



# **BMAC:**

## **Community Needs Assessment Report**

**ACCEPTED BY THE BOARD OF DIRECTORS**

**MAY 21, 2026**

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## Executive Summary

The **2026 Community Needs Assessment Report** shares key information and analysis about the three-county region served by Blue Mountain Action Council (BMAC). **The goal of this assessment is to better understand where service gaps exist in the region, helping guide future program priorities and planning efforts.** It meets Category Three of the Community Services Block Grant Organizational Standards for Community Assessment. In line with these standards, the report highlights data on poverty, including how it affects people across gender, age, and race/ethnicity.

BMAC used **multiple sources of data** to develop this report, including a widely distributed community survey, census and other data sets made available through the Washington State Community Action Partnership Data Hub and regional community health assessments from across BMAC’s Service Area, which spans Walla Walla, Garfield and Columbia Counties.

**Poverty remains a significant and growing concern across BMAC’s Service Area.** Currently, 11.9% of residents—7,576 individuals—live in households with incomes below the Federal Poverty Level, an increase from 6,826 in 2021. This rise underscores a trend that is not evenly distributed across the region, with higher poverty rates in Walla Walla and Garfield Counties compared to Columbia County. Disparities become even more pronounced when looking at race and ethnicity: Black, Indigenous, People of Color experience substantially higher poverty rates than White residents. Similarly, those of Hispanic ethnicity are more likely to be living in poverty than Non-Hispanic or Latino residents (15.6% compared to 10.8%). Together, these patterns highlight both the overall increase in need and the inequities that shape who is most affected.

Our community members and partners identified five **Priority Community Needs**:

**Financial Stability:** Our community needs greater access to resources to help cover rising costs of food, utilities and transportation; help to navigate complex public benefits systems; and opportunities to increase their financial literacy and money management skills.

**Health:** Across the region, community members identified needs for better awareness of health resources, improved insurance coverage, support for managing healthcare debt, expanded access to behavioral health, primary and specialty care, and services that help people age in place.

**Affordable Housing:** Stakeholders prioritized reducing the number of cost-burdened renters, increasing support to help low-income households obtain and maintain stable housing, and expanding the supply of affordable housing.

**Employment:** Our local workforce needs improved access to affordable, high-quality training and education programs, along with childcare, to secure work and advance to higher-paying jobs.

**Social Cohesion:** To combat isolation, inequity and polarization, residents need opportunities to participate in community life, strong social networks and mutual support through informal networks and organized efforts.

BMAC will use these findings to refine existing and develop new program strategies and to continue collaborating with its partners to further its mission to build thriving communities with food, housing, and hope.

## Section I: Introduction

### A. Purpose of Community Assessment and Data Sources

This report presents information and analysis for the three-county area served by Blue Mountain Action Council (BMAC) and its partners (Service Area) and complies with Category Three of Community Services Block Grant Organizational Standards: Community Assessment. Per the standard, it focuses on data specific to poverty and its prevalence related to gender, age, and race/ethnicity. The purpose of the assessment is to identify gaps in services in the region to support development of program priorities and planning.

The report updates the last Community Assessment, adopted by the BMAC Board of Directors on February 16, 2023. Current data utilizes the Census Bureau’s American Community Survey (ACS), 2020-24 5-year estimates. Additional quantitative data in this report is cited in separate footnotes.

Community needs and priorities data was collected through BMAC’s 2025-26 community needs and resources survey, which gathered input from community members and representatives of key sectors including community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Quantitative data was collected through the Community Needs Assessment Online Tool offered by the Community Action Partnership. Special thanks to the Washington State Community Action Partnership for providing access to data specific to BMAC’s Service Area. The tool can be accessed at <https://wscapdatahub.org/>.

Assessments and reports completed in the Service Area by partner organizations were reviewed for this report. Qualitative as well as quantitative data used in this report were drawn from the following:

- Walla Walla County Department of Community Health. Community Health Improvement Plan 2025-27
- Walla Walla County Department of Community Health. Community Needs Assessment 2023
- Garfield County Public Health. Community Health Improvement Plan 2024
- Garfield County Public Health. Community Health Assessment 2023.
- Columbia County Public Health Community Health Improvement Plan 2024-27
- Community County Public Health. Community Needs Assessment 2024-27

### B. BMAC Service Area

BMAC serves Walla Walla, Garfield and Columbia Counties, including the incorporated towns and cities of College Place, Dayton, Pomeroy, Prescott, Starbuck, Waitsburg, and Walla Walla and unincorporated Touchet and Burbank.



### C. BMAC Mission, Programs and Services

The Economic Opportunity Act of 1964 created community action programs. The Act defined a community action program as one that “...provides services, assistance and other activities aimed at eliminating poverty or its causes by developing economic opportunities, improving human performance, motivation and productivity, or bettering the conditions under which people live, learn and work...”

Blue Mountain Action Council is by intent, vision, and definition, a community action partnership. The formal incorporation was 60 years ago on February 12, 1966. BMAC’s mission and vision were updated as part of its strategic planning for 2026-2030:

**MISSION:** BMAC builds thriving communities with food, housing, and hope.

**VISION:** BMAC envisions just and inclusive communities where all people thrive.

Beginning with the creation of a Community Service Center in 1967, programs and services offered by BMAC have grown to include Food Distribution, Affordable Housing, Homeless Services for Youth and Adults, Employment Training, Energy Assistance Programs, , minor home repair, Pro Bono Legal Assistance, Asset Building, Adult Literacy, Long Term Care Ombudsman, Weatherization, Early Learning Resources, and Supportive Services to Veteran Families.

The agency strives to stay flexible and adaptable with regard to government policy, funding, and level of need. Over six decades, BMAC has served as a primary community resource, consistently providing a much-needed sheltering umbrella of services. BMAC’s approach is to help individuals meet their basic needs of food and housing and to provide hope by working with individuals to help them set goals and coach them on steps they can take to improve and change their lives.

BMAC’s current programs and services are outlined below. Additional information can be found on BMAC’s website ([www.bmacww.org](http://www.bmacww.org)).

<b>Food Programs</b> Food Distribution to Pantries and Backpack Bridge Washington State Basic Food Program	<b>Legal And Ombudsman</b> Legal Assistance Long Term Care Ombudsman
<b>Housing</b> Rental Housing Weatherization Minor Home Repair	<b>Homelessness &amp; Health Services</b> Rapid Re-Housing for Homeless Families Supportive Services for Veteran Families Youth And Young Adult Housing Program Blue Mountain Thrive
<b>Employment Training</b> Job Training and Coaching Community Jobs – WorkFirst Washington Pre-Employment Training Services	<b>Community Education</b> Adult Literacy Financial Coaching First-Time Homebuyer Readiness Early Learning Coalition
<b>Energy Assistance</b>	
Energy Assistance (LIHEAP) LIBA Program (Pacific Power) Washington Energy Assistance Fund Program	Utility Discount Program Cascade Natural Gas CARES Program

## D. Board Composition

BMAC's Board of Directors is comprised of 15 community members who represent the community, private and public sectors. Current members include:

Community Sector	Private Sector	Public Sector
Amie Peterson	Trevor Dorland	Rachel Herres
Nicolas Soto	Sherry Hartford ( <i>Secretary</i> )	Jillian Henze
Rebeca Michael	Adam Keatts ( <i>Treasurer</i> )	Kip Kelly ( <i>Vice Chair</i> )
Jennifer Lopez	Michelle Liberty	Gustavo Reyna ( <i>Chair</i> )
Analizeth Pesqueira	Shane McGuire	Norma Hernandez

## E. Community Action Network

BMAC is a member of the Washington State Community Action Partnership (WSCAP). WSCAP is a nonprofit organization created to provide a unified voice for Community Action Agencies in advocacy, policy, programmatic, and legislative issues affecting families and communities in the state of Washington. WSCAP also provides training and technical assistance to each of its 30 agencies, ensuring high quality professional services for those seeking assistance.

In addition, BMAC is one of nearly 1,000 agency partners in the National Community Action Partnership (NCAP). The NCAP is a national, nonprofit membership organization that provides technical assistance, training, and other resources to Community Action Agencies, nonprofit and public groups funded by the Community Services Block Grant, a federal program that allocates funding to states to connect Americans to greater opportunity.

## **Section II: Community Profile**

### **A. Service Area Description**

Located in the southeastern portion of Washington State, the adjacent counties of Walla Walla, Columbia and Garfield Counties comprise a geographically contiguous and socioeconomically interconnected rural region. While each county exhibits distinct characteristics, they share common structural features rooted in agriculture, demographic composition, and patterns of community organization.

Walla Walla County is in southeast Washington State and is situated on the historic lands of the Cayuse, Umatilla, and Walla Walla people. Anchored by the city of Walla Walla, the county demonstrates a diversified rural economy that integrates traditional agricultural production with a well-developed viticulture and wine industry. This sector has contributed to regional economic growth, tourism development, and increased external visibility, but changes in consumption and weather patterns have created significant headwinds for the wine industry. Concurrently, the county maintains established institutional frameworks, including educational systems, healthcare services, and civic organizations, which support a comparatively higher level of service provision and population density relative to neighboring counties. The county has three institutions of higher education: Walla Walla University, Whitman College, and Walla Walla Community College. The county is surrounded by the Palouse Hills and the Blue Mountains, and it is bordered by the Columbia River. The county is geographically beautiful and an appealing destination for outdoor recreation enthusiasts.

Columbia County, nestled in the scenic landscape of southeastern Washington, is a region that encapsulates the charm and challenges of modern rural life. The county is home to a modest population and boasts a rich cultural and agricultural heritage, recently celebrating the county's sesquicentennial in 2025. Columbia County is characterized by a more narrowly specialized agricultural economy, with dryland wheat production serving as the dominant land use. The county seat, Dayton, operates as the principal service and administrative center, supporting a dispersed rural population. Over the years, its population growth has remained relatively stable, with slight fluctuations reflecting broader economic and demographic trends. With Dayton as its county seat, Columbia County offers a unique blend of small-town charm, outdoor beauty, and industrial opportunity.

Garfield County is in southeast Washington State and is situated on the traditional lands of the Cayuse, Umatilla, Walla Walla, Confederated Tribes of the Colville Reservation, and Nez Perce tribes. Garfield County has a diverse landscape that includes rolling wheat fields, rugged lowlands along the Snake River, high plains where wind farm turbines create energy, and the picturesque Blue Mountains and Umatilla National Forest. It is a rural county with an average of 3.2 people per square mile. Geographic isolation and small population size influence both service accessibility and economic diversification. However, these conditions also contribute to a high degree of interpersonal familiarity and localized mutual support networks.

Across all three counties, several regional patterns are evident. These include a shared dependence on agricultural production, limited but evolving economic diversification, and demographic trends associated with rural areas, such as aging populations and constrained population growth. Institutional capacity varies by county but generally reflects the challenges of service delivery in low-density settings. Despite these constraints, the region demonstrates adaptive capacity through local governance, community engagement, and incremental economic development initiatives.

Collectively, Walla Walla County, Columbia County, and Garfield County represent a cohesive rural subregion defined by agricultural economies, strong community networks, and a continued emphasis on balancing economic sustainability with preservation of local identity and heritage.

## B. BMAC Service Area Population Demographics

### Total Population

A total of 68,528 people live in the 2,849.45 square mile Service Area defined for this assessment according to the U.S. Census Bureau American Community Survey 2020-24 5-year estimates. The population density for this area, estimated at 24 persons per square mile, is less than the national average population density of 95 persons per square mile.

Service Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Blue Mountain Action Council	68,528	2,849.45	24
Columbia County, WA	4,014	868.59	5
Garfield County, WA	2,353	710.84	3
Walla Walla County, WA	62,161	1,270.03	49
Washington	7,816,116	66,455.44	118
United States	334,922,499	3,533,467.48	95

Data Source: US Census Bureau, American Community Survey, 2020-24

### Total Population by Race

Within the Service Area, 73.66% of residents are White. Walla Walla County is the most racially diverse county in the region.

Service Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Blue Mountain Action Council	73.66%	1.57%	1.86%	1.12%	0.22%	7.99%	13.59%
Columbia County, WA	83.13%	0.55%	1.87%	0.32%	0.00%	3.81%	10.31%
Garfield County, WA	88.91%	0.81%	2.08%	0.04%	0.00%	1.70%	6.46%
Walla Walla County, WA	72.47%	1.66%	1.85%	1.22%	0.24%	8.49%	14.07%
Washington	65.78%	3.98%	9.81%	1.17%	0.73%	5.77%	12.75%
United States	60.95%	12.22%	5.95%	0.92%	0.19%	7.13%	12.63%

Data Source: US Census Bureau, American Community Survey, 2020-24.

### Total Population by Gender

Population by gender within the Service Area comprised 50.78% Male and 49.22% female.

### Total Population by Age Groups

The age distribution across the three counties within the Service Area reveals a clear divide between younger, more workforce-oriented communities and older, more retirement-skewed populations. Walla Walla County has a relatively balanced population, with a strong presence of children, young adults, and working-age residents. It shows notably higher shares of people ages 18–34 compared to the other counties, suggesting more robust pipelines into the workforce and possibly the influence of local educational institutions or employment opportunities. Its senior population, while still significant, remains under 21%, indicating a more evenly distributed age structure.

In contrast, Columbia and Garfield Counties trend markedly older. These counties have much smaller proportions

of young adults—especially those ages 18–24 and 25–34—paired with substantially higher shares of residents aged 55 and older. Columbia County stands out most dramatically, with nearly 30% of its population age 65 or older, followed by Garfield County at just over a quarter. This imbalance suggests ongoing population aging, likely driven by youth outmigration and limited in-migration of younger households

Service Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Blue Mountain Action Council	4.79%	15.56%	12.54%	11.65%	12.25%	10.53%	11.96%	20.72%
Columbia County, WA	4.04%	13.98%	5.80%	9.39%	13.15%	9.19%	15.12%	29.32%
Garfield County, WA	4.16%	14.53%	7.61%	7.56%	13.05%	10.88%	16.15%	26.05%
Walla Walla County, WA	4.87%	15.70%	13.16%	11.95%	12.16%	10.60%	11.59%	19.96%
Washington	5.53%	15.85%	8.45%	15.20%	14.33%	11.98%	12.03%	16.62%
United States	5.61%	16.34%	9.14%	13.68%	13.21%	12.17%	12.66%	17.21%

Data Source: US Census Bureau, *American Community Survey*, 2020-24.

### C. BMAC Service Area Population Changes (2010-2020)

#### Change in Total Population (2010 - 2020)

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the Service Area grew by 3,696 persons, a change of 5.68%.

Service Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Blue Mountain Action Council	65,126	68,822	3,696	<b>5.68%</b>
Columbia County, WA	4,078	3,952	-126	-3.09%
Garfield County, WA	2,266	2,286	20	0.88%
Walla Walla County, WA	58,782	62,584	3,802	6.47%
Washington	6,724,544	7,705,281	980,737	14.58%
United States	312,471,161	334,735,155	22,263,994	7.13%

Note: This indicator is compared to the state average. Data Source: US Census Bureau, *Decennial Census*, 2020.

#### Population Change (2010-2020) by Hispanic Origin

Notably, the Hispanic population grew by 22.47% between 2010 and 2020 in the Service Area, compared to only 1.91% non-Hispanic. While this represents significant growth, it remains below the 40.15% growth in the Hispanic population across the state.

Service Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Blue Mountain Action Council	2,682	22.47%	1,014	1.91%
Columbia County, WA	50	19.69%	-176	-4.60%
Garfield County, WA	19	20.88%	1	0.05%
Walla Walla County, WA	2,613	22.54%	1,189	2.52%
Washington	303,421	40.15%	677,318	11.35%
United States	11,163,011	20.61%	11,100,922	4.30%

Data Source: US Census Bureau, *Decennial Census*, 2020.

## D. BMAC Service Area Population in Poverty

### Poverty - Population Below 100% FPL

Within the Service Area, 11.88% or 7,576 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL) an increase from 6,826 in 2021. Poverty rates are higher in Walla Walla and Garfield Counties than in Columbia County.

Service Area	Total Population	Population in Poverty	Population in Poverty, Percent
Blue Mountain Action Council	63,745	7,576	<b>11.88%</b>
Columbia County, WA	3,973	370	9.31%
Garfield County, WA	2,326	279	11.99%
Walla Walla County, WA	57,446	6,927	12.06%
Washington	7,680,774	760,577	9.90%
United States	327,079,188	40,735,661	12.45%

Data Source: US Census Bureau, American Community Survey, 2020-24.

### Population in Poverty by Race Alone, Percent

When we disaggregate poverty rates by race, we can see that Black, American Indian, Native Hawaiian or Pacific Islander, and people of “Some Other Race” experienced significantly higher poverty rates than their White neighbors.

Service Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Blue Mountain Action Council	11.39%	45.61%	15.63%	5.07%	14.29%	16.25%	10.32
Columbia County, WA	9.29%	100.00%	100.00%	0.00%	No data	15.89%	4.13%
Garfield County, WA	13.07%	10.53%	No data	0.00%	No data	0.00%	4.61%
Walla Walla County, WA	11.47%	46.09%	13.88%	5.97%	14.29%	16.39%	10.75%
Washington	8.61%	16.32%	18.14%	7.85%	13.56%	17.03%	12.02%
United States	9.72%	21.17%	21.05%	9.95%	16.82%	18.19%	14.60%

Data Source: US Census Bureau, American Community Survey, 2020-24.

### Population in Poverty by Hispanic Ethnicity Alone

Those of Hispanic ethnicity experience poverty at a higher rate than Non-Hispanic or Latino residents (15.60% vs 10.80% respectively).

Service Area	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Blue Mountain Action Council	15.60%	10.80%
Columbia County, WA	10.84%	9.17%
Garfield County, WA	0.00%	12.58%
Walla Walla County, WA	15.84%	10.84%
Washington	15.13%	9.03%
United States	16.74%	11.42%

Data Source: US Census Bureau, American Community Survey, 2020-24.

## Population in Poverty by Gender

Female and male residents experience poverty at similar rates in the Service Area, with 10.92% of males and 12.82% of females living in households with income below the federal poverty level.

Service Area	Male	Female	Male, Percent	Female, Percent
Blue Mountain Action Council	3,413	4,163	10.92%	12.82%
Columbia County, WA	178	192	9.04%	9.58%
Garfield County, WA	137	142	11.13%	12.97%
Walla Walla County, WA	3,098	3,829	11.04%	13.03%
Washington	343,741	416,836	8.92%	10.89%
United States	18,182,378	22,553,283	11.27%	13.60%

Data Source: US Census Bureau, American Community Survey, 2020-24.

## E. Description of Local Economy

The local economy of BMAC’s service is best described as a rural, agriculture-driven regional economy that is gradually diversifying, with notable differences between its larger population centers and its more remote counties.

The transitioning rural economy of **Walla Walla County** is driven by a mix of traditional agriculture and modern service industries, with tourism—especially wine tourism—playing a central role. At its foundation, agriculture remains the backbone of the local economy. The county is widely known for producing wheat, onions, potatoes, and particularly wine grapes, which support a large and well-developed wine industry. This agricultural base not only provides direct employment but also feeds into related sectors like food processing and manufacturing, reinforcing the region’s economic stability. Government is the single largest employer, followed by health care, manufacturing, and agriculture, with these sectors collectively making up the majority of jobs in the county. Education and health services are particularly important anchors, while retail and hospitality continue to grow alongside tourism. At the same time, higher-wage opportunities are emerging in finance, insurance, and professional services, signaling gradual economic diversification and upward pressure on wages. In terms of overall performance, the economy has shown moderate growth and resilience. The unemployment rate has remained relatively low, reaching 5.1% in January 2026, with some month-to-month fluctuations. *(US Department of Labor, Bureau of Labor Statistics, 2026 – January)*

The economy of **Columbia County** is small and deeply rooted in agriculture but is gradually evolving through diversification into services, renewable energy, and niche manufacturing. In recent years, Columbia County has maintained modest but steady economic activity, supported by sectors such as health care, education, and retail. Emerging industries include value-added food processing, renewable energy, and small-scale manufacturing. Despite this diversification, the scale of the economy remains limited. The unemployment rate has remained relatively low, reaching 5.5% in January 2026, with significant month-to-month fluctuations. *(US Department of Labor, Bureau of Labor Statistics, 2026 – January)*

The economy of **Garfield County** is extremely small, rural, and highly concentrated, shaped by a combination of agriculture, public-sector employment, and a limited private sector. At its core, agriculture remains the historical and structural foundation. Wheat and other grain production dominate land use, with farms covering a large share of the county. However, this type of agriculture is capital-intensive rather than labor-intensive, meaning it generates significant economic output but relatively few direct jobs. Government is by far the largest employer, accounting for more than 70% of covered. Outside of government, the private sector is narrow and closely tied to

agriculture. The unemployment rate has remained relatively low, reaching 5.1% in January 2026, with significant month-to-month fluctuations. (US Department of Labor, Bureau of Labor Statistics, 2026 – January)

**Average Monthly Unemployment Rate, January 2025 - January 2026**

Service Area	Jan. 2025	Feb. 2025	Mar. 2025	Apr. 2025	May 2025	Jun. 2025	Jul. 2025	Aug. 2025	Sep. 2025	Oct. 2025	Nov. 2025	Dec. 2025	Jan. 2026
Blue Mountain Action Council	5.0%	5.6%	4.1%	3.4%	3.5%	3.1%	4.0%	4.0%	3.3%	No data	4.0%	4.7%	5.1%
Columbia County, WA	4.6%	5.4%	4.1%	3.7%	4.1%	3.1%	3.8%	4.3%	3.6%	No data	4.6%	5.2%	5.5%
Garfield County, WA	5.7%	6.5%	4.2%	3.5%	4.6%	3.6%	4.4%	4.0%	3.7%	No data	4.4%	5.4%	5.1%
Walla Walla County, WA	5.0%	5.6%	4.1%	3.4%	3.4%	3.1%	4.0%	4.0%	3.3%	No data	3.9%	4.6%	5.1%
Washington	4.7%	5.0%	4.6%	4.2%	4.3%	4.3%	4.6%	4.7%	4.5%	No data	5.3%	5.3%	5.8%
United States	4.4%	4.5%	4.3%	3.9%	4.0%	4.4%	4.6%	4.5%	4.3%	5.7%	4.3%	4.1%	4.7%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2026 - January.

## Section III: Key Findings and Recommendations

### A. Priority Community Needs

Review of community-based assessments, client survey data and demographic reports yielded qualitative and quantitative data that identify a variety of community needs associated with poverty and its prevalence related to gender, age and race/ethnicity for the Service Area. Please see the detailed data summaries, assessments, and reports referenced in Section V: Domains and Section VI: Appendices for further information.

#### Financial Stability

##### Priority 1

- Access to resources to help cover rising costs of food, utilities, transportation
- Navigation of public benefits systems
- Financial literacy and money management

#### Health

##### Priority 2

- Awareness of and access to health resources
- Health insurance coverage
- Healthcare debt management
- Access to behavioral health services
- Access to primary and specialty services
- Support for aging in place

#### Affordable Housing

##### Priority 3

- Reduction of the number of households that are rental cost-burdened
- Support to help low-income renters obtain and keep housing
- Increase affordable housing stock

#### Employment

##### Priority 4

- Access to affordable training and education to increase wages
- Access to affordable, quality childcare

#### Social Cohesion

##### Priority 5

- Opportunities to participate in community life
- Strong social networks
- Mutual support through informal networks and organized efforts
- Common purpose

## B. Addressing Priority Community Needs

BMAC has established a range of programs, strategies, and partnerships that address the priority needs identified within the community. In addition to these ongoing initiatives, BMAC has applied the findings of its Community Needs Assessment process to develop initial recommendations to guide advocacy efforts and inform future investments, ensuring that resources are directed effectively to create meaningful and sustained community impact.

Financial Stability	<p><b>BMAC Programs to Address Financial Stability</b></p> <ul style="list-style-type: none"> <li>Food Distribution</li> <li>Energy Assistance</li> <li>Adult Literacy</li> <li>Financial Coaching</li> <li>First-Time Homebuyer Readiness</li> </ul>
	<p><b>Key Systems in Place</b></p> <p>BMAC has worked with key stakeholders, including the Statewide Poverty Action Network, to assist low-income residents share their stories of how cost of living issues affect them and their families. The group has advocated for the Working Families Tax Credit, affordable housing, and affordable healthcare. BMAC was part of the statewide Asset Building Coalition until the state cut the program in 2025 due to state budget shortfalls.</p> <p><b>Initial Plans &amp; Recommendations</b></p> <p>There continues to be a need and advocacy opportunity to support the Asset Building Coalition’s work on financial coaching, budgeting, and skill building. BMAC will be piloting new initiatives to train staff in how to assist low-income households budget effectively and set strategies to increase their income.</p>
Health	<p><b>BMAC Programs to Address Health</b></p> <ul style="list-style-type: none"> <li>Greater Health Now partnership for Care Coordination</li> <li>Food Distribution</li> <li>Blue Mountain Thrive</li> </ul>
	<p><b>Key Systems in Place</b></p> <p>While BMAC does not provide health care directly, its programs support Health Related Social Needs (HRSNs), including food access, housing stability, and employment. In 2024 BMAC renamed its homeless services team the Health &amp; Homes team and created a new partnership with Greater Health Now, the Accountable Community of Health, to support stronger care coordination and partnerships with local health care providers. The community health effort formerly known as Blue Zones joined BMAC in 2024 as Blue Mountain Thrive, which brings healthy information and strategies to the region.</p> <p><b>Initial Plans &amp; Recommendations</b></p> <p>BMAC will continue to strengthen its partnerships with healthcare providers and its efforts to connect individuals to health insurance and health resources.</p>

Affordable Housing	<b>BMAC Programs to Address Affordable Housing</b>	
	Rental Housing	Rapid Re-Housing for Homeless Families
	Weatherization	Supportive Services for Veteran Families
	Minor Home Repair	Youth And Young Adult Housing Program
	<b>Key Systems in Place</b>	
	BMAC advocates for affordable housing needs through Walla Walla County’s Council on Housing, WSCAP and the Washington Low-Income Homeownership Association. Structural factors like increasing insurance rates and utility costs are making it more difficult for affordable housing providers to retain the units they have.	
	<b>Initial Plans &amp; Recommendations</b>	
	BMAC is actively seeking opportunities to add to its affordable housing portfolio in ways that meet locally-identified housing needs in its service area.	

Employment	<b>BMAC Programs to Address Employment</b>	
	Community Jobs – WorkFirst Washington	
	Pre-Employment Training Services	
	Job Training and Coaching	
	<b>Key Systems in Place</b>	
	The economic headwinds in southeast Washington have made it more difficult for people to find and retain family wage jobs. Technology changes, including artificial intelligence, are changing agricultural work and entry level jobs. SNAP and Medicaid have new requirements requiring more individuals to work, but finding jobs can be difficult.	
	<b>Initial Recommendations</b>	
	BMAC has set a strategic planning goal to advocate for more economic growth and development in its service area to ensure a diverse, resilient economy that produces sufficient jobs that provide a living wage.	

Social Cohesion	<b>BMAC Programs to Adress Cohesion</b>	
	Blue Mountain Thrive	
	BMAC Volunteer Opportunities	
	<b>Key Systems in Place</b>	
	BMAC formerly ran Commitment to Community, a program to build social capital and a sense of belonging through neighborhood and civic engagement, but that program lost funding in 2025. Blue Mountain Thrive provides purpose workshops. Current BMAC volunteer initiatives help contribute to a sense of connection.	
	<b>Initial Recommendations</b>	
	BMAC is looking at ways to expand its volunteer programs and community engagement strategies to help build thriving communities.	

## **Section IV: Methodology**

### **A. Quantitative and Qualitative Methods**

The assessment used a combination of quantitative and qualitative methods to develop a comprehensive understanding of community conditions across counties.

Basic quantitative analysis was conducted to summarize respondent demographics and responses to scaled questions when analyzing Community Survey Data. Demographic variables were analyzed using descriptive statistics, including frequencies and percentages for categorical variables. Responses to scaled questions (e.g., Likert-type items) were summarized using frequencies, percentages, and mean scores to identify overall trends and patterns. Where appropriate, responses were aggregated across categories (e.g., combining “agree” and “strongly agree”) to aid interpretation. Results are presented in tables and charts to provide a clear and concise overview of the data, supporting straightforward comparison across groups and survey items. Due to the small number of responses from Garfield and Columbia counties, results were analyzed at the overall Service Area level rather than compared by county.

Thematic analysis was used to examine responses to open-ended survey questions. All responses were reviewed in full to ensure familiarity with the data, after which an initial set of codes was developed to capture key ideas and recurring concepts expressed by participants. These codes were then grouped into broader themes representing common patterns across responses. The themes were reviewed and refined to ensure they accurately reflected the data and were clearly distinct from one another. This systematic approach allowed for the identification of key insights while preserving the richness of participants’ perspectives, providing a structured and transparent summary of the qualitative findings.

Qualitatively, the process included a review of key Community Health Assessments and Community Health Improvement Plans for each county. These documents provided contextual insight into local priorities, existing challenges, and community-identified needs that may not be fully captured through survey data alone.

In addition, both quantitative and qualitative information were incorporated from demographic and socioeconomic analyses provided by Washington State Community Action Partnership. This helped ground the findings in broader regional trends and ensured that survey results were interpreted within the context of population characteristics and economic conditions.

Together, these methods allow for a more nuanced analysis, combining measurable data with contextual understanding to identify key patterns and community needs across the region.

### **B. Data Analysis and Ranking Process**

Ranking the top community needs required balancing three core factors: severity (how serious the impact is on individuals and families), frequency (how many people are affected), and consequences if unaddressed (the extent of negative outcomes over time).

Using this framework, financial stability emerged as the highest priority. It is both widespread and deeply interconnected with other needs. A lack of financial stability affects a large portion of the population and has severe consequences, including housing insecurity, food insecurity, and limited access to health care. If unaddressed, it can lead to long-term poverty and reduced economic mobility, making it a foundational issue.

Affordable housing ranks next due to its high severity and immediate impact on well-being. Housing instability can quickly escalate into homelessness or unsafe living conditions. In Walla Walla County, addressing homelessness is an increasingly urgent need among community members.

Access to health care is another critical need, particularly in terms of severity and long-term consequences. Residents and community leaders across the Service Area emphasized the need to address limited access to behavioral health, primary care and specialty healthcare services in these small rural communities. The outcomes of unmet health needs, such as chronic illness, delayed treatment, and higher emergency care use, are significant and costly for both individuals and the broader system.

Employment ranks closely alongside these needs but is slightly more variable in both frequency and impact. While access to jobs is essential for financial stability, the issue is often more nuanced, involving job quality, wages, and consistency of employment. Addressing employment can have strong positive ripple effects, but its severity is often mediated by the availability of safety net resources.

Finally, social cohesion ranks as a foundational but less immediate need. While it may not present the same urgent, tangible consequences as housing or health care, it plays a critical role in long-term community resilience and individual wellbeing. Social cohesion emerged as a top concern among community members, who frequently commented on the glaring divisions they see in their communities due to political partisanship.

Overall, this ranking reflects both urgency and interconnectedness, with financial stability and housing at the top due to their widespread and immediate impacts, followed by health care and employment, and finally social cohesion as a key long-term strengthening factor.

### **C. Report Dissemination Plan**

The published 2026 Community Needs Assessment report will be posted on the BMAC website, shared in BMAC community newsletters and social media, and sent to community partners and local policymakers.

## Section V: Causes and Conditions of Poverty

Identified Need	Financial Stability
<b>Community Level</b>	Inflation is significantly increasing the cost of necessities and creating economic instability in our community.
<b>Family Level</b>	Individuals need access to resources and public benefits to help cover rising costs and skills to better manage their money.
<b>Agency Level</b>	State funding for asset building programs was cut in 2025. BMAC needs sustainable funding streams to ensure continuity of programs that address income stability and financial success.

When participants in BMAC’s CNA 2026 Community Survey were asked about their “biggest hope or goal for myself”, the most frequent topic that emerged was financial stability. Respondents generally define financial stability as having enough consistent income to afford housing and basic needs and not worry about money or live paycheck to paycheck. They identified barriers to financial stability such as high cost of living, rising taxes, low wages that do not meet household needs, health issues, or disabilities that do not allow them to work enough. Financial stability was also the most frequent hope or goal respondents expressed for their families, with additional barriers to their families’ financial stability around economic and political uncertainty, difficulty with money management, and the need for additional workforce training.

**Cost of Living:** For the most recent ALICE (Asset Limited, Income Constrained, Employed) Report, data shows that there are 7,618 households that are above the FPL but still struggle to meet a minimum household budget. The Household Survival Budget developed for ALICE (Asset Limited, Income Constrained, Employed) calculates the actual costs of basic necessities (housing, childcare, food, transportation, health care, and a smartphone), adjusted for different counties and household types. The Service Area shows one adult would need \$1,711. The average needed for one adult with one child (age 6 - 17) is \$2,754. Two adults with two children (age 6 - 17) need an average of \$4,582. *(US Census Bureau, American Community Survey. United for Alice. 2021/2022)*

**Income:** In the Service Area, 65.04%, or 10,494 families, report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. Income disparities exist along racial lines, with lower percentages of Black (51.47%), American Indian (53.57%), Asian (57.48%) and other non-White (43.9%) households having annual incomes of \$75,000 or greater than White (65.94%) households. Likewise, 66.58% of Not Hispanic or Latino households have total annual income of \$75,000 or greater compared to 57.26% of Hispanic or Latino households. *(US Census Bureau, American Community Survey. 2020-24.)*

When comparing Median Household Income by race and Hispanic ethnicity, clear disparities surface, with Black and Hispanic households having significantly Median Household Income.

## Median Household Income by Householder Race and Hispanic Ethnicity

Service Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Blue Mountain Action Council	\$75,683	\$16,903	\$71,875	\$69,087	\$127,768	\$59,912	\$90,447	\$64,247
Columbia County, WA	\$71,522	No data	No data	No data	No data	\$49,643	\$115,096	\$95,096
Garfield County, WA	\$64,190	No data	No data	No data	No data	No data	\$98,359	No data
Walla Walla County, WA	\$76,519	\$16,903	\$71,875	\$69,087	\$127,768	\$60,728	\$88,142	\$61,798
Washington	\$99,656	\$72,813	\$140,340	\$70,989	\$93,643	\$73,840	\$89,098	\$79,513
United States	\$86,872	\$55,157	\$116,503	\$62,420	\$81,811	\$67,563	\$75,660	\$71,415

Data Source: US Census Bureau, American Community Survey. 2020-24.

**Debt and Savings:** In BMAC’s CNA 2026 Community Survey, 27% of respondents said they had too much debt to be able to save and only 15% have enough money saved in case of emergency. Almost a quarter (22%) said they have enough money saved to feel comfortable.

**Food:** Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. In the Service Area, 14.07% of the total population, and 17.43% of children under 18 years old, experienced food insecurity at some point during the report year. In 2022, food insecurity was at a five year high in the Service Area at 13.9%, up from 12.3% in 2017. (US Census Bureau, American Community Survey. 2020-24.) Almost one quarter (20.11%) of respondents to BMAC’s CNA 2026 Community Survey indicated they often or sometimes did not have enough to eat.

In the Service Area, an estimate of 3,571 or 13.56% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. (US Census Bureau, American Community Survey. 2020-24.)

Almost one third (29.54%) of all food insecure individuals and 31.29% of food insecure children were deemed ineligible for SNAP assistance. (Feeding America, 2023)

**Transportation:** Of the 26,340 total households in the Service Area, 1,568 or 5.95% are without a motor vehicle. (US Census Bureau, American Community Survey. 2020-24.)

**Public Assistance:** In the Service Area, only 3.33% of households receive public assistance income, including general assistance and Temporary Assistance for Needy Families; 5.43% of Garfield County households receive public assistance income.

Identified Need	Health
<b>Community Level</b>	Health resources and services are dwindling in our community.
<b>Family Level</b>	Individuals are often not able to readily access or afford quality behavioral health, primary care or specialty care services.
<b>Agency Level</b>	BMAC needs to strengthen and expand partnerships to support care coordination for its clients and ensure community members are connected to health resources they need. BMAC needs to build on its new Blue Mountain Thrive program to promote overall health and well-being among area residents.

When participants in BMAC’s CNA 2026 Community Survey were asked about their “biggest hope or goal myself” and for their families, the second most frequent topic that emerged was health, namely the desire to improve

their health and to be able to maintain their health as they age. They identified barriers to good health including a lack of familiarity with health resources, not being able to afford healthcare, poor health habits, time to take care of oneself, stress, easy access to drugs in the community, and policy changes that are impacting access to services/benefits.

**Health Status:** Within the Service Area, 16.7% of adults age 18 and older self-report having poor or fair health, compared to 13.7% in Washington. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.)*

**Health Insurance:** Obtaining health insurance is an issue for some in the community: 6.91% of the total population are without health insurance coverage, including 11.17% of all adults (18-64) in the Service Area. A larger percentage of the male population is uninsured than the female population (8.32% vs 5.56%), and a larger percent of Hispanics is uninsured than Not Hispanics (12.92% vs 5.19%); 35.6% of American Indians are also uninsured. Almost all (95.62%) of respondents to BMAC's CNA 2026 Community Survey indicated that they have health insurance.

More than a quarter (26.34%) of the Service Area population with insurance is enrolled in Medicaid, including 46.79% of children (0-17), 19.76% of adults (18-64) and 11.94% of seniors (65+) with insurance. *(US Census Bureau, American Community Survey. 2020-24.)*

**Access to Dentists:** Within the Service Area there are 54 dentists. This represents 79.20 dentists per 100,000 total population, which is much lower the state average of 87.80. *(US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2023)*

Ten percent (10.0%) of adults in the Service Area self-report poor dental health and 24.6% self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.)*

**Access to Behavioral Health Providers:** Of the 54,390 total adults in the Service Area, the average poor mental health days is 5.6 per month, which is greater than the state's monthly average of 5.4. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.)*

Within the Service Area there are 273 mental health providers with a CMS National Provider Identifier (NPI). This represents 398.6 providers per 100,000 total population, which is much lower than the state average of 567.7. In Garfield County, this ratio dips to 41.6 providers per 100,000 population. *(Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2025)*

The lack of mental health resources was echoed in the 2023 Garfield County CHA, which zeroed in on the need for access to local counselors who understand life in rural communities and more awareness of existing resources. Walla Walla County's 2025-27 CHIP prioritizes expanding available behavioral health care sources and maximizing use of existing resources including inpatient, outpatient and crisis service, as well as increasing support of substance use disorder treatment services, programs and harm reduction.

**Access to Primary Care:** Within the Service Area, there are 72 primary care physicians. This represents 105.20 providers per 100,000 total population in the Service Area; however, in Columbia and Garfield Counties, the ratios are 49.78 and 42.46, respectively. *(US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2022)*

The majority (81.8%) of adults report having a primary care doctor, (*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.*), 86.26% of respondents to BMAC’s CNA 2026 Community Survey indicated that they have an established doctor.

Walla Walla County’s 2025-27 CHIP identifies the following barriers to access to primary care: lack of providers, trouble navigating systems, cost of living, lack of awareness of available services, supports or opportunities, health insurance gaps.

**Aging in Place:** Of the estimated 68,424 total population in the Service Area, an estimated 13,947 persons are adults aged 65 and older, representing 20.38% of the population. (*US Census Bureau, American Community Survey. 2019-23.*)

<b>Identified Need</b>	<b>Affordable Housing</b>
<b>Community Level</b>	There is not enough safe, affordable housing in our community.
<b>Family Level</b>	Households are rental cost-burdened and at risk of losing housing.
<b>Agency Level</b>	BMAC requires additional funding and operational support to address the growing costs associated with maintaining existing units and to increase the number of units it manages. Expanding agency-led initiatives, including homebuyer navigation programs, can help increase access to alternative pathways to housing stability.

When participants in BMAC’s CNA 2026 Community Survey were asked about their “biggest hope or goal for myself”, the fourth most frequent topic that emerged was housing. Respondents wanted to find a home or stay in the one where they are; be able to afford a home, and to have a home that is safe and clean. When thinking about their families, they hoped to secure a permanent home, save enough to buy a home, and that their kids would be able to buy a home someday. Identified barriers to housing included cost, accessibility for those with disabilities, conflicts with neighbors and family, poor credit or high debt, not enough stable income, and lack of knowledge of resources.

**Renter-Occupied Housing:** One third of 33.65 % of all 26,340 occupied housing units in the Service Area are renter occupied; however, renter-occupied housing units represent only 22.29% of all housing units in Columbia County and 23.08% in Garfield County. (*US Census Bureau, American Community Survey. 2020-24.*)

**Availability of Affordable Housing:** Affordability is defined by assuming that housing costs should not exceed 30% of total household income. Income levels are expressed as a percentage of each county's median household income (AMI). In the Service Area, only 6.72% of all housing units are affordable at 30% AMI; however, Columbia and Garfield Counties outpace Walla Walla County and Washington State in affordable housing availability overall. In the Service Area, 6.19% of owner-occupied housing units and 7.76% of renter-occupied housing units are affordable at 30% AMI.

## Affordable Housing

Service Area	Units Affordable at 30% AMI All	Units Affordable at 30% AMI Owner Occupied	Units Affordable at 30% AMI Renter Occupied
Blue Mountain Action Council	6.72%	6.19%	7.76%
Columbia County, WA	8.14%	9.02%	5.06%
Garfield County, WA	9.61%	10.60%	6.30%
Walla Walla County, WA	6.48%	5.69%	7.94%
Washington	5.94%	4.87%	7.84%
United States	8.39%	8.66%	8.02%

*Note: This indicator is compared to the state average.  
Data Source: US Census Bureau, American Community Survey. 2020-24.*

Garfield County’s 2023 CHA identified issues surrounding housing, particularly focused on affordability, quality of available housing, and other access issues. Walla Walla County’s 2025-27 CHIP prioritizes using policy, system and environmental advocacy (PSE) approaches to policy to increase affordable housing supply in Walla Walla County.

**Housing Cost Burden:** Of the 26,340 total households in the Service Area, 7,839 or 29.76% of the population live in cost-burdened households, meaning that their housing costs are 30% or more of total household income. Cost burdened rental households represented 48.05% of all rental households in the Service Area.

Severely cost-burdened rental households (those that spent more than 50% of the household income on rental costs) represented 20.80% of all the rental households in the Service Area, according to the U.S. Census Bureau American Community Survey (ACS) 2020-2024 5-year estimates.

Over half (51.23%) of respondents to BMAC’s CNA 2026 Community Survey indicated that they are housing cost burdened, with 19.45% severely overburdened.

When we disaggregate housing burden cost by race, we find that Black, American Indian and Native Hawaiian or Pacific Islander Households are disproportionately housing cost burdened. When we disaggregate housing burden cost by ethnicity, we find that 38.98% of Hispanic or Latino households are cost-burdened, compared to 28.25% of non-Hispanic or Latino households.

## Cost-Burdened Households by Race Alone

Service Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races
Blue Mountain Action Council	28.87%	75.83%	32.84%	37.26%	70.00%	33.96%	27.88%
Columbia County, WA	22.66%	No data	100.00%	0.00%	No data	7.58%	0.60%
Garfield County, WA	23.57%	No data	0.00%	No data	No data	No data	12.28%
Walla Walla County, WA	29.65%	75.83%	34.07%	39.70%	70.00%	35.34%	30.67%
Washington	29.60%	47.62%	27.50%	30.29%	36.52%	37.69%	35.20%
United States	25.89%	41.72%	30.38%	31.12%	37.67%	40.74%	35.34%

*Data Source: US Census Bureau, American Community Survey. 2020-24.*

Identified Need	Employment
<b>Community Level</b>	There is a lack of good paying jobs in our community.
<b>Family Level</b>	Individuals do not have the skills or experience to secure good paying jobs.
<b>Agency Level</b>	BMAC needs additional funding and staffing capacity to further develop and sustain programs and partnerships that address barriers to employment, such as soft skills, transportation, childcare, and access to certification or training opportunities.

When participants in BMAC’s CNA 2026 Community Survey were asked about their “biggest hope or goal for myself”, the fifth most frequent topic that emerged was employment. Respondents hoped to find a job or to secure a better job through training/education, but they identified barriers such as high cost of training/education, limited opportunities in higher paying fields, disability, health, legal issues, transportation, age, caregiving.

**Unemployment:** Total unemployment in the Service Area for January 2026 equals 1,560, or 5.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access, including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. *(US Department of Labor, Bureau of Labor Statistics. 2026 - January.)*

Of the 4,693 youth age 16-19 in the Service Area, 8.42% are not currently enrolled in school and who are not employed. *(Data Source: US Census Bureau, American Community Survey, 2020-24.)*

**Jobs and Earnings by Sector:** The sectors with the most jobs and the highest average earnings in the Service Area are Utilities, Manufacturing and Wholesale Trade.

Sector	No. Of Sector Jobs in Service Area	Average Earning
Utilities	152	\$155,625
Manufacturing	4,882	\$87,633
Government and Government Enterprises	7,206	\$86,988
Wholesale Trade	1,011	\$71,211
Construction	1,966	\$68,567
Health Care and Social Assistance	4,916	\$67,367
Educational Services	1,489	\$56,934
Farm	4,231	\$55,960
Real Estate and Rental and Leasing	1,667	\$54,994
Finance and Insurance	1,418	\$41,652
Transportation and Warehousing	958	\$41,330
Retail	3,369	\$35,953
Accommodation and Food Service	2,394	\$32,194

*US Department of Commerce, US Bureau of Economic Analysis. 2022.*

**Education:** High school graduation rates in the Service Area are lower than in the state, with 81.6% of students graduating within four years, compared to 84.7% in the state. High school graduation rates in Columbia County dropped from 87.1% in 2018-19 before the pandemic to 66.7% in 2022-23. Hispanic and

Black students in the Service Area graduate at about the same rates as their White peers. (US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.)

Within the Service Area there are 4,758 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 10.35% of the total population aged 25 and older. Of all the Hispanic population age 25+ within the Service Area, the percentage without a high school diploma is 32.16%, compared to 5.82% off all the non-Hispanic population age 25+. (Data Source: US Census Bureau, American Community Survey. 2020-24.)

Forty percent (40.57%) of the population aged 25 and older, or 18,657, have obtained an Associate's level degree or higher. Only 29.52% of the total population aged 25 and older in the Service Area, and only 11.03% of Hispanic or Latino adults, have obtained a Bachelor's level degree or higher, indicating the existence of significant barriers to education pathways to higher paying industries. These same barriers exist for Black or African American Adults (11.24%) and American Indians (1.68%). (US Census Bureau, American Community Survey. 2020-24.)

In BMAC’s CNA 2026 Community Survey, 10.27% of respondents reported that they were enrolled in a college or trade school and 17.83% would like to look for training opportunities but believe they cannot afford them.

**Childcare & Early Education:** According to the most recent American Community Survey estimates, 27.16% of all occupied households in the Service Area are family households with one or more child(ren) under the age of 18, including an estimated 3,334 children under the age of 5. (US Census Bureau, American Community Survey. 2019-23.).

Access to affordable, quality childcare emerged as a critical need for families in the most recent Garfield and Columbia County Community Needs Assessments. Childcare problems significantly affect employment: 28% of Garfield County parents surveyed had to quit their job due to childcare difficulties. Currently, there are no licensed childcare facilities in Garfield County, but work is underway to create one. Maintaining a qualified workforce is a barrier to providing childcare in Columbia County.

<b>Identified Need</b>	<b>Social Cohesion</b>
<b>Community Level</b>	There are not enough opportunities for residents to participate in community life.
<b>Family Level</b>	Individuals do not have strong social networks that provide mutual support.
<b>Agency Level</b>	BMAC faces a gap in programming that promotes social cohesion due to the loss of dedicated funding from Sherwood Trust in 2025 for its longstanding Commitment to Community program. There is a need to reestablish and sustain agency-led initiatives that strengthen community connections and engagement, including the expansion of volunteer opportunities.

When participants in BMAC’s CNA 2026 Community Survey were asked about their “biggest hope or goal for myself”, the third most frequent topic that emerged was social cohesion, which they described in terms of building deeper connections in the community, getting active as volunteers and helping others. They identified barriers to social cohesion including feeling isolated from others due to the current divisive political climate, lack of knowledge about resources and opportunities, aging and mobility, health, money, and time.

When describing their goals for their families, social cohesion was the most frequent topic described. Respondents expanded their ideas of connection to spending more time with their families and wishing for “fulfilling, happy lives” for all. Barriers to social cohesion for their families included uncertainty in economy and politics, conflict around misinformation, social media, lack of jobs and opportunities locally causing family members to have to move away, and lack of transportation making visiting difficult.

Finally, when asked about their hopes for the community, the most frequent topics described by respondents was social cohesion and mutual support: residents want their communities to be peaceful, welcoming and inclusive, with members engaging in meaningful dialogues, respectful interactions, and civil conversations. They hope community members can find common ground and compromise for the good of the community. However, many expressed the desire that others would embrace their own political and social ideals. Mutual support was another common theme, with respondents calling on themselves and others to practice empathy, provide opportunities for all, contribute to community, come together to support those struggling, work to understand what people need, accept help, be good neighbors and take care of each other. Key barriers to social cohesion and mutual support at the community level include negative social climate caused by political partisanship, gaps in prosperity and leaders who do not value all community members; scarcity of resources to deal with behavioral health issues; and various forms of prejudice, including racism and classism and bias against the homeless and poor.

**Participation in Community Life:** 35.52% of respondents to BMAC’s CNA 2026 Community Survey said that their households never or rarely attends or volunteers at local events; however, 62.3% is looking for or new ways or would like to become more involved in the community.

**Language Barriers:** Of the 65,090 total population aged 5 and older in the Service Area, 5,093 or 7.82% have limited English proficiency, which may cause social isolation and limit participation in community life. *(US Census Bureau, American Community Survey. 2019-23.)*

**Lack of Social or Emotional Support:** 17.70% of adults aged 18 and older reported that they receive insufficient social and emotional support all or most of the time. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.)*

## **Section VI: Appendices**

### **Appendix A: 2025-26 Community Survey Data Summary Report**

#### **A. Survey Background & Purpose**

As part of its 2026 Community Needs Assessment, Blue Mountain Action Council (BMAC) designed and distributed a community survey to gather input from across its Service Area in Walla Walla, Columbia and Garfield Counties in late 2025.

To support broad engagement, bilingual promotional flyers were developed in English and Spanish, along with a digital outreach toolkit that included a shareable flyer, QR code, and standardized invitation text. These materials were distributed through BMAC Board, staff, and a wide network of community partners and communication “hubs,” including the City of Walla Walla, City of College Place, Downtown Walla Walla Foundation, Walla Walla Valley Chamber of Commerce, Blue Mountain Community Foundation, Sherwood Trust, Walla Walla Public Schools, Washington State University Walla Walla, and Valley Transit. Additional outreach included physical placement of QR code materials in the BMAC main office lobby and distribution of paper surveys at local sites such as the Senior Center and Whitman Court, where staff assisted residents and entered responses into the online system.

Digital outreach was further supported through BMAC’s e-newsletter, which reached 1,340 recipients with a 61.7% open rate in October, as well as a targeted mid-October email sent to 2,219 recipients with a 47% open rate. Social media efforts included two posts and a paid Facebook advertisement targeting Columbia and Garfield counties, generating 5,891 views and 210 clicks. Media outreach included a press release to regional news outlets and paid advertisements in local publications such as the Dayton Chronicle, the East Washingtonian, and the Union-Bulletin, contributing to broad regional awareness and participation.

A total of 371 surveys were returned, with 333 from Walla Walla County, 18 from Garfield County and 10 from Columbia County. All responses were collected in English.

#### **B. Data Analysis**

Basic quantitative analysis was conducted to summarize respondent demographics and responses to scaled survey questions. Demographic variables were analyzed using descriptive statistics, including frequencies and percentages for categorical variables. Responses to scaled questions (e.g., Likert-type items) were summarized using frequencies, percentages, and mean scores to identify overall trends and patterns. Where appropriate, responses were aggregated across categories (e.g., combining “agree” and “strongly agree”) to aid interpretation. Results are presented in tables and charts to provide a clear and concise overview of the data, supporting straightforward comparison across groups and survey items. Due to the small number of responses from Garfield and Columbia counties, results were analyzed at the overall Service Area level rather than compared by county.

Thematic analysis was used to examine responses to open-ended survey questions. All responses were reviewed in full to ensure familiarity with the data, after which an initial set of codes was developed to capture key ideas and recurring concepts expressed by participants. These codes were then grouped into broader themes representing common patterns across responses. The themes were reviewed and refined to ensure they accurately reflected the data and were clearly distinct from one another. This systematic approach allowed for the identification of key insights while preserving the richness of participants’ perspectives, providing a structured and transparent summary of the qualitative findings.

### C. Survey Respondent Demographics

**County of Residence:** 97.3% of respondents reside in BMAC’s Service Area: 89.8% in Walla Walla County; 4.9% in Garfield County; 2.7% in Columbia County; 2.7% in other locations.

**Veteran Status:** 5.8% of respondents identify as Veterans.

**Gender:** 69.9% of respondents identify as female; 25.2% as male; 1.9% as non-binary; 0.3% as transgender man; 2.7% prefer not to answer.

**Sexual Orientation:** 83.2% of respondents identify as heterosexual/straight; 9.9% as gay, lesbian, bisexual or other sexual orientations within the LGBTQIA+ community; 0.8% as other and 6.0% prefer not to answer.

**Household Size:** The majority (69.7%) of respondents live in households of 1-2 people.

Household Size	
1	30.5%
2	39.2%
3	14.2%
4	8.5%
5+	7.3%

**Households with Children:** 59.0% of households have children 18 years old or younger.

**Race/Ethnicity:** The majority (73.4%) of respondents identify as White; 14.7% identify as Hispanic or Latino.

Race/Ethnicity	
White/Caucasian/European	73.4%
Hispanic/Latino	14.7%
Multiracial/Multiethnic	6.3%
Native American	1.6%
Black/African American	0.3%
Asian	0.3%
Unknown	3.5%

**Age:** Adults of working age (18-64 years) comprise 65.8% of survey respondents.

Age	
Age 5-17	0.3%
Age 18-24	7.0%
Age 25-34	10.6%
Age 35-44	16.8%

Age 45-54	14.6%
Age 55-64	16.8%
Age 65+	33.1%
Unknown	0.8%

#### D. Conditions and Causes of Poverty

**Monthly Income:** 53.9% of respondents report total income of less than \$4,000 per month, or \$48,000 per year and may be struggling to meet a minimum household budget.

Monthly Income, All Sources	
\$0	3.8%
\$1-\$999	14.8%
\$1,000-\$1,999	18.6%
\$2,000-\$3,999	16.7%
\$4,000-\$5,999	17.8%
\$6,000-\$7,999	11.0%
\$8,000-\$9,999	7.1%
\$10,000+	10.1%

**Financial Status:** 48% of respondents report that debt makes it difficult or impossible to save money.

Financial Status	
Enough money saved to feel comfortable	22%
Enough money saved in case of emergency	15%
Some debt, with some savings	15%
Some debt, and difficulty saving money	21%
Too much debt to be able to save money	27%

**Financial Stress:** 66% of respondents report worrying about money in the last 7 days.

**Employment Status:** 45.4% of respondents report that at least one adult in their household was employed; 26.6% report that at least one adult was retired; 17.2% report that at least one adult was disabled; and 10.8% report that at least one adult was unemployed.

**Employment Goals:** 29.3% of respondents report that the adults in their household are looking for new work opportunities.

**Highest Education Level:** 65.5% of respondents report that at least one adult in their household graduated from college or trade school, 36.1% report that at least one adult graduated from high school or earned a GED, and 6.8% report that at least one adult did not graduate from high school or earn a GED.

**Continuing Education:** 10.3% of respondents are currently enrolled in a college or trade school; 4.9% are actively looking for new college or trade school opportunities; 13.0% would like to look for new college or trade school opportunities, but cannot afford it; and 71.6% say that adults in their households are not looking for new college or trade school opportunities.

**Childcare:** 5.3% of respondents say they do not have childcare and need it; 6.9% said they have childcare; 87.9% said they do not need childcare services.

Of those who have childcare or need childcare, 9.8% are looking for new childcare and 12.2% would like to look for childcare but cannot afford it.

Of those who have childcare, 32.0% report paying 15-30% of all monthly household income toward childcare costs; 12.0% report paying 30% or more of all monthly household income towards childcare costs. Only 4.0% reported receiving assistance to help pay monthly childcare costs.

**Housing Situation:** 47.4% of respondents own a home; 43.1% rent an apartment or house; 6.8% are living in a temporary arrangement with extended family, friends or other non-permanent housing; 2.7% are without housing.

**Housing Affordability:** The amount that respondents spend on monthly housing costs varies greatly, but 57.0% report being housing cost burdened, meaning that they spend 30% or more of their monthly income on housing. Approximately 8.0% of respondents report receiving assistance to help pay monthly housing costs.

Housing: Monthly Cost	
\$1-\$999	37.1%
\$1,000-\$1,999	30.3%
\$2,000-\$3,999	26.3%
\$4,000-\$5,999	5.7%
\$6,000+	0.6%

Housing: % of Income Spent on Housing	
< 15% of all monthly income	6.9%
15-30% of all monthly income	25.2%
30-50% of all monthly income	31.8%
50%+ of all monthly income	25.2%
Do not pay for housing	0.8%
Unknown	8.0%

**Housing Status:** 38.1% of respondents report experiencing some form of housing instability or transition.

Housing Status	
Looking for a new place to live	4.9%
Not looking for a new place to live	61.9%
Would like to look for a new place to live, but having trouble affording to move	18.6%
Would like to stay in the same place and having trouble affording utilities, rent/mortgage or repairs	14.5%

**Food:** 20.1% of respondents report sometimes or often not having enough food.

Food Security	
Enough of the kinds of food we want to eat	49.5%
Enough, but not always the kinds of food we want to eat	30.4%
Sometimes not enough to eat	14.4%
Often not enough to eat	5.7%

**Access to Health Care:** 95.6% of respondents report having health insurance and 86.3% report having an established doctor.

**Health Habits:** 64.4% report having exercised 30 minutes or more at least 3 days in the past week; 37.8% eat 4 or more servings of fruits and vegetables per day.

**Community Engagement:** 64.5% of respondents report that their households regularly or sometimes attend or volunteer at local events; 35.5% rarely attend or volunteer; 14.2% never attend or volunteer.

Almost a third (32.0%) are looking for new events or ways to become involved in the community, 30.3% would like to become more involved but have difficulty making the time, and 37.7% are not looking to become more involved.

## E. Hope and Goals

Open-ended survey questions asked respondents to describe their hopes and goals at the personal, family, and community levels, as well as the challenges that may prevent them from achieving these goals. The following tables rank and describe the topics mentioned in at least 10% of survey responses.

**Personal Goals:** “My biggest hope or goal for myself is...”

Goal Area	Frequency*	Description of Goal	Potential Barriers to Goal Area
Financial Stability	16.8%	Having enough consistent income to not worry about money or to live paycheck to paycheck.	<ul style="list-style-type: none"> <li>• High cost of living</li> <li>• Rising taxes</li> <li>• Low wages that do not meet household needs</li> <li>• Health issues or disabilities that do not allow one to work enough</li> </ul>
Health	15.0%	Being able to improve overall health and/or to maintain health as one ages.	<ul style="list-style-type: none"> <li>• Lack of knowledge of resources Ability to pay for healthcare</li> <li>• Poor personal habits</li> <li>• Aging</li> </ul>
Connection	12.3%	Building deeper connections in the community by becoming active volunteers and helping others	<ul style="list-style-type: none"> <li>• Feelings of isolation because of divisive political climate</li> <li>• Lack of knowledge about resources and opportunities</li> <li>• Aging and mobility</li> <li>• Health issues</li> </ul>

Goal Area	Frequency*	Description of Goal	Potential Barriers to Goal Area
			<ul style="list-style-type: none"> <li>• Lack of money and time (need to work for pay)</li> </ul>
Housing	11.8%	Finding a home or staying in the one where they are; being able to afford a home; having a home that is safe and clean	<ul style="list-style-type: none"> <li>• Housing costs</li> <li>• Poor credit</li> <li>• Not enough stable income</li> <li>• Lack of knowledge of systems and resources</li> <li>• Availability of accessible housing for people with disabilities</li> <li>• Conflicts with neighbors and family</li> </ul>
Career	10.0%	Finding a job or securing a better job through training and education	<ul style="list-style-type: none"> <li>• High cost of training and education,</li> <li>• Limited opportunities in higher paying fields</li> <li>• Disability</li> <li>• Health issues</li> <li>• Legal issues</li> <li>• Transportation</li> <li>• Age</li> <li>• Caregiving responsibilities</li> </ul>

\*Frequency refers to the percentage of responses that referred to the goal area. For example, 16.8% of all responses referred to financial stability as a personal goal.

**Other topics identified:** Improve mental wellbeing (9.32%); Education (6.1%); Grow a family (4.1%); Retirement (3.9%); Reduce debt (3.6%); Increase savings (2.7%); Survive (1.1%); Increase income (1.1%).

**Family Goals:** “My biggest hope or goal for my family is...”

Goal Area	Frequency*	Description of Goal	Potential Barriers to Goal Area
Social Cohesion	34.6%	Experiencing connection and wellbeing, characterized by spending time with their loved ones, experiencing people with oneself and others, having connections within the community, happiness, good health, and fulfillment.	<ul style="list-style-type: none"> <li>• Economic and financial uncertainty</li> <li>• Relational conflicts around politics, communication and misinformation</li> <li>• Economic displacement causes families to live apart</li> <li>• Social media (distraction and point of conflict)</li> </ul>
Financial Stability	22.8%	Having enough money to live comfortably, with stable income that allows for a home and education for children.	<ul style="list-style-type: none"> <li>• Cost of living is quickly rising</li> <li>• Lack of jobs and opportunities to advance to higher payer jobs,</li> <li>• Economic and political uncertainty</li> <li>• Inability to manage money well,</li> <li>• Inconsistent income</li> <li>• Need for additional workforce training</li> </ul>
Health	17.6%	Maintaining health, especially as one ages, with good access to resources and services when they are	<ul style="list-style-type: none"> <li>• Cost of health care</li> <li>• Policy changes that impact access to services and benefits</li> <li>• Lack of time to take care of oneself</li> <li>• High stress</li> </ul>

		needed to support a healthy, independent lifestyle.	<ul style="list-style-type: none"> <li>• Easy access to illegal drugs in the community</li> </ul>
Housing	14.2%	Current and future generations having enough savings to secure and maintain a permanent home	<ul style="list-style-type: none"> <li>• Rising housing costs</li> <li>• Uncertain job market</li> <li>• High debt</li> </ul>

**Other topics identified:** Education (4.6%); Career (3.4%); Mobility (1.4%); Transportation (0.9%); Childcare (.3%).

**Community Goals:** “My biggest hope or goal for my community is...”

Goal Area	Frequency*	Description of Goal	Potential Barriers to Goal Area
Social Cohesion	37.7%	Experiencing connection and mutual support, characterized by peaceful, welcoming and inclusive communities, meaningful dialogues, respectful interactions, civil conversations, creation of common ground and compromise. Calls to practice empathy, provide opportunities for all, contribute to community, come together to support those struggling, work to understand what people need, accept help, be good neighbors and take care of each other. Many expressed the desire that others would embrace their own political and social ideals.	<ul style="list-style-type: none"> <li>• Negative social climate caused by political partisanship</li> <li>• Local and national leaders who do not value or prioritize all community members;</li> <li>• Gaps in prosperity</li> <li>• Scarcity of resources to deal with behavioral health issues</li> <li>• Various forms of prejudice, including racism and classism and bias against the homeless and poor</li> </ul>
Housing	11.3%	Building more housing that is affordable to people at different income levels, but especially to low-income people, with a focus on affordable rental housing.	<ul style="list-style-type: none"> <li>• Lack of funding to build affordable housing</li> <li>• Bureaucracy and policy that slows new construction</li> <li>• Long waitlists for existing rentals and low housing stock overall</li> <li>• Perceptions about the impact of low-income housing on other housing values,</li> <li>• Greed of property owners</li> <li>• Community accepting of/complacency around existing disparities</li> </ul>

**Other topics identified:** Safety (i.e. lower crime) 7.9%; Improved resource systems (5.7%); Economic growth (5.7%); Decreased homelessness (5.4%); Increased equity (4.2%); Employment (3.7%); Food (3.7%) Financial stability (2.7%); Health (2.7%) Childcare (1.7%); Community facilities and infrastructure (1.5%); Affordability (1.0%); Youth resources (1.0%); Education (0.8%); Community character (0.8%).

## Appendix B: Community Health Priorities Identified in Regional Community Health Needs Assessments and Community Health Improvement Plans

### Columbia County Public Health Community Needs Assessment 2024-27 and Community Health Improvement Plan 2024-27

1. **Community Outreach and Education:** Develop ongoing communication between public health and community partners to ensure residents know about local services and tools to improve the quality of life.
2. **Substance Use Prevention and Positive Community Norms:** Coordinate with local providers and partners to break the cycle of addiction and save lives.
3. **Mental Health Services and Awareness:** Address public misconceptions about mental health and assist the community in accessing needed services. Key data points:
  - 42% of all community survey respondents reported that they or someone in their household needed mental health services in the past 12 months.
  - 70% of those who needed services were able to access them.
  - 50% were dissatisfied with the availability of mental health care services.
4. **Expand Access to Childcare:** Support community partners in improving access and affordability of childcare.

### Garfield County Public Health Community Health Assessment 2023 and Community Health Improvement Plan 2024

1. **Childcare:** Access to affordable, quality child care emerged as a critical need for families. Types of care needed: full-day care is the most requested type; before and after school care is in high demand; weekend and holiday coverage is needed by many families; location and scheduling flexibility are major concerns. Key data points:
  - 63% of key informants said childcare was hard to find in Garfield County
  - 50% of key informants said childcare is the main issue that Garfield County needs to improve.
2. **Mental Health Awareness and Access to Services:** Need for better mental health resources and education. Contributing factors: stigma, limited access to local counselors who understand life in rural community, limited awareness of existing resources. Key data points:
  - 65% of key informants reported an increase in anxiety or stress in the past year.
  - 33% of key informants felt isolated or lonely
3. **Housing:** Variety of issues surrounding housing, particularly focused on affordability, quality of available housing, and other access issues. Key data points:
  - 34% of key informants say they have been at risk of losing their homes in the past two years due to income loss
  - 21% of key informants reported health or safety concerns about their current home.

### Walla Walla County Department of Community Health. Community Needs Assessment 2023 and Community Health Improvement Plan 2025-27

1. **Access to Behavioral Health Care and Services:** Expand available behavioral health care sources and maximize use of existing resources including inpatient, outpatient and crisis services. Increase support of substance use disorder treatment services, programs and harm reduction. Key data points:
  - 80% of survey respondents reported an increase in anxiety or stress in the past 12 months.

2. **Access to Health Care.** Increase access to medical transportation. Key concerns include decreasing number of medical specialists in community and lack of access to health care services locally.
3. **Safe and Affordable Housing.** Use policy, system and environmental advocacy (PSE) approaches to policy to increase affordable housing supply in Walla Walla County. Key concerns include affordability, safety, access to an available home, development of new homes or apartments, and concerns about retaining employees who cannot find or afford a home in the county.