



**Saint Alphonsus  
Medical Center**

BAKER CITY

# 2022 Community Health Needs Assessment Update



## **Acknowledgements**

Saint Alphonsus Medical Center- Baker City would like to thank the following partners and agencies for their participation in the 2022 CommunityHealth Needs Assessment (CHNA) Update

### **External Review Committee:**

Joe Hayes, Community Connections of Northeast Oregon

Angela Lattin, Baker School District 5J

Rebecca Lemmons, Saint Alphonsus Health System, Community Health & Well-Being

Bruce Nichols, Baker County Commissioner

Kathie Pointer, Saint Alphonsus Baker City, Community Health & Well-Being

Nancy Staten, Baker County Health Department

Tony Swart, Saint Alphonsus Baker City, Finance

Andi Walsh, New Directions Northwest, LCAC

### **Community Partner Organizations:**

Baker County

Baker County Health Department

Baker County Safe Families Coalition

Baker School District 5J

Baker YMCA

Community Connections of Northeast Oregon (CCNO)

Compassion Center

Local Community Advisory Council (LCAC)

New Directions Northwest

Oregon Department of Human Services

## Table of Contents

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Executive Summary .....	4
Introduction .....	5
History .....	5
About Saint Alphonus Health System .....	5
Mission Statement.....	6
Core Values .....	6
Health Facilities .....	6
Services Provided .....	6
CHNA Approval.....	7
Review of Previous CHNA .....	7
Process and Methods .....	9
Data Sources and Methodology .....	9
Community Description .....	11
Geographic Area Served.....	11
How Population Served Was Identified .....	11
Demographics of Population .....	12
County Health Rankings.....	13
Financial Stability.....	15
Health .....	24
Education.....	41
Significant Community Health Needs .....	47
Process for Prioritizing and Prioritized List of Identified Needs .....	47
Conclusion .....	48
Implementation Strategy .....	48
How to Obtain Copies .....	48
Contact Information.....	48
Next CHNA Due Date.....	48
Appendices	
A. Focus Group Questions .....	49
B. Trinity Health Data Hub Indicator Tables.....	51
C. References .....	66

## **Executive Summary**

The Mission of Saint Alphonsus compels us to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Periodically assessing the health and social needs of the community helps us to allocate our resources appropriately to improve the health of the communities we serve.

The Patient Protection & Affordable Care Act (PPACA) requires nonprofit hospitals to conduct community health needs assessments (CHNA) every three years and to develop implementation plans to address identified needs. Saint Alphonsus Medical Center - Baker City (SAMC-BC) will utilize the combination of primary and secondary data collected, as well as community input to develop a Community Health Implementation Strategy addressing priority needs that fit within the scope of SAMC-BC's mission, strengths, and capacity to influence.

The Saint Alphonsus Health System (SAHS) Community Health & Well-Being Department led the 2022 SAMC-BC CHNA Update, an IRS compliant but abbreviated CHNA process, to update the 2019 CHNA findings. A more comprehensive CHNA will be conducted in 2023 to align SAMC-BC with the four other SAHS hospitals so that consistent processes and community health data can be collected and compared across the entire SAHS region.

Baker County is a frontier community nestled in the mountains of Eastern Oregon. Community members describe the community as beautiful, unique, close knit, and friendly. Participants of the 2022 CHNA focus group reflected that while Baker City is a somewhat isolated freeway town, it is supported by community leaders and organizations that work in collaboration to support the residents. By virtue of being a small community, the participants felt that people are especially good at coming together to wrap around and support each other in times of need.

The Baker County population over age 65 continues to grow, reflecting increased needs for access to medications and healthcare. The closure of one of four local pharmacies, and the loss of a pharmacist at a second left only two pharmacies in town. As of November 2021, patients were waiting up to three hours in line for medications with some pharmacies reported to be 21 days behind in filling maintenance prescription requests. This led the CHNA External Review committee to rank pharmacy and medication access as the greatest need in the community, and one that may have lasting impacts for some time to come. Additional challenges identified by community members were availability of stable and affordable housing, workforce shortages, transportation, access to specialty medical and dental services, and services to address mental health- including behavioral health and substance use.

The 2022 CHNA Update placed an increased focus on the social influencers of health. This is due to the strategic aim of SAHS Community Health & Well-Being efforts to identify and address the root causes of health inequities and impacted health outcomes. The 2022 CHNA Update Priorities included pharmacy and access to medication, healthcare access including specialty and dental services, housing and homelessness, behavioral health services, and social isolation, mental health, and suicide. The full list of prioritized rankings is further explored throughout the report.

## **Introduction**

### **History**

The Sisters of St. Francis of Philadelphia opened St. Elizabeth Hospital on August 24, 1897, in response to a request by Archbishop William H. Gross. Initially three Sisters staffed the hospital, located in the former St. Francis Academy on the corner of Second and Church Streets. During the early years, many of the patients served by St. Elizabeth Hospital were local gold miners who paid one dollar per month in exchange for complete health care services.

In 1912, construction began on a 115-bed facility that was completed in 1915. During the 1918 Spanish flu epidemic, if patients were unable to be treated at the hospital, the Sisters would make house calls to treat the ill. This building lives on now as the St. Elizabeth towers condominiums.

In 1967, it became apparent that a new facility and support services were needed. As a result, the Sisters initiated the construction of a 50-bed, one-story hospital in April 1969. The new facility opened in October 1970. Services included general nursing care, rehabilitation, home health, respiratory therapy, laboratory, radiology, intensive care-coronary care, obstetrics, surgery, post-anesthesia recovery, pastoral care, and 24-hour emergency care.

In May 1987, an 80-bed, one-story addition was completed to house a nursing home adjoining the Hospital. The facility was then renamed St. Elizabeth Hospital and Health Care Center. In the summer of 1992, an additional 40 beds were added to the nursing home, and as part of the expansion plan an attached Medical Office building was added in 1994.

On April 1, 2010, St. Elizabeth Health Services joined Holy Rosary Medical Center (Ontario, OR), Mercy Medical Center (Nampa, ID), and Saint Alphonsus Regional Medical Center (Boise, ID) to form the Saint Alphonsus Health System with Baker City, Ontario, and Nampa each changing their respective names to Saint Alphonsus Medical Center.

Today, Saint Alphonsus Medical Center – Baker City (SAMC-BC) is a 25-bed Critical Access Hospital. The attached Saint Alphonsus Medical Group (SAMG) clinic received a major remodel and update in 2018.

### **About Saint Alphonsus Health System**

As a faith-based Catholic ministry and not-for-profit health system, Saint Alphonsus Health System (SAHS) reinvests in the communities we serve through charity care and other benefits. SAHS' goal is to improve the health and well-being of people by emphasizing care that is patient-centered, physician-led, innovative, and community-based. Saint Alphonsus Health System serves the people of southwestern Idaho, eastern Oregon, and northern Nevada through these facilities: Saint Alphonsus Regional Medical Center - Boise, ID; Saint Alphonsus Regional Rehabilitation Hospital-Boise, ID; Saint Alphonsus Medical Center - Nampa, ID; Saint Alphonsus Medical Center - Ontario, OR; Saint Alphonsus Medical Center - Baker City, OR; and Saint Alphonsus Medical Group. The Saint Alphonsus Medical Group has 500 primary and specialty care providers at 85 clinic locations, all of which are members of the Saint Alphonsus Health Alliance, a network of over 2,500 employed and independent providers.

Saint Alphonus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 25 states from coast to coast with 88 hospitals and 131 continuing care facilities, home health and hospice programs, 125 urgent care centers, and the second largest Program of All-Inclusive Care for the Elderly (PACE) program in the country. For more information, please visit [www.saintalphonus.org](http://www.saintalphonus.org), and [www.Trinity-Health.org](http://www.Trinity-Health.org)

### **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 Who Are Poor:** 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.

### **SAMC-BC Health Facilities**

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

### **Services Provided**

SAMC-BC is a Critical Access Hospital with a SAMG primary and internal medicine practices. Services provided include breast care, cancer care, cardiology, dietary services, emergency services, intensive care, laboratory, labor and delivery and maternity care, medical/surgical services, ophthalmology, orthopedics, physical and occupational therapies, radiology, respiratory therapy, rheumatology, sleep disorders, surgical services, and telestroke. Significant services that SAMC-BC does not offer are neurology and inpatient psychiatric services.

SAMG Baker City offers family medicine and internal medicine services.

## **CHNA Approval**

Preliminary information regarding the CHNA was presented to the Baker City Community Hospital Advisory Board on April 25, 2022, with a recommendation to approve by the SAHS Board. The final draft was reviewed and approved for adoption at the SAHS Board Meeting on May 26, 2022.

## **Review of Previous CHNA**

In 2019, the SAMC-BC CHNA identified several high priority health needs, including:

### **1. Nutrition, Physical Activity and Weight Status:**

- Obesity/Diabetes Prevalence, Low Fruit and Vegetable Consumption, Physical Fitness Opportunities, Food Insecurity, Food Deserts

### **2. Health Services:**

- Access to Low-Cost Basic Healthcare Services, Medicare Providers, Access to Mental Health, Dental, and Substance Use Treatment, Evening/Weekend Urgent Care

### **3. Substance Abuse:**

- Alcoholism, Substance Use, Tobacco Use, Vaping Prevalence

### **4. Financial Stability:**

- Livable Wage Jobs, Poverty and ALICE Populations, Transportation, Affordable Housing

### **5. Education:**

- Family/Parental Support, Highly Trained Teachers, Importance/Value of Education, Access to Physical Activities for Youth

The SAMC-BC 2019 Implementation Strategy specifies community health needs that the hospital was determined to meet in whole or in part and that are consistent with its Mission and within its ability to influence.

## **Impact of Previous CHNA Strategies:**

The 2019 SAMC-BC Implementation Strategy identified nutrition, physical activity and weight status, health services, and substance abuse as key areas the hospital would address.

## **Physical Activity and Weight Status**

The 2019 SAMC-BC Implementation Strategy focused on physical activity and weight status by continued support of GoNoodle participation in the Baker School District 5J. GoNoodle is an interactive website where kids play active, educational games at their desk called “brain breaks.” These bursts of activity improve classroom behavior, focus, cognition and academic achievement. Activities within GoNoodle integrate math and language arts, helping teachers meet core-subject standards. In FY19 SAHS underwrote \$73,185 for GoNoodle Plus for schools in the Southwestern Idaho and Eastern Oregon communities we serve. In the 2018-2019 school year 1,115 Baker County students were reached, collectively receiving more than 136,000 minutes of activity. In FY20 SAHS underwrote \$73,185 for GoNoodle Plus for schools in the Southwestern Idaho and Eastern Oregon communities served. In the 2019–2020 school year, 994 Baker County and 184 Union County students were reached, and students received more than 73,000 minutes of activity collectively.

Additionally, 8<sup>th</sup> grade physical activity rates for Baker County students in 5 of the past 7 days have

increased from 12.1% in 2017 to 13.2% in 2019 (2017 and 2019 Oregon Healthy Teens Survey).

Patient screening and referrals for obesity have increased from 41% of SAHS patients in 2019 to 48.61% of SAHS patients in 2021.

### **Health Services**

SAMC-BC addressed health services by increasing resident access to low-cost healthcare services. Specifically, through the utilization of Community Health Workers (CHWs) to screen and refer patients for basic needs, increasing the utilization of Rides to Wellness for transportation to medical appointments, and increasing patient mammography screening and referrals.

Since August 2019, CHWs located at SAMC-BC have reached more than 700 patients to screen for basic needs and refer to local services such as access to food, rental assistance, or connection to needed health services.

SAMC-Baker City in partnership with Community Connections of Northeast Oregon, the primary public transportation resource in Baker City, considered the transportation options within Baker County. As there are no local taxicab or shared ride services in the region, transportation operations are limited, preventing many residents needing off-hours transportation from accessing appropriate healthcare in a timely manner. Saint Alphonsus continues to address these access concerns and has contributed \$5,000 to the Rides to Wellness program annually to provide transportation to needed healthcare.

There have been 840 screenings and referrals for patient mammography since August 2019.

### **Substance Use**

Finally, SAMC-BC addressed substance use by increasing access to tobacco and vape cessation. This was achieved by implementing the Tobacco Free Living Program in Baker City, implementing CHW programs to address tobacco/vaping, and increasing the number of patients screened for tobacco/vape use and referred to cessation services.

Tobacco Free Living is an in person or online tobacco cessation coaching program which began serving a limited number of patients at the beginning of 2019, with hopes to continue to grow the program in the area. SAMC-BC invested in the training of two colleagues as Tobacco Treatment Specialists to support the effort to reduce the prevalence of tobacco and e-cigarette use. The individually tailored and clinically based programs are led by a team of specially trained Registered Nurses (RNs) and Certified Tobacco Treatment Specialists (CTTs). In FY2020, SAMC-Baker City served 7 patients, and SAHS provided \$96,422 in funding support for the Tobacco Free Living programs across the service area.

The number of SAHS patients screened and referred for tobacco/vape use increased from 82% in 2019 to 89.87% in 2021.

The overall tobacco/vaping use prevalence among Baker County adults was reported at 39.6% per the 2014-2017 (reported in May 2019) Oregon BRFSS.

*SAMC-BC did not receive any comments from the public on the 2019 CHNA beyond the contributions*



*of the External Review Committee and qualitative data collection methods between January and June 2019. Contacts for CHWB colleagues were made available both within the written 2019 SAMC-BC CHNA document and on the Saint Alphonsus website where the CHNAs are housing for any additional feedback.*

## **Process and Methods**

### **Data Sources and Methodology**

The 2022 CHNA Update was conducted by Saint Alphonsus Health System colleagues from the Community Health & Well-Being Department and includes information collected from qualitative and quantitative data sources. Wherever possible, community health indicator data was collected to allow comparisons between Baker County, the State of Oregon, and national rates. In some instances, data was not available or could not be located for some indicators, primarily due to the small population size of Baker County. This may indicate opportunities for better data collection and analysis in the future.

### **Quantitative Data**

Quantitative, or secondary, data sources included published data on demographics, key health indicators, and social influencers of health collected from a variety of resources. The primary source of quantitative data was the Trinity Health Data Hub accessed throughout the CHNA development period from June 2021-May 2022 at [www.trinityhealthdatahub.org](http://www.trinityhealthdatahub.org). The full set of Data Hub indicators can be found in Appendix B of this report. Data obtained was compared to state and national data and trends over time wherever possible. Additional data sources utilized include, but were not limited to:

- The U. S. Census Bureau American Community Survey (ACS)
- County Health Rankings
- Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Vital Statistics
- Oregon Department of Education
- Oregon Health Authority
- Oregon Healthy Teens Survey
- Oregon Kids Count Data Center
- Bureau of Labor Statistics

### **Social Influencers (Determinants) of Health and Health Equity**

The terminology of Social Influencers of Health (SloH) utilized throughout the CHNA is a collective set of indicators where people live, work, learn, pray, and play that influence health risks and outcomes. Many of the indicators and categories within this CHNA are SloH and help inform our response to the CHNA. While SloH can be defined in a number of ways, the CDC categorizes them into five categories: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.

Both negative health outcomes and SloH are disproportionately experienced by underserved populations. SloH such as housing stability, food security, and access to high quality early childhood

education opportunities vary widely by geographic locations and overall access and availability to services also vary by population causing health inequities. Populations such as communities of color, LGBTQIA+, older adults, rural populations, new American or resettlement populations, individuals with a physical or mental disability, women, and others often experience challenges with SLoH and health outcomes at a higher rate than others. When race, ethnicity or other health equity data were available they are noted in the report. Though one challenge in health equity is access to data, so race, ethnicity, language, gender identity and other identifiable data is still not available for many indicators.

### **Qualitative Data: Focus Groups**

Additional community input was gained through focus group conversations with community experts and community service agencies including:

Baker County  
Baker County Health Department  
Baker County Safe Families Coalition  
Baker School District 5J  
Baker YMCA  
Community Connections of Northeast Oregon  
Compassion Center  
Local Community Advisory Council (LCAC)  
New Directions Northwest  
Oregon Department of Human Services  
Saint Alphonsus Medical Center- Baker City

A majority of these agencies had representation on our External Review Committee as well. Two focus groups were conducted on October 25<sup>th</sup> and November 2<sup>nd</sup> 2021. They were facilitated by at least two members of the SAHS CHWB Department, with one colleague guiding conversation and one to two others taking notes. Additional responses were garnered by sending the focus group questions to individuals who were not able to attend the focus groups. A total of nine people participated. The CHWB Director, Rebecca Lemmons, then analyzed the qualitative data for key themes and quotes.

Participants of the 2022 CHNA focus group reflected that while Baker City is a somewhat isolated freeway town, it is supported by community leaders and organizations that work in collaboration to support the residents. By virtue of being a small community, the participants felt that people are especially good at coming together to wrap around and support each other in times of need.

Challenges identified by community members were availability of stable and affordable housing, workforce shortages, transportation, access to specialty medical and dental services, and services to address mental health- including behavioral health and substance use. Additional comments on the strengths and needs of the community are explored throughout this report.

### **External Review Committee**

In addition to providing additional localized quantitative data, The External Review Committee met

three times during the CHNA process to determine the indicators to be included in the report, identify focus group participants, review data findings, and identify and prioritize key health needs. Members of the External Review Committee can be found in the Acknowledgements of this report. Members are residents and working members representing the high needs zip codes in Baker County, including 97814, which is an area with a median income less than the federal poverty level. External Review Committee meetings were held between September and December 2021. External Review Committee members were also provided with a draft report to provide comments and suggested revisions. Additional outreach was conducted to members of local law enforcement.

## Community Description

### Geographic Area Served

This assessment focuses on the primary and secondary service area for SAMC-BC, principally Baker County, Oregon. Baker County is one of the eight counties that comprise Eastern Oregon. With a total area of 3,068 square miles, Baker County is larger than Delaware and Rhode Island combined. Baker County is a "frontier" county, which is defined as six or fewer people per square mile. The population of Baker County as of May 1, 2020 was 16,688, or 5.3 persons per square mile. For comparison, the state of Oregon overall has a population density of 40 people per square mile. Baker County is extremely rural and mountainous, and portions of the county are frequently unpassable during winter months. The median household income from 2015-2019 was \$45,998, compared to \$62,818 for Oregon as a whole.

### How the Population Served Was Identified

SAMC-BC is located in Baker City, Oregon. The CHNA focuses on Baker County, home to 88% of the population served. Although an additional 2.5% of SAMC-BC patients travel from nearby Union County (considered part of the secondary service area), this county was excluded from the CHNA due to the extremely small number of patients and the additional complexity that adding a second county would entail. While a small number of patients travel to SAMC-BC from other surrounding counties, each of those counties is served by a local hospital. The surrounding counties to the north include Union and Wallowa Counties. Union County is served by Grande Ronde Hospital; and Wallowa County is served by Wallowa Memorial Hospital. Grant County to the west of Baker County is served by Blue Mountain Hospital. Malheur County to the south of Baker County is served by Saint Alphonse Medical Center-Ontario. These counties were also excluded from the SAMC-BC CHNA.



## Demographics of the Population

Baker County is notable for being very rural and sparsely populated. The population has a significantly higher 65 and older demographic, with a median age more than 10 years greater than the overall U.S. population. Since the 2019 CHNA, the percentage of Hispanic/Latinx population has grown, the number of veterans and population with a disability has decreased, and the median household income increased slightly. The percentage of owner-occupied units also increased. Socioeconomic status and educational attainment are significantly lower than the state of Oregon and the United States. Additional demographic information can be found in Appendix 2 of this report.

<b>US Census Bureau QuickFacts</b>	<b>United States</b>	<b>Oregon</b>	<b>Baker County</b>
Population, April 1, 2020	331,449,281	4,237,256	16,688
Population, percent change, April 1, 2010- July 1, 2019	6.3%	10.1%	0.0%
Persons under 5 years old	6.0%	5.4%	5.1%
Persons under 18 years old	22.3%	20.5%	19.8%
Persons 65 years old and over	16.5%	18.2%	26.5%
White alone	76.3%	86.7%	93.7%
Hispanic or Latino	18.5%	13.4%	4.7%
Asian alone	5.9%	4.9%	0.9%
Black or African American alone	13.4%	2.2%	0.7%
American Indian and Alaskan Native alone	1.3%	1.8%	1.6%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.5%	0.1%
Foreign Born Persons, Percent, 2015-2019	13.6%	9.9%	2.0%
High school graduate or higher, percent of persons age 25+, 2015-2019	88.0%	90.7%	91.0%
Bachelor's degree or higher, percent of persons age 25+, 2015-2019	32.1%	33.7%	23.7%
Veterans, 2015-2019	18,230,322	283,045	1,899
Owner-occupied housing unit rate, 2015-2019	64.0%	62.4%	70.7%
Median household income, 2015-2019	\$62,843	\$62,818	\$45,998
Persons in poverty, percent**	11.4%	11.14%	13.6%
Percent with any disability	8.6%	9.9%	14.0%
Population per square mile, 2010	87.4	39.9	5.3

Source: US Census Bureau QuickFacts, [www.census.gov](http://www.census.gov)

\*\*These geographic levels of poverty and health estimates are not comparable to other geographic levels of these estimates...

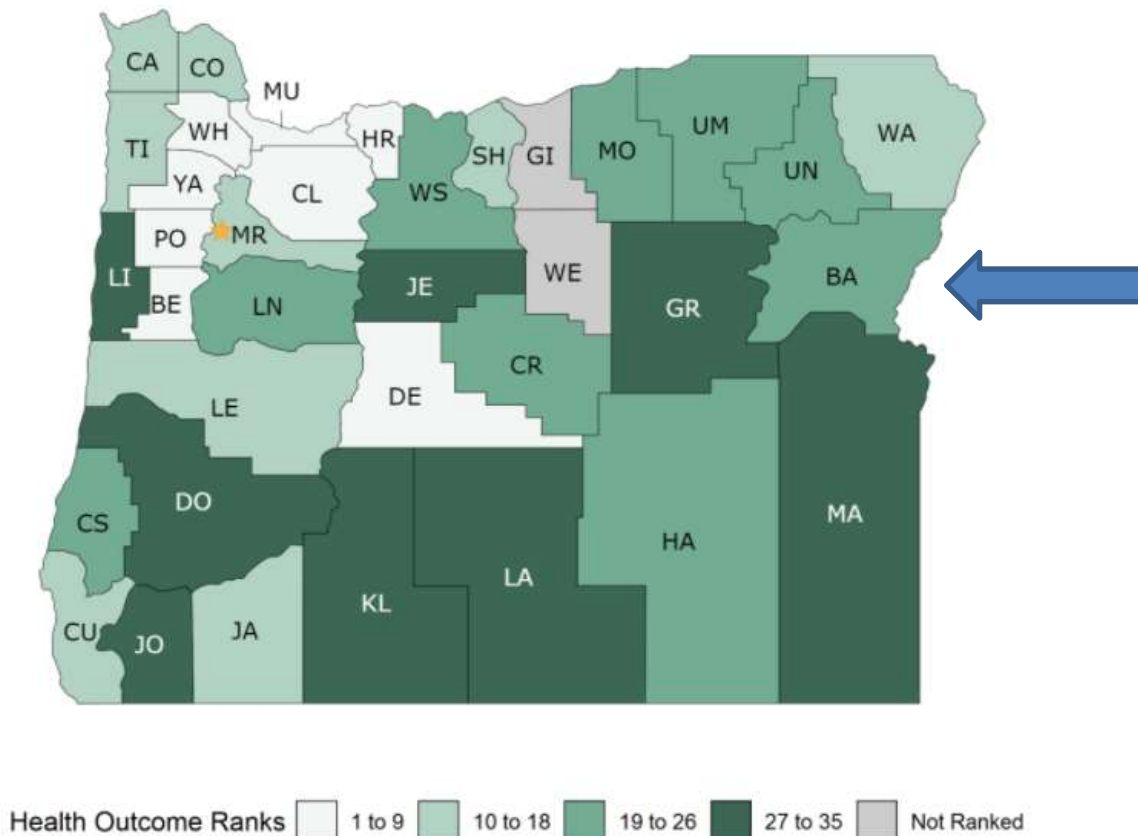
## County Health Rankings

The County Health Rankings ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org)), provides comparative rankings and data for a variety of different health factors and health outcomes. These rankings are an effort to highlight the importance of many different factors in determining the health of a population. County Health Rankings is a project supported by Robert Wood Johnson foundation and University of Wisconsin Population Health Institute, and a quick though not definitive, snapshot of the overall health and well-being of various counties by comparison.

## Health Outcomes

Health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to the 2021 County Health Rankings, Baker County ranks #26 out of 36 counties in Oregon in health outcomes, down from #19 in 2019 and #18 in 2016.

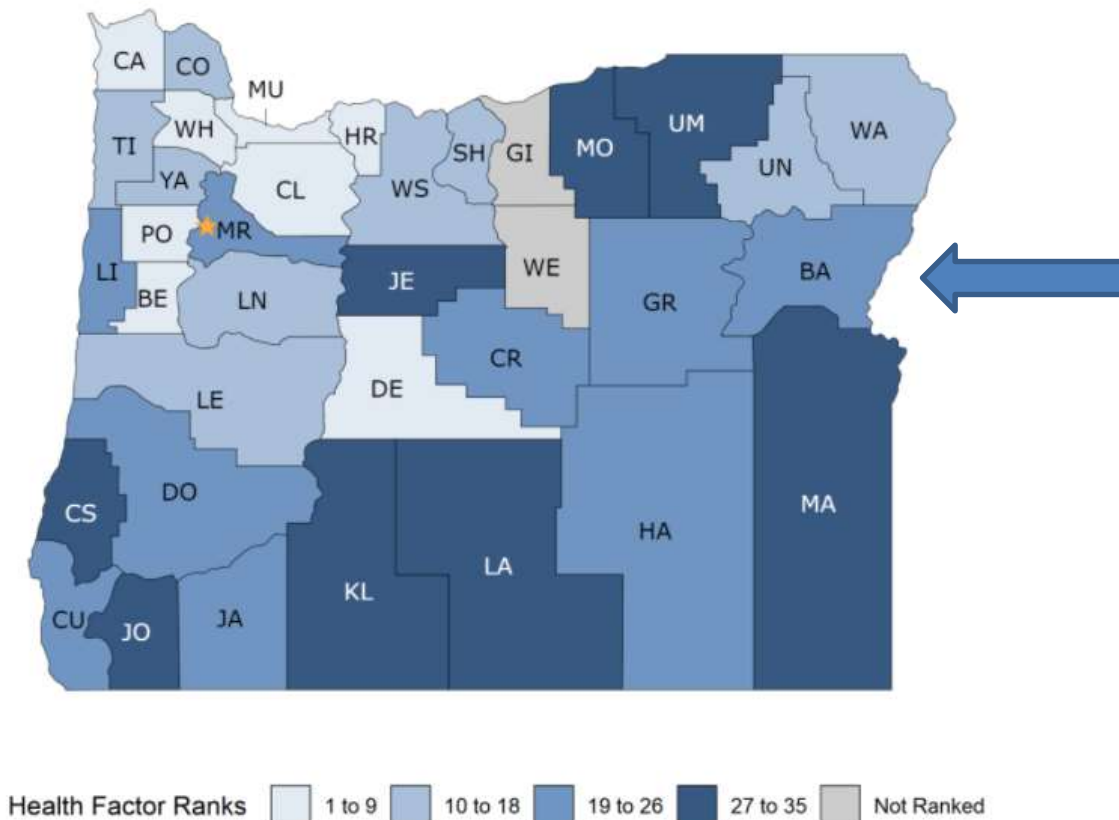
## 2021 Health Outcomes - Oregon



## Health Factors

Health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. According to County Health Rankings 2021, Baker County Ranks #26 out of 36 counties in Oregon in health factors, down from #15 in 2019 and #19 in 2016.

## 2021 Health Factors - Oregon





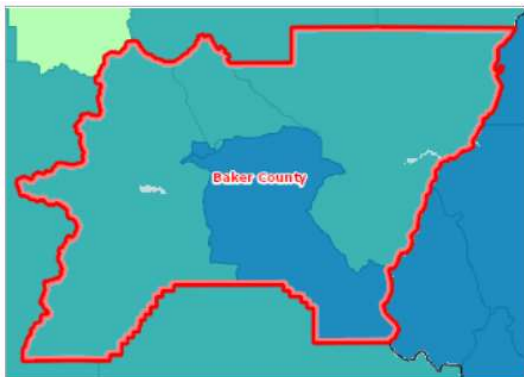
## Financial Stability

Financial Stability is a leading social influencer of health and as such is an important component of this assessment. Financial stability, or the lack thereof, has wide reaching implications for many other indicators, including housing stability, access to food, healthcare, transportation, and is a significant predictor of health outcomes.

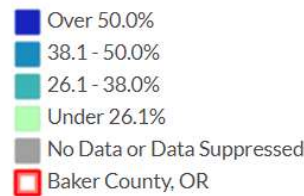
### **Poverty and ALICE for Baker County**

The U.S. federal poverty level, or FPL, is a standard measurement for the income of household and is used to establish eligibility for many federal and community programs. However, the FPL is not adjusted for differences in wages, cost of living, and other financial measures that vary widely from location to location. So, the FPL is the same for Baker County as it is for New York City or Honolulu, Hawaii. Additionally, the FPL has not been adjusted since it was established. Another note when considering FPL is that it does not show the full picture of the financial stability of an individual or family. While an individual or family may earn more than the FPL, they may still not make enough to afford housing, childcare, food, transportation, and healthcare costs.

More than 1 in 3 Baker County residents, or 37%, are living at or below 200% FPL, and this varies some across the county (Census Bureau, ACS, 2019).

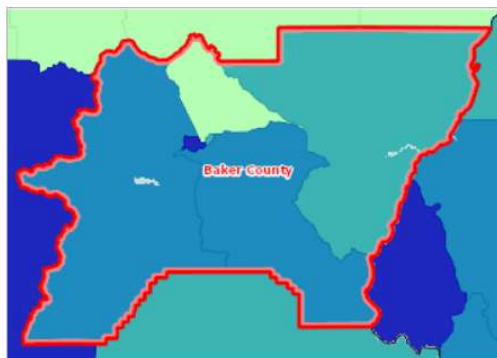


Population Below 200% Poverty Level, Percent by Tract, ACS 2015-19

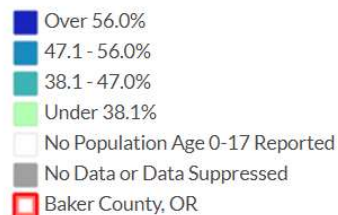


Source: Trinity Health Data Hub, 2021

The percentage of children living in poverty is even higher than overall residents with 49% of Baker County children living at or below 200% FPL. This puts children in the community at greater risk for poor education and health outcomes.



Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

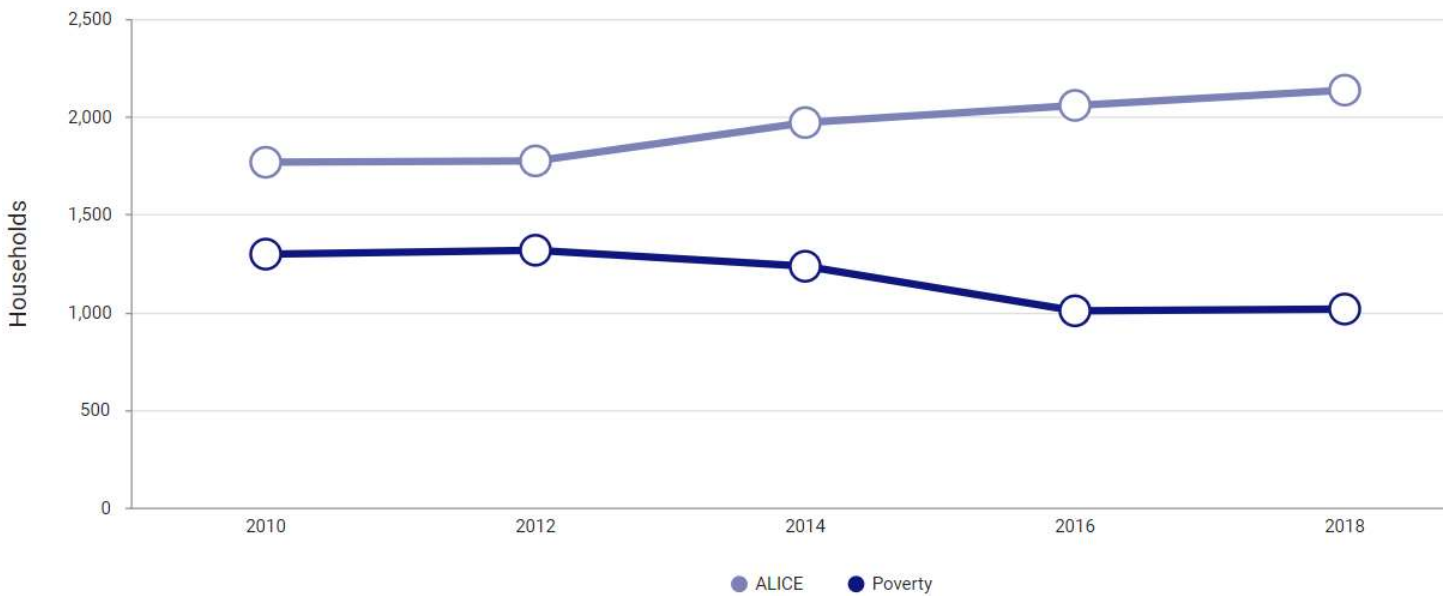


Source: Trinity Health Data Hub, 2021

Another measure of the financial stability of children and their families is the Free and Reduced-Price Lunch rate for students in schools. Students with families at 130-185% FPL qualify for free or reduced-price meals through the National School Lunch Program. Fewer Baker County students (24%) qualify for free or reduced-price meals than the state (46%) and national (50%) averages (National Center for Education Statistics, 2019-20).

Because FPL doesn't tell the whole story about the realities of the cost of living in each community, United Ways across the country began measuring the number of Asset Limited, Income Constrained, Employed (ALICE) people living in each county. ALICE reports use indicators such as housing and food costs, local wages, etc. to develop a basic budget of what it would take to survive in each community.

While only 15% of Baker County residents are considered living at FPL, 31% of Baker County residents are considered ALICE, meaning they make too much for many state and federal subsidies, but not enough to make ends meet (Oregon ALICE Report, 2018). In combination, that means 46% of residents are FPL or ALICE in the county.



Source: Oregon ALICE Report, 2018

The household survival budget accounts for basic needs such as housing, food, childcare, transportation, a basic cell phone plan. It does not account for extras such as savings, emergencies, or college or retirement funds. A single adult would need to make at least \$12.69/hour to make ends meet, and a family with two adults and two school-age children would need to make at least \$32.24/hour combined to meet the survival budget. These numbers were tabulated in 2018, before the recent pandemic and inflation impacts.



	Single Adult	One Adult, One Child	One Adult, One In Child Care	Single Senior
Housing	\$678	\$777	\$777	\$678
Child Care	\$0	\$197	\$621	\$0
Food	\$294	\$507	\$424	\$250
Transportation	\$356	\$513	\$513	\$310
Health Care	\$156	\$446	\$446	\$473
Technology	\$55	\$55	\$55	\$55
Miscellaneous	\$192	\$298	\$345	\$217
Taxes	\$384	\$484	\$610	\$403
Monthly Total	\$2,115	\$3,277	\$3,791	\$2,386
Annual Total	\$25,380	\$39,324	\$45,492	\$28,632
Hourly Wage	\$12.69	\$19.66	\$22.75	\$14.32

Source: Oregon ALICE Report, 2018

	Two Adults	Two Adults Two School-Age Children	Two Adults, Two In Child Care	Two Seniors
Housing	\$777	\$970	\$970	\$777
Child Care	\$0	\$395	\$1,147	\$0
Food	\$610	\$1,018	\$890	\$520
Transportation	\$527	\$824	\$824	\$436
Health Care	\$446	\$803	\$803	\$945
Technology	\$75	\$75	\$75	\$75
Miscellaneous	\$305	\$489	\$574	\$338
Taxes	\$614	\$800	\$1,031	\$623
Monthly Total	\$3,354	\$5,374	\$6,314	\$3,714
Annual Total	\$40,248	\$64,488	\$75,768	\$44,568
Hourly Wage	\$20.12	\$32.24	\$37.88	\$22.28

Source: Oregon ALICE Report, 2018

## Unemployment

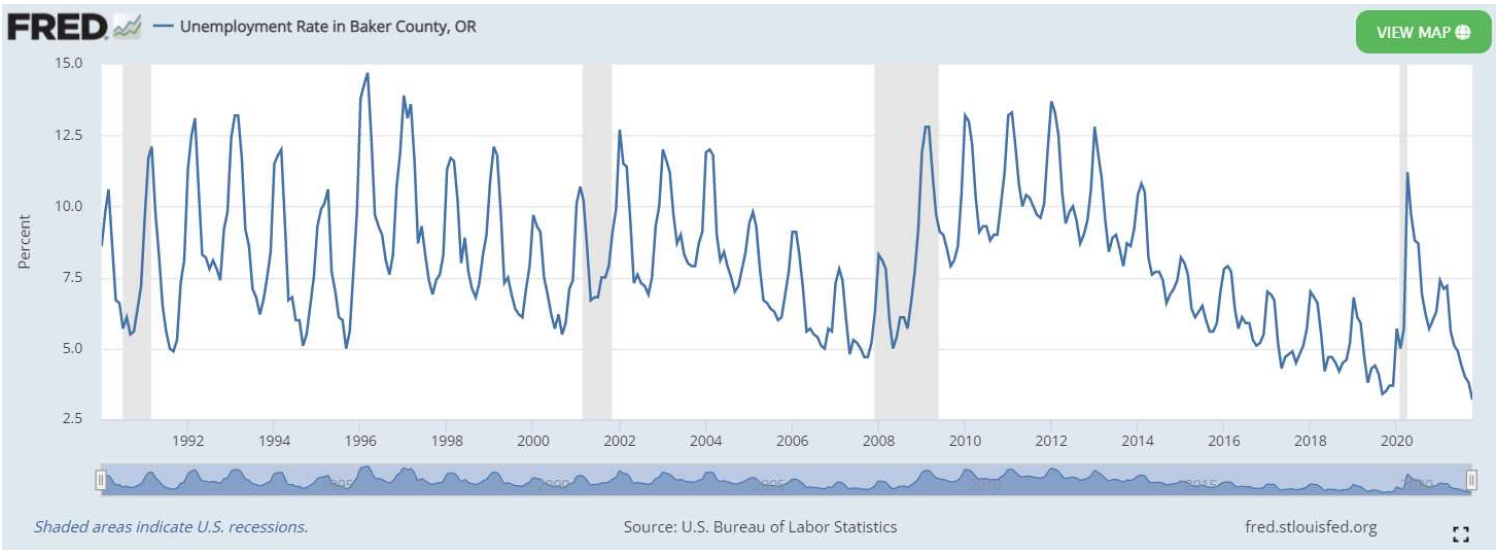
Job availability and employment is a critical factor in the economic health of individuals and families as well as the community-at-large. Unemployment rates overall were trending down in previous years up until 2019, when the Baker County unemployment rate for adults was 4.6% (Oregon Kids Count Data, 2019).

Location	Data Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Baker	Percent	10.2%	10.6%	10.1%	9.2%	8.6%	6.9%	6.4%	5.5%	5.5%	4.6%

Data Source: US Department of Labor, Bureau of Labor Statistics.

U.S. Department of Labor, Bureau of Labor Statistics. (2020). *Annual average unemployment rate for Oregon and counties, 2019. Statewide data and labor force data by county.* Retrieved from <https://www.bls.gov/lau/#cntyaa>

The onset of COVID-19 in early 2020 had an impact on unemployment rates across the country as many communities experienced temporary, and in some cases permanent, business closures during stay-at-home orders. These orders were in effect for most businesses from March-May 2020 in Oregon, but many businesses and organizations such as schools and event centers experienced the impacts far longer. In Baker County, unemployment rates peaked at 11.2% in April 2020 as the stay-at-home orders were just beginning (US Bureau of Labor Statistics, 2021). As of October 2021, Baker County unemployment rates had recovered to a low of 3.2% unemployment.

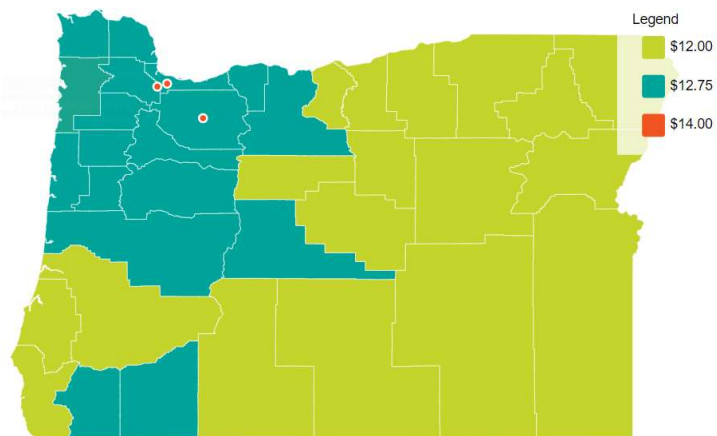


Source: US Bureau of Labor Statistics, 2021

As unemployment rates decline, a new concern has risen across the country- workforce shortages. The onset of an increased number of jobs along with increasing wages being offered by many entry level and service professions has impacted Baker County and other communities nationwide. These shortages have caused many businesses to reduce their days and hours of operation due to lack of staff. Focus group and External Review Committee participants reflected significant workforce shortages, especially in healthcare, but impacting various sectors and services offered across the county.

## Wages

Oregon's minimum wage has been increasing since 2016 because of Senate Bill 1532 and is variable across the state depending on how the county/region is classified (Oregon Bureau of Labor and Industries, 2021). As of July 2021, Baker County minimum wage was \$12/hour as a non-urban county (neon green area on map below), compared to \$12.75 in the state standard area (turquoise area on the map) and \$14 in the Portland metro area (orange dots on the map). The wage will increase again in July 2022 to \$12.50 for Baker County. In 2023 and after, the standard area wage will be based annually on the Consumer Price Index, and the non-urban county wage will be \$1 less than the standard area wage.



Source: Oregon Bureau of Labor and Industries, 2021

A breakdown of job earnings by sector in Baker County can be found in the Trinity Health Data Hub Tables in Appendix 2. As of 2019, the median annual income of Baker County was just under \$46,000/year, well below the state and national median incomes of just under \$63,000/year (US Census Bureau, ACS, 2019). Interestingly, when median income is broken down by race and ethnicity, Hispanic or Latinx heads of household have a slightly higher median income than the county average while those residents who are multiple races earn less than non-Hispanic white residents.

#### Median Household Income by Race / Ethnicity of Householder

This indicator reports the median household income of the report area by race / ethnicity of householder.

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Baker County, OR	\$46,057	No data	No data	No data	No data	\$21,731	\$38,036	\$49,917
Oregon	\$64,384	\$41,773	\$78,790	\$44,324	\$62,755	\$54,401	\$55,555	\$52,537
United States	\$68,785	\$41,935	\$88,204	\$43,825	\$63,613	\$49,221	\$59,184	\$51,811

Source: Trinity Health Data Hub, 2021

## Employers

The largest industries in Baker County are healthcare and social service, followed by retail and manufacturing. The highest paying industries are utilities, finance and insurance, and public administration (<https://datausa.io/profile/geo/baker-county-or>). The largest employer in the county is Marvin Wood Products; they employ more than 250 people at their Baker City facility. For many of the manufacturing positions, on-the-job training is provided by experienced workers. The company also offers a tuition assistance program to help employees further their education ([www.marvin.com](http://www.marvin.com)).

## Job Training

Students at Baker High School can get work experience and learn life skills through a work study class with Bulldog Businesses. Between Marla's Mall, a free "store" from where donations are distributed to those in need, to Bulldog Bubbles, a low-cost laundry service, students can learn skills such as money management, customer service, billing and filing, organization and work skills, and working with others in a professional setting. This benefits students by teaching work skills, and the community by offering free clothes, hygiene items, toys, books, and household appliances, as well as inexpensive laundry service. Bulldog Businesses are located in Baker High School and are open during school hours Monday to Thursday, 7:30am-4pm, and are closed for lunch and deliveries from 11:30am-2:30pm ([www.baker5j.org](http://www.baker5j.org)).

## Public Assistance

There are several assistance programs in place for Baker County residents to support them with social care needs based on income. These include HUD Section 8 housing vouchers, Child Care Program subsidies, Temporary Assistance for Needy Families (TANF), Free and Reduced-Price Lunch, Women's' Infants and Children's (WIC) nutrition program, and Supplemental Nutrition Program (SNAP) to name a few. Most of these programs can be accessed through the Oregon Department of Human Services, Northeast Oregon Housing Authority, or Baker County Health Department.

## Food Insecurity

The US Department of Agriculture defines food insecurity as lack of consistent access to enough food for a healthy, active life. Hunger and food insecurity are linked, but different concepts. Hunger is personal and physical discomfort from lack of food, whereas food insecurity is lack of available financial resources for food at the household level (Feeding America, 2021). Both hunger and food insecurity are impactful to people’s health outcomes and are often tied to other social influencers of health. It is often said that “rent eats first”, which implies that often needs such as housing come before food access when people make difficult spending decisions with limited income. Like many other social influencers of health, food access and security changed for many people during the COVID-19 pandemic. At times, food insecurity rose as food prices increased and availability became more limited.

As of 2018, pre-pandemic, 15% of all Baker County residents were considered food insecure. This is higher than the state average of 12% (County Health Rankings, 2021). Much like poverty, food insecurity rates were higher among children than adults. While food insecurity rates in Baker County have been trending downward pre-pandemic, still nearly 1 in 4 children lived in homes with food insecurity. There are five food pantries in Baker County- three in Baker City, one in Halfway, and one in Huntington.

Location	Data Type	2011	2012	2013	2014	2015	2016	2017
Baker	Percent	30.3%	30.6%	30.5%	30.4%	25.8%	23.4%	22.5%

Source: Oregon Kids Count Data, 2021

SNAP benefits, alternatively known as food stamps, play an important role for many individuals and families in making their food budgets whole. SNAP utilization can be an indicator of food insecurity in a community, however many individuals and families eligible for SNAP do not participate for a variety of reasons, which may include perceived stigma, lack of awareness, or barriers to access such as lengthy applications. Additionally, there may be many people who are food insecure who do not meet the income eligibility for SNAP, but still struggle with food access. Approximately 18% of Baker residents participate in SNAP. There was a difference in SNAP participation when broken down by race and ethnicity. Many communities of color were participating in SNAP at higher rates than non-Hispanic white residents.

Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Baker County, OR	17.66%	16.75%	37.50%	0.00%	16.13%	28.79%	49.59%	24.00%
Oregon	15.75%	13.18%	32.17%	11.50%	32.64%	23.66%	24.12%	26.04%
United States	11.74%	7.03%	25.07%	6.97%	23.85%	20.78%	17.39%	19.57%

Source: Trinity Health Data Hub, 2021

## Homelessness

Homelessness is difficult to measure accurately due to the lack of shelters, with many residents experiencing homelessness co-housing or "couch surfing." The nearest shelters are a warming shelter in La Grande, OR and a day shelter in Ontario, OR.

In January 2020, Community Connections of Northeast Oregon hosted a “Point In Time” event to assist those experiencing homelessness with getting connected to resources in the community. In 2020, only three people identifying themselves as experiencing homelessness participated. The point in time count is conducted every year in each county in Oregon on the last Wednesday in January.

The Baker School District (BSD) also tracks the percentage of students experiencing homelessness each year, though the school district definition does include students who are couch surfing or doubling up with other families. According to the BSD Homeless Student Liaison, 12.5% of BSD students not including charter schools, were experiencing homelessness in 2020-2021 school year. When including charter schools, it was 4.9% of students experiencing homelessness.

The overall number of students experiencing housing instability has remained stable over the past decade (Oregon Kids Count Data, 2021).



Source: Oregon Kids Count Data, 2021

A combination of data from the bi-annual point-in-time counts as well as the homeless student tracking done within the Baker School District estimates that approximately 56 households were experiencing homelessness in June 2020 (Baker City Housing and Residential Land Needs Assessment, March 2021).

### Housing Availability and Cost Burden

Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and health care. Baker County's housing burden rate is less than both the State of Oregon and the United States; however, it should be noted that still nearly 1 in 4 residents is cost-burdened (US Census Bureau, ACS, 2019).

There are some misconceptions about who is cost-burdened by housing. While county-level data is



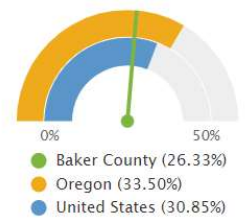
not available, in the state of Oregon, the populations who are most cost-burdened are seniors, people who are employed, and those with a disability (National Low Income Housing Coalition, 2021)

### Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 6,921 total households in the report area, 1,822 or 26.33% of the population live in cost burdened households.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Baker County, OR	6,921	1,822	26.33%
Oregon	1,611,982	540,046	33.50%
United States	120,756,048	37,249,895	30.85%

Percentage of Households where Housing Costs Exceed 30% of Income



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey: 2015-19. Source geography: Tract → Show more details

Source: Trinity Health Data Hub, 2021

According to the 2021 Out of Reach Report published by the National Low Income Housing Coalition, approximately 29% of Baker County residents were renters, which is much lower than the state rate of 38%. The average rent for a two-bedroom unit was \$811/month in Baker County, requiring someone making minimum wage to work 52 hours per week to afford a two-bedroom unit.

Beyond housing affordability, another top community concern expressed by the focus groups and External Review Committee was the availability of housing. The lower the income of the individual or family, the fewer affordable and available units, making housing difficult to find. There have not been many new housing developments built in Baker County for some time. Only 27 building permits were issued in Baker County in 2020, and many of those were not for housing (US Census Bureau, ACS, 2020).

While county-level data is not available, across the state of Oregon, the number of available units changes based on income level. The lower a person's income, the fewer units that are available. There is also significant deficit of units available statewide for people who are considered low income or extremely low income. In the tables below, AMI stands for Area Median Income. The Area Median Income for Baker County was noted as just under \$46,000/year. Someone at or below 50% AMI would make \$23,000 or less per year in Baker County.

### Surplus (Deficit) of Affordable and Available Rental Units

AT OR BELOW EXTREMELY LOW INCOME	-98,949	-61,303
AT OR BELOW 50% AMI	-128,464	-80,675

### Affordable and Available Rental Units per 100 Households at or below Threshold

AT OR BELOW EXTREMELY LOW INCOME	25	21
AT OR BELOW 50% AMI	44	39
AT OR BELOW 80% AMI	89	90
AT OR BELOW 100% AMI	99	99

Source: National Low Income Housing Coalition, 2021

## Transportation

Another concern among focus group participants both in the 2019 CHNA and the 2022 Update was the lack of adequate public transportation. There are a few transportation options in Baker County, but no comprehensive transportation service.

Baker City has a public trolley service with fixed stops as well as the ability to stop at any safe point along the route to pick up or drop off passengers. The trolley makes a full loop through town every hour from 8am until 5pm. This service only offers rides within Baker City itself and not to any other parts of the county.

The Halfway Shuttle runs between Halfway and Baker City several times a week. There is a shuttle between Baker City and La Grande, OR. Baker City ADA Paratransit is available during limited hours for those unable to ride the BakerCity Trolley. None of these services are available during nights, weekends, or major holidays. There is one taxi that operates in the region between 7am-midnight. They will pick up and deliver prescriptions for a \$6 charge. Uber and Lyft do not operate in Baker County. Currently, no public transportation options reach the southwest portion of the county to serve Unity, Sumpter, or the surrounding communities.

While public transportation remains a challenge for many residents, less than 6% of households have no access to a vehicle (US Census Bureau, ACS, 2019).

A majority (71%) of Baker County residents commute to work alone (County Health Rankings, 2021). Only 14% of Baker County adults report having a commute of 30 minutes or more, less than half the Oregon average of 30%.

## Services for Older Adults

Community Connection of Northeast Oregon, Inc. (CCNO) provides services to older adults, their caregivers, children, those with low income, and those with disabilities to aid them in attaining basic human needs and assist them in becoming more self-sufficient.

Seniors can receive assistance with personal care at home such as bathing and housekeeping,

transportation, obtaining information, case management, and delivery of hot meals. Caregivers can also receive assistance including respite care, minor home modifications, adaptive aids, and training for caregivers. CCNO connects seniors with tax prep assistance, legal assistance, and even just friendly visitations. Hot meals are provided free of charge for seniors Monday through Friday in Baker City, and on Thursdays in Newbridge. This ensures seniors are able to get at least one hot meal per day as well as providing an opportunity to socialize.

In October 2020, CCNO conducted a survey among 100 respondents regarding their greatest needs for services for older adults. The top five needs were chore services, county alert sense notification system, information and referral for services, assistance preparing meals, and access to exercise programs. While already providing the rest of the requested services, CCNO has committed to working on the availability of chore services and county alert sense notification system (CCNO, 2021).

## **Health**

Another key social influencer of health is healthcare access and quality. The rural, isolated nature of Baker County poses some unique challenges in accessing and providing services, and much of the county relies on Baker City as the hub for healthcare, health resources, food, and consumer goods.

Focus group participants mentioned several times that while there is access to basic healthcare services for residents in Baker County, many more resources are needed. With an increasingly aging population, access to specialty care services, more dental services, and more behavioral health services are greatly needed. The limited number of providers who accept Medicaid and Medicare make for long wait times to be seen. Additionally, the rural location and lack of an ambulance can make transportation to these services in other communities a challenge for some, especially in winter.

A change in pharmacy services in Baker City in October 2021 left the community with a significant new need- the greatest and most immediate need as prioritized by the External Review Committee. In October 2021, the Bi-Mart pharmacy closed. At the same time, the pharmacist at Rite Aid left, causing them to drastically reduce the days and hours they were open. This left Albertsons Savon and Safeway as the only pharmacies in the region. Patients and community organizations reported waiting in line for two to three hours for prescriptions to be filled, often while ill or having to get others to stand in line for them, and delays of up to 21 days for regularly scheduled refills at some pharmacies. Access to medications is critical, and often lifesaving, for many, and access to consistent and efficient pharmacy services will continue to be a priority.

## **COVID-19**

In March 2020, communities across the United States and in Baker County experienced closures in schools, retail establishments, social services, and drastically reduced availability of healthcare services due to the onset of the COVID-19 pandemic. SAMC-BC paused elective procedures and focused work on COVID-19 testing, and eventually vaccine access in early 2021, in partnership with Baker County Health Department and others to help community organizations and services reopen as quickly and safely as possible. Underserved and vulnerable populations such as older adults, people who are income constrained, and communities of color were disproportionately impacted by COVID-19 and its social and economic effects. While the effects of COVID-19 are still being felt by Baker County and communities across the country at the time of this report, recovery has begun to take place with



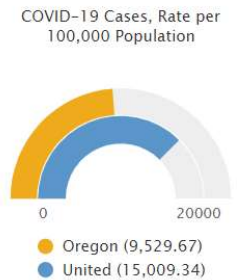
the broad availability of vaccines.

While the total number of cases cannot be known, the total number of reported COVID-19 positive tests was more than 2,000 and approximately 14% of the population.

### COVID-19 Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator are updated daily and derived from the Johns Hopkins University data feed.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Saint Alphonsus Medical Center - Baker City	Suppressed	Suppressed	Suppressed	Suppressed
Baker County, OR	16,006	2,236	13,969.76	12/10/2021
Union County, OR	26,461	3,428	12,954.91	12/10/2021
Oregon	4,190,713	399,361	9,529.67	12/10/2021
United States	326,262,499	48,969,847	15,009.34	12/10/2021



Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES, 2021. Source geography: County → Show more details

Source: Trinity Health Data Hub, 2021

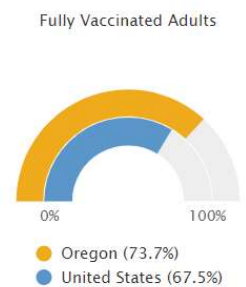
Any loss of life is felt within the community. The percent of deaths in Baker County attributed to COVID-19 was approximately 1.5% of those who were reported as testing positive for COVID-19, or 35 total deaths according to Johns Hopkins University (2021).

The best tool available for community recovery from COVID-19 has been the vaccine. COVID-19 vaccines became available in March 2020 for adults, boosters became available in October 2021, and for children ages 5 and up in November 2021. At the time of this report, Baker County's vaccination rate for adults was 82%, better than state and national averages, as well as surrounding counties.

### COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Saint Alphonsus Medical Center - Baker City	No data	No data	No data	No data
Baker County, OR	82.0%	11.48%	0.52	12/09/2021
Union County, OR	56.0%	11.48%	0.44	12/09/2021
Oregon	73.7%	10.12%	0.50	12/09/2021
United States	67.5%	10.04%	0.42	12/09/2021



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2021. → Show more details

Source: Trinity Health Data Hub, 2021

## Access to Care- Medical, Dental, Mental Health, and Substance Use Treatment Providers

In May 2021, Baker County residents had significantly less access to primary care providers, a staple in

establishing a steady medical home, than those in Oregon and across the country. The providers that are available, and take a variety of insurance types, are located within Baker City. There are no Federally Qualified Health Centers in the region, and The Department of Health and Human Services designated Baker County as Health Professional Shortage Area (HPSA) for primary medical, dental, and mental health providers (HHS, 2021). Despite these limitations, 3 in 4 Baker County residents (75%) had had a routine checkup within the past year (BRFSS, 2018).



Primary Care Physicians, All, CMS NPPES May, 2021

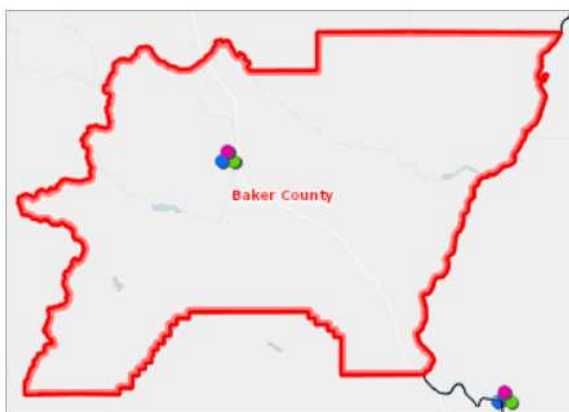
- Primary Care Physicians, All, CMS NPPES May, 2021
- Baker County, OR

Source: Trinity Health Data Hub, 2021  
Primary Care Providers, Rate per 100,000 Population



Source: Trinity Health Data Hub, 2021

Access to other provider types was similarly limited. Focus group participants indicated that it could take several weeks to months to see a dentist, or to plan for a specialty provider visit out of town.

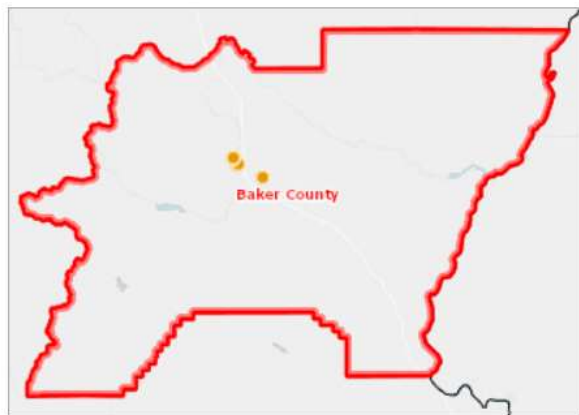


Facilities Designated as HPSAs, HRSA HPSA Database May 2021

- Primary Care
- Mental Health
- Dental Health
- Baker County, OR

Source: Trinity Health Data Hub, 2021

Both focus group and External Review Committee members reported substance use and treatment options were needed resources in Baker County, especially in connection with housing services. According to the Centers for Medicare and Medicaid Services, Baker County has a total of 3 facilities and 42 providers to address substance use (CMS- National Plan and Provider Enumeration System, 2021).

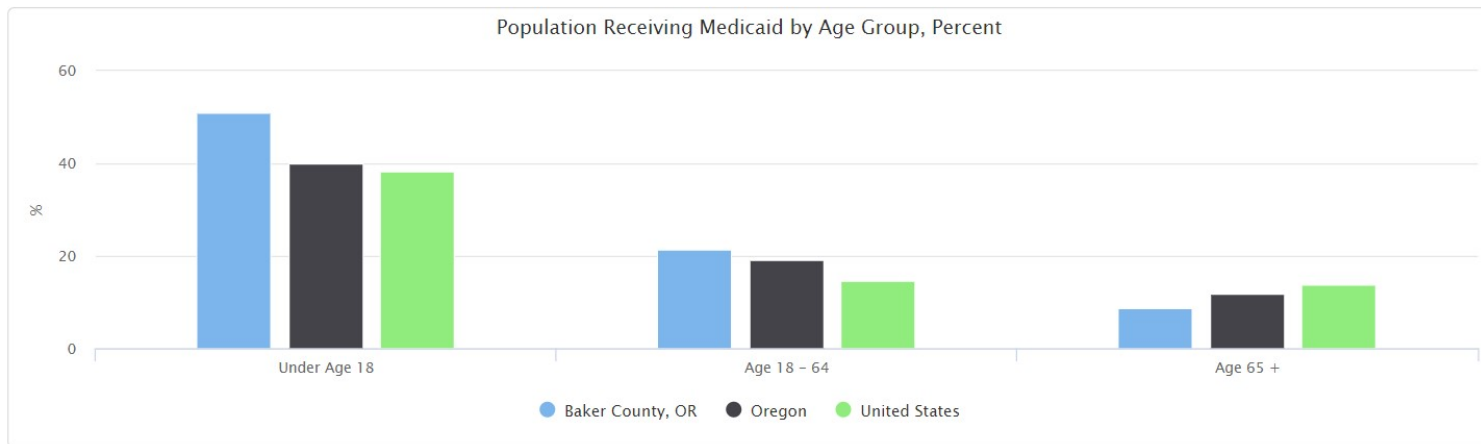


Addiction/Substance Abuse Providers, CMS NPPES May, 2021  
 ● Addiction/Substance Abuse Providers, CMS NPPES May, 2021  
 □ Baker County, OR

Source: Trinity Health Data Hub, 2021

### Insurance

More than 1 in 4 Baker County residents (26%) were enrolled in Medicaid according to the US Census Bureau in 2019. The percent of the population enrolled in Medicaid is higher among younger age groups, particularly among children.



Source: Trinity Health Data Hub, 2021

Baker County's estimated percent of uninsured individuals is higher than state rankings for every age group across the board.

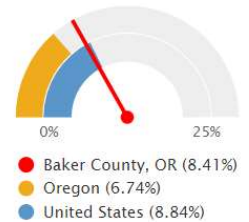
## Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

In the report area 8.41% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 6.74%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Baker County, OR	15,518	1,305	8.41%
Oregon	4,089,521	275,522	6.74%
United States	319,706,872	28,248,613	8.84%

Uninsured Population, Percent



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract → Show more details

Source: Trinity Health Data Hub, 2021

## Transportation to Healthcare Services

There are several transportation options available in Baker County to help residents get to and from medical appointments:

**Veteran Rides to Wellness**, also referred to as Highly Rural Veterans Transportation: This service provides free transportation to Veterans going to or from medical appointments with as little as 24 hours' notice. This service is provided by Community Connection of Northeast Oregon

**Rides to Wellness Medical**: This non-Veteran service is a fee-based, on-demand transportation service designed to serve Baker County but may be available outside of the county for a fee. This service is also provided by Community Connection of Northeast Oregon for those enrolled in Medicare or those with financial limitations. This service was temporarily suspended in January 2022 due to lack of funding.

**Medicaid/Oregon Health Plan Plus Transportation Program**: This program pairs Medicaid plan members with volunteer, public, or private transit providers for medical appointments. 48 hours+ notice required. Gas reimbursements are also available for eligible members who drive themselves to appointments. This service is provided by GOBHI (Greater Oregon Behavioral Health Inc).

## Poor or Fair Health Days

The percent of Baker County residents age 18 and older who self-reported having poor or fair health day was 19.2% in 2018, slightly higher than the state and national average. Additionally, the percent of Baker County adults who reported 14 or more out of the past 30 days where their mental health was not good was also greater than state and national averages (BRFSS, 2018).

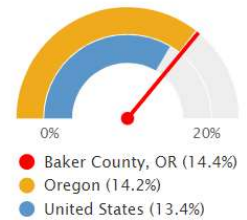
## Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings.

Within the report area, there were 14.4% of adults 18 and older who reported poor mental health in the past month of the total population.

Report Area	Total Population (2018)	Percentage of Adults with Poor Mental Health
Baker County, OR	16,006	14.4%
Oregon	4,190,713	14.2%
United States	327,167,434	13.4%

Percentage of Adults with Poor Mental Health



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018. → Show more details

Source: Trinity Health Data Hub, 2021

## Health Behaviors: Health Screenings

Participating in regularly scheduled health screenings can provide early detection of several health concerns. Baker County rates for health screenings were slightly lower in many cases than the state average. This illustrates an opportunity to educate the community regarding these screenings as to how they are vital to early detection and treatment of common diseases. These, as well as other types of screenings, are covered under the Affordable Care Act.

Health Screenings Percentages *Unadjusted		
Chronic Disease	Baker County	Oregon
Blood Sugar w/in 3 years	51.4%	65.2%
Cholesterol w/in 5 years	75.6%	79.5%
Colorectal Cancer	67.9%	68.7%
FOBT w/in last year	12.0%	12.3%

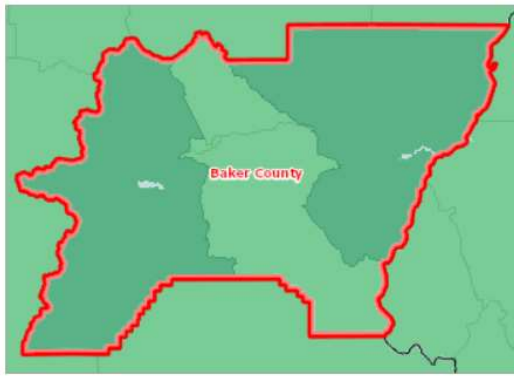
Source: BRFSS, 2018

## Food and Beverage Consumption and Expenditures

How people purchase and consume food today can be an indicator of future health tomorrow. Nutrition habits can be predictive of health outcomes such as obesity and diabetes. However, food purchases and consumption are highly impacted by other social influencers of health such as the affordability, availability, and amount of effort required to prepare foods in a person's community. Economic stability and most health indicators are intricately intertwined, so these data should be considered within the context of factors that include access and affordability further detailed in other sections of this report.

According to Nielsen Site Reports Baker City and the center of Baker County shows that residents spend less of their income on fruit and vegetables for at-home consumption than other parts of the county and state.





Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Baker County, OR

Source: Trinity Health Data Hub, 2021

Focus group participants reported that food security has been a growing concern among residents. This is in large part due to higher prices and the need to travel for some food resources.

While the Nielsen report shows lower spending on fruits and vegetables in the region, it also showed Baker County in the fourth quintile for soda expenditures, indicating that residents are not purchasing as many sugar-sweetened beverages as other communities (Nielsen, 2014). However, the 2018 BRFSS indicated that 11.9% of adults in Baker County reported consuming 7 or more sodas within a week. This is still lower than the state average when adjusted for age.

The 2019 Oregon Healthy Teens Survey showed that 22% of 8<sup>th</sup> grade and 18% of 11<sup>th</sup> grade students in Baker County reported eating 5+ servings of fruits and vegetables per day. Both are higher than state averages of fruit and vegetable consumption.

### Physical Activity

Physical activity is also a protective factor for many poor health outcomes and chronic diseases. Again, physical activity may also be impacted by the ability to easily access safe and affordable leisure time and physical activity opportunities. Lack of green or other outdoor spaces, or lack of affordable recreation opportunities can limit some people’s ability to be active. According to the 2018 BRFSS, 21.4% of Baker County adults reported that they did not receive any physical activity outside of work within the past month. The 2021 County Health Rankings also showed 25% of Baker County residents as being physically inactive. Additionally, only 17% of Baker County adults reported meeting the CDC guidelines for both aerobic and muscle strengthening activities (BRFSS, 2018).

The 2019 Oregon Healthy Teens Survey reported 41% of Baker County 8<sup>th</sup> grade students and 19% of 11<sup>th</sup> grade students as having been physically active 60+ minutes per day 7 days per week.

### Tobacco Use

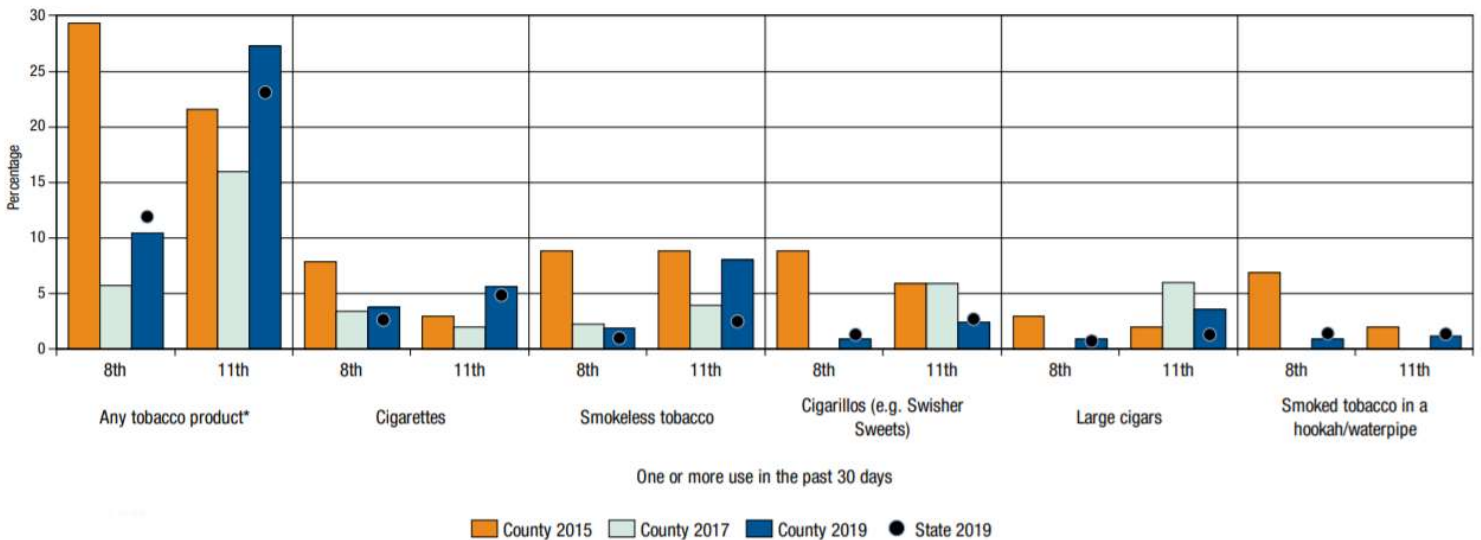
Tobacco use is the leading preventative cause of death in the United States and has been for many years. The landscape of tobacco use has grown increasingly complicated with the rise in popularity of vaping or electronic cigarette use. More products are available than before despite recent efforts from the USDA to regulate certain tobacco and vape products.

According to the 2021 County Health Rankings, 21% of Baker County adults were current smokers. This is quite a bit higher than the state average of 16% of Oregon adults. Higher percentages of

smokers tend to reside in the eastern portion of the state.

The CDC reports that each day in the United States, 2000 youth under age 18 smoke their first cigarette, and more than 300 youth per day become daily smokers. Most tobacco users try their first cigarette before age 18, and those who use tobacco or vapes at an early age are more likely to become long-term smokers. In 2017, Oregon passed legislation to raise the sale age for tobacco products from 18 to 21 years. Baker County students show tobacco and vape use at or above state averages per the 2019 Oregon Healthy Teens Survey. The most common source of tobacco/vaping products was reported to be friends under the age of 21, second to friends over age 21 and family members.

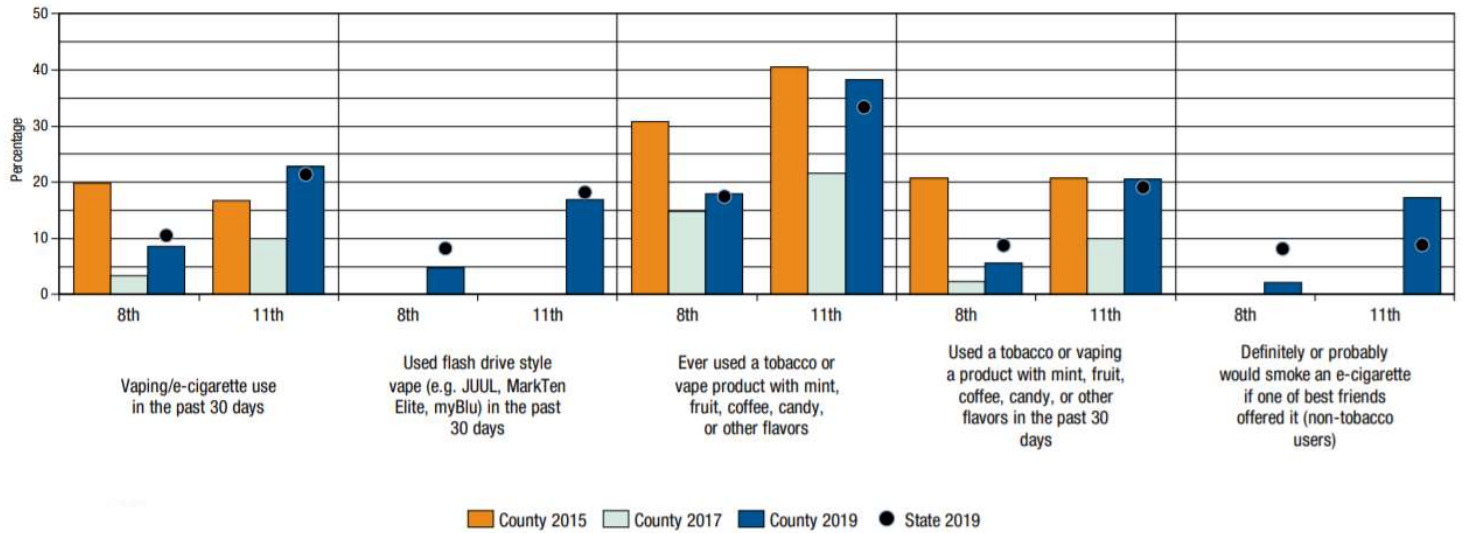
Chart 24. Tobacco use



Source: 2019 Oregon Healthy Teens Survey

Electronic cigarette or vaping use has grown in popularity over the past several years. In Baker County, 18% of 8<sup>th</sup> grade students and 34% of 11<sup>th</sup> grade students reported having consumed a tobacco or vape product with mint, fruit, coffee, candy or other flavors (Oregon Healthy Teens Survey, 2019).

Chart 26. E-Cigarettes



Source: 2019 Oregon Healthy Teens Survey

For those who wish to kick the habit, SAMC-BC offers many services to assist in the population's efforts to quit smoking. These services include free tobacco cessation classes, free phone consultations with a Registered Nurse, an online program by PlanMyQuit, and a smartphone app by Quitter's Circle. SAMC-BS also offers a Tobacco Treatment Specialist to assist with coaching and access to cessation resources. The State of Oregon has resources as well, including the Quit Line and a law guaranteeing tobacco cessation benefits for those with health insurance.

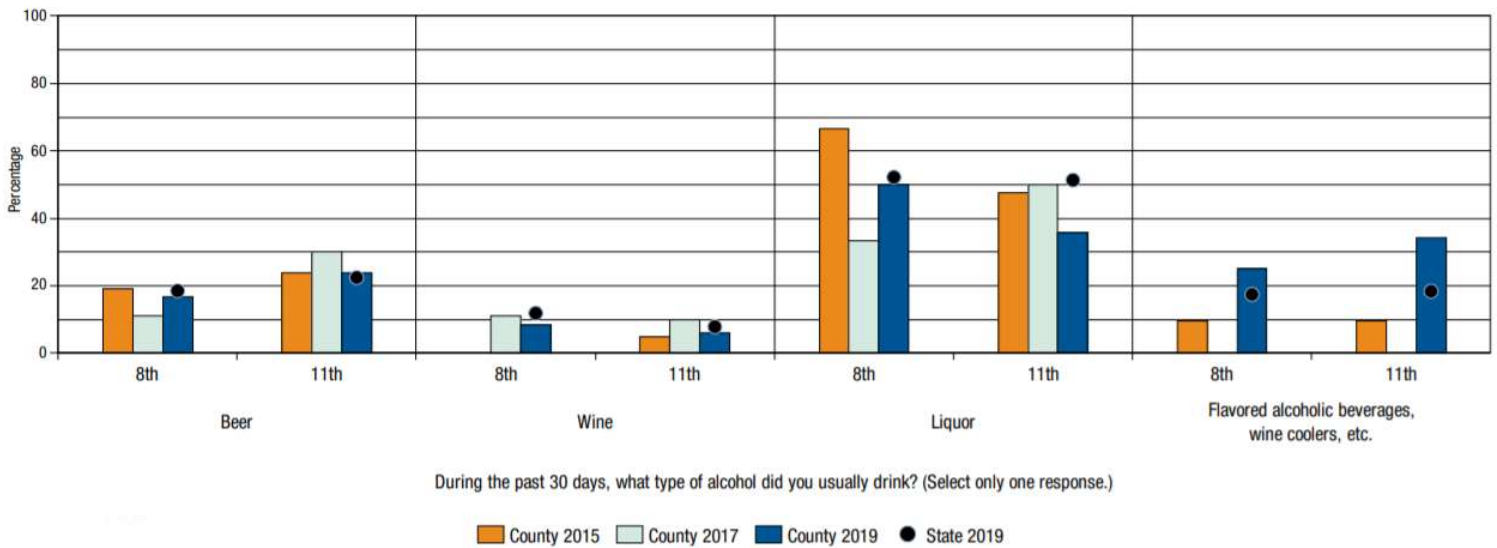
### Alcohol and Substance Use

Adults in Baker County reported both engaging in excessive drinking, defined as binge or heavy drinking, at 21% compared to the Oregon average of 19% (BRFSS, 2018). The percent of driving deaths with alcohol involvement was 29% (County Health Rankings, 2021).

Baker County youth also reported alcohol use in the Oregon Healthy Teens Survey. Approximately 12% of 8<sup>th</sup> grade students and 25% of 11<sup>th</sup> grade students reported having consumed alcohol in the past 30 days. Liquor was the most frequent type of alcohol consumed by students in 2019.



Chart 22. Type of alcohol consumed\*



Source: 2019 Oregon Healthy Teens Survey

Recreational marijuana use was legalized in Oregon in 2014 for adults age 21 and older. According to the 2018 BRFSS, 11.5% of Baker County adults reported using marijuana in the past 30 days, lower than the state at 16.4%.

Among students, 8% of 8<sup>th</sup> graders and 20% of 11<sup>th</sup> graders reported having used marijuana or hash (weed, hash, pot) within the past 30 days (Oregon Healthy Teens Survey, 2019). For those who did use marijuana, the most common methods of consumption were smoking (100% of 8<sup>th</sup> and 11<sup>th</sup> graders), ate it in brownies, cakes, cookies, or candy (50% 8<sup>th</sup> graders, 40% 11<sup>th</sup> graders), dabbed it (50% 8<sup>th</sup> graders, 20% 11<sup>th</sup> graders), or vaped it (28% 11<sup>th</sup> graders).

In Baker County, there were 14 deaths from drug poisoning or overdose between 2015-2019 (CDC Vital Statistics, 2019).

### Addiction Treatment

New Directions Northwest Inc. provides mental health, alcohol, drug, and gambling treatment in Baker County. The agency offers three residential care facilities to treat addictions, an alternative incarceration program, outpatient addiction services, mental health services, and a developmental disabilities program.

Baker House is a 24-bed inpatient facility to treat individuals with alcohol and drug addictions. Recovery Village Center is a facility that offers alcohol and drug treatment and crisis respite services.

Powder River Correctional Facility helps prepare select inmates for re-entry into society using alcohol and drug treatment, community- and institution-based work programs, and transitional programming.

## Sexually Transmitted Infections (STI)

According to the CDC’s National Center for HIV/AIDS, STD and Infections, Baker County has an HIV rate of 80 per 100,000 people, which is well below both state and national rates. The 2021 County Health Rankings showed Baker County residents as having a rate of newly diagnosed chlamydia cases as 206 per 100,000 people. This is much lower than neighboring Malheur County with the third highest chlamydia rate in Oregon (610/100,000 people).

## Teen Births

Baker County's teen birth rate is well above the Oregon rate, ranked at 17 out of 35 counties (County Health Rankings, 2021). Neighboring Malheur County ranks first in the state for pregnancies among youth ages 15-19. Teen pregnancy increases the risk of repeat pregnancy and of contracting a STI, both of which can result in adverse health outcomes for mothers, children, families, and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have pre-term delivery and a low birthweight baby, increasing the risk of child developmental delay, illness, and mortality. County Health Rankings does not capture pregnancies among teens younger than 15. It should also be noted that not all pregnancies culminate in a birth. Statewide, of students who reported having sexual intercourse, 86.4% of 8<sup>th</sup> graders and 94.5% of 11<sup>th</sup> graders report using some method to prevent pregnancy.

### Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2013-2019) and are used for the 2021 County Health Rankings.

In the report area, of the 2,685 total female population age 15-19, the teen birth rate is 26.4 per 1,000, which is greater than the state's teen birth rate of 16.8.

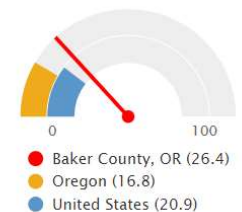
*Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.*

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Baker County, OR	2,685	26.4
Oregon	1,679,118	16.8
United States	144,319,360	20.9

*Note: This indicator is compared to the state average.*

*Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings, 2013-2019. Source geography: County → Show more details*

Teen birth rate per 1,000 female population, ages 15-19



Source: Trinity Health Data Hub, 2021

## Health Outcomes: Obesity and Chronic Disease

Nearly 1 in 3 Baker County adults (30%) was considered obese, as defined as having a BMI of 30 or more (County Health Rankings, 2021). Obesity can be correlated with other chronic diseases, though its cause and long-term effects can be impacted by other factors. While physical activity, nutrition, and weight status were prioritized as the leading health concern in the 2019 Baker CHNA, it is interesting to note that it was not identified in the top 12 needs in 2022. This may be due to the increasing awareness and acute concern for upstream causes of poor health and well-being from the social influencers of health.

Chronic Disease Percentages *Unadjusted		
Chronic Disease	Baker County	Oregon
Arthritis	45.2%	27%
Asthma	9.8%	10.8%
Cancer- Survivors	14.2%	8.2%
Cardiovascular Disease	18.1%	8.3%
Chronic Obstructive Pulmonary Disease (COPD)	12.3%	6.2%
Coronary Heart Disease	11.7%	4%
Diabetes	14.6%	9.8%
Heart Attack	10.8%	4.2%
Stroke	5.2%	3.1%
More than One Chronic Disease	68.2%	53.5%

Source: BRFSS, 2018

In most cases, Baker County's percent of people with various chronic diseases was quite a bit higher than the state percent, the only exception being asthma. This may be correlated with the increasingly aging population, lack of access to many specialty providers, and has been further complicated by challenges with accessing medication and pharmacy services.

#### Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Baker County, Oregon	1 - Lung & Bronchus (All Stages^), 2014-2018	13	47.1
Baker County, Oregon	2 - Breast (All Stages^), 2014-2018	13	104.7
Baker County, Oregon	3 - Prostate (All Stages^), 2014-2018	7	47.3
Baker County, Oregon	4 - Colon & Rectum (All Stages^), 2014-2018	6	24
Baker County, Oregon	5 - Pancreas (All Stages^), 2014-2018	4	12.8
Oregon	1 - Breast (All Stages^), 2014-2018	3,331	128
Oregon	2 - Lung & Bronchus (All Stages^), 2014-2018	2,751	52.6
Oregon	3 - Prostate (All Stages^), 2014-2018	2,453	93.3
Oregon	4 - Colon & Rectum (All Stages^), 2014-2018	1,695	34
Oregon	5 - Melanoma of the Skin (All Stages^), 2014-2018	1,287	26.1

Source: Trinity Health Data Hub, 2021

Cancer impacts millions of people and their families every year. Baker County has lower than state and national averages of breast cancer (104.7/100,000 population), and colon /rectal cancer (24/100,000 population) per the State Cancer Profiles in 2018. The leading cancer diagnoses are lung, breast, prostate, colon/rectum, and pancreas.

## **Leading Causes of Death**

Leading causes of death in Baker County from the CDC National Center for Health Statistics in 2019 were:

1. Cancer
2. Heart Disease
3. Accidents
4. Stroke
5. Lower Respiratory Diseases
6. Alzheimer's Disease
7. Diabetes
8. Suicide
9. Chronic Liver Disease/Cirrhosis
10. Hypertension

## **Infant Mortality**

In previous CHNAs, a high rate of infant mortality (four times the national average in 2015) was a significant concern in Baker County, largely due to co-sleeping and substance use. Due to several community factors, the infant mortality rate has dropped dramatically from 21.1 deaths/1,000 population in 2015 to 6.3 deaths/1,000 in 2019 (Oregon Kids Count, 2019).

To proactively address safe infant sleep hygiene, SAMC-BC has been a part of the Baker County Cribs for Kids coalition. Cribs for Kids is a nationwide program that provides cribs (Graco Pack 'N Play portable cribs) to babies whose mothers/families cannot afford them or do not have them. The program also provides education to mothers/families regarding unsafe-sleep environments. Baker County has 15-20 Pack 'N Play cribs in stock at all times, held at the Northeast Oregon Compassion Center. Law Enforcement, Department of Human Services, SAMC-BC, and other entities can make referrals to the Compassion Center for families in need of cribs. Law Enforcement and Child Welfare can also access cribs for families as they encounter homes and families who do not have a safe place for infants to sleep. SAMC-BC Labor and Delivery also provides all mothers leaving the hospital with a Halo Sleepsack as well as other educational materials to aid in safe sleep practices once the infant and mother return home.

## **Mental and Behavioral Health and Suicide**

Focus group and External Review Committee members discussed mental and behavioral health concerns as leading challenges in the community- both for identification and treatment of diseases and disorders as well as the availability of a variety of services to address these concerns. This was also reflected by respondents from the 2019 Baker CHNA. The need for behavioral health and substance use treatment services was identified as the fourth community priority, and social isolation, depression and suicide was identified as the fifth leading community priority for Baker County in 2022.

As previously noted in this section, Baker County is a federally designated health service shortage area for behavioral health services. According to the 2018 BRFSS, Baker County adults reported higher than state average incidence of depression at 27.3%. Teen incidence and depression were

slightly lower than state averages in Baker County. The 2019 Oregon Healthy Teens Survey showed 30% of 8<sup>th</sup> grade students (32% state) and 28% of 11<sup>th</sup> grade students (36% state) in Baker County reported feeling sad or hopeless almost every day for 2+ weeks in a row.

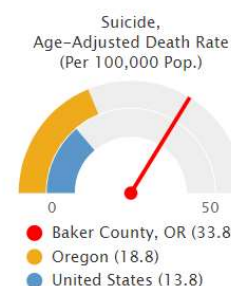
Suicide and deaths of despair can be an alarming outcome of untreated behavioral health concerns. Baker County had well above state average incidence of both suicides and deaths of despair. In 2019, Baker County had a death rate of 34 persons per 100,000 population due to suicide, nearly double the rate for the state of Oregon.

### Mortality - Suicide

This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Within the report area, there are a total of 30 deaths due to suicide. This represents an age-adjusted death rate of 33.8 per every 100,000 total population.  
 Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Baker County, OR	16,050	30	37.4	<b>33.8</b>
Oregon	4,134,734	4,109	19.9	18.8
United States	325,134,494	232,186	14.3	13.8



Note: This indicator is compared to the state average.

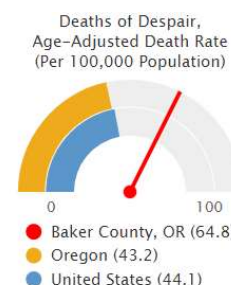
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

Source: Trinity Health Data Hub, 2021

Deaths of despair are defined as deaths attributed to suicide, alcohol-related disease, or drug overdose.

### Mortality - Deaths of Despair

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Baker County, OR	16,050	65	81.0	<b>64.8</b>
Oregon	4,134,734	9,818	47.5	43.2
United States	325,134,494	754,015	46.4	44.1



Note: This indicator is compared to the state average.

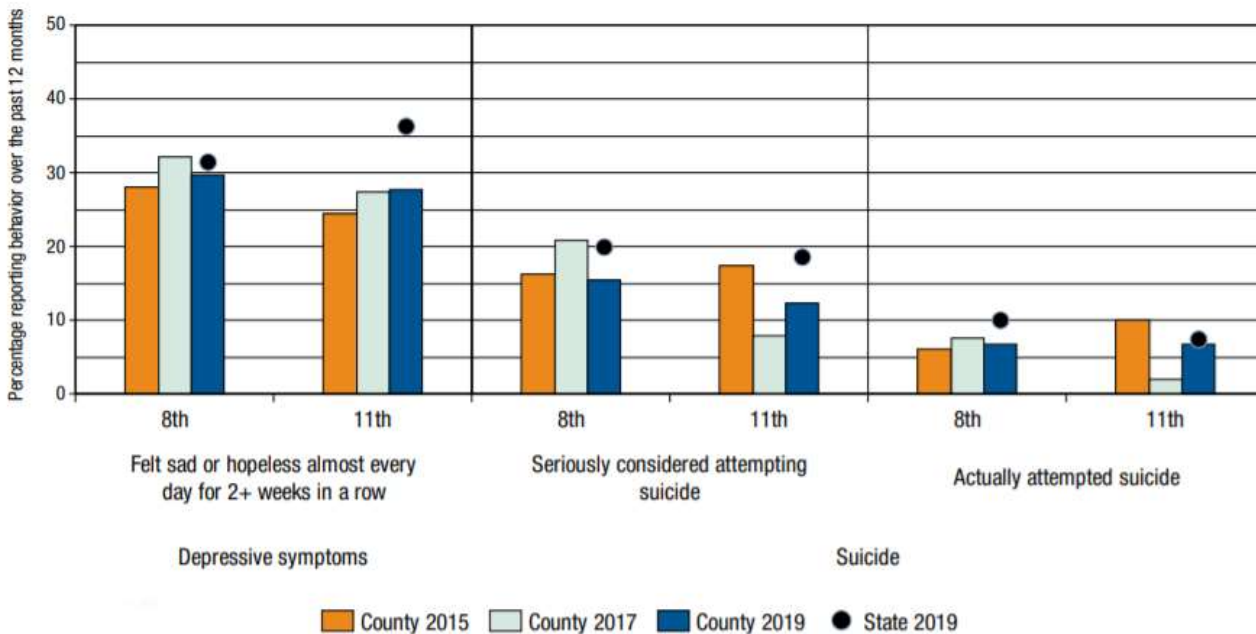
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

Source: Trinity Health Data Hub, 2021

Teen suicide is also a concern. The 2019 Oregon Healthy Teens Survey showed that 8<sup>th</sup> and 11<sup>th</sup> grade students reported below state average percentages of having seriously considered or attempted suicide.



**Chart 10. Depression and suicide**



Source: 2019 Oregon Healthy Teens Survey

**Neighborhood and Built Environment:**

**Food Access**

According to the United States Department of Agriculture, lack of access to healthy foods contributes to some Americans not eating a healthy diet. While Baker County has a high rate of food retail outlets (i.e. grocery stores, markets, corner stores, etc.), the region is still considered as having a high percentage of residents with low-food access, especially for those with limited income.

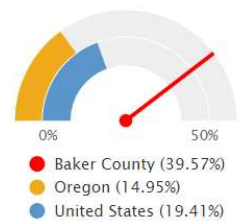
**Food Environment - Low Income & Low Food Access**

This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

39.57% of the low-income population in the report area have low food access. The total low-income population in the report area with low food access is 2,340.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Baker County, OR	16,134	5,914	2,340	39.57%
Oregon	3,831,074	1,195,708	178,745	14.95%
United States	308,745,538	97,055,825	18,834,033	19.41%

Percent Low Income Population with Low Food Access



Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019. Source geography: Tract → Show more details

Source: Trinity Health Data Hub, 2021

Baker City has three primary grocery stores: Safeway, Albertson's, and Grocery Outlet. Despite Safeway and Albertsons being owned by the same company, sharing the same ad, and being located

directly across the street from each other, there are often price variations between the two stores. Grocery Outlet is located less than a mile to the east and offers significantly lower prices on a few items, but some sale prices were more competitive at the other two stores. Grocery Outlet has fewer of each item in stock with less varied selection of fresh and unprocessed foods. A Baker Food Co-Op is also located in Baker City providing natural food options. There is also a Farmers Market in Baker City on Wednesdays in the summer months.

There are two grocery stores serving northeast Baker County; Old Pine Market is in Halfway and the Hitching Post is in Richland. Both carry a selection of fresh produce. These towns also have a shuttle that can take people to Baker City for shopping every Wednesday and the first Friday of the month for a round trip fee of \$7. Prices of groceries in the small northeast town of Halfway are comparable to those in Baker City, with some items beating out the competition.

There are two markets located in the southwest, one in Unity and another in Sumpter. Neither market carries fresh produce. However, the Unity market can take some special orders for specific products.

### **Recreation and Physical Activity Opportunities**

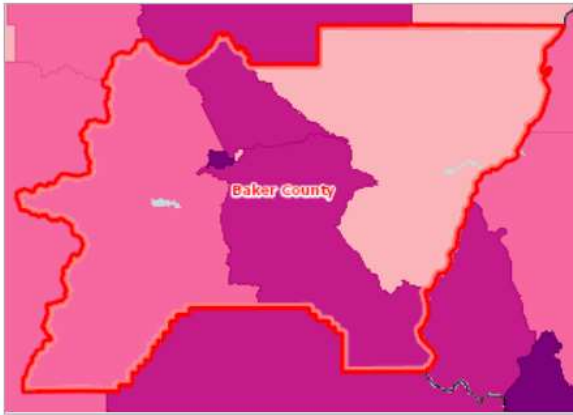
Baker County has a number of public parks for residents and visitors to enjoy. Access to free, local green space is important for physical activity and social connection among community members. Baker City alone has 13.8 acres of greenspace in seven parks: Cedar Acres, Central, Geiser-Pollman, the Leo Adler Memorial Parkway (LAMP), River, Sam-O, and South Baker Park (Baker City, 2021). The LAMP provides 2.13 miles and more than 2 acres of free greenspace and walkway along the Powder River and is accessible at multiple points throughout the town.

There are two gyms and one golf course in Baker County. However, the costs associated with membership could be prohibitive for many families who struggle to earn enough money to afford necessities, much less the additional monthly fees required to belong to a gym or golf club. The Baker County YMCA does offer scholarships for many of their activities.

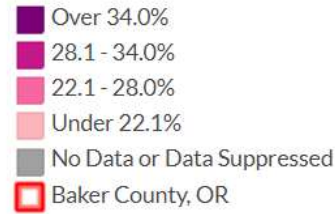
### **Housing Quality**

Not only is accessible and affordable housing a leading community priority, but it is critical for the short- and long-term health of individuals and families to have safe and healthy housing. According to the US Census Bureau in 2019, Baker County had better than state and national averages of overcrowding at just under 2% of households considered as overcrowded or having more than one occupant per room. This is important because overcrowding can indicate economic insecurity and can pose health risks such as increased spread of communicable diseases.

While overcrowding is not a high concern for Baker County, substandard housing is with nearly 1 in 3 units being considered substandard (US Census Bureau, ACS, 2019). Substandard housing is defined as housing units that have at least one of the following conditions: lack of complete plumbing, lack of complete kitchen facilities, having one or more occupant per room/overcrowding, housing costs as more than 30% of household income, etc. Communities across the Saint Alphonsus Health System footprint have seen an increase in substandard housing conditions since 2018 due to increasing housing prices and lack of available rental and owner-occupied housing units, which have been forcing many people to accept less than desirable living conditions for lack of other places to go.



Substandard Housing Units, Percent of Total by Tract, ACS 2015-19



Source: Trinity Health Data Hub, 2021

### Community Safety

Overall, the focus group participants felt the community is a safe place to live and raise a family. Law enforcement agencies reports include Baker County Sheriff's Office, Baker City Police Department, and Baker Oregon State Police. Between 2020-2021, the most common crime offenses in Baker County were:

1. Theft/Larceny (688 offenses)
2. Vandalism (365 offenses)
3. Traffic Crimes (251 offenses)
4. Drugs/Narcotics (246 offenses)
5. Driving Under the Influence (241 offenses)
6. Simple Assault (187 offenses)
7. Disorderly Conduct (127 offenses)
8. Fraud (118 offenses)
9. Burglary (114 offenses)
10. Weapon Law Violations (101 offenses)

Source: Oregon Uniform Crime Reporting Data, 2021

According to Oregon Kids Count data, rates of children referred to the juvenile justice system have been on a steady decline in recent years.

Location	Data Type	2012	2013	2014	2015	2016	2017	2018	2019
Baker	Rate per 1,000	36.5	32.9	25.3	24.0	36.2	30.3	31.6	26.0

Source: Oregon Youth Authority, Juvenile Justice Information Systems (JJIS) Annual Reports. (2020). *Rate of referred youth processed by the juvenile justice system in the 2019 reporting year per 1,000 youths ages 0-17. Youth and Referrals, 2019.* Rate calculated using CDC Wonder 1990-2019 Bridged-Race Population Estimates. Retrieved from <https://www.oregon.gov/oya/jjis/Pages/Reports.aspx>



## Education

Education access and quality, as one of the five key social influencers of health, is an important component of a community health needs assessment. Key indicators include early childhood education participation, graduation rates, college-going rates and disconnected youth, as predictors of future health outcomes.

### Early Childhood Education and Childcare

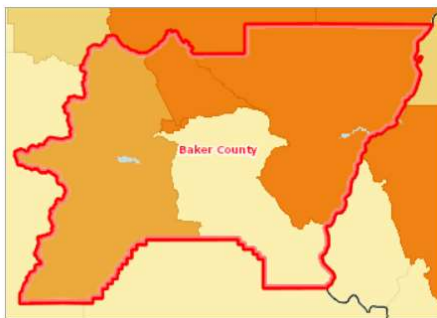
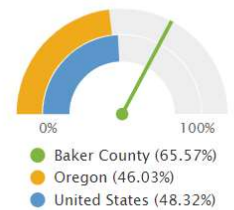
According to Baker School District 5J, there are four preschool options in Baker County. Haines Elementary, Keating Elementary, and the Baker County YMCA all offer preschool programs. YMCA preschool tuition ranges from \$125-195 per week. The Baker Early Learning Center (BELC), providing Head Start, preschool, and kindergarten also opened in December 2020. Various private preschools can be found in the area, as well. Eastern Oregon Head Start also has a preschool program in Baker City for children age birth to five years old, offered free of charge for families meeting income eligibility requirements. As seen in the tables below, most Baker County youth ages 3-4 years are enrolled and have access to preschool programs. This is important as high-quality early learning opportunities are important for social emotional and overall child development, improve long term health outcomes for participating children, and help parents engage in the workforce.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Baker County, OR	212	139	65.57%
Oregon	96,849	44,580	46.03%
United States	8,151,928	3,938,693	48.32%

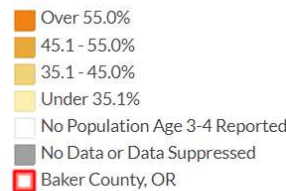
Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract → Show more details

Percentage of Population Age 3-4 Enrolled in School



Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2015-19



Source: Trinity Health Data Hub, 2021

One challenge identified in community focus group discussions was the lack of available and affordable childcare in Baker County. In 2021, a collaborative of partners including the Baker School District, Baker County YMCA, Saint Alphonsus, St. Luke's and a number of community organizations worked together to establish Baker's first site based childcare center located at the BELC and operated by the Baker County YMCA. Childcare will be available on a sliding scale fee for infants, toddlers, preschoolers, and for before and after school care for elementary age children.

In planning and preparation for the BELC, the Baker School District conducted a childcare survey among 322 Baker County residents. One respondent replied, “Baker has needed a childcare facility for a long time. It is a struggle as a working parent to find and keep good daycare! I lost my daycare altogether during this pandemic.”

## K-12 Education and Baker School District 5J

The Baker School District 5J serves nearly 4700 students- an increase from 3000 students in 2019. Approximately 9% of students are Hispanic/Latinx, 6% are multiracial, and 1% of students are Black and Asian respectively. The 2020-2021 Baker School District Profile shows high K-12 attendance and graduation rates on par with state averages.

### OREGON AT-A-GLANCE DISTRICT PROFILE Baker SD 5J

SUPERINTENDENT: Mark Witty | 2090 Fourth St, Baker City 97814 | 541-524-2260



#### Special Note

The At-A-Glance School and District profiles tell a story about Oregon's schools and districts. The story is harder to tell this year as the COVID-19 pandemic significantly impacted our schools and the data we collect. As a result, statewide assessment and attendance data cannot be compared to prior years and are not shown here. We have included links to our website where you can view the 2020-21 statewide assessment and attendance data and read a detailed description of how these data were impacted. We're thankful for your partnership as we focus on care, connection and the creation of safe, inclusive and supportive learning environments.

#### Start Strong

##### Grades K-2 REGULAR ATTENDERS

Students who attended more than 90% of their enrolled school days.

For 2020-21 Regular Attenders data please visit:

[www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Regular-Attenders-2021.aspx](http://www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Regular-Attenders-2021.aspx)

##### Grade 3 ENGLISH LANGUAGE ARTS

Students meeting state grade-level expectations.

For 2020-21 English Language Arts data please visit:

[www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Statewide-Assessment-Results-2021.aspx](http://www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Statewide-Assessment-Results-2021.aspx)

#### High School Success

##### Grade 8 MATHEMATICS

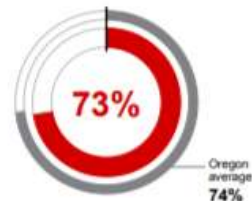
Students meeting state grade-level expectations.

For 2020-21 Mathematics data please visit:

[www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Statewide-Assessment-Results-2021.aspx](http://www.oregon.gov/ode/schools-and-districts/reports/cards/reports/cards/Pages/Statewide-Assessment-Results-2021.aspx)

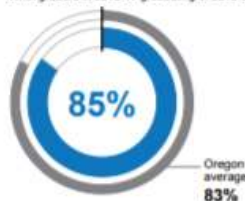
##### Grade 9 ON-TRACK TO GRADUATE

Students earning one-quarter of graduation credits in their 9th grade year.



##### Grade 12 ON-TIME GRADUATION

Students earning a diploma within four years. Cohort includes students who were first-time ninth graders in 2016-17 graduating in 2019-20.



District Website: <https://www.baker5j.org/>

Eligibility for Free/Reduced Price Lunch expanded in 2020-21, for more information please visit: [www.oregon.gov/ode/reports-and-data/](http://www.oregon.gov/ode/reports-and-data/)

## Extra-Curricular Activities

Baker School District 5J implemented a free after school program in the 2016-2017 school year. Previously known as Friday Experience, now called FridayPlus. This program is intended for students from kindergarten through high school, and is a collaboration between the school staff, community partners, and volunteers. Additional out of school activities include Friday Academy, Summer Academy, after school programs, and math club.

## Educational Attainment

Third grade reading proficiency scores have dropped in Baker County as well as across the state

between 2009-2019. It should be noted that data cannot be directly compared before and after the 2014-2015 school year. The OAKS reading and math assessments were discontinued in 2014-2015 and replaced with new college and career-ready English language education and mathematics assessments. However, there is still a decrease from 2015-2016 to 2018-2019. Baker County students were only .5% less proficient in reading than the state average of 46.5% (Oregon Kids Count Data, 2021).

Location	Data Type	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19
Baker	Percent	89.2%	88.4%	82.0%	75.0%	71.3%	54.4%	48.2%	51.6%	48.3%	45.9%

Source: Oregon Kids Count Data, 2021

Third grade math proficiency rates have similarly dropped over the past several years. The state average was 46.4% of students scoring as proficient on math assessments.

Location	Data Type	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19
Baker	Percent	86.0%	78.2%	74.8%	60.8%	59.4%	54.1%	48.0%	46.4%	44.9%	39.2%

Oregon Kids Count Data, 2021

More than half of fourth grade students in Baker County performed at “not proficient” or worse on student reading proficiency tests in 2019. Early reading scores can be predictive of longer-term educational performance.

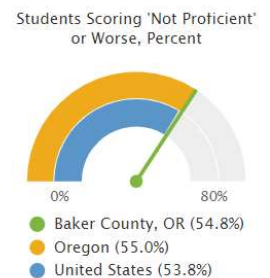
#### Proficiency - Student Reading Proficiency (4th Grade)

Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 924 students tested, 45.2% of 4th graders performed at or above the “proficient” level, and 54.8% tested below the “proficient” level, according to the latest data. Students in the report area tested better than the statewide rate of 45.0%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Baker County, OR	924	45.2%	54.8%
Oregon	167,286	45.0%	55.0%
United States	13,445,671	46.2%	53.8%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, EDData. Additional data analysis by CARES. 2018-19. Source geography: School District → Show more details



Source: Trinity Health Data Hub, 2021

By 8<sup>th</sup> grade, Baker County students’ reading proficiency is slightly higher than 3<sup>rd</sup> grade, but still below state average of 53.2%.

Location	Data Type	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19
Baker	Percent	83.3%	79.0%	67.2%	61.2%	68.4%	51.5%	66.7%	48.8%	52.2%	49.2%

Oregon Kids Count Data, 2021

Less than 1 in 3 Baker County students performed at grade level proficiency on math assessments,

below the state average of 38.3%.

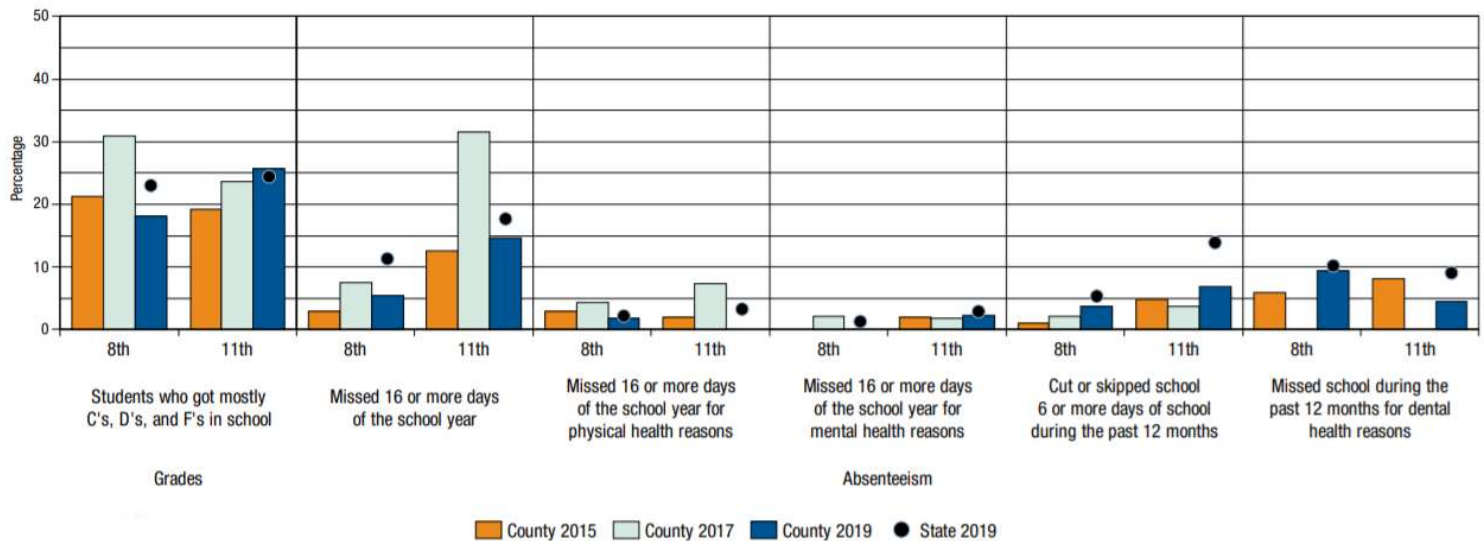
Location	Data Type	2009 - 10	2010 - 11	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19
Baker	Percent	81.8%	65.1%	62.9%	44.4%	56.1%	32.5%	28.8%	27.4%	32.2%	30.4%

Oregon Kids Count Data, 2021

More recent district level data is not available for K-12 attendance, class size, or assessments data due to the result of necessary statewide closures and implementation of Distance Learning for All during the COVID19 pandemic per the Oregon Department of Education.

Every two years the Oregon Healthy Teens Survey is conducted among 8<sup>th</sup> and 11<sup>th</sup> grade students across the state. The 2019 report shows interesting data points for Baker County students. Overall, Baker students have better than state average grades and attendance than the state averages.

Chart 7. Grades and absenteeism



Source: 2019 Oregon Healthy Teens Survey

According to the 2021 County Health Rankings, 91% of Baker County residents have a high school diploma. Baker School District showed that 84% of students earned a high school diploma or GED within 5 years in 2019. Completion of a high school diploma is associated with positive long-term outcomes. Those who attain a high school diploma are more likely to utilize health-promoting behaviors including increased consumption of fruits and vegetables and other healthy eating behaviors, participate in regular physical activity, and refrain from excessive alcohol consumption and smoking.

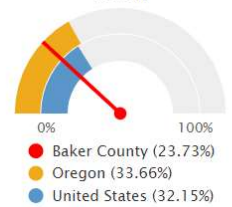


## Attainment - Bachelor's Degree or Higher

23.73% of the population aged 25 and older, or 2,842 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Baker County, OR	11,974	2,842	23.73%
Oregon	2,898,950	975,920	33.66%
United States	220,622,076	70,920,162	32.15%

Population Age 25+ with Bachelor's Degree or Higher, Percent



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract → Show more details

Source: Trinity Health Data Hub, 2021

The effect of education on poverty levels is significant. Not having a high school diploma increases the risk of remaining in poverty exponentially. Even with a high school diploma, poverty rates of between 10% and 15% are common. Achievement of a bachelor's degree drops the risk of poverty to less than 5% in most locations. Studies show that students who find a passionate interest to help guide their studies have increased motivation to go on to college (Lakhani, 2018). As shown in the table, nearly 1 in 4 Baker County residents (24%) had a bachelor's degree or higher. This was still well below the state and national averages of 1 in 3 residents with a degree. There is not a four year higher ed institution in Baker County, the nearest being Eastern Oregon University in La Grande, 45 miles away. Focus group participant reflected that more job skills training was needed for residents in the area to be able to gain some upward mobility once they've entered the workforce, and to be trained to work across a variety of jobs and trades.

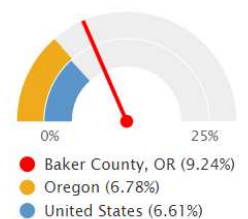
## Disconnected Youth

### Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 595 between the ages, of which 55 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Baker County, OR	595	55	9.24%
Oregon	197,161	13,362	6.78%
United States	17,025,696	1,124,551	6.61%

Population Age 16-19 Not in School and Not Employed, Percent



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: Tract → Show more details

Source: Trinity Health Data Hub, 2021

Disconnected youth are those between the ages of 16-19 who are neither in school nor employed. Baker County had 9% of youth in this age range not in school or working, higher than the state and national averages. Recent studies are showing that those who do not graduate from high school can often be identified early enough to prevent the progression towards dropping out. Indicators such as failing courses, attendance, grades, standardized test scores, and disciplinary problems can help to identify students who are at risk of disengaging from peers, educators, and their schools, and eventually dropping out prior to graduation (Henry, Knight and Thornberry, 2012).

Additionally, youth disengagement is associated with higher rates of committing violent crimes, arrests, and substance abuse by early adulthood. Early interventions can be helpful in re-engaging youth in their schools and put them on a better track to become high school graduates and contributing members of society (Henry, Knight and Thornberry, 2012). Implementing programs in collaboration with local middle and high schools have been shown to help re-engage youth in their education, such as Work-based education (DeLuca et al 2010) or community organization involvement (Hansel, 2016).

## **Baker Technical Institute**

Opened in August 2014, Baker Technical Institute (BTI) is a leading provider of Career Technical Education programs designed to develop the next generation of skilled workers, technology innovators, entrepreneurs, and community leaders in rural communities. BTI offers the very latest education and training, leading to certification in high-salary, high-demand careers in various fields including Agriculture Sciences, Heavy Equipment Operation, Building Trades, Environmental Sciences, Engineering, Health Services, Welding and Metal Technology. As part of the course curriculum, students learn job ready skills including resume building and mock interviews. BTI works through a collaborative effort with Department of Human Services to provide training and job placement to individuals receiving TANF and those who are enrolled in the Vocational Rehabilitation Program. In instances where a potential student does not qualify for state assistance to cover course costs, BTI staff assists individuals in securing funding. Baker Technical Institute faculty and staff are committed to ensuring that programs stay on the cutting-edge of business know-how and technological innovations. Initial successes are leading to dynamic rapid growth across Eastern Oregon, providing opportunities for career skills and economic development for the rural communities of Eastern Oregon.

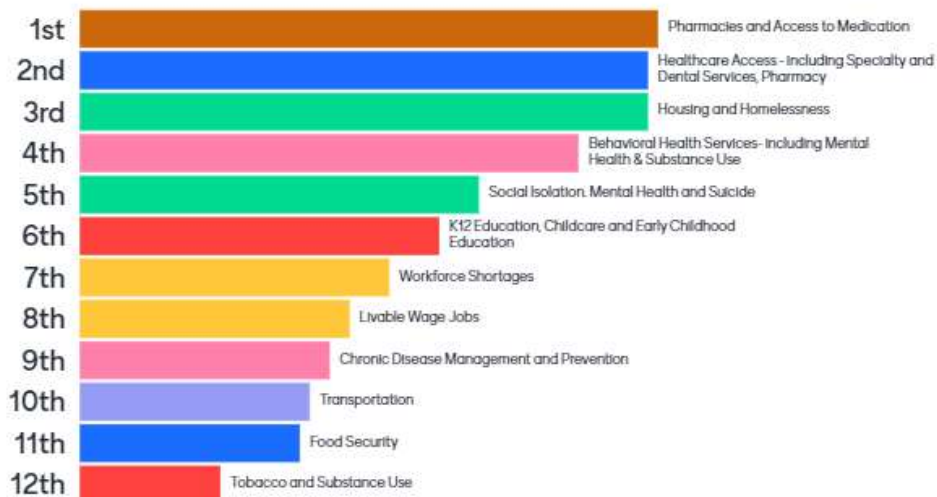


# Significant Community Health Needs

## Process for Prioritizing and Prioritized List of Identified Needs

This CHNA identified the top needs within the service area of Baker County, OR. Needs were prioritized from data gathered through community focus groups, quantitative data, and input from the External Review Committee, including the Baker County Health Department. On November 29, 2021 the External Review Committee met to review data from the initial quantitative data collection as well as key themes from the focus groups. The needs were prioritized into 12 categories. Criteria used for prioritization included the impact, severity, urgency, and overall resident concern for each priority area. External Review Committee members individually ranked each priority area, which were tabulated by online Mentimeter tool into the collective ranking below.

# Ranking



## **Conclusion**

This assessment is an effort to analyze the current state of health, education, and socioeconomic factors in the SAMC-BC service area.

Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local communities, the state, and the nation as a whole. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought if needed. There are some indicators where local-level data was not available, and this assessment may point out areas for future data collection.

## **Implementation Strategy**

The identified priority needs will be incorporated into the SAMC-BC Community Health Implementation Plan, which will inventory current programs in place and recommend additional services and collaborative efforts to target priority needs. Once drafted, the Community Health Implementation Plan will be presented to the Saint Alphonsus Health System Board for input and approval, after which objectives and targets will be established to integrate into the hospital's operating plan and budget. The Implementation Plan will be posted to the site listed below by November 2022.

## **How to Obtain Copies**

This Community Health Needs Assessment (and Implementation Plan) will be posted to the Saint Alphonsus website: [www.saintalphonsus.org/community-needs-assessment](http://www.saintalphonsus.org/community-needs-assessment). You may also request copies of this report directly at SAMC-BC.

## **Contact Information**

If you would like to provide any feedback regarding this Community Health Needs Assessment, please contact Rebecca Lemmons at [Rebecca.lemmons@saintalphonsus.org](mailto:Rebecca.lemmons@saintalphonsus.org). You may also send information to:

Saint Alphonsus Medical Center  
3325 Pocahontas Road  
Baker City, OR 97814

## **Next CHNA Due Date**

The next Community Needs Assessment will be scheduled for completion by June 30, 2023.

## Appendix A: Focus Group Questions

### BAKER CHNA UPDATE FOCUS GROUP TEMPLATE

<b>DATE OF FOCUS GROUP:</b>	
<b>MODERATOR/NOTETAKER:</b>	
<b>NAMES OF PARTICIPANTS:</b>	
<b>DESCRIPTION/LOCATION OF GROUP:</b>	
<b>COMMUNITY ISSUES (20 minutes)</b>	
1.	Today, we're going to be talking a lot about the community that you live in. How would you describe your community?
•	
a.	If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
•	
2.	What are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – transportation, affordable housing; education; childcare; financial stress; food security; violence; employment, etc.]
•	
a.	How have these issues affected your community?
•	
b.	Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis?
•	
3.	What do you think are the most pressing health concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED, E.G. CHRONIC DISEASES/CONDITIONS, MENTAL HEALTH, SUBSTANCE ABUSE, ETC.; ENSURE ADEQUATE DISCUSSION TIME; PROBE ON HEALTH CARE ACCESS IF MENTIONED]
•	
a.	How have these health issues affected your community? [PROBE FOR SPECIFICS]
•	
4.	Thinking about health and wellness in general, what helps keep you healthy?
•	
a.	What makes it easier to be healthy in your community?
•	

b.	What makes it harder?
	•
<b>PERCEPTIONS OF SERVICE ENVIRONMENT (15 minutes)</b>	
5.	Let's talk about a few of the issues you mentioned. [SELECT TOP CONCERNS, HEALTH AND 1-2 OTHERS]. What programs/services/policies are you aware of in the community that currently focus on these issues?
	•
a.	What's missing? What programs, services or policies are currently not available that you think should be?
	•
b.	What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]
	•
<b>VISION OF COMMUNITY (5 minutes)</b>	
6.	I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
	•
a.	What do you think needs to happen in the community to make this vision a reality?
	•
<b>Additional Comments</b>	
	•

## Appendix B: Trinity Health Data Hub Data Tables

Sourced from [www.trinityhealthdatahub.org](http://www.trinityhealthdatahub.org) in December 2021

### Demographics

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Demographics	Citizenship Status	Native	15590	3672607
		Born in a US Territory	0	6422
		Born Abroad to US Citizens	101	43131
		Naturalized	118	183043
		Non-Citizen	210	224600
		Non-Citizen, Percent	1.31%	5.44%
Demographics	Foreign-Born Population	Total Population	16019	4129803
		Naturalized U.S. Citizens	118	183043
		Population Without U.S. Citizenship	210	224600
		Total Foreign-Birth Population	328	407643
		Foreign-Birth Population, Percent of Total Population	2.05%	9.87%
Demographics	Population Age 0-4	Total Population	16019	4129803
		Population Age 0-4	790	230557
		Percent Population Age 0-4	4.93%	5.58%
Demographics	Population Age 18-64	Total Population	16019	4129803
		Population Age 18-64	8734	2552305
		Population Age 18-64, Percent	54.52%	61.80%
Demographics	Population Age 5-17	Total Population	16019	4129803
		Population Age 5-17	2344	637386
		Population Age 5-17, Percent	14.63%	15.43%
Demographics	Population Age 65+	Total Population	16019	4129803
		Population Age 65+	4151	709555
		Population Age 65+, Percent	25.91%	17.18%
Demographics	Population Geographic Mobility	Total Population	15837	4088374
		Population In-Migration	1627	310103
		Percent Population In-Migration	10.27%	7.58%
Demographic	Population with Any	Total Population (For Whom	15518	4089521

s	Disability	Disability Status Is Determined)		
		Population with a Disability	3504	587093
		Population with a Disability, Percent	22.58%	14.36%
Demographic s	Population with Limited English Proficiency	Population Age 5+	15229	3899246
		Population Age 5+ with Limited English Proficiency	186	220027
		Population Age 5+ with Limited English Proficiency, Percent	1.22%	5.64%
Demographic s	Total Population	Total Population	16019	4129803
		Total Land Area (Square Miles)	3067.97	95986.65
		Population Density (Per Square Mile)	5.22	43.02
Demographic s	Urban and Rural Population	Total Population	16134	3831074
		Urban Population	9518	3104382
		Rural Population	6616	726692
		Urban Population, Percent	58.99%	81.03%
		Rural Population, Percent	41.01%	18.97%
Demographic s	Veteran Population	Total Population Age 18+	12885	3258770
		Total Veterans	1899	283045
		Veterans, Percent of Total Population	14.74%	8.69%

### Healthcare Access

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Healthcare Access	Access to Care - Addiction/Substance Abuse Providers	Total Population (2020)	16668	4237256
		Number of Facilities	3	213
		Number of Providers	42	3056
		Providers, Rate per 100,000 Population	251.98	72.12
Healthcare Access	Access to Care - Dentists	Estimated Population	16124	8431782
		Number of Dentists	8	6978
		Ratio of Dental Providers to Population (1 Provider per x Persons)	2015.5	1208.3



		Dentists, Rate (Per 100,000 Population)	49.6	82.8
Healthcare Access	Access to Care - Mental Health Providers	Total Population (2020)	16668	4237256
		Number of Facilities	3	681
		Number of Providers	41	11925
		Providers, Rate per 100,000 Population	245.98	281.43
Healthcare Access	Access to Care - Primary Care	Total Population (2020)	16668	4237256
		Number of Facilities	5	1055
		Number of Providers	15	5404
		Providers, Rate per 100,000 Population	89.99	127.54
Healthcare Access	Federally Qualified Health Centers	Total Population (2020)	16668	4237256
		Number of Federally Qualified Health Centers	0	173
		Rate of Federally Qualified Health Centers per 100,000 Population	0	4.08
Healthcare Access	Health Professional Shortage Areas	Primary Care Facilities	3	80
		Mental Health Care Facilities	3	72
		Dental Health Care Facilities	3	68
		Total HPSA Facility Designations	9	220
Healthcare Access	Health Professional Shortage Areas - Dental Care	Total Area Population	16134	3831074
		Population Living in a HPSA	16134	1940079
		Percentage of Population Living in a HPSA	100.00%	50.64%
Healthcare Access	Insurance - Population Receiving Medicaid	Total Population (For Whom Insurance Status is Determined)	15518	4089521
		Population with Any Health Insurance	14213	3813999
		Population Receiving Medicaid	3760	921883
		Percent of Insured Population Receiving Medicaid	26.45%	24.17%
Healthcare Access	Insurance - Uninsured Population	Total Population (For Whom Insurance Status is Determined)	15518	4089521
		Uninsured Population	1305	275522
		Uninsured Population, Percent	8.41%	6.74%
Healthcare Access	Recent Primary Care Visit	Total Population (2019)	16124	4217737

		Percentage of Adults with Routine Checkup in Past 1 Year	74.80%	72.50%
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### Economic Stability

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Economic Stability	Area Deprivation Index	Total Population	15059	4066045
		State Percentile	81	No data
		National Percentile	57	34
Economic Stability	Employment - Jobs and Earnings by Sector	Farm Jobs	941	68602
		Farm Earnings (\$1,000)	\$13,892	\$1,330,155
		Farm Average	\$14,763	\$19,389
		Non farm Jobs	7838	2551022
		Non farm Earnings (\$1,000)	\$321,924	\$158,284,562
		Non farm Average	\$41,072	\$62,048
		Private Non farm Jobs	6665	2254708
		Private Non farm Earnings (\$1,000)	\$237,354	\$132,234,275
		Private Non farm Average	\$35,612	\$58,648
Economic Stability	Employment - Labor Force Participation Rate	Total Population Age 16+	13302	3361188
		Labor Force	6612	2093602
		Labor Force Participation Rate	49.71%	62.29%
Economic Stability	Employment - Unemployment Rate	Labor Force	7669	2171416
		Number Employed	7424	2096973
		Number Unemployed	245	74443
		Unemployment Rate	3.20%	3.40%
Economic Stability	Food Insecurity Rate	Total Population	16028	4146992
		Food Insecure Population, Total	2260	510080
		Food Insecurity Rate	14.10%	12.30%
Economic Stability	Homeless Children and Youth	Total Students	4063	573435
		Districts Reporting	66.70%	78.60%

		Students in Reported Districts	95.20%	99.80%
		Homeless Students	218	24410
		Homeless Students, Percent	5.40%	4.30%
Economic Stability	Income - Income Inequality (GINI Index)	Total Households	6921	1611982
		Gini Index Value	0.45	0.46
Economic Stability	Income - Median Household Income	Total Households	6921	1611982
		Average Household Income	\$63,855	\$84,258
		Median Household Income	\$45,998	\$62,818
Economic Stability	Poverty - Children Below 200% FPL	Total Population Under Age 18	3045	850452
		Population Under Age 18 at or Below 200% FPL	1478	325805
		Percent Population Under Age 18 at or Below 200% FPL	48.54%	38.31%
Economic Stability	Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	4448	574674
		Students Eligible for Free or Reduced-Price Lunch	1085	262911
		Students Eligible for Free or Reduced-Price Lunch, Percent	24.40%	45.70%
Economic Stability	Poverty - Population Below 200% FPL	Total Population	15446	4052019
		Population with Income at or Below 200% FPL	5707	1248819
		Percent Population with Income at or Below 200% FPL	36.95%	30.82%
Economic Stability	SNAP Benefits - Households Receiving SNAP	Total Households	6921	1611982
		Households Receiving SNAP Benefits	1222	253915
		Percent Households Receiving SNAP Benefits	17.66%	15.75%

## Education

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Education	Access - Head Start	Children Under Age 5	852	237556
		Total Head Start Programs	1	374
		Head Start Programs, Rate (Per	11.74	15.74

		10,000 Children)		
Education	Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4	212	96849
		Population Age 3-4 Enrolled in School	139	44580
		Population Age 3-4 Enrolled in School, Percent	65.57%	46.03%
Education	Attainment - Bachelor's Degree or Higher	Total Population Age 25+	11974	2898950
		Population Age 25+ with Bachelor's Degree or Higher	2842	975920
		Population Age 25+ with Bachelor's Degree or Higher, Percent	23.73%	33.66%
Education	Attainment - No High School Diploma	Total Population Age 25+	11974	2898950
		Population Age 25+ with No High School Diploma	1080	269250
		Population Age 25+ with No High School Diploma, Percent	9.02%	9.29%
Education	Chronic Absenteeism	Student Cohort	1946	573232
		Number Chronically Absent	198	144876
		Chronic Absence Rate	10.17%	25.27%
Education	Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	924	167286
		Students Scoring 'Proficient' or Better, Percent	45.20%	45.00%
		Students Scoring 'Not Proficient' or Worse, Percent	54.80%	55.00%

### Social Support and Community Context

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Social Support & Community Context	Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	6000	1940955
		Population Using Public Transit for Commute to Work	7	87483
		Percent Population Using Public Transit for Commute to Work	0.12%	4.51%
Social Support & Community Context	Households with No Motor Vehicle	Total Occupied Households	6921	1611982

		Households with No Motor Vehicle	407	119945
		Households with No Motor Vehicle, Percent	5.88%	7.44%
Social Support & Community Context	Incarceration Rate	Total Population (2010)	16134	3831074
		Incarceration Rate	0.50%	1.00%
Social Support & Community Context	Opportunity Index	Total Population	15948	4091404
		Opportunity Index Score	48.93	56.56
Social Support & Community Context	Racial Diversity (Theil Index)	Non-Hispanic White Population	92.85	76.76
		Non-Hispanic Black Population	0.44	1.99
		Non-Hispanic Asian Population	0.41	4.85
		Non-Hispanic AI / AN Population	1.09	1.06
		Non-Hispanic NH / PI Population	0.09	0.46
		Hispanic or Latino Population	5.12	14.88
		Diversity Index	0.03	0.3
Social Support & Community Context	Social Vulnerability Index	Total Population	15984	4081943
		Socioeconomic Theme Score	0.6	0.39
		Household Composition Theme Score	0.58	0.33
		Minority Status Theme Score	0.32	0.72
		Housing & Transportation Theme Score	0.92	0.74
		Social Vulnerability Index Score	0.69	0.53
Social Support & Community Context	Teen Births	Female Population Age 15-19	2685	1679118
		Teen Births, Rate per 1,000 Female Population Age 15-19	26.4	16.8
Social Support & Community Context	Violent Crime	Total Population	16100	4171827
		Violent Crimes, 3-year Total	67	33274
		Violent Crimes, Annual Rate (Per 100,000 Pop.)	138.7	265.8
Social Support & Community Context	Young People Not in School and Not Working	Population Age 16-19	595	197161
		Population Age 16-19 Not in School	55	13362

		and Not Employed		
		Population Age 16-19 Not in School and Not Employed, Percent	9.24%	6.78%

### Neighborhood and Physical Environment

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Neighborhood & Physical Environment	Air Quality - Particulate Matter 2.5	Total Population (2010)	16134	3831074
		Average Daily Ambient Particulate Matter 2.5	5.67	6.54
		Days Exceeding Emissions Standards	0	0
		Days Exceeding Standards, Percent (Crude)	0	0
		Days Exceeding Standards, Percent (Weighted)	0.00%	0.00%
		Neighborhood & Physical Environment	Built Environment - Broadband Access	Total Population (2020)
		Access to DL Speeds > 25MBPS (2020)	76.55%	97.81%
Neighborhood & Physical Environment	Built Environment - Park Access	Total Population, 2010 Census	16134	3831074
		Population Within 1/2 Mile of a Park	0	2079541
		Percent Within 1/2 Mile of a Park	0.00%	54.28%
Neighborhood & Physical Environment	Built Environment - Recreation and Fitness Facility Access	Total Population (2010)	16134	3831074
		Number of Establishments	Suppressed	515
		Establishments, Rate per 100,000 Population	Suppressed	13.44
		Neighborhood & Physical Environment	Built Environment - Social Associations	Total Population (2010)
		Number of Establishments	31	4477
		Establishment Rate per 100,000 Population	192.14	116.86
	Drinking Water Safety			
Neighborhood & Physical Environment	Food Environment - Fast Food Restaurants	Total Population (2010)	16134	3831074



Environment				
		Number of Establishments	9	3095
		Establishments, Rate per 100,000 Population	55.78	80.79
Neighborhood & Physical Environment	Food Environment - Grocery Stores and Supermarkets	Total Population (2010)	16134	3831074
		Number of Establishments	4	744
		Establishments, Rate per 100,000 Population	24.79	19.42
Neighborhood & Physical Environment	Food Environment - Low Income & Low Food Access	Total Population	16134	3831074
		Low Income Population	5914	1195708
		Low Income Population with Low Food Access	2340	178745
		Percent Low Income Population with Low Food Access	39.57%	14.95%
Neighborhood & Physical Environment	Housing Costs - Cost Burden (30%)	Total Households	6921	1611982
		Cost Burdened Households (Housing Costs Exceed 30% of Income)	1822	540046
		Cost Burdened Households, Percent	26.33%	33.50%
Neighborhood & Physical Environment	Housing Quality - Overcrowding	Total Occupied Housing Units	6633	1419568
		Overcrowded Housing Units	132	53248
		Percentage of Housing Units Overcrowded	1.99%	3.75%
Neighborhood & Physical Environment	Housing Quality - Substandard Housing	Total Occupied Housing Units	6921	1611982
		Occupied Housing Units with One or More Substandard Conditions	1852	559265
		Occupied Housing Units with One or More Substandard Conditions, Percent	26.76%	34.69%
Neighborhood & Physical Environment	Tenure - Owner-Occupied Housing	Total Occupied Housing Units	6921	1611982
		Owner-Occupied Housing Units	4893	1005896

		Percent Owner-Occupied Housing Units	70.70%	62.40%
Neighborhood & Physical Environment	Tenure - Renter-Occupied Housing	Total Occupied Housing Units	6921	1611982
		Renter-Occupied Housing Units	2028	606086
		Percent Renter-Occupied Housing Units	29.30%	37.60%

### Health Outcomes and Behaviors

Data Category	Data Indicator	Indicator Attribute	Report Location	Oregon
Health Outcomes & Behaviors	30-Day Hospital Readmissions	Medicare Part A and B Beneficiaries	4876	815717
		30-Day Hospital Readmissions	56	10674
		30-Day Hospital Readmissions, Rate	8.70%	14.70%
Health Outcomes & Behaviors	Alcohol Expenditures	State Rank	15	No data
		Z-Score (US)	-1.49	-0.08
		Z-Score (Within-State)	-1.24	No data
		Average Expenditures (USD)	Suppressed	\$817.71
		Percentage of Food-At-Home Expenditures	Suppressed	13.74%
Health Outcomes & Behaviors	Breastfeeding - Any	Total Population (Age 0 - 5)	No data	268368
		Number Ever Breastfed	No data	250921
		Percent Ever Breastfed	No data	93.00%
Health Outcomes & Behaviors	Cancer Incidence - All Sites	Estimated Total Population	26006	5081765
		New Cases (Annual Average)	73	21877
		Cancer Incidence Rate (Per 100,000 Population)	280.7	430.5
Health Outcomes & Behaviors	Cancer Incidence - Breast	Estimated Total Population (Female)	12416	2602343
		New Cases (Annual Average)	13	3331
		Cancer Incidence Rate (Per 100,000 Population)	104.7	128

Health Outcomes & Behaviors	Cancer Incidence - Colon and Rectum	Estimated Total Population	24999	4985294
		New Cases (Annual Average)	6	1695
		Cancer Incidence Rate (Per 100,000 Population)	24	34
Health Outcomes & Behaviors	Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	4292	396895
		Beneficiaries with Alzheimer's Disease	291	32139
		Beneficiaries with Alzheimer's Disease, Percent	6.80%	8.10%
Health Outcomes & Behaviors	Chronic Conditions - Diabetes (Adult)	Total Population (2019)	16124	4217737
		Adults Ever Diagnosed with Diabetes (Crude)	12.00%	9.40%
		Adults Ever Diagnosed with Diabetes (Age-Adjusted)	8.70%	8.50%
Health Outcomes & Behaviors	Chronic Conditions - Heart Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	4292	396895
		Beneficiaries with Heart Disease	748	75891
		Beneficiaries with Heart Disease, Percent	17.40%	19.10%
Health Outcomes & Behaviors	Chronic Conditions - High Blood Pressure (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	4292	396895
		Beneficiaries with High Blood Pressure	1587	176203
		Beneficiaries with High Blood Pressure, Percent	37.00%	44.40%
Health Outcomes & Behaviors	Chronic Conditions - High Cholesterol (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	4292	396895
		Beneficiaries with High Cholesterol	1069	134801
		Percent with High Cholesterol	24.90%	34.00%
Health Outcomes & Behaviors	Chronic Conditions - Obesity (Adult)	Total Population (2019)	16124	4217737
		Adult Obesity (BMI $\geq 30.0$ kg/m <sup>2</sup> ) (Crude)	29.90%	29.70%
		Adult Obesity (BMI $\geq 30.0$ kg/m <sup>2</sup> ) (Age-Adjusted)	29.80%	29.70%
Health	Diabetes Management	Medicare Enrollees with Diabetes	335	8962

Outcomes & Behaviors	(Hemoglobin A1c Test)			
		Medicare Enrollees with Diabetes with Annual Exam	290	8062
		Medicare Enrollees with Diabetes with Annual Exam, Percent	86.57%	89.96%
Health Outcomes & Behaviors	Fruit/Vegetable Expenditures	State Rank	16	No data
		Z-Score (US)	0.09	0.28
		Z-Score (Within-State)	-0.95	No data
		Average Expenditures (USD)	Suppressed	\$766.81
		Percentage of Food-At-Home Expenditures	Suppressed	12.89%
Health Outcomes & Behaviors	HIV Prevalence	Population Age 13+	13742	3563199
		Population with HIV / AIDS	11	7050
		Population with HIV / AIDS, Rate per 100,000 Pop.	80	197.9
Health Outcomes & Behaviors	Hospitalizations - Preventable Conditions	Medicare Beneficiaries	4876	815717
		Preventable Hospitalizations, Rate per 100,000 Beneficiaries	763	1923
Health Outcomes & Behaviors	Lack of Prenatal Care	Total Births	Suppressed	127677
		Births with Late/No Care	Suppressed	5794
		% of Births with Late/No Care	Suppressed	4.54%
Health Outcomes & Behaviors	Life Expectancy (County)	Total Population	14240	7785321
		Life Expectancy at Birth (2017-19)	77.5	79.9
Health Outcomes & Behaviors	Low Birth Weight	Total Live Births	1122	618755
		Low Birthweight Births	79	40341
		Low Birthweight Births, Percentage	7.00%	6.50%
Health Outcomes & Behaviors	Mortality - Cancer	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019	243	40493

		Total		
		Crude Death Rate Per 100,000 Population	302.8	195.9
		Age-Adjusted Death Rate (Per 100,000 Population)	167.1	152.9
Health Outcomes & Behaviors	Mortality - Coronary Heart Disease	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	130	16859
		Crude Death Rate (Per 100,000 Population)	162	81.5
		Age-Adjusted Death Rate (Per 100,000 Population)	89.5	64.2
Health Outcomes & Behaviors	Mortality - Deaths of Despair	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	65	9818
		Crude Death Rate (Per 100,000 Population)	81	47.5
		Age-Adjusted Death Rate (Per 100,000 Population)	64.8	43.2
Health Outcomes & Behaviors	Mortality - Drug Poisoning	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	14	3137
		Crude Death Rate (Per 100,000 Population)	17.4	15.2
		Age-Adjusted Death Rate (Per 100,000 Population)	No data	14.6
Health Outcomes & Behaviors	Mortality - Homicide	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	No data	622
		Crude Death Rate (Per 100,000 Population)	No data	3
		Age-Adjusted Death Rate (Per 100,000 Population)	No data	3
Health Outcomes & Behaviors	Mortality - Infant Mortality	Number of Infant Deaths	No data	2841
		Deaths per 1,000 Live Births	No data	4.7
Health	Mortality - Lung Disease	Total Population, 2015-2019	16050	413473

Outcomes & Behaviors		Average		4
		Five Year Total Deaths, 2015-2019 Total	87	10318
		Crude Death Rate (Per 100,000 Population)	108.4	49.9
		Age-Adjusted Death Rate (Per 100,000 Population)	59	39.1
Health Outcomes & Behaviors	Mortality - Motor Vehicle Crash	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	15	2445
		Crude Death Rate (Per 100,000 Population)	18.7	11.8
		Age-Adjusted Death Rate (Per 100,000 Population)	No data	11.2
Health Outcomes & Behaviors	Mortality - Premature Death	Premature Deaths, 2017-2019	244	94487
		Years of Potential Life Lost, 2017-2019 Average	3649	1386507
		Years of Potential Life Lost, Rate per 100,000 Population	8541	5942
Health Outcomes & Behaviors	Mortality - Suicide	Total Population, 2015-2019 Average	16050	4134734
		Five Year Total Deaths, 2015-2019 Total	30	4109
		Crude Death Rate (Per 100,000 Population)	37.4	19.9
		Age-Adjusted Death Rate (Per 100,000 Population)	33.8	18.8
Health Outcomes & Behaviors	Poor Mental Health	Total Population (2019)	16124	4217737
		Adults with Poor Mental Health (Crude)	14.50%	14.30%
		Adults with Poor Mental Health (Age-Adjusted)	16.30%	14.80%
Health Outcomes & Behaviors	Poor or Fair Health	Population Age 18+	3559	2263554
		Adults with Poor or Fair Health	682	403269
		Percentage of Adults with Poor or Fair Health	19.20%	17.80%
Health	Poor Physical Health	Total Population (2019)	16124	421773



Outcomes & Behaviors	Days			7
		Adults with Poor Physical Health (Crude)	15.00%	12.70%
		Adults with Poor Physical Health (Age-Adjusted)	13.10%	12.10%
Health Outcomes & Behaviors	Soda Expenditures	State Rank	15	No data
		Z-Score (US)	0.62	0.17
		Z-Score (Within-State)	0.64	No data
		Average Expenditures (USD)	Suppressed	\$247.55
		Percentage of Food-At-Home Expenditures	Suppressed	4.16%
Health Outcomes & Behaviors	Tobacco - Current Smokers	Total Population (2019)	16124	4217737
		Adult Current Smokers (Crude)	16.20%	15.20%
		Adult Current Smokers (Age-Adjusted)	17.70%	15.60%
Health Outcomes & Behaviors	Tobacco - Expenditures	State Rank	21	No data
		Z-Score (US)	0.83	-0.17
		Z-Score (Within-State)	1.32	No data
		Average Expenditures (USD)	Suppressed	\$788.97
		Percentage of Food-At-Home Expenditures	Suppressed	1.61%

## Appendix C: References

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