

Executive Summary

Overview

This 2022 Community Health Needs Assessment (CHNA) was conducted by the North Coast Service Area Collaborative Partners — Columbia Memorial Hospital, Providence Seaside Hospital, Clatsop County Public Health, Columbia County Public Health, and Columbia Pacific CCO — covering Clatsop and Columbia counties in northwest Oregon. The assessment used a mixed-methods approach including a community survey of over 600 respondents, six virtual listening sessions with 37 participants, and 10 stakeholder interviews. Key themes are listed in order of community-identified priority.

Access to Health Care Services

Access to adequate medical providers was the top priority. One-third of survey respondents reported not receiving all the health care they needed in the past year, and 19% lacked a primary care provider. Uninsured individuals, unhoused community members, and LGBTQ2SIA+ residents faced particular difficulty accessing care.

Behavioral Health Challenges and Access to Care

Thirty-five percent of respondents reported needing counseling or mental health support in the past year, with 17% of those not receiving it. Barriers included cost, transportation, technology access, and provider shortages. Substance use and mental health disorders were frequently co-occurring, and COVID-19 social distancing negatively affected youth mental health.

Houselessness and Housing Instability

Clatsop County had the highest rate of houselessness in Oregon at nearly 23 per 1,000 residents. High housing costs, increased short-term vacation rentals, and limited housing stock contributed to the crisis. Approximately 22% of Columbia County renters and 17% of Clatsop County renters spent 50% or more of their income on housing, and 12% of housed survey respondents worried about losing their housing.

Affordable Childcare and Preschools

Both counties were classified as childcare deserts. Stakeholders described a regional and statewide childcare crisis, with families struggling to find available, affordable, quality care. Some families were forced to rely on informal arrangements that may not have met regulatory standards.

Economic Insecurity

Despite job growth, wages did not keep pace with rising housing costs. Median individual income in Clatsop County (\$63,200) and Columbia County (\$73,000) fell below the local livable wage thresholds of \$81,120 and \$95,680, respectively. Approximately 17% of respondents reported insufficient financial resources to meet basic needs — representing an estimated 16,000 people across both counties.

Access to Dental Care

Both counties had higher population-to-dentist ratios than the state average (Clatsop 1,390:1; Columbia 1,650:1; Oregon 1,210:1). Gaps in employer-provided dental insurance, particularly in hospitality and tourism sectors, and a shortage of providers accepting Oregon Health Plan (OHP) were identified as key barriers.

Chronic Health Conditions

Rates of chronic conditions in both counties were comparable to state averages. The top five conditions were obesity, diabetes, asthma, cancer, and heart disease. Among survey respondents, 34% rated their health as fair or poor.

Biggest Gaps in Service and Barriers to Care

Health Care Service Gaps

Primary care capacity was severely strained — 19% of respondents lacked a primary care provider entirely, and scheduling delays created compounding demand. Outpatient mental health services were insufficient to meet need, particularly affordable options. Dental care providers were scarce relative to population, and few accepted OHP. Both counties lacked adequate providers willing or able to serve uninsured patients, unhoused individuals, and LGBTQ2SIA+ community members.

Barriers to Accessing Health Care

Lack of insurance was the most pervasive barrier, especially for workers in hospitality and tourism who lacked employer-sponsored coverage. Cost of care was a consistent obstacle across health, behavioral health, and dental services. Transportation limitations restricted access, particularly for those in rural or isolated areas. Workforce shortages — including difficulty retaining providers — reduced availability across service types. Technology access was a barrier for those needing telehealth or virtual services. Discrimination and identity-based obstacles made care-seeking difficult for LGBTQ2SIA+ residents and the Latino/a/x community, who also faced language barriers.

The Unique Needs of the Community

Geographic and Regional Isolation

As a north coast rural region, both counties faced limited provider availability and infrastructure compared to urban Oregon, with residents traveling significant distances for specialty or higher-level care.

High Houselessness Rate

Clatsop County had the highest houselessness rate in Oregon at nearly 23 per 1,000 residents — far above the statewide rate of 3.7 per 1,000 — driven in part by the region's high concentration of vacation rentals displacing long-term housing stock.

Tourism and Hospitality Economy

The local economy's reliance on hospitality and tourism left a significant portion of the workforce without employer-sponsored health or dental insurance, creating a structurally uninsured population distinct from other rural Oregon regions.

Childcare Desert Designation

Both Clatsop and Columbia counties were formally designated childcare deserts, reflecting a supply gap more acute than many other Oregon counties and limiting workforce participation, particularly among parents.

Latino/a/x Community Needs

The Latino/a/x community had distinct unmet needs around culturally competent and linguistically accessible care. The survey was offered in both English and Spanish, reflecting an intentional recognition of this population's size and underservice.

Co-occurring Behavioral Health Disorders

Stakeholders specifically noted that substance use and mental health disorders frequently co-occurred in this community, making treatment more complex and creating demand for integrated services that were not readily available locally.

Youth Mental Health Post-COVID

The community identified COVID-19 social distancing measures as having had a particular impact on youth mental health — a population-specific concern raised distinctly in this assessment.

Strengths of the Community

Collaborative Partnership Infrastructure

The CHNA itself was produced through an unusually broad multi-organization collaboration — Columbia Memorial Hospital, Providence Seaside Hospital, Clatsop and Columbia County Public Health departments, and Columbia Pacific CCO — reflecting an established culture of inter-organizational cooperation strengthened during COVID-19.

Community Benefit Investment

Collaborative Partner hospitals collectively provided \$26.5 million in community benefit in 2021, demonstrating significant organizational commitment to addressing unmet community needs.

Existing Health Care Facilities and Services

Both Columbia Memorial Hospital and Providence Seaside Hospital are accredited critical access hospitals offering a range of primary, specialty, surgical, emergency, and behavioral health services. Clinic locations had expanded across multiple communities including Astoria, Warrenton, Seaside, and Cannon Beach.

Strong Community Engagement

The region demonstrated a willingness to participate in the assessment process, with over 600 survey respondents and broad representation across listening sessions and stakeholder interviews, including from historically underrepresented populations.

Public Health Accreditation

Both Clatsop and Columbia County public health departments held national accreditation through the Public Health Accreditation Board, reflecting organizational capacity and accountability.

Existing Community Resource Network

A wide array of community-based organizations contributed to the assessment and serve residents, including food banks, behavioral health providers, reentry programs, early learning hubs, parenting support organizations, and LGBTQ2SIA+ services.