

Community Health Needs Assessment (CHNA)

Implementation Strategy

Saint Alphonsus Medical Center Ontario

Fiscal Years FY27-29

Saint Alphonsus

A Member of Trinity Health

Saint Alphonsus Medical Center-Ontario (SAMC-O) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 13, 2026. SAMC-O 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 351 SW 9th Street Ontario, OR 97914 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

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.

Services offered by SAMC-O include: breast care, cancer care, diabetes care and education, dietary services, emergency care, heart care, hospice, laboratory and radiology, maternity care, neurology, OB/GYN services, orthopedics, primary care, rehabilitation services, sleep disorders treatment, surgical services, and telestroke services.

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-O 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 Malheur County, Oregon. Malheur County is the second-largest county in Oregon, covering approximately 9,930 square miles. Malheur County is predominately 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.

Malheur County is home to nearly 32,000 residents. The largest cities in the county are Ontario, Vale, and Nyssa. The population in Malheur County increased slightly (0.8%) from 2010 to 2020 with some census tracts near Ontario increasing by nearly 9% while other more rural areas decreased by up to 4%.

Oregon is home to a majority white population, though Malheur County houses a diverse population with about 40% of residents being a race or ethnicity other than non-Hispanic white. Compared to the state average, Malheur County has a higher percentage of Hispanic and Latino residents.

When compared to the state as a whole, Malheur County has more youth ages 17 and under. However, most of the population are young and middle-aged adults. The region has a senior population similar to the state average.

Malheur County has a slightly higher percentage of residents that are veterans (8.2%) compared to Oregon's statewide estimate of 7.2%. Veterans have access to health services from Veteran Affairs in Ontario but may have difficulty navigating the system or may experience long wait times for appointments.

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 15% of residents in Malheur County and statewide have a disability.

Limited English proficiency refers to individuals who report speaking English less than "very well" on the U.S. Census. Malheur County has a lower percentage of this population (2.0%) than is seen statewide (5.3%).

Saint Alphonsus strives to make a positive impact in Malheur 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 Malheur 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. Behavioral Health

- Community partners and leaders identified behavioral health as the top priority in Malheur County, which includes the prevalence of mental health disorders and access to mental health services.
- Focus group and key informant interview participants expressed concerns about the scarcity of mental health professionals and facilities and the need for greater collaboration between healthcare providers and community organizations.
- The community grapples with substance abuse issues, including alcohol, marijuana, fentanyl, and methamphetamine, which are often exacerbated by limited resources and support systems.
- 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 state average of 19.0% and the national average of 17.4%.

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2. 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.
- 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.
- Malheur County has 22.2 primary care providers per 100,000 residents, which is lower than the state (105.0) and national (90.8) averages.
- Medicaid coverage in Malheur County (35.2%) is significantly higher than both the state average for Oregon (22.9%) and the national average for the United States (20.7%).

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3. 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.
- Community members emphasized that housing costs have risen sharply since 2020, and wages have not kept up. 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.
- Among community survey respondents, less than 10% believed affordable housing is available for everyone.

4. 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 Malheur County (35.1%) exceeds the average for Oregon (33.0%) and the U.S. (29.5%).

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5. 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.
- Hispanic or Latino individuals experience the highest rates of food insecurity at 24.0% in both Malheur County and Oregon, compared to 21.6% nationally. The overall food insecurity rate in Malheur County is 16.4%, higher than both Oregon's 14.2% and the United States' 14.5%.
- Among community survey respondents, those ages 65 and older were most likely to report accessing a food pantry at 19.8%. However, only 3.4% of respondents in this age group reported that they did not have enough money for food.
- About 1 in 5 survey respondents in the 18-39 and 40-64 age groups reported not having enough money for food.

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6. 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 Malheur 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 Malheur County than in Oregon and the U.S.

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7. Safety

- Among community survey respondents, a safety rate of 88.6% was reported, indicating a generally positive sentiment. However, younger adults aged 18-39 feel less safe compared to older age groups.
- Only 16.3% of younger adults surveyed perceived their neighborhood to be safe compared to 31.0% of middle-aged adults and 45.9% of older adults.

Hospital Implementation Strategy

Significant health and social needs to be addressed

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

1 Behavioral Health – CHNA pages 15-23.

2 Access to Care – CHNA pages 24-31.

3 Housing – CHNA pages 32-35..

Significant health and social needs that will not be addressed

SAMC-O 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-O does not intend to prioritize the following needs:

- **Child Care**
- **Food Access**
- **Chronic Disease**
- **Safety**

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 Behavioral Health

Goal: Improve access to behavioral health resources for patients and community members in Malheur 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-O	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-O
	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-O	In-kind support of colleague time
	X	X	X	Community organizations and coalitions with a focus on behavioral health (e.g., Lifeways, Payette County Health Action Team)	TBD – behavioral health programming, services, staff expertise, and/or collaborative support
	Focus location(s)				**Focus Population(s)**
	Malheur County				Individuals experiencing or at risk for behavioral health challenges

2 Access to Care

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



CHNA Impact Measures	FY27 Base line	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 Malheur County at 9.7% (Data source: American Community Survey).	9.7%	9.7%
By June 30, 2029, increase the percentage of adults receiving an annual checkup in Malheur County from 68.9% to 72.0% (Data source: CDC Places).	68.9%	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-O and SAMC-BC	In-kind support of colleague time and existing programs, including advocacy and staff time educating/assisting Medicaid enrollees with work requirement compliance
	Focus location(s)				**Focus Population(s)**
	Malheur 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		
Maintain existing non-emergency medical transportation partnerships (e.g., Rides to Wellness, Angel Wings) and explore opportunities to expand access.	X	X	X	SAMC-O	TBD financial and in-kind support of colleague time
	X	X	X	Malheur Senior Center	In-kind support for Rides to Wellness driver
	X	X	X	St. Luke's, Valley Family Health, others	TBD financial support for Rides to Wellness for their patients and clinics
	X	X	X	Angel Wings Network, Inc.	Provides cancer patients with transportation and resources
	Focus location(s)				**Focus Population(s)**
	Malheur, Payette, and Washington Counties including priority zip codes 83610, 83619, 83645, 83661, 83672, 97907, 97910, 97913, 97914, 97918				Individuals with socioeconomic limitations needing non-emergency medical rides to healthcare appointments

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Continue providing mobile health clinics in the Ontario service area.	X	X	X	SAMC-O	~2k/clinic in operations
	X	X	X	Community partners including Oasis House, Nyssa Library, and others TBD	In-kind hosts for mobile clinic sites and the provision of social services to patients
	Focus location(s)				**Focus Population(s)**
	Malheur, Payette, and Washington Counties including priority zip codes 83610, 83619, 83645, 83661, 83672, 97907, 97910, 97913, 97914, 97918				Uninsured and underinsured individuals



3 Housing

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

CHNA Impact Measures	FY27 Baseline	FY29 Target
By June 30, 2029, invest $45,000 per year in community partnerships to support housing development, preservation, and supportive services.	N/A	$45,000/ year

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Engage in opportunities with new and existing partners to address housing challenges in the community through housing development, preservation, and/or supportive services.	X	X	X	SAMC-O	In-kind support of colleague time $45k 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)**
	Malheur, Payette, and Washington Counties including priority zip codes 83610, 83619, 83645, 83661, 83672, 97907, 97910, 97913, 97914, 97918				People making less than 80% of the Malheur County Area Median Income

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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