2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Wallowa County, Oregon

Sponsored by
Wallowa Memorial Hospital and Medical Clinics
Building Healthy Families
Helping Hearts
Wallowa Valley Center for Wellness
Winding Waters Medical Clinic

2024-0546-02

Prepared by
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INTRODUCTION

PROJECT OVERVIEW

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2022, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Wallowa County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was sponsored by a collaboration of local organizations — including Wallowa Memorial Hospital and Medical Clinics, Building Healthy Families, Helping Hearts, Wallowa Valley Center for Wellness, and Winding Waters Medical Clinic — and was conducted by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

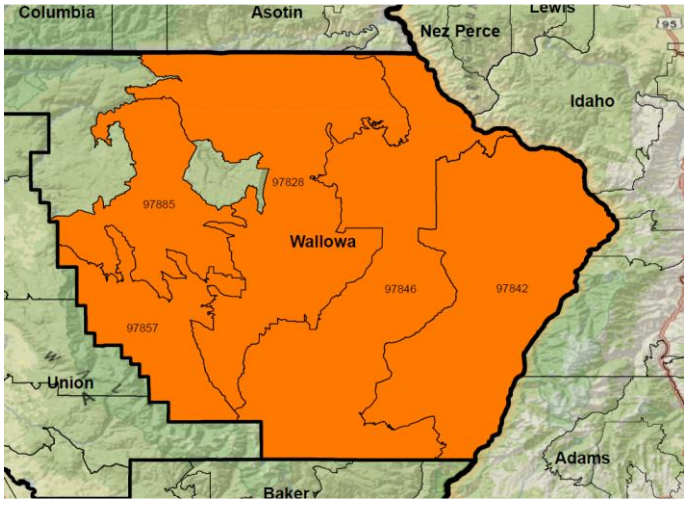
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the sponsoring organizations and PRC.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising Wallowa County in Oregon, which reflects the primary service area of the sponsoring organizations and is an area of focus for each of the organizations collaborating on this study. This community definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 200 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (SPONSORS) ► PRC also created a link to an online version of the survey, and the study's sponsors promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 208 surveys to the overall sample.

In all, 408 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Wallowa County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

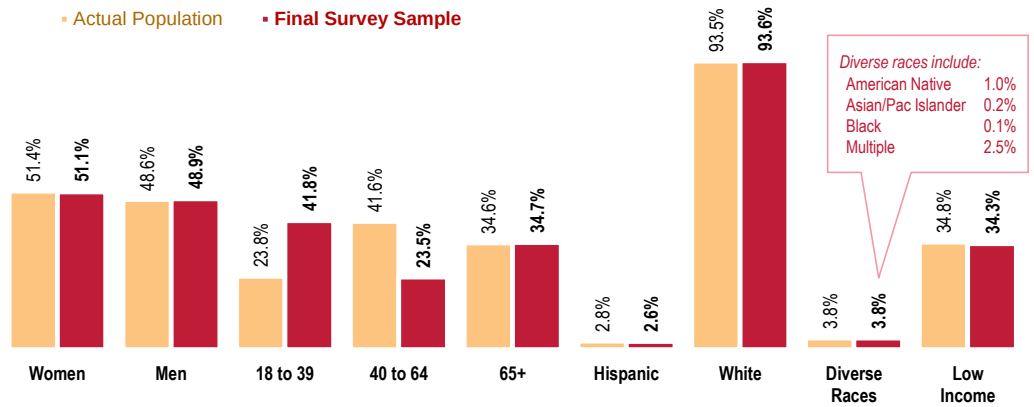
For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 408 respondents is ±4.9% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Wallowa County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Wallowa County, 2025)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by the sponsoring organizations; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 34 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	1
Other Health Providers	2
Social Services Providers	5
Other Community Leaders	24

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Building Healthy Families
- Community Bank
- Community Connections
- Devco Engineering
- Enterprise Community Congregational Church
- Enterprise Electric
- Enterprise Elementary & High School
- Enterprise Schools
- Fishtrap
- Hillock Insurance
- Joseph Schools
- Josephy Center for Arts and Culture
- Northeast Oregon Economic Development District
- Ruby Peak Real Estate
- Safe Harbors
- Troy School District
- Wallowa County Chamber of Commerce
- Wallowa County Health Care District
- Wallowa Land Trust
- Wallowa Memorial Medical Clinic
- Wallowa Resources
- Wallowa Schools
- Wallowa Valley Center for Wellness
- Wallowa Valley Health Care Foundation
- Wallowa Valley Senior Living
- Winding Waters Clinic

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in Wallowa County in 2022 by PRC on behalf of the sponsoring organizations. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Oregon Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Wallowa Memorial Hospital and Medical Clinics made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Wallowa Memorial Hospital and Medical Clinics had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Wallowa Memorial Hospital and Medical Clinics will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	5
Part V Section B Line 3b Demographics of the community	25
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	105
Part V Section B Line 3d How data was obtained	5
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	12
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	109

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Specific Source of Ongoing Medical Care
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths – Including Prostate Cancer Deaths ▪ Cancer Prevalence
DISABLING CONDITIONS	▪ Activity Limitations ▪ Stress About Elder Care ▪ Key Informants: *Disabling Conditions* ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Stroke Deaths ▪ High Blood Cholesterol Prevalence
HOUSING	▪ Key Informants: *Social Determinants of Health (including Housing)* ranked as a top concern.
INJURY & VIOLENCE	▪ Unintentional Injury Deaths
MENTAL HEALTH	▪ Suicide Deaths ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
RESPIRATORY DISEASE	▪ Lung Disease Deaths
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Personally Impacted by Substance Use ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Key Informants: *Tobacco Use* ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Social Determinants of Health (Especially Housing)
2. Substance Use
3. Mental Health
4. Tobacco Use
5. Disabling Conditions
6. Cancer
7. Heart Disease & Stroke
8. Injury & Violence
9. Access to Health Care Services
10. Respiratory Diseases

Hospital Implementation Strategy

Wallowa Memorial Hospital and Medical Clinics will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Wallowa County results are shown in the larger, gray column.
- The columns to the right of the Wallowa County column provide trending as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Wallowa County compares favorably (), unfavorably (), or comparably () to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2022.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS			
		vs. OR	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	1.2	2.3	3.9		
Population in Poverty (Percent)	9.2	11.9	12.5	8.0	
Children in Poverty (Percent)	10.1	13.5	16.7	8.0	
No High School Diploma (Age 25+, Percent)	6.7	8.5	10.9		
Unemployment Rate (Age 16+, Percent)	3.8	3.8	4.0		11.0
% Unable to Pay Cash for a $400 Emergency Expense	18.1		34.0		17.3
% Worry/Stress Over Rent/Mortgage in Past Year	22.0		45.8		19.6
% Unhealthy/Unsafe Housing Conditions	11.6		16.4		8.7
% Unhoused in the Past Year	4.1				1.9
% Affordable Housing is Perceived as Unavailable	22.4				22.4
% Worried About Paying Utility Bills in the Past Year	24.8				19.9
% Lack of Transportation Prevented Work, School, Errands	4.1				5.7
Population With Low Food Access (Percent)	25.1	17.0	22.2		
% Food Insecure	16.5		43.3		15.8
		better	similar	worse	

OVERALL HEALTH	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	14.2	19.0	15.7		12.4
		better	similar	worse	

ACCESS TO HEALTH CARE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	5.7	7.5	8.1	7.6	7.0
% [Parents] Child is Uninsured	5.1				1.3
% Likely to Apply for the Oregon Health Plan if Eligible	59.3				
% Difficulty Accessing Health Care in Past Year (Composite)	30.6		52.5		29.2
% Cost Prevented Physician Visit in Past Year	8.6	10.2	21.6		
% Cost Prevented Getting Prescription in Past Year	8.6		20.2		
% Difficulty Getting Appointment in Past Year	15.5		33.4		
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.4		22.9		
% Difficulty Finding Physician in Past Year	9.2		22.0		
% Transportation Hindered Dr Visit in Past Year	4.3		18.3		
% Language/Culture Prevented Care in Past Year	0.0		5.0		
% Stretched Prescription to Save Cost in Past Year	11.6		19.4		

ACCESS TO HEALTH CARE (continued)	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% Insurance Covers At Least Some Vision Care	**69.5**				61.7
% Difficulty Getting Child's Health Care in Past Year	**3.1**		11.1		6.7
Primary Care Doctors per 100,000	**203.0**	131.0	116.3		
% Have a Specific Source of Ongoing Care	**87.3**		69.9	84.0	95.0
% Outmigration for Medical Care	**55.7**				51.7
% Routine Checkup in Past Year	**79.3**	74.4	65.3		69.7
% [Child 0-17] Routine Checkup in Past Year	**96.3**		77.5		90.1
% Rate Local Health Care "Fair/Poor"	**6.6**		11.5		4.8
		better	similar	worse	

CANCER	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000	**323.7**	200.9	182.5	122.7	223.4
Lung Cancer Deaths per 100,000	**31.6**	41.7	41.1	25.1	
Prostate Cancer Deaths per 100,000	**64.4**	11.8	9.0	16.9	
Cancer Incidence per 100,000	**367.6**	419.2	442.3		
Lung Cancer Incidence per 100,000	**29.2**	49.1	54.0		

CANCER (continued)	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Female Breast Cancer Incidence per 100,000	119.3	128.8	127.0		
Prostate Cancer Incidence per 100,000	89.4	94.4	110.5		
Colorectal Cancer Incidence per 100,000	30.7	32.8	36.5		
% Cancer	15.8	14.1	7.4		11.7
		better	similar	worse	

DIABETES	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000	24.8	32.4	29.5		28.8
% Diabetes/High Blood Sugar	8.1	10.9	12.8		8.2
% Borderline/Pre-Diabetes	11.8		15.0		19.5
		better	similar	worse	

DISABLING CONDITIONS	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	32.1		38.0		33.0
% Activity Limitations	33.5		27.5		34.1
% High-Impact Chronic Pain	23.7		19.6	6.4	23.9

DISABLING CONDITIONS (continued)	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% Physical, Mental, or Emotional Health Issue Prevents Employment	8.4				5.7
% Have a Disability That Requires Accommodations at Work	7.6				6.2
Alzheimer's Disease Deaths per 100,000	37.6	47.3	36.8		
% Caregiver to a Friend/Family Member	26.3		22.8		28.7
% Always/Usually/Sometimes Worry About Elder Care	20.9				14.6
		better	similar	worse	

HEART DISEASE & STROKE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000	240.0	187.9	209.5	127.4	387.8
% Heart Disease	8.1	6.2	10.3		5.3
Stroke Deaths per 100,000	80.5	55.2	48.3	33.4	54.7
% Stroke	1.4	3.2	5.4		2.0
% High Blood Pressure	40.0	33.5	40.4	42.6	45.5
% High Cholesterol	39.9		32.4		38.0
% 1+ Cardiovascular Risk Factor	82.3		87.8		84.3
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Low Birthweight (Percent of Births)	4.0	6.7	8.3		

better similar worse

INJURY & VIOLENCE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	88.6	69.4	63.3	43.2	97.8
% Victim of Violent Crime in Past 5 Years	1.2		7.0		2.4
% Victim of Intimate Partner Violence	14.6		20.3		14.3

better similar worse

MENTAL HEALTH	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	16.4		24.4		17.0
% Diagnosed Depression	29.9	25.8	30.8		
% Symptoms of Chronic Depression	35.8		46.7		33.1
% Typical Day Is "Extremely/Very" Stressful	11.1		21.1		14.4
Suicide Deaths per 100,000	26.8	20.8	14.5	12.8	34.5
Mental Health Providers per 100,000	338.3	565.6	312.5		
% Receiving Mental Health Treatment	22.7		21.9		20.0

MENTAL HEALTH (continued)	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% Unable to Get Mental Health Services in Past Year	7.3		13.2		3.3
% [Age 2-17] Unable to Get Mental Health Care for Child	4.6				2.9
% Local Mental Health Services Are "Fair" or "Poor"	18.3				18.9
% Have Some Type of Mental Health Care Coverage	84.3				78.5
		better	similar	worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.9		30.0		21.7
% No Leisure-Time Physical Activity	18.3	19.4	30.2	21.8	23.3
% [Child 2-17] Physically Active 1+ Hours per Day	72.6		27.4		49.6
% Overweight (BMI 25+)	65.9	67.0	63.3		67.7
% Obese (BMI 30+)	26.2	33.6	33.9	36.0	31.0
% [Child 5-17] Overweight (85th Percentile)	17.6		31.8		
% [Child 5-17] Obese (95th Percentile)	7.1		19.5	15.5	
		better	similar	worse	

ORAL HEALTH	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
% Have Dental Insurance	68.8		72.7	75.0	58.5
% Dental Visit in Past Year	80.1	66.2	56.5	45.0	72.5
% [Child 2-17] Dental Visit in Past Year	88.5		77.8	45.0	88.6
% [Age 2-17] Unable to Get Dental Care for Child	0.8				6.8
% Local Dental Care is "Fair" or "Poor"	11.8				14.2
		better	similar	worse	

RESPIRATORY DISEASE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000	72.5	47.3	44.9		48.9
% Asthma	11.3	11.7	17.9		9.5
% [Child 0-17] Asthma	6.7		16.7		6.7
% COPD (Lung Disease)	4.4	6.6	11.0		5.1
		better	similar	worse	

SEXUAL HEALTH	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	206.5	206.5	386.6		
Chlamydia Incidence per 100,000	91.4	365.7	495.0		128.3
Gonorrhea Incidence per 100,000	13.3	129.6	194.4		85.1
		better	similar	worse	

SUBSTANCE USE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS vs. OR	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000	24.8	27.2	14.6		
% Excessive Drinking	16.6	16.7	34.3		17.2
% Used an Illicit Drug in Past Month	1.1		8.4		
% Used a Prescription Opioid in Past Year	13.6		15.1		14.9
% Ever Sought Help for Alcohol or Drug Problem	6.1		6.8		7.8
% Personally Impacted by Substance Use	50.1		45.4		41.2
		better	similar	worse	

TOBACCO USE	Wallowa County	WALLOWA COUNTY vs. BENCHMARKS			
		vs. OR	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	6.1	10.6	23.9	6.1	7.2
% Someone Smokes at Home	3.4		17.7		6.9
% Use Vaping Products	2.7	8.3	18.5		3.6
% Use Smokeless Tobacco or Chew	8.5				8.7
% [Tobacco Users] Have Quit Tobacco Use 1+ Days in Past Year	27.9				19.5
		better	similar	worse	

DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

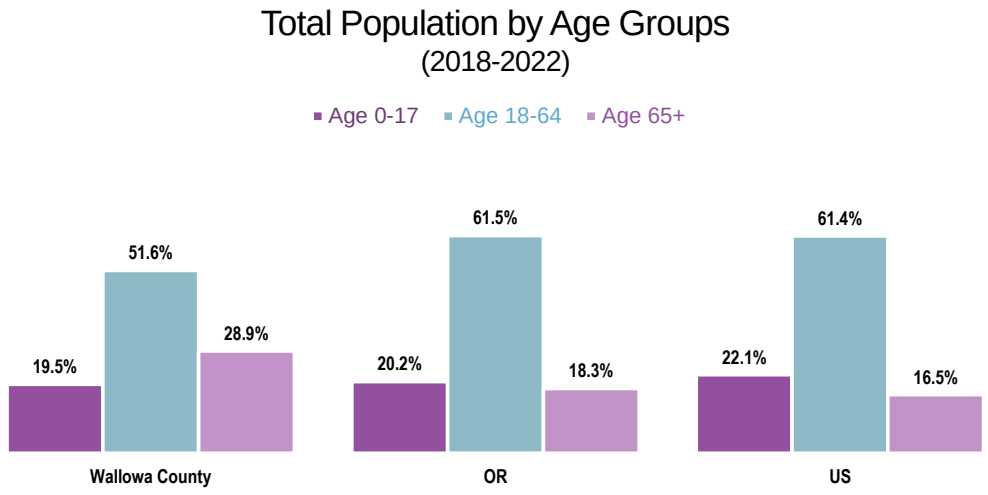
Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Wallowa County	7,439	3,145.9	2
Oregon	4,229,374	95,996.71	44
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



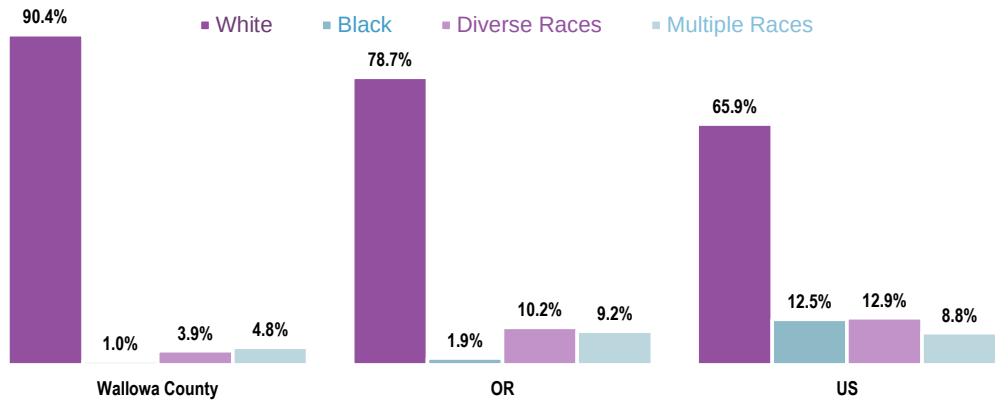
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Race & Ethnicity

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

The following charts illustrate the racial and ethnic makeup of our community.

Total Population by Race Alone
(2018-2022)

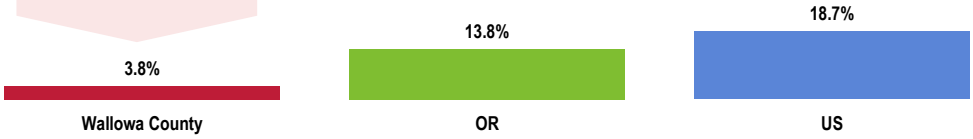


Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population
(2018-2022)

The Hispanic population increased by 101 persons, or 64.7%, between 2010 and 2020.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

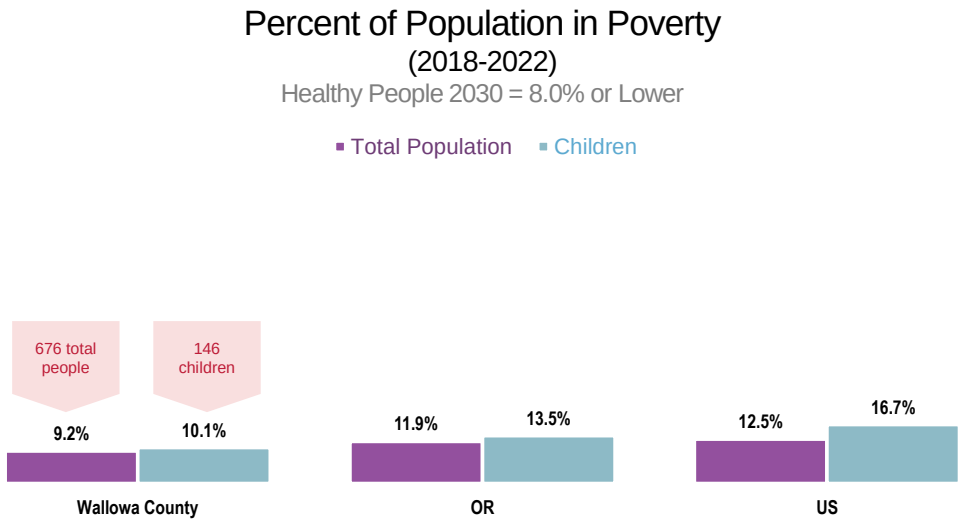
– Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

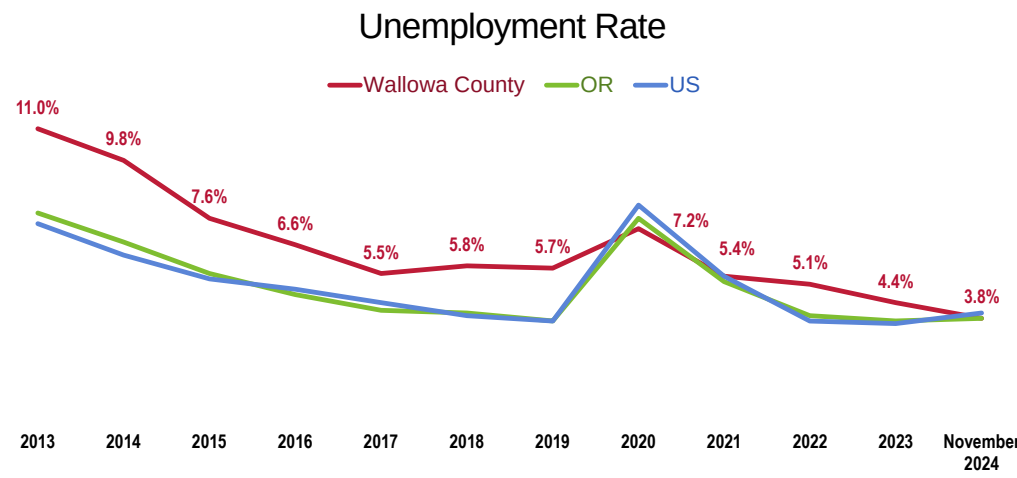
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Employment

Note the following trends in unemployment data derived from the US Department of Labor.



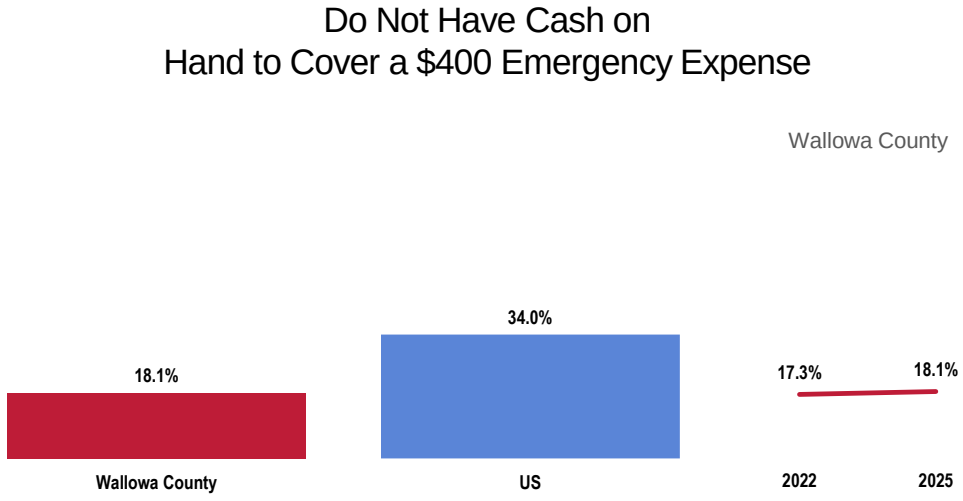
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

PRC SURVEY ► "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

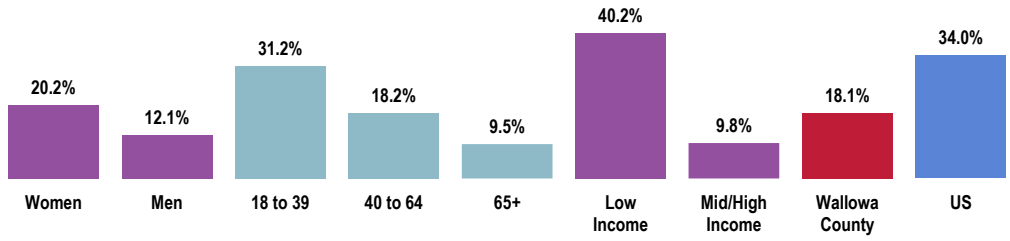
The following details "no" responses in Wallowa County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, and income [based on poverty status]).



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Wallowa County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

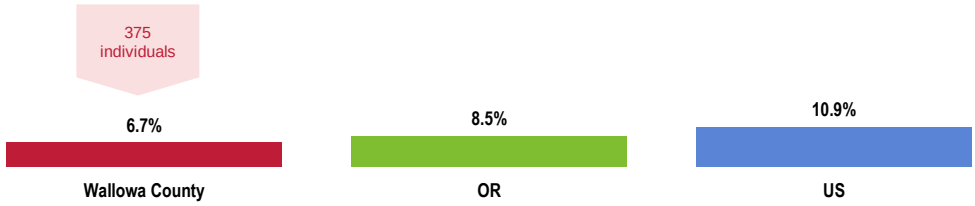
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)



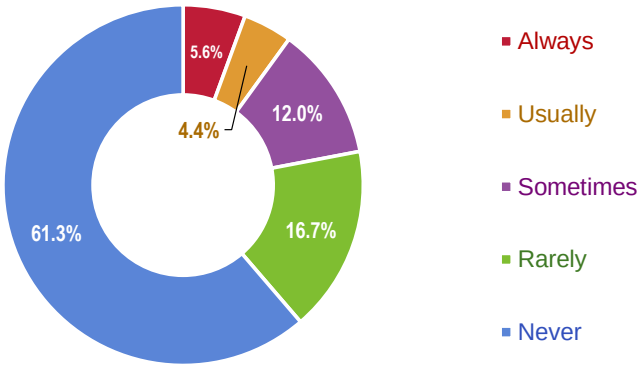
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Housing

Housing Insecurity

PRC SURVEY ► "In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"

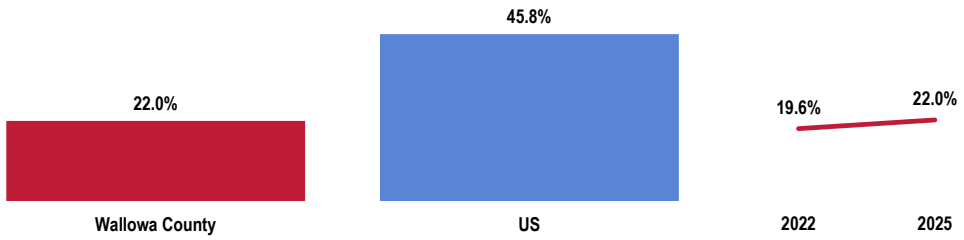
Frequency of Worry or Stress About Paying Rent or Mortgage in the Past Year
(Wallowa County, 2025)



Sources: 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: Asked of all respondents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year

Wallowa County



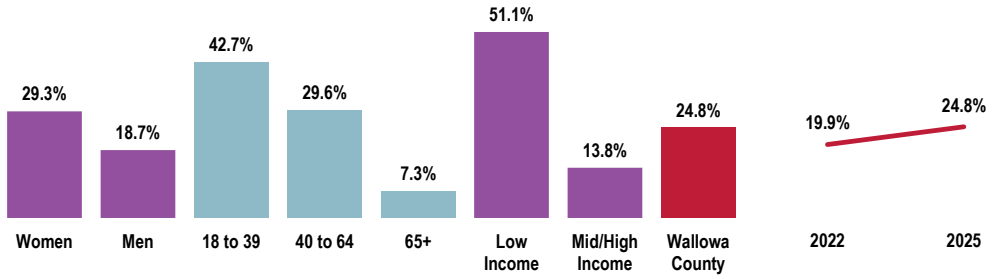
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

PRC SURVEY ► “In the past 12 months, how often were you worried or stressed about having enough money to pay your utility bills, such as water, electric, gas, etc.? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

“Always/Usually/Sometimes” Worried About Paying Utility Bills in the Past Year

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item3]
- 2023 PRC National Health Survey, PRC, Inc.

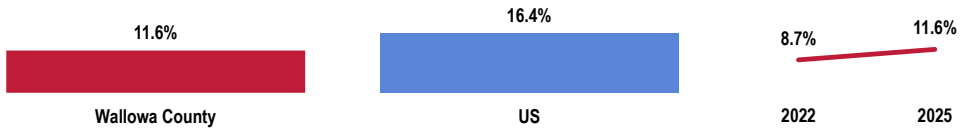
Notes:
- Asked of all respondents.

Unhealthy or Unsafe Housing

PRC SURVEY ► "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

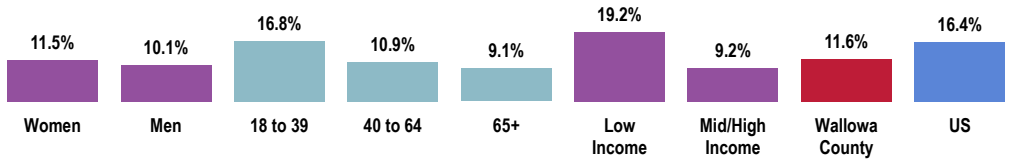
Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Wallowa County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Housing Instability

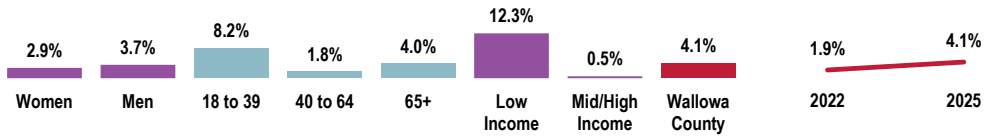
PRC SURVEY ► "Has there been any time in the past 12 months when you were without a stable home or were living on the street, in a car, or in a temporary shelter?"

PRC SURVEY ► "Which of the following best describes your living situation? Do you own your own home or condominium, rent a house or apartment, live in subsidized housing, live with your parents or other relatives, live in a vehicle, or have other living arrangements?"

Unhoused at Some Point in the Past Year

Wallowa County

Currently:
- 71.4% of respondents **own** a home.
- 16.0% currently **rent**.
- 5.8% live with **family**.
- 1.9% live in **subsidized** housing.
- 1.4% live in a **vehicle**.
- 3.5% have **other** living arrangements.

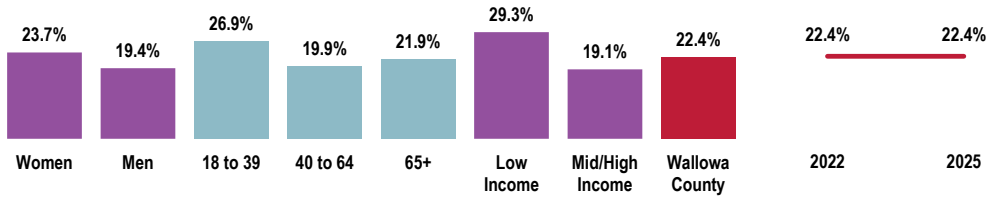


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 309-310]
Notes: ● Asked of all respondents.

PRC SURVEY ► "Do you have money for housing, but the type of housing you can afford is not available?"

Affordable Housing is Unavailable

Wallowa County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

Lack of Transportation

PRC SURVEY ► "Was there a time during the past 12 months when a lack of transportation made it difficult or prevented you from getting to work or school, or completing necessary tasks like shopping for food?"

Lack of Transportation Prevented Getting to Work, School, or Errands at Some Point in the Past Year

Wallowa County

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

Food Insecurity

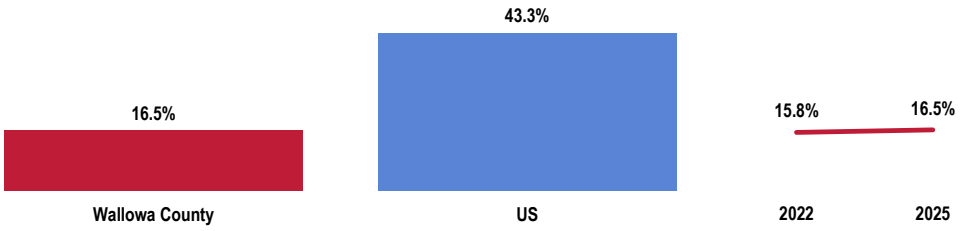
PRC SURVEY ► "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.

- 'I worried about whether our food would run out before we got money to buy more.'
- 'The food that we bought just did not last, and we did not have money to get more.'"

Agreement with either or both of these statements ("often true" or "sometimes true") defines food insecurity for respondents.

Food Insecure

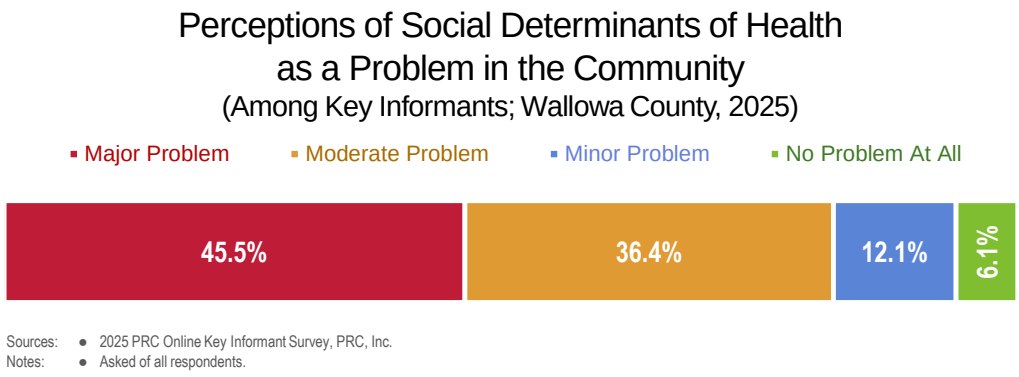
Wallowa County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health (including Housing)* as a problem in the community:



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Housing

> Lack of affordable housing. – Community Leader
>
> We see a huge need for available housing and our housing where I live in Joseph is just too expensive for a lot of people. We are seeing more and more people we would like to offer potential jobs to, but housing is the number one hurdle. I think income will always be of concern in our county. – Community Leader
>
> Housing more than anything has been really hard on the county. Transportation can also prove to be difficult. The education of dental health could improve. – Community Leader
>
> Housing, transportation, discrimination. LGBTQ+ population, low-income population. – Physician
>
> Housing is very hard to come by in Wallowa County and it is expensive for single-income families. Income = groceries are expensive, fuel.... and minimum wage does not cover it for most families. – Community Leader
>
> This county lacks affordable housing. We are seeing a record number of evictions and homeless individuals. Many do not have any income, suffer from mental illness, lack a GED, or may even have a criminal background. Many suffer from more than one social determinant compounding their issues and ability to achieve basic living necessities like heat, food, or water. – Community Leader
>
> It is sometimes hidden, but poverty and poor living conditions are problems. The costs of housing have gone up dramatically, and existing and new housing aimed at tourism economy. Racial discrimination is a persistent problem, in part because the population is so heavily white. Native Americans—mostly Nez Perce—have a much better time of it now than they did 30 and 40 years ago, with acceptance and inclusion in programs. Nevertheless, there are still Indian haters among us. – Community Leader
>
> Not enough housing in the community. – Health Provider
>
> The lack of affordable housing is a big stress for families, cost and availability of fresh vegetables, isolation for seniors. – Community Leader

Income/Poverty

> Cost of living, including heating and housing costs and food costs are high compared to wage levels. Finding housing is difficult, especially at lower income levels and members of the workforce. I know of LGBTQIA+ and people of color who have been threatened and face discrimination. – Social Services Provider
>
> Patients/residents report insecurities in food, housing, and transportation at high rates. – Public Health Representative
>
> Low income area, lack of high-paying jobs. – Community Leader
>
> As inflation has increased, many family's budgets are stretched thin. When times are hard financially, families can't always afford things that contribute to our health such as nutritious food, payments for healthcare etc. In addition, housing is so expensive it certainly impacts family's budgets negatively. – Community Leader

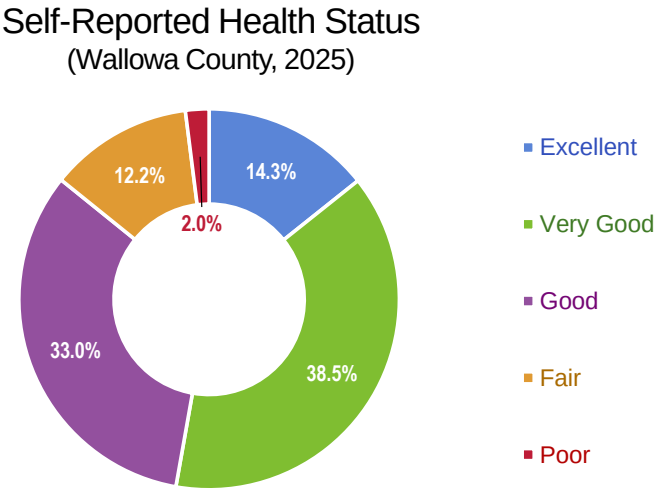
Access to Care/Services

> Most of my comments have to do with how far we have to travel to get specialized care. Some doctors travel to our community (i.e.: cardiologists) but then you are at the mercy of their limited window to see you and you have no choice of providers, just whoever shows up. For emergency care (getting stabilized then sent to another facility) and routine maintenance, our health care is great. Not so much for everything else. – Community Leader

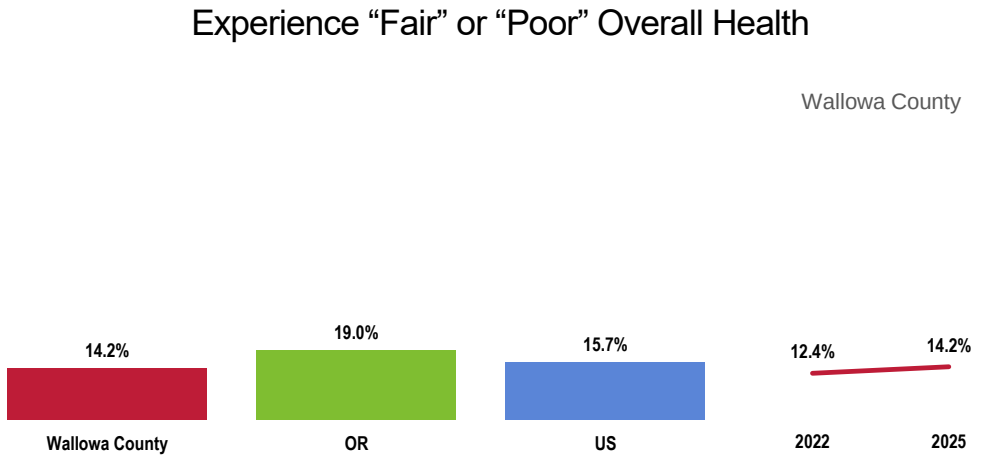
HEALTH STATUS

Overall Health

PRC SURVEY ► "Would you say that in general your health is: excellent, very good, good, fair, or poor?"

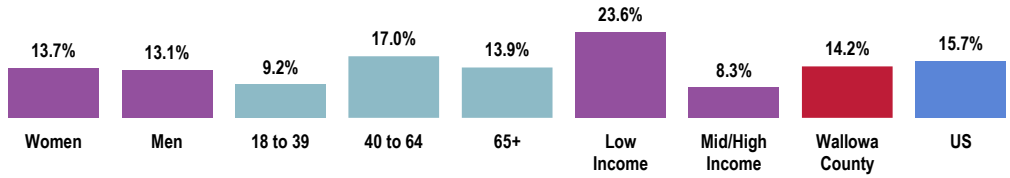


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Wallowa County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

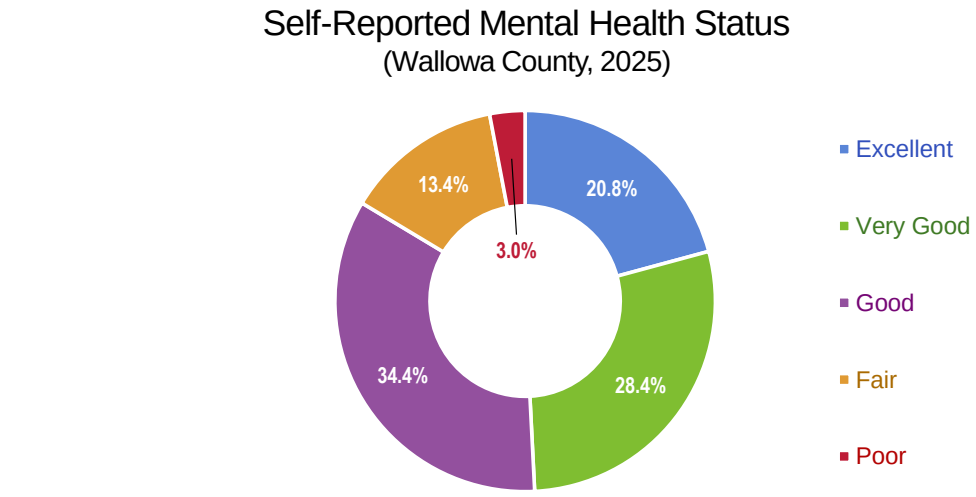
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

PRC SURVEY ► "Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

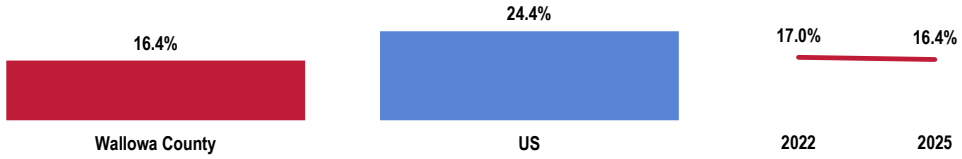


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health

Wallowa County

A total of 11.1% of respondents experience “extremely” or “very” stressful days on a regular basis.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 77, 79]
- 2023 PRC National Health Survey, PRC, Inc.

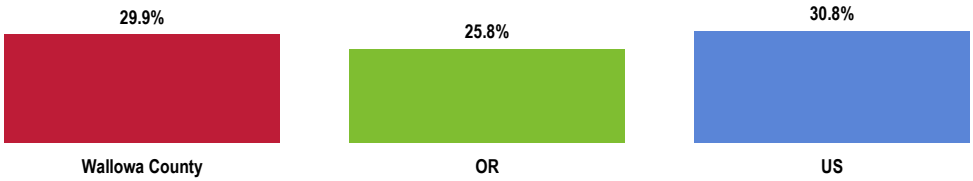
Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

PRC SURVEY ► “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder



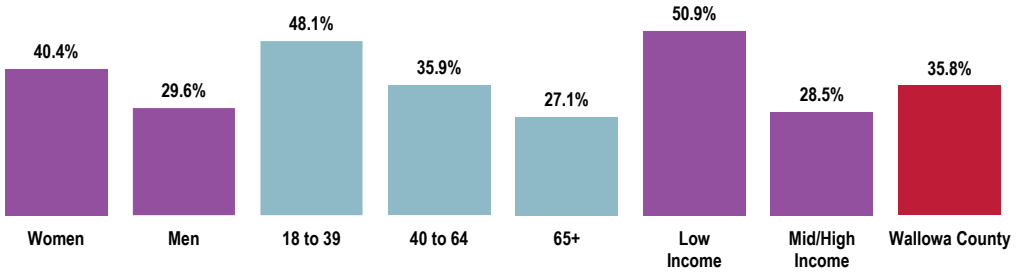
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

PRC SURVEY ► "Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"

Have Experienced Symptoms of Chronic Depression
(Wallowa County, 2025)



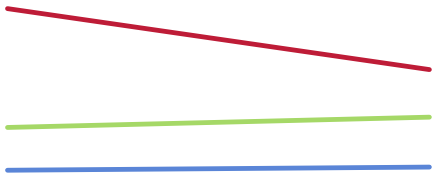
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

The following chart outlines the most current mortality rates attributed to suicide in our population.

Suicide Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



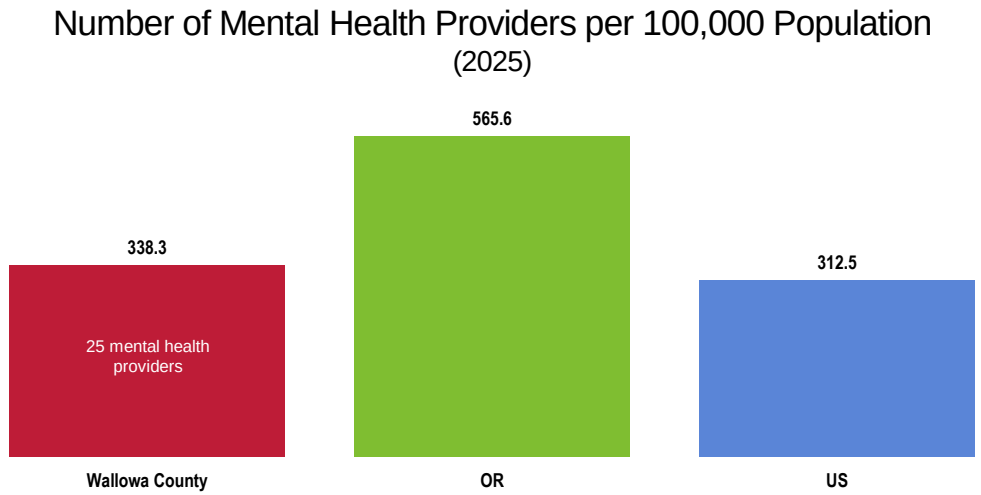
	2014-2018	2019-2023
Wallowa County	34.5	26.8
OR	19.5	20.8
US	14.1	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Mental Health Treatment

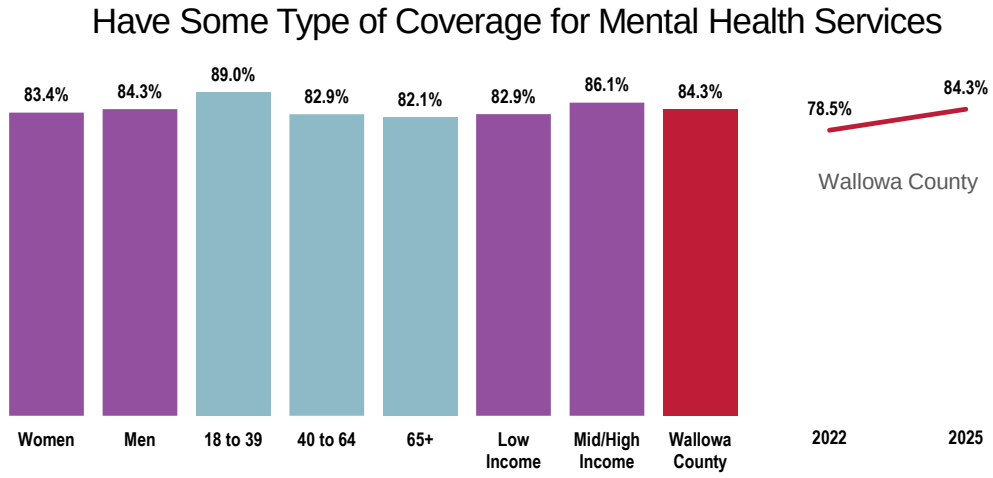
Note that this indicator only reflects providers practicing within the study area and residents within the study area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.



Sources: ● Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of the county population to the number of mental health providers, including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

PRC SURVEY ► "Do you currently have any health insurance coverage that pays for at least part of the cost of mental health services?"

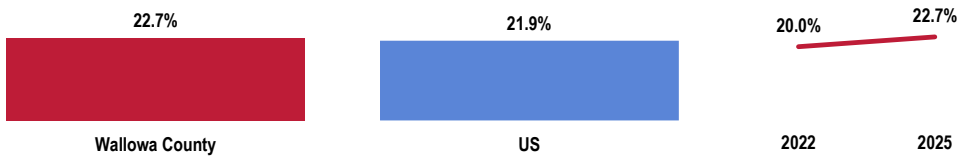


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.

PRC SURVEY ► "Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"

Currently Receiving Mental Health Treatment

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

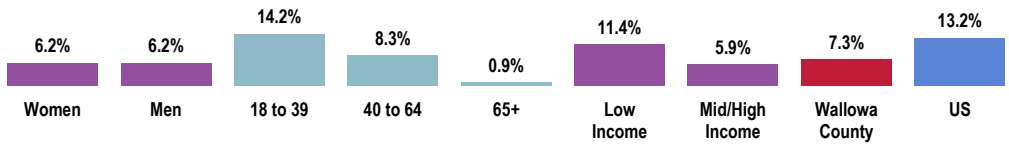
Difficulty Getting Mental Health Care

PRC SURVEY ► "Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

PRC SURVEY ► "Was there a time in the past 12 months when you needed mental health care for a child in this household but were not able to get them?"

Unable to Get Mental Health Services When Needed in the Past Year

(Wallowa County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

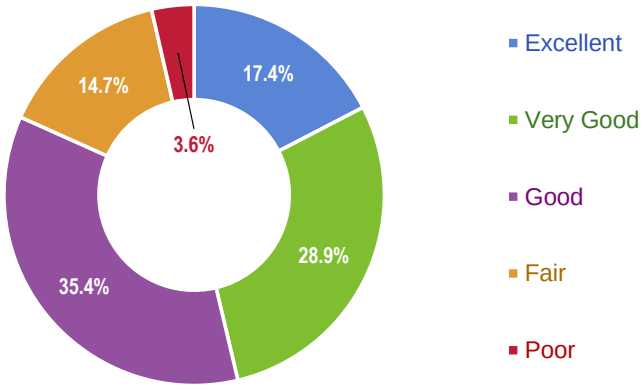
Unable to Obtain Mental Health Services for Child When Needed in the Past Year
(Wallowa County Parents of Children Age 2-17)

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents with children age 2-17 at home.

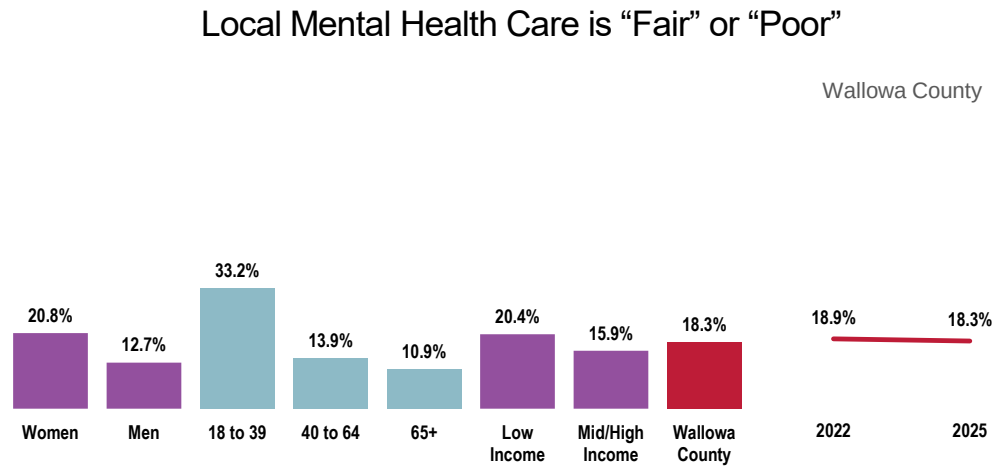
Ratings of Local Mental Health Care

PRC SURVEY ► "In general, how would you rate the overall mental health care services available to you? Would you say: excellent, very good, good, fair, or poor?"

Ratings of Local Mental Health Care
(Wallowa County, 2025)

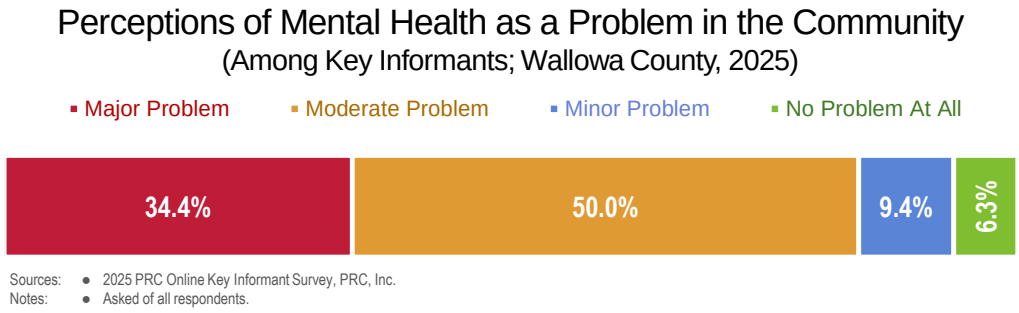


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.



Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of *Mental Health* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

> Having access to mental health resources. – Social Services Provider
>
> Living in a remote area with limited access to activities, especially in the winter. – Community Leader
>
> Access to crisis intervention in a timely manner. – Community Leader

Denial/Stigma

> The stigma of getting help is the biggest challenge I see. I feel like there has been an emphasis on improving and providing mental health services in the community, but how can we help get people to access what is available? – Community Leader
>
> Stigma, access, isolation. – Community Leader

Discrimination

> Many in our community suffer from mental illness. They are discriminated against for housing and employment. If they lack access to medication, they may become violent or cause other problems, bringing additional concerns like criminal charges in which they are unable to cope with. Lack of housing in our community means often mental health victims find themselves homeless without the ability to find adequate housing for themselves. They often are unaware of resources available or how to navigate the system to get assistance. – Community Leader

Access for Medicare/Medicaid Patients

> Access to counselors that take Medicaid. Also, licensed counselors that are experienced in transgender/LGBTQ care, chronic pain conditions, and addiction. – Physician

Affordable Care/Services

> Affordable access, especially to those without adequate insurance coverage. Education about available resources. Stigma around mental health. Fear of accessing local providers due to small town interactions. – Community Leader

Diagnosis/Treatment

> Medical staff outside of mental health understanding and willing to help with mental health patients. – Health Provider

Incidence/Prevalence

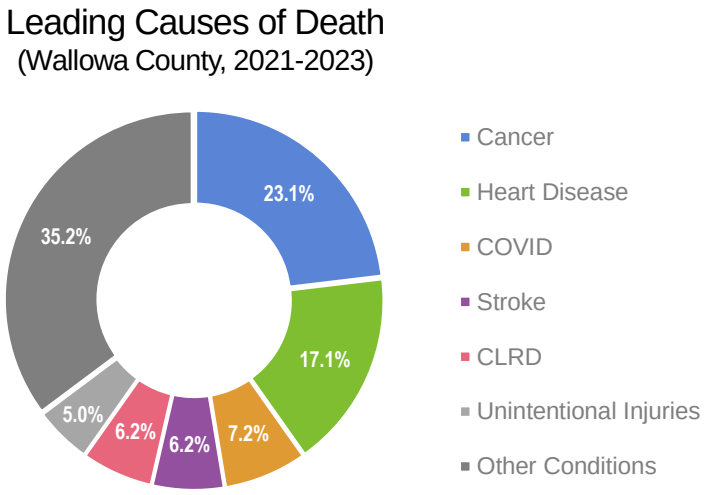
> From students and children, to adults, many have mental health issues that stop them from working, attending school, or living a functional life. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Death Rates for Selected Causes

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines annual average death rates per 100,000 population for selected causes of death.

Death Rates for Selected Causes
(2019-2023 Deaths per 100,000 Population)

	Wallowa County	Oregon	US	Healthy People 2030
Cancers (Malignant Neoplasms) [2021-2023]	323.7	200.9	182.5	122.7
Heart Disease [2021-2023]	240.0	187.9	209.5	127.4*
Unintentional Injuries	88.6	69.4	63.3	43.2
Stroke (Cerebrovascular Disease)	80.5	55.2	48.3	33.4
Lung Disease (Chronic Lower Respiratory Disease)	72.5	47.3	44.9	—
Alzheimer's Disease	37.6	47.3	36.8	—
Suicide	26.8	20.8	14.5	12.8
Diabetes	24.8	32.4	29.5	—
Alcohol-Induced Deaths	24.8	27.2	14.6	—

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Note: ● *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease & Stroke Deaths

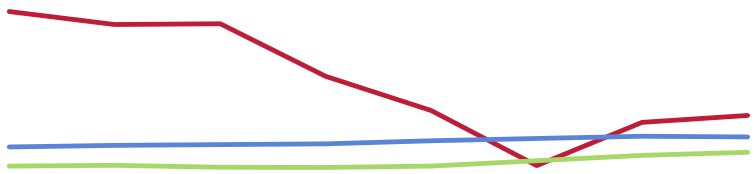
The following charts outline mortality rates for heart disease and for stroke in our community.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Wallowa County	387.8	369.6	370.3	295.8	247.5	169.0	230.5	240.0
OR	168.2	169.3	166.8	166.4	168.5	175.7	183.4	187.9
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

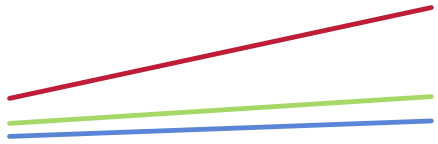
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Stroke Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2018	2019-2023
Wallowa County	54.7	80.5
OR	47.6	55.2
US	43.9	48.3

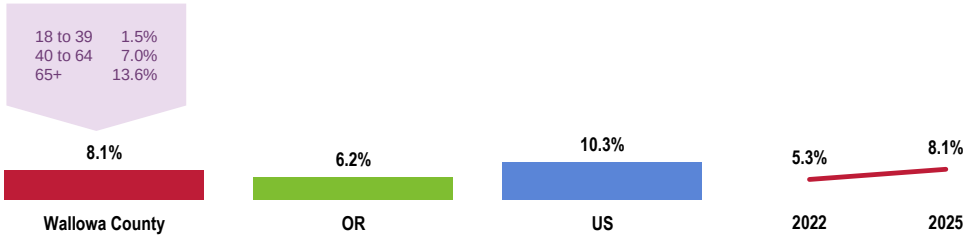
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Prevalence of Heart Disease & Stroke

PRC SURVEY ► "Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"

Prevalence of Heart Disease

Wallowa County



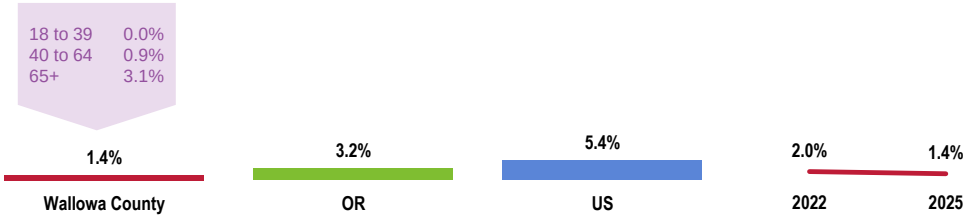
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC SURVEY ► "Have you ever suffered from or been diagnosed with a stroke?"

Prevalence of Stroke

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

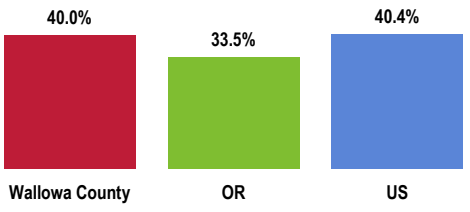
Blood Pressure & Cholesterol

PRC SURVEY ► "Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

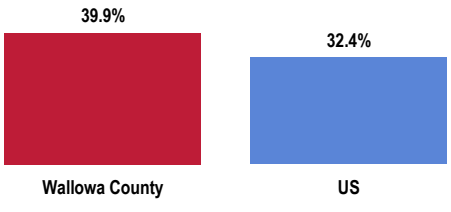
PRC SURVEY ► "Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower

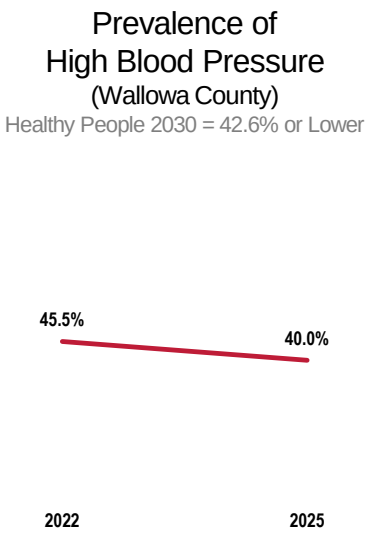


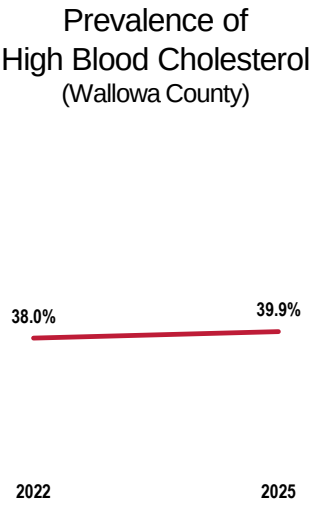
Prevalence of High Blood Cholesterol



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.





Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

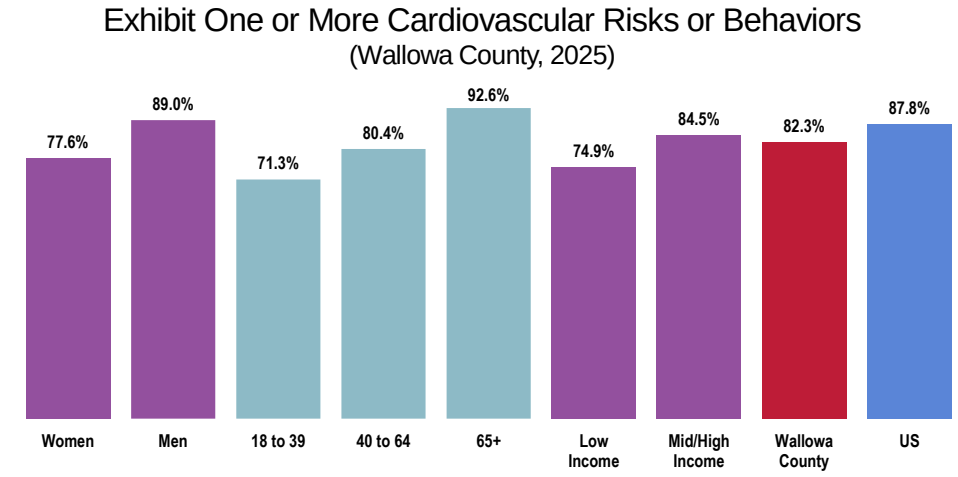
Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

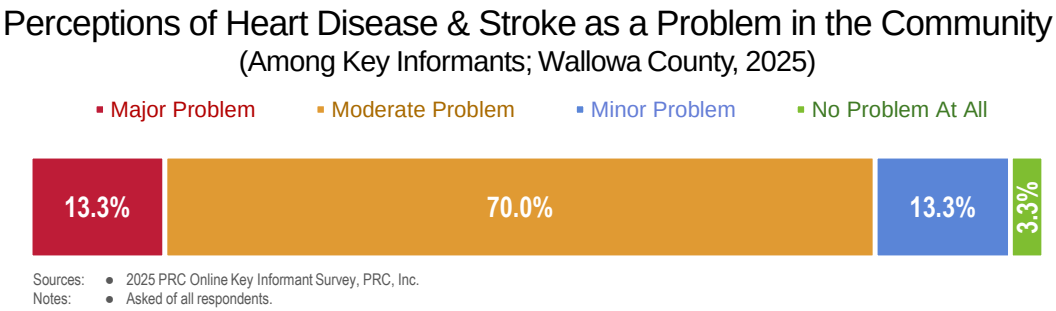
The following chart reflects the percentage of adults in Wallowa County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> Many older adults live alone, if they suffer a stroke, it may be days before help is available. Our elderly are often isolated or live outside of town. They miss medical appointments, lack nutritional foods, and often are isolated. Lack of care, exercise and healthy foods increase their chances for heart disease. – Community Leader
>
> It's a major problem nationally and Wallowa County has an average age much older than the state of Oregon, so the incidents of heart disease and stroke are more likely. – Community Leader

Awareness/Education

> This assessment is a great first step in tackling heart disease and stroke in Wallowa County. I believe there is a shortage of information available to county residents about the importance of healthy diets and regular physical activity in one's daily life. I also believe that the distance from health resources plays into this. – Social Services Provider

Incidence/Prevalence

> It seems to me like I am hearing and seeing these things more regularly than I have in the past. Maybe it is just me getting older and it's affecting my life more now. – Community Leader

Cancer

ABOUT CANCER

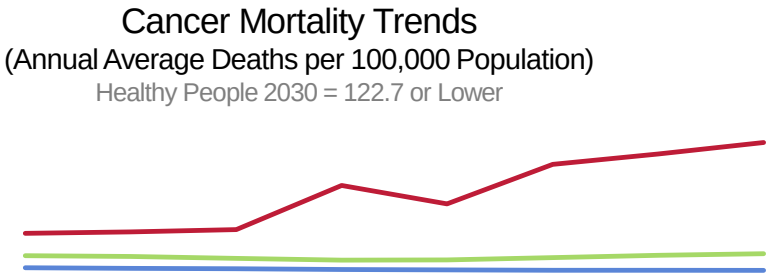
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

The following chart illustrates cancer mortality (all types).



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Wallowa County	223.4	225.1	227.4	276.3	256.0	299.7	311.1	323.7
OR	198.7	197.8	195.7	193.8	193.9	196.4	199.3	200.9
US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Prostate cancer is by far the leading cause of cancer deaths.

Cancer Death Rates by Site

(2019-2023 Annual Average Deaths per 100,000 Population)

	Wallowa County	Oregon	US	HP2030
ALL CANCERS	**323.7**	**200.9**	**182.5**	**122.7**
Prostate Cancer	**64.4**	**11.8**	**9.0**	**16.9**
Lung Cancer	**31.6**	**41.7**	**41.1**	**25.1**

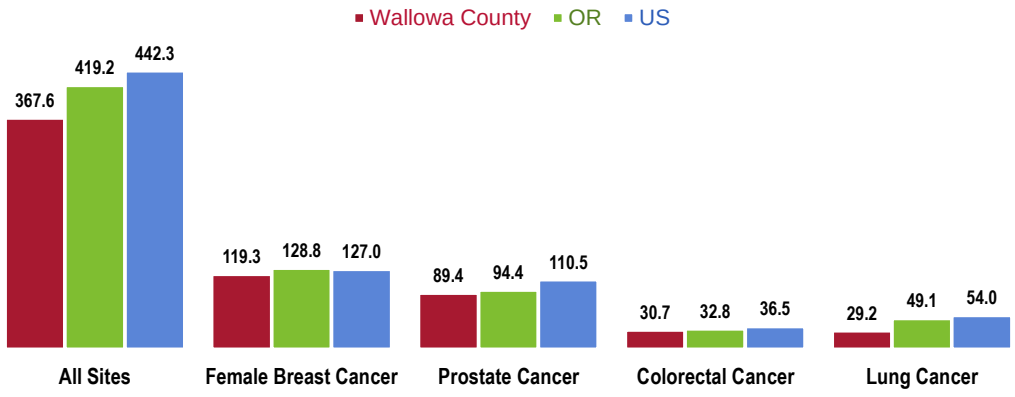
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site

(Annual Average Incidence per 100,000 Population, 2016-2020)



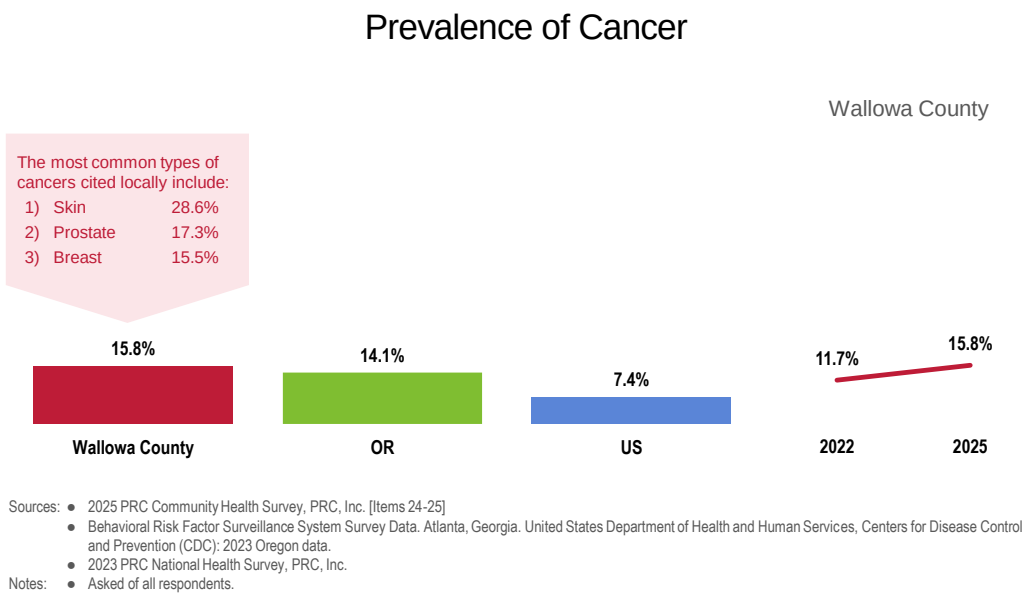
Sources:
- National Cancer Institute, State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

PRC SURVEY ► "Have you ever suffered from or been diagnosed with cancer?"

PRC SURVEY ► "Which type of cancer were you diagnosed with?" (If more than one past diagnosis, respondent was asked about the most recent.)

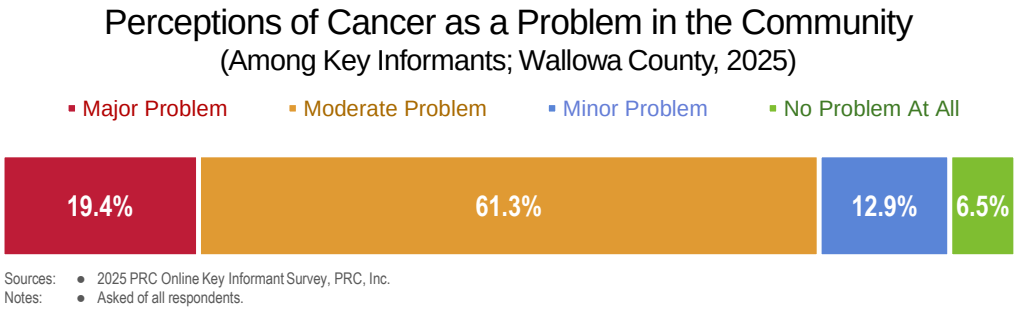


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> We have had several cancer deaths in the last year—some with prostate, two I know with pancreatic—and I know others dealing with it right now... I know we have a chemo station at the hospital and an oncologist who visits. I don't know if we need more; don't know the extent and varieties of cancer, but we should get a good picture of it and should be looking at any environmental issues that might be involved, e.g. water contamination. – Community Leader
>
> Very high cancer occurrence in Wallowa County. – Community Leader
>
> Seems like we have our fair share or more than we should. – Community Leader
>
> There are many people dying from cancer in our community. Various cancers are prevalent. – Community Leader

> Many people have cancer, some survive, many don't. Some treatments are available locally, often people must still travel for surgery and targeted treatment. – Community Leader

Access to Care/Services

> Most cancer treatment is unavailable in our area, travel is difficult for much of our population to receive health care and other support. Many community members live alone or lack supportive family members close by. Our elderly often cannot drive, lack the funds to pay for treatment, lack support and encouragement throughout the process, are often confused by options, and may even be stubborn and resist necessary care. – Community Leader

Respiratory Disease

ABOUT RESPIRATORY DISEASE

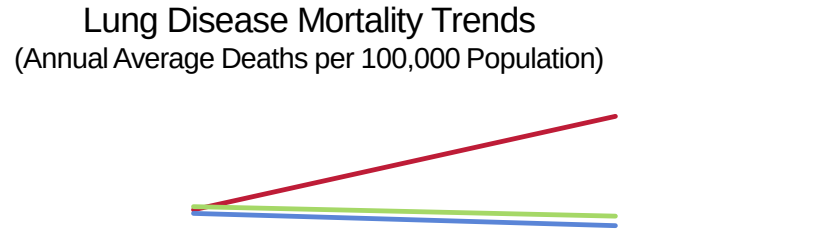
Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Respiratory Disease Deaths

Lung Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.



	2014-2018	2019-2023
Wallowa County	48.9	72.5
OR	49.7	47.3
US	48.0	44.9

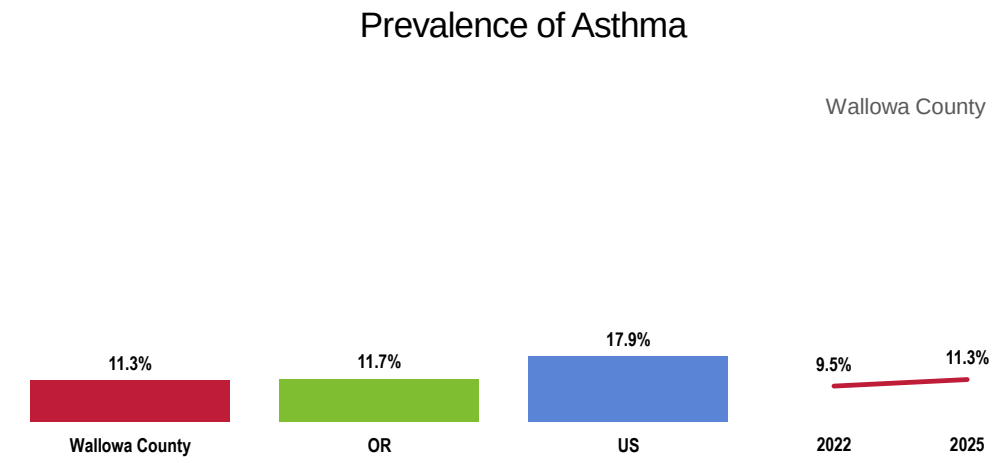
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

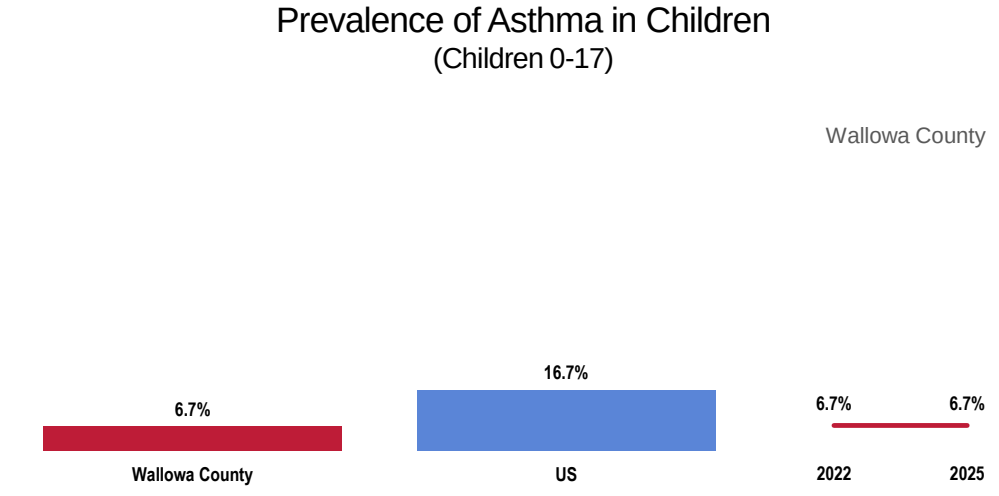
PRC SURVEY ► "Do you currently have asthma?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC SURVEY ► "Has a doctor, nurse, or other health professional ever told you that this child had asthma?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ► "Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Wallowa County

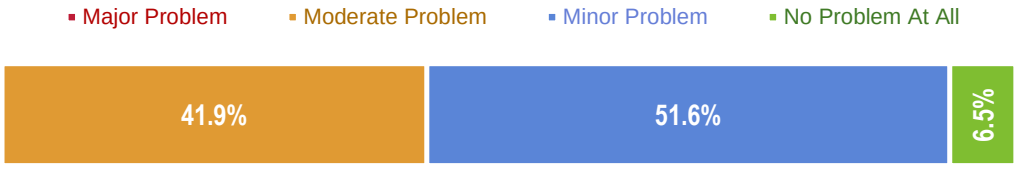
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Wallowa County, 2025)



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

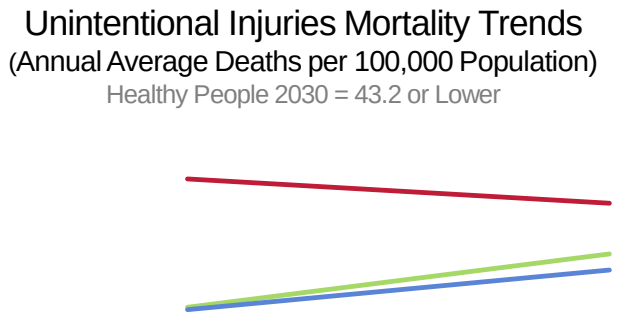
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

The following chart outlines mortality rates for unintentional injury in the area.



	2014-2018	2019-2023
Wallowa County	97.8	88.6
OR	49.2	69.4
US	48.3	63.3

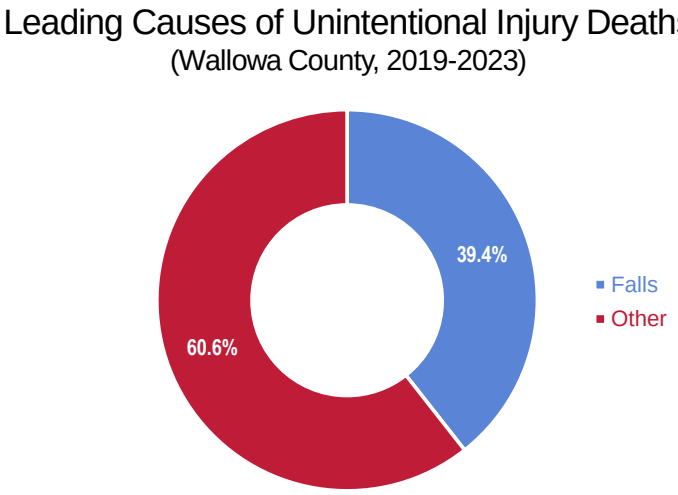
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-induced deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

The following outlines leading causes of accidental death in the area.

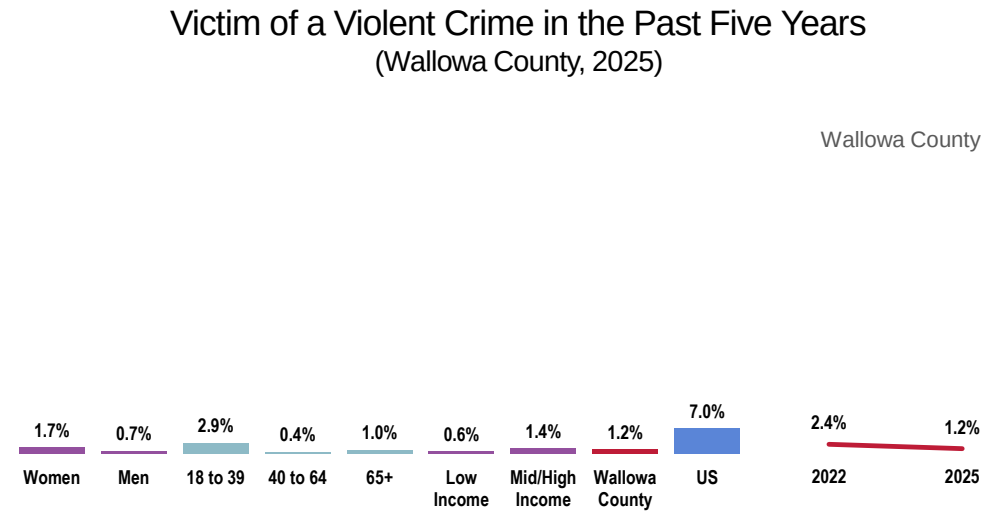


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.

Intentional Injury (Violence)

Violent Crime Experience

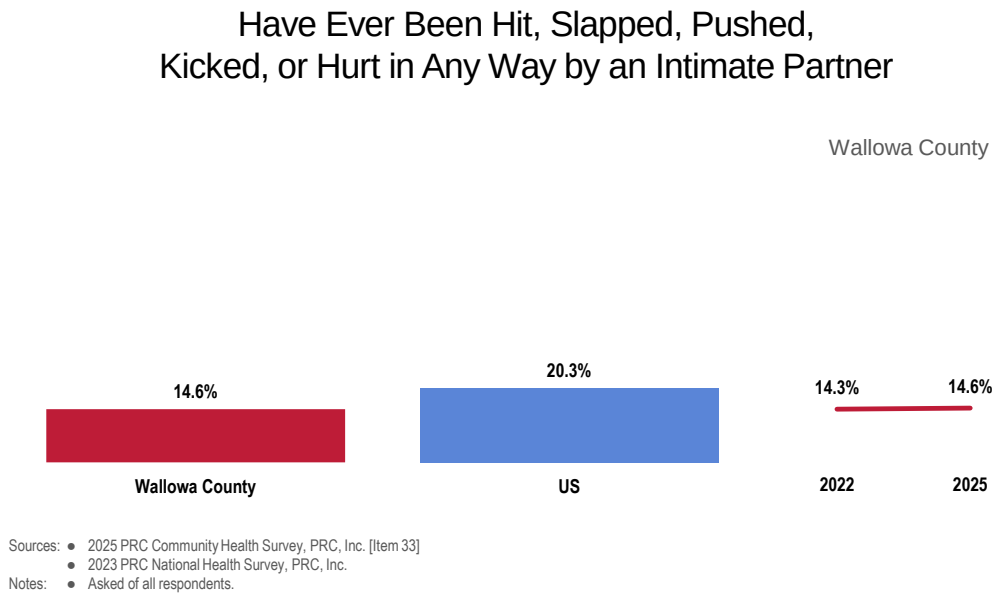
PRC SURVEY ► "Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?"



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

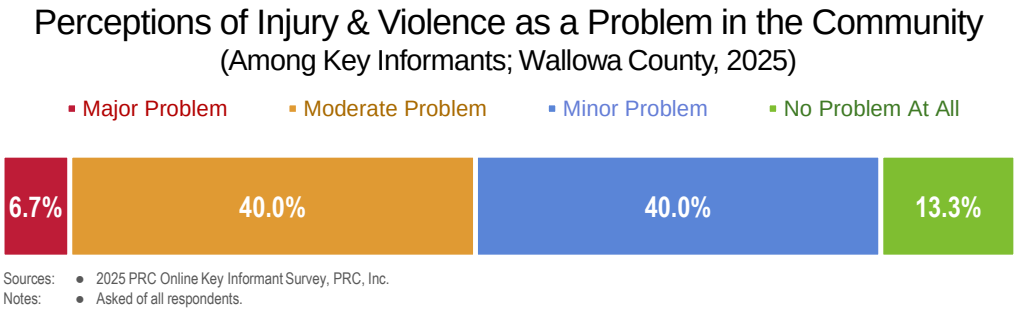
Intimate Partner Violence

PRC SURVEY ► "The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"



Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Work-Related

> With Wallowa County having careers around construction, natural resources, and tourism, there are higher chances of the workforce experiencing injury. As far as violence is concerned, I feel as though social media and technology in the hands of not only young people, but adults is a factor that plays into violent tendencies as images and videos floods one's screen. – Social Services Provider

Domestic Violence

> I know from friends working in the domestic violence field that it is a significant problem in the county. – Community Leader

Abuse

> Mental and physical abuse. – Social Services Provider

Diabetes

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Diabetes Deaths

Diabetes mortality for the area is shown in the following chart.

	2014-2018	2019-2023
Wallowa County	28.8	24.8
OR	29.1	32.4
US	25	29.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Diabetes

PRC SURVEY ► "Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?"

PRC SURVEY ► "Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?"

Prevalence of Diabetes

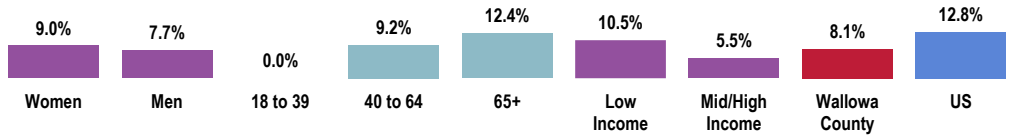
Another 11.8% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Wallowa County

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Wallowa County, 2025)

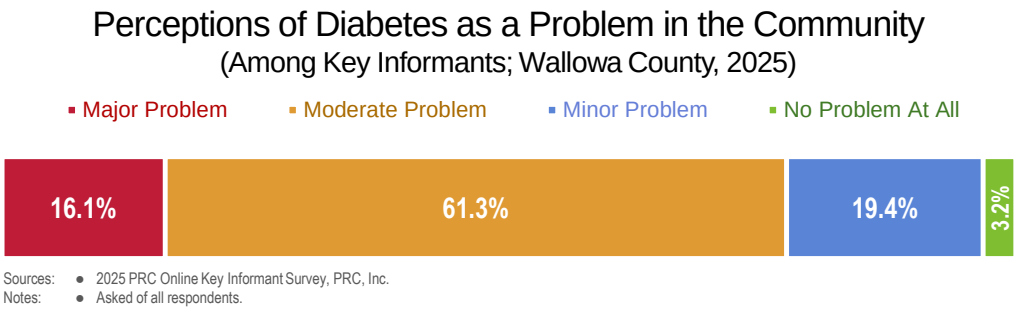


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

> Losing weight and access to healthy food that is affordable. – Community Leader
>
> The choices that they make with eating. – Community Leader

Access to Affordable Healthy Food

> Availability of healthy food and exercise. Food insecurity and education is a major problem. Safeway has high prices with marginally decent quality produce. Access to healthy foods and the ability to cook nutritious meals needs improved. We lack indoor gym options. With extreme weather conditions, exercising outdoors is limited, but we do not have facilities to recreate in. – Community Leader

Awareness/Education

> Access to preventative information. – Social Services Provider

Lack of Providers

> There are no internists in Wallowa County. – Community Leader

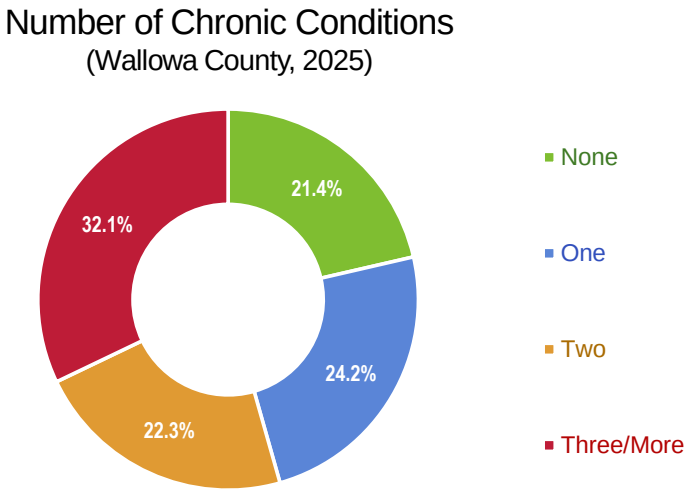
Disabling Conditions

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

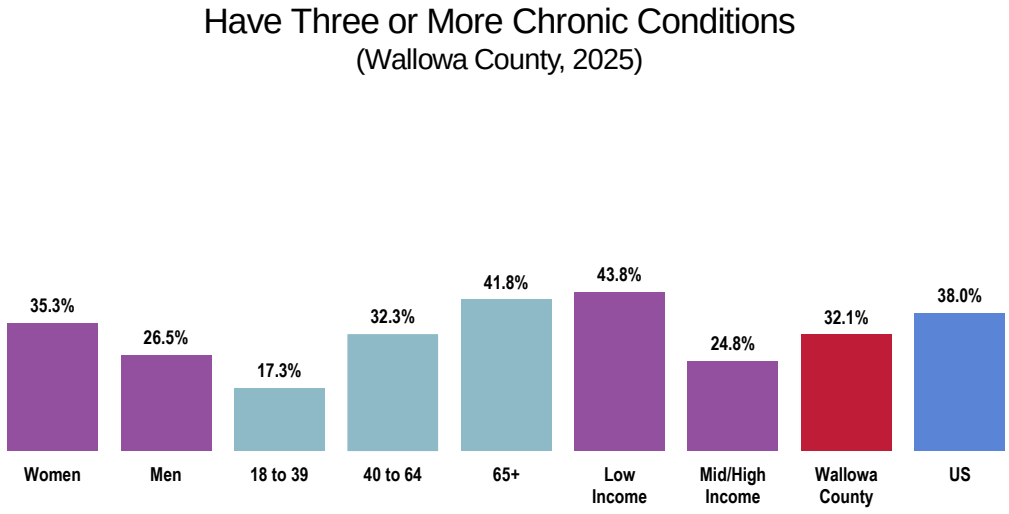
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

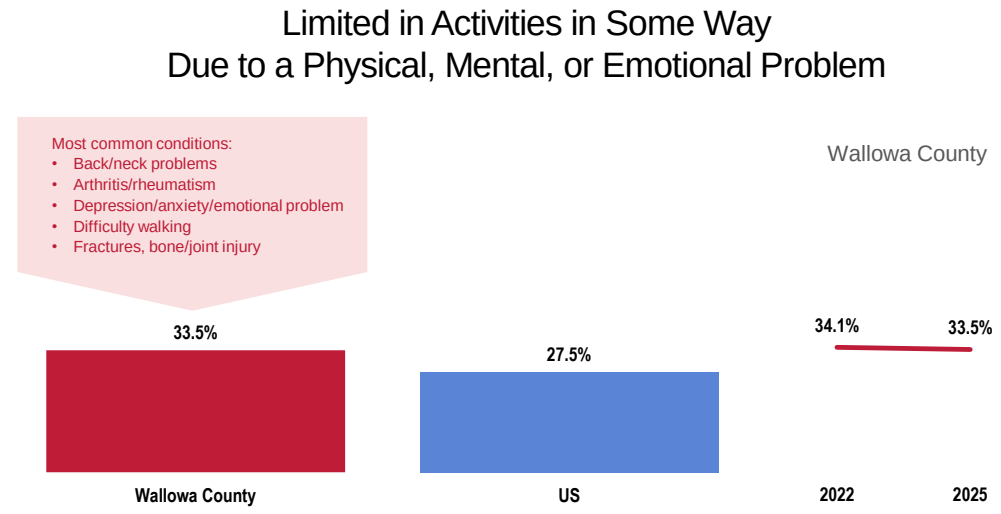
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

Prevalence of Limitations

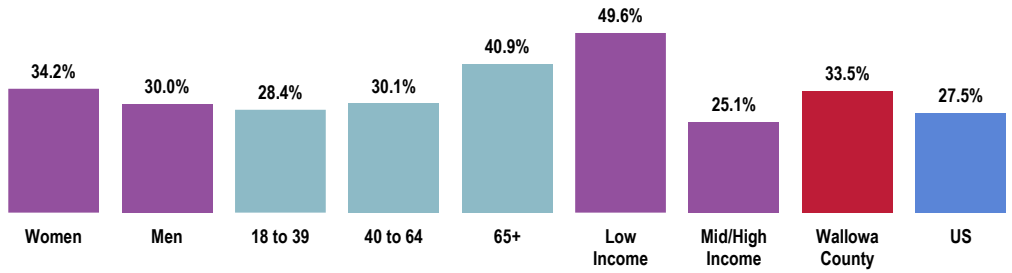
PRC SURVEY ► "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

PRC SURVEY ► [Adults with activity limitations] **"What is the major impairment or health problem that limits you?"**



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Wallowa County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: ● Asked of all respondents.

Limitations & Employment

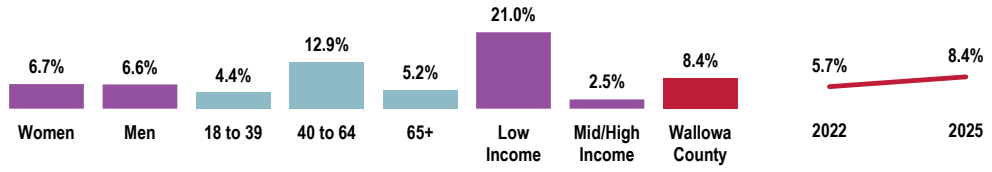
PRC SURVEY ► "Do you have a disability that requires adjustments or accommodations for you to hold paid employment?"

PRC SURVEY ► "Does a physical, mental, or emotional health issue prevent you from getting or keeping a job?"

Physical, Mental, or Emotional Health Issue Prevents Employment

In a separate inquiry, 7.6% of respondents report having a disability that requires adjustments or accommodations in order to hold paid employment.

Wallowa County



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 318-319]
Notes: ● Asked of all respondents.

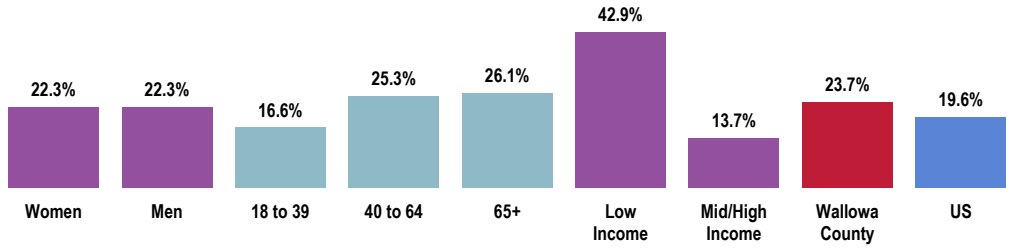
High-Impact Chronic Pain

PRC SURVEY ► "Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?" (Reported here among those responding "most days" or "every day.")

Experience High-Impact Chronic Pain

(Wallowa County, 2025)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Alzheimer's Disease

ABOUT DEMENTIA

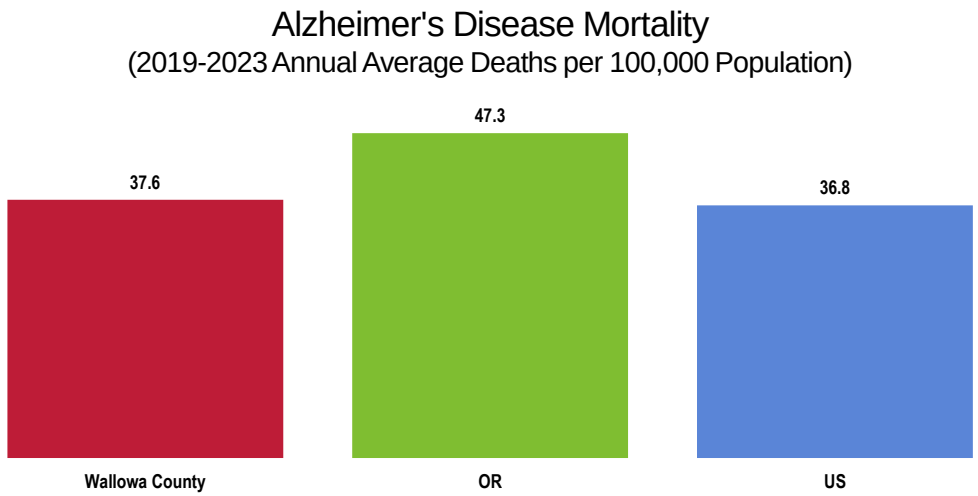
Alzheimer's disease is the most common cause of dementia… . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Alzheimer's Disease Deaths

Alzheimer's disease mortality is outlined in the following chart.



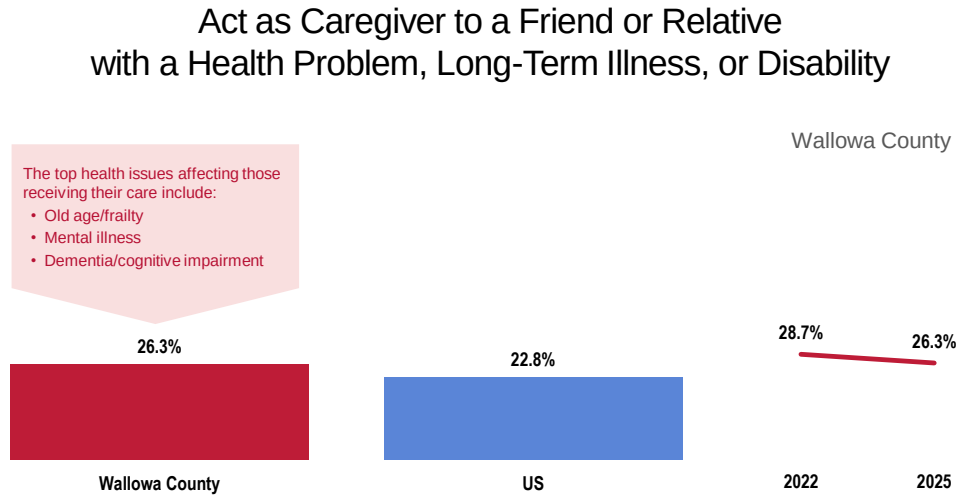
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Caregiving

PRC SURVEY ► "People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

PRC SURVEY ► [Among those providing care] **"What is the main health problem, long-term illness, or disability that the person you care for has?"**

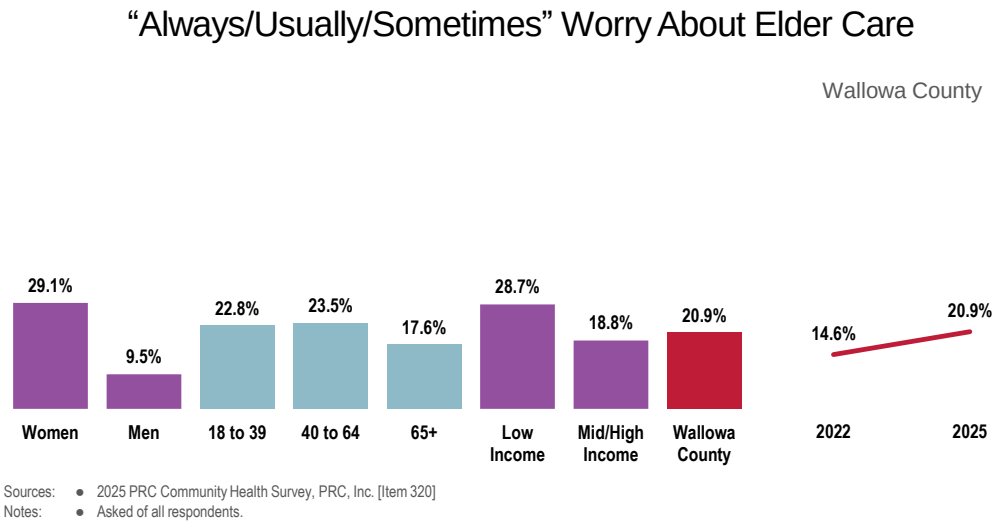


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 85-86]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

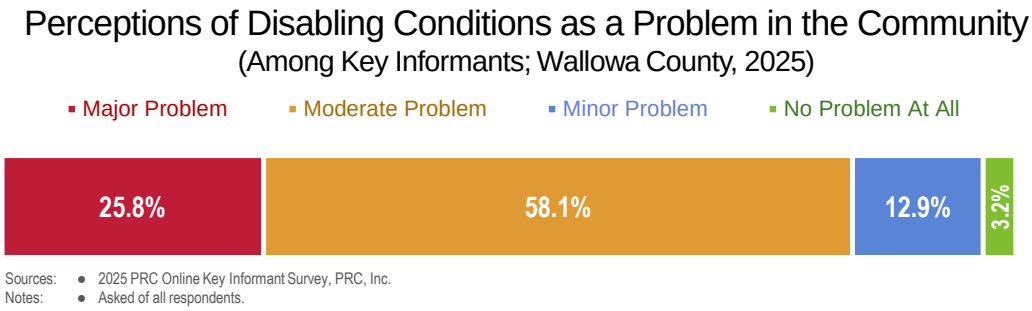
Concern About Elder Care

PRC SURVEY ► "During the past 12 months, how often were you worried or stressed about having elder care when you needed it? Would you say always, usually, sometimes, seldom, or never?"



Key Informant Input: Disabling Conditions

The following chart outlines key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> We have a large older population, which means more pain, more loss of vision and hearing, more dementia. I believe most of the younger disability problems are handled by schools and clinics, and mental health programs. – Community Leader
>
> Age-related. At least a third of the population is over the age of 65. – Community Leader
>
> Our county's residents are very aged. – Community Leader
>
> For our elderly population, when they suffer any disabling condition, their quality of life suffers. Perhaps that's loss of socialization, ability to drive, unable to remain in their home. It's difficult to travel in our community or receive in home care. Many adults go without care or are placed in retirement homes, losing their independence and sense of self-worth. Many suffer from chronic pain which limits day to day activities, resulting in isolation and decrease in other health related areas including nutrition. – Community Leader

Lack of Residential Housing

> The age category is growing, and I know of people needing help to stay in their homes and it can be hard to find and is expensive. Space in the elder care facilities is limited and expensive. There are no foster homes for elderly that I am aware of. I think it is a major problem in and outside of our community. – Community Leader

Access to Care/Services

> High disability rates in the county, minimal availability of services for individuals with disabilities. Minimal handicapped accessible services and activities. – Public Health Representative

Affordable Care/Services

> Chronic pain is a huge issue. Lack of affordable resources for treatments, like acupuncture and massage, in particular for our Medicare population. – Physician

Incidence/Prevalence

> There are so many people in this county that are limited in their mobility and this is compounded for where we live in the winter to not have somewhere they can access to walk or get out. – Physician

BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

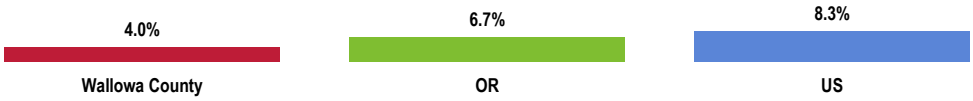
– Healthy People 2030 (https://health.gov/healthypeople)

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2016-2022)



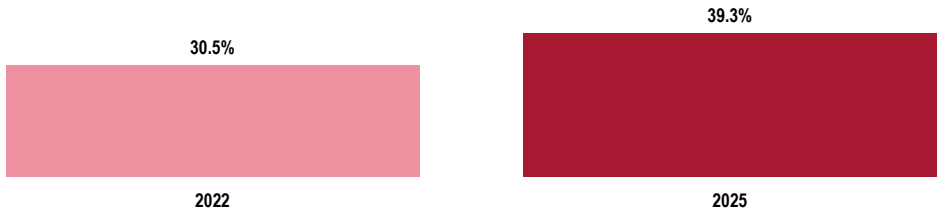
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Childcare

PRC SURVEY ► [Parents] **"During the past 12 months, how often were you worried or stressed about having childcare when you needed it? Would you say always, usually, sometimes, rarely, or never?"**

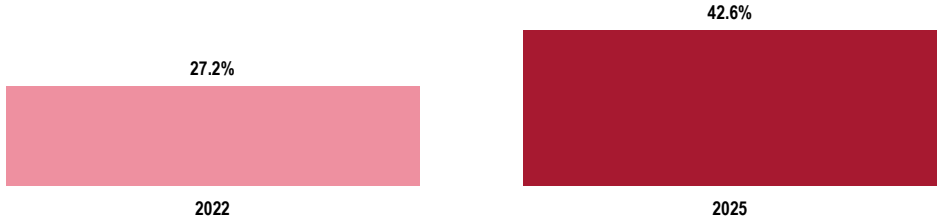
"Always/Usually/Sometimes" Worry
About Having Childcare in the Past Year
(Wallowa County Parents)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: ● Asked of all respondents with children <18 at home.

PRC SURVEY ► [Parents] **"During the past 12 months, how often were you worried or stressed about being able to afford childcare? Would you say always, usually, sometimes, rarely, or never?"**

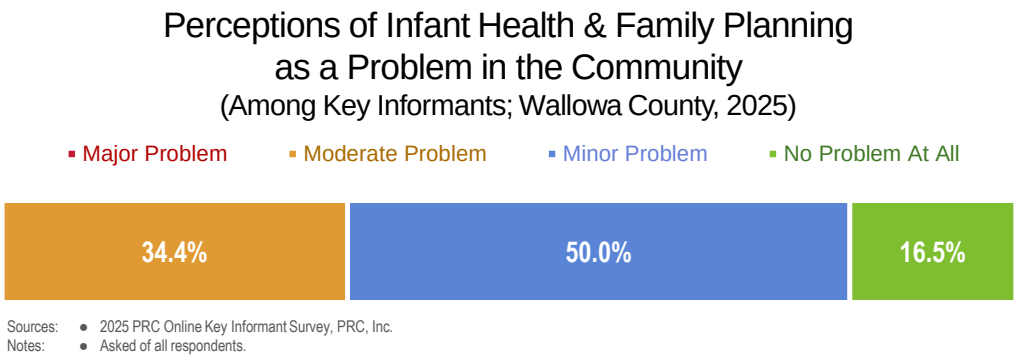
"Always/Usually/Sometimes" Worry
About Affording Childcare in the Past Year
(Wallowa County Parents)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents with children <18 at home.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

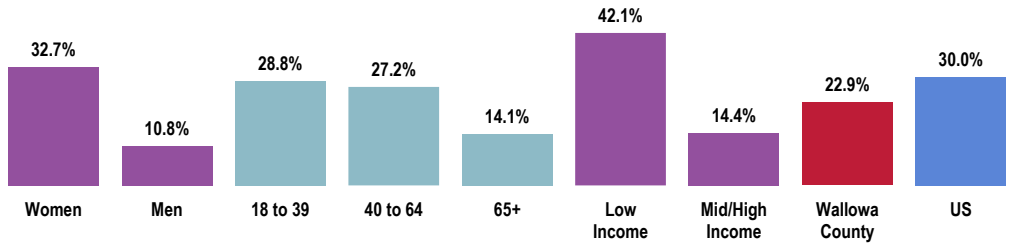
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Fresh Produce

PRC SURVEY ► "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

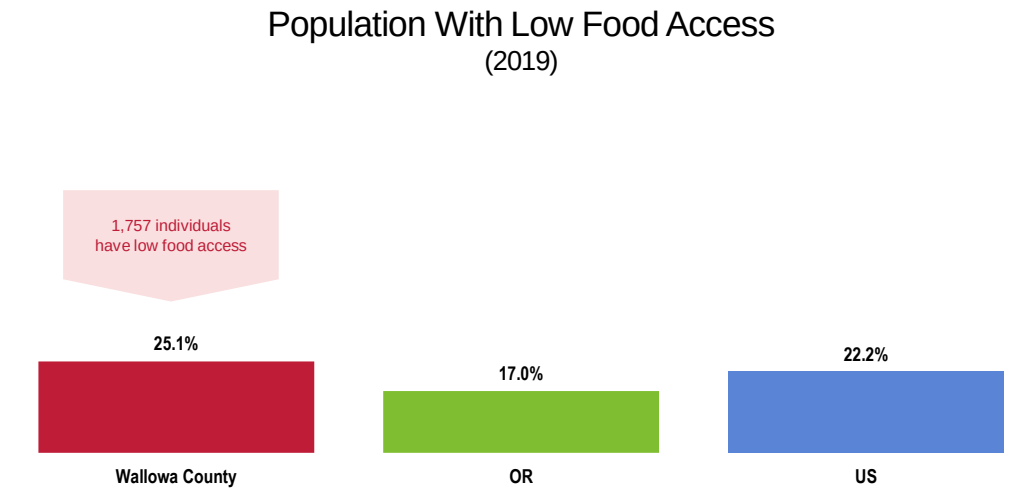
Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(Wallowa County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

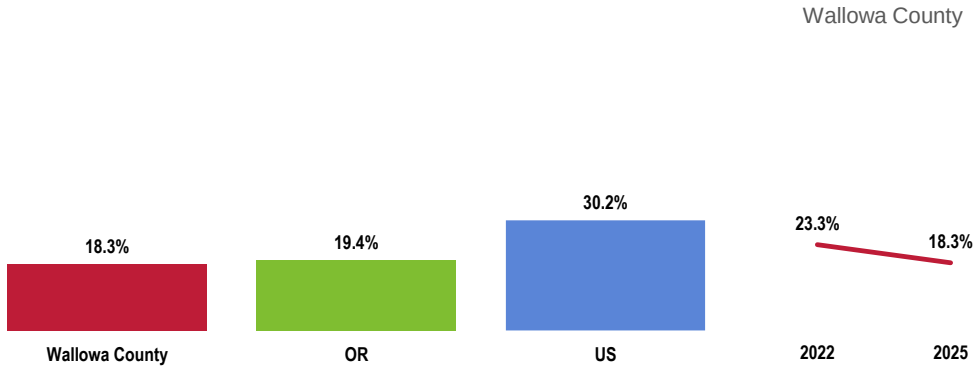
Leisure-Time Physical Activity

PRC SURVEY ► "During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

PRC SURVEY ► "For you, what is the most important barrier to physical activity or exercise?"

No Leisure-Time Physical Activity in the Past Month

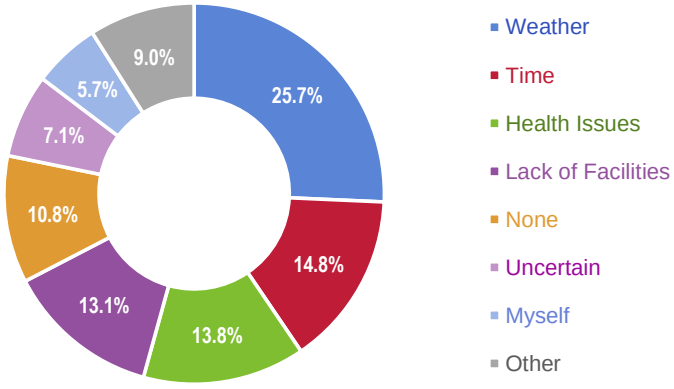
Healthy People 2030 = 21.8% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Biggest Barrier to Physical Activity/Exercise
(Wallowa County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

Children's Physical Activity

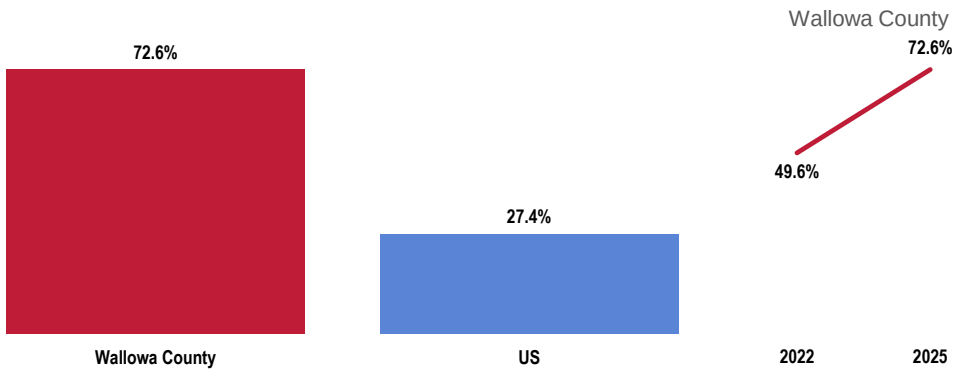
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

PRC SURVEY ► "During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

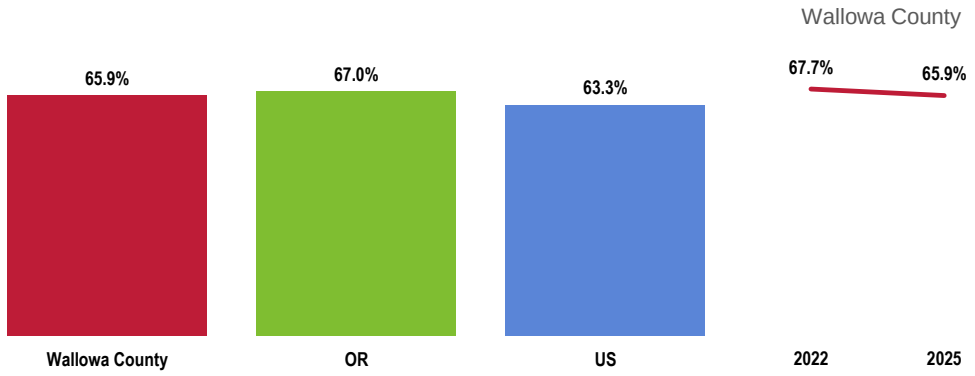
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

PRC SURVEY ► "About how much do you weigh without shoes?"

PRC SURVEY ► "About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)

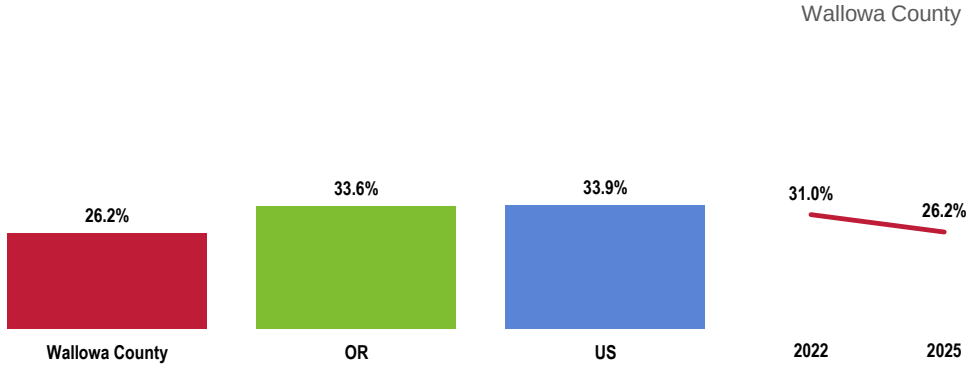


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

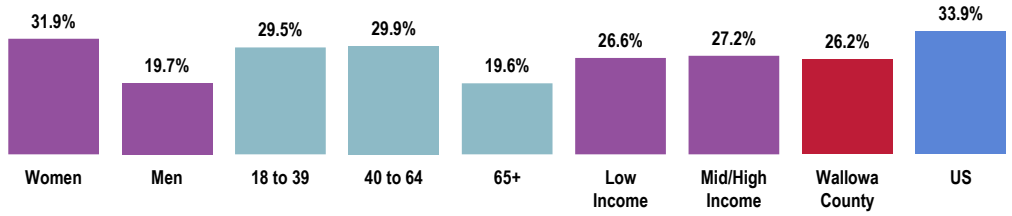
Healthy People 2030 = 36.0% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Wallowa County, 2025)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

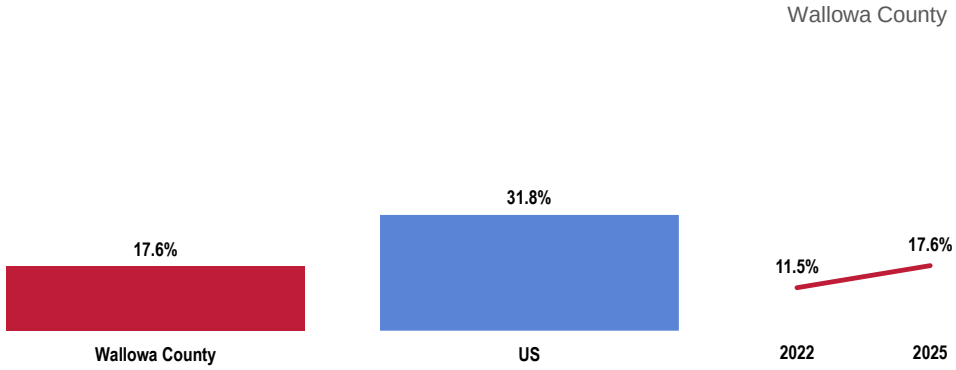
– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC SURVEY ► "How much does this child weigh without shoes?"

PRC SURVEY ► "About how tall is this child?"

Prevalence of Overweight in Children
(Children 5-17)

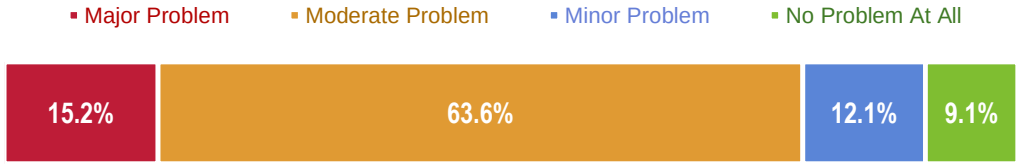


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Among Key Informants; Wallowa County, 2025)



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

> Having access to affordable fruits and vegetables. Having access to recreational facilities that are not only outdoors, but also indoors. – Social Services Provider
>
> Lack of access to fresh produce year round, and quality food products year round. Lack of access to physical activities in a safe environment, like gyms or public pools. – Community Leader

Access to Recreational Facilities

> Limited availability of accessible physical activities. Cost of healthy foods, fresh fruits and vegetables. Distance from stores that sell fresh foods. – Public Health Representative
>
> Lack of a gym -- one that is up to date and affordable. The one we have is stocked with equipment from the 1970s and it's dirty. I think access to exercise equipment, classes and instructors is a key element for staying healthy. Too many people do not take care of themselves and are obese and unhealthy as a result. – Community Leader

Nutrition

> Poor nutrition in our schools, governmental programs. Poor access to high quality veggies and fruits. Poor access to gyms and other places you can go to exercise. Poor education on physical fitness and weight. – Physician

Aging Population

> Many people are aged. – Community Leader

Substance Use

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

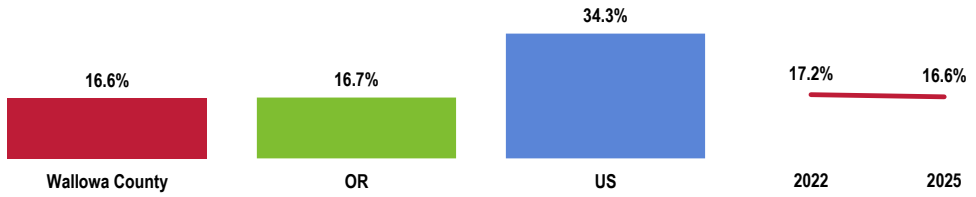
PRC SURVEY ► "During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

PRC SURVEY ► "On the day(s) when you drank, about how many drinks did you have on average?"

PRC SURVEY ► "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)**/4** (if female) **or more drinks on an occasion?"**

Engage in Excessive Drinking

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

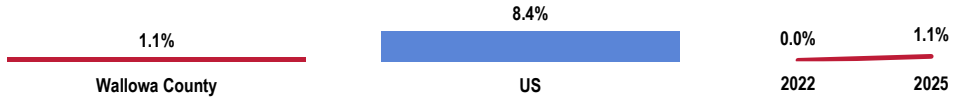
Illicit Drug Use

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

PRC SURVEY ► "During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

Illicit Drug Use in the Past Month

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

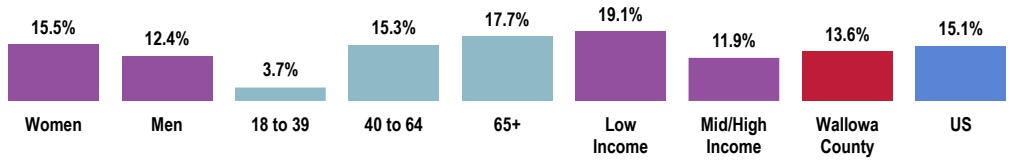
Notes:
- Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

PRC SURVEY ► "Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"

Used a Prescription Opioid in the Past Year
(Wallowa County, 2025)



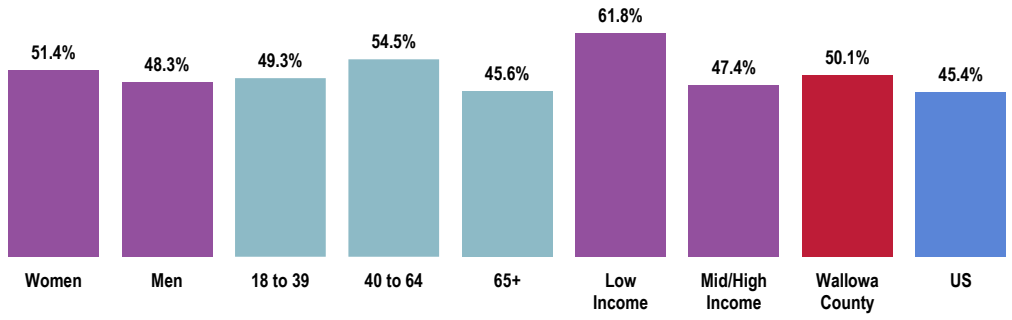
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Personal Impact From Substance Use

PRC SURVEY ► "To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Wallowa County, 2025)

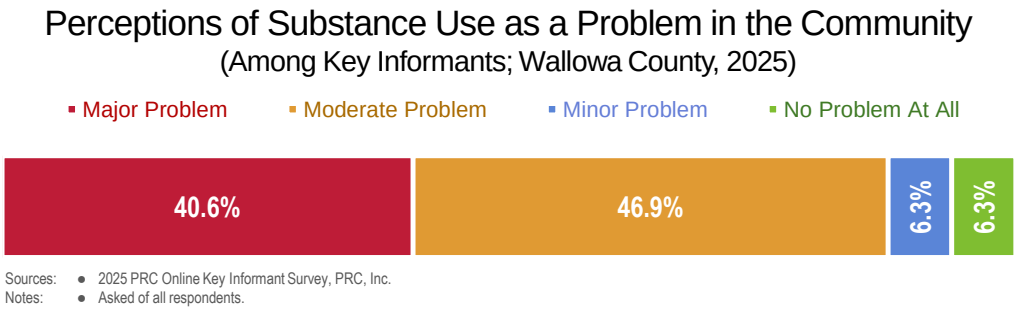


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The following chart outlines key informants' perceptions of the severity of *Substance Use* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Denial/Stigma

> There's a lot of shame and stigma around substance abuse. Education about available resources may not be received well. Income barriers are also a factor. – Community Leader
>
> Stigma, known location of resources, support, finances and transportation. – Social Services Provider
>
> Stigma, potentially not knowing where to seek help, denial, transportation, income potentially, personal support, peoples' habits. – Community Leader
>
> Stigma is a huge barrier. Limited success rates relating to the size of this community. For someone with substance abuse, they are encouraged to stay away from others who use, in this community that is often difficult if not impossible. With lack of housing, many are forced to sleep on the couches of friends. The stigma of users builds walls around them, not allowing them equal opportunity to work, live and associate with non-users. Substance councilors are limited, peer support is not always available when needed, care providers get burnt out quickly. The problem grows faster than the available resources to help, if they even want help. Even in treatment, it's expected they will relapse, that's part of the process, but it's often detrimental to the user and can often pull them off track permanently with the attitude they can't do it. – Community Leader

Access to Care/Services

> Not enough resources. – Social Services Provider
>
> There are not regular AA or NA meetings, and if there is, it is not very well known. – Community Leader
>
> Difficulty getting patients into rehabilitation facilities outside of the county when desired. – Physician

Lack of Providers

> Availability of providers trained in addiction medicine. – Community Leader
>
> Not enough support staff for all the need. – Health Provider

Awareness/Education

> I think people don't know where to start. Do you go to your doctor first? A counselor? Also, I believe a barrier is our small town itself, that you are likely to know the person who will help you on a personal level and may not want them to know. – Community Leader

Disease Management

> People would have to want to get help. – Community Leader

Incidence/Prevalence

> Substance abuse continues to worsen across the nation. – Community Leader

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

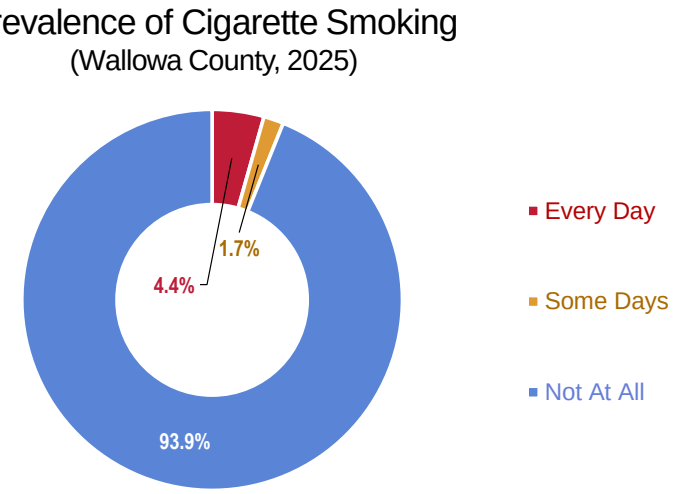
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

PRC SURVEY ► "Do you currently smoke cigarettes every day, some days, or not at all?"
("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")

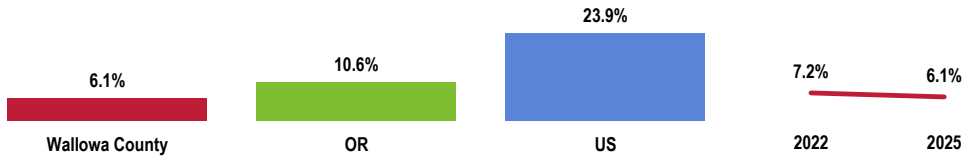


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

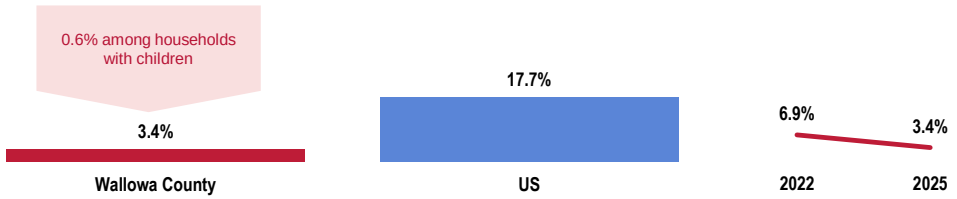
Environmental Tobacco Smoke

PRC SURVEY ► "In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

Wallowa County



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

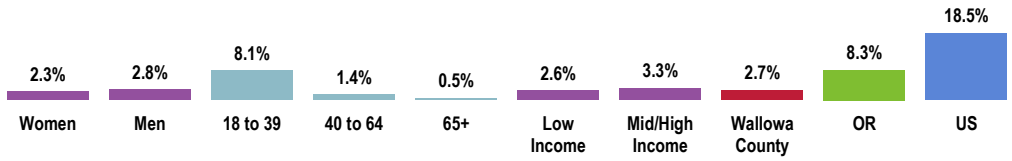
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC SURVEY ► "Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?"

("Currently Use Vaping Products" includes use "every day" or on "some days.")

Currently Use Vaping Products
(Wallowa County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Use of Smokeless Tobacco

PRC SURVEY ► "Do you currently use smokeless tobacco products or 'chew'?"

("Current use" includes use "every day" or on "some days.")

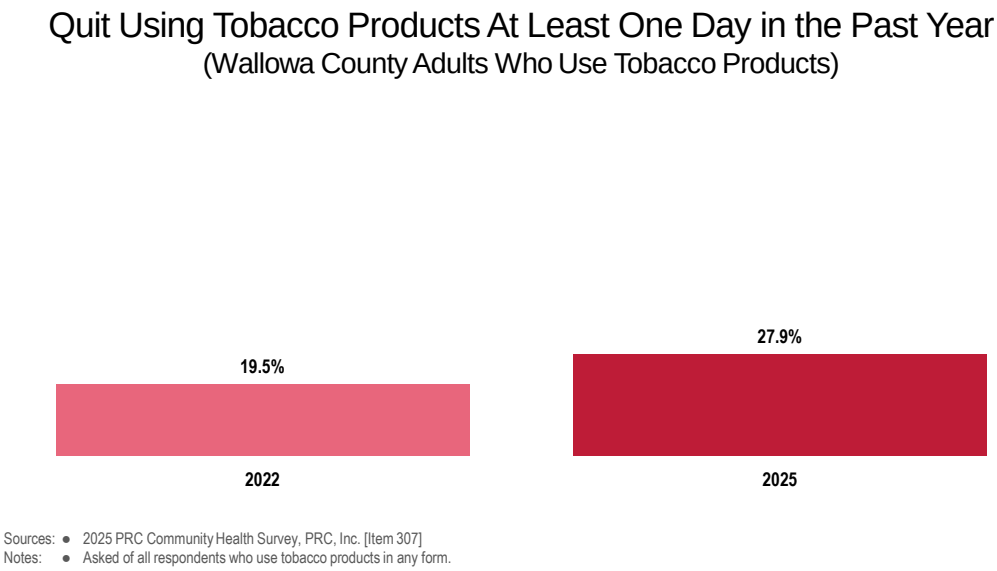
Use Smokeless Tobacco or "Chew"
(Wallowa County)

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 306]

Notes:
- Asked of all respondents.

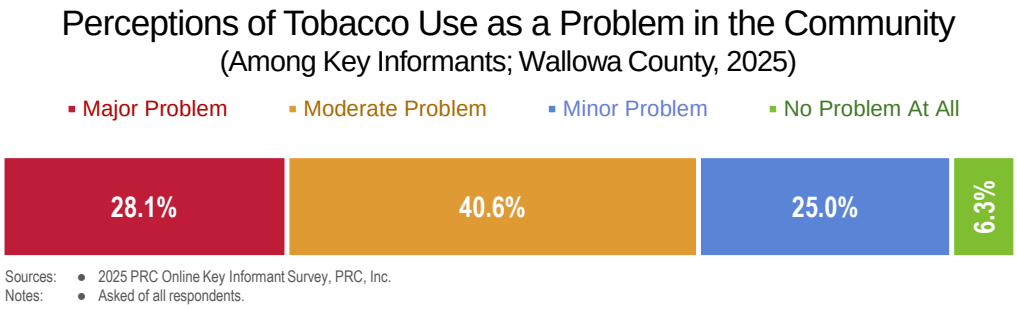
Tobacco Cessation

PRC SURVEY ► "During the past 12 months, have you stopped using cigarettes, smokeless tobacco, or vaping products for one day or longer because you were trying to quit?"



Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

E-Cigarettes

> With the rise of the vaping industry, it is significantly easier to use more frequently and keep it hidden. Fruity flavors and catchy imagery appeal to a younger generation. – Social Services Provider
>
> Teenagers are vaping in very high numbers. – Community Leader
>
> Many, many, many teens are vaping. – Physician
>
> From vaping to the chew packets – to cigarettes – to anything with nicotine in it.... you see people of all ages using – "needing it" and not seeing it as an issue. Addiction to products at such a young age with vaping – the fruit and smelly types that they deem non-harmful. – Community Leader

Co-Occurrences

> Tobacco use is linked to many health problems including secondary exposure. Smoking has increased in school age kids across the county. Many adults are smoking, and pregnant mothers are included in that statistic. We are seeing an increase in smoking rather than a decrease in the lower income populations which raises kids thinking this is okay and subjecting them to second hand exposure as well. – Community Leader

Easy Access

> It is readily available. – Community Leader

Chewing Tobacco

> Not as much smoking as oral tobacco use. – Community Leader

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

Sexually Transmitted Infections (STIs)

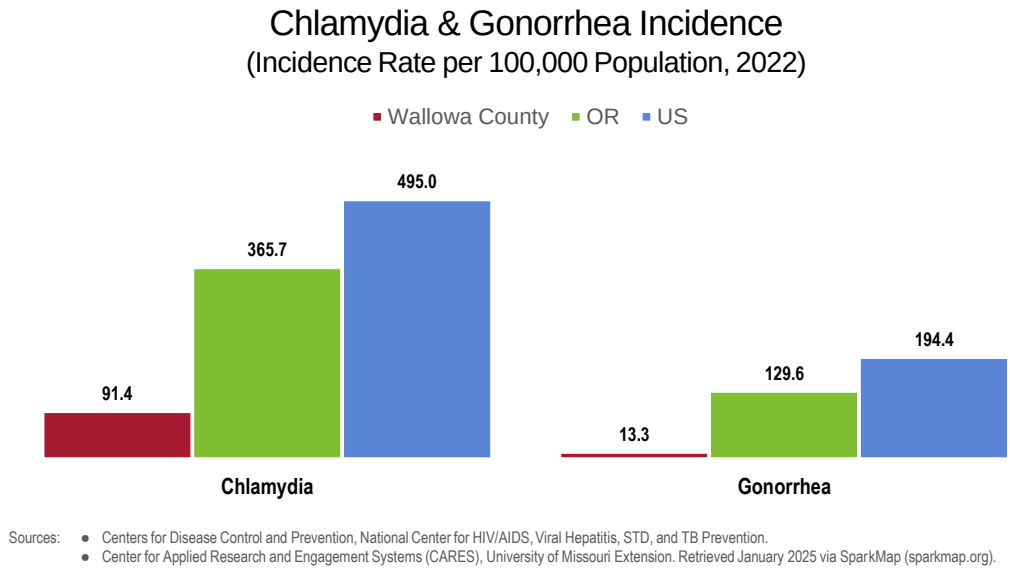
Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

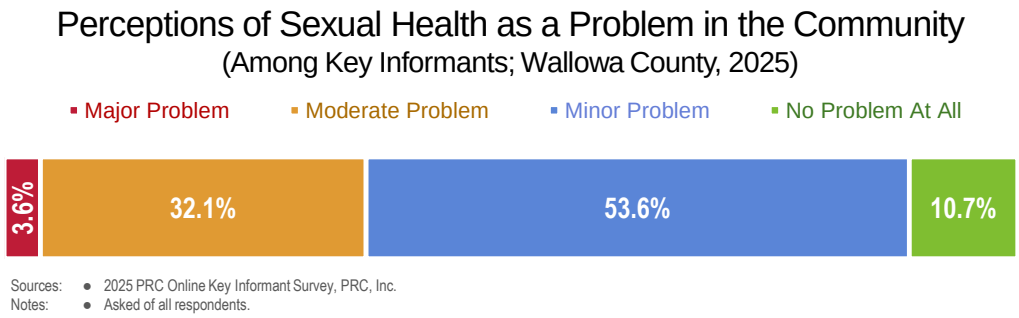
Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs.



Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Cultural/Personal Beliefs

> Conservative religious denials of sexual activity suppress open communication about the facts of sexually transmitted diseases. – Community Leader

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ► "Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?"

PRC SURVEY ► "Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?"

PRC SURVEY ► "Does this child currently have health insurance coverage, such as through Medicaid or private insurance?"

PRC SURVEY ► "If you were eligible for the Oregon Health Plan or a subsidized Qualified Health Plan, how likely would you be to apply to be enrolled?"

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

Wallowa County

5.1% of parents indicate that their child is currently uninsured.

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 117, 322]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

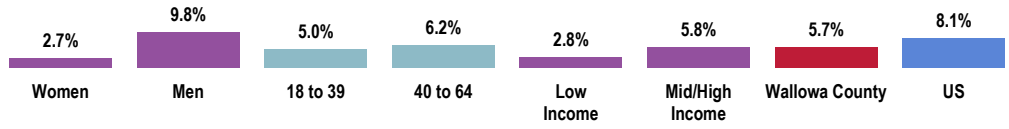
Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Wallowa County, 2025)

Healthy People 2030 = 7.6% or Lower

59.3% said they would be "very" or "somewhat likely" to apply for enrollment in the Oregon Health Plan or a subsidized qualified health plan if they were eligible.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 117, 314]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC SURVEY ► "Was there a time in the past 12 months when you needed medical care but had difficulty finding a doctor?"

PRC SURVEY ► "Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?"

PRC SURVEY ► "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

PRC SURVEY ► "Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

PRC SURVEY ► "Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?"

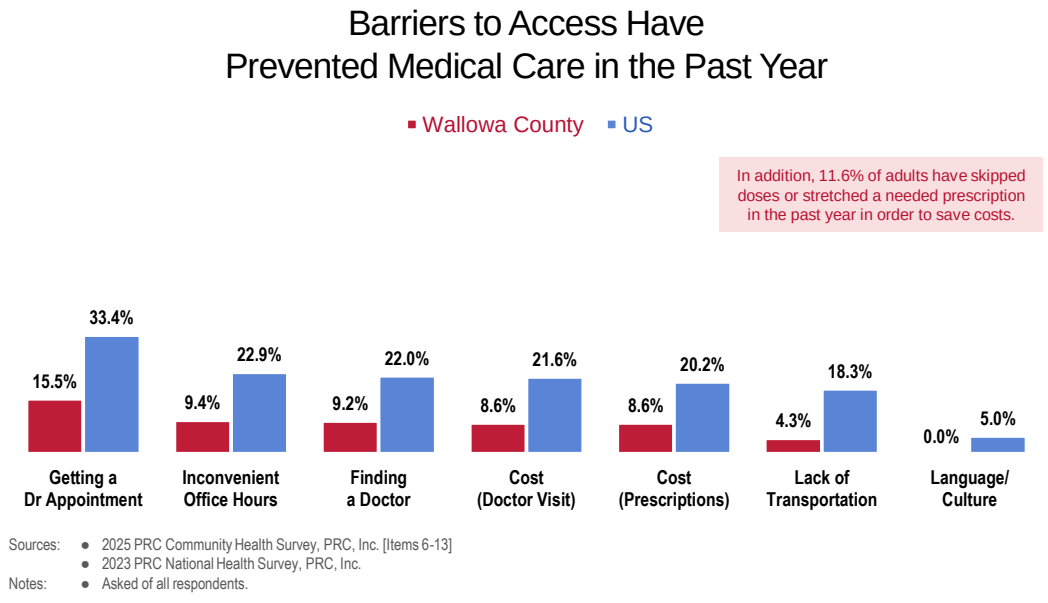
PRC SURVEY ► "Was there a time in the past 12 months when you needed a prescription medicine but did not get it because you could not afford it?"

PRC SURVEY ► "Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?"

Also:

PRC SURVEY ► "Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

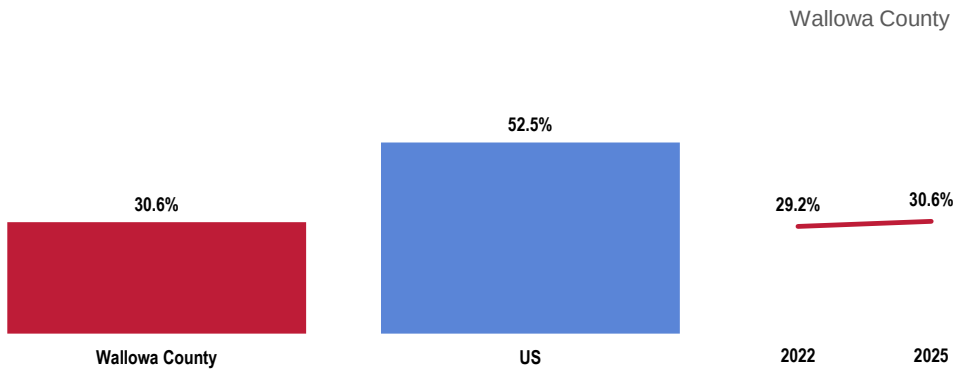


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

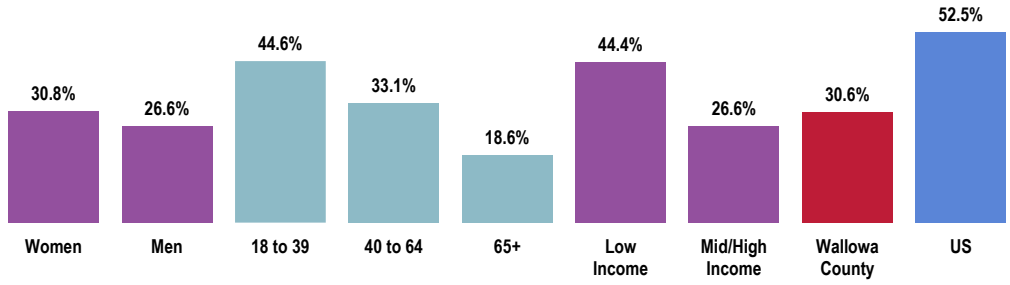
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Wallowa County, 2025)



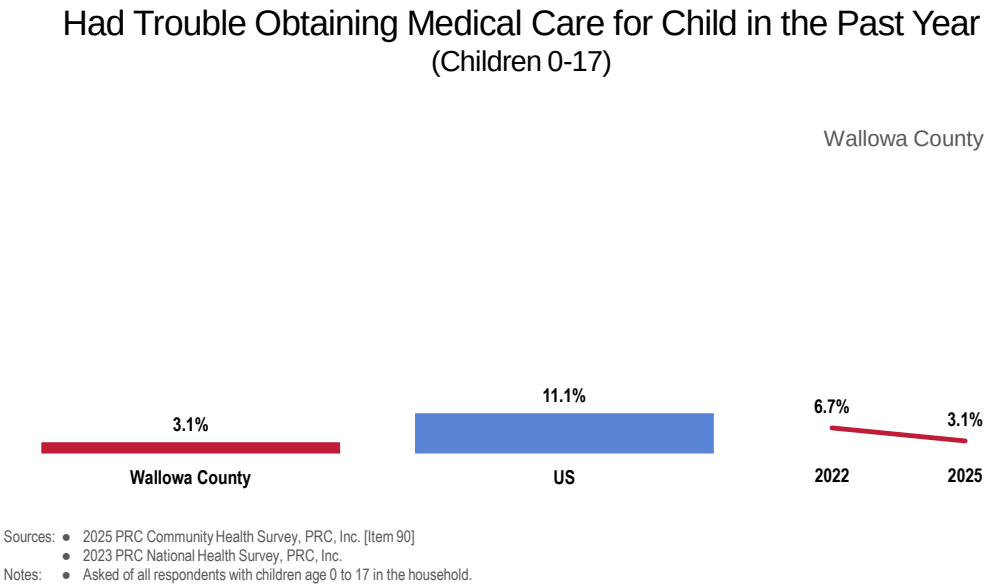
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

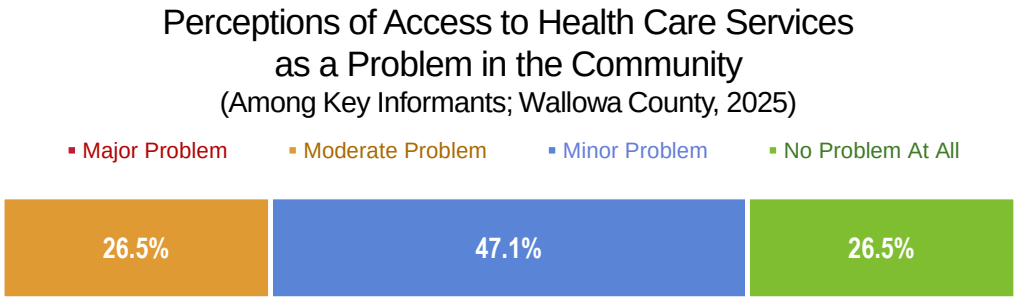
PRC SURVEY ► "Was there a time in the past 12 months when you needed medical care for this child but could not get it?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

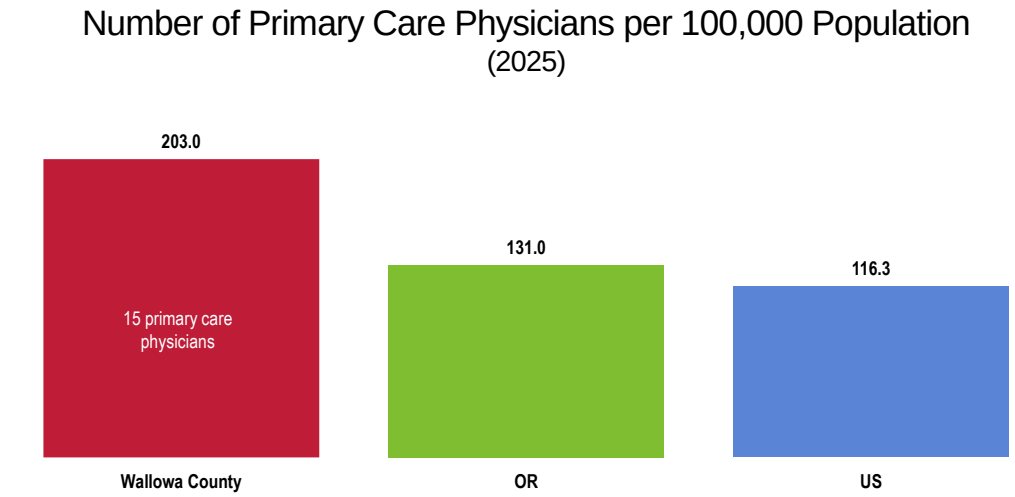
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

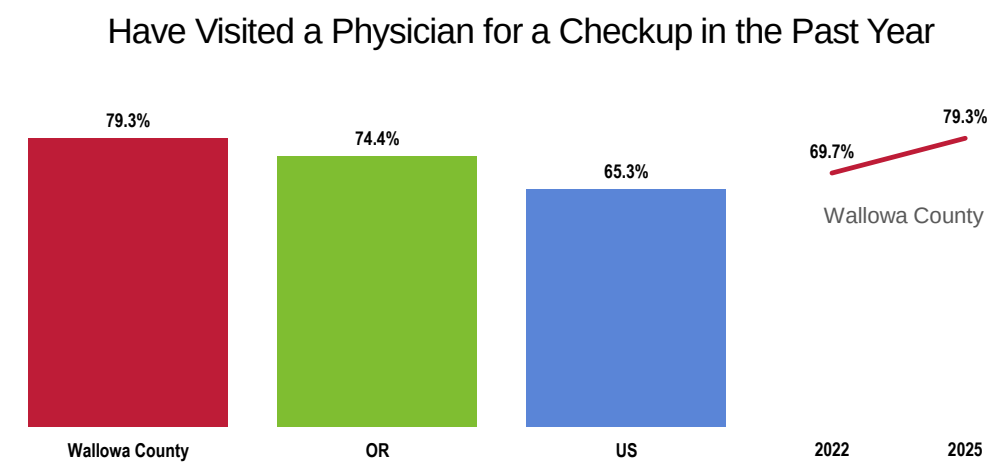


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Utilization of Primary Care Services

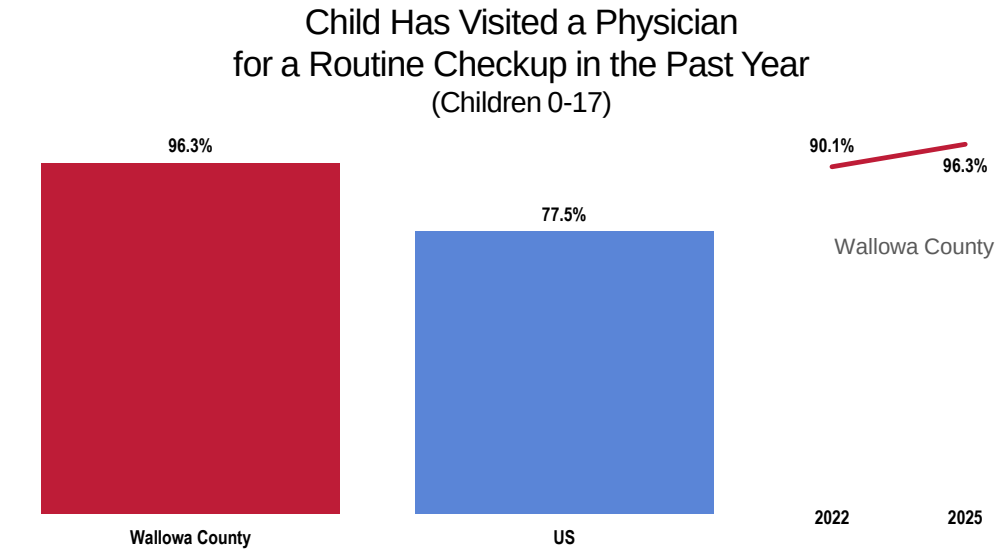
PRC SURVEY ► "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

PRC SURVEY ► "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Oral Health

ABOUT ORAL HEALTH

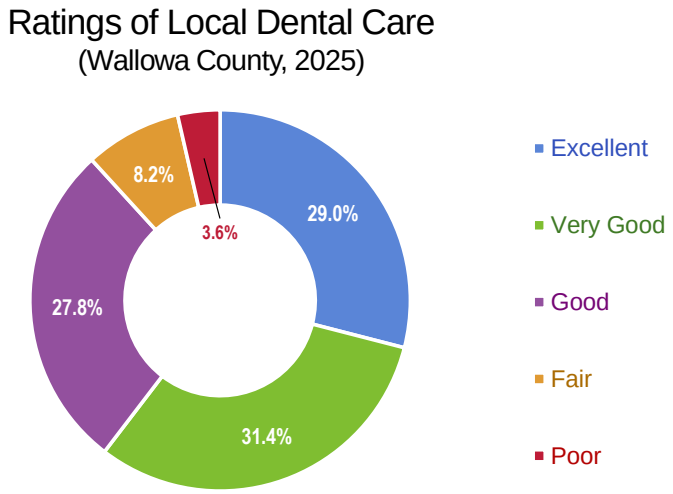
Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

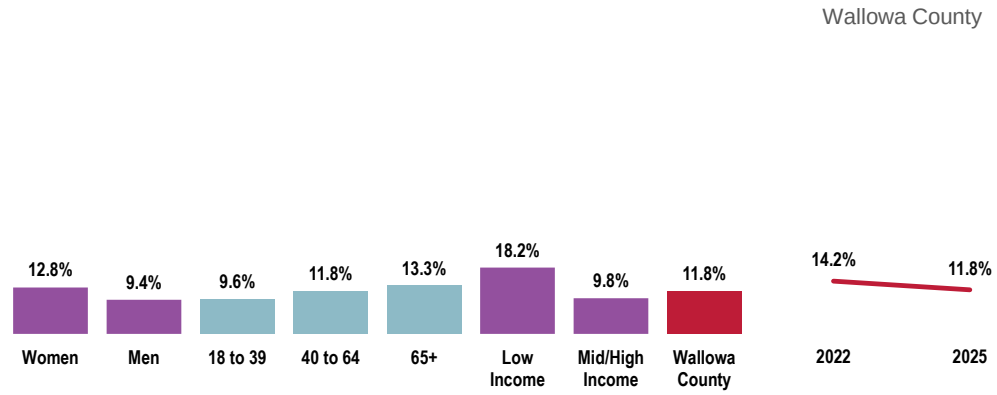
Ratings of Local Dental Care

PRC SURVEY ► "How would you rate the overall dental care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.

Local Dental Services Are “Fair/Poor”



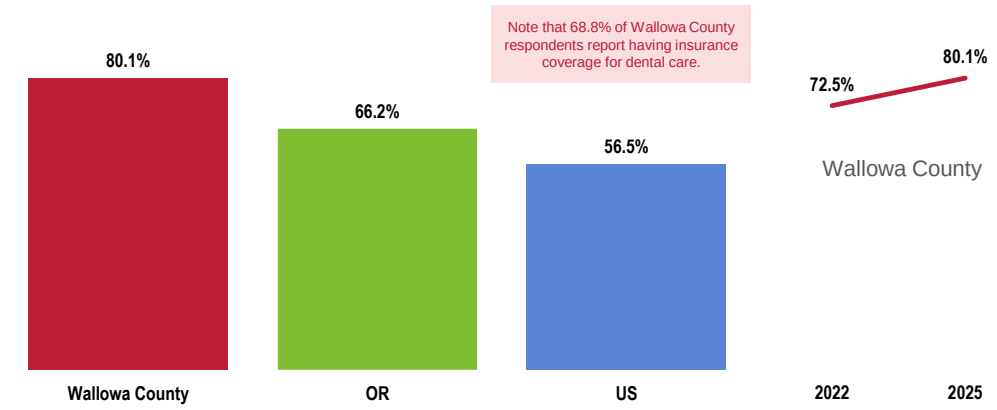
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.

Dental Care

PRC SURVEY ► “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 17-18]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Oregon data.
● 2023 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● Asked of all respondents.

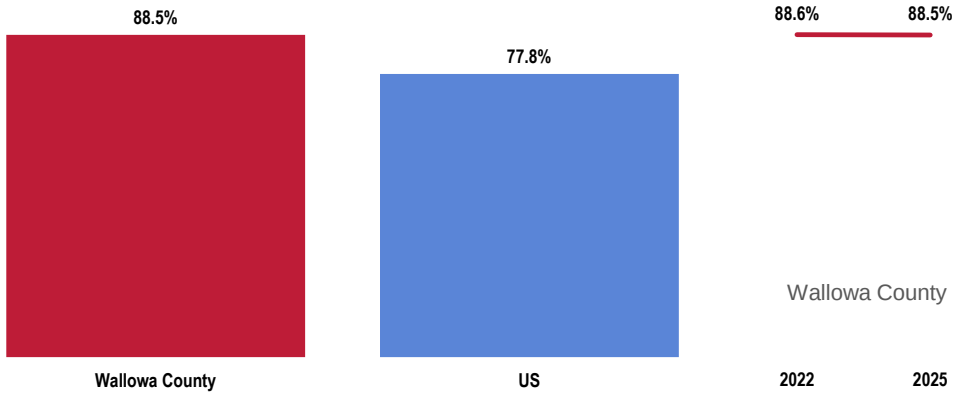
PRC SURVEY ► [Children Age 2-17] **"About how long has it been since this child visited a dentist or dental clinic?"**

PRC SURVEY ► [Parents] **"Now thinking about all children living in this household, was there a time in the past 12 months when you needed dental care for a child in this household but could not get it?"**

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Children 2-17)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Unable to Obtain Child's Dental Care At Some Point in the Past Year

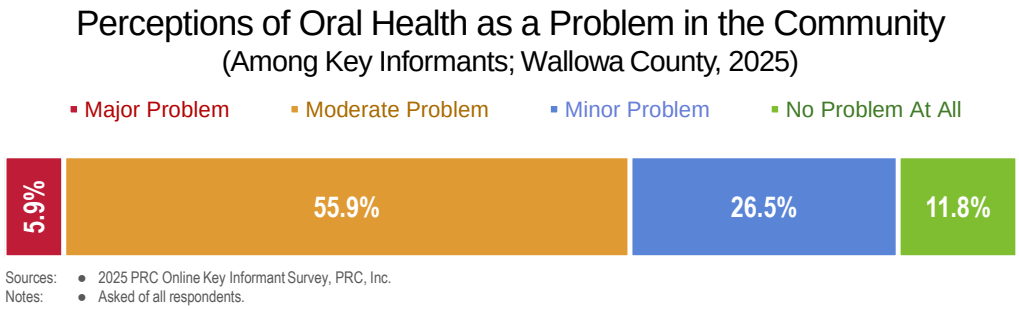
(Wallowa County Parents of Children Age 2-17)

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 323]

Notes:
- Asked of all respondents with children age 2-17 at home.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> Affordability. Even with insurance coverage, costs are too high. Oral surgery options are not available in the county. – Community Leader
>
> The cost of dental care, even with insurance, it is too high. – Social Services Provider

Access to Care/Services

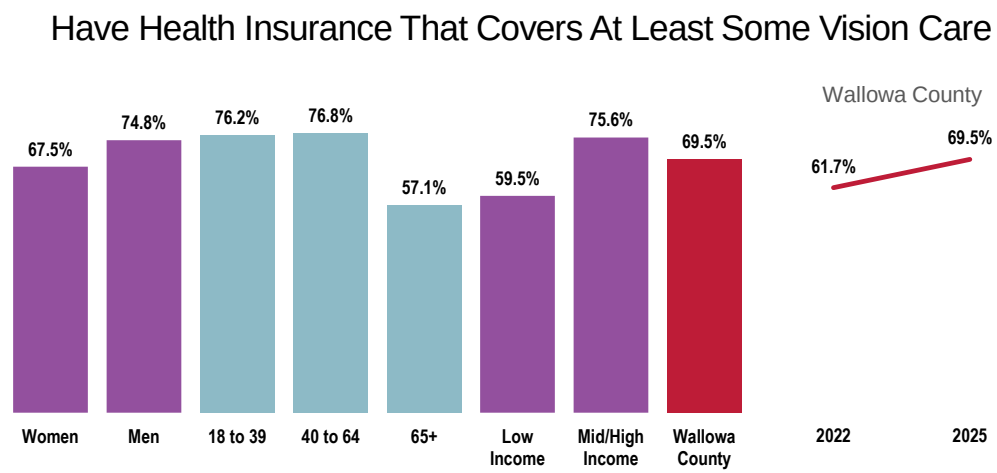
> Access to an orthodontist without traveling. – Community Leader

Awareness/Education

> Dental health education. Many K-12 students do not go to the dentist and end up with major dental needs that are not met until damage has been done. – Community Leader

Vision Care

"Do you currently have any health insurance coverage that pays for at least part of your vision care?"

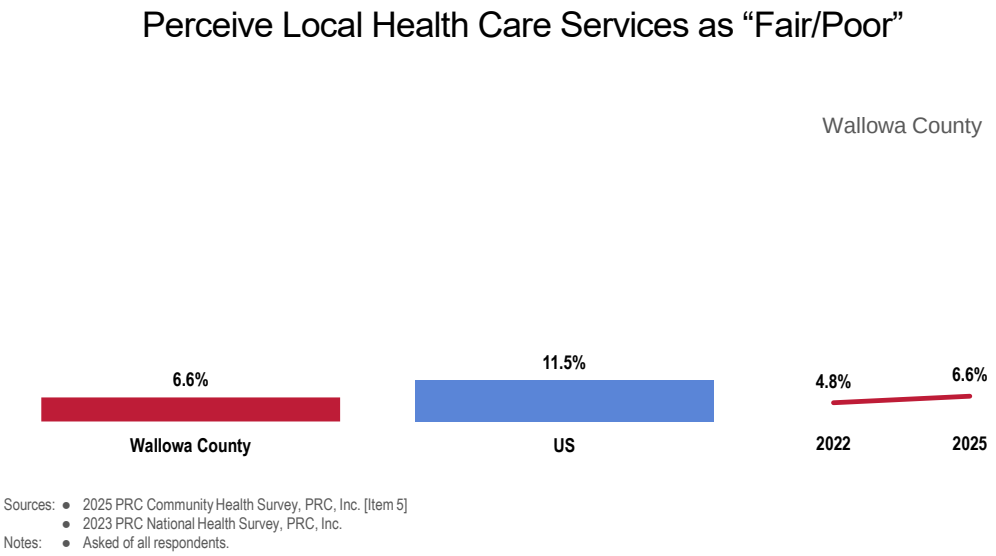


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

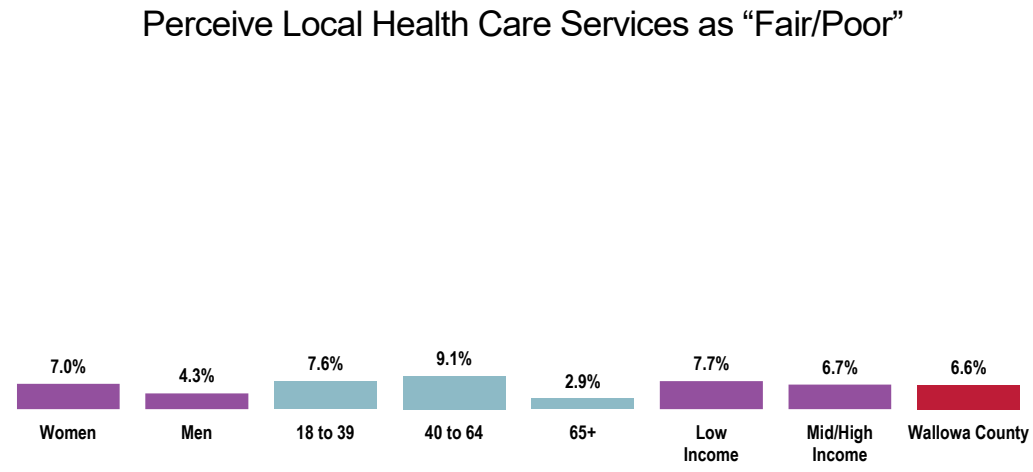
LOCAL RESOURCES

Perceptions of Local Health Care Services

PRC SURVEY ► "How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

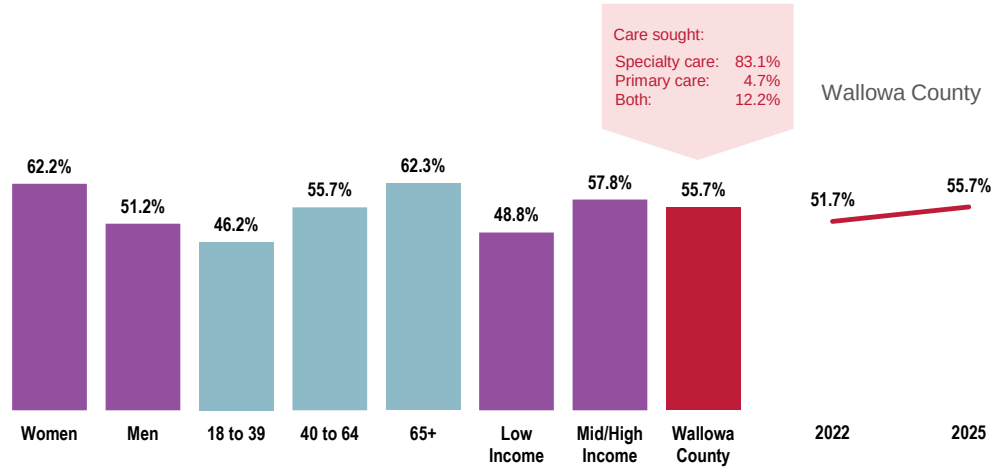
Outmigration for Care

PRC SURVEY ► "During the past 12 months, did you or any member of your household seek medical care outside of the county where you live?"

PRC SURVEY ► [Those leaving for care] **"Was that for primary/routine care, specialty care, or both?"**

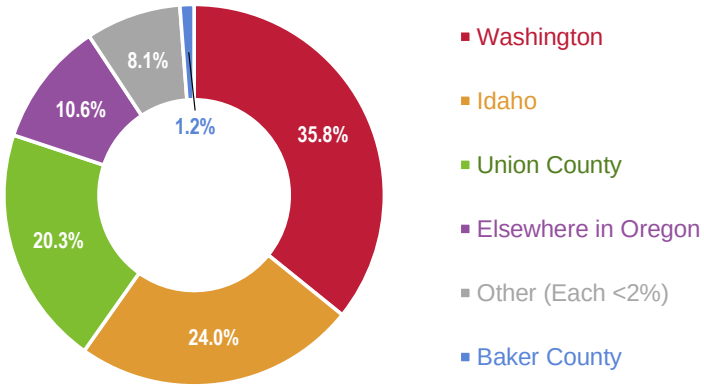
PRC SURVEY ► [Those leaving for care] **"When leaving your county for care, where do you most often go?"**

Outmigration for Medical Care in the Past Year



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 301-302]
Notes: ● Asked of all respondents.

Location for Recent Medical Care
(Wallowa County Respondents Who Traveled for Care)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of those respondents who traveled for medical care in the past year.

Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Cancer

- Community Connections
- Doctors' Offices
- Grande Ronde Regional Hospital
- Hearts for Health
- Hospitals
- Providence Walla Walla
- Support Groups
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Winding Waters Medical Clinic

Diabetes

- Building Healthy Families
- Counselors
- Doctors' Offices
- Farmers' Markets
- Hearts for Health
- Hospitals
- Support Groups
- Veterans Affairs
- Wallowa Memorial Hospital and Clinic
- Winding Waters Medical Clinic

Disabling Conditions

- Balance Class
- Baseball Fieldhouse
- Community Connections
- DHS
- Doctors' Offices
- Gyms/Fitness Centers
- Hearts for Health
- Hospitals
- Private Groups in the County
- School System
- Senior Centers
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Wallowa Valley Senior Living
- Winding Waters Medical Clinic

Heart Disease & Stroke

- Building Healthy Families
- Community Connections
- Gobhi
- Life Flight
- Wallowa Memorial Hospital and Clinic
- Wallowa Mountain Memorial
- Wallowa Valley Center for Wellness
- Wallowa Valley Senior Living
- Winding Waters Medical Clinic

Injury & Violence

- Building Healthy Families
- Safe Harbor
- Veterans Affairs
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Winding Waters Medical Clinic

Mental Health

- ACT Program
- Building Healthy Families
- Community Connections
- Counselors
- Doctors' Offices
- Hearts for Health
- Help Numbers/Lines
- Hospitals
- Question, Persuade, Refer Training
- Safe Harbor
- School System
- Social Workers
- TalkSpace
- Wallowa County Prevention
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Winding Waters Medical Clinic
- Work Coalitions

Nutrition, Physical Activity & Weight

- Building Healthy Families
- Community Connections
- Doctors' Offices
- Farmers' Markets
- Food Stamps
- Fresh Alliance
- Gyms/Fitness Centers
- Harvest Share
- Veggie Rx
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Senior Living
- Winding Waters Medical Clinic

Oral Health

- Winding Waters Medical Clinic

Sexual Health

- Wallowa Memorial Hospital and Clinic
- Winding Waters Medical Clinic

Social Determinants of Health

- Battery Intervention Program
- Building Healthy Families
- Case Workers/ACT Team
- City/County Planning Departments
- Community Connections
- Community Meals
- Daycare
- Employment Offices
- Food Pantries/Banks
- Hearts for Health
- Laundry Love
- NEOEDD - EEIP Grant Program
- Network of Care
- Oregon Department of Human Services
- Safe Harbor
- Safeway
- School System
- Senior Centers
- Soroptimist Thrift Shop
- Subsidized Housing
- Supplemental Nutrition Assistance Program
- Wallowa ESD
- Wallowa Resources Housing Program
- Wallowa Valley Center for Wellness
- Welfare
- Winding Waters Medical Clinic
- Women, Infants, and Children

Substance Use

- AA/NA
- Building Healthy Families
- Doctors' Offices
- Hearts for Health
- Help Numbers/Lines
- Hospitals
- Law Enforcement
- Support Groups
- Treatment Court
- Wallowa County Prevention
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Winding Waters Medical Clinic

Tobacco Use

- Building Healthy Families
- Counselors
- Doctors' Offices
- Educational Speakers
- Hearts for Health
- School System
- Support Groups
- Wallowa County Prevention
- Wallowa ESD
- Wallowa Memorial Hospital and Clinic
- Wallowa Valley Center for Wellness
- Winding Waters Medical Clinic

APPENDICES

EVALUATION OF PAST ACTIVITIES: WALLOWA MEMORIAL HOSPITAL

Community Benefit

Over the past three years, Wallowa Memorial Hospital has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $3,500,000 in community benefit, excluding uncompensated Medicare.
- More than $300,000 in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Wallowa Memorial Hospital conducted its last CHNA in 2019 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Wallowa Memorial Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care
- Injury/Trauma
- SDOH
- Respiratory Disease

Strategies for addressing these needs were outlined in Wallowa Memorial Hospital's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Wallowa Memorial Hospital to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access To Health Care	
Community Health Need	Access to care when and where it is needed
Goal(s)	• Reduce Outmigration of Care
Strategy #1: Add Specialty Care Service Lines	
Strategy Was Implemented?	Yes
Target Population(s)	Community members of Wallowa County
Partnering Organization(s)	Wallowa Memorial Hospital, Winding Waters Clinic, Wallowa Valley Center for Wellness, Community Connections
Results/Impact	• Orthopedics added • Podiatry added • Increased number of visiting specialist
Strategy #2: Invest in Technology	
Strategy Was Implemented?	Yes
Target Population(s)	Any community member referred by primary care provider for any identified cardiac diagnosis or risk
Partnering Organization(s)	Wallowa Memorial Hospital, Physical Therapy, Winding Waters Clinic, Olive Branch Clinic
Results/Impact	• MRI purchased to serve a wider variety of patients • Sterile processing expansion to be able to offer more surgical services

Priority Area: Injury / Trauma	
Community Health Need	Reduction in trauma injuries
Goal(s)	• Decrease trauma injuries and death due to falls
Strategy # 1: Public Education	
Strategy Was Implemented?	Yes
Target Population(s)	Community members identified through fall risk assessment
Partnering Organization(s)	Winding Waters, Wallowa Valley Center for Wellness, Wallowa Memorial Hospital, Wallowa Memorial EMS
Results/Impact	• Balance Class • Outdoor Fitness Equipment for older adults • First Aid and Fall Prevention Courses Free to Public •
Strategy # 2: Data Collection	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Winding Waters, Wallowa Memorial Hospital and Clinics
Results/Impact	• Ground level fall trauma activation • EMS Lift Assists
Strategy # 3: Balance and Fall Prevention Program Implementation	
Strategy Was Implemented?	Yes
Target Population(s)	Community members over 65 or at a high fall risk
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Winding Waters Clinic, Wallowa Valley Center for Wellness
Results/Impact	• Reduction in ground level falls in the community • Reduction in modified trauma activations • Increase in the number of referrals to balance class and PT

Priority Area: Social Drivers of Health	
Community Health Need	Addressing key needs as identified through screening
Goal(s)	• Increase community resources • Housing
Strategy # 1: Data Collection	
Strategy Was Implemented?	Yes
Target Population(s)	All Wallowa County community members
Partnering Organization(s)	Wallowa Memorial Hospital Medical Clinics, Winding Waters Medical Clinic
Results/Impact	• SDOH questionnaire administered in both hospital and clinics • CHW attending hospital rounds
Strategy # 2: Connect those in need to available resources	
Strategy Was Implemented?	Yes
Target Population(s)	All community members
Partnering Organization(s)	Wallowa Memorial Hospital, Winding Waters Clinic, Wallowa Valley Center for Wellness, Building Healthy Families
Results/Impact	• CHW • Network of Care Meetings • Implementation of the Unite Us platform

Priority Area: Tobacco Use	
Community Health Need	Decrease incidence of tobacco use
Goal(s)	• Decrease cigarette smoking incidence • Decrease use of smokeless tobacco • Wallowa Memorial Hospital will be a tobacco free campus
Strategy # 1: Have a designated tobacco cessation specialist	
Strategy Was Implemented?	Yes
Target Population(s)	All Community members using tobacco products
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Winding Waters Clinic
Results/Impact	• Wallowa Memorial Hospital Respiratory Therapist attended training to become Tobacco Cessation Specialist • Community Tobacco Cessation Class offered • Individual Tobacco Cessation coaching offered through Cardiopulmonary Department • Increased referrals from primary care for tobacco cessation coaching for both in-patient and outpatient
Strategy # 2: Wallowa Memorial Hospital a tobacco free campus	
Strategy Was Implemented?	Yes
Target Population(s)	All visitors and staff of Wallowa County Health Care District campus
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Winding Waters Clinic, Wallowa Valley Center for Wellness, Wallowa Valley Senior Living
Results/Impact	• Policy in place for tobacco free campus • Staff and public educated on tobacco free campus • Promotion of tobacco cessation assistance • Additional options available for in-patients who use tobacco products

Priority Area: Flu/ Pneumonia	
Community Health Need	Increase immunizations and reduce deaths
Goal(s)	• Increase the county wide flu vaccination rate • Increase the rate of childhood immunizations
Strategy #: Conduct County Wide Flu Vaccine clinics	
Strategy Was Implemented?	Yes
Target Population(s)	All County residents and visitors
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Winding Waters Clinic
Results/Impact	• Vaccine clinics held within the county, including outlying areas • PSA and newspaper articles done around the importance of vaccines.
Strategy #: Antimicrobial Stewardship Program	
Strategy Was Implemented?	Yes
Target Population(s)	All county residents
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Winding Waters Clinic
Results/Impact	• Pneumonia prescribing practices completed • Provider education complete • Prescribing practices tracked and trended. Results reported at hospital and clinic quality meetings.

Priority Area: Respiratory Disease	
Community Health Need	Distribution of Air Purifiers
Goal(s)	• Increase the number of air purifiers in the community • Reduce the number of people who suffer from respiratory distress during wildfire season
Strategy #: 1 Work with Wallowa County Air to Distribute Air Purifiers	
Strategy Was Implemented?	Yes
Target Population(s)	All Qualifying County residents
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, NEON, Wallowa County Air, Oregon Health Authority
Results/Impact	• Additional Air Purifiers were purchase for distribution in the community • Donated Air Purifiers distributed to Schools and community centers
Strategy #: 2 PSA Campaign	
Strategy Was Implemented?	Yes
Target Population(s)	All county residents
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Wallowa County, Wallowa County Air
Results/Impact	• Marketing Campaigns conducted to educate residents on how to sign up for OR Alerts for air quality
Strategy #: 3 Increase Clear Air Space in the Community	
Strategy Was Implemented?	Yes
Target Population(s)	All county residents
Partnering Organization(s)	Wallowa Memorial Hospital and Medical Clinics, Oregon Health Authority, Winding Waters Clinic, Wallowa Valley Center or Wellness
Results/Impact	• Generators purchased for hospital clinics for use as clean air spaces • All sites and hours published on State 211 site • Winding Waters Clinics and Wallow Valley Center for Wellness also opened as clear air spaces

EVALUATION OF PAST ACTIVITIES: WWMC, WVCW & BHF

Over the past three years, Winding Waters Medical Clinic, Wallowa Valley Center for Wellness, and Building Healthy Families have invested in improving the health of our community's most vulnerable populations.

The above mentioned organizations reviewed the health priorities identified through the 2022 CHNA assessment. Taking into account the top-identified needs — as well as health center resources and overall alignment with the clinic's mission, goals and strategic priorities — it was determined at that time that Winding Waters would focus on developing and/or supporting strategies and initiatives to improve:

- Tobacco Use
- Substance and Tobacco Abuse
- Social Determinants of Health
- Heart Disease & Stroke
- Nutrition, Physical Activity, and Weight
- Access to Behavioral Health Services
- Mental Health/ Suicide
- Substance Use Disorder Treatment
- Crisis Services
- Improving Social Determinants of Health
- Access to Health Care

Strategies for addressing these needs were outlined by Winding Waters Medical Clinic, Wallowa Valley Center for Wellness and Building Health Families Implementation Strategies.

Evaluation of Impact: Winding Waters Medical Clinic

Priority Area: Tobacco Use	
Community Health Need	In the 2022 Community Health Needs Assessment for Wallowa County, Key Informants ranked Tobacco Use as a top concern.
Goal(s)	• Evaluate current impact of tobacco in Wallowa County • Increase awareness of risks associated with tobacco use (in any form) • Expand resources to help individuals stop tobacco use, with a focus on decreasing tobacco use in area high schools
Strategy 1: Complete Wallowa County Tobacco Impact Report	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County
Partnering Organization(s)	Internal: Winding Waters Medical Clinic Public Health Team External: Wallowa Valley Network of Care
Results/Impact	• Tobacco Impact Report 2024 was completed January 2024. • Results were presented at Network of Care meeting February 6th, 2024. • Survey of area high school students completed March 2024 • Survey results presented at FCCLA (regional) March 2024 and (state) June 2024
Strategy 2: Provide education regarding risks of tobacco use	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents Community Based Organizations serving Wallowa County residents
Partnering Organization(s)	Internal: Winding Waters Medical Clinic Public Health Team External: Enterprise High School
Results/Impact	• Presentations at Network of Care February 6th, April 2nd and July 2nd, 2024 • Presentation May 2024 for Wallowa County Rotary • Journal Club presentation for local providers February 19th, 2024 • Presentation in Enterprise Sophomore Health Class April 2024
Strategy 3: Provide resources to promote tobacco cessation	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County Residents who use tobacco (any modality of ingestion) and/or vape products
Partnering Organization(s)	Internal: Winding Waters MH/SUD Counselors Internal: Winding Waters Community Health Workers External: Enterprise High School
Results/Impact	• Tobacco Cessation Group Visits. 5 participants. 6-session series. • Enterprise HS FCCLA Project – 5 Vape Disposal Units dispersed through the high schools of Wallowa County and at the Teen Drop-In Center

Priority Area: Substance Abuse	
Community Health Need	In the 2022 Community Health Needs Assessment for Wallowa County, Key Informants ranked Substance Abuse as a top concern.
Goal(s)	• Ensure Medication Assisted Therapy is available for Wallowa County residents with Substance Use Disorder (SUD) • Increase support available for Wallowa County residents with Mental Health (MH) or Substance Use Disorder (SUD) conditions
Strategy 1: Expand access to Medication Assisted Therapy for SUD	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with SUD
Partnering Organization(s)	Internal: Winding Waters MH/SUD Counselors Internal: Winding Waters Community Health Workers Internal: Winding Waters Primary Care Clinicians Internal: Winding Waters Clinical Pharmacist
Results/Impact	• SUD pamphlet highlighting available Winding Waters services September 2023 • Protocol for alcohol home detox March 2022 • # MAT prescribers = 9. MAT prescribing services available 7 am – 6 pm M-F and 9 am – 1 pm on Saturday.
Strategy 2: Expand support for individuals with SUD	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with SUD
Partnering Organization(s)	Internal: Winding Waters MH/SUD counselors Internal: Winding Waters nurses External: ORPRN (Oregon Rural Practice Based Research Network) External: Wallowa Valley Center for Wellness
Results/Impact	• CADC counselors = 2. CADC counseling services available 8 am to 5 pm M/T/W and 7 am to 6 pm Th/F • Co-Care study: RN Case Management support available 40 hours per week for Winding Waters patients who use at least two different substances (includes alcohol, tobacco and cannabis) and have a new or decompensated SUD and are randomized to intervention • Increase in care coordination with specialty mental health services and outpatient addiction treatment programs (Winding Waters staff participate in Treatment Team and WRAP meetings at WVCW)
Strategy 3: AIMS model implementation	
Strategy Was Implemented?	Partially
Target Population(s)	Winding Waters Medical Clinic patients with MH or SUD
Partnering Organization(s)	Internal: Winding Waters MH/SUD team External: Wallowa Valley Center for Wellness
Results/Impact	• 30 patients served to date • Pause in the program with transition of staffing

Priority Area: Social Determinants of Health	
Community Health Need	An area of opportunity was identified in housing in the 2022 Community Health Needs Assessment.
Goal(s)	• Improve access to stable housing for vulnerable populations of Wallowa County • Address health related social needs, including housing, for EOCCO members in Northeast Oregon •
Strategy 1: Reduce housing instability for medically vulnerable EOCCO members at risk for losing their housing	
Strategy Was Implemented?	Yes
Target Population(s)	EOCCO members in Wallowa or Union counties with housing insecurity
Partnering Organization(s)	Internal: Winding Waters Community Health Workers External: Eastern Oregon Coordinated Care Organization External: Oregon Health Authority
Results/Impact	• Program kick-off in November of 2024 • 5 served to date
Strategy 2: Address legal barriers to stable housing	
Strategy Was Implemented?	Yes
Target Population(s)	Winding Waters Medical Clinic patients with housing insecurity
Partnering Organization(s)	Internal: Winding Waters Community Health Workers External: Richard Hobbs, JD
Results/Impact	• Program initiated June 2024 • 40 served to date
Strategy 3: Improve safety for Wallowa County residents with disabilities	
Strategy Was Implemented?	Partially
Target Population(s)	Wallowa County residents with disabilities
Partnering Organization(s)	Internal: Winding Waters Community Health Workers External: Wallowa County DHHS - Aging and People with Disabilities External: Local contractors
Results/Impact	• Conversations about partnership agreements ongoing

Priority Area: Heart Disease and Stroke	
Community Health Need	Heart disease and stroke are a leading cause of death in Wallowa County, and the 2022 Community Health Needs Assessment identified a high prevalence of Hypertension (high blood pressure) in survey respondents.
Goal(s)	• Empower Wallowa County residents diagnosed with high blood pressure and/or heart disease to self-manage these conditions • Improved blood pressure control for Wallowa County residents • Increase access to specialty services for Wallowa County residents with heart disease • Increase access to specialty services for Wallowa County residents who are at risk for stroke
Strategy 1: Access to care	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with heart disease
Partnering Organization(s)	Internal: Winding Waters Medical Clinic External: Pulse Heart Institute
Results/Impact	• Interventional Cardiologist available to see patients in Wallowa County 1 day per month • Electrophysiology Cardiologist available to see patients in Wallowa Count 1 day per month
Strategy 2: Patient self-management	
Strategy Was Implemented?	Yes
Target Population(s)	Winding Waters Medical Clinic patients with cardiac risk or condition
Partnering Organization(s)	Internal: Winding Waters nurses External: Wallowa Memorial Hospital External: Eastern Oregon Coordinated Care Organization
Results/Impact	• Home monitoring devices available for patients (blood pressure cuffs, scales, pulse oximeters) • Nurse Care Managers providing education and support for effective utilization of these devices
Strategy 3: Blood pressure control	
Strategy Was Implemented?	Yes
Target Population(s)	Winding Waters Medical Clinic patients with hypertension
Partnering Organization(s)	Internal: Winding Waters Quality Improvement Team
Results/Impact	• Implemented protocol for accurate blood pressure measurement in clinic utilizing sequential BP cuff • Implemented protocol for initiating treatment and follow up plan for patients with elevated BP • Between January 1, 2023 and June 20, 2023, patients with uncontrolled blood pressure (systolic BP >140) decreased from 408 to 224 (6 points on the trend line, all downtrending)

Priority Area: Nutrition, Physical Activity and Weight	
Community Health Need	An area of opportunity was identified in nutrition in the 2022 Community Health Needs Assessment. Key Informants ranked nutrition, weight and physical activity as a top concern. Survey respondents reported difficulty accessing fresh fruits and vegetables. Wallowa County has a high prevalence of overweight in adult residents.
Goal(s)	• Increase access to food for Wallowa County residents • Increase access to fresh produce for Wallowa County residents • Enhance collaboration with community partners to increase access to food resources in Wallowa County
Strategy 1: Harvest Share – consistent availability of food, including refrigerated food, across all Wallowa County communities	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with food insecurity
Partnering Organization(s)	Internal: Winding Waters Community Health Workers Internal: Winding Waters Public Health team External: Community Connections of Northeast Oregon External: Building Healthy Families External: Wallowa ESD
Results/Impact	• Fresh food (including refrigerated food) available in public locations in Enterprise, Joseph and Wallowa. The team collectively brought over 26,000 pounds into Wallowa County since program started in 2024 (about 500 pounds per week). • Food available at Building Healthy Families and in the Teen Drop-In Center in Enterprise
Strategy 2: Food Boxes	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with food insecurity
Partnering Organization(s)	Internal: Winding Waters Community Health Workers Internal: Winding Waters Public Health team External: Community Connections of Northeast Oregon External: Oregon Health Authority
Results/Impact	• Community Health Workers able to partner with Community Connections to put together food boxes to address urgent needs • Food boxes from state available and housed in clinics and communities
Strategy 3: Wallowa County Food Resource Guide	
Strategy Was Implemented?	Yes
Target Population(s)	Wallowa County residents with food insecurity
Partnering Organization(s)	Internal: Winding Waters Public Health team External: Building Healthy Families External: Network of Care
Results/Impact	• Food task force convened to discuss local available resources • Food resource guide published by Building Healthy Families and circulated in the Community • Results/pamphlet presented at Network of Care

Evaluation of Impact:
Wallowa Valley Center for Wellness

Strategy 1: Access to Substance Use Disorder Treatment	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Wallowa Valley Center for Wellness
Results/Impact	• WVCW has increased access to Substance Use Services with the addition of a multidisciplinary team of individuals who work to ensure quick response to individual and community needs. This team is comprised of administrative, clinical, and peer staff who maintain open communication and meet weekly to plan efforts to engage individuals and link individuals to care as soon as possible. This teams work to Identify barriers to full participation to services and develop strategies to overcome those barriers. • Peer Support staff work as peer mentors and are engaged to link individuals with self-help and/or support groups that exist in the community. They help coach individuals in the independent use of community supports, and assist clinical staff in interventions with individuals who may be otherwise difficult to engage. Peers also provide linkage to and coordination among allied service providers, and other resources to improve quality of life for people who are seeking care.
Strategy 2: Enhance Substance Use Disorder Treatment Services	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Wallowa Valley Center for Wellness
Results/Impact	• WVCW has enhanced SUD treatment services by focusing on the development of a recovery-oriented system of care. This system coordinates Substance Use Services, mental health treatment, psychiatric, and peer support services with a network of community-based services and supports. Interventions provided are person centered and focused on building on the strengths of the individuals and families seeking care. • WVCW has also increased its scope of substance use services to include dual diagnosis treatment in both outpatient and intensive outpatient milieus. This network of services and supports help to address the full spectrum of substance use problems, from harmful use to chronic conditions. • WVCW has included multiple transitional housing units in this system of care to assist in individuals with barriers to safe housing while accessing outpatient and residential care or who may be reentering the community and need safe housing while accessing treatment services and community supports.

Strategy #3: Provide Suicide Prevention Education and Awareness	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Wallowa Valley Center for Wellness
Results/Impact	• Youth Save, Oregon CALM, SafeTalk, ASIST and QPR offered to community members, partners and staff • Weekly Veteran support group and STAIRS Program offered to the Veteran population • Certified problem gambler clinician offering individual services • Promoted 988 • Increased advertisement for crisis hotline and WVCW services using stickers, cards, and magnets within the community • Community and Staff debriefing • Added a Psychiatric Nurse Practitioner to Wallowa School • Developed a high risk registry to identify clients and wrap additional supports and services around them with collaboration from community partners. • GOBHI training focused on elderly adult population. (Being able to identify risk of suicide and effective treatment planning) • Grief group offered quarterly • Debriefs within the school system with students and faculty
Strategy #4: Strengthening Crisis Services	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Wallowa Valley Center for Wellness
Results/Impact	• Fully staffed and trained two-person response team • Gun Locks and Safes available for safety planning during crisis situations • MRSS model (still in progress). However, at this time we are utilizing our Kid Team for 72-hour follow up offering wraparound, IIBHT, peer support, and case management • Transitional Housing units available for clients as appropriate • Incorporating family, neighbors, and PCP's into crisis interventions services

Evaluation of Impact: Building Health Families

Strategy #1: Improving Social Determinants of Health	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Building Health Families
Results/Impact	• Childcare: Building Healthy Families has set on a number of committees/teams working to increase childcare in Wallowa County. We have made a great deal of progress in opening additional full-day, school-based preschool slots in all 3 communities. Working to offer support to current licensed providers including tangible items, professional development opportunities, connecting to financial resources and in-center/home programming (story times, early literacy education, etc.) We are still working on filling the 0-2 childcare needs. Currently exploring Early Head Start slots in licensed provider home settings. • Housing: BHF works to connect clients on accessing available housing. While options are limited, we are able to support in navigating the application process and accessing housing resources.
Strategy #2: Mental Health/ Suicide	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Building Health Families
Results/Impact	• BHF has increased staff trained in Suicide awareness and prevention practices. We have also worked with youth through a number of different avenues to increase THEIR own access to suicide prevention training and strategies in order to better support peers. • Continuing to support all youth and families engaging in programs to increase access to mental health services by either connecting them to mental health partners or directly integrating services into programming (example: Increasing counseling time in the Alt Ed classroom)
Strategy #3: Access to Health Care	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Building Health Families
Results/Impact	• BHF has included a question on all program registration forms about access to health care and supporting access if needed. Staff follow-up as needed connecting to a community health worker or NEON staff to determine OHP eligibility. Efforts to assure well child visits and immunizations through the age of 18 has been a focus with families participating in home visits and youth programs

Strategy #4: Substance & Tobacco Use	
Strategy Was Implemented?	Yes
Target Population(s)	All Community Members
Partnering Organization(s)	Internal: Building Health Families
Results/Impact	• Through Wallowa County Prevention we continue to provide programs that engage youth and families in preventative and protective factors that focus to prevent and decrease substance use/abuse. This includes parent education, positive youth development programs and mentoring. • Working with partners to raise community awareness and professional development opportunities around substance use • Life Saving stations across Wallowa County and Narcan education