

Executive Summary

Significant Health Needs

The assessment identified the following areas of opportunity for health improvement in Wallowa County: access to health care services, cancer (leading cause of death with elevated mortality rates), disabling conditions (activity limitations and elder care stress), heart disease and stroke (leading causes of death), housing challenges, injury and violence, mental health (including suicide deaths and difficulty accessing services), respiratory disease, substance use (alcohol-induced deaths and personal impact), and tobacco use.

Community Priorities

Through a prioritization exercise with local providers and community leaders, the top health needs were ranked as: (1) Social Determinants of Health, especially housing, (2) Substance Use, (3) Mental Health, (4) Tobacco Use, (5) Disabling Conditions, (6) Cancer, (7) Heart Disease and Stroke, (8) Injury and Violence, (9) Access to Health Care Services, and (10) Respiratory Diseases.

Methodology

This 2025 assessment is a follow-up to the 2022 study and uses a systematic, data-driven approach combining primary research through community health surveys and key informant surveys with secondary data sources including vital statistics. The assessment was sponsored by Wallowa Memorial Hospital and Medical Clinics, Building Healthy Families, Helping Hearts, Wallowa Valley Center for Wellness, and Winding Waters Medical Clinic.

Next Steps

Wallowa Memorial Hospital and Medical Clinics will develop an Implementation Strategy to address the most significant health needs identified in this assessment.

Biggest Gaps in Service and Barriers to Care

Accessing Appointments and Providers

Getting a doctor appointment (15.5%), finding a doctor (9.2%), and inconvenient office hours (9.4%) prevent residents from receiving needed care. Approximately 30.6% of the population experienced difficulties or delays in receiving needed health care in the past year.

Cost Barriers

Cost prevented doctor visits for 8.6% of residents and prescription access for another 8.6%. Additionally, 11.6% of adults have skipped doses or stretched prescriptions to save costs.

Outmigration for Care

Over half of residents (55.7%) sought medical care outside the county in the past year, with 83.1% leaving for specialty care. Residents most commonly travel to Washington (35.8%), Idaho (24.0%), and Union County (20.3%) for health services.

Lack of Specific Source of Ongoing Care

Only 87.3% of residents have a specific source of ongoing medical care, which falls short of the Healthy People 2030 target of 95.0%.

Mental Health Services

Difficulty obtaining mental health services was identified as a significant access barrier, with mental health ranking as the third highest community priority.

Primary Care Provider Shortage

While Wallowa County has more primary care physicians per capita (203.0 per 100,000) than state and national averages, key informants identified access to health care services as a concern, with 73.6% rating it as a moderate to major problem.

The Unique Needs of the Community

Aging Population

Wallowa County has a significantly older population, with 28.9% of residents age 65 and older compared to 18.3% in Oregon and 16.5% nationally. This aging population creates increased demand for elder care services, with 20.9% of residents worried about accessing elder care when needed. Key informants noted that at least one-third of the population is over 65, leading to higher rates of chronic pain, vision and hearing loss, and dementia.

Geographic Isolation and Rural Characteristics

The county has very low population density (3.1 persons per square mile) and residents must frequently travel outside the county for medical care. Over half (55.7%) of residents sought medical care outside the county in the past year, primarily traveling to Washington (35.8%), Idaho (24.0%), and Union County (20.3%). Key informants cited living in a remote area with limited access to activities, especially in winter.

Housing Crisis

Housing ranked as the top community priority. Affordable housing is unavailable for 22.4% of residents, and 22.0% worry about paying rent or mortgage. The county lacks sufficient housing stock, with costs rising dramatically as housing targets the tourism economy. Key informants noted record numbers of evictions and homeless individuals, with housing being the primary barrier to recruiting workers.

Mental Health Stigma and Access Challenges

Despite having more mental health providers per capita (338.3 per 100,000) than the national average, stigma around mental health care and fear of accessing local providers due to small-town dynamics create barriers. Key informants noted concerns about confidentiality in a small community and discrimination against those with mental illness.

Limited Specialty Care

The community has adequate primary care physician coverage (203.0 per 100,000, higher than state and national averages) but lacks specialty services. Of those leaving the county for care, 83.1% travel for specialty care rather than primary care, indicating a significant gap in local specialty services.

Substance Use in Rural Context

Alcohol-induced deaths (24.8 per 100,000) are elevated, and residents report being personally impacted by substance use. This issue was ranked as the second-highest community priority by key informants.

Strengths of the Community

Strong Social Determinants

Wallowa County performs better than state and national averages across multiple social indicators: lower poverty rates (9.2% vs. 11.9% state, 12.5% national), lower child poverty (10.1% vs. 13.5% state, 16.7% national), higher educational attainment (only 6.7% lack a high school diploma vs. 8.5% state, 10.9% national), and lower unemployment (3.8% vs. 3.8% state, 4.0% national). Additionally, only 18.1% cannot cover a \$400 emergency expense compared to 34.0% nationally.

Excellent Overall Health

Residents report better overall health than benchmarks, with only 14.2% rating their health as fair or poor compared to 19.0% in Oregon and 15.7% nationally.

Strong Primary Care Access

The county has significantly more primary care physicians per capita (203.0 per 100,000) than Oregon (131.0) or the US (116.3). Residents utilize preventive care at high rates: 79.3% had a routine checkup in the past year (vs. 74.4% state, 65.3% national), and 96.3% of children had checkups (vs. 77.5% national). Despite outmigration concerns, 87.3% of residents have a specific source of ongoing care, and difficulty accessing health care (30.6%) is significantly lower than the national average (52.5%).

Lower Barriers to Health Care Access

The community experiences fewer access barriers than national averages across multiple dimensions: cost preventing doctor visits (8.6% vs. 21.6% nationally), difficulty getting appointments (15.5% vs. 33.4%), inconvenient hours (9.4% vs. 22.9%), finding a physician (9.2% vs. 22.0%), and transportation barriers (4.3% vs. 18.3%).

Excellent Dental Health

Dental care utilization is exceptionally strong, with 80.1% of adults visiting a dentist in the past year (vs. 66.2% state, 56.5% national, exceeding the Healthy People 2030 target of 45%). For children, 88.5% had dental visits (vs. 77.8% national). Only 0.8% of parents were unable to obtain dental care for their children.

Better Mental Health Indicators

Residents report better mental health than national benchmarks: fewer rate their mental health as fair or poor (16.4% vs. 24.4% nationally), fewer experience symptoms of chronic depression (35.8% vs. 46.7%), and daily stress levels are lower (11.1% vs. 21.1% reporting extremely/very stressful days). Access to mental health services is also better, with fewer unable to obtain care when needed (7.3% vs. 13.2%).

Lower Substance Use

The community shows significantly lower illicit drug use (1.1% vs. 8.4% nationally) and lower excessive drinking rates (16.6% vs. 34.3% nationally).

Healthy Weight and Physical Activity

Adult obesity rates (26.2%) are notably lower than Oregon (33.6%) and US (33.9%) averages, meeting the Healthy People 2030 target. Child obesity (7.1%) and overweight rates (17.6%) are significantly better than national benchmarks (15.5% and 31.8% respectively). Children are highly active, with 72.6% physically active for one or more hours daily.

Low Tobacco Use

Cigarette smoking rates (6.1%) are substantially lower than Oregon (10.6%) and US (23.9%) rates, meeting the Healthy People 2030 target. Vaping rates (2.7%) are also well below state (8.3%) and national (18.5%) levels.

Better Sexual Health

The county has significantly lower rates of sexually transmitted infections, with chlamydia (91.4 per 100,000 vs. 495.0 national) and gonorrhea (13.3 vs. 194.4 national) well below state and national rates.

Lower Chronic Disease Prevalence

Diabetes prevalence (8.1%) is below state (10.9%) and national (12.8%) rates. COPD prevalence (4.4%) is lower than state (6.6%) and national (11.0%) averages. Residents have fewer multiple chronic conditions (32.1% with 3+ conditions vs. 38.0% nationally).

Low Crime Rates

Only 1.2% of residents were victims of violent crime in the past five years (vs. 7.0% nationally), and intimate partner violence rates (14.6%) are below the national average (20.3%).

Priorities and Goals

Access to Health Care

The hospital worked to reduce outmigration of care by adding specialty service lines including orthopedics and podiatry, and increasing the number of visiting specialists. Technology investments included purchasing an MRI to serve a wider variety of patients and expanding sterile processing capacity to offer more surgical services.

Injury and Trauma Prevention

The hospital implemented fall prevention programs targeting the elderly population, including balance classes and outdoor fitness equipment for older adults. They offered free first aid and fall prevention courses to the public, established ground level fall trauma activation protocols, conducted EMS lift assists, and achieved measurable reductions in ground level falls and modified trauma activations in the community.

Social Determinants of Health

The hospital administered social determinants of health questionnaires in both hospital and clinic settings, employed community health workers who attend hospital rounds and connect patients to resources. They participated in Network of Care meetings and implemented the Unite Us platform to better connect community members with available resources, with a particular focus on addressing housing needs.

Tobacco Use

The hospital designated a tobacco cessation specialist through training their respiratory therapist, offered community tobacco cessation classes and individual coaching through the cardiopulmonary department, and became a tobacco-free campus with policies in place for all visitors and staff. They increased referrals from primary care for both inpatient and outpatient tobacco cessation coaching.

Respiratory Disease

The hospital worked with Wallowa County Air to distribute air purifiers to qualifying county residents and donated purifiers to schools and community centers. They conducted public service announcement campaigns to educate residents on signing up for air quality alerts, purchased generators for hospital clinics to use as clean air spaces during wildfire season, and published all clean air space sites and hours on the State 211 site.

Flu and Pneumonia Prevention

The hospital conducted county-wide flu vaccine clinics including in outlying areas, created public service announcements and newspaper articles about vaccine importance, and implemented an antimicrobial stewardship program that completed pneumonia prescribing practices, provider education, and ongoing tracking and trending of prescribing practices.

Community Benefit Investment

Over the past three years, Wallowa Memorial Hospital invested over \$3,500,000 in community benefit (excluding uncompensated Medicare) and more than \$300,000 in charity care and other financial assistance programs.