Executive Summary

This report presents findings from the 2024 Union County Community Health Assessment based on surveys of adults ages 19 and older conducted from October through November 2024.

Service Area Grande Ronde Hospital serves Union County, Oregon, covering over 2,039 square miles in northeast Oregon, including the towns of La Grande, Elgin, Cove, Imbler, North Powder, Summerville, and Union.

Prioritized Community Health Needs

- 1. Chronic Disease (prevention and wellness)
- 2. Social Determinants of Health
- 3. Mental/Behavioral Health

Health Care Coverage Ten percent of adults were uninsured. The top reason for lacking coverage was inability to afford premiums (48%).

Health Care Access Seventy-two percent of adults had a routine checkup in the past year. Sixty-three percent went outside Union County for health care services.

Preventive Care Among adults 65 and older, 62% had received a pneumonia vaccination and 56% had a flu vaccination in the past year.

Health Behaviors Forty-eight percent rated their health as excellent or very good. Seventy-one percent were overweight or obese. Three percent were current smokers and 51% were current drinkers.

Chronic Disease Thirty-six percent had high blood pressure, 37% had high blood cholesterol, and 11% had diabetes. Twenty percent had been diagnosed with cancer and 20% with asthma.

Mental Health Thirty-three percent reported their mental health as not good on four or more days in the past month. Three percent considered attempting suicide in the past year.

Social Determinants Six percent experienced multiple food insecurities. Fifteen percent experienced four or more adverse childhood experiences (ACEs).

Biggest Gaps in Service and Barriers to Care

Access Barriers Sixteen percent of adults needed care in the past 12 months but could not get it. The main reasons included: too long of a wait for an appointment (48%), cost (33%), no insurance (29%), distance (17%), and provider did not take their insurance (12%).

Geographic Gaps Sixty-three percent of adults went outside Union County for health care services in the past year, primarily for: specialty care (63%), dental care (24%), mental health care/counseling services (18%), cardiac care (15%), and female health services (13%). The top reason for seeking care outside the county was needing care unavailable locally (36%).

Prescription Access Twenty-three percent did not get prescriptions filled in the past year. Reasons included: too expensive (29%), insurance denied coverage (26%), did not think they needed it (11%), no generic equivalent (11%), and stretched prescriptions by taking less than prescribed (10%).

Mental Health Services Adults reported barriers to accessing mental health services including: took too long to get in to see a provider/therapist (7%), embarrassed to seek services (7%), stigma (7%), could not find a mental health provider (6%), and co-pay or deductible too high (4%).

Dental Care Thirty-six percent had not visited a dentist in the past year. Reasons included: no reason to go (24%), fear/apprehension (24%), and cost (22%).

Provider Shortages The county has unfavorable provider-to-population ratios compared to state and national averages: 1,190:1 for primary care physicians, 1,540:1 for dentists, and 230:1 for mental health providers.

Economic Barriers Adults with incomes below \$25,000 experienced significantly worse health care access, with only 46% visiting a dentist in the past year compared to 70% of those with higher incomes.

The Unique Needs of the Community

Rural Geography Union County covers over 2,039 square miles in northeast Oregon, creating significant distance barriers. Sixty-three percent of adults traveled outside the county for health care services, with distance cited as a barrier by 17% who could not access needed care.

Aging Population The community has a significantly older population than state and national averages. Sixty-seven percent of survey respondents were 60 years or older, compared to 28% in the 2023 Census data. Twenty-one percent of the county population is 65 and older.

Mental Health and Substance Use Thirty-three percent reported poor mental health on four or more days in the past month. Seventeen percent of adults or family members used mental health services in the past year. Nine percent used recreational marijuana in the past six months.

High Rates of Adverse Childhood Experiences Fifteen percent of adults experienced four or more ACEs in their lifetime, which correlates with higher rates of health problems, substance misuse, and mental health issues.

Chronic Disease Burden The county has higher mortality rates than state and national averages for heart disease (270 vs. 183 Oregon), stroke (76 vs. 57 Oregon), cancer (217 vs. 199 Oregon), and diabetes (35 vs. 33 Oregon) per 100,000 population.

Obesity and Physical Inactivity Seventy-one percent of adults were overweight or obese, with 11% reporting no physical activity in the past month.

Economic Challenges Fourteen percent of residents lived in poverty, including 16% of children. Nine percent experienced food insecurity issues. The median household income (\$63,524) was below state (\$88,061) and national (\$77,719) levels.

Limited Access to Specialists Adults identified needing but lacking local access to specialty care, mental health services, dental care, cardiac care, and female health services, forcing them to travel outside the county.

Social Isolation As a rural community, adults identified isolation/loneliness (12%) as a limiting health problem, along with challenges in community connectivity and social support systems.

Strengths of the Community

Strong Community Collaboration The Community Health Needs Assessment Task Force includes approximately 20 organizations representing multiple sectors including health care, education, public health, human services, and community organizations working together to address health needs.

Health Care Coverage Ninety percent of adults have health care insurance, which is higher than the national average (93% vs. 90% U.S.) and equal to Oregon rates.

Primary Care Access Eighty percent of adults have at least one person they consider their personal health care provider, and 72% had a routine checkup in the past year.

Low Smoking Rates Only 3% of adults are current smokers, significantly lower than state (11%) and national (12%) rates, representing substantial improvement from 10% in 2015.

Low Binge Drinking Twelve percent of adults engage in binge drinking, lower than state (15%) and national (15%) rates, and well below the Healthy People 2030 target of 25%.

High Educational Attainment Ninety-four percent of adults 25 and older have a high school diploma or higher, exceeding state (92%) and national (89%) rates.

Strong Dental Care Utilization Sixty-four percent of adults visited a dentist in the past year, comparable to state (66%) and national (65%) rates.

Community Engagement Union County has 15.6 membership associations per 10,000 population, significantly higher than state (9.8) and national (9.1) averages, indicating strong social connections.

Food Environment The food environment index score of 8.1 matches the state average and exceeds the national average (7.7), indicating good access to healthy foods relative to other communities.

Active Living Resources Eighty-five percent of the population has adequate access to locations for physical activity, close to the state average (88%).

Parental Engagement Parents reported high rates of discussing important health topics with their 12- to 17-year-olds, including dating and relationships (94%), career planning (91%), body image (85%), and substance use prevention (79%).

Lower Sexual Risk Behaviors Only 1% of adults had more than one sexual partner in the past year, significantly lower than previous years (7% in 2015).

Priorities and Goals

Prioritized Community Health Needs Grande Ronde Hospital's Community Benefit Subcommittee identified three priority areas through consensus:

- 1. Chronic Disease (prevention and wellness)
- 2. Social Determinants of Health
- 3. Mental/Behavioral Health

Assessment Process and Adoption The Board of Trustees approved the 2024 Union County Community Health Assessment on April 23, 2025. The hospital engaged a Community Health Needs Assessment Task Force with approximately 20 partner organizations to guide the assessment process.

Implementation Strategy The report states that Grande Ronde Hospital will develop an Implementation Strategy (IS) to address prioritized needs. The Community Benefit Subcommittee maintains an annual report that tracks the impact of priority action steps from previous assessments.

Collaborative Approach The hospital works through its Community Benefit Subcommittee, which includes representatives from multiple sectors: health care, education, public health, social services, law enforcement, and community organizations. Partner organizations include Eastern Oregon University, Oregon Department of Human Services, Center for Human Development, Union County Sheriff's Department, and multiple other community agencies.

Community Benefit Focus Grande Ronde Hospital has established a formal Community Benefit Officer position (Senior Director Administrative Services) responsible for coordinating community health improvement efforts and tracking outcomes.

Note on Specific Actions The report does not detail specific programmatic interventions or current initiatives to address the identified health needs. It primarily presents assessment data and

identifies priorities. The hospital indicates that detailed action plans and strategies will be incorporated following the assessment through the Implementation Strategy process.