2025 Community Health Implementation Strategy and Plan

Adopted October 2025

CHI St. Anthony Hospital™

A member of CommonSpirit

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At-a-Glance Summary

Community Served 	St. Anthony Hospital serves patients primarily in Umatilla County, Oregon. Umatilla County is located in Northeast Oregon and had a population of 77,129 as of the 2020 census. The largest cities in Umatilla County are Hermiston, Pendleton, Umatilla, and Milton-Freewater, and the median household income is $70,322. The community served by St. Anthony Hospital also includes the Confederated Tribes of the Umatilla Indian Reservation.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs the hospitals intends to address with strategies and programs are: • Behavioral Health • Cancer • Tobacco Use • Nutrition, weight, & physical activity • Diabetes

Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including:
	• Behavioral Health
	  o Suicide prevention, perinatal loss support, community outreach
	• Cancer
	  o Cancer screenings, screening education, provider recruitment
	• Tobacco Use
	  o Smoking cessation program, community outreach
	• Nutrition, weight, & physical activity
	  o Nutrition education, support for activity programs, farmers' market support, weight management program
	• Diabetes
	  o Diabetes education and counseling, community outreach

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this report can be submitted to St. Anthony Hospital, Attn: Community Health 2801 St. Anthony Way, Pendleton, Oregon 97801 or by e-mail to sahmarketing@commonspirit.org

Our Hospital and the Community Served

About the Hospital

St. Anthony Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America

- St. Anthony Hospital is located in rural Eastern Oregon
- St. Anthony Hospital is a Critical Access, 25-bed hospital
- Major program and service lines include inpatient acute care (Critical Care and Medical/Surgical), outpatient surgery, infusions, and wound care; chemotherapy, Level 4 Trauma Emergency Department, Outpatient rehabilitation, diagnostic imaging, and rural health clinic/primary care.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we 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.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

St. Anthony Hospital serves Umatilla County and beyond in rural Northeastern Oregon. The community served by St. Anthony Hospital also includes the Confederated Tribes of the Umatilla Indian Reservation. A summary description of the community is below and additional details can be found in the CHNA report online. Umatilla County encompasses 3,214.45 square miles and has a population of 79,904 according to latest census estimates.

The largest cities in Umatilla County are Hermiston, Pendleton, Umatilla, and Milton-Freewater. Key elements of the economy include farming and industry. There is one additional hospital in Umatilla County, located approximately 30 miles from St. Anthony Hospital. The median household income in Umatilla County is $70,322, with an estimated 11.7% of residents living below the federal poverty level. 23.7% of residents stated they would not be able to afford a $400 emergency expense without going into debt. 76.3% of the population is reported as white, and 28.1% reported as Hispanic or Latino. 15.5% of the population age 25 and older do not hold a High School Diploma or GED. Approximately 11.1% of residents under age 65 do not have health insurance.

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in May 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Behavioral Health	▪ Suicide Deaths ▪ Cirrhosis/Liver Disease Deaths ▪ Sought Help for Alcohol/Drug Issues	☑
Cancer	▪ Leading Cause of Death ▪ Colorectal Cancer Deaths	☑
Tobacco Use	Use of Vaping Products	☑

Significant Health Need	Description	Intend to Address?
Nutrition, Physical Activity, & Weight	Food Insecurity ▪ Low Food Access ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults]	☑
Diabetes	Diabetes Deaths	☑

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

In order to determine health priorities for the triennium, prioritization exercises were conducted virtually with a variety of community partners and stakeholders. Community stakeholders engaged and worked collaboratively to identify the health priorities listed above.

Using these data along with the Community Health Needs Assessment report, the administrative team at CHI St. Anthony Hospital met to create a plan of action to address these needs. This team included the President of St. Anthony Hospital, the Director of Patient Care, Quality, and Risk, and the Director of Communications, Foundation, and Community Outreach/Education. In addition, all department managers at St. Anthony Hospital were queried to gain insights from their unique perspectives.

The team concluded that St. Anthony Hospital is able to address the five identified significant health needs. These efforts will include continuation of existing programs with evidence of

success, the potential to adapt and create new programs, and the ability to partner with other agencies to further address needs.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[1] to help plan and communicate about strategies and programs.

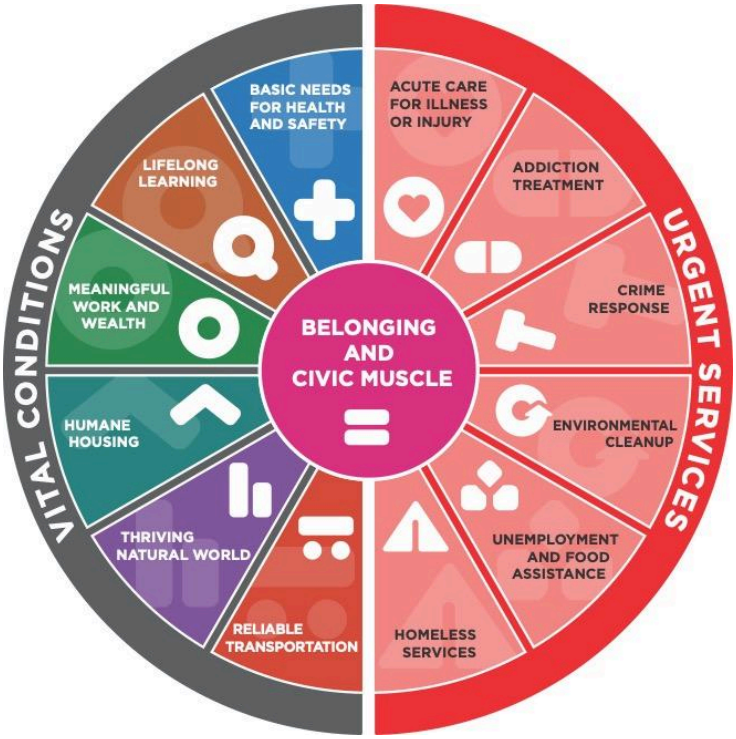
Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

What are Vital Conditions?
These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

What is Belonging and Civic Muscle?
This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.



Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

[1] The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

Strategies and Program Activities by Health Need

Health Need:	Behavioral Health				
Population(s) of Focus:	Residents of service area				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Suicide Prevention	Partner with Community Counseling Solutions to provide Mental Health First Aid and ASIST prevention training for community Provide support for Creating Conquerors suicide and substance use prevention program	☐	☑	☑	Basic needs for health and safety
Community Outreach	Provide community-based outreach services with health and wellness education	☑	☐	☑	Lifelong learning
Perinatal Loss Support	Provide mental health assistance/ resources for families experiencing perinatal loss	☑	☐	☑	Lifelong learning
Planned Resources:	Community Health Workers, Education materials				
Planned Collaborators:	Community Counseling Solutions, Creating Conquerors, Eastern Oregon Perinatal Loss Collaborative				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Enhance suicide prevention capacity and awareness within the community.	Number of community members trained in Mental Health First Aid (MHFA) and ASIST	Training participant logs/registrations, partner reports (Community Counseling Solutions)
Improve community knowledge and engagement in mental health and well-being	Number of participants in community-based outreach health and wellness education events.	Event attendance records, program evaluations
Ensure comprehensive support for families experiencing perinatal loss	Number of people accessing mental health assistance and resources for perinatal loss.	Referrals to Eastern Oregon Perinatal Loss Collaborative

Health Need:	Cancer				
Population(s) of Focus:	Community members at risk for and experiencing cancer				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**

Health Need:	Cancer				
Cancer Treatment	Provide consultation and treatment in our medical oncology center	☑	☑	☐	Acute care for illness
Cancer Screenings	Increase visibility of recommended cancer screenings through marketing campaigns, with emphasis on colorectal cancer screening, reproductive cancer screening, and breast cancer screening.	☑	☑	☑	Basic needs for health
Provider Recruitment	Recruit providers to care for patients with cancer diagnosis as well as provide women's and primary care to increase cancer screenings	☑	☐	☐	Basic needs for health
Planned Resources:	Marketing campaigns, Provider recruitment and collaboration				
Planned Collaborators:	Recruiting team, marketing team, Public Health Department				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase amount of primary care providers available to community members	Number of primary care providers at St. Anthony Hospital	St. Anthony Hospital
Increase rates of appropriate cancer screenings for early detection.	Percentage increase in cancer screening rates among eligible population	Hospital patient records

Continuation of expert medical oncology care and treatment at St. Anthony Hospital	Number of patients seen at St. Anthony Hospital Oncology Clinic	Hospital patient records

Health Need:	Tobacco Use				
Population(s) of Focus:	Tobacco users and potential users within service area				
Strategy or Program	**Summary Description**	**Strategic Alignment**			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Smoking Cessation Program	Boost efforts to provide a robust and comprehensive smoking cessation program to support community members in quitting tobacco use	☑	☑	☐	Addiction treatment
Community Education	Provide education to community members about harms of tobacco and vaping and available quit resources	☐	☐	☑	Lifelong learning
Planned Resources:	Tobacco Treatment Specialists, CHW, educational materials				
Planned Collaborators:	Umatilla County Public Health, Community Outreach Partners				

Anticipated Impacts (overall long-term goals)	Measure	Data Source

Increase successful cessation rates among tobacco and vaping users	Percentage of participants who successfully complete the smoking cessation program Percentage of program completers who report sustained abstinence at 3-month and 6-month follow-up	Program completion records Program follow-up surveys
Raise community awareness about the risks of tobacco/vaping and available cessation resources	Increase in community knowledge regarding the harms of tobacco/vaping and cessation resources	Educational program feedback, community surveys

Health Need:	Nutrition, Physical Activity, and Weight				
Population(s) of Focus:	Residents of service area; residents and patients living with obesity				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Nutritional Counseling	1:1 Nutrition Counseling provided by Registered Dietitian for patients with obesity and other health condition	☑	☑	☐	Basic needs for health and safety

Health Need:	Nutrition, Physical Activity, and Weight				
LifeSteps Program	LifeSteps Weight management program offered at least annually for adults.	☑	☑	☐	Lifelong learning
Support of Farmers' Market	Financial support provided for Pendleton Farmers' market which operates weekly from late spring to early fall	☑	☐	☐	Basic needs for health
Community Exercise support	Provide financial and other support to community exercise programs including programs targeted for seniors	☑	☐	☑	Basic needs for health
Planned Resources:	Financial and program support, Dieticians				
Planned Collaborators:	OSU Extension service, Pendleton Farmers' Market				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improve nutritional knowledge and habits among patients and the community.	Number of patients receiving 1:1 nutritional counseling Self-reported increase in healthy eating habits among counseling participants	Dietitian patient logs. Patient surveys, follow-up assessments
Increase participation in healthy weight management and physical activity programs.	Number of adults participating in the LifeSteps Weight Management program.	Program registration/completion data.

	Average weight loss/BMI reduction among LifeSteps participants. Number of community members participating in supported exercise programs	Program outcome data. Program attendance records, partner reports.
Enhance access to nutritious food options within the community.	Increased utilization of the Pendleton Farmers' Market	Program records

Health Need:	Diabetes				
Population(s) of Focus:	Community members and patients at risk for or diagnosed with diabetes				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Diabetic Education program	Provide 1:1 counseling to diabetic and pre-diabetic patients referred by their providers	☑	☑	☐	Basic needs for health
Community Outreach	Provide information on healthy eating and diabetes management at community events	☑	☐	☐	Lifelong learning
Planned Resources:	Dietician, Community Outreach staff, educational materials				
Planned Collaborators:	None.				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improve self-management and clinical outcomes for patients diagnosed with diabetes.	Average reduction in HbA1c levels for participating diabetic patients. Increase in self-reported adherence to diabetes management plans (diet, exercise, medication).	Patient records Patient surveys, follow-up assessments.
Increase community awareness and knowledge about diabetes prevention and management.	Number of community members attending diabetes education events. Increase in community knowledge about diabetes risk factors, prevention strategies, and healthy eating for diabetes.	Event attendance records. Community surveys, post-event feedback.

Program Highlights

Although not identified as significant health needs, there were additional areas of need identified in the Community Health Needs Assessment, including access to health care services and injury & Violence Prevention. St. Anthony Hospital intends to address these needs in the following ways.

Access to Health Care Services
St. Anthony Hospital is committed to expanding access to health care services for our communities. St. Anthony intends to continue its Community Health Outreach program which provides health education and resources within the community via a mobile unit. St. Anthony also provides assistance for patients to travel to and from hospital appointments through the use of Care Rides. In addition, St. Anthony is actively seeking grant funding to support the establishment and maintenance of a Community Paramedicine program. This program would provide a community-based paramedic to see patients in their homes and help them obtain the health resources and care they need.

Injury and Violence Prevention
St. Anthony Hospital remains committed to injury and violence prevention. We intend to continue our Child Passenger Safety Program, which provides no-cost car seat checks to community members. St. Anthony has a dedicated team of Child Passenger Safety Technicians, and we also work in collaboration with other entities such as the Oregon State Police and the Oregon Department of Transportation. In addition, the program provides low or no-cost child safety seats to families in need.

St. Anthony Hospital will also continue its robust support of Triple P, or Positive Parenting Program, in Umatilla and Morrow counties. In collaboration with Greater Oregon Behavioral Health, Inc., this program aims to provide population-level parenting education with the goal of reducing the use of physical punishment and other negative parenting behaviors. St. Anthony Hospital will also continue support for Pioneer Relief Nursery, which provides therapeutic childcare and preschool as well as family education and support for families at risk for abuse and neglect.