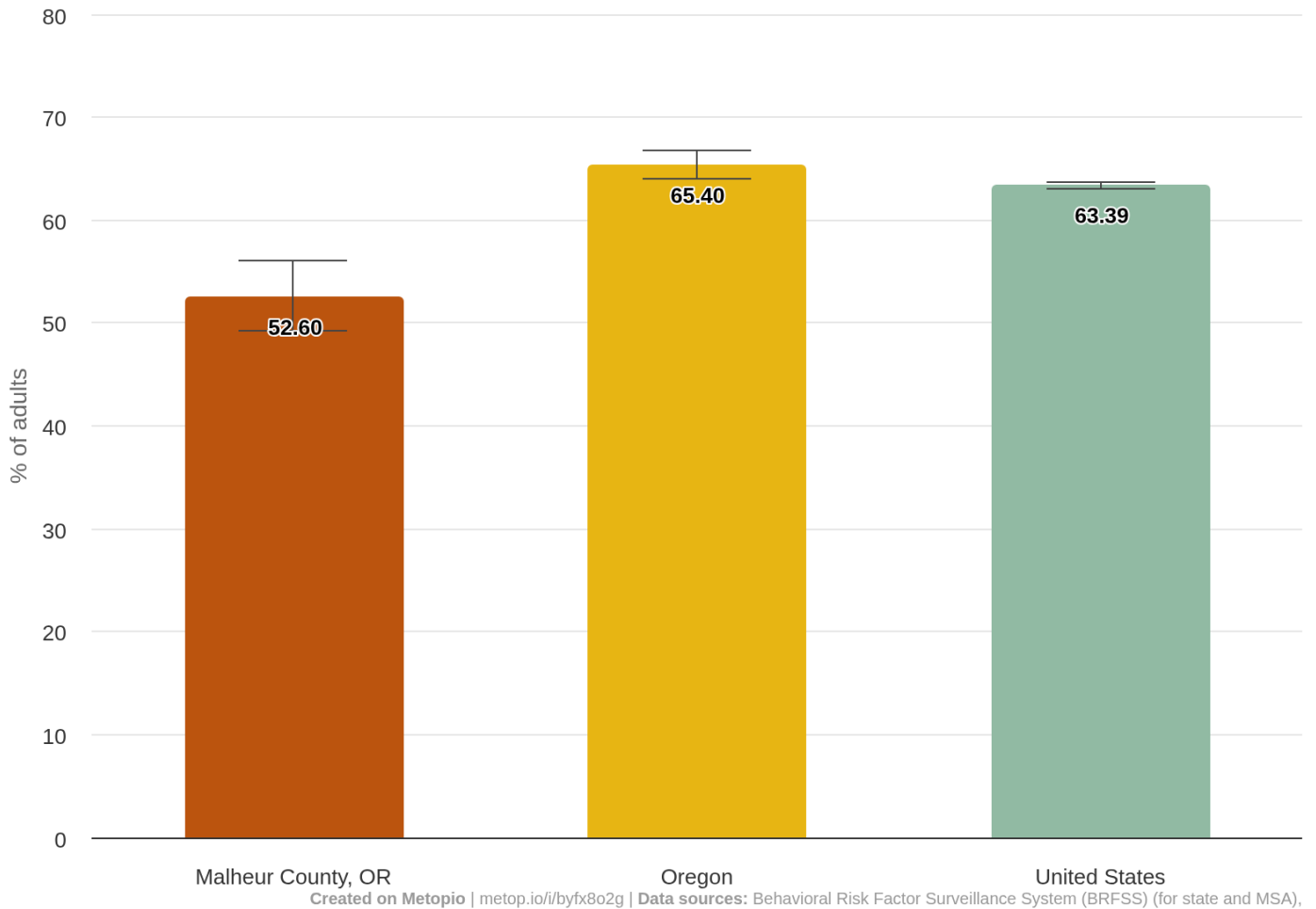
Visited doctor for routine checkup: Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Category	Malheur County	Oregon	United States
2018	69.10	71.30	75.29
2019	69.70	71.60	75.13
2020	70.60	71.80	73.19
2021	65.10	65.50	72.03
2022	68.20	70.80	74.39

## Chart of Visited Dentist in Malheur County

The data indicates that Oregon has a higher percentage of residents who have visited the dentist in the past year, compared to the national average. Malheur County, however, has a significantly lower percentage of residents who have visited the dentist. This suggests a disparity in dental care access or utilization within the state.

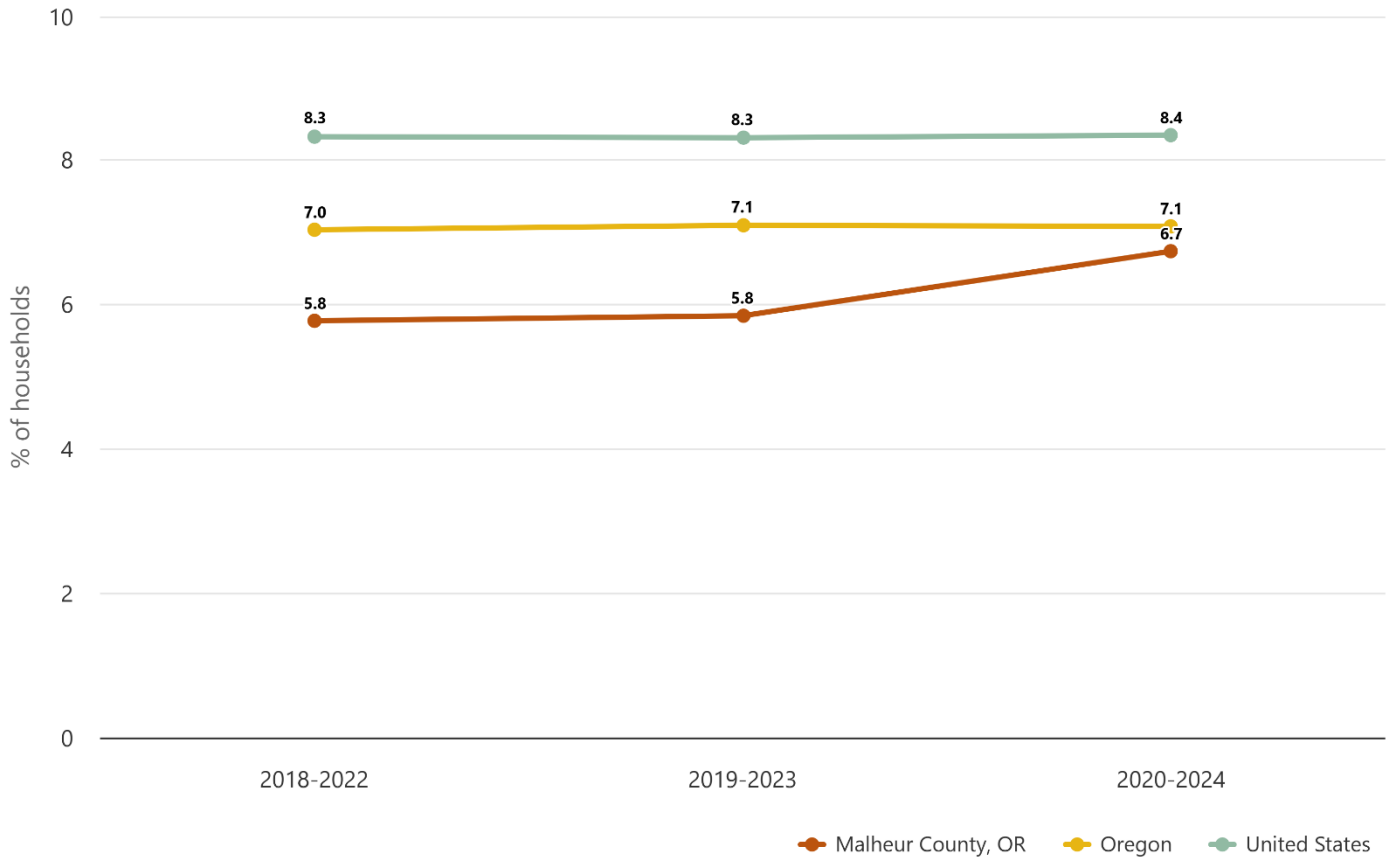
Visited Dentist, 2022 - Malheur County, OR and comparison



## Chart of No Vehicle Available

6.74% of households in Malheur County have no vehicle available, which is lower than the state and national averages.

No Vehicle Available – Malheur County, OR and comparison



Created on Metopio | metop.io/i/bpwcupz1 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)  
 No vehicle available: Percent of occupied households with no vehicles available.

## 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

Focus group and key informant participants described housing as one of the most pressing challenges facing the area. Residents shared that there are very few available rental units, and those that do exist are often priced far beyond what most local families can afford. One community member shared, “If you Google search houses for rent in Ontario, there’s like one or two.”

Community members emphasized that housing costs have risen sharply since 2020, and wages have not kept up. Participants described housing as “Ridiculously overpriced for the demographic here.”

Community members shared that these challenges have disproportionately affected young adults trying to establish independence, older adults on fixed incomes, and working families who earn too much to qualify for assistance but not enough to afford market rents. These high rents have led more community members to live in poor quality housing and make it difficult to save for buying a home.

Accessing housing support and resources was described as challenging. Residents reported that programs like Section 8 are overwhelmed and difficult to navigate, with long waits even for those who qualify. Shelters and temporary housing facilities are often full, leaving some individuals sleeping in vehicles or relying on informal arrangements. Participants expressed frustration that the current systems cannot meet the scale of local need but also hope that continued community collaboration could help identify new solutions. Many voiced a shared belief that the path forward depends on ongoing dialogue and coordination across agencies, local governments, and residents to expand affordable options and ensure everyone has a safe place to live.

“(Housing is) ridiculously overpriced for the demographic here.”

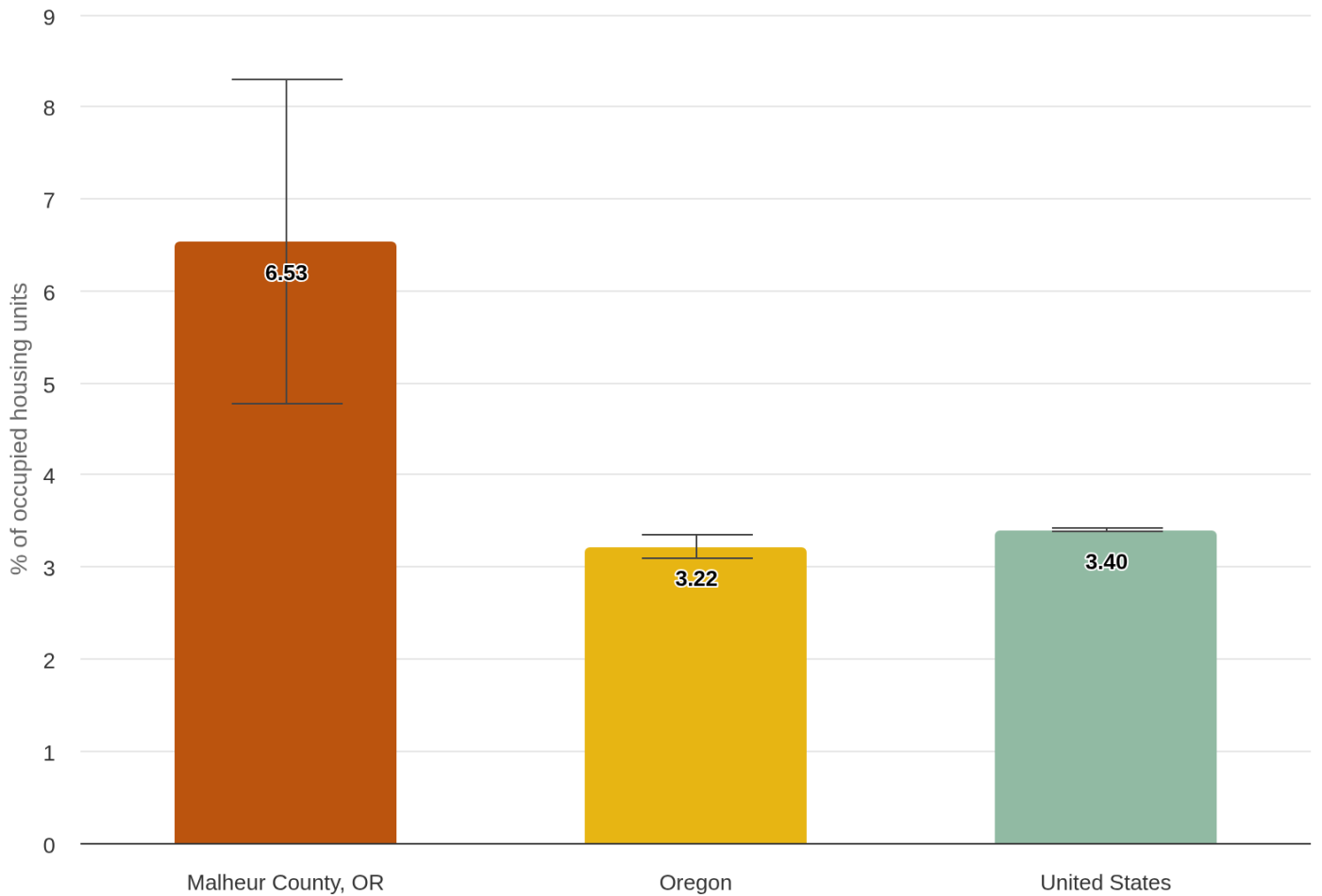
**Community Member**

## Chart of Crowded Housing in Malheur County

Crowded housing is defined as the percentage of occupied housing units with more than one occupant per room (e.g. three occupants in a one-bedroom apartment).

Crowded housing is a significant issue in Malheur County, with a rate of 6.53%, which is higher than both the national average of 3.4% and Oregon's average of 3.22%. This indicates that a larger proportion of households in Malheur County are experiencing overcrowded living conditions compared to the rest of the country and state.

**Crowded Housing, 2019-2023** – Malheur County, OR and comparison

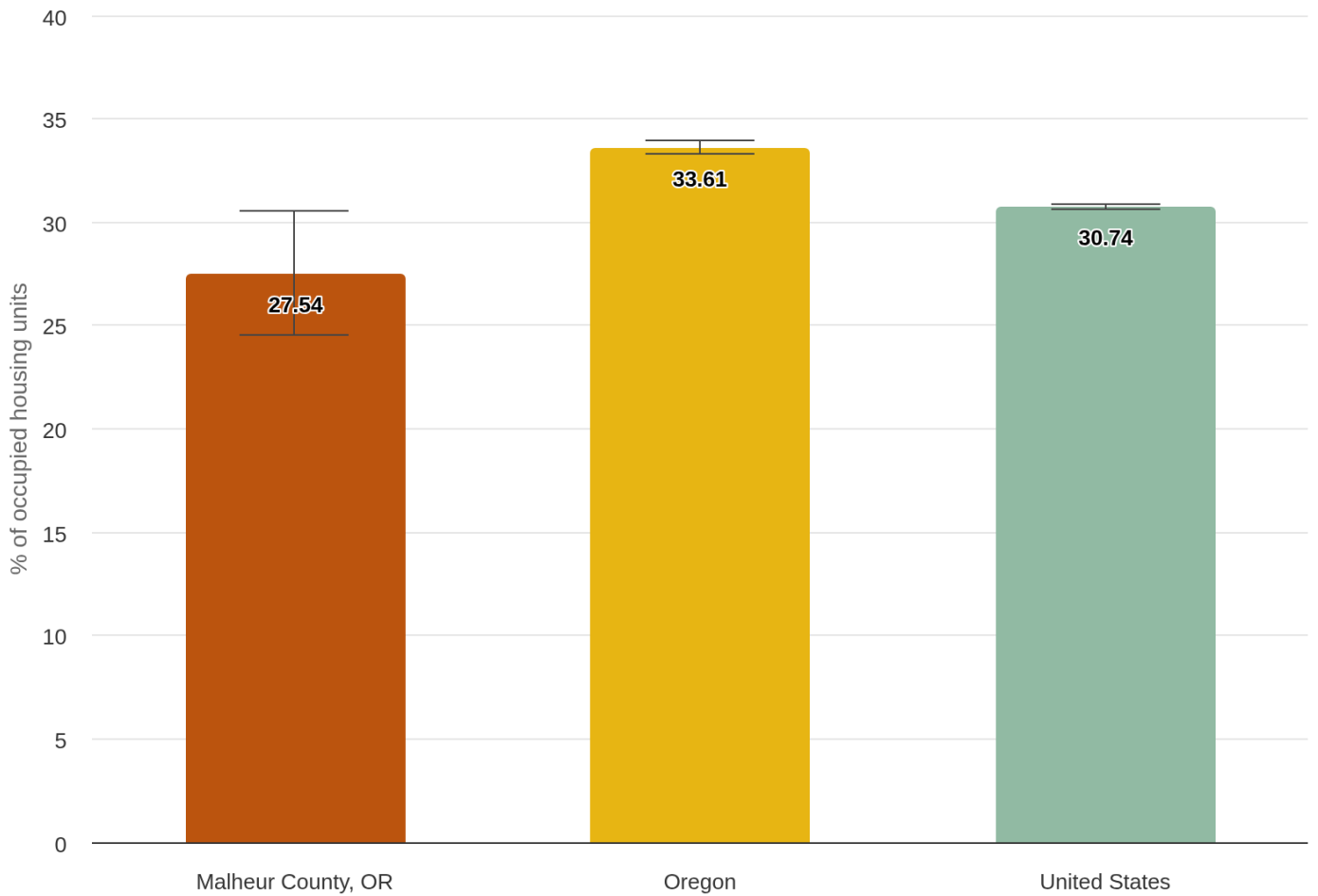


## Chart of Housing Cost Burden in Malheur County

Housing cost burden is defined as the percentage of households spending more than 30% of income on housing. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Housing cost burden is a significant issue in Oregon, with 33.61% of households affected, compared to the national average of 30.74%. Malheur County, however, has a lower rate of housing cost burden at 27.54%.

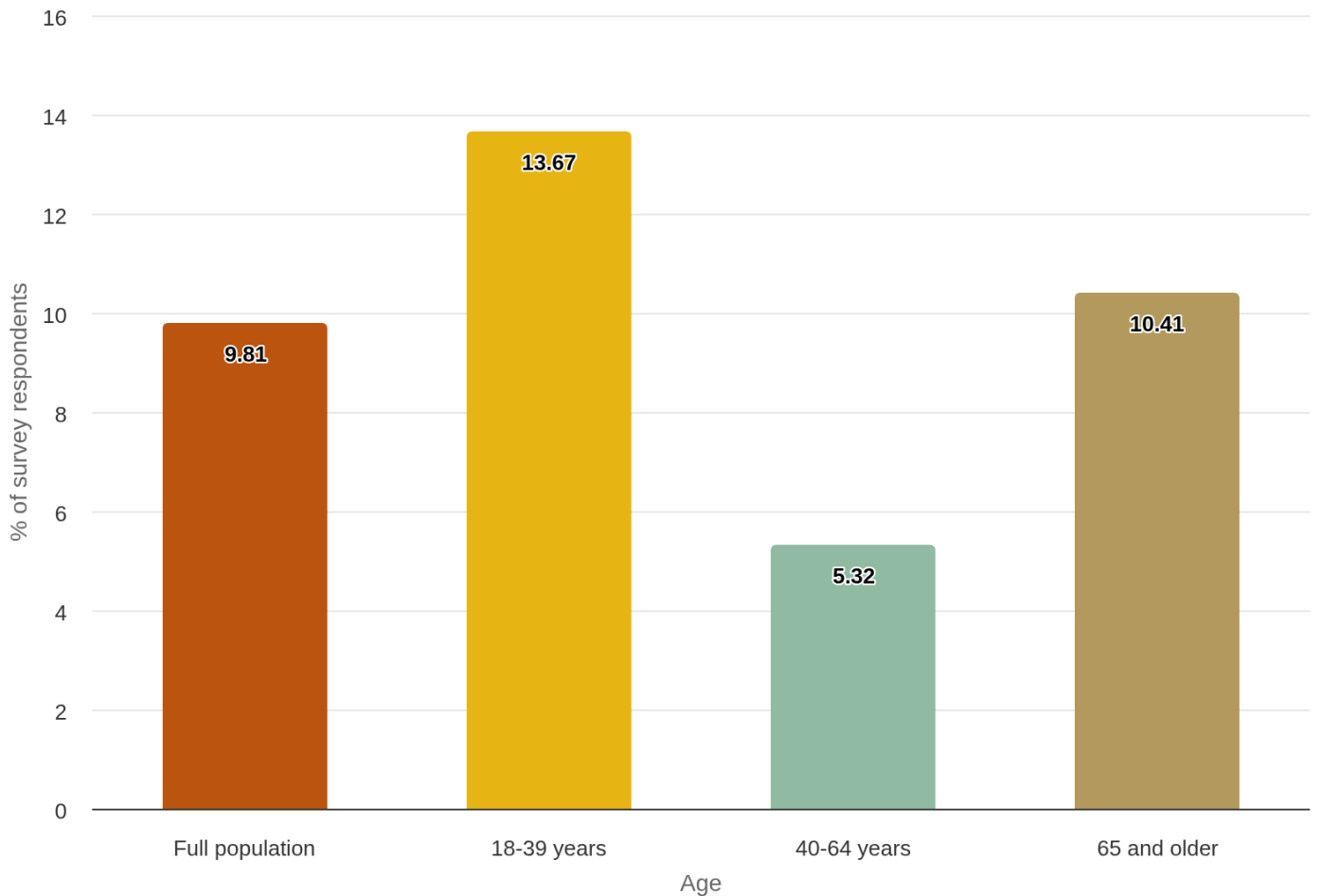
Housing Cost Burden, 2019-2023 – Malheur County, OR and comparison



## Chart of Respondents who Believe Affordable Housing is Available for All by Age in Malheur County

The data indicates that respondents aged 18-39 are the most optimistic about the availability of affordable housing, with 13.67% believing it is accessible to all. This belief decreases with age, as only 10.41% of those 65 and older share this view. Overall, a mere 9.81% of the full population surveyed believe affordable housing is available for everyone.

**Respondents who Believe Affordable Housing is Available for All by Age**  
Malheur County, OR, 2025



Created on Metopio | metop.io/i/cf2z1m1f | Data source: Treasure Valley Community Health Survey

# Health Needs Not Prioritized

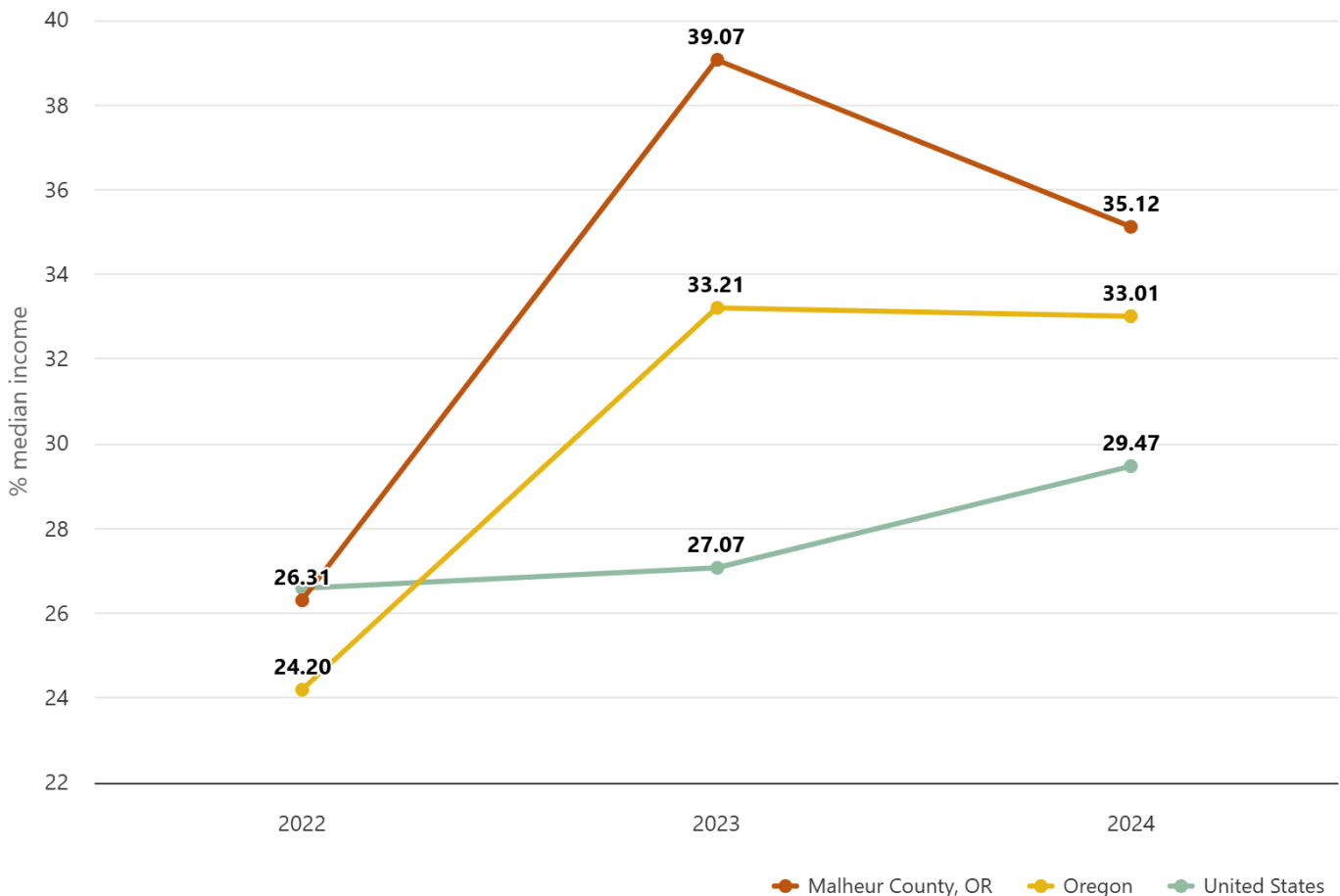
## Childcare

### Chart of Childcare Cost Burden

Childcare cost burden is calculated by the average childcare costs for a household with two children as a percentage of median household income.

Childcare costs are a significant burden across the United States, with Malheur County experiencing the highest burden at 35.12% in 2024, compared to the national average of 29.47%. Oregon as a whole has a slightly lower burden than Malheur County but still exceeds the national average.

Childcare Cost Burden - Malheur County, OR and comparison

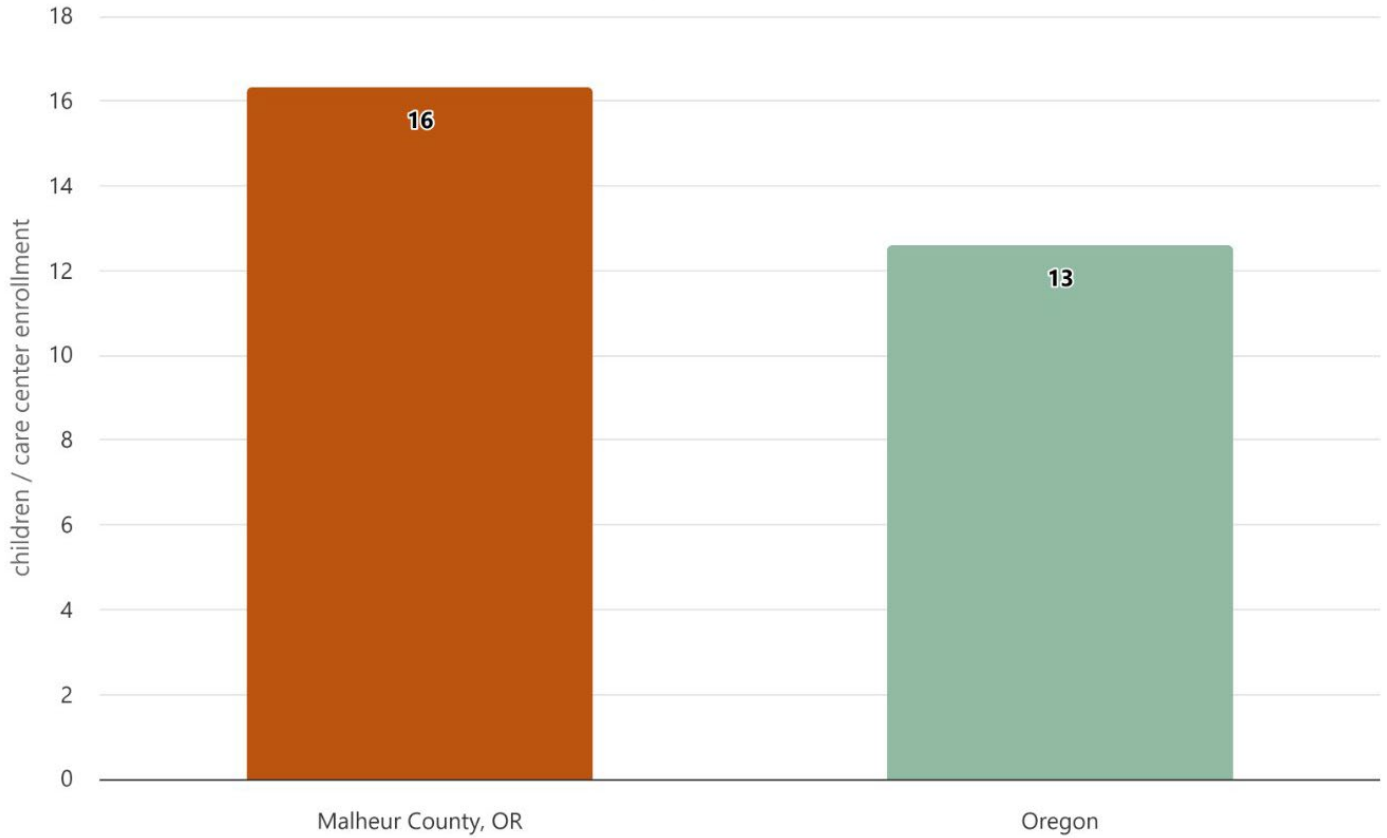


Created on Metopio | metop.io/i/xps99n6q | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated)

## Chart Childcare Center Ratio

Childcare center ratio is defined as the 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 – Malheur County, OR and comparison



Created on Metopio | metop.io/i/cwtizn6t | Data source: Department of Homeland Security (DHS): Homeland Infrastructure Foundation-Level Data (HIFLD) Open Data (Child care center dataset)

**Childcare center ratio:** Number of children over child care center enrollment. A value of 10 means that an area has 10 children for every one spot in local child care centers.

## 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 Malheur County, compared to Oregon and United States averages.

Topic	Malheur County	Oregon	United States
Have ever had cancer <i>% of adults, 2022</i>	<b>6.7 ±0.67</b>	8.1	6.64
Diagnosed stroke <i>% of adults, 2022</i>	<b>3.9 ±0.34</b>	2.7	2.91
Coronary heart disease <i>% of adults, 2022</i>	<b>7.2 ±0.76</b>	2.7	3.40
Current asthma <i>% of adults, 2022</i>	<b>11.9 ±1.26</b>	11.8	9.88
Diagnosed diabetes <i>% of adults, 2022</i>	<b>12.1 ±1.6</b>	9.1	10.8
High blood pressure <i>% of adults, 2022</i>	<b>31.7 ±3.69</b>	29.0	31.14

Centers for Disease Control and Prevention PLACES, 2022

### Chronic Disease Mortality

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

Topic	Malheur County	Oregon	United States
Alzheimer's disease mortality <i>deaths per 100,000, 2019-2023</i>	<b>66.2 ±19.9</b>	37.6	30.0
Cancer mortality <i>deaths per 100,000, 2019-2023</i>	<b>181.3 ±33.3</b>	147.4	144.1
Breast cancer mortality <i>deaths per 100,000, 2019-2023</i>	<b>10.8 ±4.3</b>	10.4	10.5
Prostate cancer mortality <i>deaths per 100,000, 2019-2023</i>	<b>11.5 ±4.44</b>	8.9	7.8
Heart disease mortality <i>deaths per 100,000, 2019-2023</i>	<b>264.7 ±43.3</b>	140.1	166.5
Diabetes mortality <i>deaths per 100,000, 2019-2023</i>	<b>37.5 ±21.2</b>	24.4	23.6

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

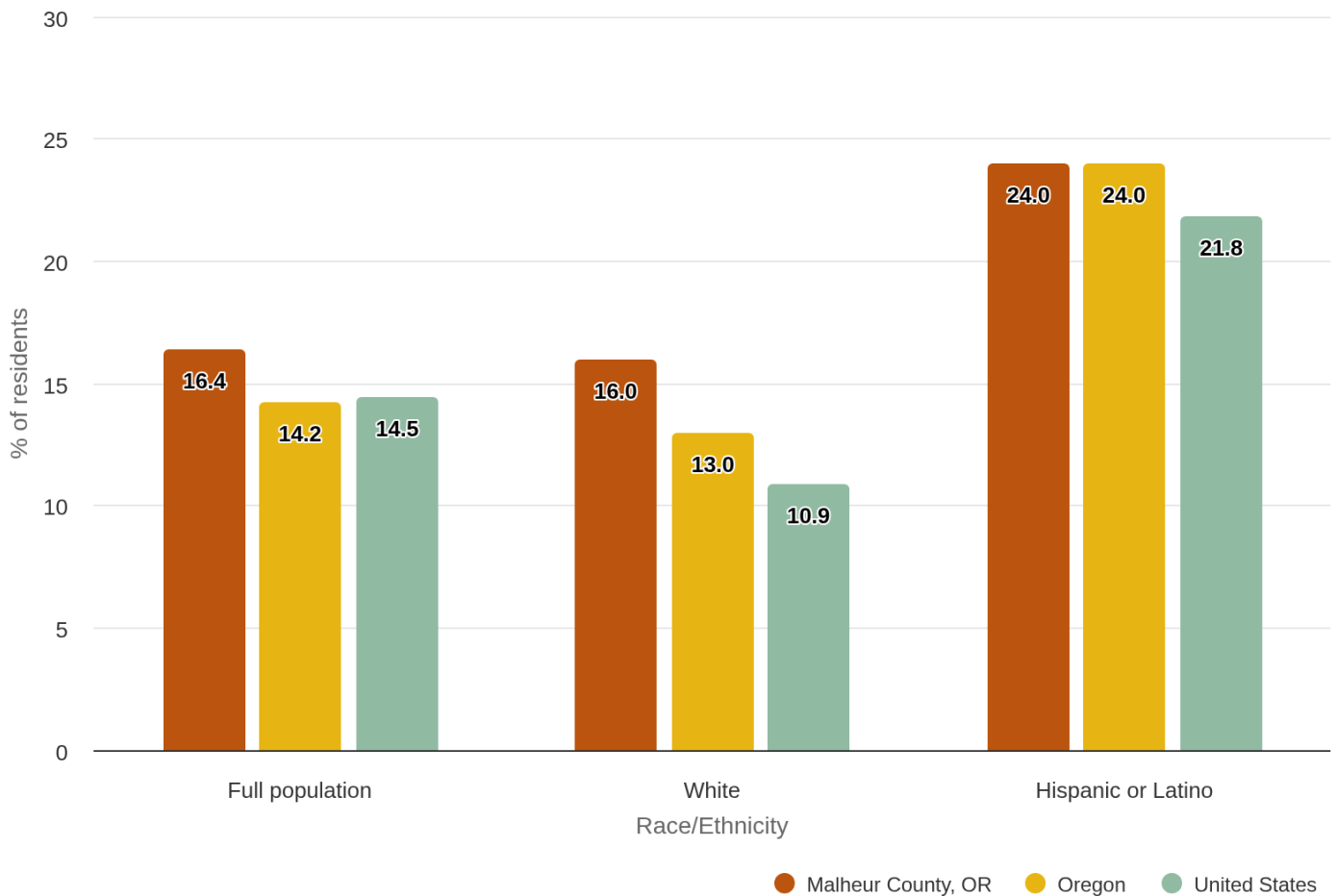
## Food Access

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 by Race/Ethnicity in Malheur County

Food insecurity rates vary significantly across different racial and ethnic groups in Malheur County, and the United States. Hispanic or Latino individuals experience the highest rates of food insecurity at 24.0% in both Malheur County and Oregon, compared to 21.85% nationally. The overall food insecurity rate in Malheur County is 16.4%, higher than both Oregon’s 14.2% and the United States’ 14.46%.

Food Insecurity by Race/Ethnicity, 2023 - Malheur County, OR and comparison

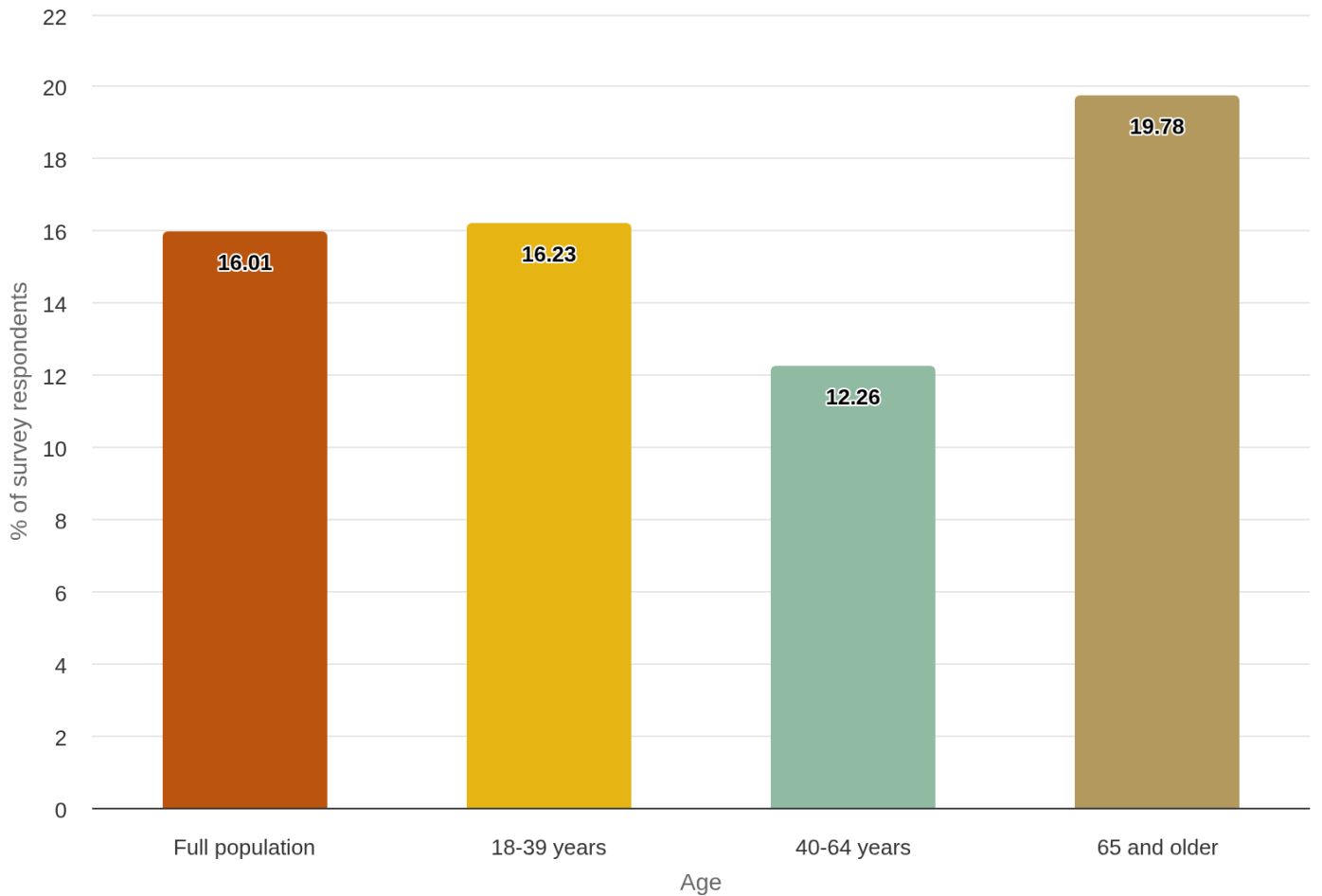


Created on Metopio | metopio.io//wi6xnsvd | Data source: Feeding America: Map the Meal Gap

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

Respondents who accessed a food pantry were most prevalent among those aged 65 and older, with 19.78% reporting this activity. This is significantly higher than the overall population rate of 16.01%.

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

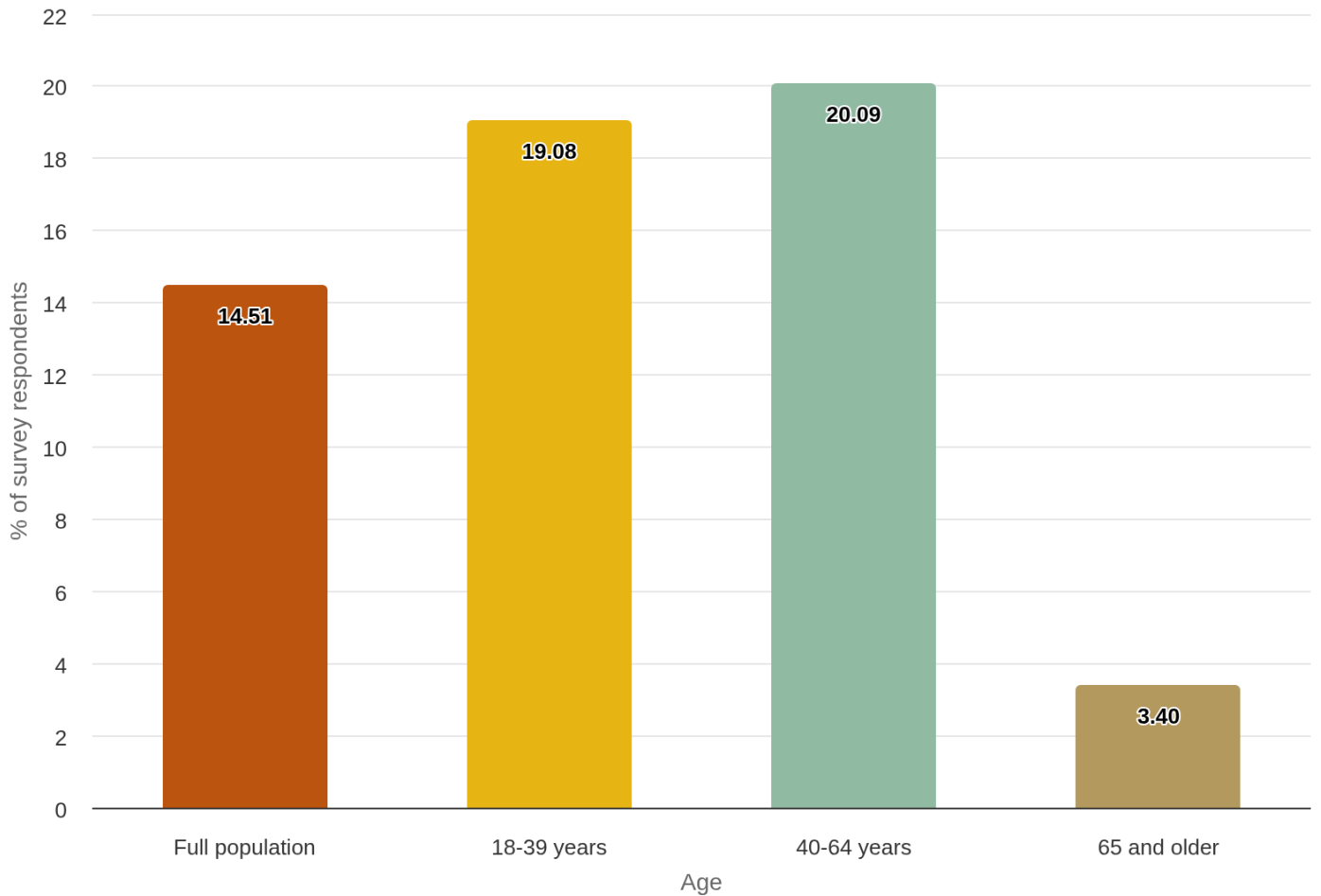


Created on Metopio | metop.io/i/x6f7x6hn | Data source: Treasure Valley Community Health Survey

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

Respondents without enough money for food are most prevalent among those aged 40-64 years, with a rate of 20.09%. This is followed by those aged 18-39 years at 19.08%. The full population rate is 14.51%, while those 65 and older have the lowest rate at 3.4%.

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



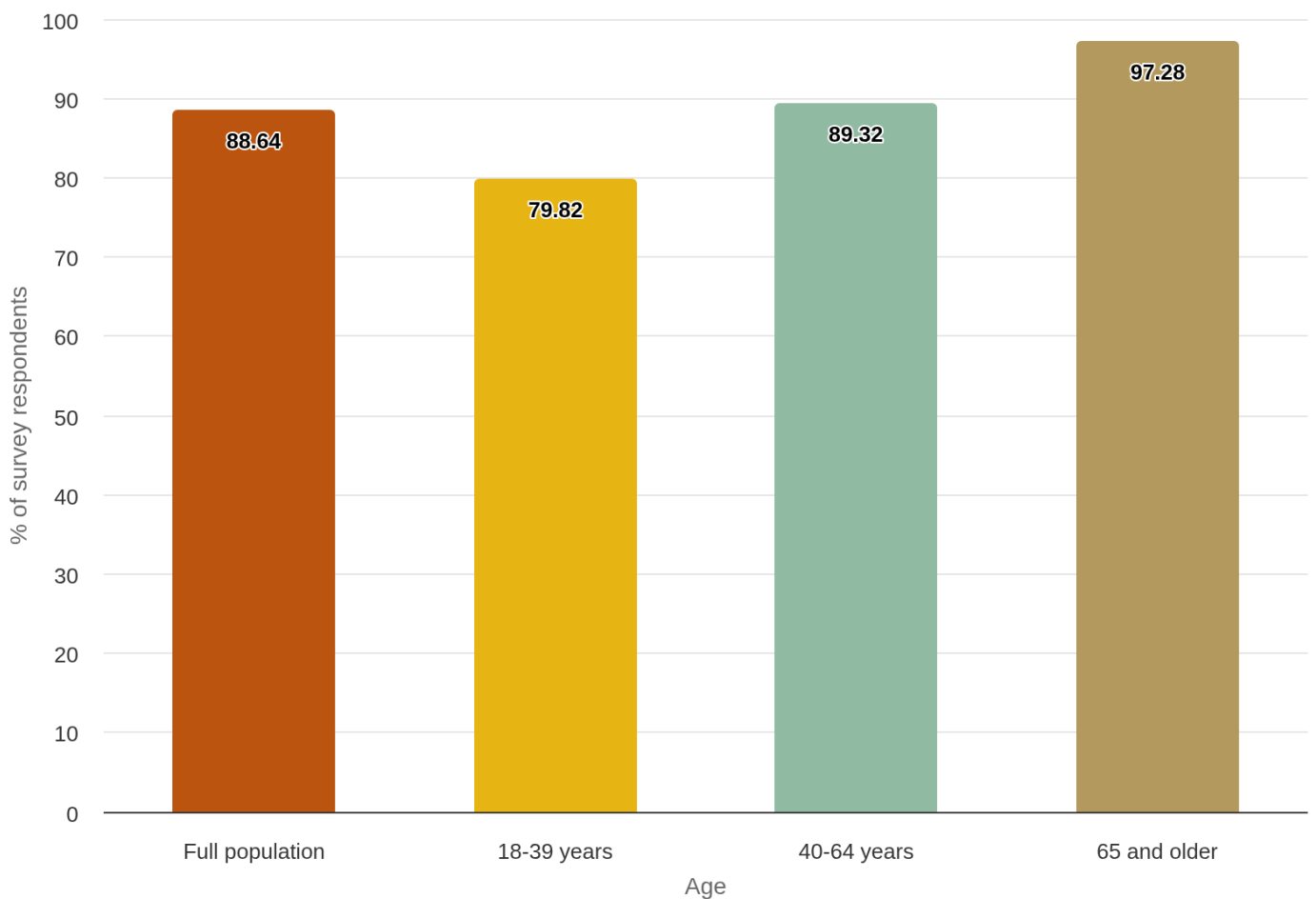
Created on Metopio | metop.io//cqfgjpzz | Data source: Treasure Valley Community Health Survey

# Safety

## Chart of Respondents who Feel Safe by Age in Malheur County

Respondents who feel safe are represented across various age groups, with the highest percentage among those aged 65 and older. The overall population reports a safety rate of 88.64%, indicating a generally positive sentiment. However, younger adults aged 18-39 feel less safe compared to older age groups.

Respondents who Feel Safe by Age - Malheur County, OR, 2025

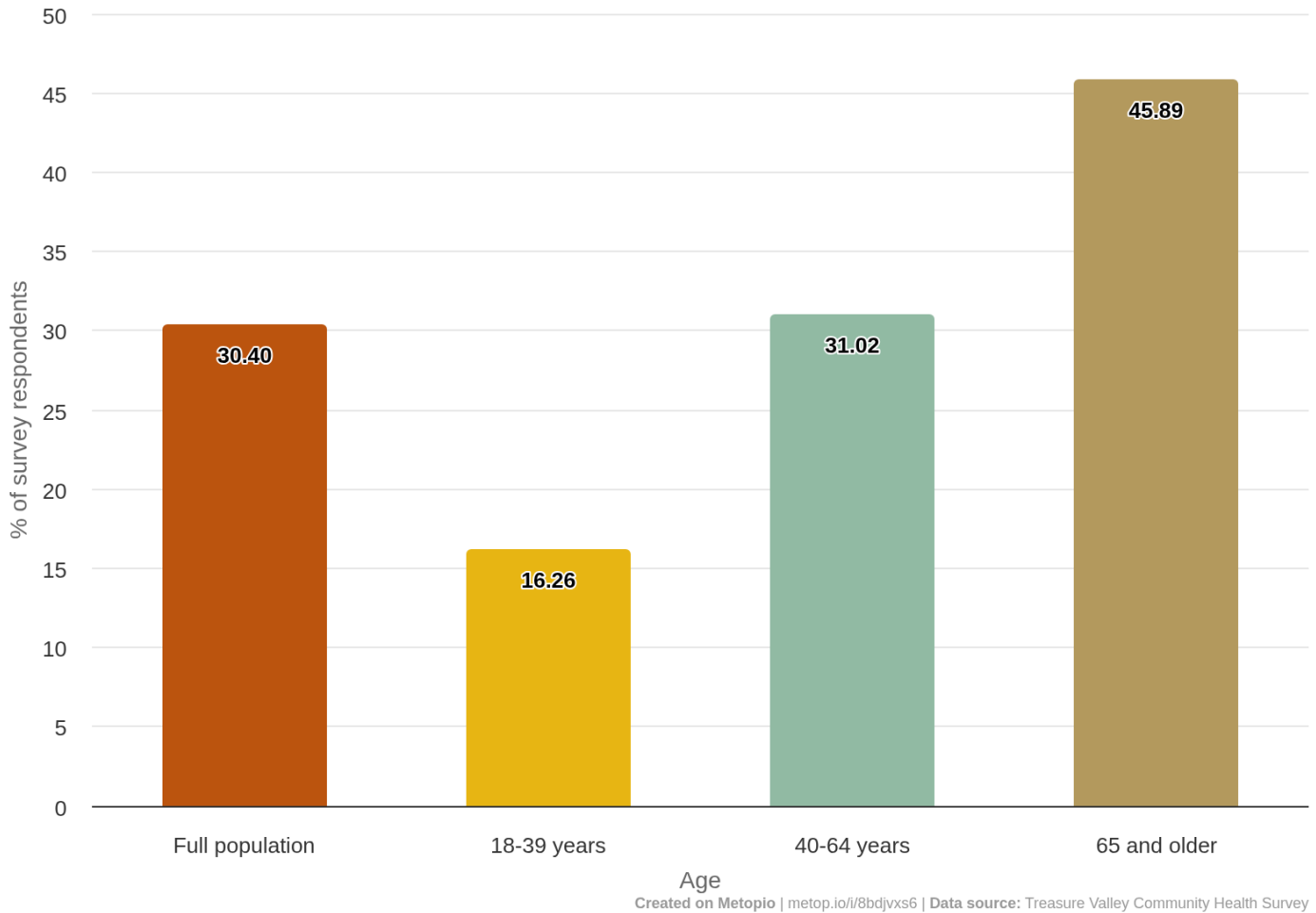


Created on Metopio | metop.io/i/eqv827fh | Data source: Treasure Valley Community Health Survey

## Chart of Respondents who Perceive Neighborhood Safety by Age in Malheur County

Respondents who perceive neighborhood safety vary significantly by age group. The 65 and older group has the highest perception of safety at 45.89%, while the 18-39 years group has the lowest at 16.26%. Overall, only 30.4% of the full population feels safe in their neighborhood.

Respondents who Perceive Neighborhood Safety by Age - Malheur County, OR, 2025



# 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 safety.

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. The results are shown below:

Rank	Opinion	Score
🥇 1st	Behavioral Health	69
🥈 2nd	Access to Care	63
🥉 3rd	Housing	55
4th	Child Care	53
5th	Food Access	50
6th	Chronic Disease	44
7th	Safety	35
8th	Physical Activity	32

\*Physical activity was requested to be added to ranking during the prioritization session.

# Community Resources and Assets

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

- **Valley Family Health Care**- Local Federally Qualified Health Center providing Primary Care services, dental, behavioral health services and community resources to Malheur County with six locations and a Mobile Access Care Unit (MAC).
- **Malheur County Health Department**- Offering low-cost clinical and public health services to Malheur County. Malheur County Health Department's mission is to promote and protect the health of Malheur County by preventing disease, illness, and injury. Their work is achieved through collaboration, education, prevention and delivery of compassionate care. Malheur County Health Department offers family planning services, immunizations, maternal and child health, Oregon Health Plan application assistance, Women, Infants, and Children (WIC) Program and nutritional services, Public Health Emergency Preparedness, tobacco prevention and education programs, and vital records for the community.
- **Oregon Department of Human Services**- The Oregon Department of Human Services is Oregon's primacy agency for helping Oregonians achieve well-being and independence. Providing direct services to over 1 million Oregonians each year, these services are a key safety net for people in diverse communities across the state. Programs- Aging and People with Disabilities, Child Welfare, Office of Development Disabilities Services, Oregon Eligibility Partnership, Self-Sufficiency Programs, and Vocational Rehabilitation.
- **Lifeways, Inc.**- Lifeways is the local behavioral health service provider in Ontario, offering multiple services from substance use and addiction services, crisis and intensive services, adult behavioral and mental health services, child and adolescent behavioral and mental health services, medication management and medication assisted treatment, and residential and psychiatric hospitalization.
- **Malheur Memorial Health Center**- Family practice clinic in Nyssa, Oregon with discounted sliding fee scale based on family size and income. Malheur Memorial Health Center is a part of the National Health Services Corps and provides family practice and preventative services to the community.

# Conclusion

After approval from the SAHS Board of Directors the Malheur 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 Malheur 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](mailto: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: 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.

### **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.

### **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 insurer. 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).

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