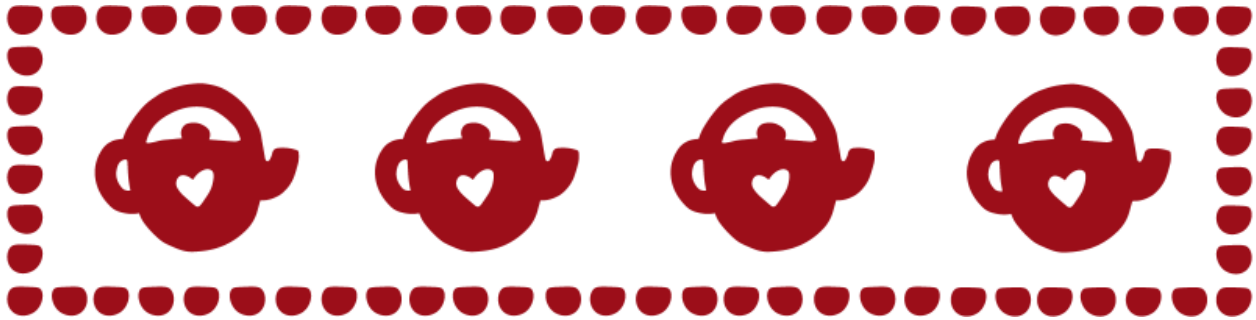


FEBRUARY 2025



Baker County Healthcare Services

COMMUNITY ENGAGEMENT



Community Engagement about Baker County Healthcare Services

INTRODUCTION

In 2023, St. Alphonsus, the hospital serving Baker County, closed its intensive care unit (ICU) followed by its birthing center. Both these closures led to many discussions throughout the county about how to address acute and other healthcare service needs. In the following months, Baker County worked with Valentine Health Advisers to conduct a situation assessment of hospital-based services in Baker County. Valentine Health Advisers' report to Baker County offered a set of potential approaches to consider for meeting health care needs in the county. The report also recommended a broader community engagement process to understand what healthcare related needs residents of Baker County have as well as what they would like to see for the future of healthcare services in the county.

The Baker County Health Department partnered with Oregon's Kitchen Table last summer and fall to hear from community members about the kinds of healthcare services people want to see provided in Baker County now and in the future. Starting this past summer, Baker County began partnering with Oregon's Kitchen Table to hear from more members of the community about what they need and want for healthcare services and what they thought about the potential approaches offered in the situation assessment.

Nearly 500 people participated in different engagement activities between July and November. Throughout this process, we heard from many Baker County residents who care deeply about the wellbeing of Baker County and its residents. People feel strongly about access to a range of healthcare services, as well as the closures of the ICU and birthing center. For many residents, these two services stand out because people interact with them in often critical and memorable circumstances. We heard many stories of people's experiences when they found themselves or loved ones in need of such acute services. People's anger, loss, and fear were evident in

these conversations.

When asked what they would like to see in the future, community members expressed a strong interest in exploring options that create more local control — many people want a healthcare system that they view as caring about them, their health, and the future of Baker County communities. Very few people who we heard from want to continue with the current system. In particular, people expressed a strong sense of urgency in restoring the ICU and the birthing center, while also providing ongoing stability in other healthcare services in Baker County. Because some people have been sharing their perspectives with different leaders in Baker County for a long time, many people expressed a sense of impatience and desire to see some kind of action.

What is much less certain, however, is how specifically people want to fill those healthcare service gaps. Though there was a range of suggestions, two primary options emerged—1) forming a health district in the county; and 2) partnering with another Oregon-based health system to provide services in Baker County.

And yet, we also heard from many people who were not aware of the different options under consideration. Many people noted in interviews, conversations, and through the survey that they had never heard of a health district before. In that context, community members we heard from were fairly evenly divided about forming a health district, most notably because of skepticism about people's willingness or ability to pay a property tax to support the district.

More people were interested in partnering with another Oregon-based health system; however, people expressed some doubt about whether a different — albeit more local — partner could manage to provide the services in Baker County that people would like to see.

We are left with the sense that Baker County residents have a strong desire to have additional, stable health care services—particularly an ICU and a birthing center—available in the county, but they have many questions about whether or how that might be possible. Community members are interested in the details of what the options would provide and what they would require.

It is also important to note that there is no single decision maker or institution that can implement the changes the community would like to see. While Baker

County and its Health Department have stepped forward to support conversations around this topic, there are multiple entities that are involved in making decisions about healthcare services in Baker County. We encourage all of the entities who play a role in providing healthcare services to: 1) communicate what they have heard from county residents; 2) flesh out the details of particular options under consideration; and 3) and continue the conversation with Baker County residents about what those options might look like.

This report consists of an Executive Summary followed by the full report, which includes the following sections:

- Summary of community engagement process
- General observations
- Perspectives on current and future health care needs and healthcare services
- How people want to see healthcare services provided in Baker County
- Related issues
- Recommendations for future community engagement
- Conclusion
- Appendices with process details, annotated survey results, and conversation materials

The purpose of the report is to give a snapshot of where values, hopes, and ideas overlap and where they diverge. It identifies themes and points out tensions. It also suggests places where more information and engagement might be helpful.

This report is not a scientific study, nor a presentation of the facts about issues related to health care and healthcare services in Baker County, but rather a recounting of what community members in the county are thinking over a particular period of time. In the report, we include a selection of quotes or comments we heard in different engagement activities. Quotes and comments included in the report either illustrate a particular point in someone's own words or echo what other people shared. Whenever possible, we use people's own words as they have directly shared them with us and do not alter for grammar or spelling if provided in written format.

EXECUTIVE SUMMARY

Background

From summer through fall 2024, the Baker County Health Department (Baker County) partnered with Oregon’s Kitchen Table (OKT) to conduct a community engagement process to hear from a variety of community members about what they would like to see for the future of healthcare services in the county. To reach a wide range of county residents, OKT designed a set of community engagement activities, including interviews, an online and paper survey, community conversations, and culturally specific organizing to hear from communities who have been excluded from public decision making. OKT heard from approximately 500 people.

Findings: Commonly Held Values and Beliefs

Across the community conversations, events, and individual interviews, the following commonly held values and beliefs emerged:

- Many people are dissatisfied with current health care options in Baker County, particularly hospital services.
- Very few people want to continue with the current hospital system for a variety of reasons.
- People believe the current system is not responsive to local needs or have serious mistrust of the current system.
- There are gaps in essential health care services that Baker County residents would like to see filled now and in the future.
- In particular, there continues to be a lot of concern about the ICU and birthing center closures.
- While there is strong interest in exploring options to fill healthcare service gaps that create more local control, how to fill those gaps is less clear.
- Community members do not have a lot of information about the details of any of the options under consideration.
- Amongst the different ideas county leaders are considering, there is general interest in partnering with other Oregon-based health systems.

Findings: Areas of Differences or Tension

There are also a few areas where people held different values and beliefs or where people noted that there are tradeoffs to be considered. While there is strong interest in exploring options to fill healthcare service gaps that create more local control, how to fill those gaps is less clear.

Though there was a range of suggestions, two primary options emerged—1) forming a health district in the county; and 2) partnering with another Oregon-based health system to provide services in Baker County. Between those two options, there is general interest in partnering with other Oregon-based health systems. Questions remain about feasibility of either set of options and people do not have a clear sense yet about the details involved in either option.

People are pretty evenly divided about support in forming a health district, primarily due to concern about Baker County residents' willingness or ability to pay a property tax to support the district. For many participants, this engagement process was the first time they had heard of a health district, let alone consider it for their own community.

Recommendations for Future Engagement

Because of the overlapping areas of responsibility, we also recommend that the county widely disseminate this information about the community's needs and concerns to other institutions that might influence healthcare now and in the future. We also recommend that county leaders and others involved in healthcare services work together to continue to engage community members by providing:

- Opportunities to provide more details around options under consideration, particularly forming a health district or partnering with an Oregon-based healthcare system; and
- Opportunities to invite neighboring counties to share their experiences and models with community members.

In addition, Baker County and other community leaders could also consider more focused engagement with particular communities. These include:

- Focus engagement efforts on hearing from residents in different parts of the county outside of Baker City as well as Spanish speaking community members and youth; and
- Conduct engagement activities during particular times of the year when community events take place in different parts of the county and will be gathering places for community members.

Conclusion

Throughout this community engagement process, we had the opportunity to meet with many community members who share a deep commitment to Baker County, as well as a strong desire to see their community thrive. Community members offered their time and their talents in many ways – from putting up flyers in multiple locations to putting together a baked potato bar for 100 people – to make sure that other people’s voices were part of this process. As people in Baker County face complex choices in trying to meet healthcare service needs, we are confident that community members will continue to make sure there are tables where people can share their experiences, perspectives, and ideas.

About Oregon’s Kitchen Table

Oregon’s Kitchen Table is a statewide community engagement program that invites all Oregonians to participate in the decisions that affect their lives. We focus on reaching, engaging, and hearing from Oregonians that have been left out of traditional engagement processes. Using culturally specific and targeted outreach, as well as community partnerships, we work with organizers, translators, and interpreters to assure that materials and engagement activities are available for and relevant to all Oregonians. We honor and value the wide range of values, ideas, and lived experiences that community members share with us and with public decision-makers.

SECTION 1: COMMUNITY ENGAGEMENT GOALS AND DESIGN

Background

In 2023, St. Alphonsus Hospital closed its Intensive Care Unit (ICU) and then later that year its Baker City birthing center. In response to community concerns, Baker County officials and other community leaders began looking at possible ideas to fill gaps in public health and health care services. As part of that work, Valentine Health Advisers conducted a situation assessment of hospital-based services in Baker County. Valentine Health Advisers' report to Baker County offered a set of potential approaches to consider for meeting health care needs in the county. Their report also recommended a broader community engagement process to understand what healthcare related needs residents of Baker County have as well as what they would like to see for the future of healthcare services in the County. Baker County then partnered with Oregon's Kitchen Table beginning in summer 2024 to hear from members of the community about what they need and want for healthcare services.

Below is a brief overview of the engagement process. More details are included as "Appendix A. Engagement Activities and Participation." The annotated survey results along with demographic information about participants is attached as "Appendix B. Annotated Survey Results." The agenda and questions posed to participants in community conversations are included as "Appendix C. Community Conversation Agenda."

Engagement Goals

The goals for the community engagement process were multifold:

- To hear from a variety of people in different parts of the county;
- To understand what people believe are the health care needs in the county;
- To learn what people want for the future of healthcare service in the county;
- and
- To hear what trade-offs people might be willing to make in order to meet healthcare service needs.

In addition, Baker County Health Department officials also sought to learn more about the challenges people face in accessing healthcare services as well as what kinds of information related to health care and healthcare services would be most helpful for people to have.

Outreach and Engagement Activities

OKT designed a set of community engagement activities that took place from August through November 2024. Activities included:

- an online and paper survey
- support for Spanish speaking community members and other residents to participate
- two in-person community conversations
- individual and small group interviews

OKT, Baker County, and partners conducted outreach through a variety of channels to invite people to participate. These included invitations via email, outreach through social media channels, flyers, and tabling at community events.

Content for Engagement

During engagement activities, we asked people about their own perceptions about health care and healthcare service needs in the county, including barriers to accessing those services. We also asked people a series of questions around the options and tradeoffs that County officials and other leaders are considering to fill healthcare service gaps.

Participation

OKT heard from approximately 500 people in a variety of settings. Many people who shared their input live in Baker City. We heard from people of all ages, from 12 years old to over 80 years old both through the online survey as well as at the community conversations.

SECTION 2. GENERAL OBSERVATIONS

Over the course of the three months we conducted community engagement activities, we noticed some high-level patterns in the input people gave. Some of those came through in the language that people used to describe their perceptions and experiences. We also noticed some distinctions in how people perceived or defined different values and beliefs about health care needs and healthcare services in the county. Several of these are explored in more detail in the other sections, but since they cut across different areas and topics, we want to note these patterns. These include:

- Access to healthcare services as critical in contributing to community wellbeing in Baker County. Many people voiced concerns that people at all stages of life – from young families to senior residents – would not want to either move to or continue to reside in Baker County if health care needs remain unmet.
- People value locally available care as well as more local decision making about healthcare services. But people differ about the specifics of how to provide more local control.
- Relatedly, no matter which entity makes decisions about healthcare services now and in the future in Baker County, they will need to pay attention to either

“If we don't support our young families, our city will suffer. We are a very family-friendly community, and we want to have this be a safe, encouraging place for growing families.”

“The needs of Baker are not always considered by the corporate decision-makers in Boise where the population, climate, laws and healthcare needs are frankly very different.”

restoring or building trust with community members throughout the county. Participants often voiced distrust of the current hospital provider, and we also heard at times levels of distrust for other potential options. Whatever entity makes decisions about healthcare services in Baker County, demonstrating responsiveness to community members will

be one way to help build that trust.

- While there is a sense of urgency about meeting important health care needs—especially acute care needs related to intensive care or maternity services –

there is not yet a shared understanding of what exactly different options might mean in reality for people.

SECTION 3. PERSPECTIVES ON CURRENT AND FUTURE HEALTH CARE NEEDS AND HEALTHCARE SERVICES

As noted above, we heard a high level of dissatisfaction with current healthcare services in Baker County. In conversations, people shared a wide range of services they think are needed but are either not currently available or have limited availability. Many people are not satisfied to some degree with the access to the health care that they or their family needs. 69% said either “mostly not satisfied” or “not satisfied at all.” Most participants (95%) are concerned that health care services in Baker County have been reduced, with 84% selected “very concerned.” In terms of healthcare services that are currently lacking, specialty care (20%) and maternity care (17%) were identified as the most important unmet needs. When asked about the most important types of specialty care, heart care (cardiology) and cancer care (oncology) were cited as the top priorities (22% and 19% respectively). There was not a significant difference among the other categories provided as options.

“La Grande’s got all kinds of specialists – why can’t we coordinate with them? They can come over here, we can go there.”

Barriers to accessing healthcare services

A few barriers to accessing healthcare services emerged as top concerns. People most frequently mentioned “Lack of specialty care or providers” in survey responses (22%), as well as in interviews and conversations. “Long waits for seeing healthcare providers” (17%) and “Travel to access health care is too far” (16%) also arose as a top challenge in the different forms of engagement. 63% of participants have some degree of concern about being able to access transportation if you or someone you know

“Traveling to Fruitland for oncology services is not a good health system. . . We spent 20 months doing this - which included having to burn up vacation and sick leave. . . winter driving, having to leave at ungodly hours due to a time difference and early appointments, etc. And, when things were bad, we had hospital and hotel stays, in Boise.”

would need it to get to health care with 35% selecting “somewhat concerned” and 28% selecting “very concerned.” Many people we talked with shared stories about the distances they or others they know in Baker County have had to travel in order to access either routine or more acute healthcare services.

What could support access to healthcare services

Of the kinds of support that would most aid people in improving access to health care, many participants referred to more healthcare providers as a key factor in being able to access healthcare services. In survey responses, recruiting and retaining healthcare workers (41%) and transportation (20%) came up most frequently. Additionally, assistance with understanding and paying medical bills was identified as a need (10%) in the survey responses. Section 5. Related Issues further explores some of the related issues that people raised that they believe are important to improving access to health care.

SECTION 4. HOW PEOPLE WANT TO SEE HEALTHCARE SERVICES PROVIDED IN BAKER COUNTY

Many of the people we heard from want to see a change in how healthcare services—particularly hospital and specialty care—are provided in the county. 89% of survey participants and many of the people who participated in interviews and conversations expressed this desire. There is not, however, a clear picture about who or which type of entity people want to see serve as a future healthcare system provider. As we presented tradeoffs about different options, people’s responses did shift, indicating that the details and tradeoffs – once people start to learn about those – are important in informing and shaping people’s preferences.

“I am committed to maintaining and improving the quality of care that our community has access to, including raising taxes, but I worry that Baker County on its own would not be able to scale and maintain healthcare in the same way that existing hospitals can.”

In conversations and comments, a few important values did emerge. These include:

“Baker County’s needs are unique and distinct from other counties in eastern Oregon”

- *A desire for some level of more local and responsive decision making.* For some people, local means another Oregon-based partner while for others that means forming a health district. What is most important is the nature of the relationship between the healthcare system provider and community members. People want to see a provider that understands and responds to the specific needs, context, and priorities of Baker County community members
- *Access to quality care.* While some people thought that a change in provider would help improve quality of healthcare services, a few people voiced concerns that a change from the current provider could lead to a decrease in the quality of health care they currently have.

Partner with a different healthcare system

Just over half of survey participants (52%) favor partnering with a different healthcare system, such as another hospital in Eastern Oregon. Many people view the healthcare services offered in nearby counties as being high quality; several people said that they already receive care in places like La Grande. When we asked people to consider some of the tradeoffs associated with different entities making decisions about healthcare services, slightly over half (55% of survey participations) of people are willing to have someone else – either the current healthcare system provider or another partner – manage the healthcare services provided in the county, even if that means the community does not have control over decisions about healthcare services. We heard a strong preference for that “someone else” to be Oregon-based in comments and conversations.

“La Grande has vastly expanded services, but they need more providers. Adding Baker to the GRH model may help both communities.”

There were some people who shared concerns about partnering with another Oregon-based provider. A few people believe another Oregon-based provider operating healthcare services in Baker County could mean that many services would still not be available in Baker County. They shared concerns that they would still need

to drive long distances – and on routes that are particularly challenging due to winter weather - to access healthcare services in a different part of Oregon. For some people,

“Please partner with someone else and reopen the hospital completely. I’m a future nursing student and I’d stay if there were more jobs.”

another Oregon-based partner might still not prioritize the health care needs of Baker County community members. And while many people said they thought that other healthcare system providers were working well in nearby counties, a few people thought that it would not be feasible for those partners to expand in Baker County or that those partners would face similar challenges that have led to

the current state of healthcare services in the county, including healthcare workforce recruitment and retention.

Form a health district

While it is clear that people would need more information in order to fully make up their mind, 33% of survey participants selected “form a health district that would oversee the hospital and other healthcare services.” In one of the community conversations, many participants also voiced interest and preference for this option. There are, however, significant concerns – both from those who would prefer a different option as well as from some of those who say they prefer forming a health district – about the cost and feasibility involved.

People who prefer this option cited several reasons for their choice, including:

- Belief that a health district will have a better understanding of local needs and context
- Belief that a health district would most prioritize the community’s needs over profits
- Desire for more control over future decisions about healthcare services in Baker County
- Belief that there would be more transparency about decisions and finances related to healthcare services
- Positive experiences with or beliefs that this is a successful model in other places

“A district will be more personal to the residents of rural eastern Oregon than any other option. Although, it may impact quality.”

Several people who said that even though they would be willing to pay increased property taxes to support a health district, they believed that there might be a lack of

“This is the first I am hearing or learning about a Health District. I really like the idea of it but I am afraid of what it would look like in practice when Baker City has struggled to assure adequate EMS coverage in the county for the last few years.”

community support for a property tax and other community members might not be able to afford to pay such a tax. Other people voiced concerns about whether a health district would be able to provide the same quality of care as either the current healthcare system provider or a different partner. Several people also posed questions about how a health district would operate and voiced wanting to understand how such a model was working in other Oregon communities. A few people said

that they didn’t trust the public sector to be able to oversee healthcare services.

When we asked people about some of the tradeoffs associated with different forms that a health district might take, preferences for forming a health district – even if it means paying a property tax to support the

district – increased among survey respondents, with 45% of participants saying they would be willing to pay a property tax in order to have community control over healthcare and hospital services. And yet, a slightly larger group – 50% - said they “would like to see Baker County work with either the current hospital system (St.

“I would love to have a real hospital here but St. Al's won't deliver and no one else wants to come here. That is why I voted for a Health District. That being said, I think that anything that costs taxpayer money will be a hard sell in Baker County. It took years for this community to pass a school bond!”

Alphonsus) or another partner to provide the hospital services community members need. I want this even if it means that community members do not have control over the decisions that are made about those services.”

When people considered another tradeoff – the time and cost involved – related to

setting up a health district that both oversees and directly provides healthcare and hospital services, 54% said they would be willing to accept the longer timeframe and higher costs likely involved rather than have the current healthcare system provider provide healthcare services under the oversight of a health district.

“One thing we wanted to touch on is that a health district doesn’t necessarily mean we have to own the whole thing. These three options as laid out here might not be as mutually exclusive as on the paper.”

This suggests that the details of a health district matter significantly and that community members will need to know more before they decide whether a health district is in their best interest.

Other Options

A smaller number of participants (11% of survey respondents) want to continue with the hospital services that St. Alphonsus and healthcare services other providers offer now. Some people shared that they are satisfied with the current services they receive. A few people noted they are concerned that the quality of care they currently receive will diminish with a change. Other people voiced their views that any of the options will meet with the same challenges as the current system and providers face in being able to provide the services community members want.

“I think St. Al's is doing the best it can with the resources it has. I think there is more to why healthcare providers struggle in Eastern Oregon than meets the public's eye.”

A few participants also suggested other ideas during interviews and community conversations. Other ideas or examples of models mentioned include:

“We’ve talked about our situation in Baker a lot, about the parallels, and ways that the Nuka approach could be beneficial for Baker. Nuka would be a great place for Baker’s leaders to look for guidance.”

- Cooperative model (e.g. Oregon Trail Electric Cooperative model)
- Partnering with an educational institute like Oregon Health and Sciences University or Blue Mountain Community College in La Grande
- Provider run or managed healthcare system
- Customer-owned system (e.g. Nuka System of Care in Alaska)

SECTION 5. RELATED ISSUES

The Baker County Health Department was also interested in hearing about people’s health needs more generally. In particular, we asked people about the kinds of information they’d like to get about health care. People also shared their thoughts on other, related issues during the engagement activities.

Information Related to Health Care

In terms of what kinds of information people want to get about health care, “How to find healthcare providers” (26%) and “Healthy living” (19%) emerged as the top areas of interest for people. In general, we heard a desire for transparency regarding health care information, particularly related to choice and financial information around healthcare services. During some conversations, people also mentioned wanting to better understand what their health care or healthcare service options are during times of acute care needs. Some people expressed a preference for wanting to receive ICU services, for instance, in Oregon rather than in Boise but they were uncertain about what their options are. A few people voiced questions about the availability or access to telehealth for community members in the area to help improve access to the services people need. One person noted that restrictions on telehealth services across state borders created additional barriers for people in places like Baker County that abut state borders.

“I literally have no idea what services I can get at my local hospital”

Clear, Responsive Communications

Another area related to health care that people often raised in conversations or in comments through the survey was a desire for more clear and responsive communications from health care providers. Some people talked about this in terms of wanting improvement in how health care provider portals interact with one another. Other people talked about this in terms of how long it took for a person to respond to calls or messages. Overall, we heard a desire for better coordination and communication across different parts of the health care system in Baker County.

“One healthcare system is better than two. We have both St. Lukes and St Alphonsus - it’s frustrating that we have two for no reason we can discern, AND that they can’t work together and get along. Why are there two?”

Transportation and Housing

Two of the other topics that people frequently mentioned were housing and transportation. Some people noted that these are two areas where they thought Baker

“local government needs to address the housing issues in Baker City. Part of recruiting and retaining employees is having access to affordable housing. Housing prices, both rentals and purchases, are astronomical and the supply is low.”

County could play roles in helping to improve access to healthcare services. People often mentioned housing availability and affordability impacting the ability to recruit and retain healthcare workforce, including the kinds of health care specialists people thought are needed in the county. In addition to concerns about road conditions – particularly during winter months –

as a barrier to accessing healthcare services, there was some interest in improving or creating transportation services to support people in getting to the healthcare services they need. We especially heard this when people talked about the challenges that older community members or other community members who may not drive face in accessing healthcare services.

“We live in an area where there are many times that roads in and out of the community are closed due to weather and traffic accidents. Life Flight has limitations as to weather and availability leaving our citizens at times without options.”

SECTION 6. RECOMMENDATIONS FOR FUTURE COMMUNITY ENGAGEMENT

Even participants who said they have been part of discussions over the past year or so around health care shared that they do not feel like anyone is paying attention to the county and its needs. This is especially true for people who needed maternal care or experienced a medical incident that required a stay in an ICU in the past year. These community members and their families feel the absence of these missing services deeply.

Based on the strong desire for action that we heard, we recommend that Baker County and other entities in the county involved in healthcare services communicate next steps in evaluating options and how people's input has influenced county healthcare leaders' thinking. Because there is confusion about who has authority to enact any proposed changes, we also suggest that those involved in decision making related to healthcare in the county continue to communicate with one another and with community members. We did take note of a few specific areas that Baker County and other community leaders might consider for further engagement. First, while there is mixed support for forming a health district, we heard that people did not have a sense yet of the details of what it would mean to form a health district. When talking about any model or approach, several people said that they wanted to look to what neighboring counties – including those who do have a health district in place - were doing to meet healthcare needs. If Baker County chooses to pursue forming a health district, the county's healthcare leaders could consider inviting neighboring counties to share their experiences and models with residents of Baker County.

The same is true when considering partnering with another Oregon-based healthcare system. Many people mentioned that while they want to see an Oregon-based entity manage hospital and healthcare services in the county, they were not sure whether that would be possible, what that would look like, and whether that would address some of their concerns, particularly around having to travel long distances for some services. Any further consideration of this option would entail additional conversations and collaboration with potential providers about what that could look like.

We recommend focusing further engagement related to healthcare services with some particular community members, including residents of communities outside of Baker City, Spanish-speaking community members, and young people. As OKT worked with the Health Department to conduct outreach, we noticed that many community events happening in various communities in different parts of the county occurred just prior to this engagement process. Late summer months offer opportunities to table at community events and connect in individual and small group conversations to hear from more residents in different parts of the county.

While we did hear from some Spanish speaking community members as well as youth (people under the age of 25), we recommend that the county continue to build upon this engagement effort and focus on hearing from youth and Spanish speaking members in future engagement efforts.

SECTION 7. CONCLUSION

Throughout this engagement process – while there are certainly different perspectives on the future of healthcare services in Baker County – participants do share a strong desire for change as well as a hope for a healthcare system provider with a close relationship to Baker County communities. No matter who that entity is, paying careful attention to building and nurturing that relationship will be a key factor in helping to establish trust in the healthcare system. We encourage the Health Department as well as other decision makers throughout the county to continue to engage with community members as they take further steps in evaluating potential options. Because many people feel a sense of urgency as well as a lack of trust related to healthcare services, regular communications about those decisions as well as additional information and details about options will be important going forward.

Many Baker County residents care deeply about the wellbeing of the county and its residents and view access to healthcare services as critical to that wellbeing as well as the future vitality of the county. Even as people feel strong emotions around the loss of these services, we hope that this community engagement process has provided space for community members in Baker County to move this important conversation forward.

APPENDIX A. Community Engagement Process



Community Engagement Process

BACKGROUND

In January 2023, St. Alphonsus Hospital closed its Intensive Care Unit, followed by the closure of its Baker City birthing center in August of that year. In response to community concerns, Baker County officials and other community leaders began looking at possible ideas to fill gaps in healthcare and public health services.

As an initial step to understand what is happening around health care needs and healthcare services in the county, Baker County worked with Valentine Health Advisers to conduct a situation assessment of hospital-based services in Baker County. A Health Care Systems Steering Committee was formed at that time to help guide this work. Valentine Health Advisers provided a report to the County and the Health Care Systems Steering Committee in spring of 2024. The report included a recommendation to conduct broader community engagement to understand what healthcare related needs residents of Baker County have as well as what they would like to see for the future of healthcare services in the County.

Starting this summer, Baker County began partnering with Oregon's Kitchen Table to hear from more members of the community about what they need and want for healthcare services.

OUTREACH

OKT, Baker County, and partners conducted outreach through a variety of channels to invite people to participate. These included:

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- Invitations via email to people on OKT's email list with Baker County zip codes
- Social media channels (primarily through Baker County Facebook groups and Instagram)
- Paper flyers posted in a variety of community gathering spaces
- Postings on Baker County community calendars
- Paper surveys available at the Health Department Office and Community Connections
- Community events, including a health fair, vaccination clinics, and farmers market; and
- Individual community members' networks.

COMMUNITY ENGAGEMENT ACTIVITIES

In order to reach a wide variety of people throughout the county, OKT designed a set of community engagement activities. These include:

- Individual or small group interviews;
- An online and paper survey in English and Spanish open to anyone living in Baker County;
- Community organizers and partners using a variety of approaches (community events, online surveys, paper surveys, and community conversations) to gather input from families in their communities; and
- 2 community conversations, including one during the senior lunch at the Baker City Senior Center.

Community Connector Interviews

At the start of the planning for engagement, OKT conducted interviews with 14 community connectors. Community connectors are people who are generally respected and trusted within their communities as well as outside their communities. They have relationships both within their own communities as well as externally and have a good grasp on where policies intersect (or don't) with people on-the-ground in their

APPENDIX A. Community Engagement Process

communities. While they have their own perspectives on issues, they are aware of and understand other perspectives that other people in their community might hold.

Because Valentine Health Advisors had already spoken with a number of community connectors and leaders within the previous several months, our goal with these community connector interviews was to build upon those earlier interviews and hear from community members who had not been part of those earlier conversations. The community connector interviews also helped to expand the list of community connectors as interviewees suggested more people for OKT to talk with in preparation for engagement activities.

The interviews were intended to help inform the design of the outreach and engagement plan. They helped to identify potential hosts for community conversations as well as community organizers and outreach channels. Community connector interviews also helped OKT and the Baker County Health Department in framing the content for engagement, particularly in framing the issues and trade-offs decision makers are facing in evaluating options.

Community Conversations

OKT held two community conversations in mid-November and worked with members of the Health Care Systems Steering Committee to host those conversations. As hosts, Committee members helped to conduct outreach and invite community members to the meeting, welcomed attendees, and helped to provide background for the community engagement effort. One community conversation was open to anyone living in Baker County and was held in the evening over dinner at the Baker Middle School.

Because the initial responses to the survey showed that many respondents were under the age of 60 years old, OKT also worked with Community Connections to join one of the daily lunches at the senior center and invite people attending to either respond to the survey via paper or online or to engage in a conversation at the meal in order to make sure we were hearing from people of all ages who may have a wide variety of health care needs.

APPENDIX A. Community Engagement Process

Other Engagement Activities

Several community members conducted outreach to members of their communities and supported people to share what they think in their own language and in whatever way works best for them. These included:

- Support for Spanish speaking families through paper surveys;
- Offering paper surveys at both the Baker County Health Department office and Community Connections for people who prefer to respond via paper or would like support in doing so; and
- Tabling at community events, including farmers markets, a health fair, and vaccination clinics to offer people opportunities to hear about the engagement effort and respond either through a conversation or via the survey.

Content for Engagement

During engagement activities, we asked people about their own perceptions about health care and healthcare service needs in the county. We also asked people to consider what barriers might be preventing people from accessing healthcare services and what might be helpful to increase access as well as what kinds of information people might want to know more about regarding health care. In both the survey and in community conversations, we also asked people a series of questions around the options that County officials and other leaders are considering to fill healthcare service gaps. This set of questions included questions about what tradeoffs people might be willing to make in order to have the kinds of healthcare services they want to have in the county. During the community conversations, we invited people to discuss with one another about their perspectives on the options and to learn from one another about each other's viewpoints. The survey also asked people a series of demographic questions to help provide a sense of who we were hearing from through the survey tool.

PARTICIPATION

APPENDIX A. Community Engagement Process

OKT heard from approximately 500 people in a variety of settings. Approximately 125 people participated in a community conversation. In addition, 366 people submitted input via either an online or paper survey, and approximately 25 people participated in an individual or small group interview, including during community events when Baker County Health Department officials tabled and talked with community members.

The survey also invited people to respond to voluntary demographic questions; however, many people chose not to respond to some of these questions. While some people choose to share personal information about themselves during interviews or community conversations, we do not ask people demographic questions in those settings. Because of this, we have limited information about some aspects of participants' identities.

APPENDIX B. Annotated Survey Results

WELCOME!

Would you please answer some questions in this survey about healthcare services in Baker County?

In 2023, St. Alphonsus Hospital closed its Intensive Care Unit and its Baker City birthing center. In response to community concerns, Baker County officials and other community leaders are looking at possible ideas to fill gaps in healthcare and public health services.

Baker County is partnering with Oregon’s Kitchen Table to hear from people about the community’s health care needs. We also want to hear what you might want for health care now and in the future in the county.

Your input will help the County officials make decisions about ideas for providing healthcare and public health services.

Please fill out this survey if you live in Baker County. You can fill it out through November 15, 2024.

How can I help?

Please fill out this survey! And invite other people in Baker County who you know to fill it out.

Are you interested in hosting a conversation about healthcare services in Baker County? If you want to lead a conversation, download the Kitchen Table Conversation guide. For more information or support, go to or contact us at info@oregonskitchentable.org.

By sharing what you think, you can help make sure that the County makes decisions based on what community members want to see happen.

Will my answers on this survey be private?

Yes. All answers will be private. That is, confidential. They will not be tied to your name or contact information, if you choose to share those at any time.

How will Baker County use the results of this survey?

Baker County will get a report. It will be based on the answers from this survey and from the conversations. It will help Baker County make decisions about future healthcare services in the county.

We will share the report with people who choose to share their emails. We will also post the report on Oregon’s Kitchen Table’s website.

Percentages may not add up to 100% due to rounding.

1. How satisfied are you with access to the health care you need for yourself or your family?

RESPONSE CATEGORY	Total Answers = 355
Very satisfied	6%
Mostly satisfied	23%
Mostly not satisfied	30%
Not satisfied at all	39%
I’m not sure or I don’t know	1%

APPENDIX B. Annotated Survey Results

2. We have heard that some people in Baker County are unable to access healthcare services that they need or want. What do you believe is keeping people in Baker County from being able to access the health care they need? Please select all that apply.

RESPONSE CATEGORY	Total answers =1,347
Transportation to get to health care	10%
Travel to access health care is too far	16%
Lack of specialty care or providers	22%
Healthcare providers do not speak languages people need	1%
Long waits for seeing healthcare providers	17%
Health care costs too much	9%
The healthcare system is confusing	5%
Lack of information	3%
Poor experiences with healthcare providers	10%
People are able to receive the health care they need	3%
Other. Please describe:	4%

3. What would most help support people in Baker County getting the health care they need? Please select the three that you think are the most important. Only select three.

RESPONSE CATEGORY	Total answers = 771
Transportation	20%
Recruit and retain healthcare workers	41%
Help to better understand and pay medical bills	10%
Better cell service	2%
Information about healthcare and services in simple English	6%
Information about healthcare and services in many languages	3%
Information and events about how to prepare for emergencies	5%
Other. Please describe:	14%

4. What kind of information do you want to get about health care? Please select all that apply.

RESPONSE CATEGORY	Total answers = 657
Healthy living	19%
How to prevent disease, like vaccines and screenings	11%
How the healthcare system works	13%
More about how health insurance works	14%
How to find healthcare providers	26%
More about elder care, like how to prevent falls	10%
Other. Please describe:	6%

APPENDIX B. Annotated Survey Results

5. What kinds of health care do you and others in Baker County wish you could get, but are not able to? Please select all that apply.

RESPONSE CATEGORY	Total answers = 1,360
Primary care	9%
Specialty care	20%
Substance abuse treatment	3%
Mental health care	11%
In-home care	8%
Dental care	7%
Maternity care	17%
Elder care	10%
Respite care	6%
Veteran care	7%
Other. Please describe:	4%

6. In terms of specialty care, what kinds are important for people to be able to access in Baker County? Please select the three that you think are the most important. Only select three.

RESPONSE CATEGORY	Total answers = 929
Kidney care (like dialysis)	9%
Hearing and speech care (Audiology and speech pathology)	4%
Stomach care (Gastroenterology or GI care)	9%
Cancer care (Oncology)	19%
Endocrine system care	5%
Skin care (Dermatology)	11%
Heart care (Cardiology)	22%
Urinary system care (Urology)	5%
Brain, spinal cord and nerve care (Neurology)	10%
Other. Please describe:	6%

7. How concerned are you about being able to access transportation if you or someone you know would need it to get to health care?

RESPONSE CATEGORY	Total Answers = 360
Very concerned	28%
Somewhat concerned	35%
Not too concerned	20%
Not concerned at all	15%
I'm not sure or I don't know	2%

APPENDIX B. Annotated Survey Results

8. The Birthing Center and the Intensive Care Unit at St. Alphonsus Hospital have been closed for about a year. How concerned are you that health care services in Baker County have been reduced?

RESPONSE CATEGORY	Total Answers = 364
Very concerned	84%
Somewhat concerned	11%
Not too concerned	3%
Not concerned at all	1%
I'm not sure or I don't know	1%

In response to recent the closures, people in Baker County have been talking about ways to meet these and other healthcare service needs. Some of the ideas people have about meeting acute care needs like the ICU and the Birthing Center are:

- Continue with the hospital services that St. Alphonsus and other healthcare service providers offer now.
- Partner with a different healthcare system, such as another hospital in Eastern Oregon to offer hospital and other healthcare services.
- Form a health district that would oversee the hospital and healthcare services.

What a health district is:

A health district is a form of local government. It is a way to provide direct health care services that community members control.

A health district could offer and oversee the healthcare services that got cut, like the birthing center and the ICU (Intensive Care Unit). The services would depend on what the community wants and what providers are able to offer.

The community decides what the district's geographic area should be. It could be:

- An entire county
- Part of a county
- An area that crosses county lines

Voters vote for having one and for its volunteer Board of Directors. This is like other districts such as:

- Baker County Library District
- Baker Rural Fire Protection District

To pay for the services a health district would provide, property taxes have to increase. For example, in Wallowa County, people pay a property tax of \$1.49 per \$1,000 of their assessed property value for a health district. For a property owner whose house has an assessed value of \$200,000, this is \$300 per year in a property tax in Wallowa County.

APPENDIX B. Annotated Survey Results

9. Which of these three appeals to you the most? Please choose your top choice. Only select one.

RESPONSE CATEGORY	Total Answers = 350
Continue with the hospital services that St. Alphonsus and healthcare services other providers offer now.	11%
Partner with a different healthcare system, such as another hospital in Eastern Oregon to offer hospital and other healthcare services.	52%
Form a health district that would oversee the hospital and other healthcare services.	33%
Other. Please describe:	4%

If you like, please share why that was your top choice.

Reponses provided to Baker County Health Department.

10. Please choose the one statement you agree with most. You do not have to agree with all of it.

RESPONSE CATEGORY	Total Answers = 340
I would like the community to form a health district so community members can have some control over healthcare and hospital services in the county. I want this even if it means that we have to pay a property tax to support the district.	45%
I would like to see Baker County work with either the current hospital system (St. Alphonsus) or another partner to provide the hospital services community members need. I want this even if it means that community members do not have control over the decisions that are made about those services.	50%
I would like the community to stay with the level of healthcare and hospital services we have now. I want this even if it means that community members have to drive far or wait for a long time to get the healthcare and hospital services they need.	5%

11. If Baker County were to form a health district, there are a few ways that it could be managed. There are two ways that people are talking about right now. Both of these options would take some time to set up. In both of these options, the health district would decide on what healthcare services to offer and provide oversight.

Please choose the one statement you agree with most. You do not have to agree with all of it.

RESPONSE CATEGORY	Total Answers = 325
I would like to see a new health district directly provide healthcare and hospital services for the county. I want this even if that means that it might take more time and money because the healthcare district would need to hire staff and set up the administration of the hospital	54%
I would like to see a new health district contract with St. Alphonsus to provide hospital services for the county. This may take less time and money than the other option because the staff and administration of the hospital are already in place. I want this even if it means that St. Alphonsus continues to be the main hospital provider in Baker County.	46%

APPENDIX B. Annotated Survey Results

12. What else would you like decision makers to know as they think about the future of healthcare in Baker County?

Reponses provided to Baker County Health Department.

Now we are going to ask a few questions about you. This is to help us make sure that we know we are hearing from the whole community. You can choose to answer these questions or not.

13. What is your age?

RESPONSE CATEGORY	Responses to this question = 359
17 years old and younger	<1%
18 to 29 years old	7%
30 to 39 years old	17%
40 to 49 years old	16%
50 to 59 years old	14%
60 to 69 years old	23%
70 or older	22%
I prefer not to answer	2%

14. What language do you prefer to receive information in?

RESPONSE CATEGORY	Responses to this question = 361
English	96%
Spanish	4%

15. Which of the following describes your racial or ethnic identity? Please mark all that apply.

RESPONSE CATEGORY	Responses to this question = 347
American Indian, Alaska Native, Indigenous Mexican, Central American, or South American	1%
Asian	1%
Black, African American	<1%
Hispanic, Latino/a/x	3%
Middle Eastern or North African	<1%
Native Hawaiian, Pacific Islander	<1%
White	95%

If you would like to share in your own words how you describe your race, origin, ethnicity, ancestry or Tribal affiliations, please use this space.

APPENDIX B. Annotated Survey Results

16. What is your current gender identity?

130 survey respondents did not respond to this question. Of the 236 people who chose to respond, 78% identified as female, 19% as male, and 3% provided a different response.

17. Where in Baker County do you live?

RESPONSE CATEGORY	Responses to this question = 340
Baker City	85%
Halfway	3%
Richland	1%
Oxbow	<1%
Haines	4%
Sumpter	2%
Unity	1%
Other	5%

18. What sector do you work in?

RESPONSE CATEGORY	Responses to this question = 389
Healthcare	17%
Community-based organization	4%
Schools or education	8%
Small business or self-employed	13%
Large business or corporation	2%
Public sector or government agency	7%
Agriculture or ranching	5%
I am retired	34%
I am not working at this time	4%
Other. Please describe:	6%

Thank you!

APPENDIX C. Community Conversation Agenda

Community Conversation: Baker County Healthcare Services

Welcome

Conversation Goals and Discussion Guidelines

- Help us hear everybody
- Listen with curiosity
- Speak from your direct experiences
- Everyone brings different experiences and ideas

Table Introductions:

Name, what brings you here tonight, and what is one thing you love about living in Baker County?

Table Discussion:

- As you think about living in Baker County, what do you think needs to be in place to meet people's healthcare needs here in Baker County?
- What approach do you think would get Baker County closest to what you think needs to be in place to meet healthcare needs?

Whole Group Discussion:

What have you heard that sparks interest for you? What additional or remaining questions do you have?

Next Steps

Appreciations