

Executive Summary

This is the 2019 Gilliam County Community Health Assessment, produced by the Eastern Oregon Coordinated Care Organization (EOCCO). It combines qualitative focus group findings from Condon with quantitative data sets covering demographics, housing, childcare, health behaviors, and health care resources for this small, rural county (population approximately 1,995 in 2017).

Key Health Care Access Concerns

Residents identified significant gaps in local health care services, including lack of a primary care physician/patient-centered health home and the need to travel to The Dalles (54 miles) for hospital care. Both Arlington and Condon service areas hold all five shortage designations:

Geographic/Population HPSA, MUA/MUP, Mental Health HPSA, Dental HPSA, and Office of Rural Health Unmet Need. Neither community has any licensed physicians; Condon has only 2.2 total practitioners (primarily nurses), and Arlington has 1.9.

Social Determinants of Health

Focus group participants described Gilliam County as a "food desert" due to poor distribution infrastructure. Housing quality was flagged as a serious concern, with residents reporting substandard and overpriced rental units. Approximately 60% of students qualify for free or reduced lunch. Food insecurity affects roughly 19% of individuals. Transportation barriers — including gorge winds, ice, and fog — impede access to out-of-area appointments.

Socioeconomic Conditions

Gilliam County's poverty rate (11.2%) is below the state average (15.7%), and the county's median family income (\$58,162) reflects relative economic stability compared to other rural Oregon counties. However, housing affordability remains strained, with 1 in 5 renters paying more than 50% of income on rent and a critical shortage of affordable units at the lowest income levels.

Health Behaviors and Status

Substance use — particularly marijuana, vaping, and alcohol — was raised as a community concern. Childhood obesity was noted as prevalent, with focus group members estimating over 50% of K–8 students were overweight. Adult obesity in the county (38.9%) exceeds both the statewide and EOCCO averages.

Community Strengths

Participants expressed strong community pride, citing volunteer culture, cooperative response to emergencies, and community-built assets including a free wellness center and an Oregon Solutions housing project. Relative economic stability and investment in public infrastructure were also highlighted as strengths distinguishing Gilliam County from many rural peers.

Children and Early Childhood

Childcare access is extremely limited, with only 56 licensed slots for 254 children under age 13, and just 22% of children under 13 have access to visible childcare. Only 16% of 3–4 year olds are enrolled in preschool. Kindergarten readiness scores have shown improvement since 2013 in most domains.

Biggest Gaps in Service and Barriers to Care

Health Care Service Gaps

Both Arlington and Condon hold all five shortage designations (Geographic/Population HPSA, Mental Health HPSA, Dental HPSA, MUA/MUP, and ORH Unmet Need Area). Neither community has any licensed physicians on record. Condon has 2.2 total practitioners and Arlington 1.9, consisting primarily of nurses and nurse practitioners. No psychiatrists, psychologists, dentists, or specialists of any kind are listed for either service area. The nearest hospital to Arlington is The

Dalles (54 miles); the nearest to Condon is Heppner (44 miles). Focus group participants specifically flagged shortages in dental, vision, diabetes care, pediatric well-child services, and primary care.

Barriers to Health Care Access

Transportation is a primary barrier — residents must travel significant distances over roads affected by gorge winds, ice, and fog, and many lack personal transportation. A county dial-a-ride system exists but serves only seniors and disabled residents in Condon. Focus group participants noted that missed out-of-area appointments are a direct consequence of transportation gaps. Affordability presents another significant barrier. Some residents earn too much to qualify for the Oregon Health Plan but cannot afford private insurance, leaving them without coverage. Older adults were noted to forgo care even when covered due to financial debt. Families who struggle to navigate insurance enrollment experience cycles of coverage gaps and involuntary provider changes.

Rural geography itself was identified as a structural disadvantage, placing residents at a systemic disadvantage relative to urban populations for virtually all health care services.

The Unique Needs of the Community

Food Access

Participants described Gilliam County as a food desert, noting that distributors will not supply local small markets due to insufficient volume, forcing store owners to purchase retail produce elsewhere. The irony of living amid wheat and fruit-producing agricultural land while lacking access to fresh food was explicitly noted. Approximately 60% of students qualify for free or reduced lunch, and food insecurity affects roughly 19% of individuals countywide.

Childcare and Early Education

With only 56 licensed childcare slots for 254 children under age 13, and just 22% of children with access to visible childcare, the county faces a severe childcare shortage. Only 16% of 3–4 year olds are enrolled in preschool. Childcare costs consume 29% of a minimum wage worker's annual earnings.

Childhood Obesity and Health Education

Focus group members estimated more than 50% of K–8 students were overweight. Participants identified a need for community-wide health education addressing the interconnections between physical, mental, oral, and chronic disease management.

Substance Use

Marijuana, vaping, and alcohol use were identified as community-level concerns, with participants noting marijuana use is particularly prevalent. Substance use was raised in the context of employment barriers, specifically the difficulty of passing drug tests.

Aging Population

Both Arlington and Condon show significant growth in the 65+ population, with Arlington seeing a 43.1% increase since 2010. Older adults face compounded barriers including fixed incomes, transportation dependence, and reluctance to seek care when in debt.

Housing Quality

Substandard rental housing — particularly in mobile home parks — was described in detail by focus group participants, who noted poor electrical wiring, structural problems, and high rents relative to conditions. Residents with limited income and no transportation feel unable to leave poor living situations.

Strengths of the Community

Community Cohesion and Volunteerism

Participants expressed strong pride in their community's collective response to challenges, citing examples such as community members mobilizing during grass fires and broad participation in local events like county fair auctions that support youth. This spirit of coming together across all walks of life was described as unusual and distinctive compared to other communities.

Community Programs and Infrastructure

The county has invested in concrete community assets including a free community wellness center with high-quality equipment, an Oregon Solutions stable housing project developed through community collaboration, and new fire hall and emergency service buildings. Participants noted Gilliam County has infrastructure resources that many comparable rural counties lack.

Relative Economic Stability

Gilliam County's poverty rate (11.2%) is below the state average (15.7%), and its median family income (\$58,162) compares favorably to neighboring rural counties. Participants explicitly linked this relative economic stability to better overall health outcomes compared to other rural Oregon communities.

School Engagement

Participants highlighted the school system's success in keeping children engaged and active. Kindergarten readiness scores have improved since 2013 across most domains. The school system's free and reduced lunch program was recognized as effectively addressing food insecurity among children.

Mobile Health Services

Participants identified periodic visiting "health trucks" offering dental, vision, and diabetes services as a meaningful supplement to locally scarce health care, reaching residents who might not otherwise access care.