

Community Health Needs Assessment (CHNA)

Implementation Strategy

Saint Alphonsus Medical Center Baker City

Fiscal Years FY27-29

Saint Alphonsus

A Member of Trinity Health

Saint Alphonsus Medical Center-Baker City (SAMC-BC) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 13, 2026. SAMC-BC performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at https://www.saintalphonsus.org/about-us/community-benefit/community-needs-assessment or printed copies are available at 3325 Pocahontas Road, Baker City, OR 97814 upon request.

Our Mission

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

Our Hospitals

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





Our Community Based Services

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

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

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





Our Community

This Implementation Strategy focuses on Baker County, Oregon. Baker County is a relatively small, rural county in eastern Oregon with an estimated population of about 16,796 in 2023. The largest cities in the county are Baker City, Sumpter, and Huntington. 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 20% are under 18. This demographic trend suggests a greater demand for healthcare services for older adults, such as chronic disease management and long-term care.

Baker County is predominantly white (88.9%), with smaller populations of Hispanic or Latino (5.0%), Black (1.2%), Native American (0.9%), 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 and neighboring Malheur County where about 40% of residents are a race or ethnicity other than non-Hispanic white.

The Americans with Disabilities Act defines a disability as a "physical or mental impairment that substantially limits one or more major life activities." People with disabilities may experience barriers to employment and are more likely to experience poverty. About 22% of residents in Baker County have a disability, which is higher than the statewide average of 15%.

Saint Alphonsus strives to make a positive impact in Baker County by advancing equitable outcomes through community partnerships that address factors influencing health and well-being.

Our Approach to Health Equity

At Trinity Health, Community Health Needs Assessments (CHNAs) and Implementation Strategies are foundational to advancing the Common Good and strengthening our commitment to health equity. Across our ministries, CHNAs foster meaningful community engagement and inform strategic planning within our Health Equity and Community Impact efforts.

Health Equity and Community Impact works to promote optimal health for individuals experiencing poverty, marginalization, or other vulnerabilities by addressing social needs within clinical care. Our approach is rooted in a commitment to removing barriers to health and building community capacity to support long-term well-being.

This Implementation Strategy was developed in consultation with community stakeholders and focuses on populations and geographic areas most affected by the identified needs. Principles of fairness, inclusion, and community voice guided the development of this plan and will continue to shape its implementation.

The strategies outlined emphasize policy, systems, and environmental change, recognizing that sustainable improvements in health require transforming the conditions and structures that influence well-being. Through this approach, we aim to foster healthier, more resilient communities for all those we serve.

Health and Social Needs of the Community

The CHNA conducted between March and October 2025 identified the significant needs for health and social drivers of health within the Baker County community. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Access to Care

- Access to healthcare 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.
- Focus group and key informant interview participants expressed frustration over the difficulties in accessing timely and affordable healthcare. Additionally, the lack of coordination between healthcare providers and transportation services has made it even more challenging for residents to access care.
- Less than 10% of Baker County survey respondents reported satisfaction with their healthcare options.
- Baker County has 78.0 primary care providers per 100,000 residents, which is lower than the state (105.0) and national (90.8) rates.
- Public health insurance coverage in Baker County (53.0%) is significantly higher than both the state average for Oregon (40.4%) and the national average for the United States (36.3%).

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2. Housing

- Housing affordability and quality directly impact health by shaping living conditions, with rising costs and instability leading to poorer physical, mental, and socioeconomic outcomes.
- Focus groups and key informant interview participants expressed frustration over the rising housing costs and lack of affordable options. The shortage of affordable housing is particularly challenging for vulnerable populations, including older adults.
- About 1 in 4 households in Baker County are considered severely rent-burdened, spending more than 50% of their income on rent.

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3. Behavioral Health

- 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 by community members as significant issues, with people turning to drugs as a coping mechanism for stress and trauma.
- Among Baker County survey respondents, younger adults (29.9%) were more likely to report receiving mental health services than middle-aged (16.0%), and older adults (5.6%).

4. Maternal and Child Health

- 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.
- In 2023, Saint Alphonsus closed its maternity services unit due to critical staffing challenges, declining birth volumes, and financial pressures. As the only obstetrical unit in Baker County, about 90% of babies born in the county were delivered at SAMC-BC prior to its closure.
- From 2020-2022, Baker County had a lower infant mortality rate at 5.1 per 1,000 live births compared to the U.S. at 5.5, but a higher than Oregon's statewide rate of 4.2.

5. Chronic Disease

- Chronic diseases, such as diabetes, heart disease, asthma, and obesity, tend to comprise the greatest burden on health in a community and can significantly affect lifespan and quality of life.
- The prevalence of stroke, coronary heart disease, asthma, diabetes, and high blood pressure is higher in Baker County than in Oregon and the U.S.
- Mortality rates for Alzheimer's disease, cancer, breast cancer, prostate cancer, heart disease, and diabetes are higher in Baker County than in Oregon and the U.S.

6. 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.
- Food insecurity is a significant issue, with Baker County experiencing a higher rate of 16.2%, compared to the national average of 14.5% and Oregon's state average of 14.2%.
- Community survey respondents who accessed a food pantry were most prevalent among the 18-39 age group, accounting for 22.8%, while those aged 65 and older represented 12.4%. The overall percentage for the full population was 12.4%, with a notably lower rate of 6.2% among respondents aged 40-64.
- Survey respondents without enough money for food were most prevalent among those aged 18-39 years, with a rate of 21.5%. This rate decreased with age, as those aged 40-64 years had a rate of 16.3%, and those 65 and older had a rate of 4.6%.

7. Child Care

- Childcare costs are considered affordable when they stay below 7% of gross household income. Many households exceed this threshold substantially, especially if low-income.
- Childcare cost burden is calculated by the average childcare costs for a household with two children as a percent of median household income. The childcare cost burden for Baker County (31.9%) sits higher than the national average (29.5%) and lower than the state average (33.0%).

Hospital Implementation Strategy

Significant health and social needs to be addressed

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

1 Access to Care – CHNA pages 15-22.

2 Housing – CHNA pages 23-25.

3 Behavioral Health – CHNA pages 26-33.

Significant health and social needs that will not be addressed

SAMC-BC acknowledges the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those needs which are the most pressing, under- addressed and within its ability to influence. Due to limited resources and capacity, SAMC-BC does not intend to prioritize the following needs:

- **Maternal and Child Health**
- **Chronic Disease**
- **Food Access**
- **Child Care**

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

1 Access to Care

Goal: Improve access to affordable healthcare services for community members in Baker County regardless of income and insurance status.



CHNA Impact Measures	FY27 Baseline	FY29 Target
By December 1, 2026, launch a cross-departmental workgroup (may include Advocacy, Health Equity & Community Impact, Revenue Excellence, Saint Alphonsus Medical Group, Marketing & Communications) to understand federal and state Medicaid work/ community engagement requirements, communicate with patients and the public, and prepare to assist with Medicaid coverage retention efforts related to H.R. 1.	0	1
By June 30, 2029, maintain the percentage of uninsured residents in Baker County at 5.5% (Data source: American Community Survey)	5.5%	5.5%
By June 30, 2029, increase the percentage of adults receiving an annual checkup in Baker County from 70.7% to 72.0% (Data source: CDC Places).	70.7%	72.0%

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Provide advocacy and assistance to help individuals maintain health insurance coverage, including Medicaid.	X	X	X	SAMC-BC and SAMC-O	In-kind support of colleague time and existing programs, including advocacy and staff time educating/assisting Medicaid enrollees with work requirement compliance
	X	X	X	Eastern Oregon Coordinated Care Organization (EOCCO)	Administers Oregon Health Plan (Medicaid) benefits and works with healthcare providers, community organizations, and local partners to improve access to healthcare and health outcomes for members in Eastern Oregon
	Focus location(s)				**Focus Population(s)**
	Baker County				Individuals at risk of losing insurance coverage

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Identify partnership opportunities to support non-emergency medical transportation.	X	X	X	SAMC-BC	TBD financial and in-kind support of colleague time
	X	X	X	Community Connections of Northeast Oregon	Offers Rides to Wellness program to provide transportation to medical care and related wellness appointments
	Focus location(s)				**Focus Population(s)**
	Baker City including priority zip code 97814				People with limited income, older adults, and people with disabilities needing non-emergency medical rides to healthcare appointments



2 Housing

Goal: Improve access to safe, stable, and attainable housing for residents of Baker County regardless of income status.

CHNA Impact Measures	FY27 Baseline	FY29 Target
By June 30, 2029, develop a housing plan that outlines strategies to increase workforce and affordable housing in Baker City.	0	1

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Collaborate with new and existing public and private partners to convene local stakeholders, further assess housing needs, and develop a plan to acquire and/or develop workforce and affordable housing in Baker City.	X	X	X	SAMC-BC	In-kind support of colleague time $15k to LEAP in Year 1, amount TBD in Years 2-3
	X	X	X	LEAP Housing	Partner on community convening and planning efforts, as well as housing development, preservation, financing, and supportive service opportunities
	Focus location(s)				**Focus Population(s)**
	Baker City including priority zip code 97814				People making less than 80% of the Baker County Area Median Income



3 Behavioral Health

Goal: Improve access to behavioral health resources for patients and community members in Baker County.

CHNA Impact Measures	FY27 Baseline	FY29 Target
By June 30, 2029, increase the number of colleagues and community members trained across the Saint Alphonsus Health System footprint to identify and address mental health challenges through Mental Health First Aid (MHFA) from 466 to 898.	466	898

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Expand mental health education (e.g., Adult and Youth Mental Health First Aid, Question, Persuade, Refer) to Saint Alphonsus colleagues and community members at no cost.	X	X	X	SAHS, including SAMC-BC	In-kind support of colleague time to coordinate, market, and teach MHFA (up to 12 trainings/ year) TBD financial support to community partners to expand their mental health trainings
	X	X	X	Community partners offering mental health education	Potentially partner with organizations that provide mental health education and have the capacity to expand training opportunities and community reach through financial support from SAMC-BC
	Focus location(s)				**Focus Population(s)**
	Saint Alphonsus Health System Footprint				Colleagues and community members

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Partner with community organizations to support behavioral health needs in the community.	X	X	X	SAMC-BC	In-kind support of colleague time
	X	X	X	Community organizations and coalitions with a focus on behavioral health (e.g., New Directions Northwest)	TBD – behavioral health programming, services, staff expertise, and/or collaborative support
	Focus location(s)				**Focus Population(s)**
	Baker County				Individuals experiencing or at risk for behavioral health challenges

Adoption of Implementation Strategy

On October 18, 2026, Board Chair Adam Richins, acting under authority delegated by the Saint Alphonsus Health System Board, approved the final version of the 2027-2029 Implementation Strategy. The Board had previously reviewed and approved the draft Implementation Strategy and related budget on August 18, 2026, which outlines the hospital's approach to addressing the community health and social needs identified in the 2026 Community Health Needs Assessment.B

Adam Richins (Oct 18, 2026 14:22:54 EDT)

Adam Richins, Saint Alphonsus Health System Board Chair

10/18/2026

Date



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