



**Saint Alphonsus
Medical Center**

BAKER CITY

2019 Community Health Needs Assessment



Acknowledgements

Saint Alphonsus – Baker City would like to thank the following partners and agencies for their participation in the 2019 Community Health Needs Assessment (CHNA)

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Joe Hayes, Community Connections
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Community Partners and Agencies:

Baker County Library System
State of Oregon Department of Human Services
Baker County Health Department
Head Start
May Day
Salvation Army
Compassion Center
New Directions
Community Connections
BiMart

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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), 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 reinvests in the communities we serve through charity care and other benefits. Our 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 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 700+ primary and specialty care providers at over 125 clinic locations, all of which are members of the Saint Alphonsus Health Alliance, a network of over 2,500 employed and independent providers. Saint Alphonsus 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 22 states from coast to coast with 94 hospitals and 126 continuing care facilities, home health and hospice programs, and 14 Program of All-Inclusive Care for the Elderly (PACE) centers. For more information, please visit www.saintalphonsus.org, and www.Trinity-Health.org

Mission Statement

We, Saint Alphonsus 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.

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.

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 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.

Overview: The 2019 Community Health Needs Assessment showed some significant improvement in access to food, with new grocery stores in the Baker City area, but still significant food deserts across much of the county. Obesity and physical activity are priorities, and there is much desire to have up-to-date facilities for indoor recreation, not only at schools, but also for the community as a whole. Poverty and low wages continue to be a challenge, with a significant portion of the community unable to meet basic needs. Alcohol and substance use are of great concern to the community, and there is a clear desire for an urgent care/walk-in health care facility other than the Emergency Room. The 2019 CHNA is notable for the impact of tobacco, and the proliferation of vaping, which was not a concern in 2016, and which was a focus of Tobacco 21 legislation in the State of Oregon in 2018.

2019 Prioritized Community Needs

This CHNA identified the top needs within the service area of Baker County, OR. Needs were prioritized based off data gathered through community surveys and conversations, secondary source data, input from the External Review Committee, including the Baker County Health Department. Needs were further prioritized into five categories of need as seen below. Criteria used to prioritize these needs included feasibility, impact on the communities served, capacity to influence, and alignment with Trinity Health Priority Strategic Aims.

The top needs are described below:

<p>Nutrition, Physical Activity & Weight Status</p> <p>Priority #1</p>	<ul style="list-style-type: none"> • Prevalence of obesity and diabetes • Low fruit and vegetable consumption • Physical fitness opportunities/lack of low cost opportunities for adults & children, especially in winter • Food insecurity/food deserts
<p>Health Services</p> <p>Priority #2</p>	<ul style="list-style-type: none"> • Access to low-cost basic healthcare services • Lack of Medicare providers • Lack of access to mental health, dental and substance use treatment • Lack of evening/weekend urgent care
<p>Substance Abuse</p> <p>Priority #3</p>	<ul style="list-style-type: none"> • Alcoholism/substance abuse • Tobacco use and vaping prevalence
<p>Financial Stability</p> <p>Priority #4</p>	<ul style="list-style-type: none"> • A job with a high enough wage that allows the ability to pay for housing, food, healthcare, transportation and other necessary expenses • High poverty + ALICE* population (>50%) • Affordable housing • Transportation <p>*Asset Limited, Income Constrained, Employed</p>
<p>Education</p> <p>Priority #5</p>	<ul style="list-style-type: none"> • Family/parental support & motivation • Highly trained teachers in the classroom • Motivation to recognize the importance of education • Access to affordable physical activity for children (winter activities emphasized)

CHNA Approval

Preliminary information regarding the CHNA was presented and discussed at the SAMC - BC Community Board Meeting on April 22, 2019. As the CHNA was not complete, the Board appointed Board Member, Matt Shirtcliff, as the authorized person to adopt the final report. Mr. Shirtcliff reviewed and adopted the completed CHNA on behalf of the SAMC - BC Community Board on June 26, 2019.

Review of Previous CHNA

In 2016, the SAMC - BC CHNA identified several high priority health needs, including:

- **Nutrition, Physical Activity and Weight Status:**
 - Obesity/Diabetes, Physical Activity and Exercise, Food Insecurity/Access/Healthy Diet
- **Health Services:**
 - Access, Infant Mortality/Teen Birth Rate, Screening Rates, Healthy Environment
- **Basic Services:**
 - Food Assistance, Housing, Homelessness,
- **Financial Stability:**
 - Living Wage Jobs, Managing Money, Affordable Housing
- **Education:**
 - Highly Trained Teachers, Parental Support, Importance of Education

The SAMC – BC Implementation Strategy specifies community health needs that the hospital has determined to meet in whole or in part and that are consistent with its Mission. The hospital will focus only on those health needs that it deems most pressing, under-addressed, and within its ability to influence.

Impact of previous CHNA/Strategy: Physical activity and weight status was the number one prioritized need from the previous CHNA. This includes the prevalence of obesity, diabetes, and the need for physical fitness and activity. The SAMC – BC Implementation Strategy chose to focus on this need by supporting the introduction of **GoNoodle** into the Baker County 5J school district.

GoNoodle is an interactive website where kids get to 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.

Utilization: Since August of 2018, there have been 115,394 minutes (1,923 hours) of student GoNoodle movement in Baker County schools.

SAMC - BC did not receive any comments from the public on the 2016 CHNA.

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. By definition, Baker County is a "frontier" county, which is defined as six or fewer people per square mile. The July 1, 2017 population estimate for Baker County was 16,054, a mere 5.2 persons per square mile. For comparison, the United States overall has a population density of 87 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 2013-2017 was \$43,765, compared to \$57,652 for the United States as a whole.

How 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 SA – 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 Alphonsus Medical Center – Ontario. These counties were also excluded from the SA – BC CHNA.



Demographics of Population

Baker County is notable for being very rural, sparsely populated, and with very little ethnic/racial diversity. 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. Socioeconomic status and educational attainment are significantly lower than the state of Oregon and the United States.

US Census Bureau QuickFacts	United States	Oregon	Baker County
Population, July 1, 2017 estimate	325,719,178	4,142,776	16,054
Population, percent change, July 1, 2017April 1, 2014 to July 1, 2017	2.1%	4.3%	-0.03%
Persons under 5 years old, July 1, 2017	6.1%	5.7%	5.2%
Persons under 18 years old, July 1, 2017	22.6%	21.1%	19.6%
Persons 65 years old and over, July 1, 2017	15.6%	17.1%	25.9%
Median Age, August 3, 2018	37.9	39.1	48.2
Female persons, July 1, 2017	50.8%	50.4%	49.2%
Male persons, July 1, 2017	49.2%	49.6%	50.8%
White alone, July 1, 2017	76.6%	87.1%	94.3%
Hispanic or Latino, 07-01-17	18.1%	13.1%	2.8%
Asian alone, 07-01-17	5.8%	4.7%	0.8%
Black or African American alone 07-01-17	13.4%	2.2%	0.6%
American Indian and Alaskan Native alone, 07-01-17	1.3%	1.8%	1.4%
Native Hawaiian and Other Pacific Islander alone, 07-01-17	0.2%	0.4%	0.1%
Language other than English spoken at home, age 5+, 2010-2017	21.3%	15.2%	4.4%
High school graduate or higher, percent of persons age 25+, 2010-2017	87.3%	90.2%	90.4%
Bachelor's degree or higher, percent of persons age 25+, 2010-2017	30.9%	32.3%	23%
Veterans, 2013-2017	18,939,219	291,153	2,053
Owner-occupied housing unit rate, 2013-2017	63.8%	61.7%	67.5%
Median household income, 2013-2017	\$57,652	\$56,119	\$43,765
Persons in poverty, percent**	12.3%	13.2%	17.7%
Percent with any disability	12.6%	14.6%	21.2%
Population per square mile, 2010	87.4	39.9	5.3

Source: US Census Bureau QuickFacts, www.census.gov

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

Health Facilities

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

Services Provided

SAMC - BC is a Critical Access Hospital with a SAMG Primary and Specialty Care practice. Services provided include Emergency Services, Labor and Delivery, Cardiology, Orthopedic Surgery, General Surgery, Imaging, Laboratory, Respiratory Therapy, Infusion, Wound Care, and Rehabilitation Services (through Saint Alphonsus Rehabilitation Services – STARS). Significant services that SAMC - BC does not offer are Neurology and inpatient Psychiatric Services.

SAMG Baker City offers Primary Care, General and Orthopedic Surgery, Rheumatology, and Hematology/Oncology; with visiting specialists providing Dermatology, Podiatry, Cardiology, Nephrology, and Pulmonology. There are eight Physicians and Advanced Practice Providers on staff.

Process and Methods

Data Sources and Methodology

The 2019 CHNA was conducted by Saint Alphonsus Health System colleagues and includes information collected from primary and secondary 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 rural nature of Baker County. This may indicate opportunities for better data collection and analysis in the future.

Input from the Community

Surveys

Primary source data was obtained through community surveys administered to residents in the Baker County service area. Surveys were solicited between August 2018 and April 2019. The survey was developed by Saint Alphonsus - Baker City and contains 26 questions: 17 respondent demographic questions, eight opinion questions, and one free-text comment question. It was delivered in both paper and electronic formats.

Administering the survey was accomplished through a variety of methods aimed at getting the most diverse cross-section of respondents, including those most under-served. Surveys were administered through partnerships with service agencies and community experts such as the Baker County Health Department, Department of Human Services, Community Connections, the Baker 5J School District, the Huntington School District, New Directions Northwest, the Baker County Library system, and the local YMCA.

Paper surveys were administered in a variety of settings including community events, school fairs, client-based service settings, and areas where people from under-served populations tend to congregate such as senior centers, service agencies, etc. Community Health Workers from SAMC - BC were instrumental in administering paper surveys to clients throughout the service area.

Electronic surveys were administered via SurveyMonkey. A link to the electronic version of the survey was provided to the community via the Saint Alphonsus Facebook page and via the Elkhorn Media Group Facebook page. The link was also distributed via the Baker County 5J School District and the Huntington School District.

We received over 400 surveys; 277 paper surveys, and 188 electronic surveys via SurveyMonkey®. Respondents submitted more than 600 free-text comments as part of the survey question regarding what two things they would like to improve in Baker County. These comments were analyzed by grouping and categorizing them into the indicator categories shown below, and further analyzing for content and theme. Survey results are shown later in this report.

The indicators and results are grouped into five categories:

- Physical Activity, Nutrition, and Weight Status
- Education
- Health

- Financial Stability and Independence
- Access to Basic Services

While the indicators are grouped into categories, many of the indicators and barriers identified have implications in other categories. These over-arching barriers tend to be social influencers of population health such as wage and job opportunities, housing, poverty, educational attainment, availability of healthy foods, exercise opportunities, and access to health services. Paying increased attention to these social influencers of health represents a fundamental shift in approaching improvements in the overall health of communities.

Community Conversations

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

Baker County Health Department
 Community Connections
 Oregon Department of Human Services
 Saint Alphonsus – Baker City Community Board
 YMCA
 Baker County 5J School District
 Greater Oregon Behavioral Health, Inc. (GOBHI)

Each of these agencies had representation on our External Review Committee as well. We conducted a focus group based on the previous needs identified in the last CHNA. We began with a review of the 2016 CHNA and performed a gap analysis of resources and needs. We reviewed the current state versus the 2016 CHNA Implementation Strategy and identified improvements or changes that could potentially be addressed as part of the 2019 Implementation Strategy, taking into account the limitations of a small critical access hospital. Special consideration was given to Social Influencers of Health, and the significance of Trinity Health's Community Health and Well Being Priority Strategic Aims (PSAs).

External Review Committee

In addition to providing primary source data, The External Review Committee met twice during the CHNA process to discuss the findings from the surveys, and to discuss and verify the needs that were identified. These meetings were held in November 2018 and April 2019. The organizations represented by the External Review Committee also assisted with survey distribution, prioritization of needs, and provide information on current and past programs and services available in the community.

Both the Northeast Oregon Compassion Center – which serves people in the community who may have a physical, emotional, relational or spiritual need – and New Directions Northwest, Inc. – which provides behavioral health services – were invited to be a part of the External Review Committee.

In assessing the needs of the community, other community health assessments and planning processes that have taken place locally were considered. One such process is the Eastern Oregon Coordinated Care Organization (EOCCO) Local Community Advisory Council's (LCAC) Community Health Assessment, which was updated via focus groups for the 2019 report. The 2017 EOCCO Community Health Plan addresses two priority issues:

- Wellness promotion and prevention
 - Oral health
 - Adolescent health
 - Colorectal cancer screening
 - Mental health stigma
 - Chronic illness
 - Tobacco-Cessation

- Social influencers of health
 - Housing/homelessness
 - Transportation

This information was utilized as part of our review of secondary data, and was reflected in our selection of indicators.

Quantitative Data

Secondary data sources included published data on demographics, key health indicators, and social influencers of health, collected from a variety of resources. Data obtained was compared to state and national data and trends over time wherever possible. Some of the data sources utilized include:

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

Social Influencers (Determinants) of Health

The terminology of Social Influencers of Health (SIOH) is seen in the CHNA and is a collective set of indicators that predict or influence health outcomes. SIOH are grouped into the five pillars below:

- Education
- Social and Community Context
- Health and Health Care
- Economic Stability
- Neighborhood and Built Environment

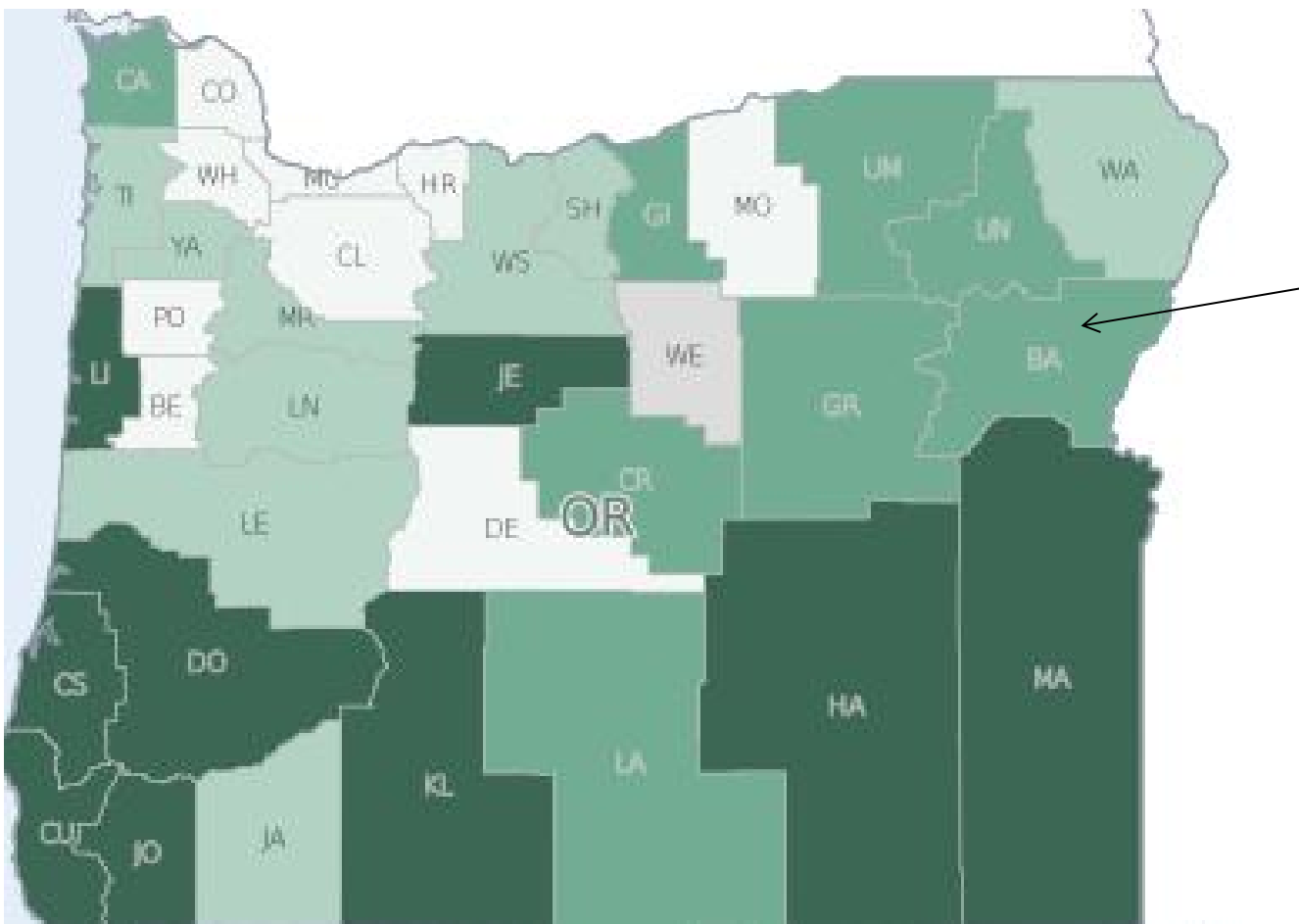
Many of the indicators and categories within this CHNA are SIOHs and help inform our response to the CHNA. Source: HealthyPeople.gov

County Health Rankings

The County Health Rankings (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.

Health Outcomes

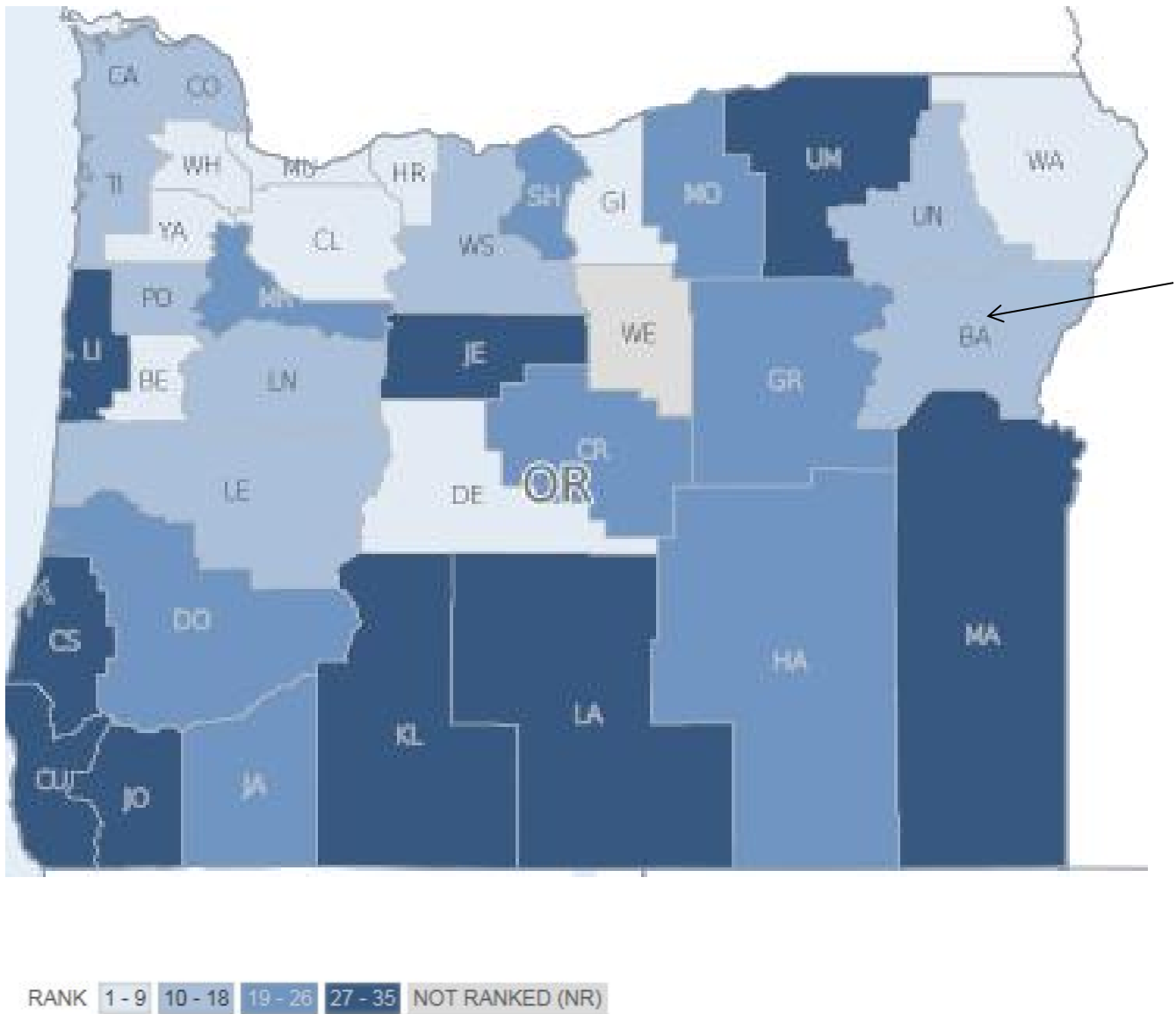
Health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to the 2019 County Health Rankings, Baker County ranks #19 out of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



RANK 1 - 9 10 - 18 19 - 26 27 - 35 NOT RANKED (NR)

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 2019, Baker County Ranks #15 out of 36 counties in Oregon in health factors, up from #19 in 2016.



The 2019 Baker County, OR County Health Rankings data set is included in Appendix 3

Community Input

Section 1: Education

Education, as one of the five key social influencers of health, is an important component of a community health needs assessment. Some key indicators here include graduation rates, college-going rates and disconnected youth (a new indicator this year), as predictors of future health outcomes.

Quantitative Education Data:

Preschool

According to the Baker 5J School District office, there are three preschool options in Baker County. Haines Elementary School, Keating Elementary School, and the Baker County YMCA (located in Baker City) all offer preschool programs for young children living near each location. Haines and Keating offer free programs, whereas the YMCA charges \$115-165 per month, depending on the age of the child. Various private preschools can be found in the area, as well. Eastern Oregon Head Start also has a preschool program in Baker City for kids age birth to five years old, offered free of charge for families meeting income eligibility requirements.

Extra-Curricular Activities

Baker 5J School District implemented a free after school program in the 2016-2017 school year known as Friday Experience. This program is intended for students from kindergarten through high school, and is a collaboration between the school staff, community partners, and volunteers. Students so far have had an opportunity to explore the world through violin lessons, coding, drumming, outdoor experiences, snow shoeing, creative writing projects, STEM activities, and furniture projects. Current activities include math tutoring, acting lessons, art classes, coding, and exploring the Oregon Trail Interpretive Center. Parents and community members can propose new ideas for Friday Experience at www.bakerfridayexperience.org.

Baker School District 5J

OREGON AT-A-GLANCE DISTRICT PROFILE

Baker SD 5J

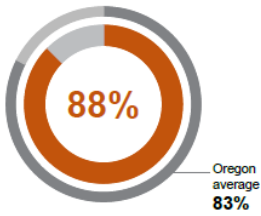
SUPERINTENDENT: Mark Witty | 2090 Fourth St, Baker City 97814 | 541-524-2260



Start Strong

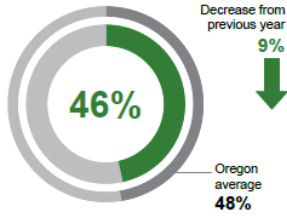
Grades K-2 REGULAR ATTENDERS

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



Grade 3 ENGLISH LANGUAGE ARTS

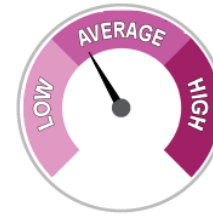
Students meeting state grade-level expectations.



Academic Progress

Grades 3-8 INDIVIDUAL STUDENT PROGRESS

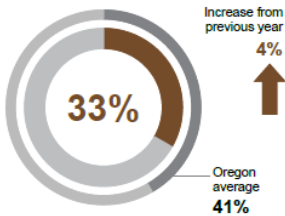
Year-to-year progress in English language arts and mathematics.



High School Success

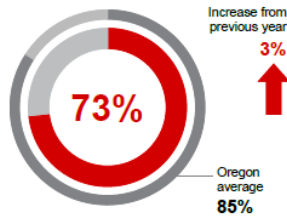
Grade 8 MATHEMATICS

Students meeting state grade-level expectations.



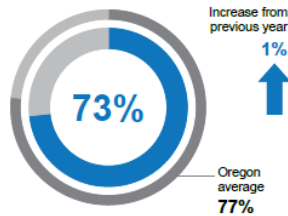
Grade 9 ON-TRACK TO GRADUATE

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



Grade 12 ON-TIME GRADUATION

Students earning a diploma within four years.



District Goals

Baker 5J Schools exist to be the center of community vitality, eliminating barriers for gratifying educational experiences in order to have capable, contributing citizens with character. Baker 5J Board goals include: 1) make strategic investments in programs, people and infrastructure; 2) implement a transparent budget process prioritizing sustainable investments; 3) implement a calendar that creates robust educational opportunities for students, staff and community; 4) align Pre-K through post-secondary educational opportunities; and 5) engage multiple stakeholders to consider how our facilities can best support quality education.

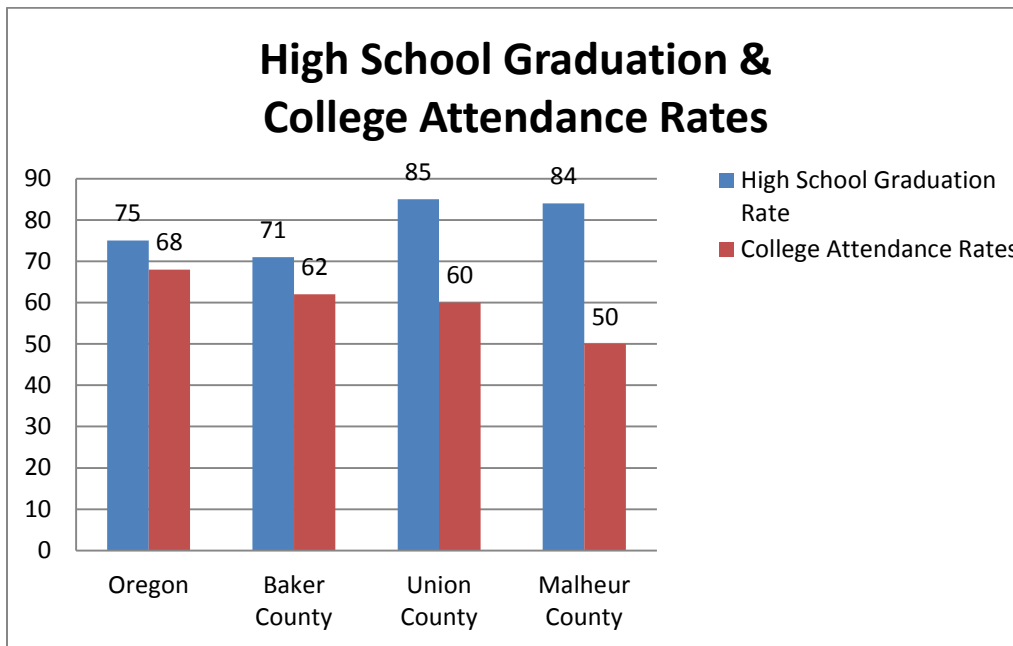
State Goals

The Oregon Department of Education is working in partnership with school districts and local communities to ensure a 90% on-time, four year graduation rate by 2025. To progress toward this goal, the state will prioritize efforts to improve attendance, invest in implementing culturally responsive practices, and promote continuous improvement to close opportunity and achievement gaps for historically and currently underserved students.

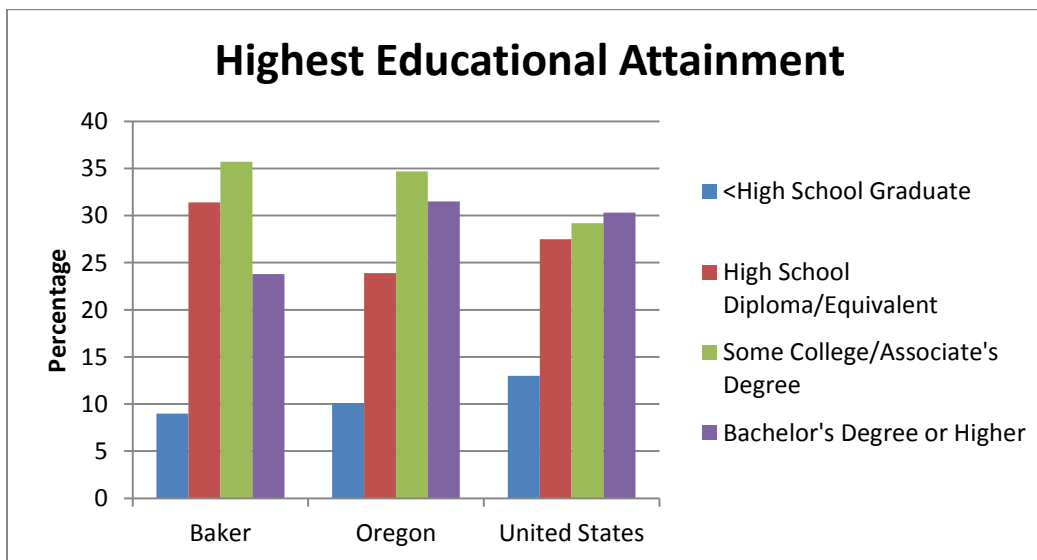
For more information please visit: www.oregon.gov/ode

The Baker 5J School District serves over 3,000 students and provides a yearly snapshot of a range of educational milestones, with comparisons to Oregon averages. The 2017-2018 district profile shows modest increases in K-2 attendance and on-track/on-time graduation rates, but also shows a decrease in Grade 3 English Language Arts – a key milestone to observe for trends in coming years.

Educational Attainment



Source: County Health Rankings 2018



Source: Statistical Atlas

"High school graduation" is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years. "Some college" represents the percent of the population ages 25 - 44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

As seen above, 2018 County Health Rankings shows that Baker County's graduation rate is lower than the State of Oregon's and also significantly lower than the surrounding counties of Union and Malheur. Baker County's College attendance rate is also lower than the State of Oregon, but slightly higher than both Union County and Malheur County.

The lack of a high school diploma is associated with negative 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.

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).

Disconnected Youth

	Top U.S. Performers	Oregon	Malheur County	Union County	Baker County
Disconnected Youth	10%	15%	24%	14%	<i>(data not available)</i>

Source: County Health Rankings 2018

Disconnected youth are those between the ages of 16-24 who are neither in school nor employed. Baker County disconnected youth rates are not available due to the small population size, but the rates in the surrounding counties are much higher than the rates of top U.S. performers. 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

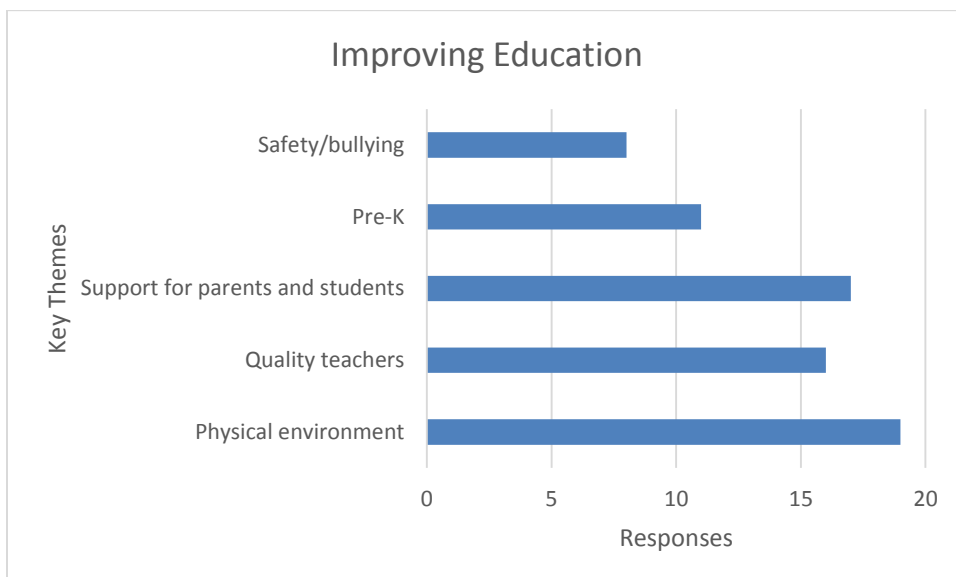
Opened in August 2014, Baker Technical Institute (BTI) is a leading provider of Career Technical Education programs designed to develop the next generation of skilled workers, technology innovators, entrepreneurs, and community leaders in rural communities. BTI offers the very latest education and training, 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.

Community Input

From the survey:

From the survey comments and focus groups, including responses to the free-text question, "What are two things you would like to improve in our community?" there were over 60 comments directly related to education. Key themes were:

- Concerns regarding the prevalence of bullying and safety/social media
- The lack of affordable and available pre-K locally
- The need for support services for parents and students – mentoring, coaching and support for at-risk students and families
- The continuing need for high quality teachers in the classroom and concern for the shortened four-day school week
- The need for updates to aging infrastructure and the physical environment (especially regarding places for indoor exercise and activities)



Section 2: Health

Another key pillar of the social influencers of health; health outcomes, and access to health care are assessed in this section. 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 health care, health resources, food, and consumer goods.

Quantitative Health Data:

Access to Health Care

	Oregon	Baker County
Primary Care Physicians	1,070:1	1,230:1
Dentists	1,270:1	1,780:1

Source: County Health Rankings 2018

Compared to Oregon overall, Physicians and Dentists in Baker County have a significantly higher ratio of residents per provider. Virtually all providers are located in Baker City. Most of them are affiliated with Saint Alphonsus Medical Group, or St. Luke's Medical Group. There are a small number of independent providers. There are seven dental clinics in Baker County, all in Baker City.

Uninsured by age group

Age group	United States	Oregon	Baker County
Under 19	-	3.5%	4.3%
18-64	-	8.9%	9.4%
21-64	-	8.9%	9.4%
40-64	-	7.2%	9.9%
50-64	-	6.4%	6.9%
Under 65	10%	7.4%	8%

Source: Small Area Health Insurance Estimates 2016

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

Transportation to Healthcare Related 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.
- Rides to Wellness Medical: This non-Veteran service is a fee-based, on-demand transportation service designed to serve Union County, but may be available outside of the county for a fee.

- Medicaid/Oregon Health Plan Plus Transportation Program: This program pairs 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.

Overall Wellness:

Mental Health

	Oregon	Baker County
Poor mental health days per 30 days	4.5	4.1
Mental Health Providers	230:1	200:1

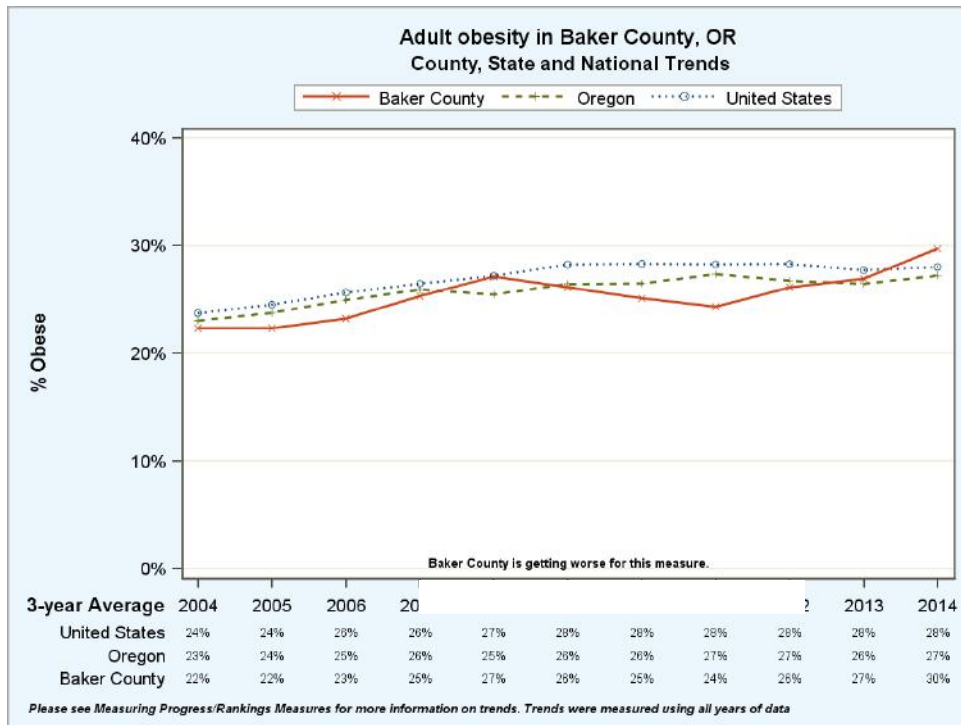
Source: County Health Rankings 2018

The number of poor mental health days is comparable to state, but Baker County has a slightly lower ratio of residents per provider than the state of Oregon.

Obesity

	Oregon	Baker County
Obesity Rate – BMI 30 or more	27%	30%

County Health Rankings 2018



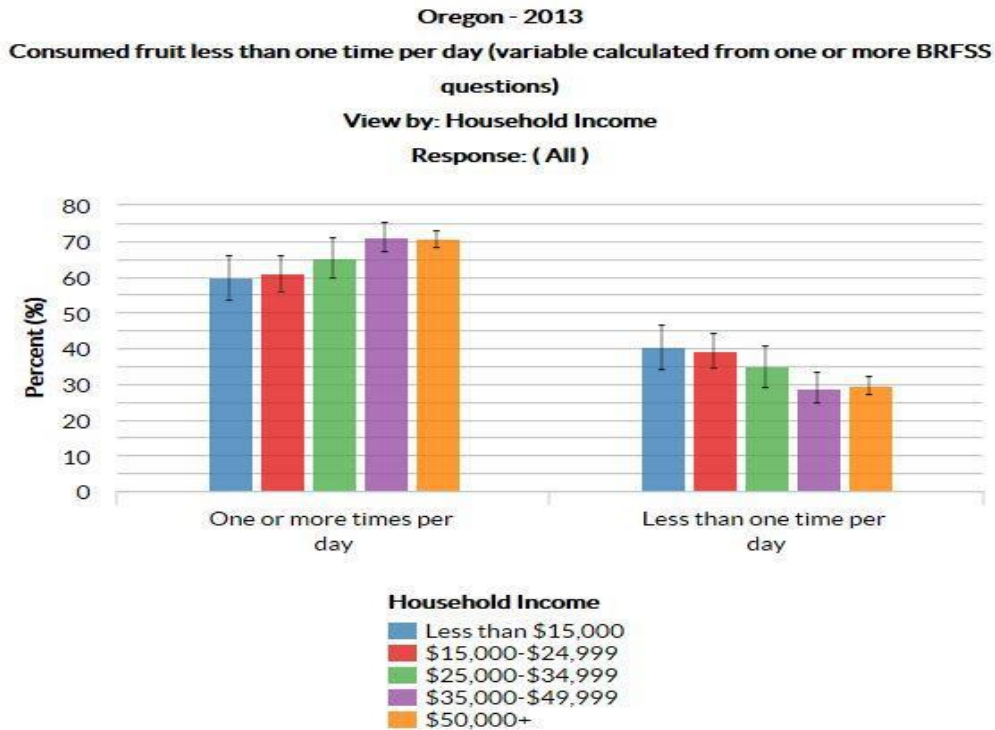
Source: County Health Rankings 2018

According to the 2018 County Health Rankings, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

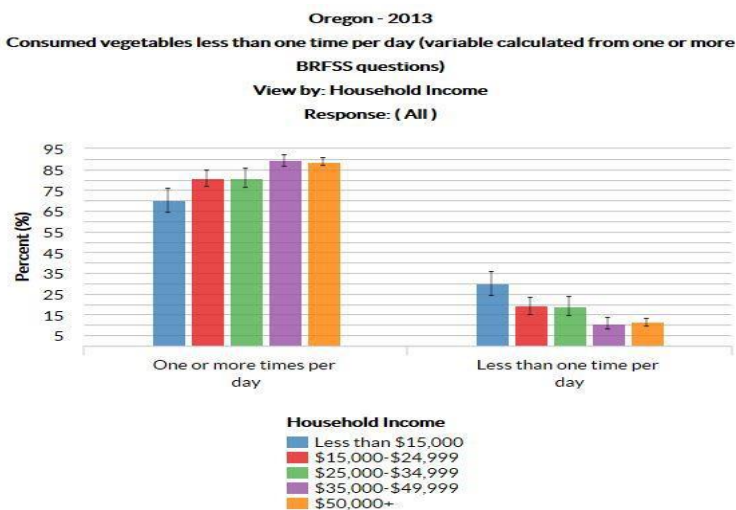
Baker County has recently shown an increase in obesity levels, bringing it higher than Oregon, as well as the rest of the U.S. There has been a slow but steady increase in obesity rates across the board over the past ten years.

Health Behaviors:

Food Consumption of fruits and vegetables



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Consumption of fruits and vegetables has remained relatively flat over time and represents one of the largest opportunities for improving the overall health of the community. The United States Department of Agriculture (USDA) no longer uses the food pyramid, but rather an easier to understand USDA "My Plate". My Plate focuses on healthy eating by providing a visual guide as to what your plate should

look like. The recommendations are that ¼ of your plate be lean protein, ¼ of your plate be grains, and half of your plate should be fruits and vegetables. The recommended servings of fruits and vegetables are 2-4 fruits and 3-5 vegetables.

Grocery price comparisons in Baker County

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 a few 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. There is also a Farmers Market in Baker City on Wednesdays in the summer months.

In Baker City	SAFeway 	Albertsons 	GROCERYOUTLET Bargain Market 
Franz whole wheat loaf	\$2.29	--	\$1.99
Generic 2% milk	\$2.99	\$2.99	\$2.69
One pound hamburger	\$3.99	\$4.49	\$2.99
Three pounds Clementines	\$5.99	\$2.88	\$3.99
Green leaf lettuce	\$1.99	\$1.99	--

Prices found in stores 1/26/2019 (-- indicates item not found)

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 is able to take some special orders for specific products.

Access to nutritious foods

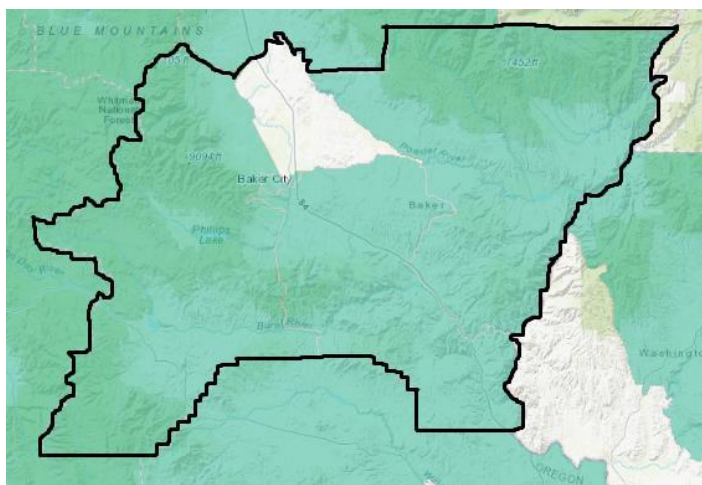
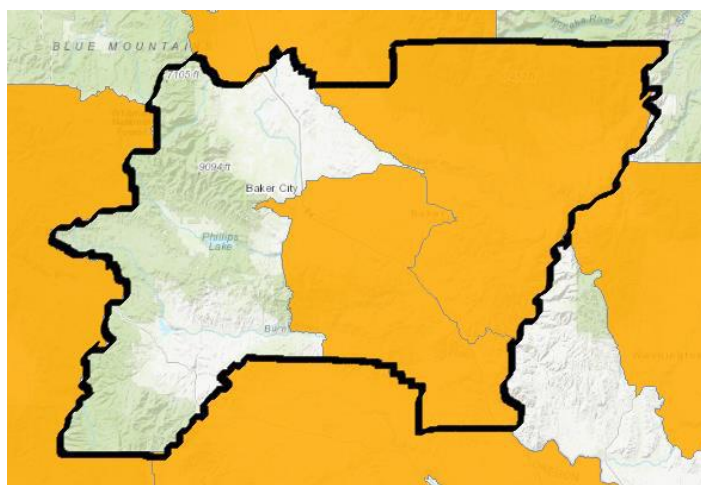
According to the United States Department of Agriculture, lack of access to healthy foods contributes to some Americans not eating a healthy diet. The first map below shows in orange the areas where the people in Baker County (outlined in black) tend to have low incomes, and the nearest grocery store is greater than half a mile away within urban areas and ten miles away in rural areas. Greater than 43% of the county population lives in these areas, known as "food deserts."

The second map shows in green the areas that are not necessarily low income, but are located far from a grocery store- greater than a half mile in urban settings and greater than ten miles in rural areas.

Source: USDA Food Access Research Atlas

	United States	Oregon	Baker County
Percent of population who are food insecure	* 12.9%	* 12.9%	* 14.7%
Food Environment Index	7.0	7.6	6.2

Source: County Health Rankings 2018, * Feeding America Research 2019



Those who lack adequate access to food are considered food insecure. These people do not have constant access to food year round, and are at higher risk of weight gain and premature mortality. Food security enhances the ability of individuals and families to provide balanced meals. Baker County has a higher level of food insecurity than does Oregon or the United States. Food insecurity is one of two measures used to construct the Food Environment Index, which is a zero-to-ten scale where zero is least access to food and ten is the best. Baker County is lower than the national average, but Oregon is higher than the United States.

Health Behaviors

	Oregon	Baker County
Adult Obesity	27%	30%
Physical Inactivity	16%	23%
Access to Exercise Opportunities	77%	73%
Consume 7+ sodas per week	* 12.5%	* 12.6%
Consumes 5+ servings fruit/vegetables daily	* 21.9%	* 12.7%
Sleep less than average of 7 hours per night	* 31.1%	* 29.7%

Sources: County Health Rankings 2018, * Behavioral Risk Factor Surveillance Survey

Lack of physical activity and opportunities to exercise are another significant opportunity to impact health on a large scale. Baker County has significantly higher levels of inactivity and lower scores for

access to exercise opportunities than Oregon's rates. Baker County and Oregon rates for soda consumption are about even. Fruit and vegetable intake is lower in Baker County than in Oregon as a whole. These factors combined with the lower food index, which indicates Baker City has less access to healthy foods, help point to part of the reason for Baker's higher obesity rate.

Inadequate sleep rates are about even between county and state.

Exercise

GoNoodle

As part of the response to the 2016 CHNA, Saint Alphonsus has helped local schools to implement GoNoodle, a technology based program that works with teachers in the classroom as well as parents at home to encourage kids to get up and move. GoNoodle's website advertises that movement is important because it increases focus, encourages learning, and improves behavior in kids. Active lifestyle changes also help to fight obesity in our youth, and fit, healthy kids are more likely to become fit, healthy adults.

Gym membership pricing

	YMCA signup fee	YMCA monthly	Club 24 signup fee	Club 24 monthly	Quail Ridge Golf monthly
Single	\$30	\$42	\$49	\$35	\$65
Family = 2 adults + children	\$50	\$78	\$49 + \$20 each additional	\$35 + \$25 each additional	\$100

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 basic necessities, much less the additional monthly fees required to belong to a gym or golf club. The YMCA does offer scholarships for many of their activities. However, Baker City also has the Leo Adler Memorial Parkway which provides a walkway along the Powder River and is accessible at many points throughout town; it requires no fees for use.

Violent Crimes

Crimes Against Persons	Oregon # of Offenses	Oregon # of Arrests	Baker County # of Offenses	Baker County # of Arrests
Willful murder	54	34	0	0
Negligent Homicide	25	15	0	0
Forcible Rape	579	83	4	0
Other Sex Crimes	2,597	846	20	2
Other Criminal Threats	8,169	3,673	78	34
Kidnapping	236	64	4	0
Robbery	901	495	1	1
Aggravated Assault	3,714	2,252	14	7
Simple Assault	10,835	5,591	60	32
Total	27,110	13,053	181	76

Source: State of Oregon Report of Criminal Offenses and Arrests 2017

According to the 2018 County Health Rankings, violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The data above was obtained from the State of Oregon Report of Criminal Offenses and Arrests 2017 and includes data from January to December 2017. The numbers come from two different reporting systems, the Oregon Uniform Crime Reporting system and the Oregon National Incident Based Reporting System. The law enforcement agencies reporting include Baker County Sheriff's Office, Baker City Police Department, and Baker Oregon State Police.

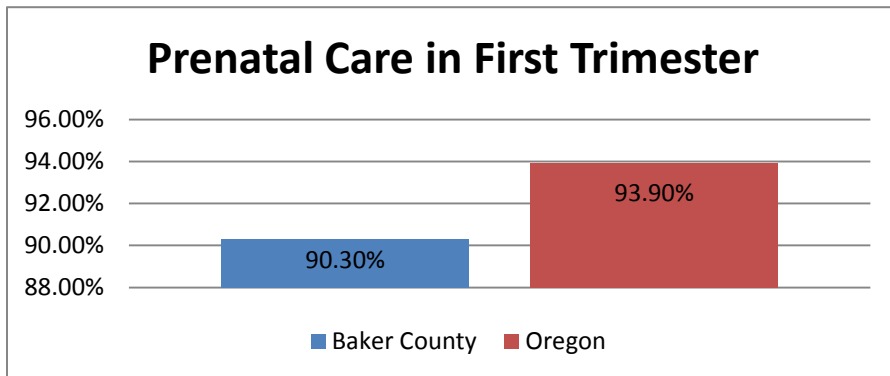
Teen Births

	Oregon	Baker County
Teen Births (per 1000 females age 15 – 19)	22	30
Low Birthweight (Teen and Adult) %	6%	7%

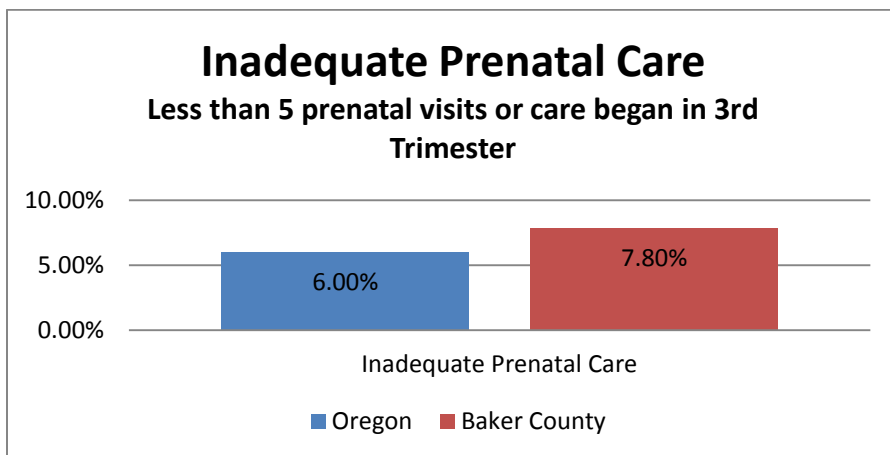
County Health Rankings 2018 (data includes 2010-2016)

Baker County's teen birth rate is well above the State of Oregon rate. Teen pregnancy increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (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.

Prenatal Care



Source: Oregon Vital Statistics County Data 2017



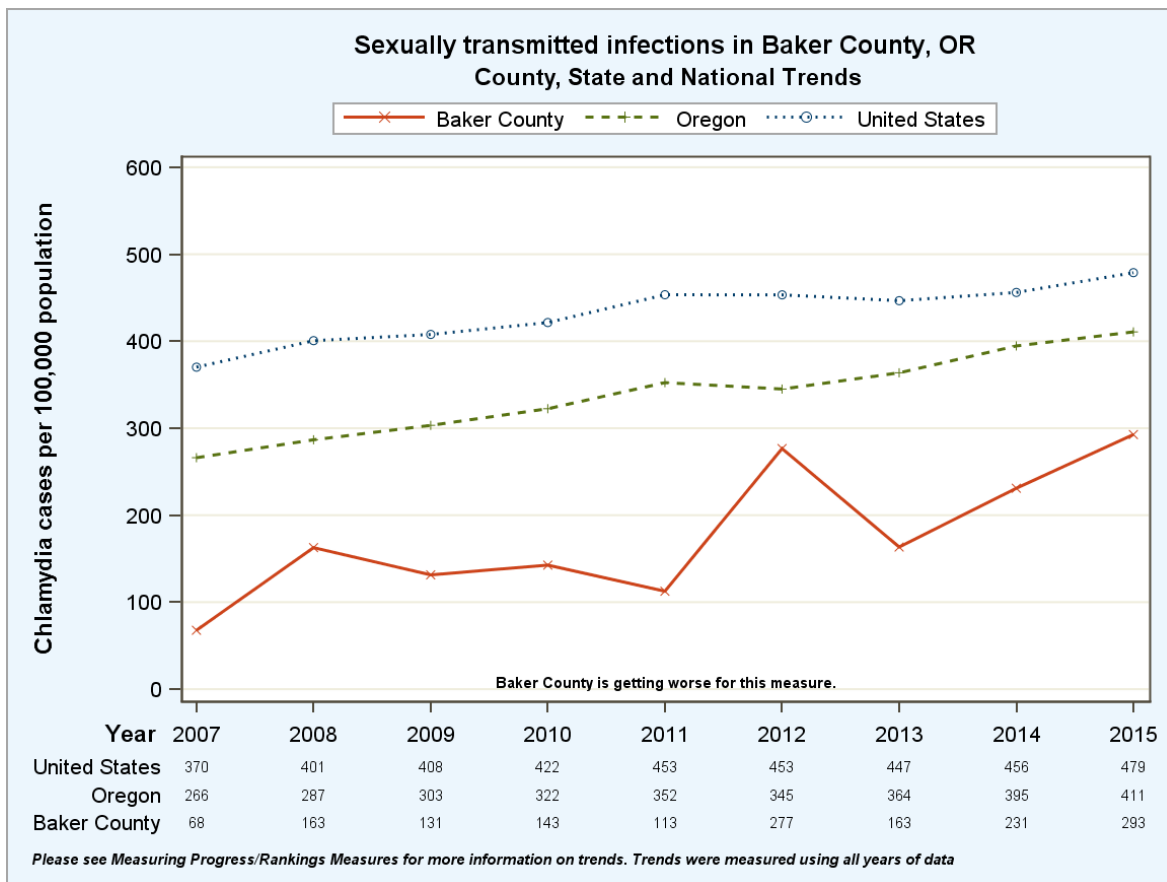
Source: Oregon Vital Statistics County Data 2017

Late or no prenatal care is improving, but is still higher in Baker County than the State of Oregon, providing an opportunity to continue to address and monitor.

Sexually Transmitted Infections

STI rates per 100,000 population	United States	Oregon	Baker County
Chlamydia	479	410.7	292.7
Gonorrhea	* 110.7	* 59	-
Syphilis	* 20	* 14.8	-

Source: County Health Rankings 2018, * CDC Wonder 2014, - no data available



Source: County Health Rankings 2018

The rate of sexually transmitted infections may be lower in Baker County than Oregon and the U.S., but continued monitoring is encouraged as recent trends show rates are on the rise.

Environmental Factors

	Oregon	Baker County
Air Pollution – Particulate Matter Parts per million (PPM)	7.0	6.2
Severe Housing Problems	20%	18%

Source: County Health Rankings 2018

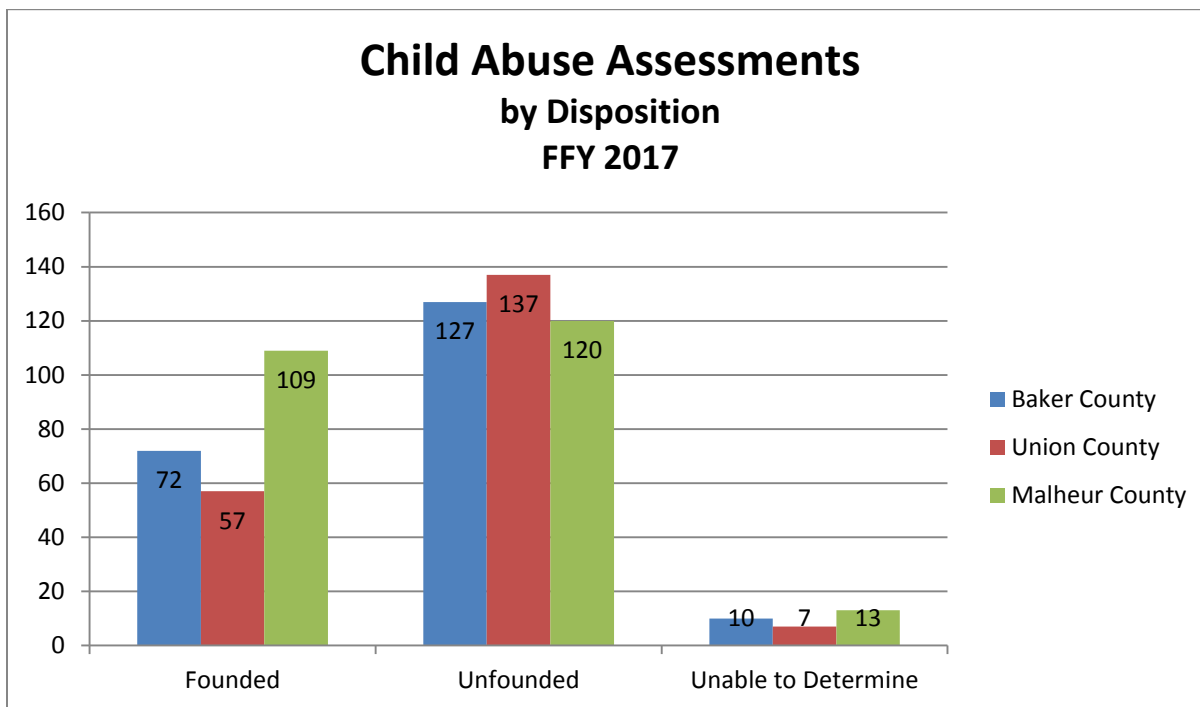
Baker County air pollution is generally low, except for seasonal fires in the fall. Severe housing problem rates are comparable to those for Oregon.

Households

	United States	Oregon	Baker County
Households with own children under 18 years	64,573,392	769,841	2,812
Married Couple Households	69.5%	72.2%	76.8%
Single Dad Households	7.1%	7.3%	5.8%
Single Mom Households	23.4%	20.5%	17.4%

Source: United States Census Bureau, 2017

Child Abuse:



Source: 2017 Child Welfare Data Book

	Population under 18			Victims			Rate per 1,000		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Baker Co.	3,117	3,119	3,160	98	67	105	31.4	21.5	33.2
Statewide	858,022	862,856	868,727	10,402	11,843	11,077	12.1	13.6	12.8

Source: 2017 Child Welfare Data Book

Baker County's reports of child abuse are comparable to the rates of the surrounding counties of Malheur and Union. However, rates have been considerably higher in Baker County than rates for the state for the past three documented years.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. ACEs have been linked to:

- Risky health behaviors
- Chronic health conditions
- Lower life potential, and
- Early death

As the number of ACEs increases, so does the risk for these outcomes.

The ACEs survey identifies the level of risk by measuring the occurrence of eight experiences before 18 years of age:

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Intimate Partner Violence
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member

Total number of 'Yes' responses to Adverse Childhood Experiences questions (from 8 ACEs measures)
All questions referred to the time period before 18 years of age

	Female	Male	Total
	Weighted %	Weighted %	Weighted %
None	31.2%	32.8%	31.9%
One experience	20.5%	25.1%	22.7%
Two experiences	14.4%	14.3%	14.4%
Three experiences	10.5%	7.9%	9.2%
Four or more experiences	23.4%	20.0%	21.7%

Denominator is: All survey respondents.

Source: Oregon 2016 BRFSS

Infant Deaths

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. In order to proactively address safe infant sleep hygiene, SAMC - BC is 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 mother's/parents 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, SAMBC, and other entities are able to 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. The infant mortality rate in Baker County declined significantly in 2017 and has returned to a rate that is comparable to the state of Oregon average of 5.4/1,000 births. Data provided by Children First for Oregon.

Leading Causes of Death

	United States	Oregon	Baker County
1	Heart Disease - 635,260	Cancer - 8,083	Heart Disease - 52
2	Cancer - 598,038	Heart Disease - 6,942	Cancer - 36
3	Accidents - 161,374	Chronic Lower Respiratory Disease - 2,088	Chronic Lower Respiratory Disease (CLRD) - 19
4	Chronic Lower Respiratory Disease - 154,596	Accidents - 2,076	Accidents - 17
5	Stroke - 142,142	Cerebrovascular Disease - 2,066	Alzheimer's - 14
6	Alzheimer's - 116,103	Alzheimer's - 1,850	Cerebrovascular Disease - 11
7	Diabetes - 80,058	Diabetes - 1,240	
8	Influenza & Pneumonia - 51,537	Suicide - 722	
9	Nephritis - 50,046	Chronic Liver Disease/ Cirrhosis - 642	
10	Suicide - 44,965	High Blood Pressure (HBP) - 560	

Source: Oregon Vital Statistics – CDC 2017

Baker County's top causes of death closely mirror both the Oregon State and national list. Most fluctuations are largely attributable to small sample sizes in Baker County for 7th through 10th leading causes.

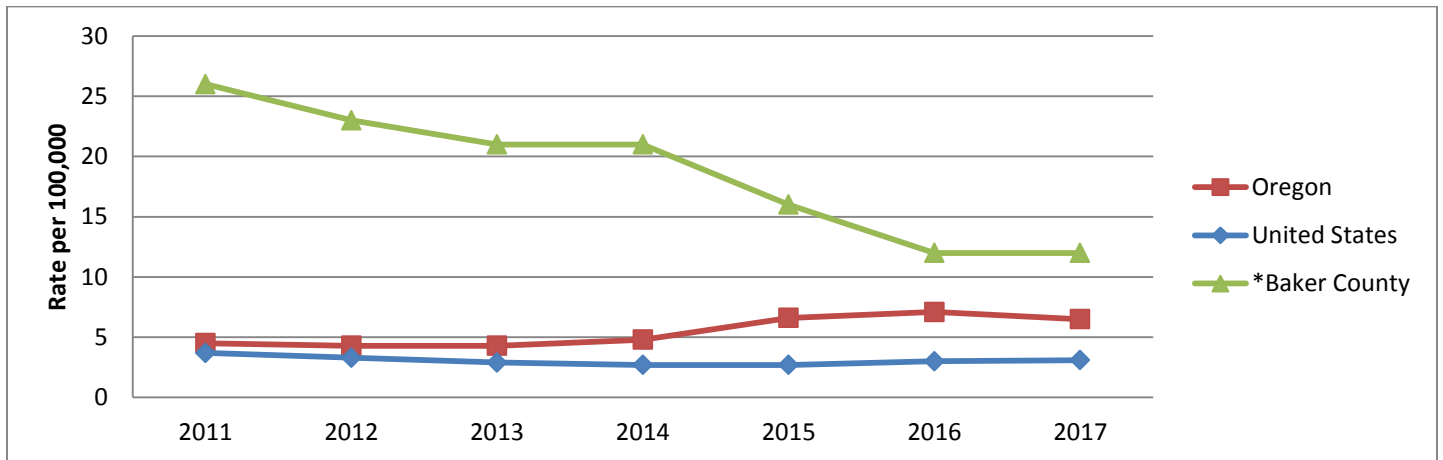
Injury Deaths

	Oregon	Baker County
Injury Deaths per 100,000 population	71	110

Source: County Health Rankings 2018

Injury deaths in Baker County are significantly higher than Oregon as a whole, in part due to the rural/agricultural nature of the county.

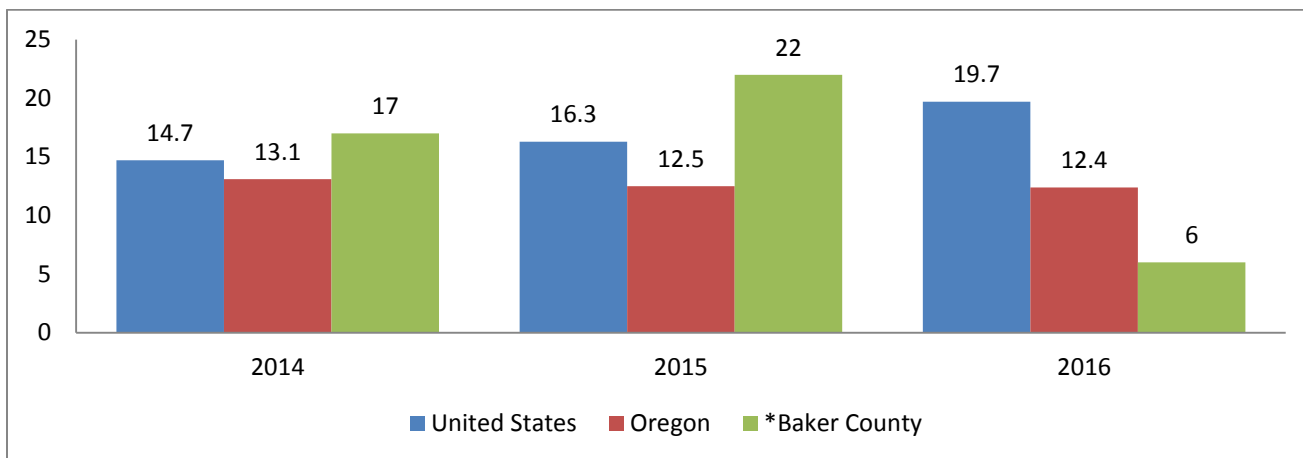
Motor Vehicle Deaths



Source: CDC Compressed Mortality File 2017, *County Health Rankings & Roadmaps 2018

Baker County is home to a stretch of interstate known for high accident rates. Steps have been taken to mitigate some of the risk of highway travel in the area, but deaths due to crashes remain higher than average.

Drug Overdose Deaths



Source: CDC Compressed Mortality File 2016, *County Health Rankings & Roadmaps, 2018

Oregon's rate of drug overdose deaths has held steady in the past few years, whereas the national rate has had a slow but steady increase. Baker County's rate has fluctuated with no specific pattern.

Tobacco Use

	Oregon	Baker County
Adult Tobacco Use	20.90%	27.30%
Cigarette Smoker	18.20%	19.40%
Smokeless Tobacco Use by Males	7.40%	15%

Source: Behavioral Risk Factor Surveillance Survey, 2010-2013

Youth tobacco in OREGON	Current use of any tobacco product	Current use of E-Cigarette	Ever tried tobacco product	E-Cigarette as first tobacco use
2015				
8th grade	12.3%	9.3%	21.9% *	43.5% *
12th grade	23.7%	17.1%	41.7% *	34.4% *
2017				
8th grade	8.4%	6.30%	-	54%
12th grade	18.9%	12.90%	-	48.5%
USA 2017				
Middle School	7.2% †	4.9% †	17.7% †	-
High School	27.1% †	20.8% †	46% †	-

Sources: Oregon Health Authority 2018, *Hines, Fiala, & Hedberg, 2017, †CDC

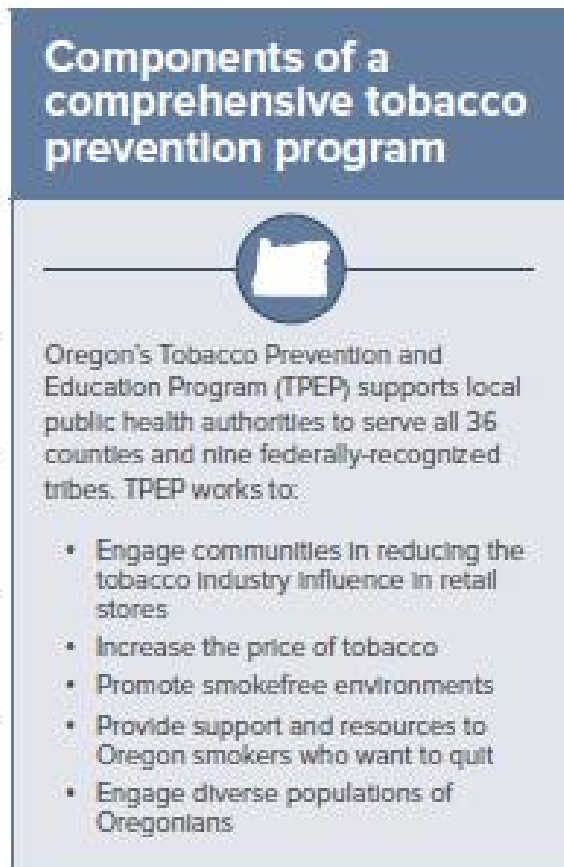
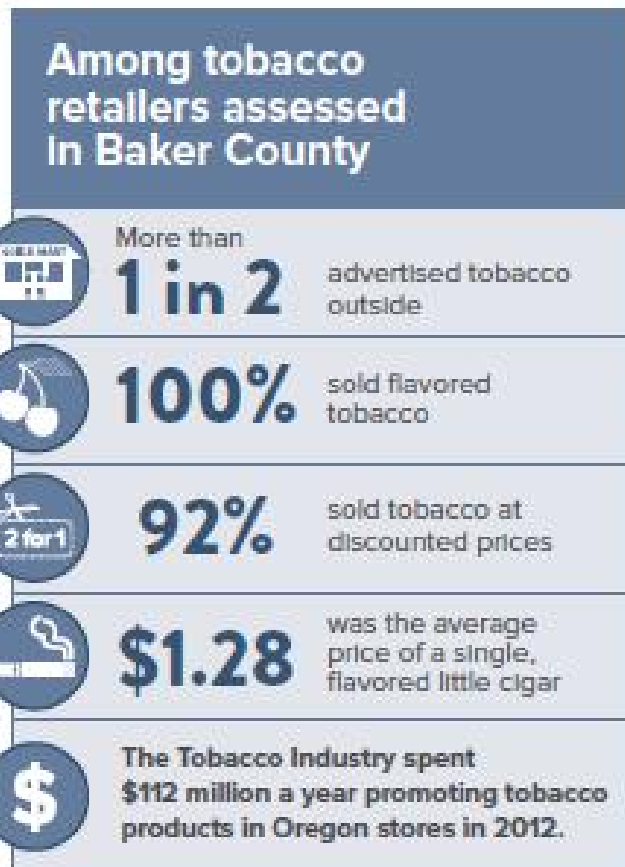
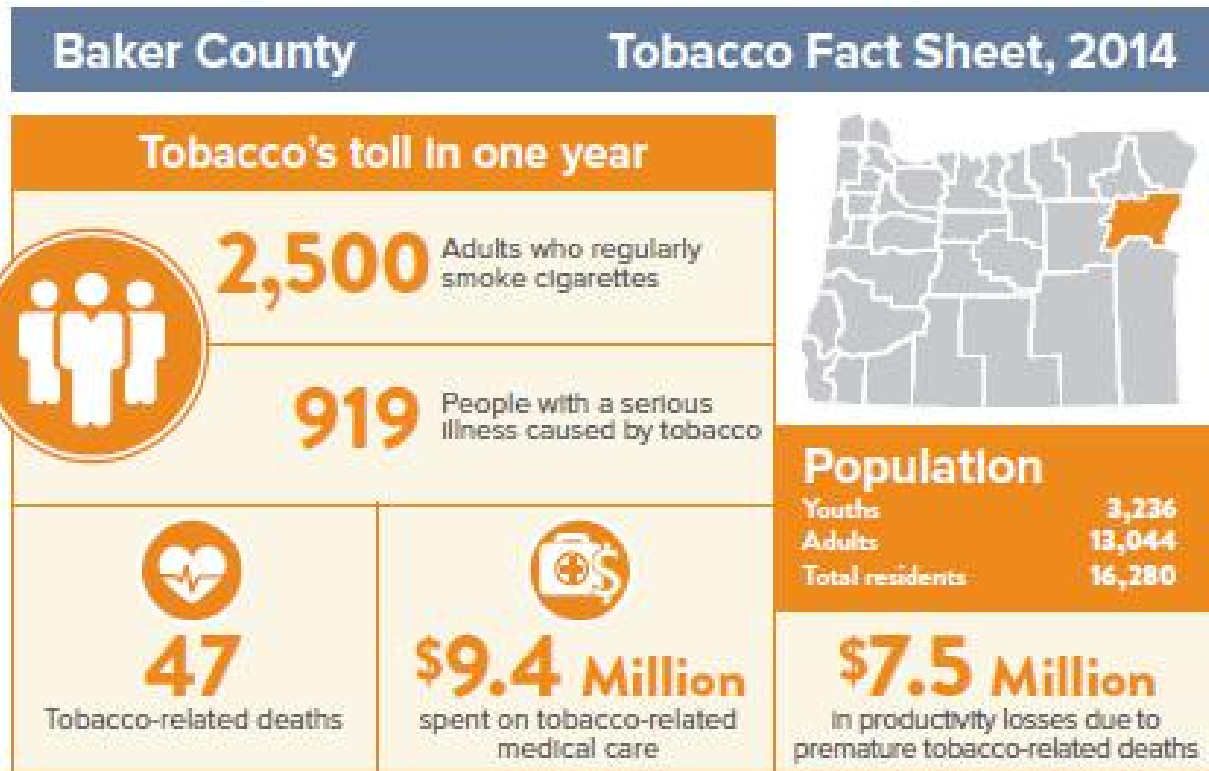
Although it is on the decline, youth tobacco use is still high in Oregon and the U.S. Halting youth tobacco use is crucial because the CDC reports that over 90% of adult smokers had their first tobacco product before the age of 18. In an effort to decrease underage smoking, Oregon enacted a new law in 2018 that raised the minimum age to purchase tobacco or tobacco products, including e-cigarettes, from 18 to 21 years old.

Studies show that E-cigarettes are the most popular tobacco product for youth throughout the United States, but this is especially the case in Oregon. Surveys report the most common reasons for youth use of E-cigarettes include 1) use by friends or family, 2) availability of interesting flavors such as fruit, candy, or chocolate, and 3) a belief that E-cigarettes are less harmful than regular cigarettes (Tsai et al, 2018).

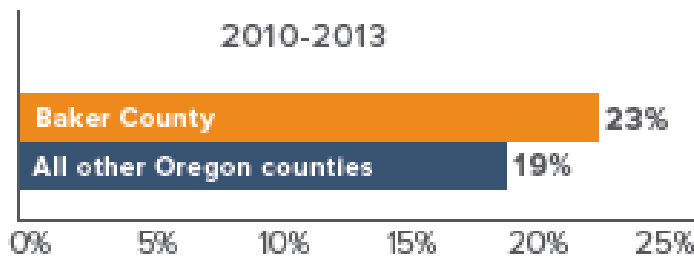
Contrary to popular belief, E-cigarette vapor contains many harmful substances, including several known carcinogens. Even vape juices that are labeled as nicotine free come with risk, as some have been found to contain nicotine regardless of labeling. Additionally, fruit flavored vape juices, which are popular among youth, contain higher levels of carcinogens than those vape juices that are not fruit flavored (Rubinstein, Delucchi, Benowitz, & Ramo, 2018).

For those who wish to kick the habit of tobacco use, SAMC - BC offers many services to assist in the population's efforts to quit smoking. These services include free tobacco cessation classes by Quit with Nancy, free phone consultations with a Registered Nurse, an online program by PlanMyQuit, and a smartphone app by Quitter's Circle. SAMC - BC also offers a Tobacco Treatment Specialist, trained through the University of Massachusetts Medical School, as well as a lung screening program for those who qualify to help with early detection of lung cancer. The State of Oregon has stop-smoking

resources as well, including the Quit Line and a law guaranteeing tobacco cessation benefits for those with health insurance.



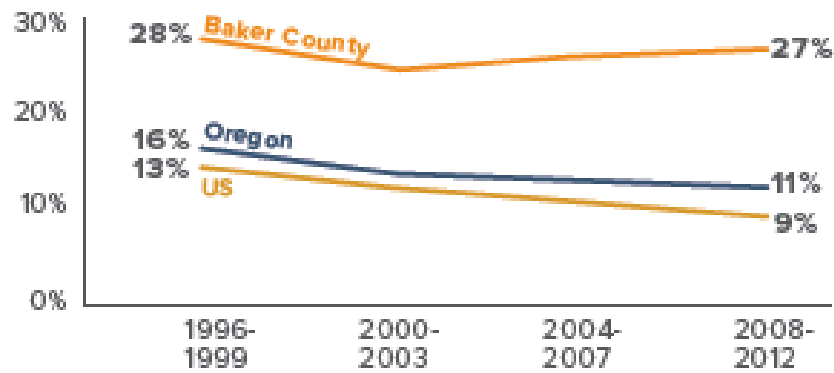
Adult cigarette smoking



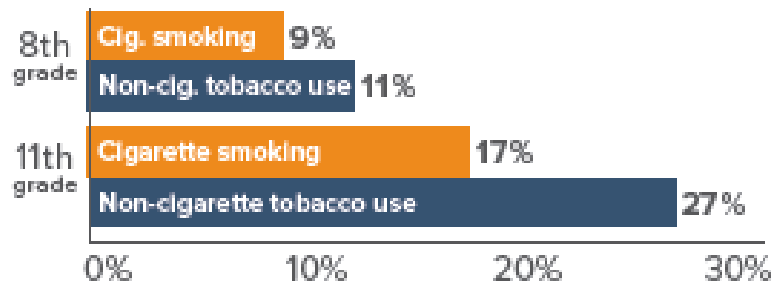
Cigarette smoking among adults in Baker County is higher than the rest of Oregon.

Cigarette smoking during pregnancy

Cigarette smoking among pregnant women in Baker County is more than Oregon overall, and three times as high as the rest of the US.



Youth cigarette and non-cigarette tobacco use



Among 11th graders in Baker County, non-cigarette tobacco use is 60% higher than cigarette smoking.

Note: non-cigarette tobacco products include cigars, pipe tobacco, hookah tobacco, chewing tobacco, dissolvable tobacco, and electronic cigarettes.



Want to know more or have questions about the burden of tobacco in your community?

Visit Smokefree Oregon to find out what you can do:
<http://smokefreeoregon.com/what-you-can-do/>

Marijuana Use

Marijuana sales/consumption is legal in several areas of Oregon, including Huntington, in Baker County. The economic impact of production and sales of marijuana in Huntington is significant, including a significant return on investment to the city in the form of tax revenue. Roughly 20% of Oregon residents use marijuana on a regular basis.

CALC: Current Marijuana use (past 30 days)

(Weighted Column Percents)

		Age Groups				
		Total	18-24	25-44	45-64	65+
1-30 days in past 30		16.3	28.2	20.3	16.4	5.6
No days in past 30 or never		83.7	71.8	79.7	83.6	94.4
Male	1-30 days in past 30	20.1	30.1	26.2	19.8	7.0
	No days in past 30 or never	79.9	69.9	73.8	80.2	93.0
Female	1-30 days in past 30	12.7	26.2	14.5	13.3	4.3
	No days in past 30 or never	87.3	73.8	85.5	86.7	95.7

Oregon Public Health Division - healthoregon.org/brfss

Alcohol Use

	Oregon	Baker County
Excessive Drinking	19%	18%
Alcohol-impaired driving deaths	32%	17%
Beer, Wine, and Liquor Stores	* 251	* 4

Sources: County Health Rankings 2018, * County Business Patterns 2016

Baker County is about the same as Oregon for the percent of adults who report binge or heavy drinking, but there is a significantly lower rate of alcohol-impaired driving deaths. As compared to the 2016 data, alcohol-impaired driving deaths have increased by 5%.

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 is a facility that offers parents alcohol and drug treatment; it can take up to 15 parents with 15 children, treating the family and helping parents understand the family impact of their addictions. Elkhorn Adolescent Treatment Center takes teens from 13-18 years old to help them overcome substance abuse, as well as offering mental health and developmental disability 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.

Health Screening Rates

	Oregon	Baker County
Blood sugar checked in last 3 years	63.3%	57.7%
Cholesterol checked in last 5 years	73%	81.3%

Source: Behavioral Risk Factor Surveillance System, 2010-2013

Baker County rates for blood sugar checks are lower than the state, but higher for cholesterol checks.

	Oregon	Baker County
Pap smear in last 3 years- age 18+	75.1%	69.76%
Mammogram in last 2 years- age 40+	69.6%	62.97%
Colonoscopy during lifetime- age 50+	62%	53.4%

Source: Behavioral Risk Factor Surveillance System, 2008-2010

Baker County screening rates are lower than those of Oregon for Pap smears, mammograms, and colonoscopies. This illustrates an opportunity to educate the community regarding these screenings as to how they are vital to early detection and treatment of common cancers. These, as well as other types of screenings, are covered under the Affordable Care Act.

Cancer Rates per 100,000 population

	United States	Oregon	Baker County
Breast	124.7	124.9	124.7
Cervical	7.5	6.8	-
Colon/Rectum	39.2	34.8	27.3
Lung	60.2	56.2	67.7
Prostate	109	95.4	58.4
All Cancers Mortality	164	164.8	176.9

Source: United States Cancer Statistics, CDC, 2011-2015

Breast cancer rates in Baker County are consistent with those of the state and nation. Baker County has a lower rate of colon/rectum and prostate cancers, but higher incidence of lung cancer and a higher overall cancer mortality rate.

Prevalence of Chronic Diseases

	Oregon	Baker County
Cancer	9.5%	15.3%
Cardiovascular Disease	7.9%	13.4%
Chronic Obstructive Pulmonary Disease	6.1%	15%
Depression	24.6%	21.6%
Diabetes	9%	12.4%
Heart Attack	4%	12.2%
Stroke	2.9%	6.1%

Source: Behavioral Risk Factor Surveillance System, 2010-2013

Baker County has higher rates of physical diseases as seen above. However, Baker County's rate of depression is significantly lower than the rate for Oregon.

Life Expectancy

	United States	Oregon	Baker County
Males	76.7	77.4	76.1
Females	81.5	81.5	80.7

Source: Institute for Health Metrics and Evaluation, 2014

Baker County residents have a slightly shorter life expectancy than Oregon or the United States.

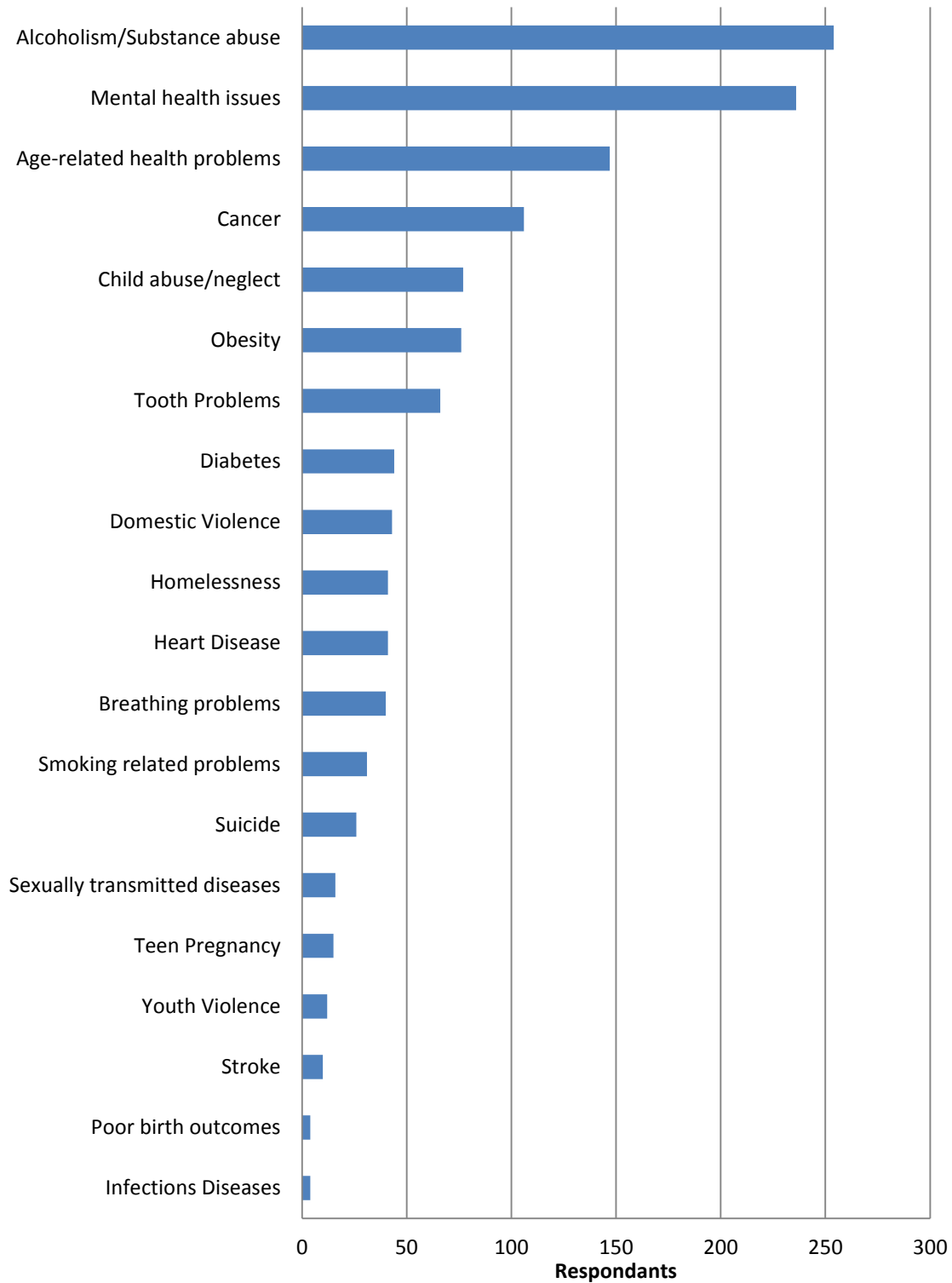
Community Input:

From the Survey: Alcohol/substance abuse and mental health were overwhelmingly identified as a significant community problem.

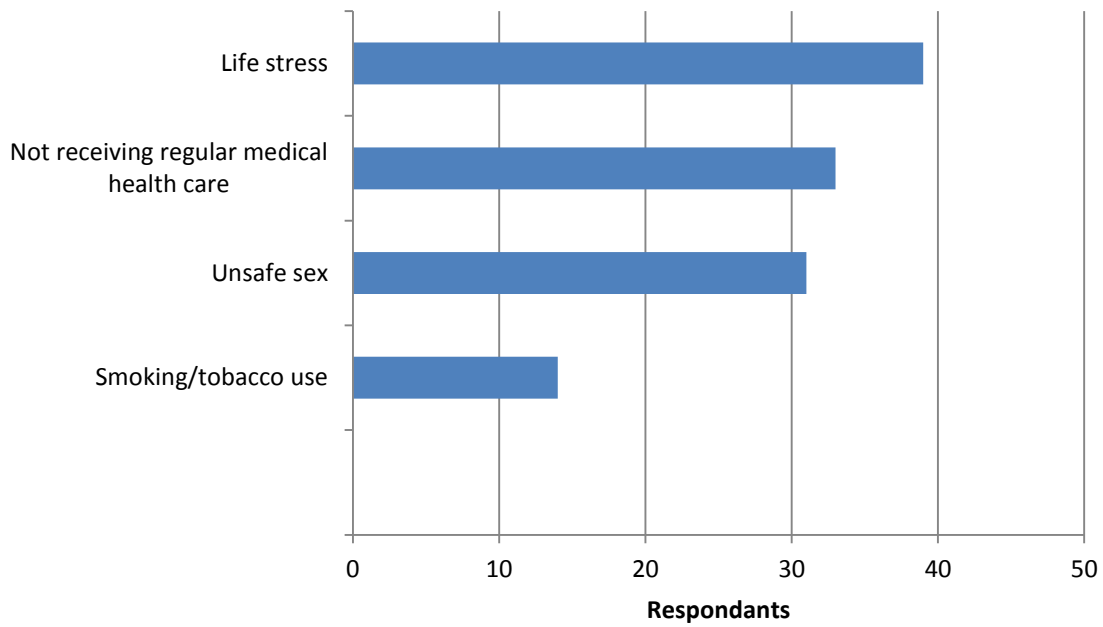
Survey comments and focus group informants echoed this concern as well. Other notable items from comments and focus groups include much interest in developing more facilities and resources for physical activities for the general community and at area schools. Of note were many comments related to developing resources that were affordable and available during winter months.

Interestingly, air quality was listed by a significant number of respondents even though on average, Baker County has air quality within normal limits. The concerns are largely from smoke from seasonal forest fires in the fall months. There were many concerns voiced regarding the aging infrastructure of Baker City as well as Baker County schools (again referencing the need for updated indoor recreation opportunities). Infrastructure concerns in Baker City were largely around the same recreation needs as well as desire for more sidewalks and streetlights throughout.

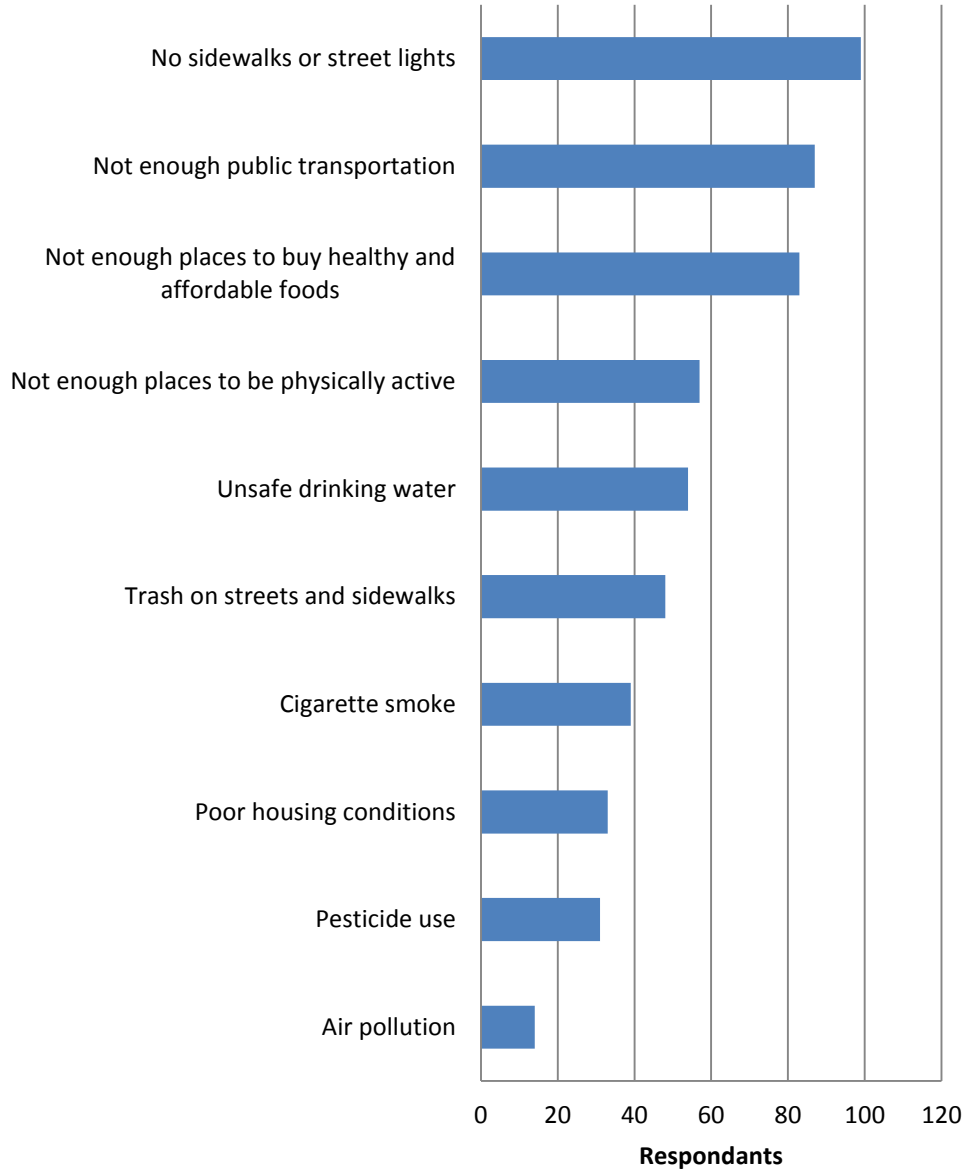
2. What are the 3 biggest health problems in our community?



6. What are the three behaviors that most affect health in our community?



4. What are the 3 biggest obstacles to having a healthy environment in our community?

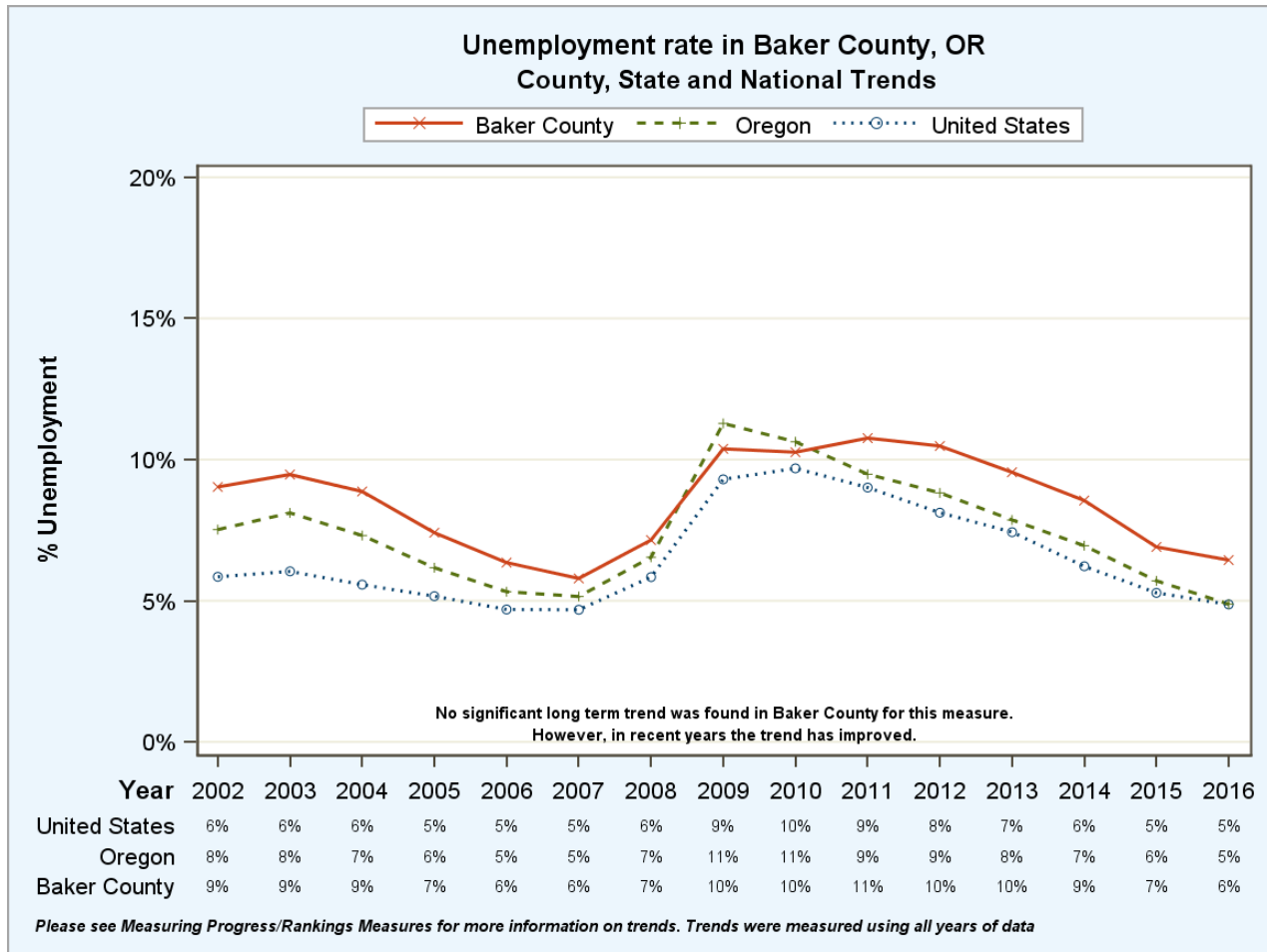


Section 3: Financial Stability and Independence

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

Quantitative Financial Stability Data:

Unemployment



Source: County Health Rankings 2018

	United States	Oregon	Baker County
Labor Force	160,320,000	2,120,955	7,258
Number Employed	153,337,000	2,032,976	6,908
Number Unemployed	6,982,000	87,979	350
Unemployment Rate	4.4	4.1	4.8

Source: Bureau of Labor Statistics, 2017

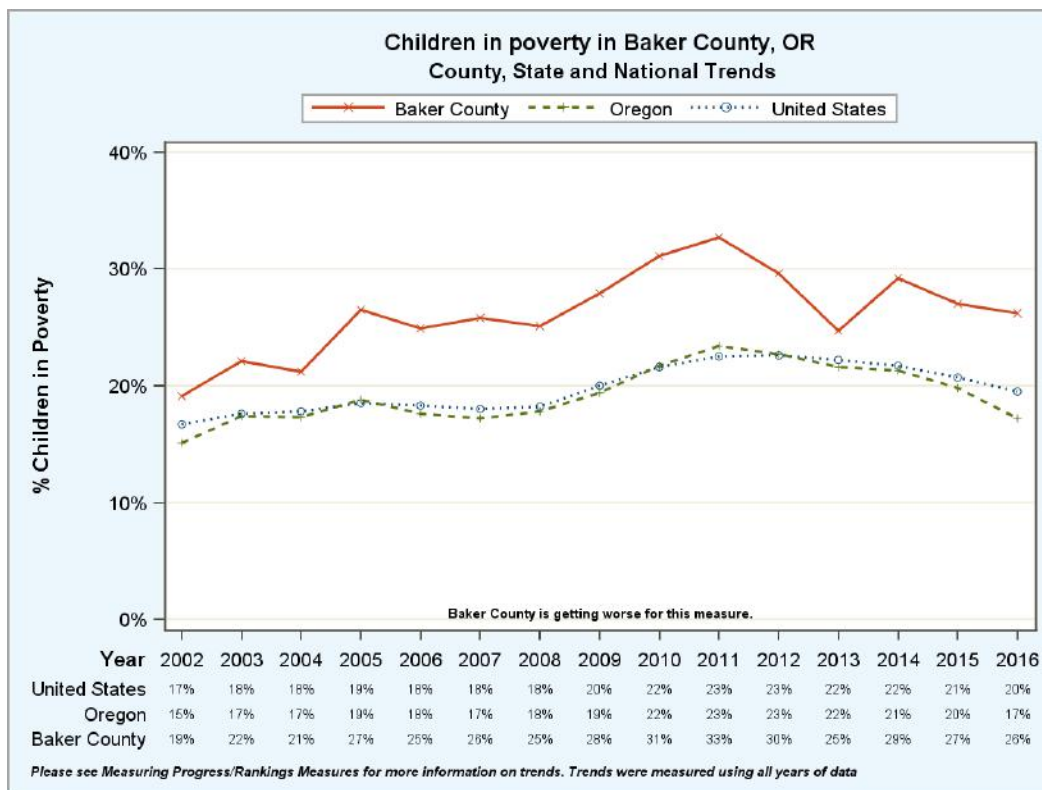
Baker County's unemployment trends closely mirror state and national patterns. Overall county unemployment rates, however, remain slightly higher than Oregon and the U.S.

Employer Facts

The largest industries in Baker County are health care and social assistance. The highest paying industry is utilities (www.datausa.io). The largest employer in the county is Marvin Wood Products; they employ more than 150 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).

Poverty/Wages

Children in Poverty:



Source: County Health Rankings 2018

Baker County has a higher percentage of children in poverty than both the state of Oregon and the United States.

Housing Burden

	United States	Oregon	Baker County
Total households	118,825,921	1,571,631	7,033
Cost Burdened Households	38,077,292	554,145	1,801
Percentage of cost burdened households	32%	35.20%	25.60%

Source: U.S. Census Bureau 2017

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 medical care. Baker County's housing burden rate is less than both the State of Oregon and the United States; however, supply of affordable units is low, with some residents unable to find housing. Homelessness is difficult to measure due to the lack of shelters, with most homeless residents co-housing or "couch surfing."

Current Housing Market Trends

	Median price	Avg \$/sqft	Avg days on market	# homes on market
Redfin.com	\$106,000	\$62	237	155
Realtor.com	\$168,750	\$97	65	169

Data obtained February 2019

Housing data varies between realtors, as seen. However, properties in Baker County have consistently been remaining on the market for several months prior to sale. Redfin reports that sale prices have decreased an average of more than 20% in the past year.

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 things 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 also the community by offering free clothes, hygiene items, toys, books, and household appliances, as well as inexpensive laundry service. Bulldog Businesses are located in the North Baker Elementary 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).

Public Transportation

Another concern amongst respondents (15%) 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 Baker City Trolley
- None of these services are available during nights, weekends or major holidays. Charters and cabs are options in the region, but can be costly. Uber and Lyft have yet to bring their services into Baker County (www.neotransit.org).
- Currently, no public transportation options reach the southwest portion of the county to serve Unity, Sumpter, or the surrounding communities.

ALICE in Baker County

The United Way studies the economy and reports on those who are Asset Limited, Income Constrained, and Employed, (ALICE) in U.S. communities. These people are those who earn enough to be above the Federal Poverty Level, but still fall short of affording basic needs such as housing, childcare, food, transportation, health care, and necessary technology. ALICE reports are more accurate measures to determine financial insecurity in states and communities.

Town	Total households	% ALICE & Poverty
Baker City	4,260	49%
Haines	204	51%
Halfway	153	61%
Huntington	167	43%
Sumpter	113	65%

Monthly Costs	Single	2 Adults, 1 Infant, 1 Preschooler
Housing	\$491	\$661
Child Care	\$-	\$983
Food	\$177	\$586
Transportation	\$346	\$692
Health Care	\$196	\$728
Technology	\$55	\$75
Miscellaneous	\$157	\$435
Taxes	\$303	\$624
Monthly Total	\$1,725	\$4,784
Annual Total	\$20,700	\$57,408
<i>Hourly Wage Needed</i>	<i>\$10.35</i>	<i>\$28.70</i>

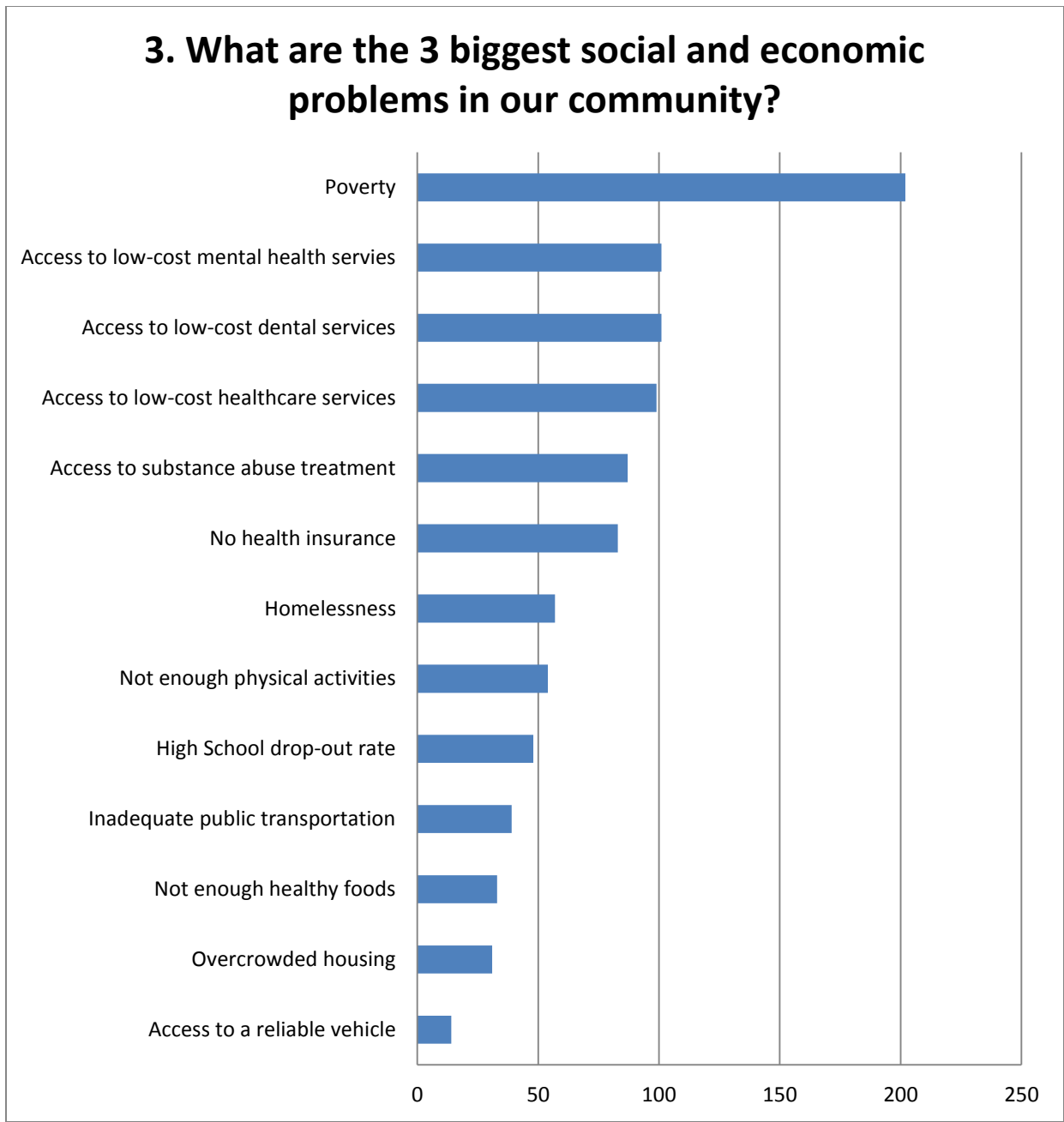
Source: United Way of Southwestern Oregon, 2016 www.unitedwayswo.org

According to the most recent ALICE report from 2016, 14% of those living in Baker County make less than the Federal Poverty Level. An additional, 32% of households earn little enough to be under the ALICE threshold. This means that only 54% of households in Baker County are making a living wage and are able to afford basic necessities.

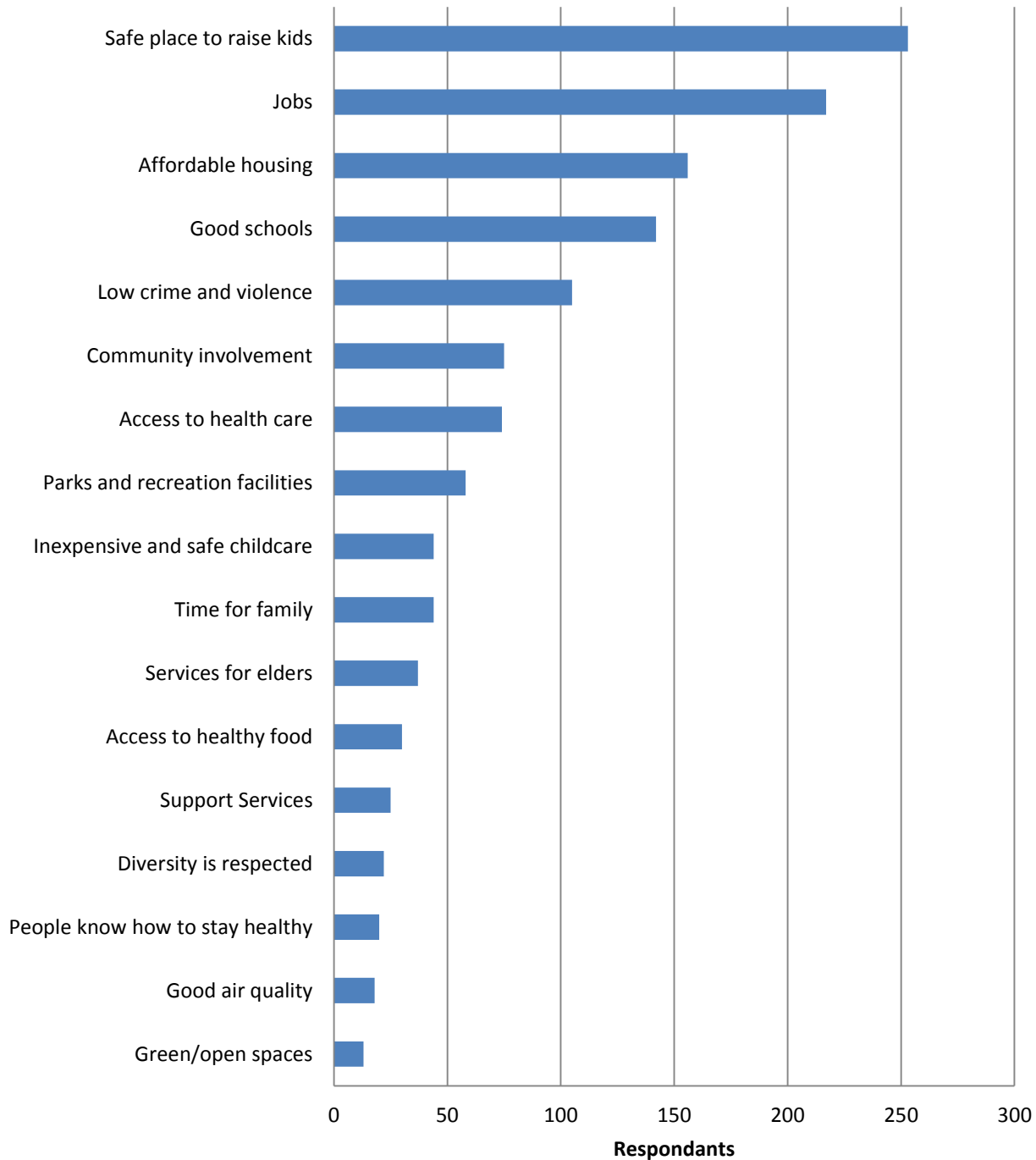
Community Input:

From the survey: Poverty was the number one problem noted by survey respondents. Poverty is the primary social influencer of health and is closely linked to almost every other influencer. Note that there is much overlap with the Health section on this survey question, emphasizing the importance of living wages as a path to wellness. Oregon is on a glide-path to living wages, but the gap is still very large.

From survey comments and focus groups, housing was the number one concern followed by the desire for more jobs and better pay, again echoing the need for more living wage jobs AND affordable housing. Informants stressed the need to focus on modest growth as a means to provide more job opportunities, as well as to begin addressing the shortage of housing. While there was much agreement on the need for wages/opportunities to increase, there were no over-arching themes regarding how to achieve that result.



9. What are the 3 most important parts of a healthy, thriving community?



Section 4: Access to Basic Services

This section assesses the state of available assistance programs, and barriers to access. Again, the rural nature of Baker County poses some significant challenges, and travel to Baker City is necessary to access most services.

Quantitative Data: Basic Services

Food Insecurity and Assistance/Supplemental Nutrition Assistance Program (SNAP)

	# in Baker Co who are food insecure	% County population who are food insecure	# people helped by SNAP in Baker Co	% County population helped by SNAP	% Oregonians who are food Insecure	% Oregonians who are helped by SNAP
All People	2,360	15%	3,454	21%	13%	16%
Children	730	23%	1,133	36%	20%	27%
Annual federal SNAP dollars to Baker County: \$4.8 million						

Source: Oregon Center for Public Policy, June 2018

The rate of people who are on the Supplemental Nutrition Assistance Program, also known as food stamps or SNAP, is higher in Baker County than the rate for the State of Oregon. There are many more people in Baker County who are eligible for food stamps, but who do not receive them for one reason or another.

Food Banks

There are five listed food pantries in Baker County. There are three in Baker City, one in Halfway, and one in Huntington.

Transportation to Work

	Number of workers	Percent of workers	Median age of worker
Total Workers	6,247	100%	45.6
Drove alone	4,447	71.2%	45.9
Carpooled	827	13.2%	38.4
Public Transportation	0	0%	-
Bicycle	85	1.4%	51
Walked	330	5.3%	50
Taxi, motorcycle, or other	98	1.6%	51
Worked at home	460	7.4%	58.4

Source: United States Census Bureau, 2017

Younger workers in Baker County are more likely to carpool to work, whereas older workers are more likely to work at home.

Household Vehicle Availability

	United States	Oregon	Baker County
No vehicle available	8.80%	7.70%	7.50%
1 vehicle available	33.20%	32.20%	27.20%
2 vehicles available	37.40%	37.70%	38.20%
3 or more vehicles available	20.60%	22.50%	27.20%

Source: United States Census Bureau, 2017

Baker County residents tend to be more likely to have one or more vehicles available to them than those in Oregon or the United States.

Elder Care Assistance

Community Connection of Northeast Oregon, Inc. (CCNO) provides services to the elderly, 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 cares 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.

Characteristics of Occupied Housing

Baker County	Number	% total units
Total occupied housing units	7,033	100%
Occupied by owner	4,806	68.3%
Occupied by renter	2,227	31.7%
Age of structure		
Built in 2000 or later	1,096	15.6%
Built between 1960-1999	2,868	40.8%
Built before 1960	3,069	43.6%
Units in structure		
One	5,291	75.2%
Two apartments	195	2.8%
Three to nine apartments	264	3.8%
Ten or more apartments	297	4.2%
Mobile home or other type of housing	986	14%
Facilities available		
Complete plumbing	7,001	99.5%
Complete kitchen	6,923	98.4%
With telephone service	6,795	96.6%
Number of bedrooms		
No bedrooms	105	1.5%
One	755	10.7%
Two or three	5,143	73.1%
Four or more	1,030	14.6%

Source: United States Census Bureau, 2017

Note that over 40% of the housing structures in Baker County are greater than 60 years old.

Housing Burden

In Baker County, a single person needs to earn an hourly wage of \$13.54 in order to afford a two-bedroom apartment at Fair Market Rent (FMR) of \$704. The minimum wage in Oregon is \$10.55. The gap between wage and housing cost is a financial burden that is a reality for many Baker County residents. Affordable rent (no more than 30% of gross income), is out of reach for many workers, therefore requiring work beyond full time employment. At the current minimum wage, affordable rent would be \$531.

OREGON

	FY18 HOUSING WAGE		HOUSING COSTS			AREA MEDIAN INCOME (AMI)				RENTERS			
	Hourly wage necessary to afford 2 BR ¹ FMR ²	2 BR FMR	Annual income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR ³	Annual AMI ⁴	Monthly rent affordable at AMI ⁵	30% of AMI	Monthly rent affordable at 30% of AMI	Renter households (2012-2016)	% of total households (2012-2016)	Estimated hourly mean renter wage (2018)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
Oregon	\$21.26	\$1,105	\$44,214	2.0	\$70,843	\$1,771	\$21,253	\$531	597,158	39%	\$15.44	\$803	1.4
Combined Nonmetro Areas	\$15.40	\$801	\$32,037	1.4	\$53,846	\$1,346	\$16,154	\$404	90,881	35%	\$11.71	\$609	1.3
Counties													
Baker County	\$13.54	\$704	\$28,160	1.3	\$54,900	\$1,373	\$16,470	\$412	2,280	33%	\$11.15	\$580	1.2

1: BR = Bedroom
 2: FMR = Fiscal Year 2018 Fair Market Rent.
 3: This calculation uses the higher of the state or federal minimum wage. Local minimum wages are not used. See Appendix B.
 4: AMI = Fiscal Year 2018 Area Median Income
 5: "Affordable" rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

OUT OF REACH 2018 | NATIONAL LOW INCOME HOUSING COALITION

OR-2

Homelessness

Baker County appears to have a homelessness issue among its youth population, however, the number of homeless individuals is not precisely counted. According to the Baker County School District Liaison, the homelessness definition used within the school district is the McKinney-Vento definition:

According to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the term “homeless children and youths”—

(A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and

(B) includes—

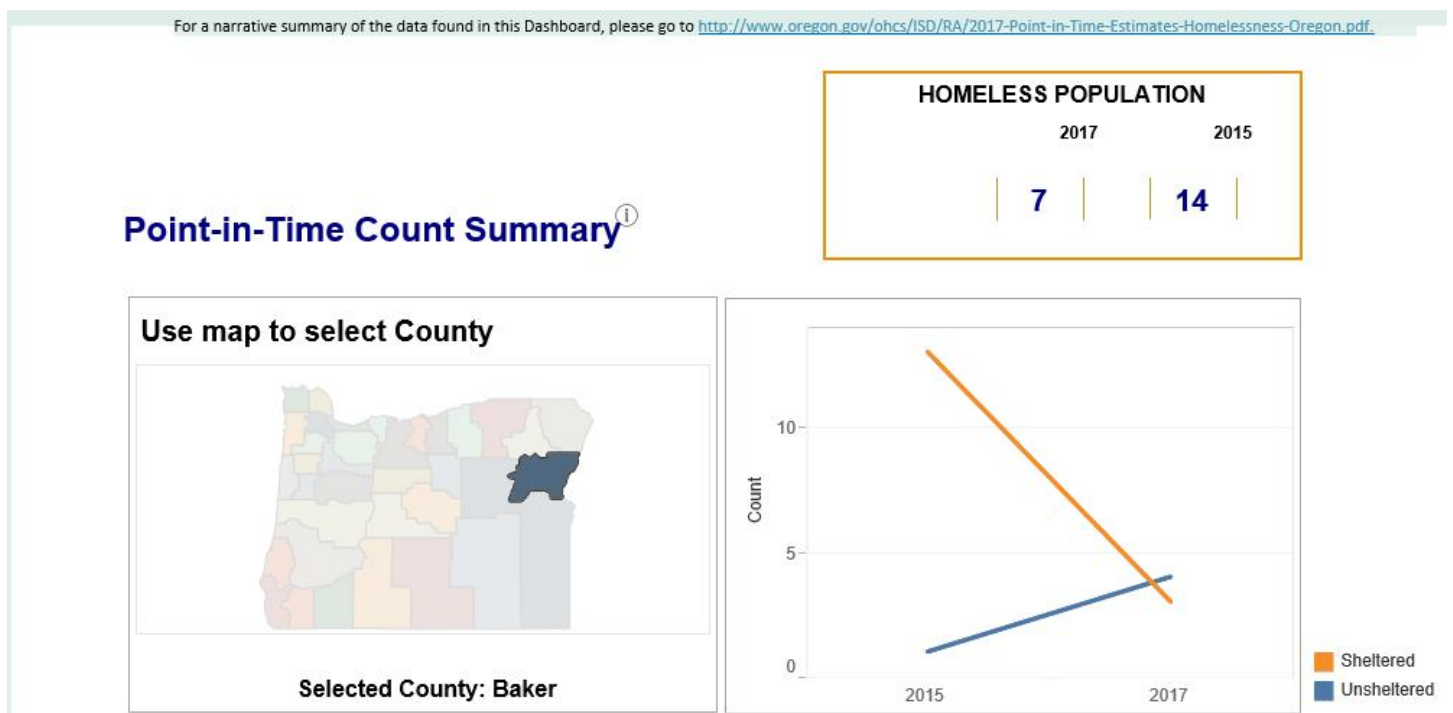
(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Children and youth are considered homeless if they fit both part A and any one of the subparts of part B of the definition above.

During the current 2018-2019 school year, over 169 students have been identified as meeting this definition of homelessness, an increase of 39 students from the 2015-2016 school year. This represents approximately 5.2% of the total student population (Children First for Oregon, 2017). This population includes those whose families are doubled up within a single dwelling or students who sleep place to place or "couch surf". There are very few, if any, services within the community that serve this population. The 2017 Point-in-Time survey shows the difficulty of measuring homelessness in Baker County. Only seven people were identified in the entire county, which conflicts greatly with the children/youth population information.

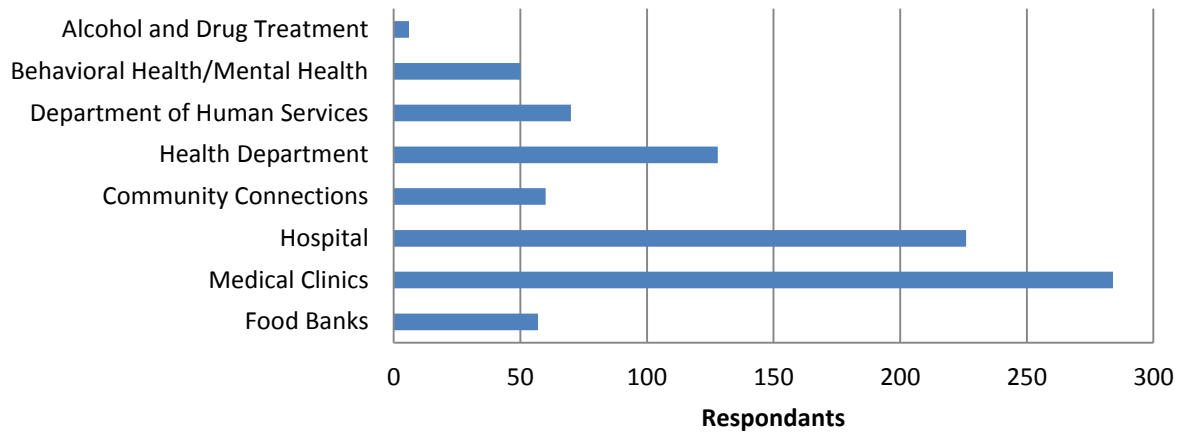


Qualitative Data

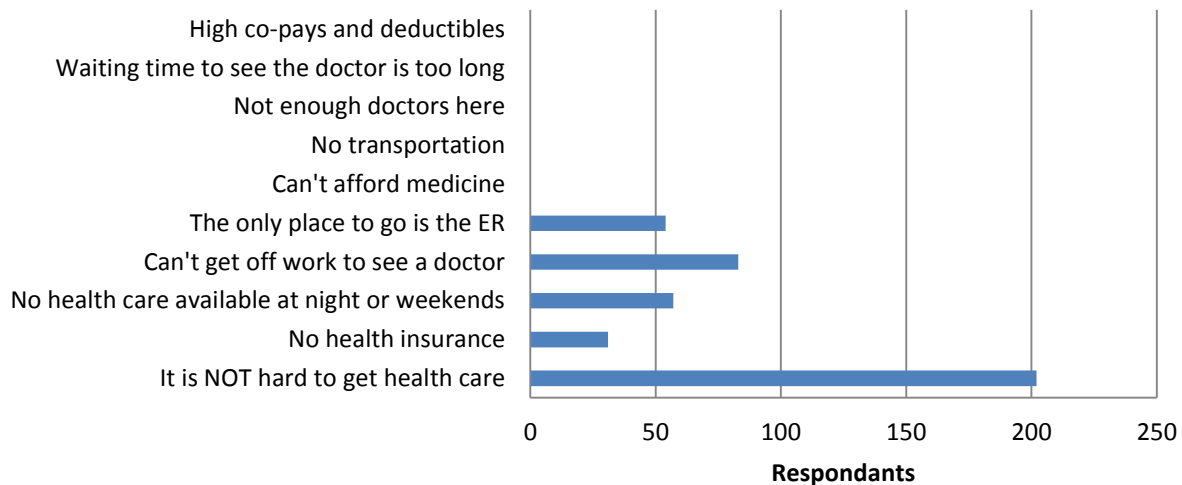
From the survey: The major areas of focus were health care, specifically medical clinics and the hospital which are utilized by almost all survey respondents. The health department was of note as a significant provider of services as well.

From survey comments and focus groups: The number one concern raised was the lack of after-hours or walk-in health care other than the SAMC – BC Emergency Room. There is much desire for an urgent care or other walk-in service. There was previously an urgent care in one of the local grocery stores, but that resource was shuttered when the grocery store closed. As mentioned earlier, the need for access to substance abuse treatment was mentioned frequently. The lack of providers that accept Medicare was frequently mentioned as a gap in the community.

8. What resources do you currently use in the community?



7. What 3 things make it hard to get health care in our community?



Significant Community Health Needs

Process for Prioritizing and Prioritized List of Identified Needs

This CHNA identified the top needs within Baker County using the community survey, focus groups and key informant interviews, the External Review Committee meetings, and information from other community resources (such as the Local Community Advisory Council). Those needs were then prioritized into five categories of need within SAMC - BC's community. The health needs below were prioritized based on magnitude of persons affected, impact on quality of life, feasibility of reasonable impact, and the consequences of inaction. The top needs are described below:

<p>Nutrition, Physical Activity & Weight Status</p> <p>Priority #1</p>	<ul style="list-style-type: none"> • Prevalence of obesity and diabetes • Low fruit and vegetable consumption • Physical fitness opportunities/lack of low cost opportunities for adults & children, especially in winter • Food insecurity/food deserts
<p>Health Services</p> <p>Priority #2</p>	<ul style="list-style-type: none"> • Access to low-cost basic healthcare services • Lack of Medicare providers • Lack of access to mental health, dental and substance use treatment • Lack of evening/weekend urgent care
<p>Substance Abuse</p> <p>Priority #3</p>	<ul style="list-style-type: none"> • Alcoholism/substance abuse • Tobacco use and vaping prevalence
<p>Financial Stability</p> <p>Priority #4</p>	<ul style="list-style-type: none"> • A job with a high enough wage that allows the ability to pay for housing, food, healthcare, transportation and other necessary expenses • High poverty + ALICE* population (>50%) • Affordable housing • Transportation <p style="text-align: center;">*Asset Limited, Income Constrained, Employed</p>
<p>Education</p> <p>Priority #5</p>	<ul style="list-style-type: none"> • Family/parental support & motivation • Highly trained teachers in the classroom • Motivation to recognize the importance of education • Access to affordable physical activity for children (winter activities emphasized)

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 a SAMC - BC Community Benefit Implementation Plan, which will inventory current programs in place and recommend additional services and collaborative efforts to target priority needs. Once drafted, the Community Benefit Implementation Plan will be presented to the Saint Alphonsus – Baker City Community 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 Strategy will be posted to the site listed below by November 2019.

How to obtain copies

This Community Health Needs Assessment (and Implementation Strategy) will be posted to the Saint Alphonsus website: 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 Katie Rudi at 541-524-7736 or Katie.rudi@saintalphonsus.org. You may also send information to:

Saint Alphonsus Medical Center
3325 Pocahontas Road
Baker City, OR 97814
541-523-6461

Next CHNA Due Date

The next Community Needs Assessment will be scheduled for completion by June 30, 2022.

Appendix 1: Survey

Thank you for taking a moment to complete this survey on behalf of Saint Alphonsus Medical Center – Baker City. Your responses to these questions will help us identify perceived health needs and community conditions that impact the health of our community. Your responses are anonymous and only a summary of the responses will be used to inform the final set of health need priorities and key strategies for our community.

1. What is your zip code?

2. What are the three biggest health problems in our community? (Choose three)

- Age-related health problems (like arthritis, Alzheimer's, etc.)
- Cancer
- Tooth problems
- Heart disease
- Infectious diseases (hepatitis or TB, etc.)
- Mental health issues (depression, etc.)
- Poor birth outcomes
- Breathing problems (asthmas, COPD, etc.)
- Sexually transmitted diseases
- Youth violence
- Domestic violence
- Stroke
- Teen pregnancy
- Suicide
- Alcoholism/substance abuse
- Diabetes
- Child abuse/neglect
- Obesity
- Smoking related problems
- Homelessness
- Other _____

3. What are the three biggest social and economic problems in our community (Choose three)

- Not enough local jobs
- Poverty
- Overcrowded housing
- Homelessness
- No health insurance
- Not enough physical activities
- Not enough healthy foods
- Inadequate public transportation
- Access to a reliable vehicle
- High school drop-out rate
- Access to low-cost healthcare services
- Access to low-cost dental services
- Access to low-cost mental health services
- Access to substance abuse treatment
- Other _____

4. What are the three biggest obstacles to having a healthy environment in our community? (Choose three)

- Air pollution
- Pesticide use
- Poor housing conditions
- Cigarette smoke
- Trash on streets and sidewalks
- Unsafe drinking water
- Not enough places to be physically active
- Not enough places to buy healthy and affordable foods
- Not enough public transportation
- No sidewalks or street lights
- Other _____

5. In your opinion, is local advertising at stores of tobacco, alcohol and sugary beverages a problem in our community?

- Not a problem
- A big problem
- A medium problem
- A small problem
- I don't know
- Other _____

6. What are the three behaviors that most affect health in our community? (Choose three)

- Alcohol abuse
- Driving while under the influence of substances
- Drug/substance abuse
- Lack of exercise
- Poor eating habits
- Not being immunized to prevent disease
- Smoking/tobacco use (includes smokeless tobacco)
- Unsafe sex (not using birth control)
- Not receiving regular medical health care
- Life stress
- Teenage sex
- Talk/texting and driving
- Other _____

7. What three things make it hard to get healthcare in our community? (Choose three)

- It is NOT hard to get health care
- No health insurance
- No health care available at night or weekends
- Can't get off work to see a doctor
- The only place to go is the emergency room
- Can't afford medicine
- No transportation
- Not enough doctors here
- Waiting time to see the doctor is too long
- High co-pays and deductibles
- Other _____

8. What resources do you currently use in the community?

- Food Banks
- Medical Clinics
- Hospital
- Community Connections
- Health Department
- Department of Human Services
- Behavioral/Mental Health (Total Health, Behavioral Health and Wellness, etc.)
- Alcohol and Drug Treatment
- Other _____

9. What are the three most important parts of a healthy thriving community? (Choose three)

- Safe place to raise kids
- Parks and recreation facilities
- Community involvement
- Jobs
- Affordable housing
- Time for family
- Good air quality
- Low crime and violence
- Services for elders
- Access to health care
- Good schools
- Inexpensive and safe childcare
- Access to healthy food
- Green/open spaces
- Diversity is respected
- Support services (social workers, churches, etc.)
- People know how to stay healthy
- Other _____

10. In the past 6 months have you been: (Mark all that apply)

- Homeless
- At-risk for homelessness
- Couch surfing
- Not applicable

11. In the next 6 months do you expect to be (Mark all that apply)

- Homeless
- At-risk for homelessness
- Couch surfing
- Not applicable

12. What are the two things you would like to improve in our community?

1. _____
2. _____

Please tell us about yourself:

13. What is your age?

- 17 or under 18-25 26-50
 51-65 Over 65

14. Please indicate your gender. Choose one?

- Female Prefer not to Other
 Male answer

15. Are you a veteran?

- Yes No

16. What is your highest educational level? Choose one

- Less than high school
 High school diploma
 GED
 Some college
 College degree
 Graduate/professional degree
 Other _____

17. What is your current employment status?

- Full-time employment
 Part-time employment
 Laid off
 Unemployed
 Student
 Retired

18. Are any of the adults in your household unemployed?

- Yes No

19. How many people live in your household?

- 1 2 3
 4 5 Other _____

20. Do you have children 17 or younger in your household?

- Yes No

21. Do you have people in your household that are 65 years old or older?

- Yes No

22. Please describe your health insurance:

- None
 Individual/private insurance
 Employer provided insurance
 Government provided insurance (Medicare, Medicaid, CHIP)

23. What is your annual household income? Choose one

- Less than \$10,000
 \$10,001 to \$14,999
 \$15,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000 to \$199,999
 \$200,000 or more
 Don't know

24. What language do you speak at home? Choose one:

- English Spanish Other_____

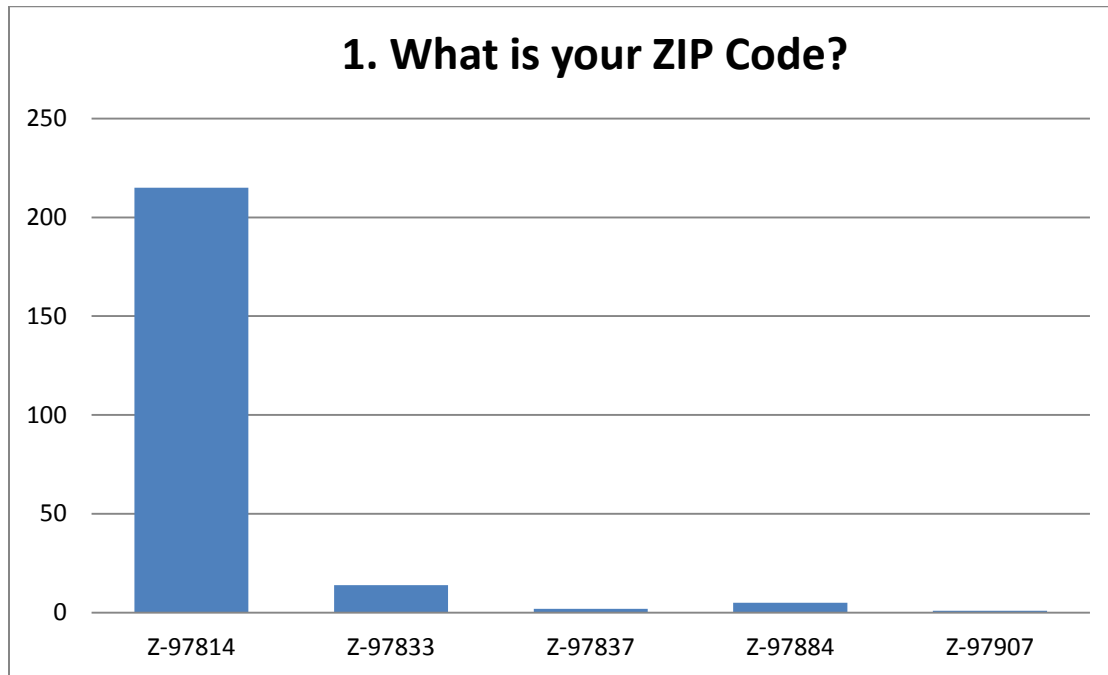
25. What race do you most identify with? Check all that apply.

- Black/African American
 White/Caucasian
 Asian
 American Indian/Alaskan Native
 Hawaiian/Pacific Islander
 Multiracial
 Unknown
 Decline
 Other _____

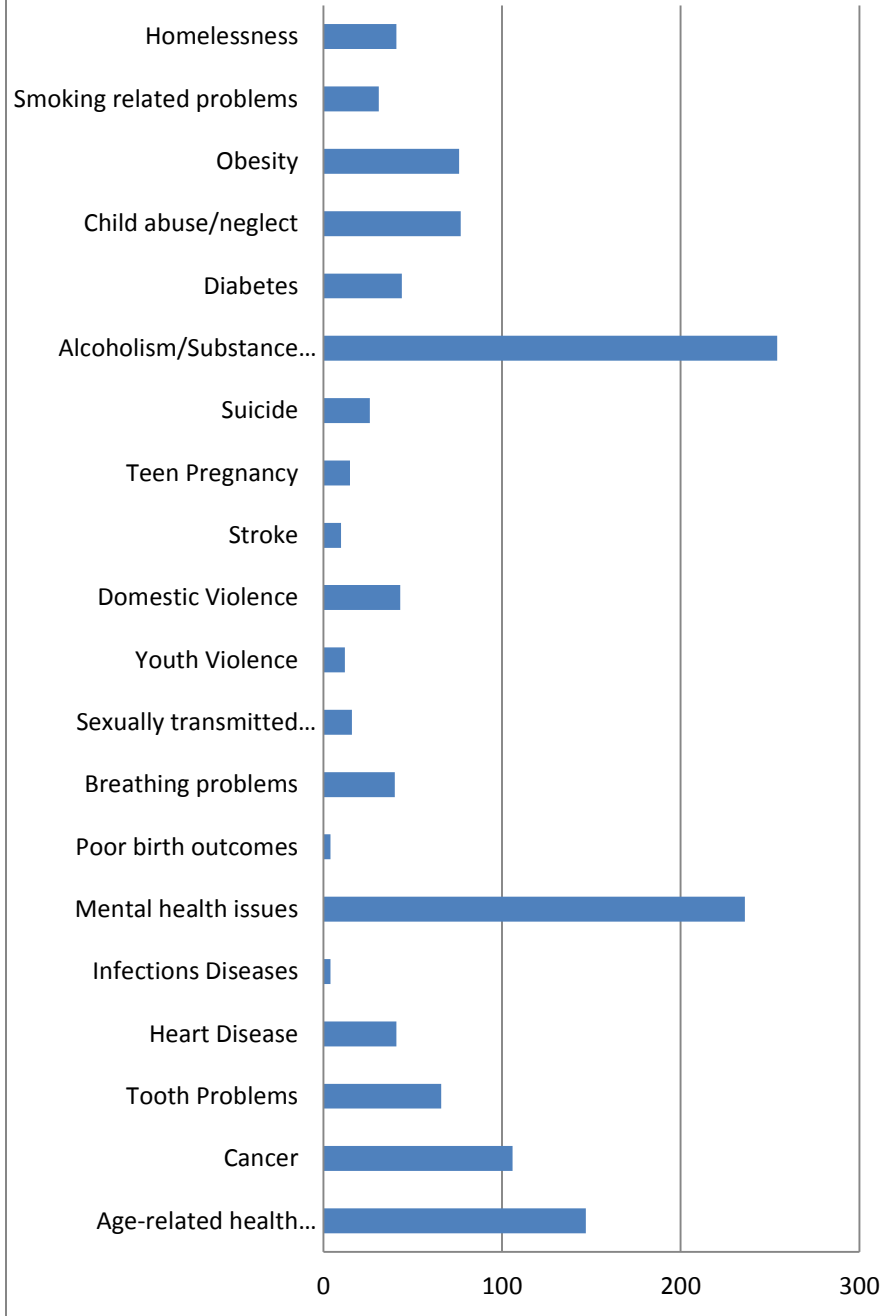
26. Ethnicity

- Hispanic/Latino Other_____
- Latino but not Hispanic
 Unknown
 Decline

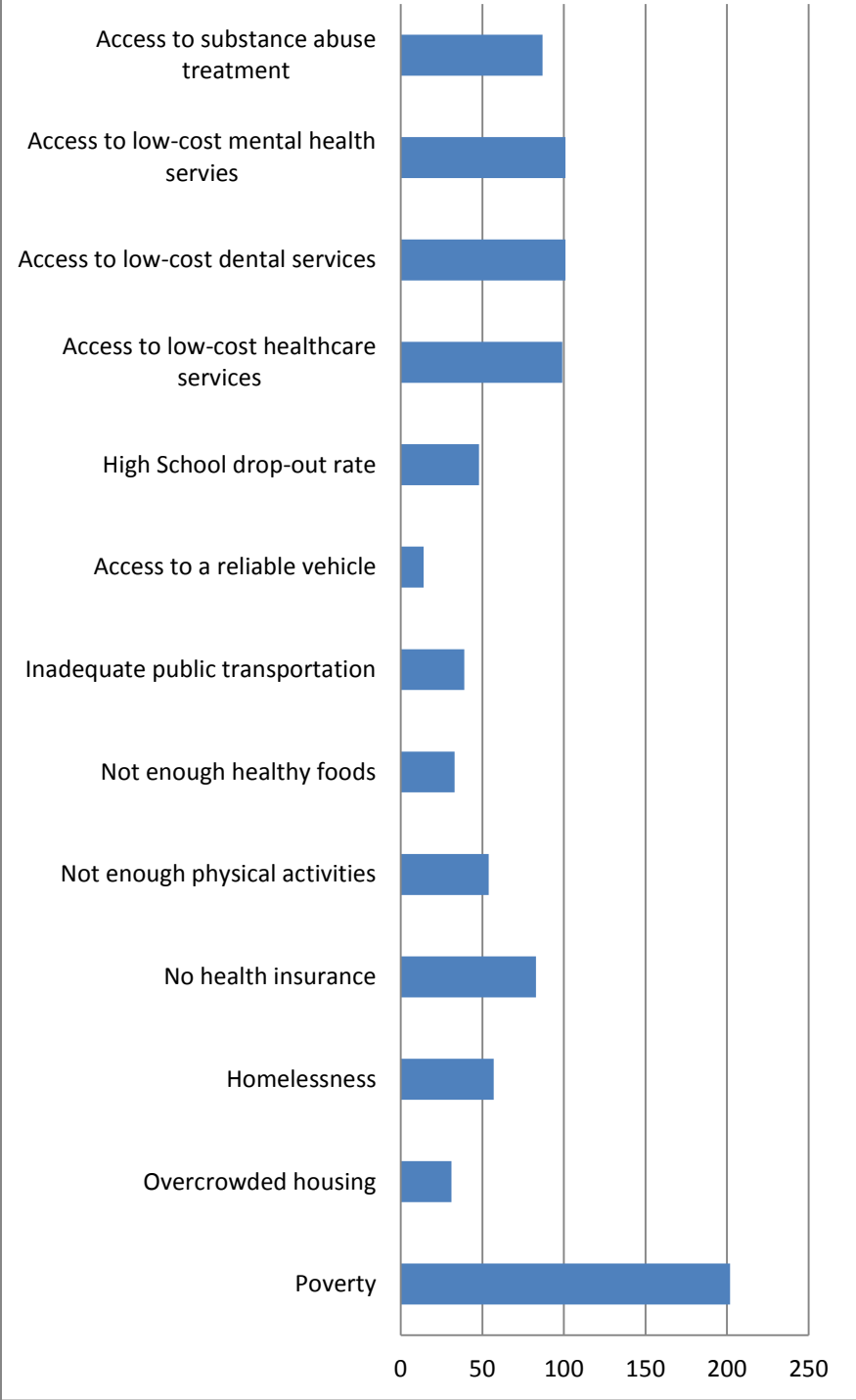
Appendix 2: Survey Results



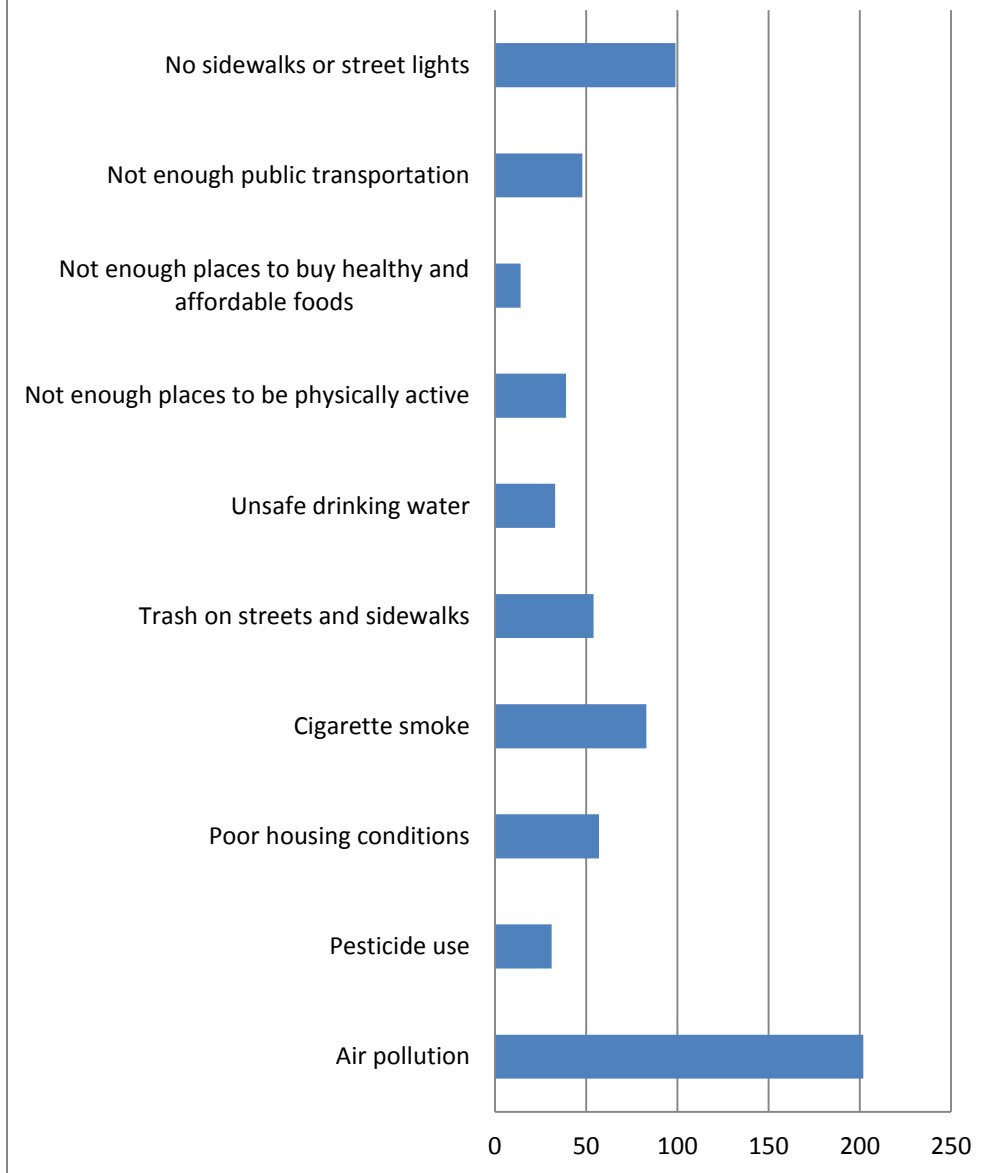
2. What are the 3 biggest health problems in our community?



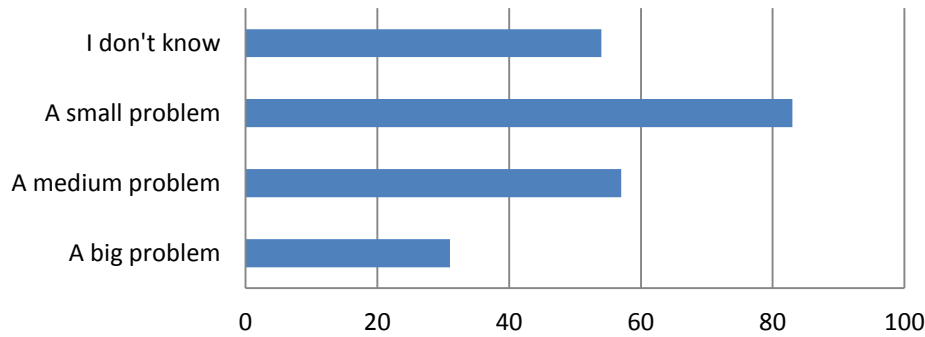
3. What are the 3 biggest social and economic problems in our community?



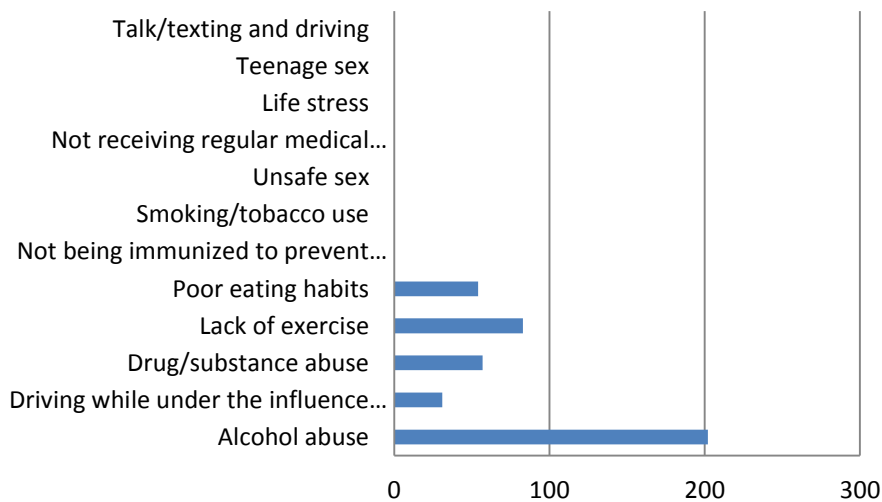
4. What are the 3 biggest obstacles to having a healthy environment in our community?



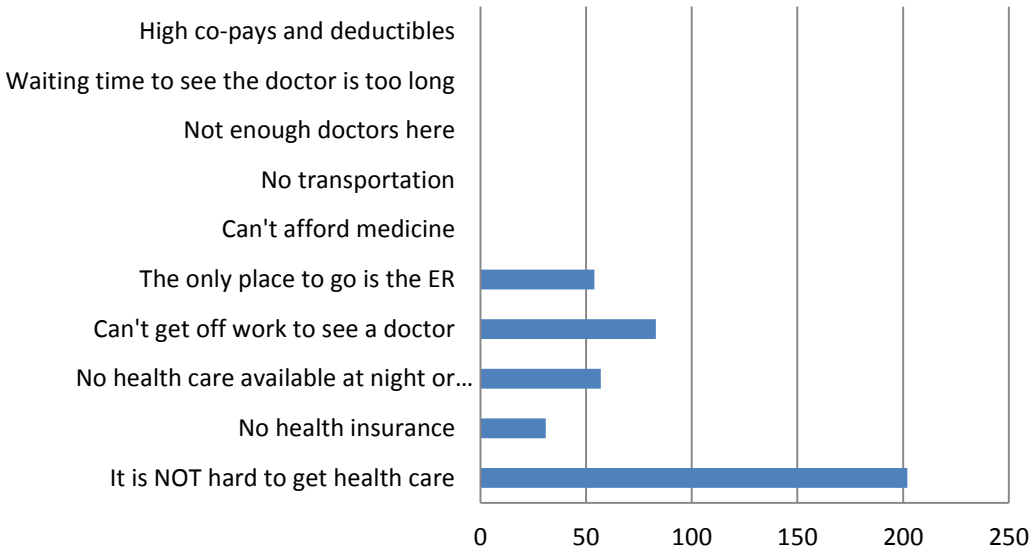
5. Is advertising at stores of tobacco, alcohol and sugary beverages a problem in our community?



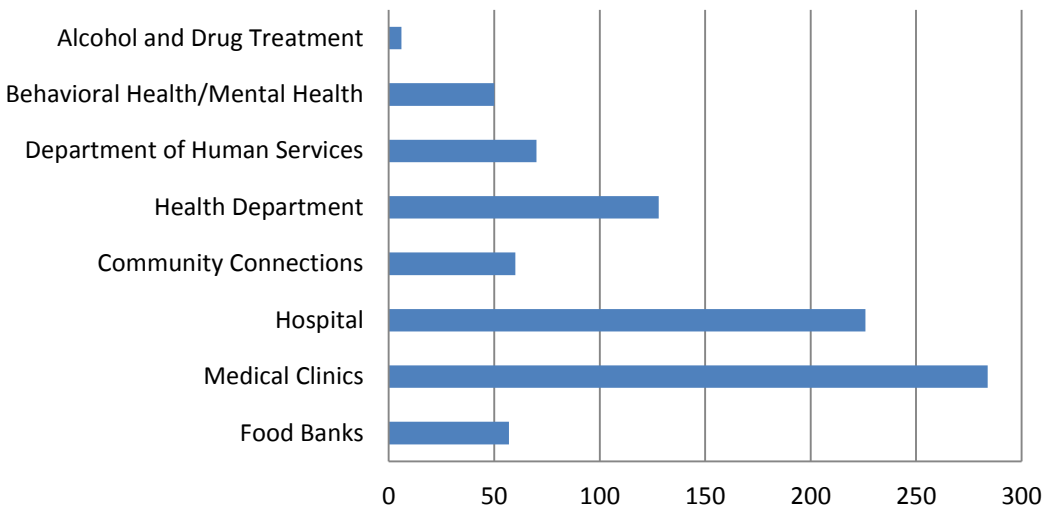
6. What are the 3 behaviors that most affect health in our community?



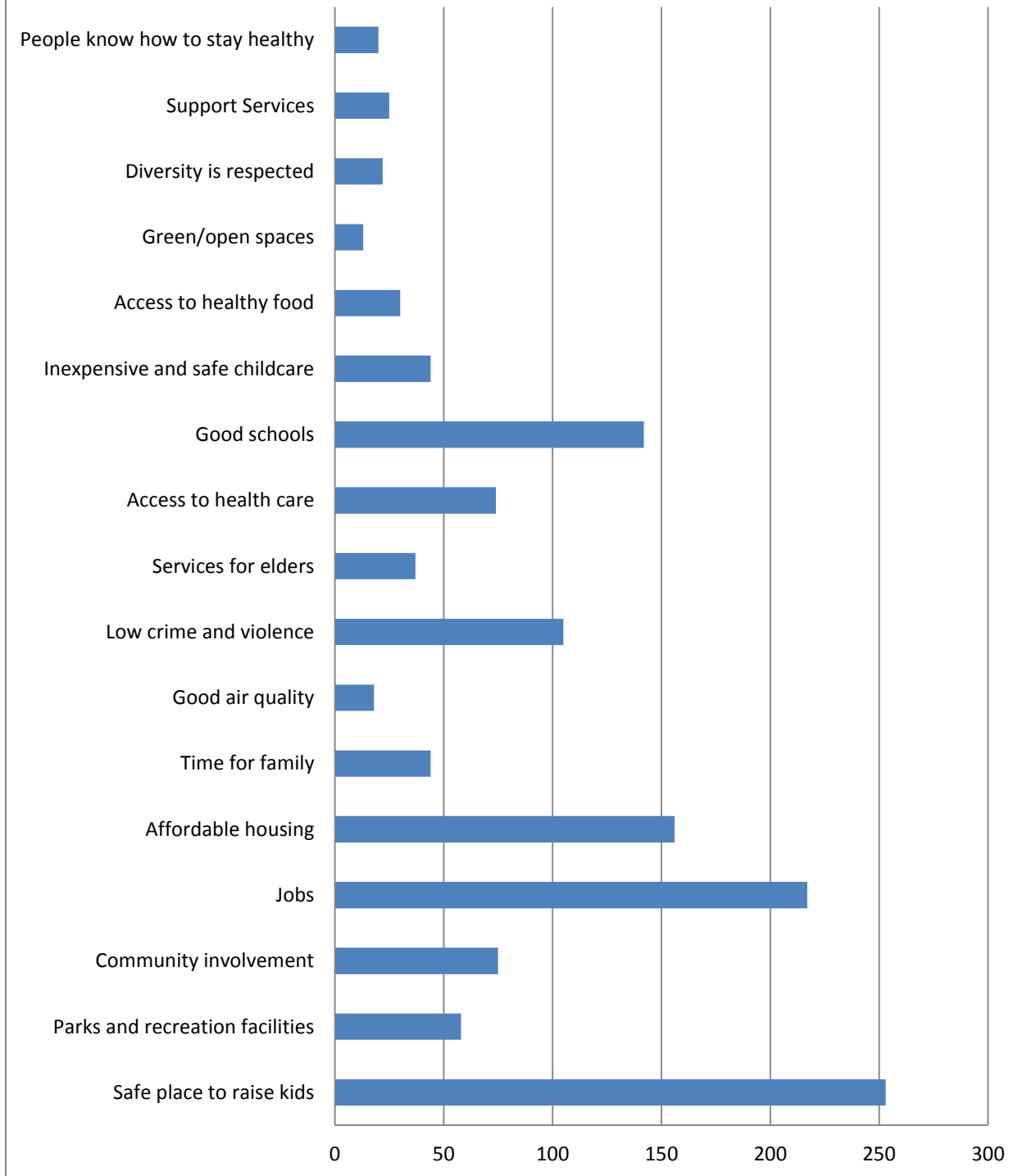
7. What 3 things make it hard to get health care in our community?



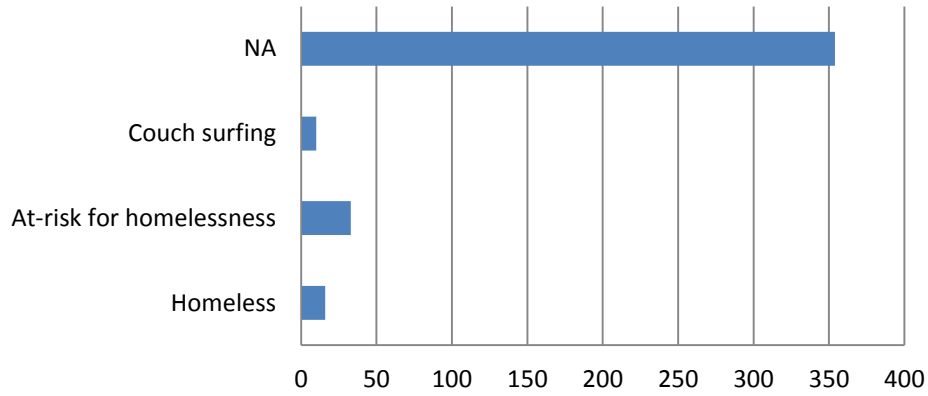
8. What resources do you currently use in the community?



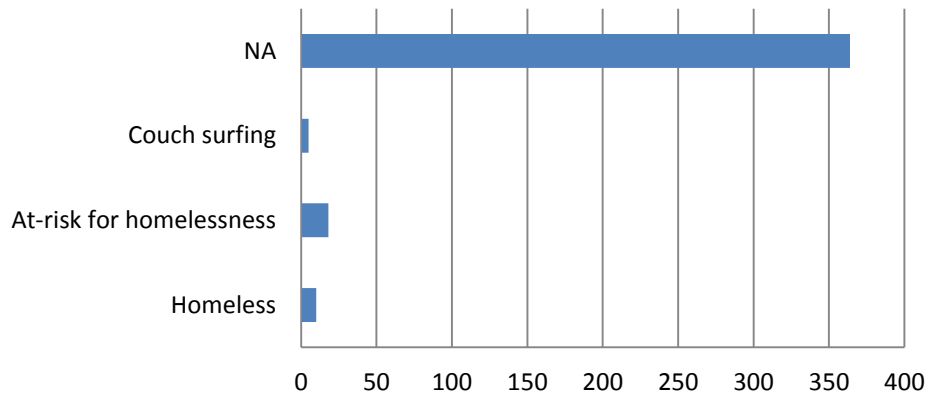
9. What are the 3 most important parts of a healthy, thriving community?



10. In the past 6 months, have you been?

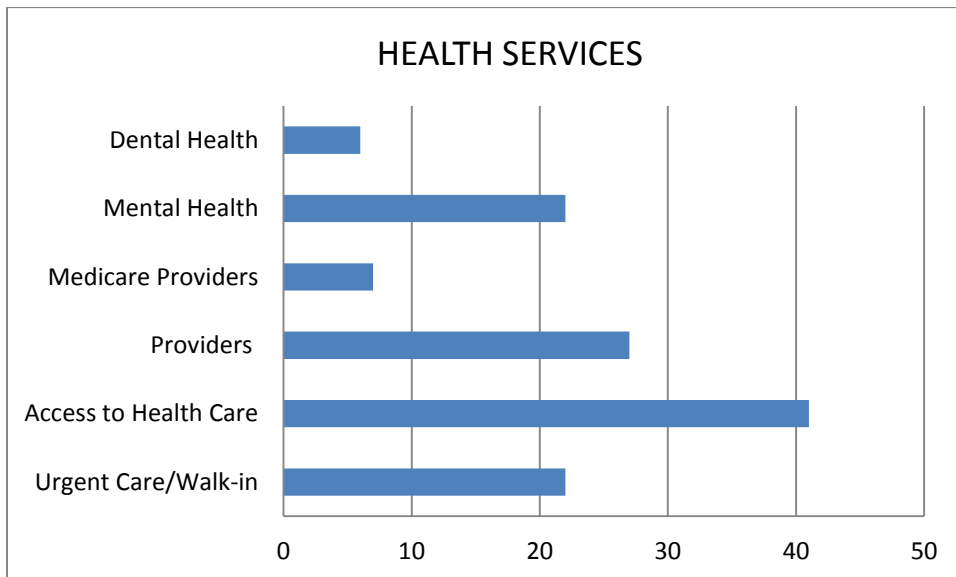
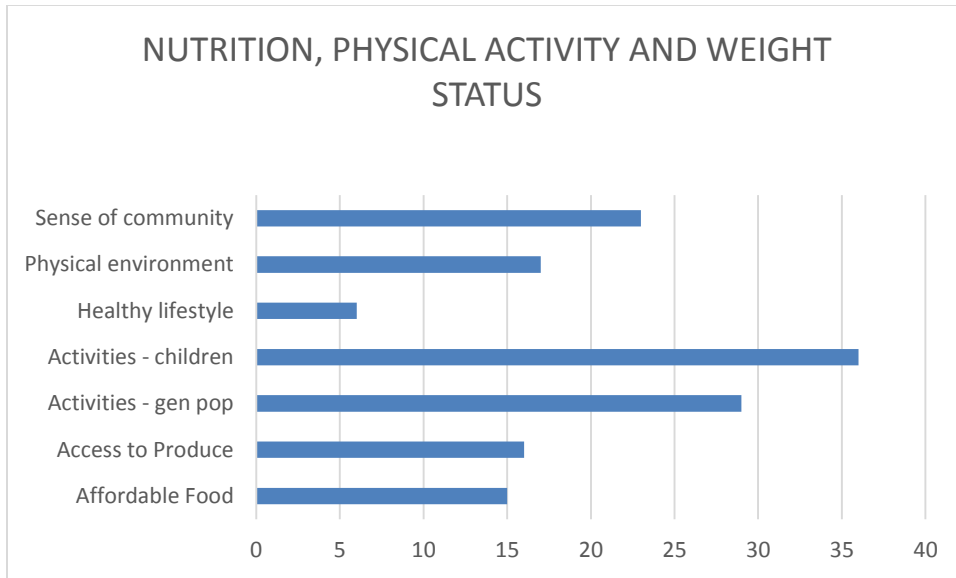


11. In the next 6 months do you expect to be:

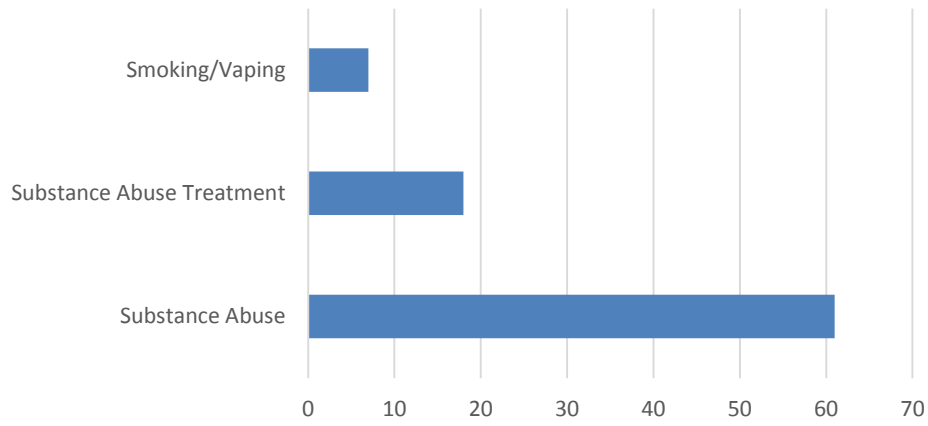


12. What are 2 things you would like to improve in our Community?

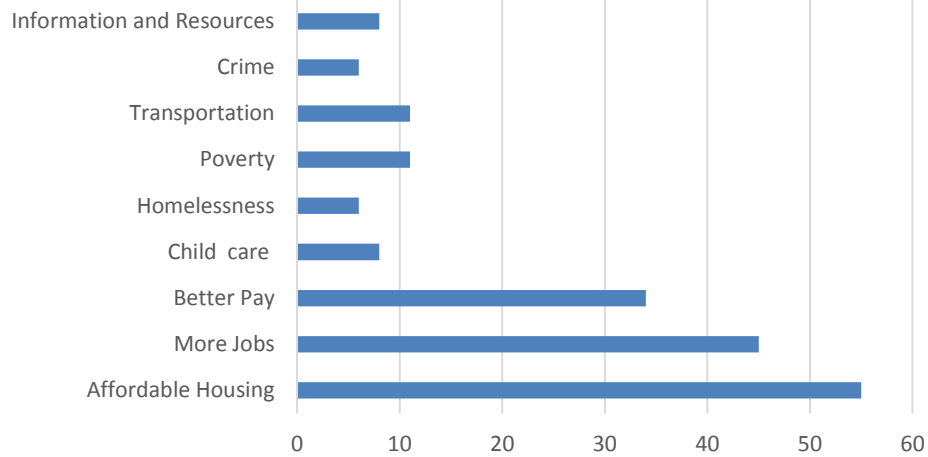
This question elicited over 600 responses which are grouped below:

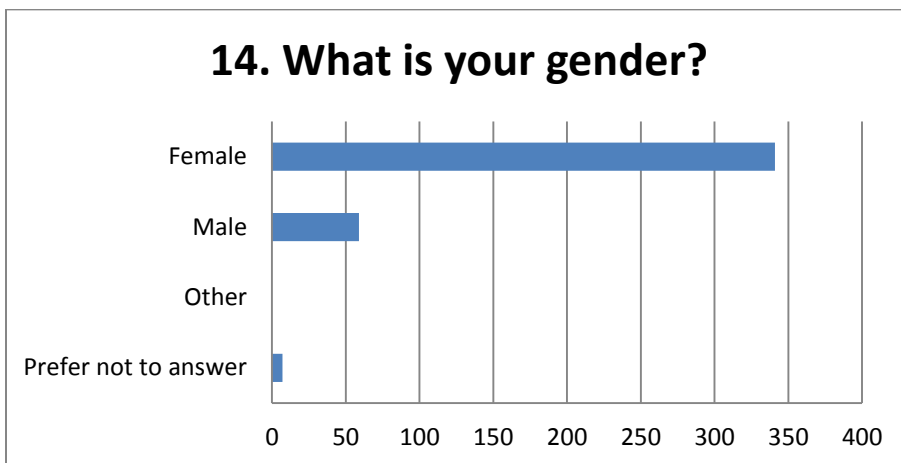
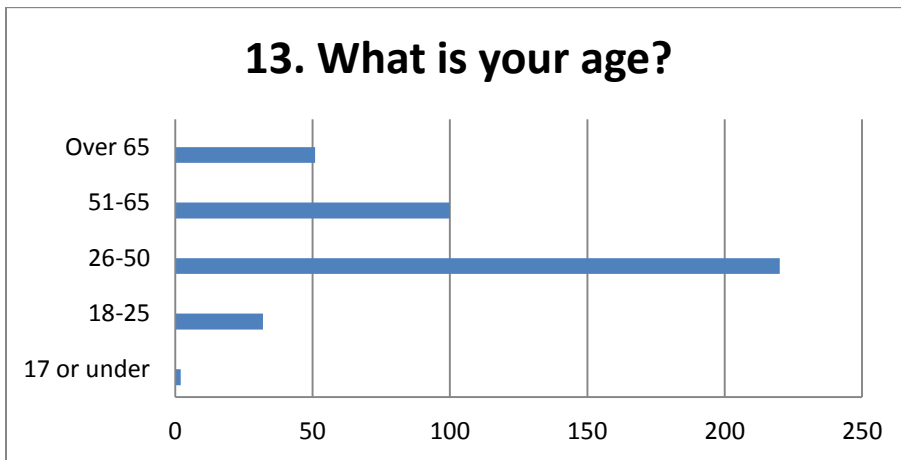
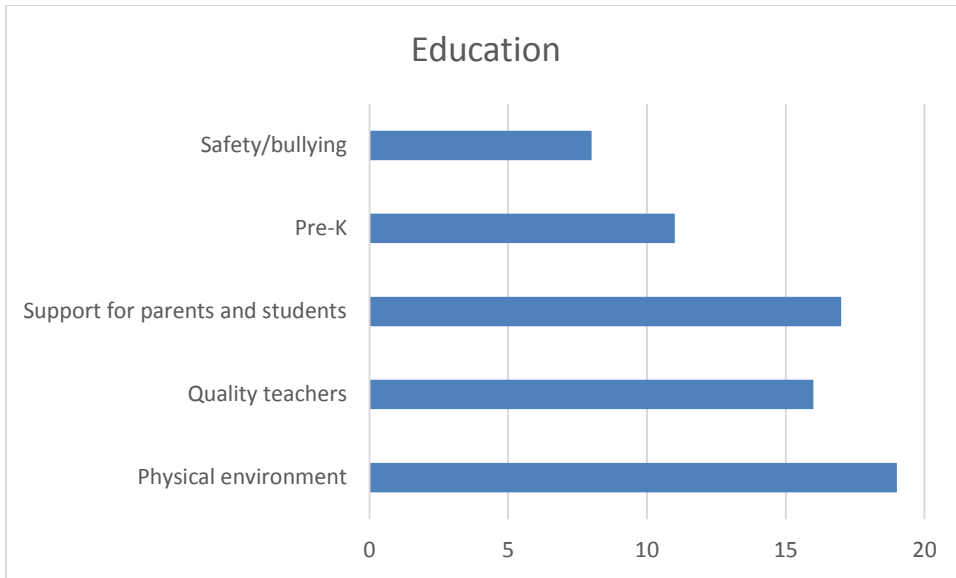


SUBSTANCE ABUSE, TREATMENT & SMOKING/VAPING

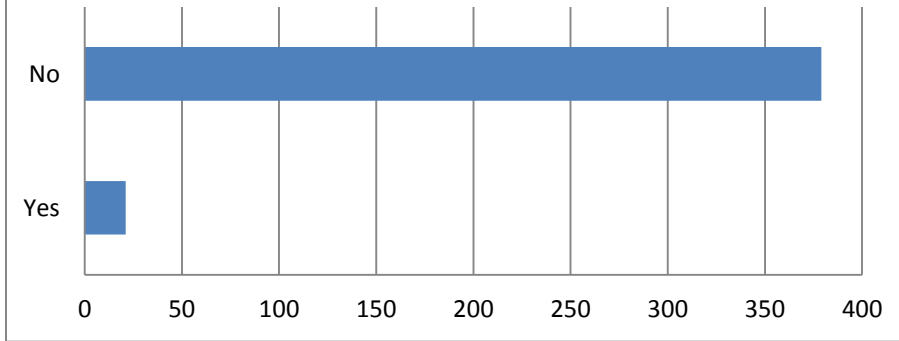


FINANCIAL STABILITY

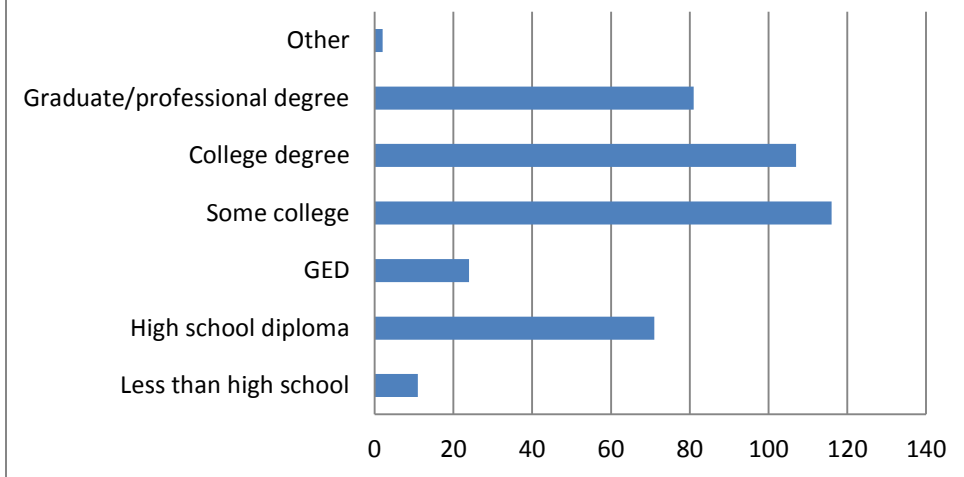




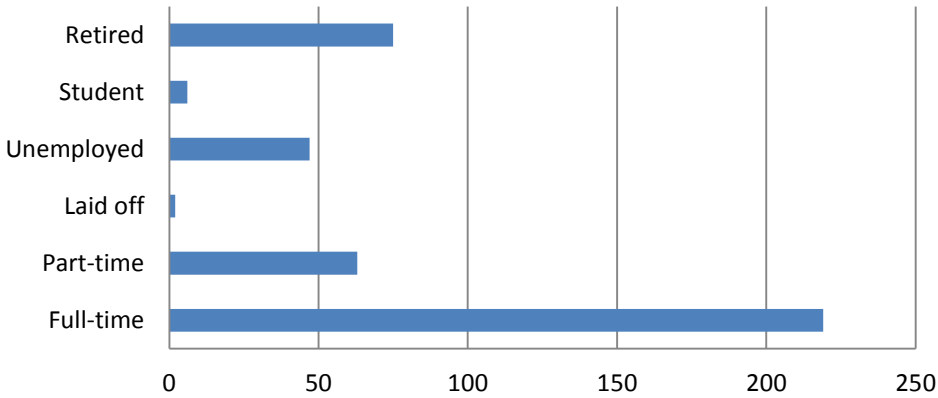
15. Are you a veteran?



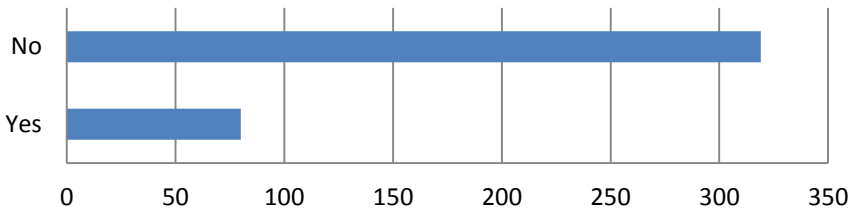
16. What is your highest education level?



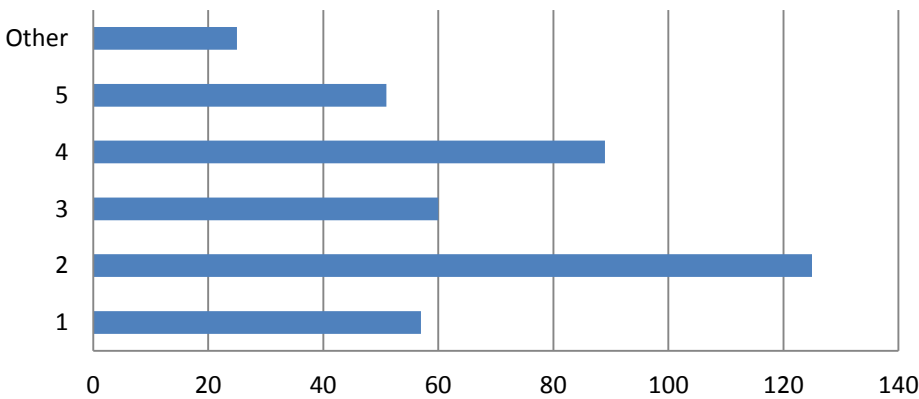
17. What is your current employment status?



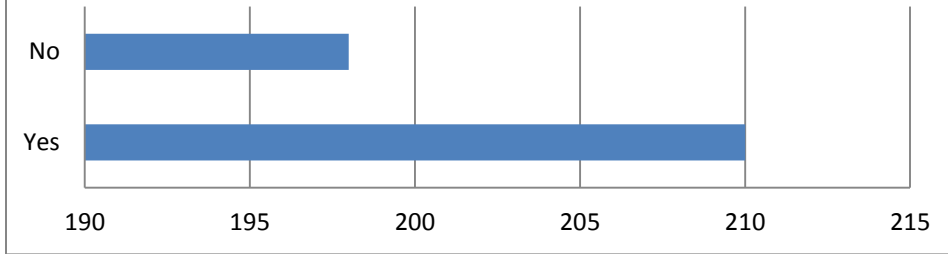
18. Are any of the adults in your household unemployed?



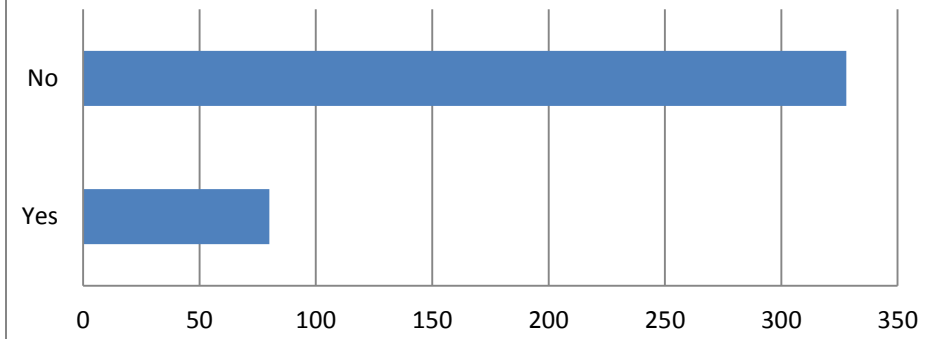
19. How many people live in your household?



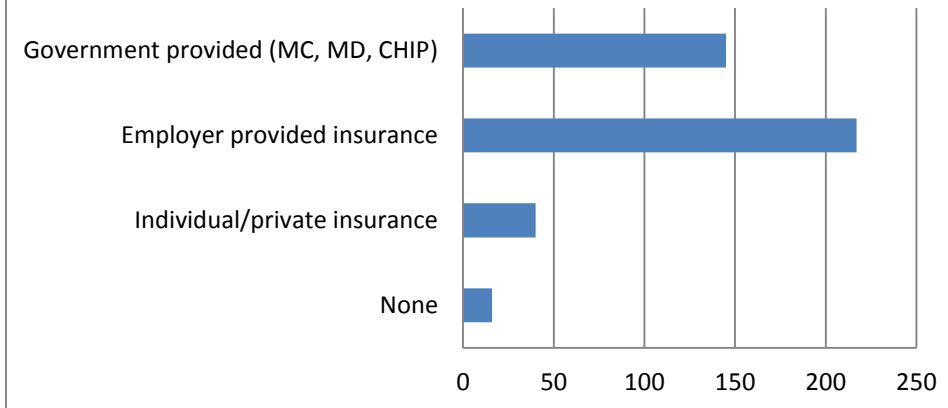
20. Do you have children 17 or younger in your household?



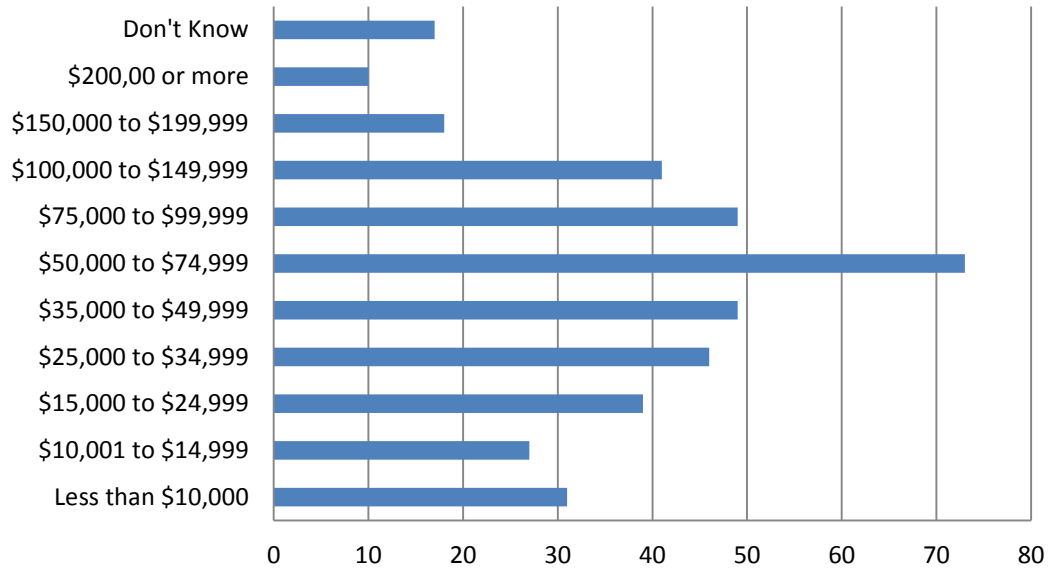
21. Do you have people in your household that are 65 or older?



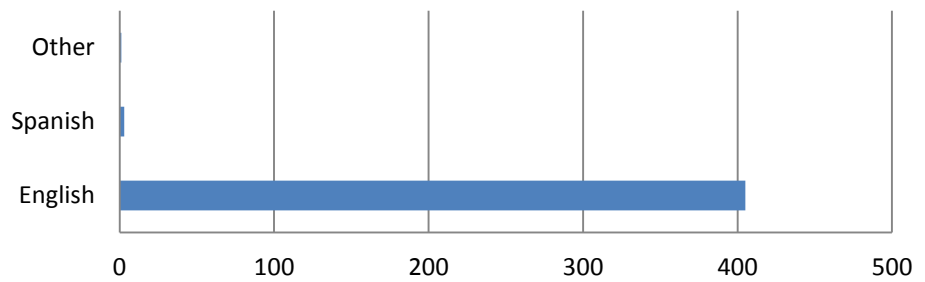
22. Please describe your health insurance.



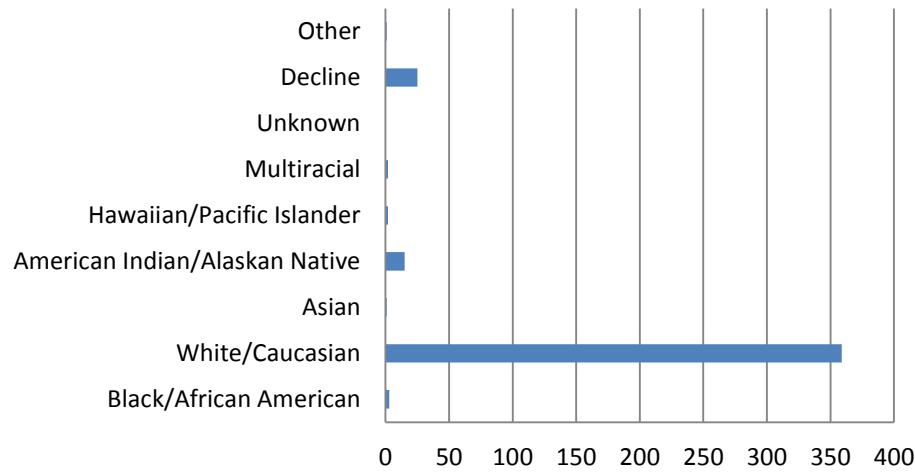
23. What is your annual household income?



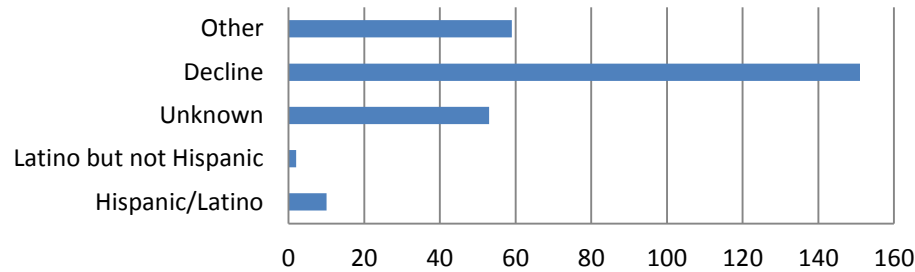
24. What language do you speak at home?




25. What race do you most identify with?



26. What is your ethnicity?







Appendix 3: County Health Rankings Data Table – Baker County, OR

	Baker County	Trend	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
Health Outcomes						19
Length of Life						21
Premature death	7,400		5,600-9,200	5,400	6,000	
Quality of Life						12
Poor or fair health	14%		13-15%	12%	16%	
Poor physical health days	3.7		3.5-3.9	3.0	3.8	
Poor mental health days	4.1		3.9-4.4	3.1	4.5	
Low birthweight	7%		5-8%	6%	6%	
Additional Health Outcomes (not included in overall ranking) —						
Life expectancy	78.7		77.2-80.2	81.0	79.6	
Premature age-adjusted mortality	340		290-390	280	310	
Child mortality	90		40-160	40	40	
Infant mortality				4	5	
Frequent physical distress	11%		11-11%	9%	11%	
Frequent mental distress	12%		12-13%	10%	14%	
Diabetes prevalence	11%		8-15%	9%	9%	
HIV prevalence	66			49	194	

	Baker County	Trend	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
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Health Factors						15
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Health Behaviors						17
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Adult smoking	15%		15-16%	14%	16%	
Adult obesity	31%		24-38%	26%	28%	
Food environment index	6.3			8.7	7.8	
Physical inactivity	18%		13-23%	19%	15%	
Access to exercise opportunities	73%			91%	88%	
Excessive drinking	18%		17-19%	13%	19%	
Alcohol-impaired driving deaths	21%		11-33%	13%	31%	
Sexually transmitted infections	424.9			152.8	432.5	
Teen births	29		23-36	14	20	

Additional Health Behaviors (not included in overall ranking) —					
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Food insecurity	15%			9%	13%	
Limited access to healthy foods	19%			2%	5%	
Drug overdose deaths				10	13	
Motor vehicle crash deaths	12		6-20	9	10	
Insufficient sleep	29%		28-30%	27%	31%	

	Baker County	Trend	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
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Clinical Care						4
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Uninsured	8%		7-9%	6%	7%
Primary care physicians	1,240:1			1,050:1	1,080:1
Dentists	2,010:1			1,260:1	1,260:1
Mental health providers	180:1			310:1	210:1
Preventable hospital stays	974			2,765	2,903
Mammography screening	38%			49%	40%
Flu vaccinations	33%			52%	40%

Additional Clinical Care (not included in overall ranking) -					
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Uninsured adults	9%		8-11%	6%	9%
Uninsured children	4%		3-6%	3%	3%
Other primary care providers	944:1			726:1	1,259:1

Social & Economic Factors						25
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High school graduation	74%			96%	77%
Some college	59%		51-66%	73%	69%
Unemployment	5.5%			2.9%	4.1%
Children in poverty	27%		20-34%	11%	17%
Income inequality	4.3		3.6-5.1	3.7	4.6
Children in single-parent households	25%		18-32%	20%	30%
Social associations	21.2			21.9	10.3
Violent crime	264			63	249
Injury deaths	122		99-149	57	72

	Baker County	Trend	Error Margin	Top U.S. Performers	Oregon	Rank (of 35)
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Additional Social & Economic Factors (not included in overall ranking) —

Disconnected youth				4%	7%	
Median household income	\$43,900		\$38,700-49,100	\$67,100	\$60,100	
Children eligible for free or reduced price lunch	55%			32%	51%	
Residential segregation - black/white				23	63	
Residential segregation - non-white/white	28			15	33	
Homicides				2	3	
Firearm fatalities	29		18-43	7	12	

Physical Environment 12

Air pollution - particulate matter	6.8			6.1	7.9	
Drinking water violations	Yes					
Severe housing problems	17%		14-20%	9%	20%	
Driving alone to work	71%		67-75%	72%	71%	
Long commute - driving alone	14%		11-17%	15%	28%	

Additional Physical Environment (not included in overall ranking) —

Homeownership	68%		66-70%	61%	62%	
Severe housing cost burden	13%		10-15%	7%	17%	

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