Executive Summary

Purpose & Mission: This Community Health Needs Assessment (CHNA) identifies and prioritizes significant health needs in the community served by CHI St. Anthony Hospital. The assessment guides the hospital's community health improvement programs and community benefit activities, aligning with CommonSpirit Health's mission to make the healing presence of God known by improving health for all, especially the vulnerable, while advancing social justice.

Community Definition: The study area encompasses residential ZIP Codes in Umatilla County and southern Morrow County, Oregon (97801, 97810, 97813, 97826, 97835, 97836, 97859, 97862, 97868, 97880, and 97886), determined based on recent patient residence data.

Assessment Methods: The assessment incorporated multiple data sources:

- Primary Research: PRC Community Health Survey and Online Key Informant Survey with 54 community representatives
- Secondary Research: Vital statistics and existing health-related data
- Benchmarking: Comparisons to state and national data with trending analysis

Top 5 Prioritized Health Needs

1. BEHAVIORAL HEALTH - Key informants identified both mental health and substance use as top concerns, with data revealing high suicide and cirrhosis/liver disease mortality rates
2. CANCER - Identified as a leading cause of death with particularly high colorectal cancer mortality rates
3. TOBACCO USE - Significant concern with notably increased vaping product use in recent years
4. NUTRITION, PHYSICAL ACTIVITY & WEIGHT - Issues include worsening food insecurity, limited access to healthy food and fitness facilities, low physical activity participation, and high overweight/obesity prevalence
5. DIABETES - Local diabetes mortality rate significantly exceeds state and national rates

Additional Health Needs Identified

- Infant Health & Family Planning
- Disabling Conditions
- Access to Health Care Services
- Injury & Violence
- Respiratory Disease

Available Resources: Key informants identified dozens of community programs, organizations, and facilities potentially available to address these significant health needs.

Next Steps: CHI St. Anthony Hospital will use these findings to develop an Implementation Strategy addressing the prioritized health needs. The report was adopted by the hospital's Board of Trustees in May 2025 and is publicly available for community input and reference.

Biggest Gaps in Service

Provider Shortages

- Primary Care: Only 62.4 physicians per 100,000 population (vs. 130.9 state, 116.2 national)
- Mental Health: 440.8 providers per 100,000 (vs. 561.9 state, 311.0 national)
- Specialists: Severe shortages in pediatricians, OB/GYNs, psychiatrists, endocrinologists
- No local providers for: pediatric dentistry, psychiatry, endocrinology in some areas

Access Barriers

- Wait times: 6+ months for appointments, especially mental health assessments

- Geographic access: Patients must travel to Walla Walla, Tri-Cities, or Portland for specialty care
- Limited capacity: 47.3% of residents experienced healthcare access difficulties in the past year

Specific Service Gaps

- Mental Health: Long waitlists, limited inpatient beds, patients held in emergency departments
- Dental Care: Only one provider (Advantage Dental) with 6-8 month waitlists for Medicaid patients
- Pediatric Services: Limited mental health resources for children/teens, minimal autism diagnosis capacity
- Emergency/Acute Care: Hospital functions more as "triage center" with patients transported elsewhere

Vulnerable Population Gaps

- Rural residents: Milton-Freewater (7,000 people) has no medical services
- Medicaid patients: Restricted provider options, especially dental care
- Latino-Hispanic/Indigenous populations: Lack of culturally and linguistically appropriate care
- Elderly: Limited providers accepting Medicare

Greatest Barriers to Care

Access-Related Barriers (affecting 47.3% of residents)

- Getting appointments: 29.3% had difficulty scheduling (top barrier)
- Inconvenient office hours: 18.2%
- Finding a doctor: 15.7%
- Cost of doctor visits: 12.4%
- Cost of prescriptions: 10.2%
- Transportation: 10.1%

Provider Shortages & Wait Times

- Months-long waits: 6+ months for mental health assessments, 6-8 months for dental care
- Limited specialists: Patients must travel hours for specialty care
- Provider turnover: High turnover rates in the counties

Financial Barriers

- Prescription costs: 13.8% skip doses or stretch prescriptions to save money
- Insurance gaps: 7.2% of adults 18-64 lack health insurance
- Medicaid limitations: Restricted provider networks, especially for dental care

Geographic & Transportation Barriers

- Rural distances: Must travel to Walla Walla, Tri-Cities, or Portland for many services
- No services in some areas: Milton-Freewater (7,000 residents) has no medical services
- Limited public transportation: Especially problematic for elderly and disabled

Cultural & Language Barriers

- Lack of culturally appropriate care: Especially for Latino-Hispanic and Indigenous populations
- Language barriers: 0.3% couldn't access care due to language/cultural differences
- Discrimination concerns: Fear of judgment affects care-seeking

System-Level Barriers

- Insurance restrictions: Plans dictate treatment rather than doctors
- Technology requirements: Mandatory MyChart apps difficult for elderly

- Communication gaps: Poor coordination between multiple providers
- Stigma: Particularly affects mental health and substance abuse treatment seeking

The Unique Needs of the Community

Rural Geographic Challenges

- Vast service area: Covers 3,215 square miles with dispersed population
- Transportation deserts: Limited public transportation across rural distances
- Service gaps: Some areas like Milton-Freewater (7,000 people) have no medical services
- Weather barriers: Very hot summers and cold winters limit outdoor physical activity

Vulnerable Population Composition

- High Latino-Hispanic population: 28.1% (nearly 3x national average)
- Tribal community: Located near Confederated Tribes of the Umatilla Indian Reservation
- Agricultural workforce: Large migrant and farmworker population
- Multigenerational households: 5-12 people living in single housing units

Agricultural/Environmental Health Risks

- Occupational exposures: Pesticides and agricultural chemicals affecting respiratory health
- Environmental hazards: Proximity to Umatilla Chemical Depot and Hanford
- Farmworker health: Limited healthcare access for seasonal/migrant workers
- Air quality concerns: Agricultural chemicals "in the air we breathe"

Cultural and Linguistic Barriers

- Language access: Need for Spanish-speaking, culturally competent providers
- Immigration status concerns: Fear of job loss if seeking mental health care
- Cultural health practices: Need for culturally appropriate diabetes prevention and other services
- Historical trauma: Ongoing effects of colonization on tribal populations

Economic and Social Challenges

- Housing crisis: Severe shortage of affordable housing, long waitlists
- Food access: 30.5% have low food access (vs. 17% state, 22.2% national)
- Poverty concentration: Particularly affects children and families
- Limited infrastructure: Few recreational facilities, no public pools

Unique Health Patterns

- High diabetes mortality: Significantly exceeds state/national rates
- Elevated suicide rates: Ongoing concern in rural communities
- Substance use patterns: High cirrhosis/liver disease deaths, emerging vaping epidemic
- Cancer clusters: Unusually high rates, potentially environmental

Community Capacity Limitations

- Provider shortage severity: More acute than typical rural areas
- Limited specialty services: Nearly all specialty care requires travel
- Resource competition: Small population base struggling to support needed services
- Border community dynamics: Located near state lines, complicating service delivery

What the Hospital or CCO is Doing Well

Community Investment and Financial Support: Over the past three years, St. Anthony Hospital has invested more than $8.9 million in community benefit (excluding uncompensated Medicare) and provided over $2.6 million in charity care and financial assistance programs.

Access to Care Improvements: The hospital successfully expanded community healthcare access through increased provider recruitment, including partnering with an OB provider group to maintain

adequate women's health coverage. They deployed a mobile health outreach van to provide services and education throughout the community and expanded clinic appointments to increase access to care.
Specialized Program Recognition: The hospital strengthened its stroke program and earned recognition from the American Heart Association Stroke Program. They continue to provide cardiac rehabilitation services and pulmonary rehabilitation services for respiratory disease management.
Community Health Programs: St. Anthony Hospital has maintained several successful community initiatives including:

- Cervical and reproductive cancer screenings promoted through patient education
- Safe sleep resources integrated into community outreach efforts
- Continued partnerships with the Triple P parenting program, Pioneer Relief Nursery, and car seat program for injury and violence prevention
- A smoking cessation program with plans for expansion

Insurance Coverage: The community shows relatively good insurance coverage, with only 7.2% of adults 18-64 lacking health insurance, which is comparable to state (7.1%) and national (8.1%) rates.
Collaborative Approach: The hospital demonstrates strong community partnerships, leveraging collaborations with various community organizations to carry out goals outlined in their community health improvement plan. The assessment process itself included 54 community representatives providing input.
Preventive Care Performance: Some screening rates perform well, particularly breast cancer screening at 83.4% (above state average of 78.0%) and child routine checkups at 89.9% (above national average of 77.5%).

Strengths of the Community
Strong Social Support Networks The community has extensive multigenerational households with 5-12 people living together, which can provide built-in family support systems and caregiving networks.
Robust Community Organizations The report identifies dozens of community resources and organizations available to address health needs, including:

- Multiple faith-based organizations and churches
- Community action programs like CAPECO
- Educational institutions like Blue Mountain Community College
- Various social service providers and support groups
- Head Start and early childhood programs

Cultural Assets The community has rich cultural diversity with strong Latino-Hispanic (28.1%) and Indigenous populations, bringing cultural knowledge, traditions, and community-oriented approaches to health and wellness.
Community Engagement Strong participation in the assessment process, with 54 community representatives from diverse sectors providing input, demonstrating civic engagement and commitment to community improvement.
Lower Crime Rates The violent crime rate of 259.8 per 100,000 is lower than the national average of 416.0, suggesting a relatively safe community environment.
Economic Stability Indicators

- Unemployment rate of 3.7% is comparable to state (3.9%) and national (3.9%) rates
- The community shows financial resilience with 76.3% able to cover a $400 emergency expense (better than the national average of 65.8%)

Active Agricultural Economy The strong agricultural base provides economic foundation and food production capacity, with farmers' markets and local food sources available.
Community Health Advocacy The presence of community health advocates, peer support specialists, and community health workers indicates grassroots health promotion efforts.
Educational Resources Multiple educational institutions and programs, including Oregon State University extension services, Head Start programs, and various school districts supporting community education.
Collaborative Spirit The report demonstrates the community's willingness to work together across sectors - healthcare, education, social services, and government - to address health challenges collectively.
Geographic Assets While rural geography creates challenges, it also provides opportunities for outdoor activities, clean air (outside of agricultural areas), and close-knit community connections typical of smaller communities.

Priorities
Organizational Mission and Commitment As part of CommonSpirit Health, the hospital's mission is "to make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all."
Current Health Priorities (2025 CHNA) Based on the new assessment, the hospital will focus on the top 5 prioritized health needs:

1. Behavioral Health (mental health and substance use)
2. Cancer
3. Tobacco Use
4. Nutrition, Physical Activity & Weight
5. Diabetes

Previous Implementation Focus (2021-2024) The hospital successfully addressed these priorities from their last assessment:

- Access to Health Care Services
- Cancer
- Injury & Violence Prevention
- Heart Disease & Stroke
- Respiratory Disease
- Tobacco Use
- Infant Health

Community Benefit Goals The organization demonstrates commitment to community investment through:

- Over $8.9 million in community benefit (excluding uncompensated Medicare)
- More than $2.6 million in charity care and financial assistance programs
- Focus on serving vulnerable populations

Service Expansion Goals The hospital aims to:

- Increase provider recruitment, especially in specialty areas
- Expand access through mobile health outreach
- Maintain and strengthen specialized programs (stroke, cardiac rehabilitation, pulmonary rehabilitation)
- Continue community partnerships and collaborative approaches

Assessment and Improvement Process The organization commits to:

- Conducting community health needs assessments every three years per IRS requirements
- Developing Implementation Strategies to address identified priorities

- Evaluating impact of previous initiatives
- Engaging community stakeholders in the planning process

Future Implementation Strategy While not fully detailed in this report, the hospital indicates it will "use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community," though it notes it will likely not implement strategies for all identified health issues but will use the prioritization results to guide their action plan.

Collaborative Approach The hospital emphasizes working with community partners who share the mission to improve health, leveraging existing community resources and organizations rather than working in isolation.