

Executive Summary

The 2019 Sherman County Community Health Assessment was conducted by the Eastern Oregon Coordinated Care Organization (EOCCO) and Greater Oregon Behavioral Health, Inc. (GOBHI). It combines qualitative focus group data from Moro, Oregon with quantitative demographic, housing, health status, and early childhood data.

Demographics and Socioeconomics

Sherman County had an estimated population of 1,800 in 2017, declining from 1,765 in 2013. The county is predominantly white (88%) with a small Hispanic population (5%). The poverty rate (17.7%) exceeds the statewide rate (15.7%), and the aging population is a notable trend, with residents 65 and over growing to nearly 26% of the total.

Health Care Access and Health Status

Focus group participants identified limited access to after-hours care, reliance on volunteer emergency services, and geographic isolation as significant barriers, particularly for elderly residents. The county shows elevated rates of depression, obesity, food insecurity, and chronic disease among Medicaid members compared to state averages.

Social Determinants of Health

Housing affordability is a critical concern — 3 in 10 renters spend more than 50% of income on rent, and there is a meaningful shortage of affordable units for very low-income households. Transportation gaps, poverty, and inadequate housing quality were also documented. Food insecurity affects roughly 26% of children.

Early Childhood and Childcare

Sherman County has 254 children under age 13 but only 44 licensed childcare slots, with just 17% of children having access to visible childcare. Kindergarten readiness scores are generally comparable to state averages, though data suppression limits conclusions in several areas.

Community Strengths

Participants expressed strong community identity and social cohesion, high participation in school and community events, active senior social networks, and engagement in outdoor recreation as positive health-promoting factors.

Biggest Gaps in Service and Barriers to Care

Health Care Access Barriers

Geographic isolation is the primary barrier, with many residents living 15 or more miles from the nearest small town. The county relies on a volunteer ambulance service, and there is no documented 24-hour on-call clinic option. Residents needing after-hours care — particularly families with young children and elderly individuals — face the choice of driving to The Dalles or going without care.

Vulnerable Populations with Limited Access

Elderly residents face compounding barriers of distance, social isolation, and limited transportation. Focus group participants noted that more deaths than births occur annually, pointing to a growing older population with increasing care needs. Children with traumatic backgrounds, often in the care of grandparents, were also identified as having elevated and underserved health and social needs.

Behavioral Health Gaps

Depression rates among Sherman County Medicaid members (34.5%) are substantially higher than the Oregon general population rate (24.4%), suggesting significant unmet behavioral health need.

Poverty and trauma were linked by focus group participants to behavioral health issues, particularly among school-age children.

Data Limitations

Much of the county-level health data is suppressed due to small population size, making it difficult to fully quantify service gaps in areas such as specialty care, mental health services, and maternal health.

The Unique Needs of the Community

Rural Frontier Context

Sherman County's extremely small and declining population (under 1,800) creates unique challenges. The community experiences more deaths than births annually, and the shrinking population base strains the county's ability to sustain services and resources for all residents.

Aging Population

The proportion of residents 65 and older is growing rapidly (nearly 26% in 2017 compared to 17% statewide), creating escalating demand for elder care, transportation assistance, and social connection services to address isolation.

Poverty and Economic Instability

The county poverty rate exceeds the state average, housing costs are disproportionately high relative to wages, and the median home sale price (\$87,437) reflects a depressed local economy. Workers need 56 hours per week at minimum wage to afford a two-bedroom apartment.

Childcare Desert

With only 44 licensed childcare slots for 254 children under age 13, and just 17% of children having access to visible childcare, the county faces a severe childcare shortage that affects working families' economic stability.

Transient and Low-Income Newcomers

Focus group participants noted that low-income families moving into the county — attracted by inexpensive housing — often arrive with complex health, behavioral health, and social needs that place disproportionate demands on already limited community resources including schools and social services.

Community Asset: Volunteerism and Social Cohesion

The community depends heavily on volunteers for essential services including emergency medical response. This reliance, while a demonstrated strength, also represents a unique vulnerability if volunteer capacity diminishes.

Strengths of the Community

Community Identity and Pride

Residents identify strongly with Sherman County as a whole rather than individual towns, expressing deep pride in being part of the community. This shared identity fosters cohesion and collective investment in community wellbeing.

Social Connectedness

Community events, particularly school functions, are very well attended across generations. The multi-generational nature of community participation — with grandparents, parents, and children engaging together — was highlighted as a distinctive strength.

Active Senior Population

Seniors in Sherman County are notably engaged socially and physically, with active groups utilizing the local Wellness Center and participating in walking and other activities. This social engagement was recognized as protective for both mental and physical health.

Outdoor Recreation and Physical Activity

Proximity to rivers and natural resources supports fishing, hunting, and outdoor activities.

Participants noted high rates of participation in school sports and recreation on a per-capita basis, suggesting the county may be among the fittest in the state relative to its size.

Volunteerism

The community sustains essential services — including emergency medical response — largely through volunteer effort, reflecting a strong ethic of mutual support and civic engagement.

Favorable Health Behaviors Relative to State

Compared to Oregon Medicaid averages, Sherman County Medicaid members show lower rates of smoking, obesity, binge drinking, and food insecurity, suggesting relatively positive health behaviors within the population served.