

## Executive Summary

**Purpose** Blue Mountain Hospital District's 2025 Community Health Needs Assessment identifies pressing local health challenges in Grant County, Oregon, using the Social Determinants of Health framework to analyze community needs and guide implementation strategies.

**Service Area** Grant County, Oregon, with a population of 7,127 (2024), characterized by an aging demographic (34.5% over age 65) and declining younger population.

**Neighborhood & Built Environment** Grant County faces significant infrastructure challenges. Only 3.5% of households lack personal transportation, but John Day's walkability score of 28 indicates car dependency for most errands. Housing affordability is concerning, with 25.1% of renters spending over 30% of income on rent. Air quality issues from wildfire smoke are increasing, with 12 days of unhealthy air quality in 2023. Broadband access reaches 81% of households, below Oregon's 90.5% rate. Access to healthy food is limited in outlying communities, creating food deserts.

**Health & Health Care** The area faces critical health care workforce shortages. Grant County has 0.15 dentists per 1,000 residents (Oregon: 0.47) and 0.11 mental health providers per 1,000 (Oregon: 1.25). Maternal health indicators show concern, with inadequate prenatal care rates of 90.6 per 1,000 births compared to Oregon's 62.2. Maternal depression rates are significantly elevated in Eastern Oregon at 48% postpartum versus Oregon's 21%. Cancer and heart disease mortality rates exceed both Eastern Oregon and state averages.

**Social & Community Health** Child abuse victim rates are notably high at 21.7 per 1,000 children compared to Oregon's 13.0. Children in foster care occur at 18.6 per 1,000 versus Oregon's 5.4. Tobacco use remains elevated at 23.3% compared to the state's 14.7%. The community exhibits 90% white racial composition with limited diversity.

**Education** While 3rd grade reading proficiency (46%) exceeds Oregon (39.4%), 9th grade students on track to graduate lag behind at 72.1% versus Oregon's 83.6%. High school graduation rates are strong at 91.2%, though 10.9% of adults over 25 lack a high school diploma.

**Economic Stability** Economic challenges are substantial. The poverty rate stands at 18.1% overall and 21.5% for children under 18. Unemployment affects 7.5% of the labor force. Food insecurity impacts 17% of individuals and 23.8% of children. Grant County qualifies as a childcare desert, with only 14% of children 0-5 having access to regulated childcare slots. The ALICE population (Asset Limited, Income Constrained, Employed) comprises 43% of households unable to afford basic necessities.

**Qualitative Findings** Focus group participants identified community strengths including disaster response capabilities and volunteerism, but expressed concerns about declining middle class, resistance to change, workforce availability, generational poverty, and community division. Prevention services are viewed as underprioritized compared to crisis response.

**2022-2025 Progress** Implementation efforts focused on three priorities: expanding access to care through provider recruitment (added multiple physicians, nurse practitioners, and specialists), addressing social determinants through food security partnerships, and enhancing mental and behavioral health services including pain management expansion and employee assistance programs.

## Biggest Gaps in Service and Barriers to Care

**Workforce Shortages** Grant County has severe shortages of health care professionals, with only 0.15 dentists per 1,000 residents (Oregon: 0.47) and 0.11 mental health providers per 1,000

(Oregon: 1.25). The hospital website lists 27 job openings, reflecting ongoing recruitment challenges.

**Access to Specialty Services** Consumers often must leave the area for rehabilitation services and other elderly-related health needs. The community lacks adequate local services to meet the needs of an aging population (34.5% over age 65).

**Mental and Behavioral Health** Emergency room mental health visits occur at 13.2 per 1,000, and there is a critical shortage of mental health providers. Substance abuse is viewed as a character flaw rather than a health issue, creating stigma barriers to treatment.

**Maternal Health Services** Inadequate prenatal care rates are 90.6 per 1,000 births compared to Oregon's 62.2. Maternal depression rates in Eastern Oregon reach 48% postpartum versus Oregon's 21%. Low birth weight and infant mortality rates significantly exceed state averages.

**Dental Care** Emergency room dental visits occur at 6.0 per 1,000 compared to Oregon's 3.3, indicating inadequate access to routine dental services.

**Geographic and Transportation Barriers** Physical community isolation and winter travel create challenges for accessing pharmacy services and medications. While 96.5% of households have personal transportation, the car-dependent infrastructure makes access difficult for those without vehicles.

**Insurance and Cost Barriers** High deductibles create barriers even for insured residents. Cultural stigma around seeking care ("It will heal," "I will be fine," "I am not going to the doctor") compounds access issues.

**Prevention Services** Focus group participants emphasized that prevention is underprioritized due to staffing concerns, budget constraints, and the perception that prevention is "fluff." The community "reacts very well in tragedy and crisis but leaves prevention behind."

## **The Unique Needs of the Community**

**Aging Population** Grant County has an exceptionally high percentage of residents over 65 (34.5% compared to Oregon's 20.7%), creating significant demand for elderly-related health services, rehabilitation, and long-term care. The demographic shift is accelerating, with concerns about the health care system's ability to address these challenges over the next 10-20 years.

**Rural Isolation** The community faces extreme geographic isolation with limited public transportation, long distances to services, and winter travel challenges. This affects access to medications, health care appointments, and emergency services. The community is car-dependent with a walkability score of 28.

**Wildfire and Air Quality** Increasing wildfire smoke events threaten community health, with 12 days of unhealthy air quality for sensitive groups in 2023 and 5 very unhealthy days in 2024. Vulnerable populations including seniors, pregnant women, and those with respiratory conditions face heightened risks.

**Economic Vulnerability** The closure of Malheur Lumber Company resulted in loss of 76 jobs and an estimated \$58 million economic impact. The community has high poverty rates (18.1%), limited middle-class employment opportunities, and 43% of households qualify as ALICE (unable to afford basic necessities). Government employees comprise 39.7% of total employment.

**Food Access** Outlying communities are food deserts with limited access to fresh produce. Healthy food is expensive and spoils quickly. Food insecurity affects 17% of individuals and 23.8% of children, rates higher than Oregon averages.

**Child Care Desert** Only 14% of children age 0-5 have access to regulated child care slots compared to Oregon's 23%. This creates significant barriers for working parents and workforce participation.

**Maternal and Child Health** Unusually high rates of inadequate prenatal care (90.6 per 1,000 births), low birth weight (87.5 per 1,000), infant mortality (12.5 per 1,000), and maternal depression (48% in Eastern Oregon) indicate critical needs for perinatal services and support.

**Child Welfare Crisis** Child abuse victim rates are 21.7 per 1,000 (Oregon: 13.0) and children in foster care occur at 18.6 per 1,000 (Oregon: 5.4), indicating significant family stress and need for support services.

**Substance Use** High rates of tobacco use (23.3% vs. Oregon's 14.7%), electronic cigarette use (13.7% vs. 6.2%), and concerns about alcohol and drug abuse. Substance abuse is stigmatized as a character flaw rather than recognized as a health issue.

**Community Division** Focus groups identified increasing social division, generational conflicts, resistance to change, and erosion of community cohesion. There is tension between "rugged individualism" values and collective community needs.

**Declining Youth Population** The population of children and young families is shrinking, threatening school funding and long-term community viability. Only 14.1% of the population is age 0-14, down 12.2% since 2010.

**Internet Connectivity** Only 81% of households have broadband access compared to Oregon's 90.5%, limiting telehealth options, remote work opportunities, and access to online services.

**Workforce Development** Businesses across sectors face severe workforce shortages. The community needs to balance traditional employment models with younger generations' work preferences and support remote work capabilities.

**Prevention and Wellness** Strong emphasis needed on nutrition, physical activity, and preventive care rather than crisis-only response. Social isolation among older adults requires community gathering spaces beyond bars.

## **Strengths of the Community**

**Crisis Response and Mutual Aid** The community responds exceptionally well to emergencies and tragedies. During the Canyon Creek wildfire, residents provided shelter, food, and evacuated animals. When individuals face personal tragedies or medical needs, the community rallies support through fundraisers and benefit dinners.

**Volunteerism** Strong volunteer culture supporting seniors through the Senior Center and Meals on Wheels program. Volunteers also participate in food programs and community events.

**Recreation and Outdoor Resources** Abundant hiking trails, public lands, and outdoor activities are available. The 7th Street facilities provide gathering spaces for all ages with a skate park, walking trails, fitness stations, and multiple sports fields that are well-utilized and continuously improved.

**Community Cohesion** Residents expressed pride in the supportive, friendly nature of the community where people know each other. The community successfully rejected right-wing extremists attempting to establish a foothold, demonstrating collective values.

**Air Quality Response** During wildfire events, the community quickly mobilized through partnerships with Oregon Health Authority to deliver air purifiers to vulnerable populations including veterans and seniors. Air scrubbers in community buildings provide safe gathering spaces.

**Suicide Prevention Efforts** The community has addressed high suicide rates through QPR (Question, Persuade, Refer) training and Mental Health First Aid classes.

**Transportation Access** Personal vehicle ownership is high at 96.5% of households. Non-Emergency Medical Transportation is well-utilized for the Medicaid population, and "The Loop" provides transportation services.

**Food Access in John Day** Chester's Markets grocery store provides adequate access to healthy fruits and vegetables in the main population center, along with natural food stores.

**Water Quality** Municipal water systems in John Day, Canyon City, and Long Creek comply with federal and state drinking water standards.

**Educational Achievement** Third grade reading levels (46%) exceed Oregon's average (39.4%). The five-year high school graduation rate is strong at 91.2% compared to Oregon's 83.8%.

**Health Care Facilities** Blue Mountain Hospital District operates a 25-bed critical access hospital with Family Practice Rural Health Clinic, General Surgery Clinic, Pain Management Clinic, a 40-bed intermediate care facility, and Home Health and Hospice services.

**Recent Provider Recruitment Success** The hospital has successfully hired multiple physicians, nurse practitioners, and specialists between 2022-2025, including a permanent dermatologist, ER doctors, and expanded pain management services with ketamine infusions.

**Community Partnerships** Strong collaborative relationships exist between organizations including Grant County Health Department, Community Counseling Solutions, Senior Services, Grant County Economic Development, schools, and social services agencies.

**Natural Environment** Residents express pride in the climate, natural beauty, and access to recreation including hunting and fishing opportunities.

## **Priorities and Goals**

**Priority 1: Access to Care** The hospital's strategy is to increase access and awareness to available primary care and specialty care providers and services.

Actions taken:

- Expanded same-day appointment access by hiring nurse practitioner Shelly Boyd DNP and locum nurse practitioner Cris Rodriguez
- Hired dermatologist Dr. Jill Olinger as permanent staff with a full patient schedule
- Hired two full-time ER doctors (Dr. Brett Mumford and Dr. Kendall Margart) to increase provider availability in the clinic
- Hired locum physician Dr. Maranda Record for Clinic/OB coverage
- Hired Dr. Christopher Zoolkoski for ER/Clinic coverage
- Signed agreement with Erin Gosnell, RN to start working Summer 2026 once she completes FNP requirements
- Explored potential partnerships with resident programs
- Explored telemedicine opportunities for stroke patient support

**Priority 2: Social Determinants of Health** The hospital's strategy is to enhance community wellbeing through increased efforts to alleviate burdens in food insecurity, housing, and child care.

Actions taken:

- Partnered with Grant County Education Service District on the Backpack program, with employees stuffing backpacks with food for students to take home on weekends
- Partnered with John Day/Canyon City Parks and Recreation on Summer Lunch Program providing free meals to students
- Partnered with Blue Mountain Healthcare Foundation to pay off unpaid school meal balances across Grant County, sponsor summer lunch program, and donate to Monument Food Pantry
- Partnered with Families First to provide holiday meals for families
- Partnered with Meals on Wheels, with employees volunteering to deliver meals monthly to seniors and individuals in need

**Priority 3: Mental & Behavioral Health** The hospital's strategy is to implement education and healthy alternatives and enhance utilization surrounding mental health and substance abuse.

Actions taken:

- Started recruitment process for Licensed Social Worker in Clinic
- Educated internal team members on Canopy Employee Assistance Program following implementation
- Sent Clinic provider to week-long Psych Congress Mental Health CME training
- Expanded pain management clinic with ability to offer ketamine infusions

**Mission and Values** The hospital operates under the mission "To provide quality health care close to home" with values emphasizing respect, integrity, stewardship, and "Every Patient Every Time: Quality and the patient experience."