

Executive Summary

This 2019 Community Health Assessment covers Grant County, Oregon, produced by the Eastern Oregon Coordinated Care Organization (EOCCO) and Greater Oregon Behavioral Health, Inc. (GOBHI). It combines qualitative focus group data collected in June 2018 with quantitative demographic, housing, and health status data.

Demographics and Socioeconomics Grant County had an estimated population of 7,415 in 2017, down from 7,450 in 2013, reflecting a declining and aging population. The county is predominantly white (92%) with a small Hispanic population (3.5%). Unemployment stood at 7.8% in 2016, well above the state rate of 4.9%, and roughly 15% of residents lived in poverty. Single-parent households and low education attainment were also noted concerns.

Health Care Access Transportation barriers were among the most prominently discussed challenges, particularly for residents in outlying areas needing to schedule rides to appointments. Specialty care is largely unavailable within the county, requiring residents to travel outside for services. Wait times of two to six weeks for primary care appointments were reported. A school-based health center was identified as a meaningful asset for youth access.

Health Status and Behaviors Grant County Medicaid members showed elevated rates of chronic disease, obesity, food insecurity, depression, and smoking compared to statewide averages. Suicide death rates and heart disease mortality were notable concerns. Physical inactivity among elderly residents was raised as a growing long-term risk given limited indoor wellness infrastructure.

Social Determinants of Health Housing instability and affordability were significant issues. With a median family income of \$50,721, residents needed to earn \$13.10/hour to afford a two-bedroom apartment, far above the mean renter wage of \$9.16. Food insecurity affected an estimated 25% of individuals. LGBTQ residents and low-income families faced additional barriers related to discrimination and limited access to education and vocational training.

Community Strengths Despite economic hardship, focus group participants highlighted strong community cohesion, mutual support during crises, and emerging trauma-informed community initiatives as meaningful assets.

Biggest Gaps in Service and Barriers to Care

Health Care Service Gaps Specialty care is largely absent within the county, requiring residents to travel outside Grant County to access specialists. Primary care capacity is strained, with wait times of two to six weeks for appointments. Limited indoor wellness and preventive health infrastructure exists for elderly residents. Childcare affordability and availability are constrained, with only 131 slots countywide and just 16% of children under 13 having access to visible childcare.

Barriers to Health Care Access Transportation is the most prominently identified barrier, particularly for residents in outlying rural areas who struggle to schedule and coordinate rides to appointments. Cost and lack of coverage present additional obstacles, with affordability of preventive services specifically cited as out of reach for lower-income residents. Stigma around poverty was noted as a barrier, with focus group participants describing feelings of judgment when seeking care. Geographic isolation compounds all of the above, as distance from services affects seniors and vulnerable populations most acutely.

The Unique Needs of the Community

Rural and Geographic Needs As a frontier county with dispersed small communities, Grant County requires solutions tailored to long distances and limited local infrastructure, including transportation coordination and telehealth or mobile service options.

Elderly Population Needs The county has a rapidly growing older adult population (32.2% age 65+ in 2017, up from 26% in 2013). This group faces particular challenges with physical inactivity due to lack of indoor wellness facilities, difficulty self-advocating for health behavior changes, and transportation dependency for appointments.

Youth and Early Childhood Needs Limited preschool enrollment (24% of 3-4 year olds), scarce childcare availability, and high food insecurity among children point to significant early childhood gaps. The school-based health center was identified as a valuable but limited resource.

Behavioral Health Needs Depression, adverse childhood experiences (ACEs), and substance use rates among Medicaid members exceed state averages. The community identified a need for trauma-informed care approaches and is in early stages of building that capacity.

Economic Stability Needs High unemployment, housing unaffordability, food insecurity, and wage gaps create compounding health risks. Workforce development and vocational training access are needed, particularly for low-income residents unable to leave the county for training.

Social Inclusion Needs LGBTQ residents face discrimination and social isolation. The community's relative social cohesion is a strength, but inclusion of marginalized groups requires intentional effort.

Strengths of the Community

Social Cohesion and Mutual Support Focus group participants consistently highlighted the community's strong tendency to rally around neighbors in crisis, including raising significant funds for community members facing severe illness or hardship, despite being one of the most economically depressed counties in Oregon.

Community Resourcefulness and Innovation Participants noted the capacity of small rural communities like Grant County to create change with limited resources, citing the development of a local taskforce working toward building a trauma-informed community as a concrete example.

School-Based Health Center The presence of a school-based health center was identified as a meaningful asset, increasing health care accessibility for youth by allowing students to address health needs without relying on a parent for transportation or appointments.

Open-Minded Community Culture Focus group participants described Grant County as relatively open-minded and willing to engage with diverse ideas and perspectives, which was seen as a foundation for community-driven health improvement efforts.

High School Graduation Rates The county's five-year high school graduation rate of 92.5% in 2017 exceeds the statewide rate of 77.8%, suggesting a relative strength in educational attainment at the secondary level.

Health Care Incentive Measure Progress EOCCO incentive measure data showed improvement across several indicators between 2014 and 2018, including colorectal cancer screening, developmental screening, and effective contraceptive use among Grant County plan members.