

Executive Summary

Overview The 2024 Morrow County Health Assessment was conducted by the Community Health Improvement Partnership (CHIP) of Morrow County using secondary data and community input. The county (population ~12,300) is entirely designated frontier and a Health Professional Shortage Area for primary medical, dental, and mental health care.

Demographics Morrow County has the highest percentage of Hispanic/Latino residents in Oregon (39.6%). Nearly 28% of Boardman residents speak English less than very well. Forty-five percent of the population was enrolled in Medicaid as of January 2024.

Social Determinants of Health Median household income (\$64,975) falls below state and national levels. Poverty is concentrated in Boardman and Irrigon, where 40–44% of residents live below 200% of the federal poverty level. ALICE households increased from 1,171 in 2019 to 1,375 in 2022. Transportation to medical services is a documented barrier, particularly for low-income residents and those aged 18–24 and 55 and older.

Health Care Access The nearest obstetric and prenatal care is 23–45 miles away; emergency services can be over one hour from the most remote areas. Surrounding counties share similar shortage designations, compounding access challenges.

Mortality and Chronic Disease Cancer and heart disease are the leading causes of death. Over 52% of adults have at least one chronic condition. Obesity has risen sharply to 45% (Oregon: 31%). Tobacco use affects 26% of adults and accounts for an estimated 23 of 132 annual county deaths.

Behavioral Health Twenty-one percent of adults reported poor mental health in the past month. Unmet mental health needs among youth are increasing. Drug overdose deaths have risen substantially, now driven primarily by illicit fentanyl and methamphetamine. Community Counseling Solutions provides behavioral health and substance use services under county contract.

Oral Health Adult dental visit rates are below the Oregon average. In-school screenings found 48% of Morrow County School District students at high risk for caries. Many dental clinics do not accept Medicaid.

Maternal and Child Health From 2019–2021, only 65.1% of births began prenatal care in the first trimester, below Oregon's 90% goal. Of 501 total births, 69 had inadequate prenatal care and nearly 60% were to Hispanic mothers.

Immunization Seasonal influenza vaccination rates have declined across all age groups since 2019–20. COVID-19 series completion (50%) lags well behind the statewide rate (73.8%).

Special Populations Farmworkers and dependents number over 6,000 in a county of ~11,300, facing barriers including inadequate housing, language and cultural challenges, and immigration-related fears. Older adults (18% of the population) have high disability rates (46%). Veterans (7.5% of adults) face documented barriers to behavioral health care.

Emerging Trends Declining vaccination rates, increasing sexually transmitted infections, growing older adult needs, and rising overdose deaths are identified as emerging concerns.

Biggest Gaps in Service and Barriers to Care

Health Care Service Gaps Morrow County is designated a Health Professional Shortage Area for primary medical, dental, and mental health care. Specialty care, including obstetric and prenatal services, requires traveling 23–88 miles. Emergency services can exceed one hour from the most remote areas. Many dental clinics do not accept Medicaid. Colorectal cancer screening rates (43%) are far below the Oregon rate (72%). Behavioral health services are limited, with unmet need documented among both adults and youth.

Barriers to Health Care Access Transportation is a primary barrier, particularly for low-income residents and those aged 18–24 and 55 and older. Cost and affordability affect a population where 44% of Boardman and 40% of Irrigon residents live below 200% of the federal poverty level. Language barriers are significant, with 28% of Boardman residents speaking English less than very well, and Indigenous language speakers (Mam, Mixteco, Q'anjob'al, Quiché) also documented. Cultural barriers, including lack of culturally competent providers, limit access for Hispanic and farmworker populations. For farmworkers specifically, fear related to immigration status, inability to take sick leave, and loss of paid work time are additional barriers. Geographic isolation is compounded by the fact that surrounding counties share the same shortage designations, limiting options even when residents can travel.

The Unique Needs of the Community

Hispanic/Latinx Population Morrow County has the highest Hispanic/Latino population percentage in Oregon (39.6%). This community faces language barriers, cultural barriers in health care settings, higher poverty rates, limited access to prenatal care, higher teen pregnancy rates, and immigration-related fears that deter health care use. Indigenous language speakers (Mam, Mixteco, Q'anjob'al, Quiché) face additional communication barriers beyond Spanish.

Farmworkers Over 6,000 farmworkers and dependents live in the county. Unique needs include safe and adequate housing, access to clean water, culturally and linguistically appropriate services, and protection from hazardous work environments. Barriers include fear of immigration consequences, inability to take sick leave, and lack of information about coverage options.

Older Adults Approximately 18% of the population is 65 and older, with 46% experiencing a disability. Needs include community-based support services, transportation, vaccination outreach, chronic disease management, and behavioral health services. Medicare coverage gaps for dental, vision, and hearing are noted.

Children and Youth Youth face elevated rates of unmet mental health needs, declining immunization rates, high oral health risk (48% of screened students at high risk for caries), and inadequate prenatal care histories that affect birth outcomes. Latino youth specifically show higher obesity rates and lower access to health care than white peers.

Veterans An estimated 923 veterans live in the county. One in three who needed behavioral health care did not seek it due to discomfort. Navigation of VA benefits is a documented challenge, with fewer than half of veterans nationally understanding their entitlements.

Low-Income Residents With ALICE households increasing and poverty concentrated in Boardman and Irrigon, low-income residents face compounding barriers across housing, food security, transportation, and health care affordability.

Strengths of the Community

Collaborative Infrastructure The Community Health Improvement Partnership (CHIP) has operated since 2010 with a broad, multi-sector membership including health care providers, schools, government, law enforcement, faith communities, agriculture, and transportation. The partnership has a documented history of sustained collaboration across multiple assessment cycles.

Local Health Care System Despite being a frontier county, Morrow County maintains multiple care access points: Pioneer Memorial Hospital (critical access), Irrigon Medical Clinic, Pioneer Memorial Clinic, Boardman Immediate Care, and the Lone Community Clinic. Home health and hospice services are also available countywide.

Behavioral Health Services Community Counseling Solutions provides a broad range of mental health, substance use, and developmental disability services, including school-based clinics, crisis response, residential treatment, peer counseling, and veteran and older adult specialty services.

Dental Outreach Advantage Dental from DentaQuest provides in-school screenings, sealants, fluoride treatments, and teledentistry in addition to clinic-based care, reaching underserved children and families in community settings.

Transportation Services Morrow County Public Transit launched a three-line fixed-route service in 2024. Additional transportation options include CareVan, Columbia River Health non-emergency transport, GOBHI non-emergent medical transportation, and Kayak Public Transit serving Irrigon.

Community Support Networks Local food banks, senior meal sites, domestic violence services, legal aid, childcare programs, and organizations such as CAPECO, Oregon Rural Action, and Euvalcree provide wraparound support for vulnerable populations.

Coordinated Care Organization Engagement Active participation with the Eastern Oregon Coordinated Care Organization provides a structure for improving care coordination and addressing health equity across twelve eastern Oregon counties.