



Klickitat County

Community Health Needs Assessment

2026-2028



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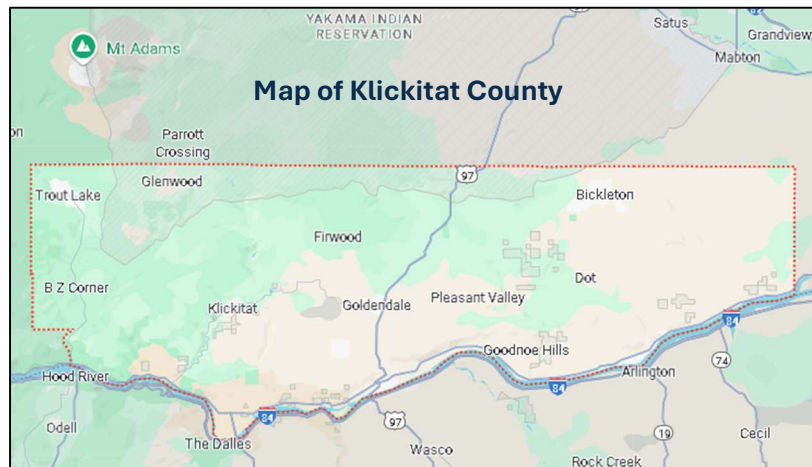
Introduction

This 2026-2028 Community Health Needs Assessment (CHNA) is a collaborative effort of the Klickitat County Department of Health, Klickitat County Public Hospital District #1 dba Klickitat Valley Health, and Klickitat County Public Hospital District #2 dba Skyline Health. Collectively, the Districts include nearly 70% of the land area of the county.

This CHNA details key health indicators, outcomes, trends, and socioeconomic characteristics of the communities comprising Klickitat County. The CHNA process also included a county-wide survey and listening sessions to gather insights and perceptions of community members throughout the county to identify the most pressing health needs in the county and respective hospital service areas.

About Klickitat County

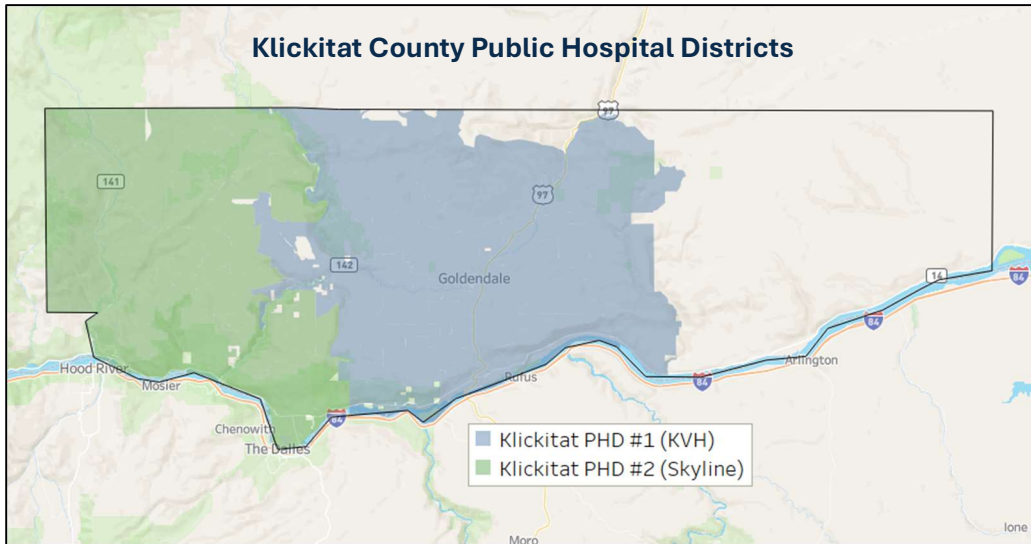
Klickitat County was founded in 1859 and covers 1,904 square miles on the north side of the Columbia River. The county was named after the Klickitat tribe and contains part of the Yakama Indian Reservation. Today, most Klickitat are enrolled in the Confederated Tribes and Bands of the Yakama Nation, while some are also part of the Confederated Tribes of the Grand Ronde Community of Oregon.



Located in south central Washington State, Klickitat County is at the junction where the Columbia River cuts through the eastern slopes of the Cascade Mountains. The county is a transition zone between the maritime climate of the Pacific Ocean and western Washington and the arid interior plateau of eastern Washington. Multiple climate zones and elevation variations caused by Cascade Mountains and Columbia River Gorge have created a wide variety of landscapes. The county is a gateway to outdoor recreation including the Columbia River, the Cascade Mountains, the Gifford-Pinchot National Forest, and the Mount Adams recreation area.

Klickitat County is designated as rural by both the Center for Medicare & Medicaid Services (CMS) and the Federal Office of Rural Health Policy. According to the U.S Census Bureau, 80% of the population of Klickitat County lives in a low population density area, defined as less than 2,000 housing units and less than 5,000 people.

Klickitat PHD #1 dba Klickitat Valley Health serves the central third of the county and is in the county seat, Goldendale. Klickitat County PHD #2 dba Skyline Health, located in White Salmon, serves the western third of the county. The easternmost third of the county is not within the boundary of any public hospital district. Residents of Klickitat County are also served by federally qualified health centers operated by One Community Health and the Yakima Valley Farm Worker’s Clinics.



The following table identifies Klickitat County zip codes by their respective public hospital districts.

Klickitat Valley Health PHD #1	Skyline Health PHD #2	Klickitat County Other Communities
<ul style="list-style-type: none"> • Centerville (98613) • Goldendale (98620) • Klickitat (98628) • Wishram (98673) • Wahkiacus (98670) • Roosevelt (99356) 	<ul style="list-style-type: none"> • Appleton (98602) • Bingen (98605) • Dallesport (98617) • Glenwood, Yakama Reservation (98619) • Husum (98623) • Lyle (98635) • Trout Lake (98650) • White Salmon (98672) 	<ul style="list-style-type: none"> • Bickleton (99322)

About Klickitat County Health Department

The Klickitat County Health Department, a division of Klickitat County, serves the entire region, with offices in the western and eastern parts of the county providing an array of services to support clinical, community, family, and environmental health. Residents are welcomed to visit both locations, connect over the phone, or schedule an in-person appointment to discuss services.



Our MISSION is to care for our community with compassion, respect, and integrity.

Clinical & Community Health Services



- ABCD Kids’ Dental Program
- Breastfeeding Support
- Children and Youth with Special Health Care Needs
- Communicable Disease Prevention & Control
- Family Planning Services
- Health Education, Community Outreach & Communications
- Immunizations
- Maternity Support Services
- Women, Infants & Children (WIC) Program
- Vital Records

Environmental Health Services



- Air Quality Monitoring
- Harmful Algae Bloom Response
- Drinking Water Safety & Laboratory Testing
- Emergency Preparedness & Response
- Food Safety & Inspections
- On-site Septic System Program
- Recreational Water Safety
- Vector Surveillance & Control



About Klickitat Valley Health

In April of 1946, the community of Goldendale became the first in the state to take advantage of the new Hill-Burton Act. The Act was established to assure health care services in rural communities and provided low interest money to help rural providers construct new facilities or enhance existing services. Klickitat County Public Hospital District #1 was formed in 1948, and Klickitat Valley Health (KVH), the hospital, opened in 1949.



Our MISSION is to provide quality, compassionate healthcare and respectful, personalized service.

KVH was designated as a Critical Access Hospital in 2002 by meeting the federal and state designation requirements in the Washington State Rural Health Plan and the Medicare Conditions of Participation and is a member of the Rural Health Collaborative (TRC), which exists to achieve service excellence through collaboration and innovation.

KVH operates a hospital, family medicine clinic, and several specialty services including orthopedics, podiatry, pain management, wound care, surgery, and behavioral health on or adjacent to its campus in Goldendale. Over the years, KVH has undergone several renovations and additions. In 2005, a community-supported bond measure funded a 20,000 sq. ft. hospital addition that included a Diagnostic Imaging Department and enlarged Emergency Services capacity, along with numerous technological and facility upgrades.

Meeting the challenge of rural healthcare depends on our most valuable asset: the staff of medical professionals who take pride in providing quality care in a friendly “hometown” environment. Our team of doctors, nurses, therapists, technologists, home health aides, administrators, facility maintenance, and support staff do not just care for our community - they are a part of it. As one of the major employers in the county, Klickitat Valley Health really is about caring for our families, friends, and neighbors.



About Skyline Health

Klickitat County Public Hospital District #2 was formed in 1950 and Skyline Hospital (Skyline) opened in 1952, constructed with Hill-Burton funds and local taxes. A new wing was added in the 1970's, and a 1988 voter-approved project added a surgery suite, an emergency room, physical therapy building, laboratory, and admitting area. A new patient wing and Diagnostic Imaging Center were opened in 2010.

Skyline opened its first primary care clinic in 2017 and now offers both primary care and specialty care in its clinics.



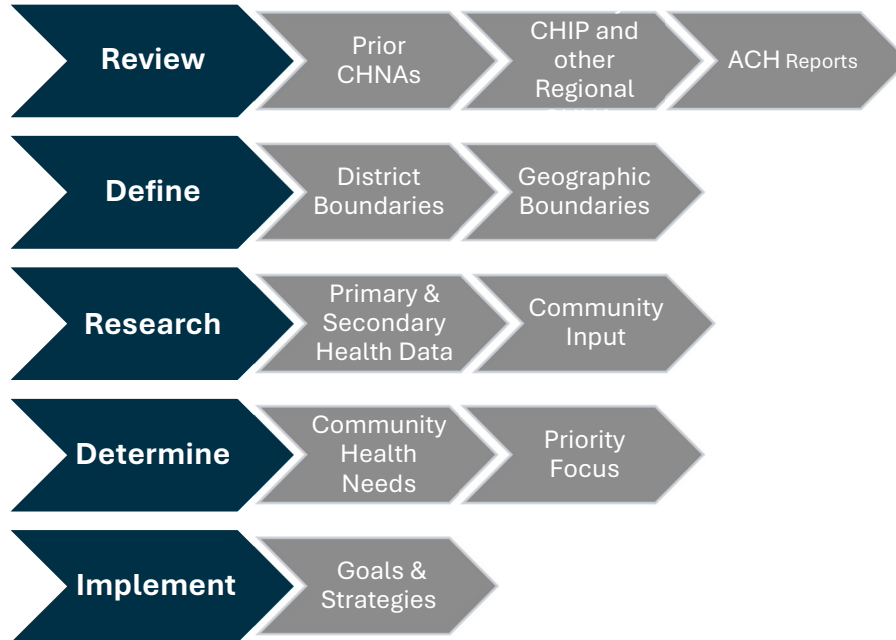
Skyline received Critical Access designation in 2002 by meeting the federal and state designation requirements in the Washington State Rural Health Plan and the Medicare Conditions of Participation and is also a member of the Rural Health Collaborative (TRC), which exists to achieve service excellence through collaboration and innovation. In 2020, After 68 years of being known as Skyline Hospital – the only independent public hospital in the Gorge – Skyline changed its name to Skyline Health to reflect Skyline's commitment to growth, excellence, and innovation in services. Skyline has also committed to promoting health equity and has engaged with several organizations in the Gorge to address equity regionally.

Today, Skyline provides both primary care and specialty services, including General Surgery, Ophthalmology, and Infusion Services. Skyline has also developed a plan to remodel that will provide modern surgical support to the community, allowing patients to receive healthcare close to home, enhancing recovery and rehabilitation, and provide space to recruit providers to meet future community needs.



Methodology

The three parties engaged Health Facilities Planning & Development, Seattle, to conduct its 2026-2028 CHNA using the following framework:



Data Collection

Primary and secondary data were collected to assess the overall health of the county and hospital districts. This information informed the analysis of unmet health needs and social determinants of health, shaping key themes and priorities related to community health and wellbeing.

Primary Data

Primary data, representing the experience and voice of District residents directly, was collected through a community-wide survey and selected listening sessions. The survey was conducted countywide between March 6th and May 21st, with 348 responses collected.

Listening sessions with community leaders were conducted on June 11th (KVH) and June 12th (Skyline) with representatives from local healthcare, education, law enforcement, social services, faith-based, and non-profit sectors participating.

In addition, Washington Gorge Action Programs (WAGAP), serving 40% of the county, conducted a community needs assessment and survey in 2024 that was analyzed in conjunction with the more recent countywide survey.

Secondary Data

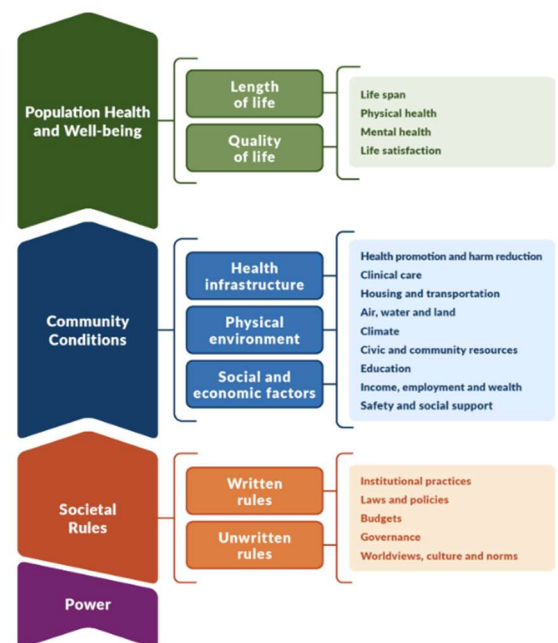
Secondary data was collected from several national, state, and regional/local sources to better understand the demographics, health behaviors, social and economic factors, physical environment, and clinical care characteristics of the District and regional communities. Specific data sources included, but are not limited to:

- Community Health Assessment Tool (CHAT), Washington State DOH
- American Community Survey (ACS)
- Robert Wood Johnson County Health Rankings
- Claritas Population Data
- Washington State Office of Financial Management, Small Area Estimates
- Centers for Disease Control (Places)
- Behavioral Risk Factor Surveillance System
- Health Resources & Services Administration (GeoCare Navigator)
- U.S. Census Bureau
- United for ALICE
- University of Washington, Addictions, Drug & Alcohol Institute
- Washington State Healthy Youth Survey

When available, and because each Public Hospital District serves a distinct region, data is analyzed at the District level to highlight regional differences. Where sub-county data is unavailable, county-level data is used. Key findings are presented throughout the report; source data tables are provided in **Appendix 1**.

After gathering and analyzing primary and secondary source data and information, several frameworks were applied to identify themes and determine priorities from the data, foremost, the Robert Wood Johnson Foundation’s (RWJ) Health Rankings Model.

In the Health Rankings Model, **Population Health and Well-being** represents how well and how long we live, including our physical, mental, and social well-being. **Community Conditions** encompass where we live, learn, work, and play, including affordable housing, clean water, and socioeconomic factors. **Societal rules** are set and held by people who wield power, shape the conditions that affect our health, and are formalized in policies and laws. **Power** is the ability to create change. People and groups who hold power influence societal rules and determine how they are applied.¹



University of Wisconsin Population Health Institute Model of Health © 2025

¹ 2025 County Health Rankings & Roadmaps Report

Prior CHNA and Accomplishments

2022 Columbia Gorge Regional CHNA Themes

The Gorge Collaborative, comprised of seven not-for-profit health systems, conducted a regional CHNA in 2022. The Collaborative region comprises seven counties along the Washington and Oregon sides of the Columbia River. KVH and Skyline participated in this collaborative CHNA process. The Columbia Gorge Regional CHNA used mixed-methods approach, collecting both qualitative and quantitative data, inclusive of a region-wide survey and listening sessions. 407 Klickitat County residents participated in the survey, 32% of the total respondents.

Key findings included:

- Strong community partnerships within services areas between non-profits, health care, schools, faith-based organizations, and community groups to address community needs.
- The need for stable and affordable housing was the single highest concern across stakeholders.
- Reports of social isolation and higher rates of depression and suicide relative to state averages.

The 2022 CHNA identified the following key themes:

1. Homelessness and housing instability
2. Behavioral health challenges and access
3. Economic insecurity (including childcare)
4. Access to health care services (including oral health)
5. Food insecurity
6. Chronic conditions

Each Collaborative member used the findings, themes, and data from the CHNA to guide the development of goals, strategies, and measures to address specific health needs in organizational improvement plans.

2023-2025 Community Health Improvement Plan Priorities	
Klickitat Valley Health Priorities	Skyline Health Priorities
<ol style="list-style-type: none"> 1. Improve access to equitable health services 2. Improve access to behavioral health services 3. Address social determinants of health 	<ol style="list-style-type: none"> 1. Behavioral health 2. Access to health care services 3. Food insecurity 4. Chronic conditions

Significant accomplishments were made by both KVH and Skyline related to their 2023-2025 CHNA Implementation Plan priorities and priorities. These accomplishments are provided in detail in **Appendix 2** (KVH) and **Appendix 3** (Skyline).

Community Profiles & Demographics

Klickitat County Population

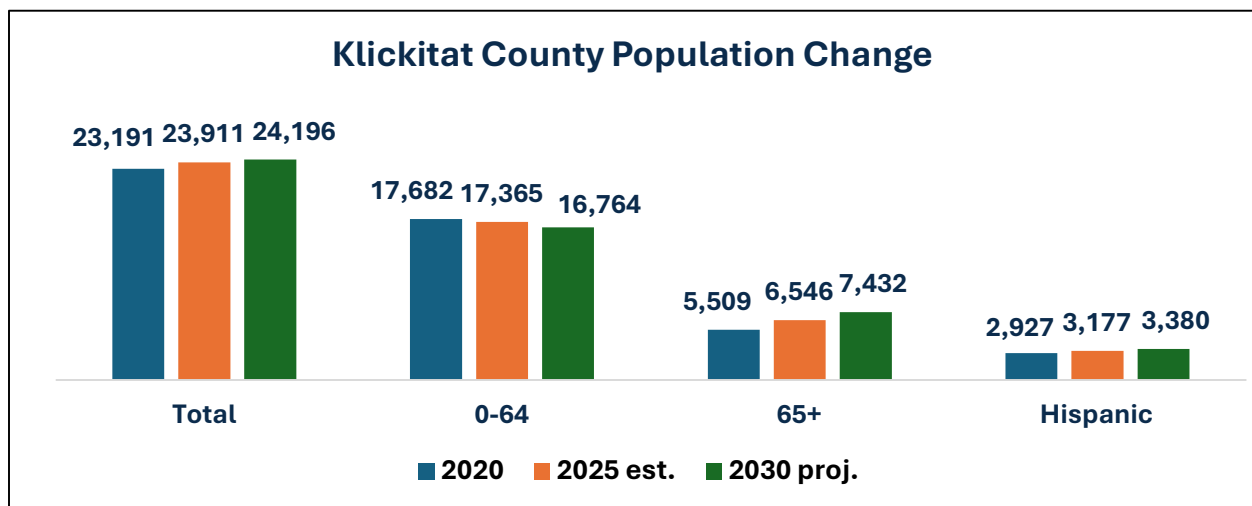


Source: Claritas, 2025

The county population grew nearly 15% from 2010-2025 (relative to 16.8% growth statewide). By 2030 the county population is expected to be just over 24,000 residents.

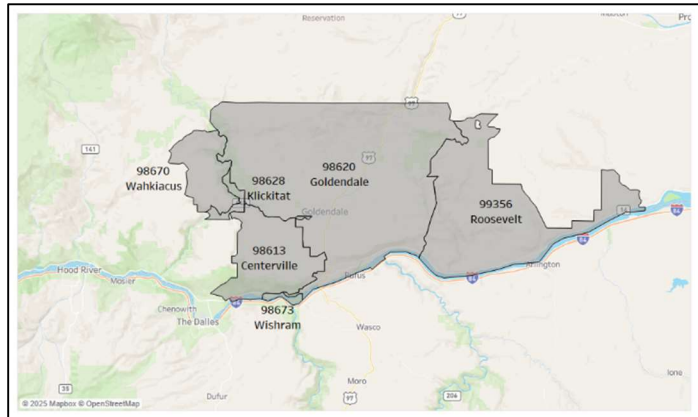
Countywide, the 0-64 cohort grew under 2% during the 2010-2025 period (declining almost 2% over the last five years), while the 65+ cohort grew more than 68% during the 2010-2025 period. **Between 2025 and 2030 a further decline of -3.5% is expected in the under 65 cohort, while the 65+ cohort is expected to grow another 13.5% to be almost 31% of the population.**

Robust growth is also expected when disaggregating by race/ethnicity. **The Hispanic population grew almost 43% from 2010-2025 and is expected to grow another 6.4% by 2030 and represent 14% of the population.** While representing a much smaller percentage of the total population, Asian residents are expected to grow 39% by 2023 to 1.4% of the population. An exception is the American Indian population, which is expected to decline -13.3% by 2030 to 1.8% of the population. Note: caution should be exercised when examining trends in the American Indian population due to both historical and contemporary census undercounting for this population.

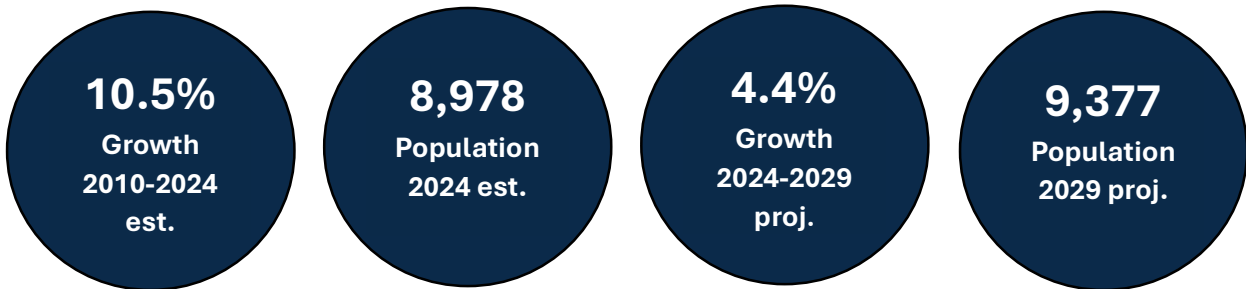


Klickitat Valley Health

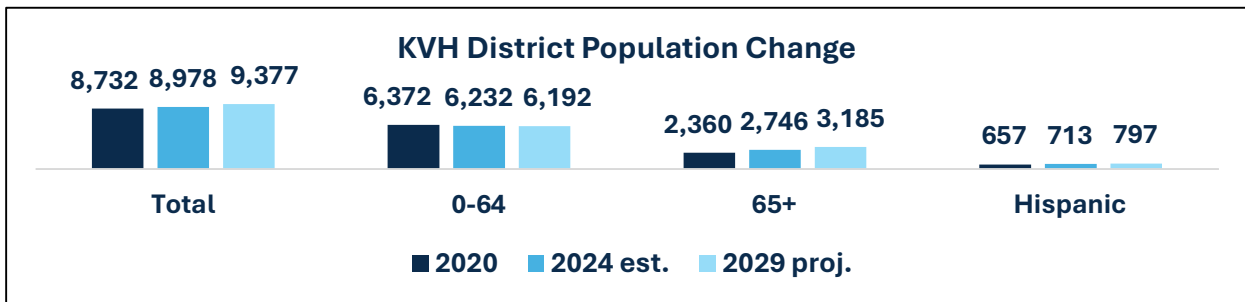
KVH’s District includes the communities of Goldendale, Centerville, Wahkiacus, Klickitat, Wishram, and Roosevelt. The KVH District also borders the Yakama Indian Reservation.



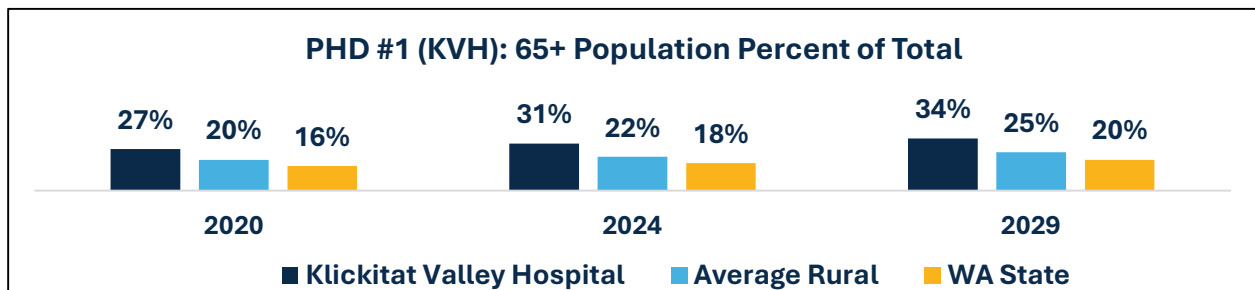
The KVH District population, which is the entirety of PHD #1, grew nearly 11% from 2010-2024. **By 2029 it is expected to grow another 4.4% to just under 9,400 residents, a projected rate of growth that is higher than the county (1.2%) or the state (2.9%).**



Source: Claritas, 2024

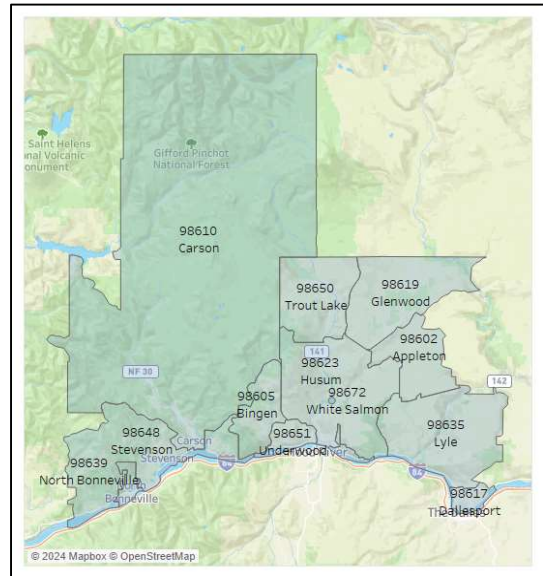


The KVH District is “older” than the average of all rural communities and the State at large, with nearly 31% over the age of 65. The over 65 cohort has grown over 60% since 2010, while the under 65 cohort has declined over -4% in the same period. By 2029, 65+ cohort is expected to be 34% of the total population.

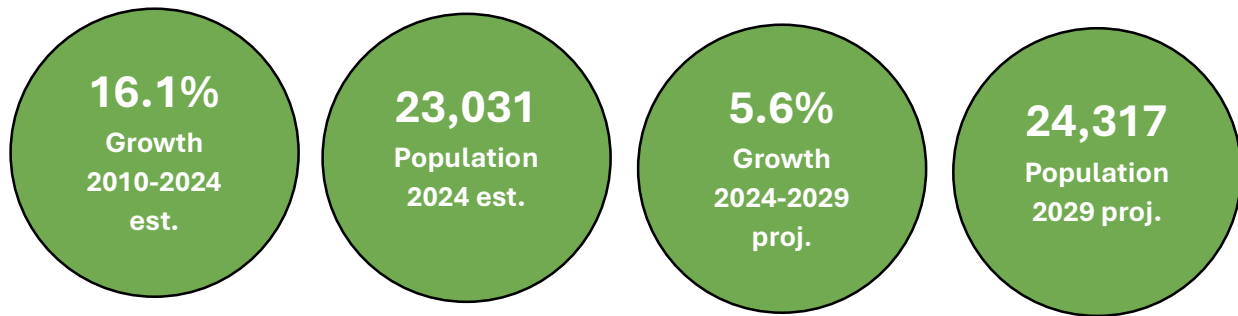


Skyline Health

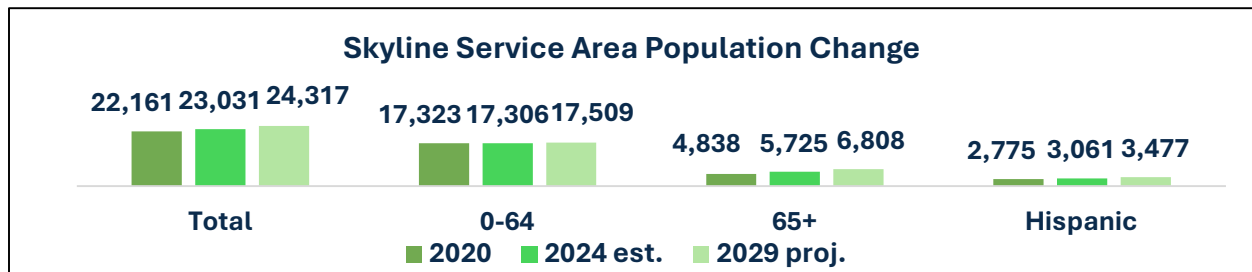
Skyline’s District includes the communities of White Salmon, Bingen, Husum, Trout Lake, Glenwood, Appleton, Lyle, and Dallesport. In addition to the District, Skyline’s services area includes the communities of Carson, Stevenson, Underwood, and North Bonneville.



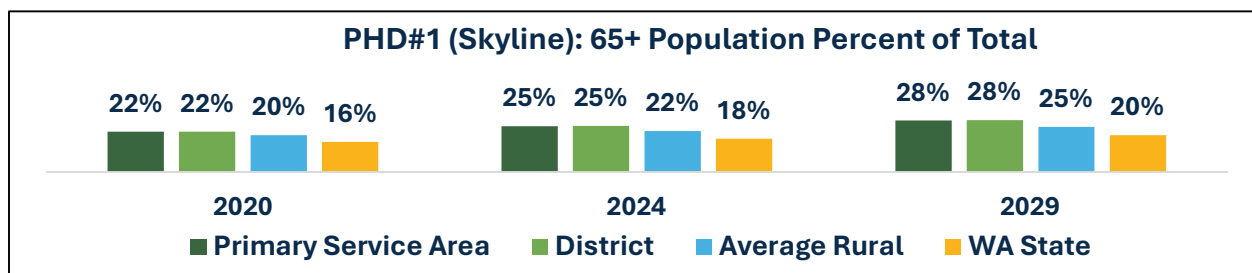
The Skyline primary service area (PSA), which includes the entirety of PHD #2 plus communities to the west, has about 10,000 more residents than the District alone and grew 16% from 2010-2024. **By 2029 it is expected to grow another 5.6% to just over 24,000 residents, a projected rate of growth that is higher than the county (1.2%) or the state (2.9%).**



Source: Claritas, 2024



The Skyline PSA is also “older” than the average of all rural communities and the State at large, with nearly 25% over the age of 65. By 2029, 65+ are expected to be 28% of the total population.



The Social Determinants: Social and Economic Factors

County and District Profiles

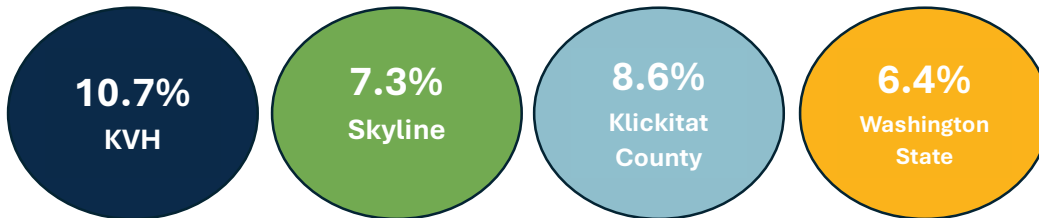
Median Household Income

Source: ACS, 2019-2023 5-Year Estimates



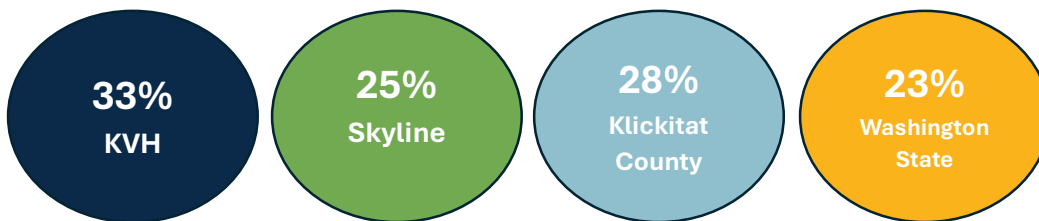
Poverty: Families Earning < 100% FPL

Source: ACS, 2019-2023 5-Year Estimates



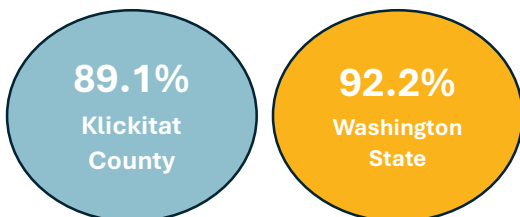
Poverty: Individuals Earning < 200% FPL

Source: ACS, 2019-2023 5-Year Estimates



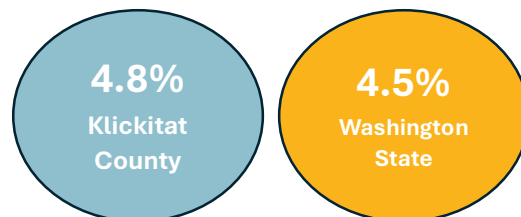
High School Graduation Rate

Source: ACS, 2019-2023, 5-Year Estimates



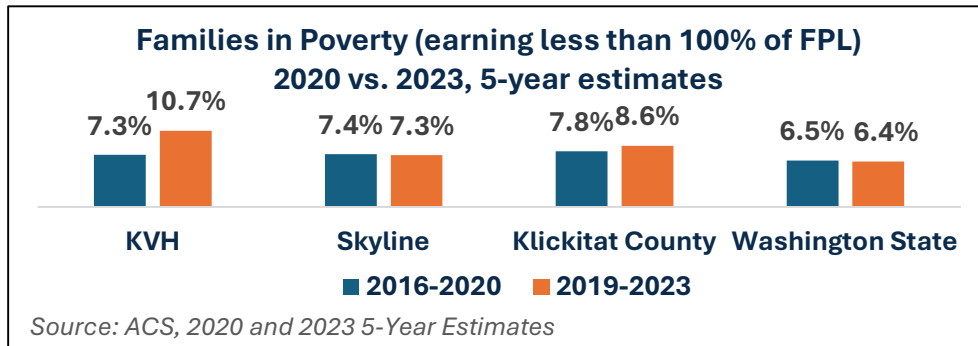
Unemployment Rate

Source: Employment Security Department, 2025

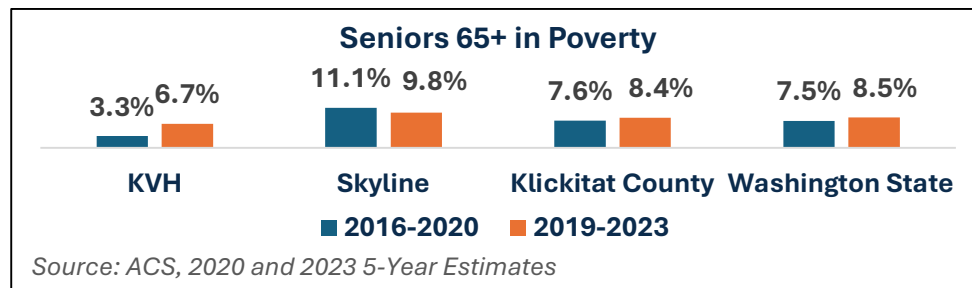
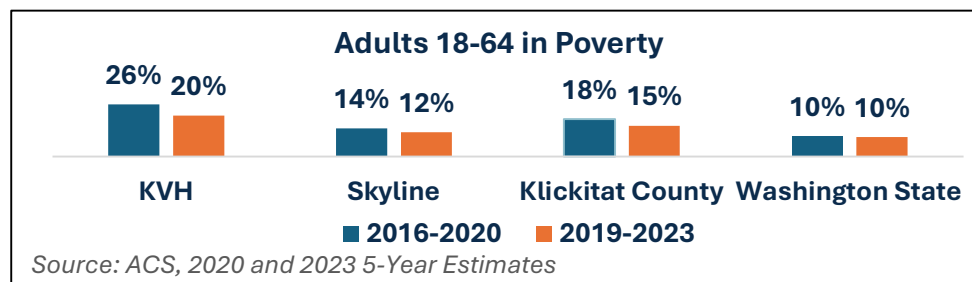
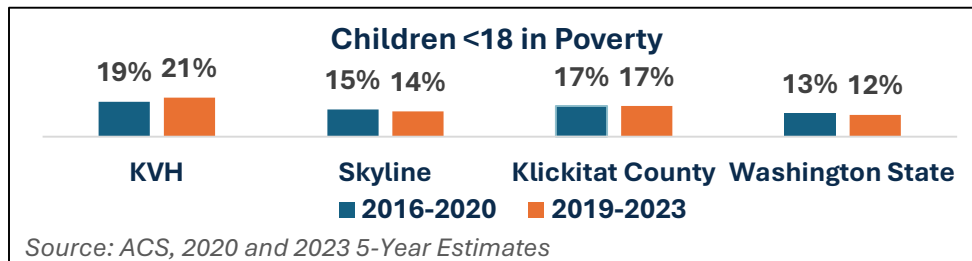


As shown above, the number of families earning less than 100% of the Federal Poverty Level (FPL) is significantly higher in the KVH service relative to Skyline, the county, or the state. Skyline's family poverty rate is higher than the state, but lower than the county.

Compared to the last CHNA, the family poverty rate increased 3.4 percentage points in the KVH service area, was up by .8 percentage points in the county, while remaining essentially flat in the Skyline service area and the state.

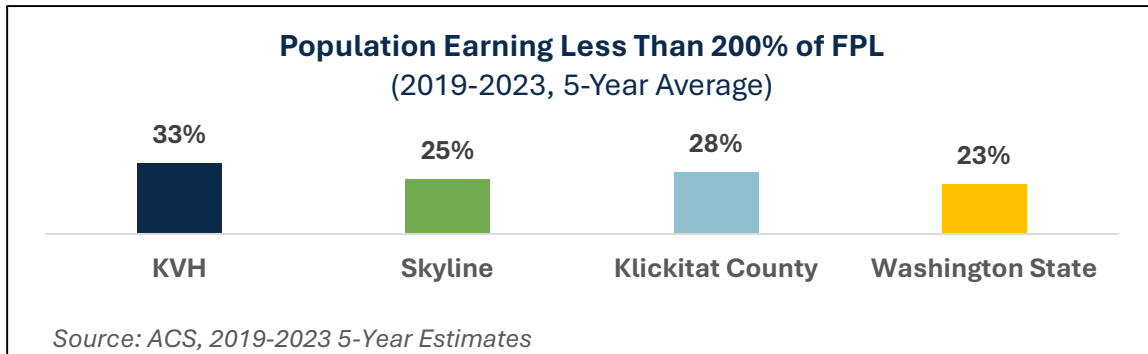


Rates of poverty by age are shown below for the period of the last CHNA and the current CHNA. KVH experienced growth in childhood and senior poverty levels between 2020 and 2023, while adult poverty in the service area declined. Skyline poverty levels remained relatively flat, or decreased, in the same period.



Another widely accepted measure of financial security, and low-income status, is those whose income is less than 200% of the Federal Poverty Level (FPL). Those earning less than 200% FPL are still in a low-income bracket that places burdens on the ability to make ends meet and drive eligibility for certain federal and state programs and benefits.

KVH has higher (worse) outcomes relative to the state and county when measuring the population making less than 200% of the Federal Poverty Level.



Another way to view the impacts of poverty on households is the United Ways’ ALICE measure (Asset Limited, Income Constrained, Employed), which looks at those making above 100% of FPL. By factoring in a “household survival budget” and “threshold of financial survival” into the equation, the ALICE measure targets those living above the FPL, but who fall below a “basic cost of living” threshold. Therefore, the ALICE measure can be combined with those at 100% or below FPL to create a more accurate number of those struggling financially.

While Skyline is in-line relative to the state, both **Klickitat County and KVH fare worse than the state for households struggling to make ends meet.** The county has 17% more ALICE-qualified households, while KVH has 37% more ALICE-qualified households relative to the state.

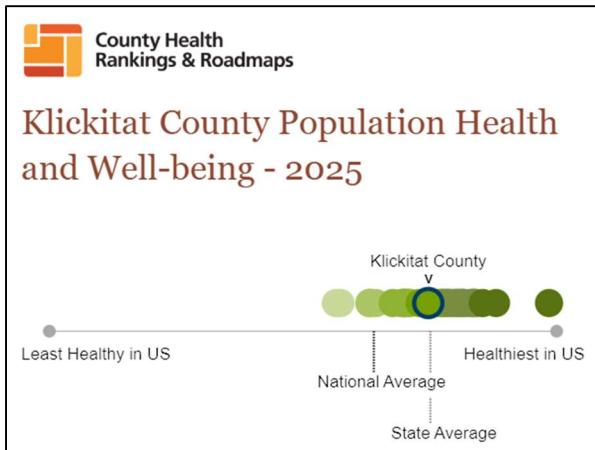
ALICE Data				
	Total Households	Below 100% of FPL	Below ALICE	% of Population Below ALICE & FPL Thresholds
Klickitat County	9,618	1,225	2,766	41%
Klickitat PHD	3,786	536	1,291	48%
Skyline PHD	5,456	624	1,243	34%
Washington State	3,064,367	312,012	747,889	35%

Source: UnitedforALICE.org, 2024

Health and Wellbeing

Prior to 2024, the RWJ County Health Rankings compared and ranked counties on more than 30 factors relative to the health of other counties. Beginning in 2024, RWJ County Health Rankings have shifted away from numerical rankings to a scaled approach. Counties in a state are now represented by a dot, shaded a certain color, and placed on a decile scale from least healthy to most healthy in the state and nation. In the maps below,

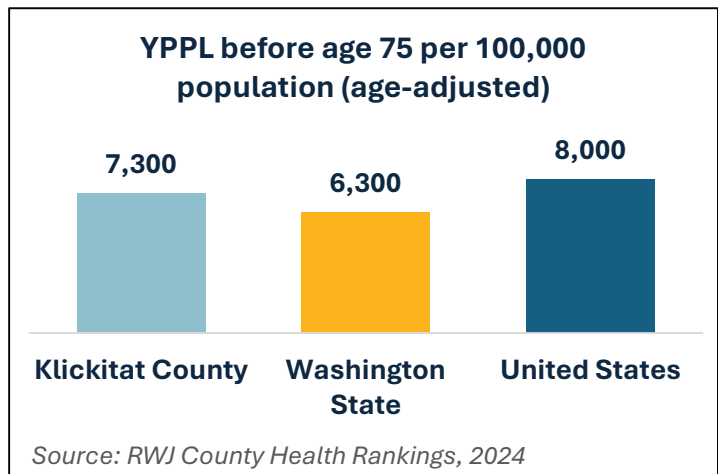
lighter colored areas indicate populations with healthier rankings. The RWJ County Health Rankings does not provide data below the county level.



Health and Wellbeing tells us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. **Klickitat County is faring about the same as the average county in Washington for population health and wellbeing, and better than the average county in the nation.**

Years of Potential Life Lost (YPLL)

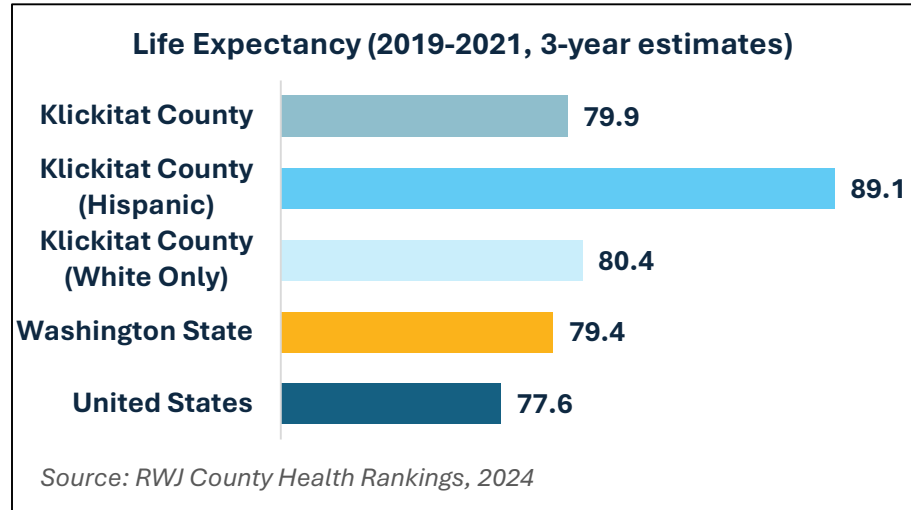
YPLL is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. This measure calculates the years of potential life lost under age 75 per 100,000 people. **Klickitat County has almost 9% fewer years of lost life when compared to the nation but has 16% more years of potential lost life than Washington State.**



Length of Life

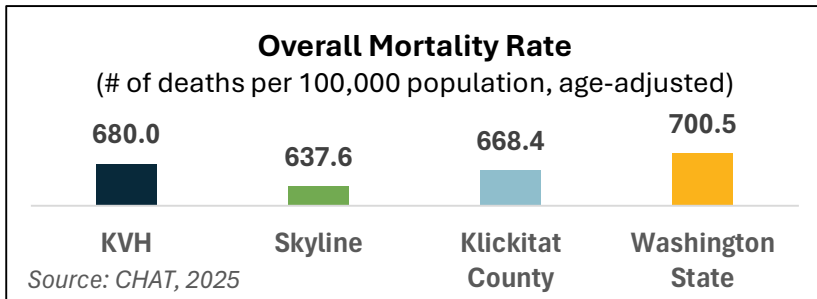
Measuring how long people in a community live demonstrates whether people are dying prematurely, and it prompts evaluation of what is driving those premature deaths. Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life expectancy calculations are based on the number of deaths in a given period and the average number of people at risk of dying during that period, allowing comparison across counties with different population sizes.

Klickitat County (this data is not available below the County level) fares slightly better than Washington State or the nation on life expectancy, and when disaggregated by race and ethnicity, Hispanic residents fare significantly better than the county or state, averaging almost 11 more years than White residents or the county as a whole.



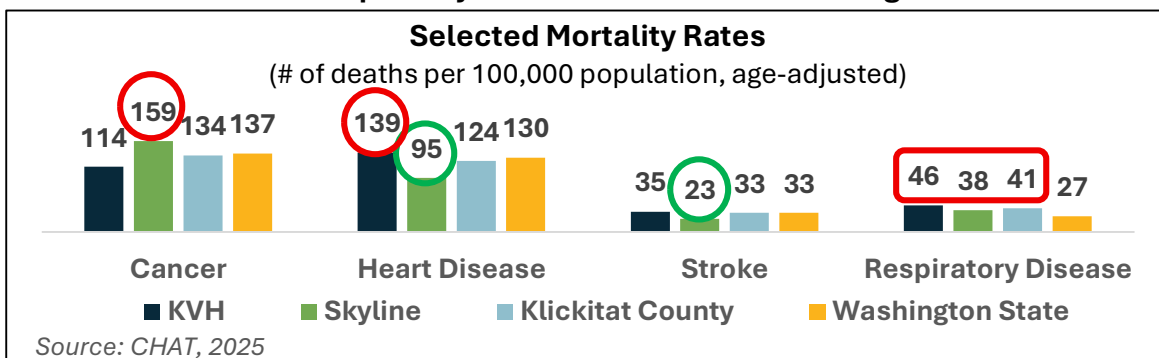
Causes of Death

Leading causes of death are widely used as an indicator of a population's overall health status and ranking causes of death in a community is a useful tool



for illustrating the relative burden of cause-specific mortality. Risks for each of these diseases can be reduced through controlling key risk factors (including smoking, obesity, lack of exercise). **Klickitat County and both hospital Districts overall mortality rate is lower (better) relative to the state.**

- **The KVH District rate of mortality due to heart disease is 7% higher (worse) than the state and 12% higher than the county.**
- **The Skyline Districts' rate of mortality due to cancer is 16% higher than the state and 19% higher than the county. Skyline's mortality rate for stroke is 33% lower (better) than the county or state.**
- **Klickitat County and both hospital Districts have significantly higher (worse) rates of death for respiratory disease than the state average.**



Additional Mortality Measures

In 2023, Klickitat County suicide rates were 166% higher relative to the state. The county's rate of accidental deaths was

2023 Mortality Data	KVH	Skyline	Klickitat County	Washington State
Suicides Number of deaths due to suicide per 100,000 population (age-adjusted)	71	25.2	41.1	15.4
Accidents Number of deaths due to accidents per 100,000 population	66.7	60.6	55.4	72.8
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	n/a	n/a	15	8

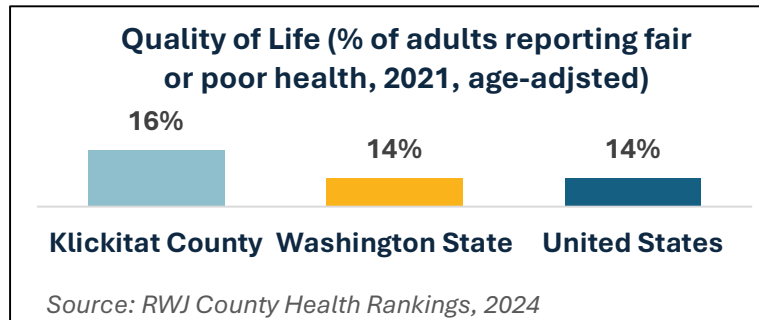
Source: CHAT, 2025

24% lower (better) relative to the state, while the rate of death by motor vehicle crashes was 88% higher (worse).

Quality of Life

In addition to measuring how long people live, measures that consider how *well* people live are also important to evaluate. Quality of life refers to how healthy people feel while alive. It represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood.

RWJ's Quality of Life measures include adult self-reporting of fair or poor health or frequent physical or mental distress (14+ days per month).



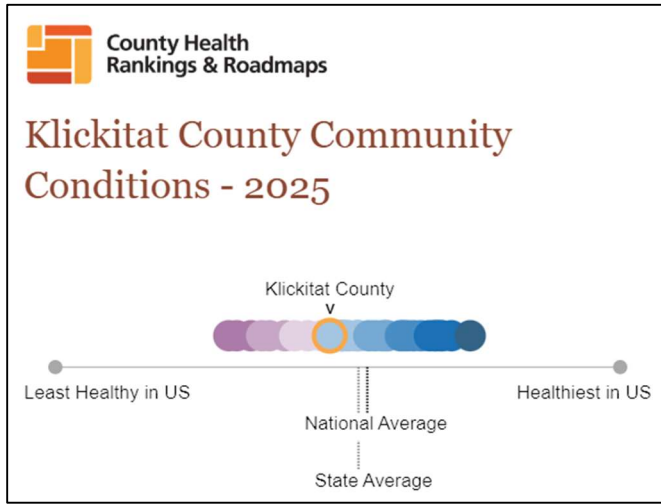
Klickitat County fares worse than Washington State and the nation on each of these

quality-of-life measures. Fourteen percent (14%) more Klickitat County residents report fair or poor health than Washington State or the nation. Klickitat County adults also report higher average numbers of days feeling physically and mentally unhealthy than Washington State or the nation.

Quality of Life	Klickitat County	Washington State	United States
Physically Unhealthy Average # physically unhealthy days reported in last 30 days (age-adjusted)	3.8	3.5	3.3
Mentally Unhealthy Average # of mentally unhealthy days reported in last 30 days (age-adjusted)	5.4	5.2	4.8

Source: RWJ County Health Rankings

Health Factors

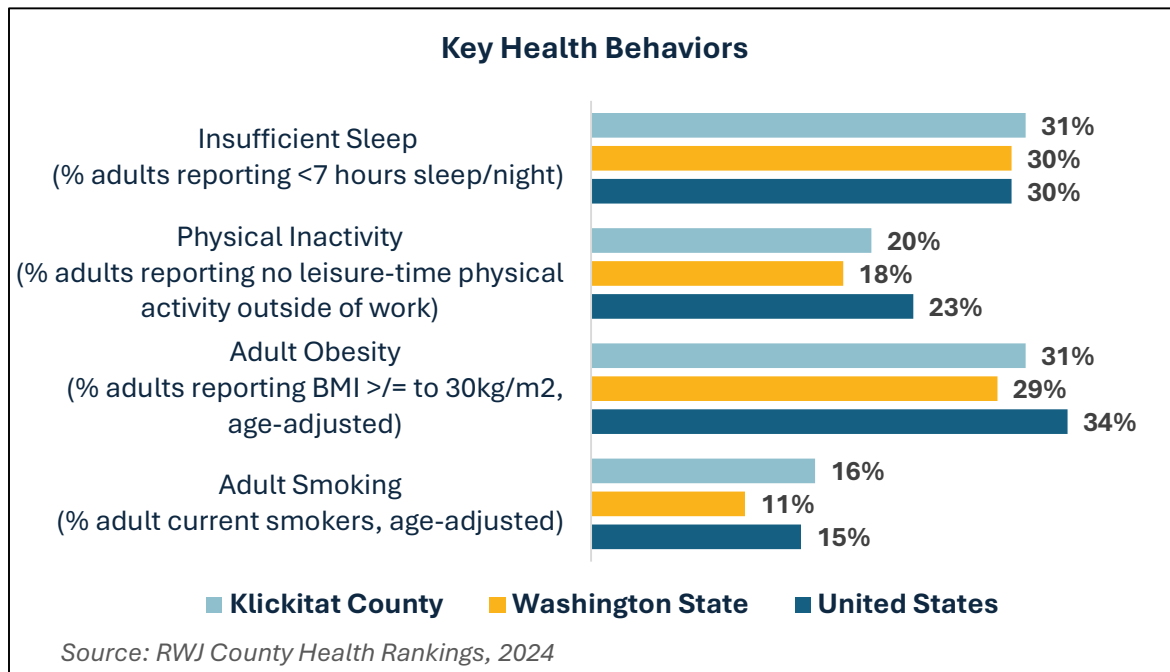


As with Health and Wellbeing data, the RWJ County Health Rankings uses a scaled approach to rank counties on a decile scale from least healthy to most healthy in the state and nation on select Health Factors. In the maps below, darker colored areas indicate populations with healthier rankings.

Community Conditions represent those things we can improve to live longer and healthier lives and are indicators of the future health of our communities. **Klickitat County is faring**

about the same as the average county in Washington and slightly worse than the average county in the nation for Community Conditions.

Health behaviors are actions individuals take that impact their health. These include actions that lead to improved health, such as eating well and being physically active, and actions that increase one’s risk of disease, such as smoking or excessive alcohol intake. **Klickitat County is generally in-line with the state and the nation across multiple measures of health behaviors. An exception is adult smoking, where Klickitat County has 45% higher (worse) rates of adult smoking than Washington State as a whole. Klickitat County also has lower (better) rates of physically inactive adults and adult obesity than the national average.**



Drug and Alcohol Use is another key health behavior with direct and indirect impacts on health outcomes. Excessive alcohol consumption (binge drinking, heavy drinking, any drinking by pregnant women or people younger than 21) increases the potential for many short-term and long-term health risks, including motor vehicle crashes, violence, risky sexual behaviors, high blood pressure, heart disease, liver disease, and weakening of the immune system. Alcohol-impaired driving deaths significantly contribute to unintentional injuries (the only top cause of death in the country that is not related to chronic disease).

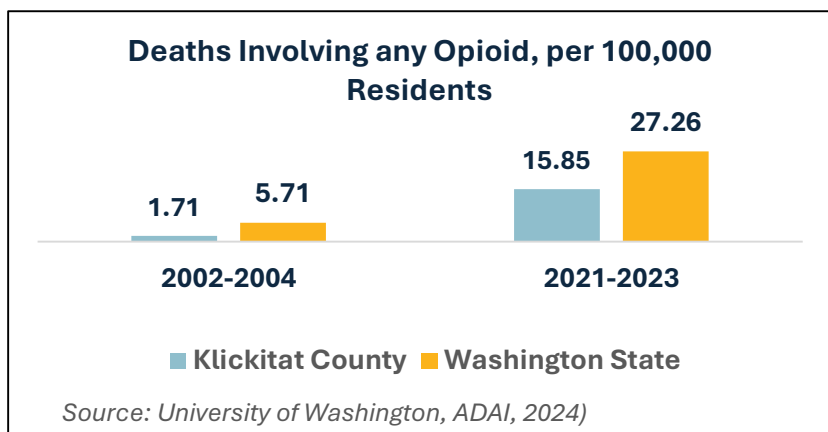
Klickitat County is in-line with both state and national averages of self-reported excessive drinking. The number of alcohol-impaired driving deaths in the county are significantly better, 31% lower than Washington State and 15% lower than the national average.

Alcohol Related Health Behaviors	Klickitat County	Washington State	United States
Excessive Drinking (% adults reporting binge/heavy drinking, age-adjusted)	18%	18%	18%
Alcohol-Impaired Driving Deaths (% driving deaths with alcohol involvement)	22%	32%	26%

Source: RWJ County Health Rankings

Drug overdoses and opioid misuse mark a serious public health crisis in the United States. This epidemic includes the use of heroin, prescription opioids, and synthetic opioids such as fentanyl. Drug overdose deaths from prescription and illicit opioids in Washington State have increased dramatically since 2002 and Klickitat County has experienced a similar trend. The University of Washington’s Addictions, Drug & Alcohol Institute research compared all opioid death rates between 2002-2004 and 2021-2023.

Washington experienced a staggering 386% increase in opioid deaths per 100,000 residents (from 5.71 to 27.76) between the two points in time. Klickitat County fared worse, with a staggering nine-fold increase in opioid deaths per 100,000 (from 1.71 to 15.86) in the same period.



Teen Pregnancy

According to the CDC, the U.S. teen birth rate has been on the decline since 1991. However, U.S. teen birth rates are still higher than in other high-income countries and vary among racial, ethnic, geographic, and socioeconomic groups within and across states. Recent research recognizes that pregnancy and childbirth have significant impacts on the educational outcomes of parents. The CDC reports that children born to teen mothers are more likely to:

- Have a higher risk for low birthweight and infant mortality.
- Have lower levels of emotional support and cognitive stimulation.
- Have fewer skills and be less prepared to learn in kindergarten.
- Have behavioral problems and chronic medical conditions.
- Rely more heavily on publicly funded healthcare.
- Have higher rates of foster care placement.
- Be incarcerated sometime time during adolescence.
- Give birth as a teen.
- Be unemployed or underemployed as a young adult.

While the Klickitat County teen birth rate fares better (lower) than the national average, it is 23% higher than Washington State as a whole.

Teen Births	Klickitat County	Washington State	United States
Number of births per 1,000, female population ages 15-19	16	13	17
<i>Source: RWJ County Health Rankings</i>			

Clinical Care

Access to affordable, quality, and timely healthcare can prevent disease by detecting and addressing health concerns early. Understanding clinical care needs in a community helps in understanding how the community can improve the health of its neighbors.

Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have led to significant increases in life expectancy. Clinical care and practice continue to evolve, with advances in telehealth and care coordination leading to improved quality and availability of care.

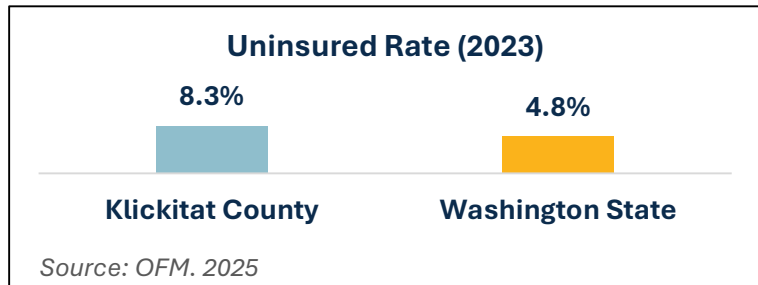
Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Uninsured

The availability and affordability of health insurance are considered key drivers of health status. Health insurance coverage helps patients get into the healthcare system. Lack of insurance is a primary barrier to healthcare access, including regular primary care, specialty care, and other health services. Uninsured people are:

- Less likely to receive medical care,
- More likely to die early, and
- More likely to have poor health status.

According to the Department of Health and Human Services' October 2024 Assistant Secretary for Planning and Evaluation report, while the rates of the uninsured have fallen since the passage of Affordable Care Act (ACA), rural areas continue to



have higher rates of the uninsured than urban areas. Other barriers to care, including geographic distance, infrastructure limitations, and provider shortages, continue to contribute to rural health care access disparities.² **In 2023, Klickitat County's uninsured rate (8.3%) was almost two times higher (worse) than Washington State (4.8%).**

According to recent analysis by the Kaiser Family Foundation (KFF), the July 2025 federal budget reconciliation package will make significant changes to Medicaid and the Affordable Care Act (ACA) Marketplaces that will drive the number of uninsured higher. KFF cited the Congressional Budget Office (CBO) estimate of an increase of 14 million uninsured by 2034 due to the changes to Medicaid and ACA marketplaces when combined with the expiration of ACA's premium tax credits. These estimates do not include effects related to the recently finalized ACA Marketplace Integrity and Affordability rule that could drive overall rates of the uninsured even higher.

In Washington State, KFF estimates that there will be about 390,000 people that will lose insurance. Of the total increase in the uninsured, 350K would become uninsured due to changes in Medicaid, 27K would become uninsured due to changes in the ACA, and 14K would become uninsured because of changes to Medicare and policy interactions.³

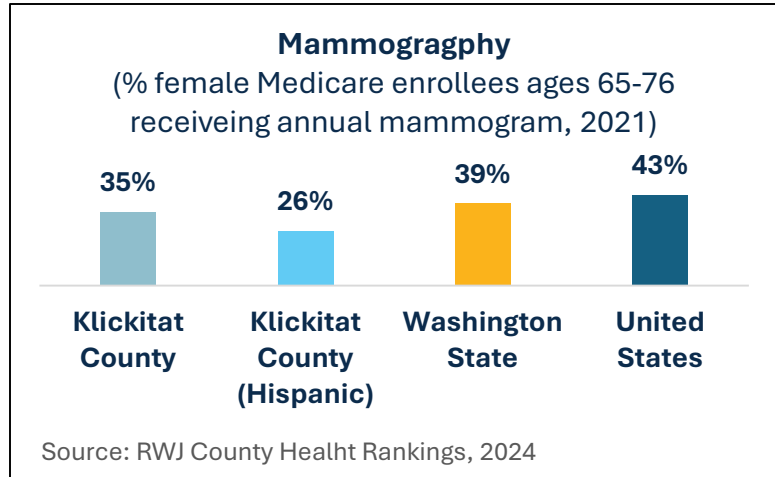
² Turrini G, Volkov E, Peters C, De Lew N, Buchmueller T. Access to Health Care in Rural America: Current Trends and Key Challenges (Issue Brief No. HP-2024-22). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2024.

³ Burns, et al. *How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State*. Kaiser Family Foundation, 2025.

Preventive Care

Key markers of access to healthcare in a community are the rates of preventive screenings and vaccines. Preventive screenings identify disease processes early, improving treatment efficacy and quality of life and preventing premature death. Vaccinations prevent many life-threatening illnesses from ever occurring. For example, yearly influenza outbreaks can prove deadly to seniors, children, pregnant women, and people with asthma or who are immunocompromised; vaccines prevent people from getting severe flu.

Mammography screening for Medicare recipients ages 65-76 in the county is 10% lower (worse) than the state and almost 19% lower (worse) than the national average. When disaggregated by race, **Hispanic rates of mammography screening are more than 25% lower (worse) than the County.**

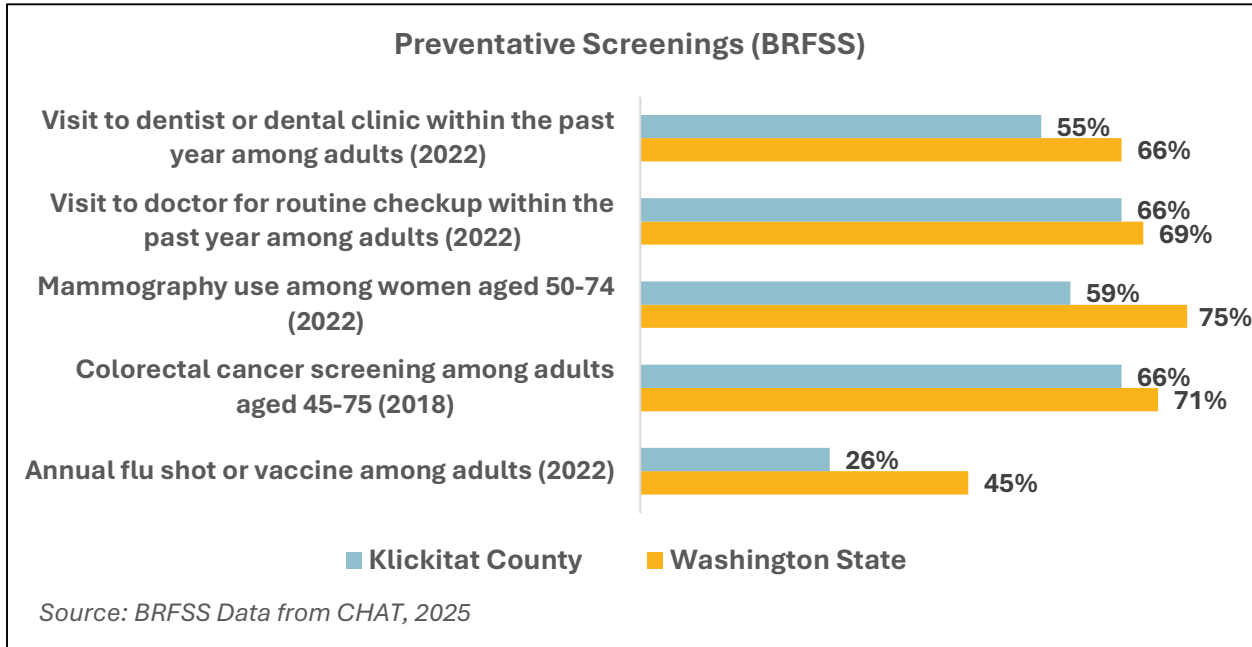


While Medicare use rates among seniors in the United States is high, this data may miss trends and/or disparities in women not on Medicare. Additionally, this data is also gathered every two years and the current recommendation for screening is every 2 years, thus possibly missing women who follow the recommendations but have not received a screening in the last year.

BRFSS Preventative Care Data

Another view into preventative screening utilization is the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS collects data through over 400,000 telephone surveys annually across all 50 states, allowing for comparison between county and state averages. Using the Department of Health’s Community Health Assessment Tool to examine Washington State BRFSS data:

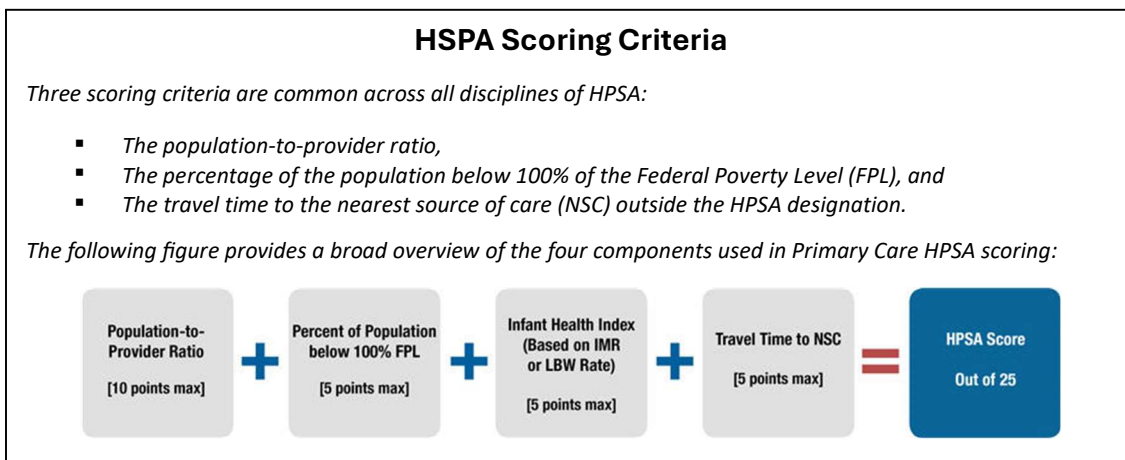
- In 2022, 59% of Klickitat County female residents aged 50-74 report receiving a mammography screening in the past two years, a rate still 21% lower than the state average (75%).
- In 2018, 66% of Klickitat County males residents aged 50-75 report receiving colorectal cancer screening, a rate 7% lower than the state average (71%).
- In 2022, 66% of Klickitat County adults had a routine medical checkup in the past year, a rate 4% lower than the state average (69%).
- In 2022, 55% of Klickitat County adults had a dental checkup in the past year, a rate 18% lower than the state average (66%).
- In 2022, 26% of Klickitat County adults received a flu shot or vaccine, a rate 45% lower than the state average (47%).



Health Professional Shortages

The Federal Health Resources & Services Administration (HRSA) deems geographies and populations as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and/or Health Professional Shortage Areas (HPSAs). HPSA designations identify a critical shortage of providers in one or more clinical areas.

There are several types of HPSAs depending on whether shortages are widespread or limited to specific groups of people or facilities. These designations include a geographic HPSA wherein the entire population in a certain area has difficulty accessing healthcare providers and the available resources are considered overused, or a population HPSA wherein some groups of people in a certain area have difficulty accessing healthcare providers (e.g., low-income, migrant farmworkers, Native Americans).

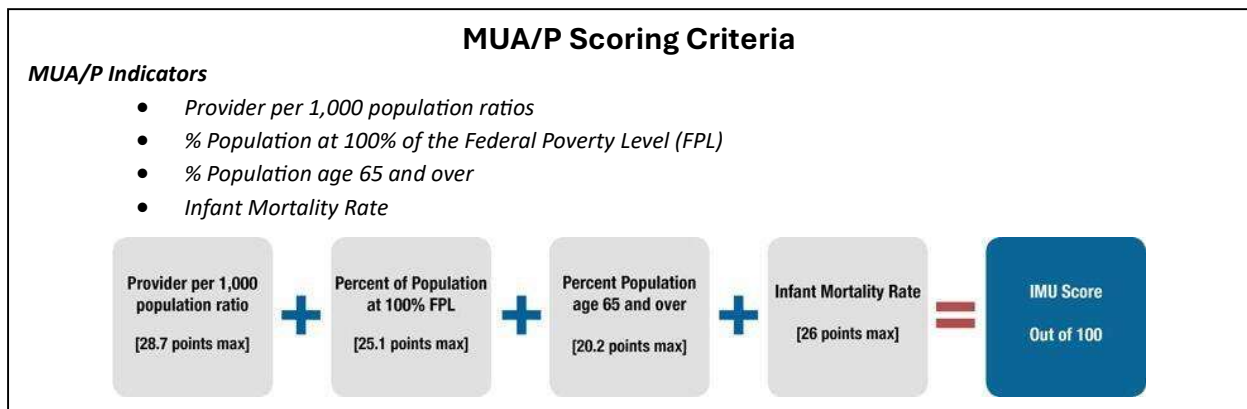


Once designated, the HRSA scores HPSAs on a scale of 0-26, with higher scores indicating greater need. HPSA designations are available for three different areas of healthcare: primary medical care, primary dental care, and mental health care. These designations are important as more than 30 federal programs depend on the shortage designation to determine eligibility or funding preference to increase the number of physicians and other health professionals who practice in those designated areas.

Klickitat County is a designated Health Professional Shortage Area for all three types of health care across multiple populations: low-income, homeless, and migrant farmworker.

Klickitat County HPSA Designations – 2021 Update		
Category	Designation Type	Score
Primary Care	Low Income, Homeless, Migrant Farmworker	15
Dental Health	Low Income, Homeless, Migrant Farmworker	18
Mental Health	Geographic	17

Source: HRSA Data Warehouse, HPSA Find



HRSA’s MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. The MUA/P score is dependent on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. **Klickitat County also has a Medically Underserved Population designation for its American Indian population with a score of 58.3 out of 62.**

As indicated by Klickitat County’s HRSA designations, the county experiences significantly higher (worse) provider-to-population ratios relative to state and national averages. Relative to Washington State as a whole, Klickitat County has ratios 48% lower (fewer per resident) for primary care physicians, 188% lower for dentists, and 165% lower for mental health providers.

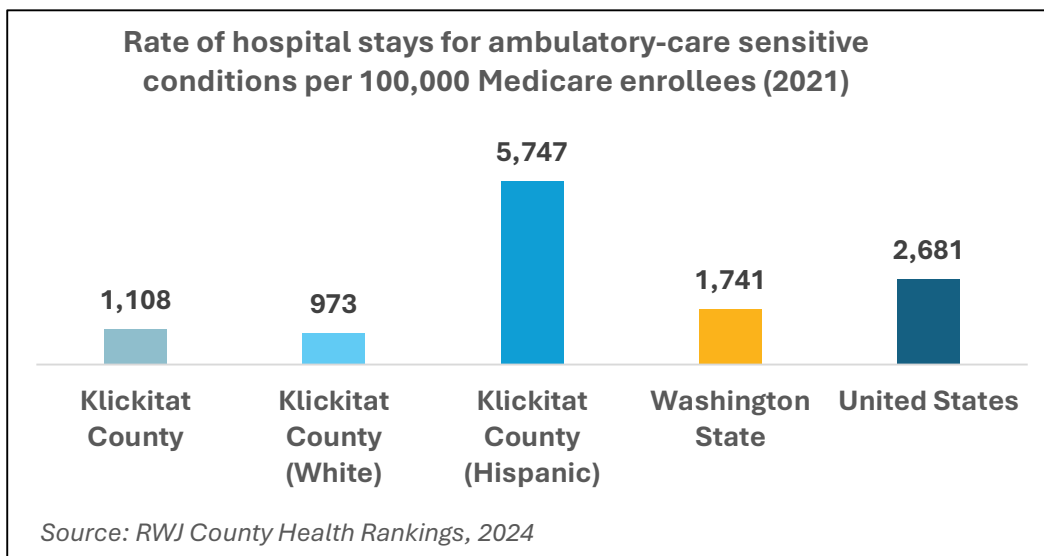
Klickitat County Population to Provide Ratios			
Provider Type	Klickitat County	Washington State	United States
Primary Care Physicians	1,780:1	1,200:1	1,330:1
Dentists	3,320:1	1,150:1	1,360:1
Mental Health Providers	530:1	200:1	320:1

Source: County Health Rankings 2024

Preventable Hospital Stays

Preventable hospital stays are hospitalizations for ambulatory care-sensitive conditions. These are conditions that, if diagnosed and treated in an outpatient setting, could have prevented hospitalization. Preventable hospital stays can be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care sensitive conditions primarily as a proxy for access to primary healthcare. This measure may also represent a tendency to overuse hospitals as a main source of care. Despite being subject to the pressures of health care provider shortages outlined above, this is an area of relative strength in the county.

Klickitat County reports 38% fewer (better) rates of preventable hospital stays than the state and almost 59% fewer (better) than the national average. When disaggregating by race however, stark disparities emerge, with Hispanic residents 418% more like to have a preventable hospital stay than the county average, while White residents are 12% less likely to have a preventable hospital stay than the county average.



Physical Environment

Stable, affordable housing can provide a safe environment for families to live, learn, and grow. Housing is often the single largest expense for a family, and when a sizable portion of a paycheck goes to paying the rent or mortgage, the cost burden can force people to choose between paying for essentials such as utilities, food, transportation, or medical care.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung disorders, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other pollutants can lead to illness, infection, and increased risk of cancer.

Community Human Service Need

In 2006, Washington State created a 211-phone system, creating a simple, easy number to call when residents need help or access to human services. The 211 system provides access to a comprehensive database of resources for coordinated care and referral systems. The 211 system makes publicly available the location and type of services callers are asking for, searching for online, and types of referrals made, allowing for accurate, unbiased, real-time information about community needs and gaps in services.

In 2024, there were 163 calls to the 211 system from Klickitat County

- 17% of calls (27) were related to housing and shelter, with most related to rental assistance or availability of low-cost housing.
- 14% of calls (23) were related to help with buying food, locations of food banks and food needed for children and/or holiday meals.
- 12% of calls (19) were related to healthcare (more than half of those related to assistance with medical expenses or insurance).
- 9% of calls (15) were related to assistance with paying for utilities.
- 3% of calls (5) were related to clothing and household needs.
- Other categories included Government & Legal (17%), Mental Health & Addiction (6%), Employment & Income (4%), and Transportation Assistance (2%).

Housing

The U.S. Census defines a “cost-burdened household” as a household that spends 30% or more of its income on housing and a “severe cost burdened household” as a household that spends more than 50% of income on housing.

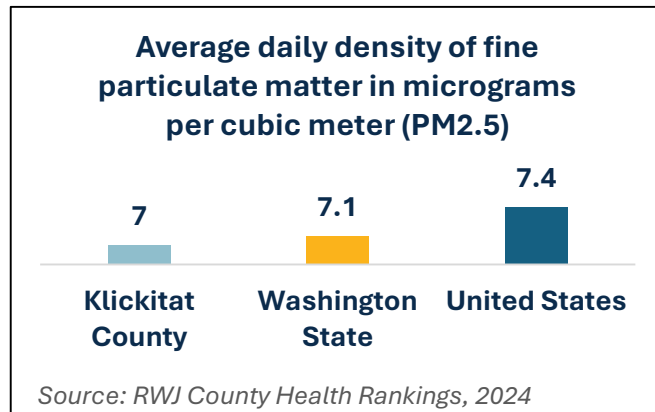
Renters in the KVH District experience a 30% greater (worse) cost-burden relative to the county and 56% greater (worse) cost-burden than those in the state. In contrast, renters in the Skyline District experience a 33% lower (better) cost-burden than the county and a 20% lower (better) cost-burden than the state.

Both Districts and county homeowners fare better than the state on measures of cost-burdened households and are in-line with the state on measures of severe cost-burdened households.

Housing Metrics	Klickitat PHD	Skyline PHD	Klickitat County	Washington State
Renting				
Cost-Burdened <i>(>30% of income on rent)</i>	39%	20%	30%	25%
Severe Cost-Burdened <i>(>50% of income on rent)</i>	15%	15%	16%	22%
Home Ownership				
Cost-Burdened <i>(>30% of income on home ownership)</i>	16%	18%	19%	24%
Severe Cost-Burdened <i>(>50% of income on homeownership)</i>	8%	8%	9%	9%
<i>Source: ACS 2022, 5-Year Estimates</i>				

Air and Water Quality

RWJF’s County Health Rankings measures air pollution by particulate matter in the air. It reports the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM_{2.5}). Several adverse health effects are associated with exposure to particulate matter,



including premature mortality, increased hospitalization, acute and chronic bronchitis, asthma, ER visits, and restricted daily activities. Research points to older adults with chronic heart and lung disease, children, and asthmatics as the groups most likely to experience adverse effects with exposure to particulate matter.⁴ **According to data from the RWJF County Health Rankings, at least one community water system in Klickitat County reported a health-based drinking water violation in 2022.**

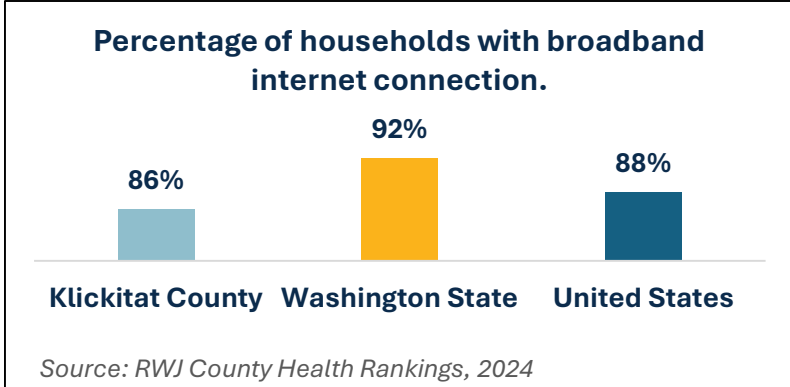
⁴ California Air Resources Board

Broadband Access

Broadband is high-speed internet access that is faster than dial-up and ready for use immediately. Broadband speed and bandwidth vary but can be measured as download/upload speed in megabits per second (Mbps). According to the U.S.

Department of Commerce,

internet access is the backbone of today’s world, powering education and the economy, supporting health and well-being. Roughly 20% of Americans are not connected to the internet and left unable to fully participate in modern life. **86% of Klickitat County households have broadband internet connection, a rate 6.5% lower than the state and just over 2% under the national average.**



Community Convening

The 2025 Klickitat County community convening process included both a community-wide survey and roundtable listening sessions in the services area of both hospital Districts.

Community Survey

A community survey was conducted between March and May 2025, with a total of 348 survey responses being received. Surveys were distributed online through county and hospital websites and social media channels. In-person surveys were available at hospitals, distributed at community events, and through community partners. Community partners in survey distribution included:

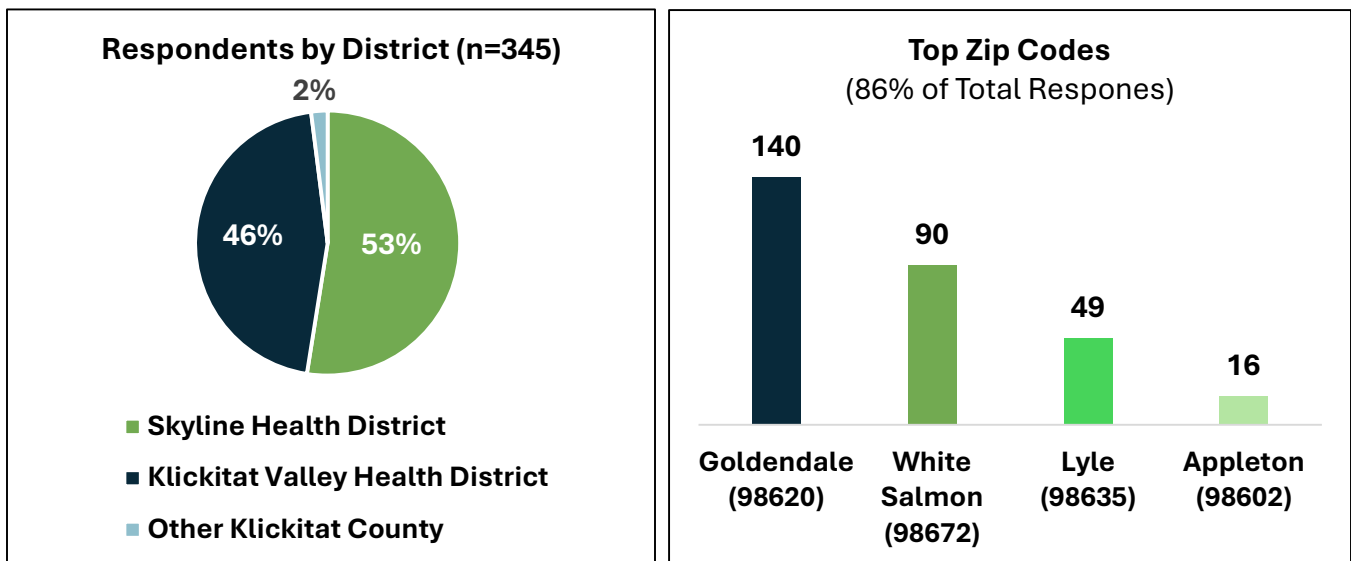
- Klickitat County Senior Center
- White Salmon Valley School District
- Goldendale School District
- Goldendale Ministerial Association
- Bingen-White Salmon Rotary

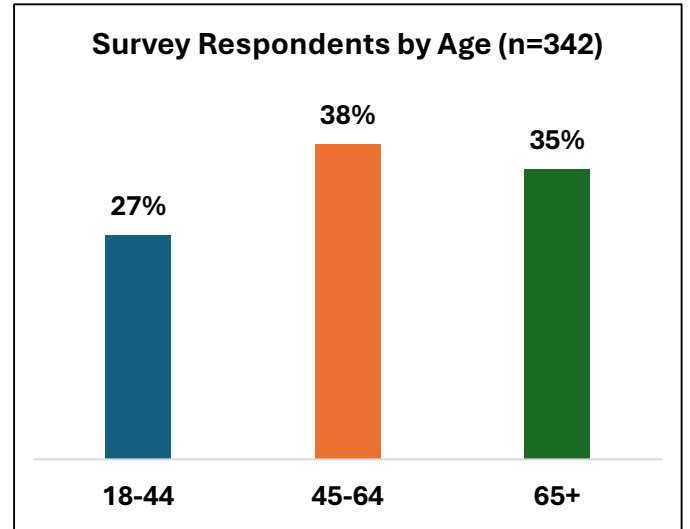
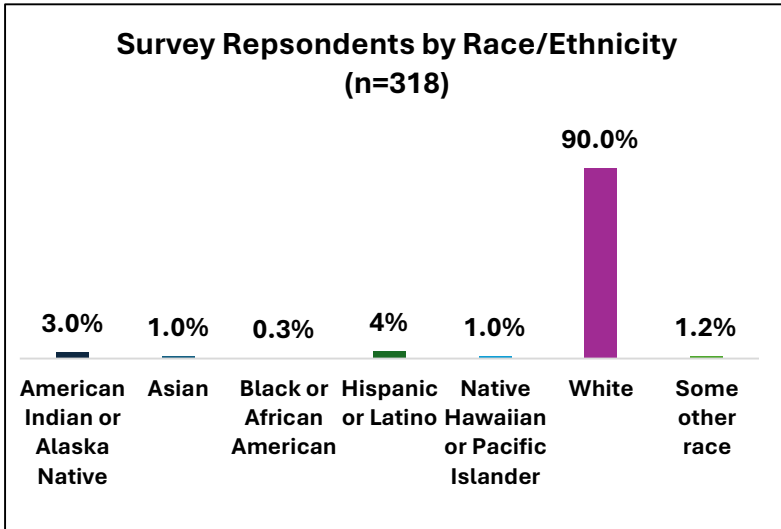
The survey was designed to solicit feedback on the areas prioritized in the 2022 Columbia River Gorge Regional CHNA and to help identify other potential health needs and gaps. The distribution channels were intended to facilitate respondents representing the communities of both hospital districts and the county as a whole.

The survey underrepresents Hispanic voice, which is 13% of the target population while 4% of survey respondents. The survey overrepresents the 65+ cohort, which was 27% of the target population, but represents 35% of survey respondents. Consequently, survey results are disaggregated and reported by age and race/ethnicity where appropriate or applicable.

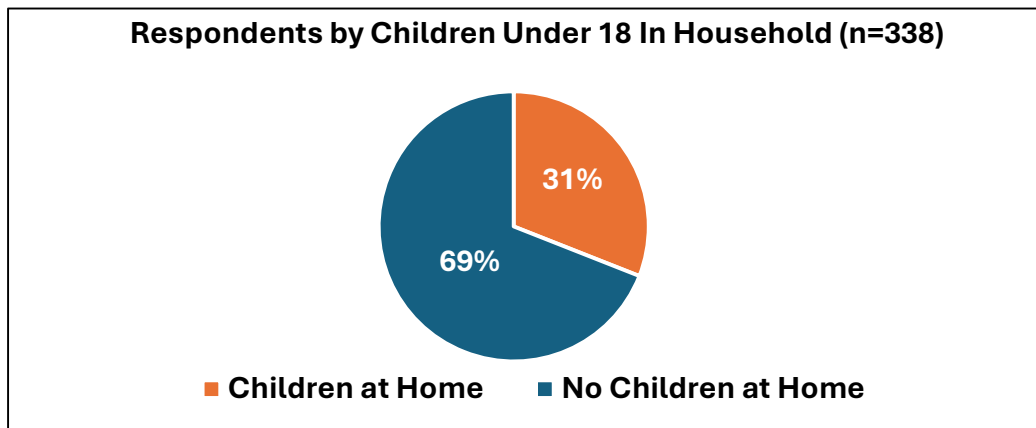
Key findings from the community survey are presented below.

Survey Demographic Characteristics



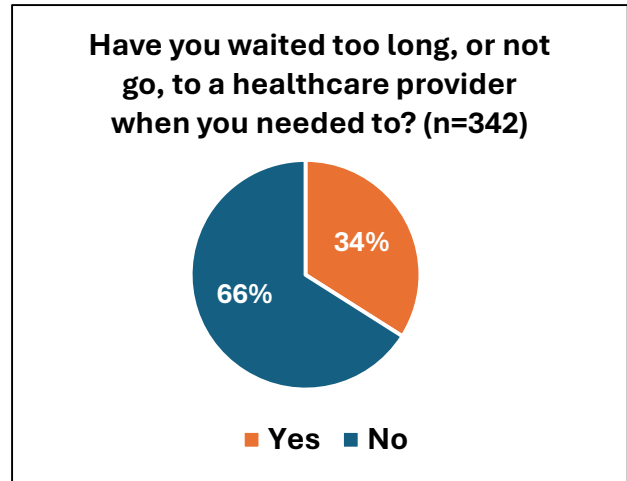
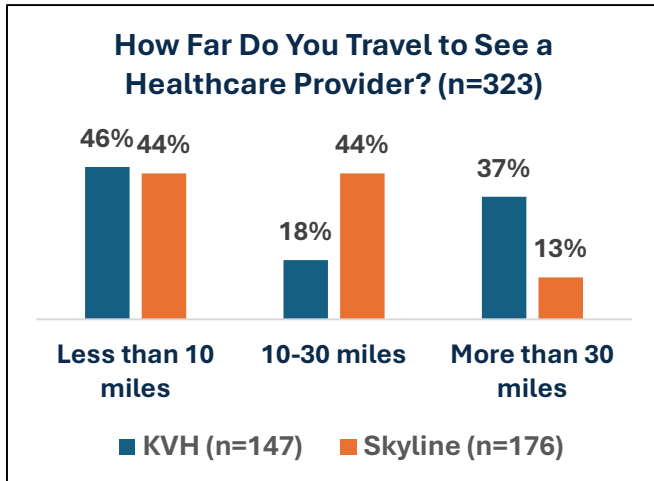


- Hispanic responses were in line across both hospital districts.
- The American Indian response was 3% in the Skyline District and 1.5% in the KVH District.
- 30% of KVH District survey respondents were 65+.
- 41% of the Skyline District respondents were 65+ skyline



- **31% of respondents who answered had children under 18 at home.** That rate was in line across both hospital districts.
- **6% (n=21) of those that answered spoke a language other than English at home.** 14 of those 21 identified they speak Spanish at home. By hospital district:
 - 7% of KVH District respondents speak a language other than English at home
 - 9% of Skyline District respondents speak a language other than English at home

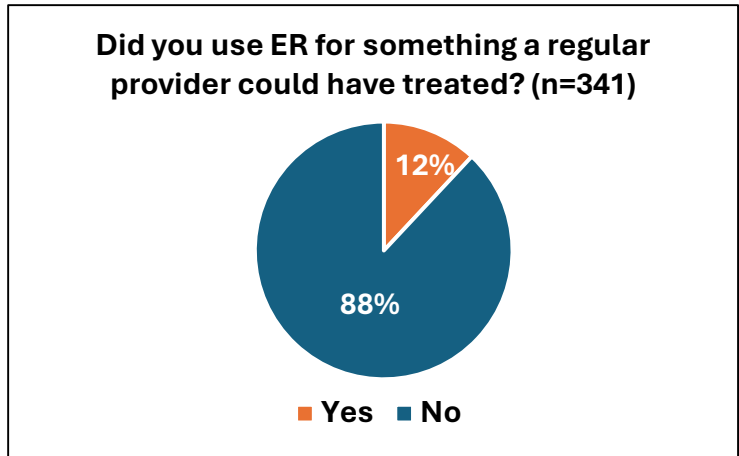
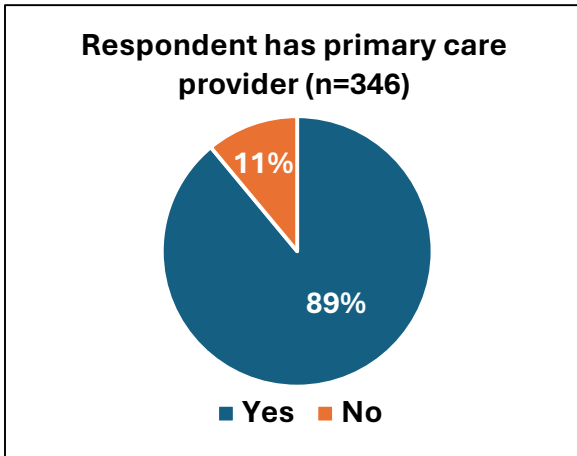
Access to Care



If, yes, why? (n =107):	Responses
Too long, or could not get appointment	58
Too expensive	11
No health insurance	9
Too far to travel, or no ride to the provider	7
No childcare	2
Other	23

- Almost 40% of KVH District respondents travel more than 30 miles for healthcare compared to 13% in the Skyline District.
- Over a third of respondents (n=115) reported waiting too long or not receiving care in the past year.
 - That rate was 40% in the KVH District compared to 27% in the Skyline District.
- “Too long, or could not get an appointment” and care “too expensive” were the top reasons for delay in care in both aggregate and 65+ responses.
- Most frequent “Other” reasons include busy/no time, procrastination, inconvenience.

Primary Care

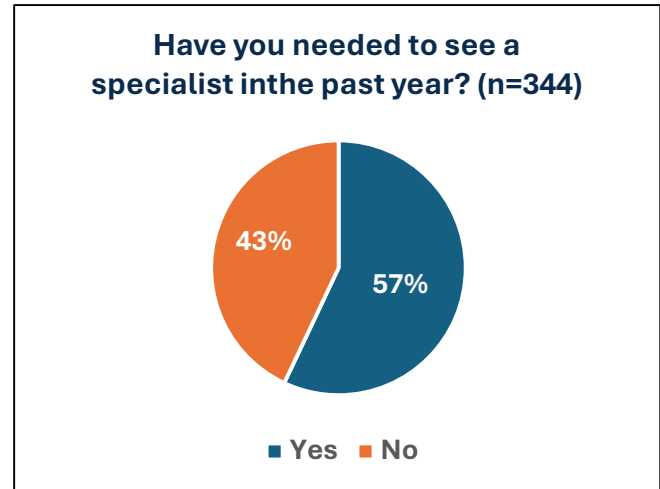


Reasons for no primary care. Check all that apply. (n =37)	Responses
Long wait for an appointment	8
I just go to urgent care or the emergency room	6
Too expensive	6
Doctor moved or left practice	4
No healthcare providers near me	2
No health insurance	1
Other	15

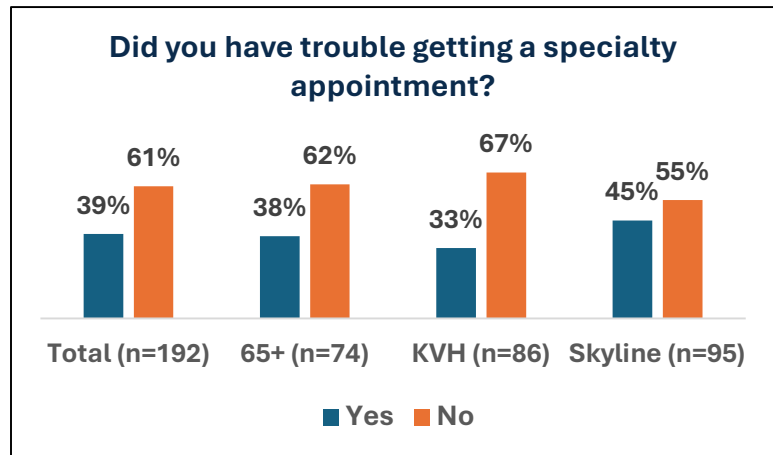
- 89% of survey respondents reported having a primary care provider.
 - That rate was 87% in the KVH District compared to 91% in the Skyline District.
 - 96% of 65+ respondents reported having a primary care provider.
- 12% of survey respondents reported using the ER for something a regular provider could have treated.
 - That rate was 10% in the KVH District compared to 14% in the Skyline District.

Specialty Care

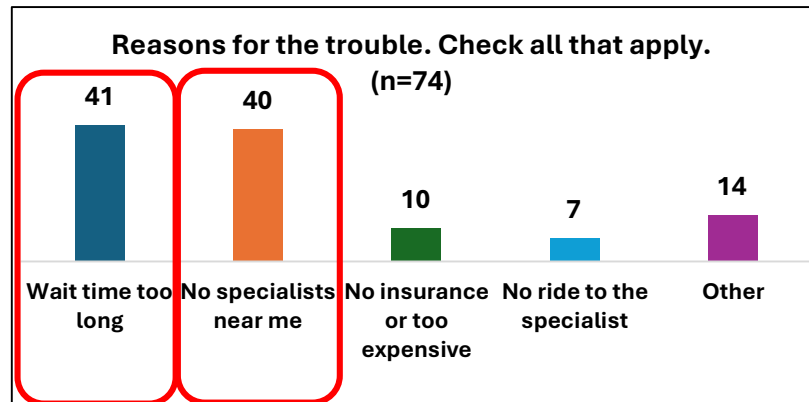
- Of those that responded (n=344), **57% reported needing to see a specialist** in the past year (in line across both hospital districts).
 - That number was higher (**64%**) for the **65+ cohort**.



- **39%** (n=74 of 192) of those who needed a specialist reported having trouble getting an appointment.
 - That number was **45%** in the **Skyline District**.

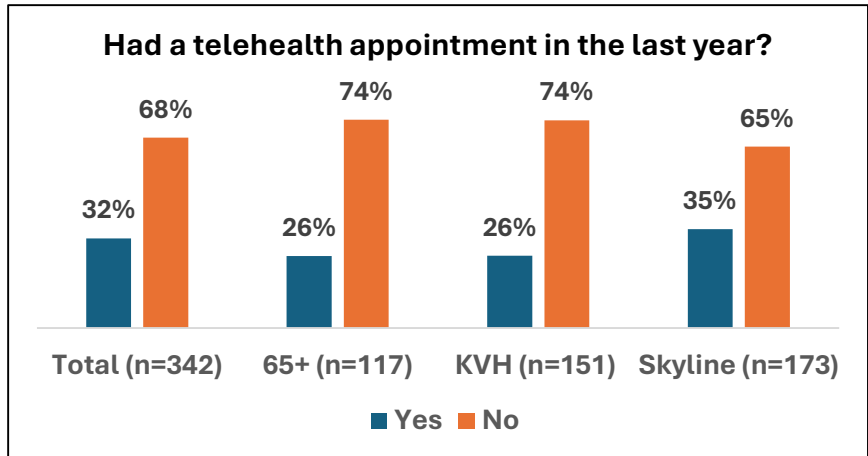


- **“Wait time too long” and “No specialists near me” were the top two reasons.**
 - After “Wait time too long”, **“No ride” was the number two reason for 65+.**

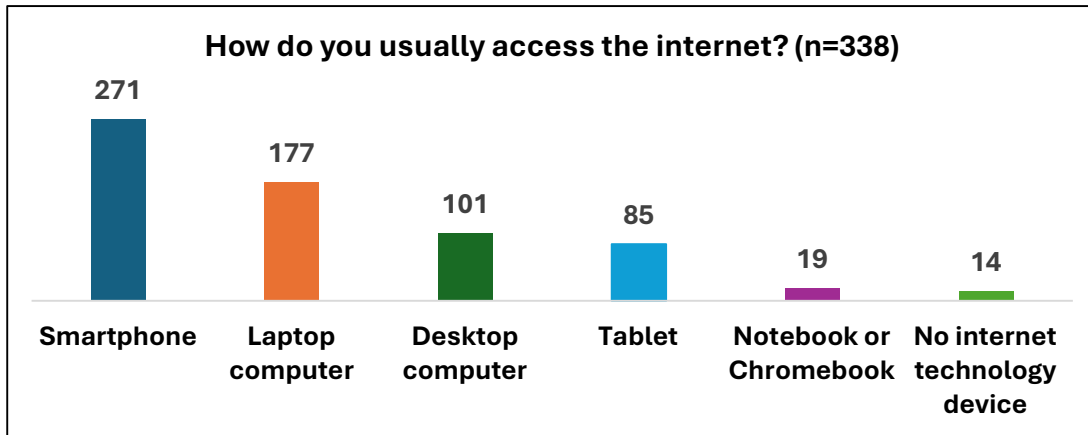


Telehealth and Internet Access

- **32% of those that responded (n=342) had a telehealth appointment in the last year.**
 - That number was **lower (26%) for 65+ and KVH District.**
 - That number was **higher (35%) for the Skyline District.**



- **Of those that answered (n=338), 14 (4%) did not have an internet technology device.**
 - 13 of the 14 respondents that report not having an internet technology device are 65+. 9 live in the Skyline District, compared to 4 from the KVH district.
- **When asked if there are any issues using telehealth (n=337), 51 respondents indicated their appointment or need required in-person visits.**



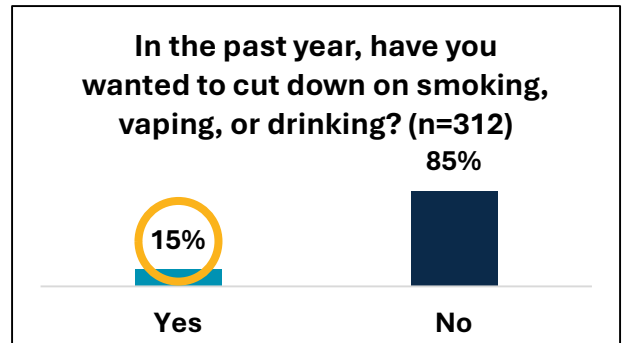
Are there issues using telehealth. Check all that apply. (n =337)	Responses
My need or appointment required in-person visit	51
No access to internet or services	12
No access to phone or computer	10
No private or confidential space for telehealth appointment	9
Other	38

Physical Health

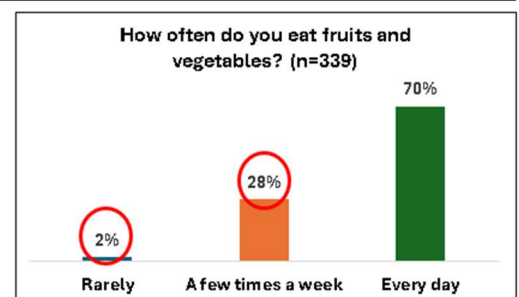
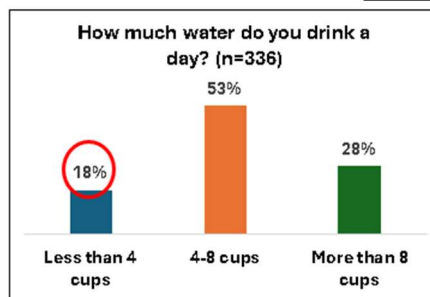


- Only 4% of respondents (n=339) report using any tobacco products. Of those that did (n=15), 87% use it daily.
- Only 3% of respondents (n=340) report using any vape products. Of those that did (n=9), 33% use it daily.
- 57% of respondents (n=336) report drinking alcohol products. Of those that drink (n=193), 13% drink daily, and 45% drink a few times a week.

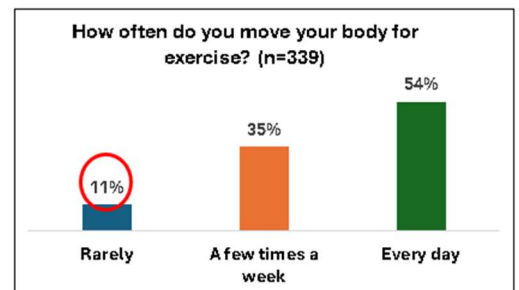
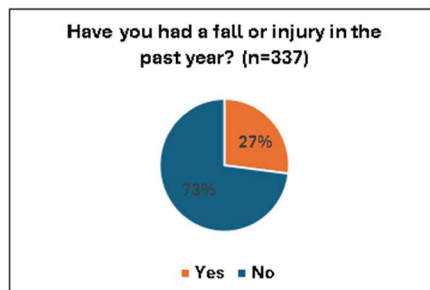
- 15 % of respondents (n=312) report that they want to cut down their use of smoking, vaping, or drinking. That number was 19% in the Skyline District compared to 8% in the KVH District.



- 18% of respondents (n=336) report drinking less than 4 cups of water per day. That number was 23% for 65+.
- 30% of respondents (n=339) report not eating fruits or vegetables daily. That number was 35% for 65+.



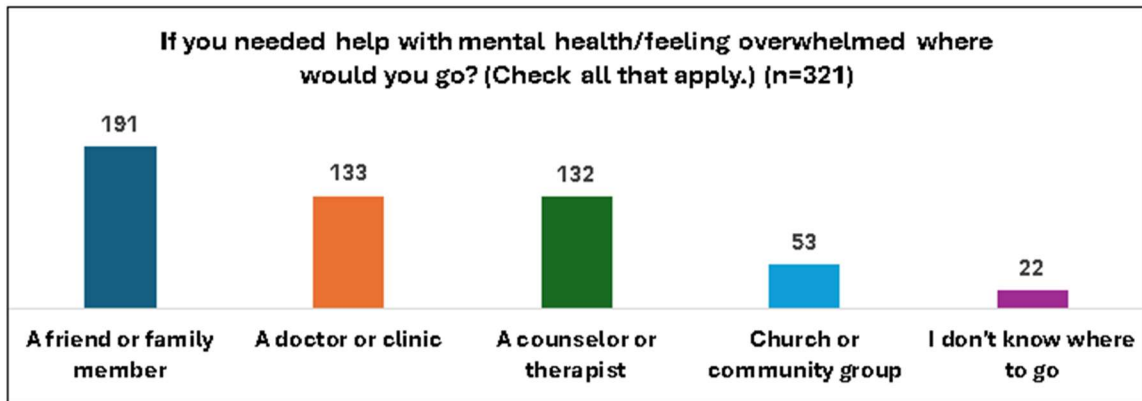
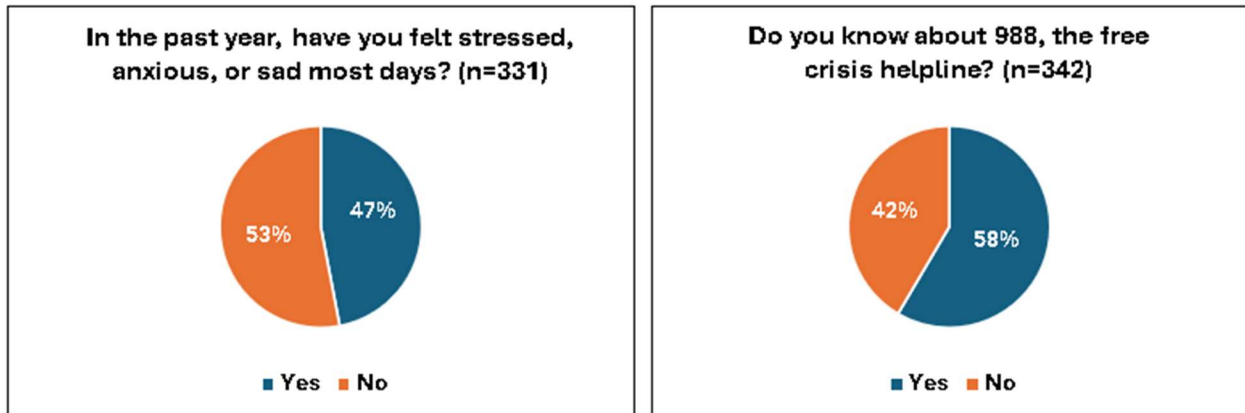
- 11% of respondents (n=339) report they rarely exercise. That number was 16% for 65+.



- 27% of respondents reported a fall or injury last year. (n=337) That number was 34% for 65+.

Mental Health

- Of those that responded (n=331), 47% reported feeling stressed, anxious, or sad most days. That number was in line across both hospital districts and lower (38%) for 65+.
- Almost 60% of respondents know about the 988 free crisis helpline. This number was lower (42%) for 65+.
- Friends/families are the most used resource for mental health, followed by doctor/counselor.



Community Priorities

Housing, childcare, and mental health/addiction services were most selected for highest community health need.

Other write-ins for most important factor:

- Senior-specific healthcare; nursing home, memory care, assisted living (x6)
- Dental care (x4)

Community Health Need	% of respondents selecting “the community needs a lot of help with...” (n=337)
Affordable Housing	74%
Affordable Childcare	70%
Mental Health/Addiction Recovery	66%
Healthy, Affordable Food	54%
Transportation	43%
Health Education/Prevention	42%
Chronic Health Conditions	40%
Access to Healthcare	39%

There were differences in priority selections for “the community needs a lot of help with...” based on the demographics of the respondents.

Community Health Need	All (n=337)	Skyline (n=171)	KVH (n=147)	Hispanic (n=9)
Affordable Housing	74%	83%	64%	78%
Affordable Childcare	70%	73%	66%	88%
Mental Health/Addiction Recovery	66%	64%	68%	89%
Healthy, Affordable Food	54%	52%	58%	75%
Transportation	43%	46%	41%	33%
Health Education/Prevention	42%	42%	43%	67%
Chronic Health Conditions	40%	41%	39%	22%
Access to Healthcare	39%	41%	37%	44%

- Skyline service area respondents selected Housing, Childcare, and Transportation at higher rates.
- KVH service area respondents selected Mental Health/Addiction Recovery slightly above Housing and Childcare, selected Affordable Food (58%) and Health Education/Prevention (43%) at higher rates.
- Hispanic respondents selected English Language Support (50%) over Transportation, Chronic Health Conditions, or Access to Healthcare and selected basic needs and Mental Health/Addiction Recovery at much higher rates.
- 65+ responses mirrored aggregate response, except Chronic Health Conditions selected slightly higher than Health Education/Prevention.

Listening Sessions

Roundtable listening sessions were conducted on June 11th at KVH and June 12th at Skyline. The purpose was to gather input and perspectives from community leaders and organizations that work directly in District communities.

June 11th, 2025 @ Klickitat Valley Heath	June 12th, 2025 @ Skyline Heath
15 participants	7 participants
Organizations: County EMS, Goldendale Police, City Council, Dept. of Corrections, Regional Library, County Senior Services, Health Department, School Districts, Churches, County Behavioral Health, Community Council/Fire	Organizations: Hospital, White Salmon Police, HeadStart, School Districts, County Senior Services, WAGAP, Educational Service District

Participants were asked to identify changes in community health (positive and negative trends) related to the 2022 Columbia Gorge Regional CHNA and priorities and about the highest leverage needs and opportunities for improvement of the community’s health.

The listening sessions added additional perspective on community health needs and priorities. While themes from the listening sessions were consistent with the survey and aligned county-wide (especially housing and behavioral health), there are other noteworthy themes that emerged. Foremost, the need for senior access to healthcare and social services supports to age in place came through clearly and urgently in the listening sessions, county-wide. The same was true for a lack of local specialty services, and resources to support youth mental health and families in crisis.

Noted in both districts was the opportunity for upstream patient and community education around insurance plans, planning for Medicare/Medicaid, senior services, and telehealth were named. Key trends, themes, and opportunities are presented for each District’s session below.

Listening Session Themes: Klickitat Valley Health (6.11.25)

Positive Trends	Gap Areas
<ul style="list-style-type: none"> • Response to need/crisis has improved (weekly hot meals, response time to crisis situations) • Klickitat County Behavioral Health building out capacity (note: this is responsive to large gap from loss of Comprehensive in the behavioral health space in the county) • Engagement of community organizations (full capacity and deeply committed) 	<ul style="list-style-type: none"> • Specialty Services • Lack of mid-long-term services. <ul style="list-style-type: none"> ○ After initial law, health, or county crisis response... nowhere to go. ○ Only outpatient mental health is through Hospital ○ Since the closure of White Salmon welfare offices, increased population in need and no additional resources • Housing is still a profound barrier, especially for seniors. <ul style="list-style-type: none"> ○ Lack of rental supply, expensive of rental and ownership. ○ Deeply Impacts other areas such as hiring, aging in place, SHOH, etc. The county is exploring signing bonuses, relocation stipends, etc. • Hiring is difficult (behavioral health, schools, DOC) especially as it intersects lack of affordable/available housing • Seniors (Aging in Place) <ul style="list-style-type: none"> ○ Only assisted living closed due to high Medicaid, cost/sustainability ○ Previous grant for in-home palliative care expired ○ The country lost in home care through budget cuts in 2023, a 70% decrease in support (esp. Alzheimer’s support), burn out of caregivers, also inappropriate caregivers (grandchildren, SUD impacted, etc.) ○ 8mos – year to get in-home care through Medicare/caid ○ Some seniors do want to engage Medicaid services and lose their home ○ Private care starting at \$48/hour is out of reach ○ Isolation (geographic, mobility) ○ Silo’d services/responses: medical, behavioral, legal ○ Law enforcement taking more calls for senior welfare checks ○ #1 call for EMS is lift assistance. Moving to/from a wheelchair
Opportunities	
<ul style="list-style-type: none"> • Upstream Education: topics such as Medicaid, insurance plans • Senior Housing: Grants, Partnerships, Multi-agency collaboration for assisted living? • Senior Resource List: local-focus, interagency • Interagency, Community-based Communication. Is there an interagency meeting of any kind? Maybe an email group (updates on news, new hires/leaves, services. WAGAP has list, but Gorge wide. Need something more local. • Harnessing political capital: community organizations in collaboration with the city council to “tell the story,” advocate for bills, address local needs, etc. 	<ul style="list-style-type: none"> • Resources for youth <ul style="list-style-type: none"> ○ Outpatient mental health ○ Childcare ○ Family support with youth in crisis ○ Youth living with grandparents as caregivers (or grandparents living with youth as caregivers)

Listening Session Themes: Skyline Health (6.12.25)

Positive Trends	Gap Areas
<ul style="list-style-type: none"> • Transportation has come a long way in 10 years, you can now travel from White Salmon to Portland (interagency, 2-hour trip) • Growth in current and planned affordable housing (at least two developments with some affordable housing, project in Wishram, and future planning for County). • Moratorium on vacation rentals in city limits (but small impact/footprint relative to unincorporated area) • Community Health Workers <ul style="list-style-type: none"> ○ WAGAP has seen need and responded with growth ○ CHW Workforce is impactful and sizeable relative to the per capita population • Community grant (WAGAP, others) for co-located services for behavioral and mental health in the old Comprehensive building • Engagement of community organizations (full capacity and deeply committed) 	<ul style="list-style-type: none"> • Transportation time/cost of travel to services is still a barrier, particularly for families with children. No childcare means all travel together. It also impacts school attendance. • Housing is still a profound barrier. <ul style="list-style-type: none"> ○ Lack of rental supply, expensive of rental and ownership. ○ Impacts hiring (esp. schools, childcare) ○ Homelessness has increased ○ Only two low-income housing options for seniors, 2–3-year waitlists • Lack of local specialty care and services generally drains community capacity. <ul style="list-style-type: none"> ○ Intersectional with transportation barriers, school attendance, missed work, etc. ○ Bilingual CHWs, with already high caseloads, drive and stay with clients to translate, limits their capacity and efficiency ○ Hospital referrals departments spend large amount of time dealing with time/distance issues (esp. Neuro, GI). ○ Senior service, pediatric specialties, behavioral health are all acute gaps ○ Medicare Advantage and AmBetter plans have no local in-network providers, Hoodspout providers often not on plans ○ Loss of Comprehensive creates lack of crisis response outside city ○ Services located in Goldendale, increased response time, reduced capacity • Behavioral health needs/services. <ul style="list-style-type: none"> ○ Enrolled tribal members must go to Yakima Warm Springs, 1-year waitlists ○ Lack of inpatient beds ○ Drain on law enforcement and hospital resources • Seniors (Aging in Place) <ul style="list-style-type: none"> ○ Lack of local in-network providers ○ Traditional Medicare has no vision, or dental, and creates crushing cost burden on seniors ○ Lack of options, long waitlists for assisted living
Opportunities	
<ul style="list-style-type: none"> • Senior Housing: Grants, Partnerships, Multi-agency collaboration for assisted living • MS/HS has an onsite community wellness building...a social service hub. It needs an umbrella agency or manger. Ideal space for small group therapy, county nurses, telehealth. Model could be OR school-based health centers providing access to rural, unincorporated communities. • Telehealth is a capacity building opportunity. How to let people know, get the work out, encourage engagement? Intersects with the school-based co-location hub that could have telehealth suites to mitigate for both internet access and privacy issues. • Insurance education: Skyline has an insurance navigator, but how to get the word out and patient/community education 	

2026-2028 Priorities

Determining Priorities

After an analysis of the themes identified through national, state, and regional data, and in the data collected through community convenings, priorities were developed using a synthesizes of strategic planning concepts:



In addition to the themes and priorities emerging directly from primary and secondary data conducted for this CHNA, a review of other recent health assessments included:

Washington Gorge Action Programs (WAGAP), 2024

WAGAP serves nearly 40% of the residents of Skamania and Klickitat Counties. More WAGAP clients live in poverty (49%) than the general population, with higher unemployment (38%) and lower rates of health insurance (25%). 15% of WAGAP clients are Hispanic and 5% are American Indian (disproportionately higher than those populations living the area).

WAGAP provided over 6,000 volunteer hours in 2024, maintains an extensive network of partner agencies they refer clients to, and continues to train Community Health Workers employed by WAGAP and other providers. WAGAP conducts a Community Needs Assessment every 3-4 years, the most was completed and published in March of 2024. 711 residents and 56 service providers participated in the community surveys, along with 2 community focus groups and 2 service provider focus groups, and 9 social service leader interviews.

Key Findings:

- Despite decreasing poverty, income inequality in Klickitat County has been rising since 2015.
- Eastern Klickitat County communities have higher rates of poverty and are food deserts, with at least 1/3 of residents living more than 10 miles from a grocery store.
- 21% of youth in Klickitat County face Food Insecurity.
- The identified needs are access to food and affordable housing, health and dental care, internet, and mental health counseling.
- More than half of surveyed community members said housing and utility costs are a problem.

- Data from eastern Klickitat County (east of Lyle) found:
 - more people need “a lot of help” with healthcare access than housing,
 - internet access is needed as acutely as affordable housing,
 - addiction recovery is needed by more people than English language support or domestic violence support.
- 53% of respondents noted they feel socially isolated or experience loneliness at least some of the time, with a shortage of mental health providers a key issue.
- Healthy Youth Survey data shows the rates of youth considering suicide are 5x higher than the state average.

Key suggestions:

- **Building a robust service provider collaboration system** (shared referral, full-time communication administrator, updated services and events directory, workshops on service navigation and referral resources).
- **Community empowerment through training** (financial wellness, GED, nutrition, job training).
- **Wrap around services to increase access**
- **Increased prevention and recovery programs to improve health**
- **Strengthening Community Health Worker networks.** Employing Community Health Workers was the most recommended strategy for communicating with hard-to-reach populations.

Columbia River Gorge Regional CHNA, 2022

In 2022, the Columbia River Gorge Regional CHNA identified six priority themes:

1. **Homelessness and housing instability**
2. **Behavioral health challenges and access**
3. **Economic insecurity (including childcare)**
4. **Access to health care services (including oral health)**
5. **Food insecurity**
6. **Chronic conditions**

2025 Survey respondents identified a remarkably consistent list of priority needs. Housing, childcare, and mental health/addiction services were the most selected for priority community health need. When aggregated together, a cluster of healthcare-related needs emerged around access to care, health education and prevention, and management of chronic health conditions.

Although largely consistent county-wide, when asked “what the community needs a lot of help with”, it is noteworthy respondents from the Skyline District service area more strongly prioritized housing and childcare, while mental health/addiction recovery and affordable food were more strongly prioritized in the KVH District service area. Hispanic respondents county-wide overwhelmingly prioritized mental health/addiction recovery, childcare, housing, and affordable food.

Community Priorities

Suggested priorities to explore in 2026-2028 strategic implementation planning include access to medical and behavioral healthcare, prevention and management of chronic disease, services to support seniors aging in place, and social determinants of health.

Priority: Access to behavioral health services (mental health, substance use disorder).

- Klickitat County adults report higher average numbers of days feeling mentally unhealthy than Washington State or the nation.
- Klickitat County is a designated health professional shortage area for mental health care, with a provider-to-resident ratio 65% lower than the state.
- Mental health/addiction services was a top 3, most selected community health need in the survey.
- 15 % of survey respondents report that they want to cut down their use of smoking, vaping, or drinking. That number was 19% in the Skyline District compared to 8% in the KVH District.
- 47% of survey respondents reported feeling stressed, anxious, or sad most days.
- 40% of survey respondents were not aware of the 988 free crisis helpline.
- The need for resources to support youth mental health and families in crisis was a consistent theme of countywide listening sessions.
- Lack of outpatient mental health and coordinated crises response drives care into law enforcement (jails) and hospital emergency departments.

Priority: Access to healthcare (primary and specialty care, preventative healthcare, and chronic disease management).

- More than a third of survey respondents report waiting too long or not receiving care in past year. That rate was 40% in the KVH District compared to 27% in the Skyline District.
- Fourteen percent (14%) more Klickitat County residents reported fair or poor health relative to Washington State or the nation and report that they have a higher average number of days feeling physically unhealthy.
- Klickitat County adults are underperforming, relative to the national average, for annual doctor visits and annual dental visits.
- Klickitat County rates of preventative mammography screening are lower than national average.
- Klickitat County significantly underperforms relative to both state and national averages on annual flu vaccinations for adults on Medicare.
- Klickitat County is a designated health professional shortage area for primary care, with a provider-to-resident ratio more than 48% lower than the state.
- A quarter of survey respondents report traveling more than 30 miles for healthcare. Almost 40% of KVH District respondents travel more than 30 miles for healthcare compared to 13% in the Skyline District.

- More than a third of survey respondents report waiting too long or not receiving care in past year. That rate was 40% in the KVH District compared to 27% in the Skyline District.
- “Could not get an appointment” and care “too expensive” were the top reasons for delay in care in both aggregate and 65+ responses.
- 11% of total survey respondents report no primary care provider. That rate was 13% in the KVH District and 9% in the Skyline District.
- 12% of total respondents report using the ER for something a regular provider could have treated. That rate was 10% in the KVH District and 14% in the Skyline District.
- 39% of survey respondents who needed a specialist reported having trouble getting an appointment. That number was 45% in the Skyline District. “Wait time to long and “not specialists near me” were the top 2 reasons cited.
- In addition to constrained access to providers, lack of local specialty services impacts and/or exacerbates travel distances, transportation burdens, school and work attendance, referral coordination, etc.

Priority: Health education and the prevention and management of chronic conditions

- Rates of physical inactivity, obesity, and adult smoking are all higher in the county than in the state.
- 30% of survey respondents report that they are not eating fruits or vegetables daily.
- 11% of survey respondents report they rarely exercise.
- The Klickitat County teen birth rate is better (lower) than the national average but is 23% higher than Washington State as a whole.
- Klickitat County rates of preventative mammography screening are lower than national average.
- Klickitat County significantly underperforms relative to both state and national averages on annual flu vaccinations for adults on Medicare.
- Noted across listening session in both districts was the opportunity for upstream patient and community education around insurance plans, planning for Medicare/Medicaid, senior services, and telehealth.

Priority: Access to healthcare care and services for seniors to age in place

- By 2030, the 65+ population is expected to grow another 14% to make up more than one-third of residents, increasing demands on health care services.
- The need for senior access to healthcare and social services supports to age in place came through clearly and urgently in the listening sessions, county-wide.
- 2% of survey respondents took the opportunity and initiative to write in factors related to senior-specific healthcare, in-home care, and housing needs including access to nursing home, assisted living, and memory care services.
- Lack of adequate or coordinated care for seniors countywide increases capacity demand on law enforcement and emergency medical services.

Priority: Social Determinants of Health

Another significant theme across both community and civic leader surveys and county health data is the importance and impact of social determinants of health. Social determinants of health are the conditions in which people are born, grown, live, work, and age. Specific non-medical factors that are having strong impacts on the health and wellbeing of the community include:

- Affordable housing
- Affordable childcare
- Access to healthy, affordable food

Implementation Plan

Consistent with 26 CFR § 1.501(r)-3, both Klickitat Valley Health and Skyline Health will separately adopt an Implementation Plan on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is adopted, or, by May 15, 2026. Prior to this date, the Implementation Plan will be presented to both Klickitat County Public Hospital Boards for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as guidance for the next three years in prioritization and decision-making regarding resources and will guide the development of a plan that operationalizes the adopted priorities adopted.

APPENDIX 1:
2020-2028 CHNA Data Tables

Claritas Population Tables (2025)

Klickitat County Population Data										
	2010	2020	Pct. of Tot. Pop.	Pct. Chg. 2010-2020	2025 Est.	Pct. of Tot. Pop.	Pct. Chg. 2020-2025	2030 Proj.	Pct. of Tot. Pop.	Pct. Chg. 2025-2030
Tot. Pop.	20,772	23,191	100.0%	11.6%	23,911	100.0%	3.1%	24,196	100.0%	1.2%
Pop. By Age										
0-17	4,567	4,493	19.4%	-1.6%	4,155	17.4%	-7.5%	3,974	16.4%	-4.4%
18-44	5,721	6,718	29.0%	17.4%	6,978	29.2%	3.9%	6,924	28.6%	-0.8%
45-64	6,793	6,471	27.9%	-4.7%	6,232	26.1%	-3.7%	5,866	24.2%	-5.9%
65-74	2,285	3,534	15.2%	54.7%	3,923	16.4%	11.0%	4,288	17.7%	9.3%
75-84	1,046	1,607	6.9%	53.6%	2,039	8.5%	26.9%	2,488	10.3%	22.0%
85+	360	368	1.6%	2.2%	584	2.4%	58.7%	656	2.7%	12.3%
Tot. 0-64	17,081	17,682	76.2%	3.5%	17,365	72.6%	-1.8%	16,764	69.3%	-3.5%
Tot. 65 +	3,691	5,509	23.8%	49.3%	6,546	27.4%	18.8%	7,432	30.7%	13.5%
Hispanic	2,179	2,927	12.6%	34.3%	3,177	13.3%	8.5%	3,380	14.0%	6.4%
Fem. 15-44	3,205	3,616	15.6%	12.8%	3,650	15.3%	0.9%	3,611	14.9%	-1.1%
American Indian/ Alaskan Native	491	555	2.4%	13.0%	502	2.1%	-9.5%	435	1.8%	-13.3%
Asian	132	149	0.6%	12.9%	235	1.0%	57.7%	327	1.4%	39.1%
Black/ African American	50	66	0.3%	32.0%	95	0.4%	43.9%	120	0.5%	26.3%
Other Non-White	1,838	3,740	16.1%	103.5%	4,138	17.3%	10.6%	4,492	18.6%	8.6%
<i>Source: Nielsen Claritas, 2025</i>										

PHD#1 (KVH): District Population Data											
	2010	Pct of Tot Pop	2020	Pct of Tot Pop	Pct Chg 2010-2020	2024 est	Pct of Tot Pop	Pct Chg 2020-2024	2029 proj	Pct of Tot Pop	Pct Chg 2024-2029
Tot. Pop.	8,108	100.0%	8,732	100.0%	7.7%	8,978	100.0%	2.8%	9,377	100.0%	4.4%
Pop. By Age											
0-17	1,734	21.4%	1,681	19.3%	-3.1%	1,613	18.0%	-4.0%	1,608	17.1%	-0.3%
18-44	2,055	25.3%	2,283	26.1%	11.1%	2,354	26.2%	3.1%	2,519	26.9%	7.0%
45-64	2,691	33.2%	2,408	27.6%	-10.5%	2,265	25.2%	-5.9%	2,065	22.0%	-8.8%
65-74	1,037	12.8%	1,475	16.9%	42.2%	1,673	18.6%	13.4%	1,924	20.5%	15.0%
75-84	443	5.5%	732	8.4%	65.2%	892	9.9%	21.9%	1,049	11.2%	17.6%
85+	148	1.8%	153	1.8%	3.4%	181	2.0%	18.3%	212	2.3%	17.1%
15+	6,729	83.0%	7,357	84.3%	9.3%	7,680	85.5%	4.4%	8,066	86.0%	5.0%
Tot. 0-64	6,480	79.9%	6,372	73.0%	-1.7%	6,232	69.4%	-2.2%	6,192	66.0%	-0.6%
Tot. 65 +	1,628	20.1%	2,360	27.0%	45.0%	2,746	30.6%	16.4%	3,185	34.0%	16.0%
Hispanic	551	6.8%	657	7.5%	19.2%	713	7.9%	8.5%	797	8.5%	11.8%
Fem. 15-44	1,195	14.7%	1,280	14.7%	7.1%	1,307	14.6%	2.1%	1,370	14.6%	4.8%

Source: Claritas, 2024

PHD #2 (Skyline) Primary Service Area Population Data											
	2010	Pct of Tot Pop	2020	Pct of Tot Pop	Pct Chg 2010-2020	2024 est	Pct of Tot Pop	Pct Chg 2020-2024	2029 proj	Pct of Tot Pop	Pct Chg 2024-2029
Tot. Pop.	19,750	100.0%	22,161	100.0%	12.2%	23,031	100.0%	3.9%	24,317	100.0%	5.6%
Pop. By Age											
0-17	4,401	22.3%	4,196	18.9%	-4.7%	4,115	17.9%	-1.9%	4,023	16.5%	-2.2%
18-44	5,728	29.0%	6,744	30.4%	17.7%	6,835	29.7%	1.3%	7,067	29.1%	3.4%
45-64	6,512	33.0%	6,383	28.8%	-2.0%	6,356	27.6%	-0.4%	6,419	26.4%	1.0%
65-74	1,851	9.4%	3,158	14.3%	70.6%	3,656	15.9%	15.8%	4,177	17.2%	14.3%
75-84	940	4.8%	1,294	5.8%	37.7%	1,643	7.1%	27.0%	2,110	8.7%	28.4%
85+	318	1.6%	386	1.7%	21.4%	426	1.8%	10.4%	521	2.1%	22.3%
15+	16,146	81.8%	18,709	84.4%	15.9%	19,719	85.6%	5.4%	21,105	86.8%	7.0%
Tot. 0-64	16,641	84.3%	17,323	78.2%	4.1%	17,306	75.1%	-0.1%	17,509	72.0%	1.2%
Tot. 65 +	3,109	15.7%	4,838	21.8%	55.6%	5,725	24.9%	18.3%	6,808	28.0%	18.9%
Hispanic	1,966	10.0%	2,775	12.5%	41.1%	3,061	13.3%	10.3%	3,477	14.3%	13.6%
Fem. 15-44	3,207	16.2%	3,602	16.3%	12.3%	3,690	16.0%	2.4%	3,820	15.7%	3.5%

Source: Nielsen Claritas, 2024

Health Outcomes (Health & Wellbeing)

Indicator	Definition / Source	Klickitat Valley Health District	Skyline Health District	Klickitat	County	Washington State
Health Conditions						
Disability	Percentage of adults (18+) with a disability, 2018-2022; HRSA GeoCare Navigator	13.9	19.0	16.1		13.0
Obesity	Percentage of adults (18+) with a BMI of 30 kg/m2 or greater, 2022; HRSA GeoCare Navigator	32.8	34.5	33.5		31.4
Obesity (Youth)	Percentage of 10th grade youth with a BMI of 25 kg/m2 or greater; 2023 Heathy Youth Survey (n=190)			30.0		24.0
High Blood Pressure	Percentage of adults (18+) with high blood pressure, 2018-2022; HRSA GeoCare Navigator	33.0	38.0	35.0		29.2
Diabetes	Percentage of adults (18+) with Diabetes, 2018-2022; HRSA GeoCare Navigator	11.4	13.4	12.2		9.6
Mortality	Age-adjusted mortality rate (per 100,000), 2023; DOH CHAT	680	637.6	668.4		700.5
Cancer	Rate of deaths due to malignant neoplasms per 100,000, age-adjusted, 2023; DOH CHAT	114	159	134.0		137.2
Heart Disease	Rate of deaths due to diseases of the heart per 100,000, age-adjusted, 2023; DOH CHAT	138.7	94.5	124.3		130.1
Stroke	Rate of deaths due to cerebrovascular disease per 100,000, age-adjusted, 2023; DOH CHAT	35.2	22.5	33.3		33.3
Respiratory Disease	Rate of deaths due to chronic lower respiratory diseases per 100,000, age-adjusted, 2023; DOH CHAT	46	37.6	41.1		27.2
Pregnancy & Childbirth						
Prenatal Care	Percentage of women who received pre-natal care in the first trimester, 2023; DOH Washington Tracking Network	76.2	88.5	81.0		79.3
Child Immunizations	Percentage of children (19-35 months) up to date on recommended immunizations, 2024; WA DOH			26.6		57.9
Child Immunizations	Percentage of children (4-6 year olds) up to date on recommended immunizations, 2024; WA DOH			17.1		40.2
School-required Immunizations	Percentage of Kindergarteners out of compliance with required immunizations (excludes exemptions), 2024-2025; WA DOH	7.1 (Goldendale SD)	5.4 (White Salmon Valley SD)	5.6		6.4
Mental Health						
Loneliness	Percentage of adults reporting they always usually, or sometimes feel lonely, 2022; RWJ (BRFSS)			39.0		36.0
Suicide	Age-adjusted rate of deaths by suicide (self-injury) per 100,000, 2023; DOH CHAT	71	25.2	41.1		15.4
Depression (Youth)	Percentage of 10th grade youth who report feeling sad or hopeless almost every day for 2 weeks or more in the last year; 2023 Heathy Youth Survey (n=190)			29.3		29.9
Hope Scale (Youth)	Percentage of 10th grade youth who report no or very low hope on the Children's Hope Scale; 2023 Heathy Youth Survey (n=168)			10.7		7.8
Suicide (Youth)	Percentage of 10th grade youth who report seriously considering attempting suicide in the past year; 2023 Heathy Youth Survey (n=190)			15.8		14.5
Suicide (Youth)	Percentage of 10th grade youth who report attempting suicide in the past year; 2023 Heathy Youth Survey (n=190)			11.1		7.1
Prevention						
Primary Care	Percentage of adults (18+) with no usual source of care, 2023; HRSA GeoCare Navigator	14.8	13.0	14.0		15.1
Delayed Care	Percentage of Adults Who Delayed/ Not Sought Care Due to High Cost; 2020 HRSA GeoCare Navigator	8.7	7.9	8.4		8.6
Physical Exam (Adult)	Percentage of adults reporting no routine check-up within the past year, 2022; BRFSS via DOH CHAT			34.0		31.0
Physical Exam (Youth)	Percentage of 10th grade youth reporting no annual check-up or physical exam in the past year; 2023 Heathy Youth Survey (n=190)			35.2		33.3
Dental Care	Percentage of adults (18+) with no dental visit in the past year, 2022; HRSA GeoCare Navigator	35.8	40.2	37.6		34.0
Dental Care (Youth)	Percentage of 10th grade youth reporting no dental visit in the past year; 2023 Heathy Youth Survey (n=190)			23.0		33.9
Flu Vaccine	Percentage of adults (18+) with no flu shot or vaccine, 2023; HRSA GeoCare Navigator	37.9	30.5	39.0		49.0
Breast Cancer Screening	Percentage of female residents, ages 50-74, who report receiving a mammogram in the past two years, 2022; BRFSS via DOH CHAT			50.0		75.0
Colorectal Screening	Percentage of adult residents, ages 50-75, who had appropriate screening for colorectal cancer in the past year, 2018; BRFSS via DOH CHAT			66.0		71.0

Health Factors (Community Conditions)

Indicator	Definition / Source	Klickitat Valley Health District	Skyline Health District	Klickitat County	Washington State
Health Behaviors					
Physical Inactivity	Percentage of adults reporting no leisure-time physical activity, 2022; RWJ County Health Rankings			21.0	17.0
Physical Inactivity (Youth)	Percentage of 10th grader youth reporting no physical activity in the past week; 2023 Healthy Youth Survey (n=190)			12.9	10.9
Tobacco Use	Percentage of adults who are current smokers (age-adjusted) 2022; HRSA GeoCare Navigator	12.5	14.8	13.4	11.2
Marijuana Use	Percentage of adults who report using marijuana in the past 30 days, 2021; DOH CHAT			20.7	17.9
Marijuana Use (Youth)	Percentage of 10th grade youth who report using marijuana in the past 30 days; 2023 Healthy Youth Survey (n=190)			11.5	8.4
Heavy Marijuana Use (Youth)	Percentage of 10th grade youth who report using marijuana 10 or more days in the past 30 days; 2023 Healthy Youth Survey (n=190)			5.4	3.3
Binge Drinking	Percentage of adults (18+) who report binge drinking (5 drinks for men, 4 drinks for women) in the past 30 days, 2022; HRSA GeoCare Navigator	16.3	14.5	15.6	17.3
Alcohol Use (Youth)	Percentage of 10th grade youth who report alcohol consumption in past 30 days; 2023 Healthy Youth Survey (n=190)			14.1	9.1
Heavy Drinking (Youth)	Percentage of 10th grade youth who report drinking 3 or more days and/or binge drinking (5 or more drinks in a row) in the past 30 days; 2023 Healthy Youth Survey (n=190)			7.0	5.5
Opioid Deaths	Rate of opioid deaths per 100,000, 2023; DOH Washington Tracking Network			counts below 10, data suppressed	35.7
Violence and Injury Prevention					
Homicide	Age-adjusted rate of deaths due to homicide (assault) per 100,000, 2023; DOH CHAT			5.4	5.2
Accident Deaths	Rate of deaths due to accident per 100,000, age-adjusted, 2023; DOH CHAT	66.7	60.6	55.4	72.8
Health Infrastructure and Access					
Health Insurance	Uninsured rate, 2023; OFM (Hospital Districts data is 2019-2023 5-Year Estimate; ACS)	6.8	6.3	8.3	4.8
Primary Care Providers	Ratio of one primary care physician per people, 2021; RWJ County Health Rankings			1,780:1	1,200:1
Mental Health Provider	Ratio of one mental health provider per people, 2024; RWJ County Health Rankings			520:1	190:1
Dentists	Ratio of one dentist per people, 2022; RWJ County Health Rankings			3,320:1	1,150:1
Socioeconomic Factors					
High School Graduation	Percentage of adults (25+) with a high school degree of equivalent, 2019-2023 5-Year Estimate; ACS	90.0	90.2	89.9	92.2
Income	Median household income (2023 inflation adjusted dollars), 2019-2023 5-Year Estimate; ACS	\$55,989	\$79,718	\$70,400	\$94,952
Poverty	Families earning less than 100% of FPL, 2019-2023 5-Year Estimate; ACS	10.7	7.3	8.6	6.4
Poverty	Families earning less than 200% of FPL, 2019-2023 5-Year Estimate; ACS	27.5	15.5	20.3	16.7
Poverty	Children in poverty (<18), 2019-2023 5-Year Estimate; ACS	21.4	13.8	16.7	11.9
Poverty	Adults in poverty (18-64), 2019-2023 5-Year Estimate; ACS	20.0	11.9	15.0	9.6
Poverty	Senior in poverty (65+), 2019-2023 5-Year Estimate; ACS	6.7	9.8	8.4	8.5
English Proficiency	Percentage of individuals with limited English proficiency, 2017-2021; DOH Washington Tracking Network			3.9	7.6
Physical Environment					
Childcare Cost Burden	The percent of its income the average household spent on child care for 2 children, 2023-2024; RWJ County Health Rankings			41.0	37.0
Food Insecurity	Percentage of adults (18+) with no flu shot or vaccine, 2023; HRSA GeoCare Navigator	37.9	30.5	39	49
Rent Cost Burden	Cost Burdened Renters (those spending more than 30% of income on rent, 2019-2023 5-Year Estimate; ACS)	34.9	16.7	25.8	24.8
Severe Rent Cost Burden	Severe Cost Burdened Renters (those spending more than 50% of income on rent, 2019-2023 5-Year Estimate; ACS)	22.8	11.8	17.4	22.1
Ownership Cost Burden	Cost Burdened Homeowners (those spending more than 30% of income on homeownership expenses, 2019-2023 5-Year Estimate; ACS)	17.0	20.9	20.6	23.8
Severe Ownership Cost Burden	Severe Cost Burdened Homeowners (those spending more than 30% of income on homeownership expenses, 2019-2023 5-Year Estimate; ACS)	7.7	7.3	8.7	9.3
Air Pollution	Particulate matter (micrograms/cubic meter) relative to 12 microgram EPA standard an US average of 7.3, 2020; RWF County Health Rankings			11.4	10.3
Drinking Water Violations	Drinking Water Violations, 2023; RWF County Health Rankings	No community water system in Klickitat County reported any health-based violation.			
Broadband Access	Percentage of households with broadband internet connection, 2019- 2023; RWF County Health Rankings			86.0	93.0

Health Centers, Rurality, & Shortage Areas

Indicator	Definition / Source	Klickitat Valley Health District	Skyline Health District	Klickitat County	Washington State
Federally Qualified Health Centers					
Count	Health Center Count, 2023; HRSA GeoCare Navigator (Note: FQHCs serving county residents may be located in other counties)	9	5	17	2,001
Utilization (all)	Percentage Penetration of Total Population, 2023; HRSA GeoCare Navigator	12.5	5.7	9.8	14.9
Utilization (low-income)	Percentage Penetration of Low-Income, 2023; HRSA GeoCare Navigator	43.6	17.4	31.9	65.9
Dominant FQHCs	2023; HRSA GeoCare Navigator	One Community Health, Yakima Valley Farm Worker's Clinic			
Rurality					
Rural	Am I Rural, Federal Office of Rural Health Policy; Rural Health Information Hub, 2025		680		
Rural	Percent of county population that is rural; Rural Health Information Hub, 2025		79.7		
CMS Eligible	Location eligible for Rural Health Clinic Program; Rural Health Information Hub, 2025	Yes	Yes		
Health Professional Shortage Areas					
Primary Care	Designation: Low-income, homeless, migrant farm worker; Rural Health Information Hub, 2025		Yes		
Dental Care	Designation: Low-income, homeless, migrant farm worker; Rural Health Information Hub, 2025		Yes		
Mental Health	Designation: Geographic; Rural Health Information Hub, 2025		Yes		
Medically Underserved	Medically underserved population: Native American; Rural Health Information Hub, 2025		Yes		

APPENDIX 2:
Klickitat Valley Health 2023-2025 CHNA Implementation Plan
Accomplishments



Klickitat Valley Health: 2023-2025 Prior CHNA Accomplishments

2022 Columbia Gorge Regional CHNA Themes (2023-2025)	Actions	Anticipated Impacts	Accomplishments (completed or in -progress)
<p>Improved Access to Behavioral Health Services (substance use, mental health, social isolation, and loneliness)</p>	<ol style="list-style-type: none"> Recruit and retain mental health and substance use disorder providers. Pursue reimbursement and grants for substance use disorder services. 	<ul style="list-style-type: none"> Increased behavioral health patients and services, decreased wait time for access Increased behavioral health patients and services, decreased wait time for access 	<p>Began offering Medication-Assisted Treatment (MAT) in the Emergency Department.</p> <ul style="list-style-type: none"> Initiated buprenorphine prescriptions directly from the ED for patients with opioid use disorder. Established scheduled outpatient follow-up and peer support connections at discharge. Expanded access to substance use treatment and continuity of care for community members <p>Added 1.50 FTE provider support, (includes FT PMHNP) in the behavioral health department</p>
<p>Improve Access to Equitable Healthcare Services (uninsured, access to oral health, transportation, telehealth, bilingual/bicultural providers)</p>	<ol style="list-style-type: none"> Develop general staff and medical staff plans for recruitment and retention. Raise awareness and perception of services, quality, and overall experience. Continue expansion of telehealth and remote access to health record. Continue case management services for selected Medicare/Medicaid patients. 	<ul style="list-style-type: none"> Improve access to services by increased staffing/services Increased utilization of services and patient satisfaction Increased utilization of services and patient satisfaction Increased utilization of services and patient satisfaction; improved outcomes 	<p>Care Coordination & Case Management:</p> <ul style="list-style-type: none"> Embedded care coordinators in the Family Medicine Clinic to: <ul style="list-style-type: none"> Support ACO patients (Annual Wellness Visits) Close care gaps Launched interdisciplinary case review meetings for high-utilizer ED patients to: <ul style="list-style-type: none"> Identify and connect patients with appropriate resources



Klickitat Valley Health: 2023-2025 Prior CHNA Accomplishments

			<ul style="list-style-type: none"> ○ Reduce avoidable emergency visits ● Continued case management services for Medicare and Medicaid patients <p>Transitions of Care:</p> <ul style="list-style-type: none"> ● Secured 2025 grant funding to improve transitions from hospital to home or other care settings ● Coordinated discharge planning and resource identification through the care coordinator team <p>Challenges & Limitations:</p> <ul style="list-style-type: none"> ● Telehealth expansion limited due to anticipated reductions in federal/state reimbursement ● Despite this, KVH preserved core remote access services and prioritized sustainability ● CMS Regulations ended reimbursement for telehealth for RHCs September 2025
<p>Address Social Determinants of Health</p>	<ol style="list-style-type: none"> 1. Utilize case management services and community health workers for patients in need to address barriers to care, including poverty, language/culture, transportation, affordable housing, and food insecurity. 2. Continue participation in Goldendale Interagency. 	<ul style="list-style-type: none"> ● Increased utilization of services to the most vulnerable in need of services ● Coordination of community efforts to address barriers to care 	<ul style="list-style-type: none"> ● Our new Security team can provide transportation more frequently to Emergency Dept and MedSurg patients who need a ride. ● Senior Leaders continue to engage in regional and County Economic Development Boards that include conversations about housing

APPENDIX 3:
Skyline Health 2023-2025 CHNA Implementation Plan
Accomplishments



Skyline Health: 2023-2025 CHNA Prior Accomplishments

2023 COMMUNITY HEALTH IMPROVEMENT PLAN OVERVIEW

Through the CHNA collaborative process of data collection, analyzing community input and cross-referencing qualitative and quantitative data, the Gorge Collaborative identified key themes and takeaways. This information informs the development of each organization’s subsequent Community Health Improvement Plan (CHIP). While all of the priorities in the regional CHNA are important, Skyline Health must address the needs specific to our local community. Skyline Health has selected the following four priorities for the 2023-2025 period in respect to the 2022 Community Health Needs Assessment findings.

2023-2025 Columbia Gorge Regional Prioritized Needs	Activities	Measuring Progress/Success
Behavioral Health	Offer fully integrated Behavioral Health Consultant services into our primary care clinic.	<ul style="list-style-type: none"> Supporting county BHS efforts.
	Leverage the expertise of the Behavioral Health Specialist (BHS) at Skyline Medical Clinic.	<ul style="list-style-type: none"> BHS extended role to care coordinating & managing high risk/complex populations: Behavioral Health referrals; VA authorizations; cancer registries.
	Coordinate closely with other organizations offering behavioral health services.	<ul style="list-style-type: none"> The BHS and ED Mgr attend the County Crisis Collaborative; BHS attends quarterly Interagency Meetings; Clinic Mgr involved in County’s Interagency SIMS project
	Pursue collaborative grant opportunities to help add direct services, reduce stigma and reduce behavioral health disparities.	<ul style="list-style-type: none"> No grants have been received, however Skyline Health supports Klickitat County Health Department’s BHS efforts.
	Serve as the Health Care Sector Representative for local prevention coalitions.	<ul style="list-style-type: none"> Sponsor of the RHR “Better Together Gorge Retreat; Involvement w/K-link (Matt); Matt’s work to effect policy change at State and Federal levels



Skyline Health: 2023-2025 CHNA Prior Accomplishments

	Advocate for policy change when appropriate.	<ul style="list-style-type: none"> • Matt; Clinic Mgr joined Rural Health Clinic Association of WA to effect policy at State level
Access to Healthcare Services	Participation in K-LINK Collaborative.	<ul style="list-style-type: none"> • Skyline attends regularly and is a very active member of the group.
	Care Coordination.	<ul style="list-style-type: none"> • Extensive Care Coordination going in the clinic by multiple team members
	Remote Access: Implementation of telehealth visits, direct on-line booking and increase access to providers through the Skyline Health’s Patient Portal.	<ul style="list-style-type: none"> • Telehealth CMS regulations were not extended beyond 9/30/2025; working with patients to help eliminate any barriers to in-person clinic appts – Grant rec’d from Skyline Health Foundation for gas vouchers.
	Education: Appropriate staff members will receive education and training in health equity.	<ul style="list-style-type: none"> • Completed via Next Door in 2025.
	Screenings: <ul style="list-style-type: none"> o Flu/FIT will increase access to colon cancer screenings for qualified individuals. o Skyline Health’s annual “Push for Prevention” offers low-cost lab screenings. o The Skyline Foundation Breast Health Program offers free and low-cost screenings. 	<ul style="list-style-type: none"> • First place for Breast Health Screenings in the collaborative 2025 – Breast program expanded with Coordinator; clinic BHS maintaining Breast Cancer Registry/Care coordination; • Push for Prevention has not continued to be offered to the public due to staffing issues. • Colonoscopy Registry & recall created & managed by Clinic staff. • The Skyline Health Foundation Breast Health Program provides free mammograms and diagnostic screenings to the under/uninsured.



Skyline Health: 2023-2025 CHNA Prior Accomplishments

	<p>Expanded Services: The addition of primary care providers in our White Salmon location, as well as expansion of primary care and general surgery to Skamania County Community Health in Stevenson.</p>	<ul style="list-style-type: none"> • General Surgery expanded to STV area - half day every other week • Dr. Petering added to WS Clinic team – Family Practice & Sports Medicine
	<p>Access to Insurance: Skyline Health Behavioral Health Specialist (BHS) is a certified Washington HealthPlanFinder Navigator. The BHS can help anyone apply for insurance during Open Enrollment, or AppleHealth at any time they need it. The BHS and Skyline Health Outreach Coordinator will collaborate yearly during Open Enrollment to promote this free service.</p>	<p>We are expanding the Navigator role to another clinic team member who be completing the course work for certification.</p>
	<p>Improved Preventive Dental Services: Skyline Health providers are able to provide fluoride treatments in regularly scheduled well-child checks through the “Mouth Matters” program.</p>	<ul style="list-style-type: none"> • Mouth Matters training for all new clinic providers & staff scheduled for 10/29/25
	<p>Improved Dental Care Coordination: A care coordinator assists Medicaid patients to locate dental clinics who accept their insurance and navigate their care.</p>	<ul style="list-style-type: none"> • BHS coordinates this for patients.
<p>Food Insecurity</p>	<p>Food Bank: Skyline Health will work with local food banks to offer healthy cooking demonstrations using items from the clients’ food box and taking into account cultural relevancy. Recipes and other nutritional information are provided to clients to take home for their use.</p>	<ul style="list-style-type: none"> • Skyline Health Community Outreach Coordinator works with our local food bank to offer healthy and realistic cooking options from food received. Clients leave with health recipes to prepare at home.
	<p>Farmers’ Market: Skyline Health sponsors “food access programs” through our local farmers’ market. In addition, Skyline Health Medical Clinic</p>	<ul style="list-style-type: none"> • Clinic has an active Veggie RX program / partnering with the Gorge Farmer’s Co-op. Skyline Health sponsors local



Skyline Health: 2023-2025 CHNA Prior Accomplishments

	<p>will pursue participating in the “Veggie Rx” program, which delivers fresh, local produce to those in need in partnership with their health care provider.</p>	<p>Farmers’ Markets efforts in our service area and regularly attends promoting healthy living.</p>
	<p>Schools: To focus on youth, Skyline Health offers healthy cooking classes through local after-school programs. Skyline Health understands life-long healthy eating habits adapted at a young age is key to a healthier life.</p>	<ul style="list-style-type: none"> • Skyline Health’s Community Outreach Coordinator teaches healthy cooking classes to local schools on a weekly basis. Students learn how to cook healthy and recipes are provided for home use.
<p>Chronic Conditions</p>	<p>Move More Feel Better Program: Skyline Medical Clinic offers the “Move More Feel Better” program to their established patients that are diagnosed with a chronic condition that could be better managed with exercise.</p>	<ul style="list-style-type: none"> • MMFB program expanded to not only include a greater gorge community into OR, but has had 3 more diverse vendors join the program, including the Hood River pool
	<p>Partnership with Accredited Care Organization: Skyline Medical Clinic is a part of an accredited care organization and has partnered with North West Momentum to coordinate and better care for selected members of our Medicare patients.</p>	<ul style="list-style-type: none"> • We have not been a member of the ACO for the past 2 ½ years.
	<p>Improved Access to Equitable Physical Activity and the Outdoors: We will continue to coordinate accessible activities such as the SpringFest Fun Run/Walk, sponsor the publication of White Salmon walking maps, a free youth helmet program and youth sports programs.</p>	<p>Skyline Health sponsors Springfest but has not participated in the Fun Run/Walk since COVID. Skyline does sponsor the publication of walking maps and regularly provides free helmets and fittings to our youth at various local events.</p>