

Executive Summary

Overview Umatilla County Public Health commissioned this 2025 Community Health Assessment (CHA) using the MAPP 2.0 framework, engaging 315 participants through partner interviews, focus groups, and a community survey. The county spans 3,231 square miles of Eastern Oregon with a population of ~80,075. The median household income (\$62,900) is well below Oregon's median (\$80,100), and agriculture employs over 37% of the workforce.

Community Strengths and Assets The county's strongest asset is its network of collaborative service organizations — food banks, transitional housing, health centers, and behavioral health providers — supported by dedicated, multilingual staff. Community members cited mutual aid culture, low crime, and abundant outdoor spaces as key quality-of-life strengths.

Key Health Concerns Behavioral health is the most pressing concern: 75% of respondents identified mental health as a top problem, followed by substance misuse (73%) and alcohol misuse (43%). The county has only one mental health provider, no detox facility, and no locally available medication-assisted treatment. Youth mental health has worsened since COVID-19.

Access to Health Care Provider ratios are significantly worse than state averages — one primary care physician per 2,360 residents (Oregon: 1,050:1) and one dentist per 1,700 residents. Barriers include long wait times, scarce bilingual providers, provider turnover, and stigma-based discrimination against houseless and LGBTQIA+ patients.

Access to Basic Needs Housing is the most critical unmet need, cited by 68% of respondents. The houseless population rose from 196 to 252 between 2024 and 2025. Food insecurity is growing as federal SNAP and WIC reductions strain already limited food pantries. Childcare (35% unmet need) and older adult care (37% unmet need) were also prominent gaps.

Most Impacted Populations Latino/a/x and non-English-speaking residents, older adults, individuals experiencing houselessness, low-income individuals, the LGBTQIA+ community, youth, tribal populations, agricultural workers, immigrants, and people with criminal history face the greatest health inequities. Fear of immigration enforcement and negative law enforcement interactions were cited as barriers to seeking care.

Priority Needs and Opportunities Participants identified six priorities: addressing housing instability; improving economic security through living-wage jobs and food and transportation supports; expanding behavioral health services; filling health care gaps, especially dental and primary care; improving system navigation through centralized resource directories; and building organizational capacity, with 56% of partner organizations citing funding and staffing shortfalls as key constraints.

Biggest Gaps in Service and Barriers to Care

Health Care Service Gaps The county has no detox facility, a single severely understaffed addiction treatment center with few beds, and no locally available medication-assisted treatment. Community Counseling Solutions is the only mental health provider, with insufficient appointment availability to meet demand. Dental and specialty care access is extremely limited, and most schools have only one counselor. Provider ratios far exceed state averages: one primary care physician per 2,360 residents (Oregon: 1,050:1) and one dentist per 1,700 residents.

Barriers to Health Care Geographic distance, the county's border location creating insurance coverage conflicts for those who seek care in Washington state, and agricultural work schedules that conflict with standard clinic hours all limit access. Bilingual and bicultural providers are scarce, with patients waiting months for Spanish-speaking doctors. Provider turnover prevents continuity of care and erodes trust. Stigma and discrimination from providers is a significant barrier

for houseless individuals and LGBTQIA+ community members. Fear of immigration enforcement prevents undocumented residents from seeking care. For those who can access services, wait times are extensive even for insured patients.

The Unique Needs of the Community

Culturally and Linguistically Responsive Services Latino/a/x and non-English-speaking residents need bilingual providers, Spanish-language health materials, and culturally affirming care. Tribal populations require services that reflect their cultural values, with Yellowhawk Tribal Health Center serving as a model. Immigrant community members need affordable legal immigration services and safe access to care without fear of enforcement.

Vulnerable Population-Specific Services Older adults need transportation support, social connection opportunities, and expanded care options to address growing isolation. Youth need expanded school-based mental health support and substance use prevention. The LGBTQIA+ community needs affirming, judgment-free providers and safe community spaces. Agricultural workers need care available outside standard business hours. Houseless individuals need low-barrier health services, communal facilities (showers, laundry, kitchens), and providers who treat them with dignity.

Behavioral Health and Recovery The community needs a local detox facility, more addiction treatment beds, medication-assisted treatment, and expanded mental health providers — all delivered in culturally responsive, stigma-free settings. Mental health education in schools and community settings was specifically identified as a need.

Economic and Basic Needs Stability Residents need living-wage employment, job training, and higher education access. Childcare resources and older adult care options have high unmet need. Expanded food assistance and reliable public transportation are needed to enable access to health care and employment.

System Navigation and Information Access Community members need better information about available services and centralized resource directories or community navigators to help connect them to care, particularly non-English-speaking residents and those outside Pendleton and Hermiston.

Strengths of the Community

Network of Service Organizations A robust infrastructure of organizations addresses diverse needs, including food banks, transitional housing, health centers, behavioral health providers, and legal services. Key organizations cited include CAPECO, Marisol Family Health Center, Good Shepherd Medical Center, Community Counseling Solutions, Yellowhawk Tribal Health Center, Catholic Charities, Salvation Army, and Euvalcree. State and federal programs such as SNAP, WIC, and Preschool Promise extend this network further.

Collaborative Partnerships Organizations across sectors maintain strong formal partnerships that prevent duplication of services, enable comprehensive case management, and ensure community members' diverse needs are met. Partners noted that rural constraints have made them especially flexible, resourceful, and relationship-driven.

Dedicated Staff and Volunteers Partners consistently identified staff and volunteers as the community's greatest asset, highlighting qualities of dedication, compassion, and resourcefulness. Spanish-speaking staff, community health workers, and social service navigators were specifically valued.

Culturally Responsive Services Some organizations tailor services to specific populations, including Latino/a/x residents, farmworkers, older adults, veterans, houseless individuals, and tribal members. Community events such as Hermiston Pride and local cultural festivals strengthen community connection.

Mutual Aid and Community Resilience Residents demonstrate a strong culture of neighbors helping neighbors, with informal networks mobilizing quickly during crises. Survey respondents ranked sense of community and low neighborhood crime among the top factors making Umatilla County a desirable place to live.

Natural Environment Over half of survey respondents (51%) cited parks, trails, and outdoor spaces as a top quality-of-life factor, with an additional 25% valuing the clean environment.