

Health care availability in Oregon

Lack of services affects all Oregonians



WHAT YOU NEED TO KNOW



Rural areas of Oregon lack access to health care providers. Rural residents travel longer distances for care and have fewer health care options near their home.



Respondents 29 years and younger report the lowest mental health. Mental health ratings were also lower for low-income households, people of color, and people who identify as neither male or female.



Residents report that many community members are struggling with both substance abuse and mental illness. Rural residents are most concerned about substance abuse, while urban residents report the most concern about mental illness in their communities.

Oregon Voices survey respondents confirm what we know from available data: Health care services are not equitably available to all Oregonians. Unfortunately, where someone lives in our state may determine the type of services available and, as a result, their physical and mental wellness. Continue reading to learn more from voices from across the state on how the lack of services affects them and their families.

About Oregon Voices

In an increasingly urban state and nation, rural residents often find themselves unseen and unheard in the systems and decision making that affect their daily lives. Oregon Voices amplifies lived experiences in the state's less densely populated areas to identify common cause statewide – a first for Oregon.

This research brief summarizes key findings from the Oregon Voices survey that focus on health care availability and how it affects physical and mental wellness.

For more information about our research methods, please visit orvoices.org.



What we know about health care in Oregon

Health care providers are not available to serve every Oregonian who needs care. While 16 Coordinated Care Organizations serve Oregon, these are mostly concentrated in the western third of the state; just one CCO serves a total of 12 Eastern Oregon counties.¹ Four counties — Columbia, Gilliam, Sherman and Wheeler — have no licensed hospital at all.² The eight hospitals in Multnomah County and five each in Lane and Washington counties serve Oregon's population centers and offer speciality and other care that people from across the state must travel long distances to access. Even maternity care and birth centers are scarce across rural Oregon and nonexistent in Columbia, Crook, Curry, Gilliam, Morrow, Polk, Sherman and Wheeler counties.³

Like health care providers, mental health care is not available in all parts of Oregon. At best, in places like Benton County there are 80 people for every mental health provider; this rises to 100:1 in Multnomah County and 99:1 in Lane County. But in other areas, like Gilliam County, there are 668 patients for every one provider. Linn County has 474 potential clients for each provider and Jefferson County 404.⁴

This raises concerns given that about 20% of Oregon adults live with an ongoing mental health condition.⁵ As educators and youth workers confirm, young people experience mental health challenges at even higher rates. For example, 30% of eighth- and 38% of 11th-grade students reported experiencing depression for at least two weeks within the last year.⁶ Overall, Oregon's mental health outcomes ranking has slipped from 40th to 50th place since 2015.⁷

KNOW THE FACTS

4

Number of Oregon counties without a licensed hospital

8

Number of Oregon counties without a birth center

668:1

Ratio of Gilliam County residents to mental health providers, the highest in the state

80:1

Ratio of Benton County residents to mental health providers, the lowest in the state

70%

Proportion of 11th-grade students bothered by feeling nervous, anxious or on edge at least several days during the past 30 days.⁶

1 See Oregon Health Authority service area map: oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx

2 See Oregon Health Authority list of licensed hospitals: oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES

3 March of Dimes. *Nowhere to go: Maternity care deserts across the U.S.*, 2020. marchofdimes.org/peristats/data?top=3

4 County Health Rankings and Roadmaps analysis of Centers for Medicare & Medicaid Services National Provider Identification data, 2022.

5 Mental Health America, *The State of Mental Health in America*, 2023. mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf

6 Oregon Student Health Survey, 2022. bach-harrison.com/SHSDDataPortal/Variables.aspx

7 Mental Health America, *Parity or Disparity: The State of Mental Health in America*, 2015. mhanational.org/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf

Physical and mental health of survey respondents

Overall, Oregon Voices survey respondents rated their own physical and mental health well. The relatively high ratings may be due to several factors, including respondents overestimating their own health. Additionally, potential respondents may find it difficult to complete a survey if they are not feeling well mentally or physically. Social determinants like income, geography and education affect mental and physical health. Many survey respondents reported household incomes higher than the Oregon average, and over half have a bachelor's degree or higher.

What Oregonians said about health care availability in our state

While overall respondents reported good physical and mental health, a closer look at the data shows Oregonians are experiencing difficulties accessing what they need to keep them well, including medical, dental and mental health providers. Survey participants who reported living in rural areas, having lower incomes, being younger, and/or identifying as Black, Indigenous or a person of color were more likely to indicate experience with these health challenges. As one respondent describes, however, local advocates work diligently despite the challenge to meet needs:



“Our community mental health providers struggle to recruit licensed social workers and clinical practioners. They have had open positions for three plus years. Even with incentives they struggle to recruit providers. We also have a strong network of nonprofits providing lots of services to meet gaps in our community. They work together creatively and are solution based. Yet the funding to keep several key programs and services is a constant battle and wears on many providers, making it hard to grow capacity and services. This feeling is wearing many down, and I worry about the 'can-do' spirit our community seemed to always have as a deep undercurrent. It feels like it is waning, and we need to build our resiliency.”

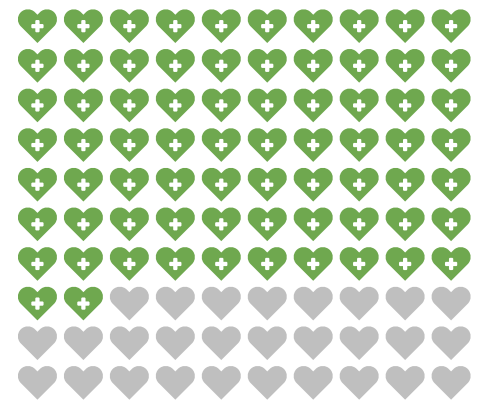
Rural respondent, white, Wallowa County

Figure 1: **Most Oregon Voices survey respondents reported good, very good or excellent physical and mental health**

Responses to the prompt: “How would you rate your overall physical health right now?” and “How would you rate your overall mental health right now?”

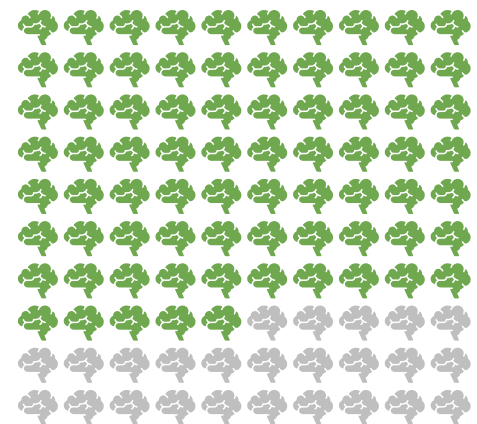
Physical Health

72%



Mental Health

75%





Rural areas of Oregon lack access to health care providers

Oregon Voices respondents confirmed that where Oregonians live determines the availability of basic health care services (Figure 2).⁸ In five rural counties, the majority of survey respondents disagreed that their communities have enough providers (Figure 3).

In response to the open-ended question “What concerns you most about the place where you live?” many wrote about health care. Of those who did, 400 out of 487 responses came from people in rural or frontier communities. These comments focused on: 1) lack of services, 2) distance to services, 3) difficulty attracting and retaining medical professionals, 4) limited mental health and addiction services and 5) how youth are affected by each of these issues.



“Services in our area have declined tremendously since 2019 – city, county, healthcare, child care, addiction recovery, even basic emergency services.”

Rural respondent, BIPOC, Polk County



“I personally don't think we have enough medical facilities. We do have a small hospital, but for anything major we have to travel 35 miles away, which as I grow older is becoming increasingly inconvenient.”

Rural respondent, white, Crook County



“Our medical people don't stay! In the past 10 years I have had 6 different doctors! They constantly change. As soon as these people discover we don't have much to offer in the way of education these families are gone. When I was growing up, I had the same doctor from birth to my teens!”

Rural respondent, white, Lane County

Figure 2: **A third or fewer respondents in rural and frontier areas of the state feel their community has enough health care providers**

Responses to the prompt: “In my community, we have enough medical and dental providers.”

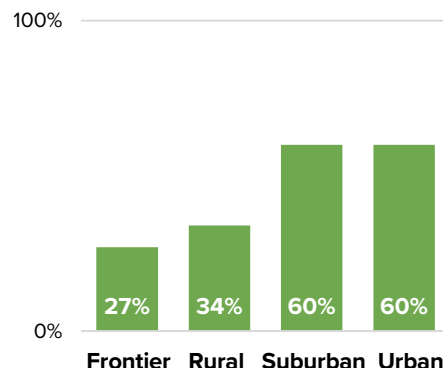
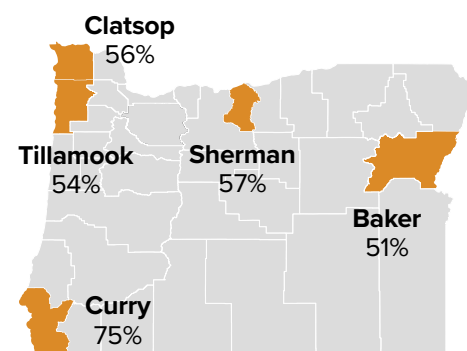


Figure 3: **In five rural counties, the majority of respondents disagreed that their community has enough medical and dental providers**



⁸ Survey respondents were asked to identify their community as frontier, rural, suburban or urban. These findings reflect their self-defined geography.



Respondents 29 years old and younger report the lowest mental health

The lack of mental health care services affects all Oregonians, especially young people. Concerningly, more than half of respondents age 29 and younger shared their mental health was poor or fair. This trend was consistent across race. This difference could be due to many factors, including that younger generations understand mental health differently and hold different expectations than older generations, who may be less likely to recognize or report signs of mental unwellness.

Despite the lack of access to mental health resources where they live, households in frontier communities reported the best mental health (Figure 4). Mental health ratings were lower overall for urban households, lower income households, those who identified as other than male or female, and people of color. Slight variations appear when combining gender and geography. For example, rural men report the best mental health, followed by urban men.

Many respondents all voiced concern for the lack of services and the mental health of youth in their community:



“We have no mental health that is reliable or enough services because of being rural. It is very sad for our young people — to me we have had way too many teen suicides.”

Rural respondent, white, Union County



“I feel that mental health services for children and adolescents are underfunded and simply not available at the level they need to be.”

Urban respondent, white, Benton County



“For those with sustainable income, this is a wonderful community. For people with complex and ongoing health issues, though, the nearest specialty care is at least an hour's drive away. Victims of major trauma due to accidents and major health events must be transferred to medical sites out of the area. This generates hardship for the family and friends of the traumatized.”

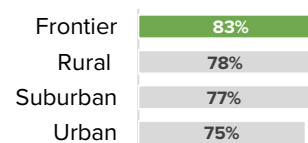
Rural respondent, white, Lincoln County



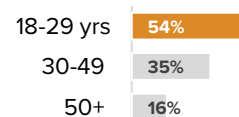
Figure 4: **Mental health varies by geography, age, income, gender and race**

Responses to the prompt: “How would you rate your overall mental health right now?”

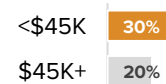
Geography - Respondents in frontier areas report the highest rates of **good, very good or excellent** mental health



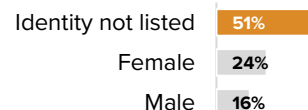
Age - Respondents 29 years and younger were more likely to report **poor or fair** mental health



Income - Respondents with household incomes below \$45,000 were more likely to report **poor or fair** mental health



Gender - Respondents with gender identities other than male or female were more likely to report **poor or fair** mental health



Race/ethnicity - Respondents identifying as BIPOC were more likely to report **poor or fair** mental health



Note: All the above analyses were statically significant, however, the effect size for race is very small and the difference may not be meaningful.



Residents report that many community members are struggling with both substance abuse and mental illness

Although they experience good, very good or excellent mental health themselves, respondents reported that their community members struggle with mental illness and substance abuse at rates consistent with statewide data. Rural and frontier residents share the most concern about substance abuse. While urban residents report the most concern about mental illness, nearly half of the respondents agreed that many residents struggle with mental illness in their community (Figure 5). Many of these respondents agreed that many residents struggle with substance abuse.

Slight differences in perceptions of community members struggling with mental illness or substance abuse exist across geography. Respondents in frontier (72%) and rural (71%) areas agree more strongly that residents struggle with substance abuse compared to urban (64%) and suburban (61%) respondents. Oregonians of color and white respondents agreed at similar rates.



“People dealing with substance abuse need more effective programs available and sober living or transitional housing especially when re-entering the community from jail or prison sentences.”

Rural respondent, white, Crook County



“We need free medical and mental health providers to help with the amount of drug related issues including homelessness in our communities.”

Rural respondent, BIPOC, Josephine County

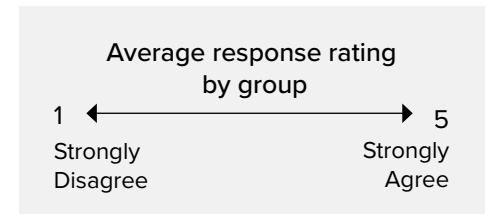


“Addiction and mental health. There seems to be so much effort put into talking about helping and some effort into treatment, but it feels like no one in our community is willing to do what it takes to address the root causes and systemic issues that are fueling these problems.”

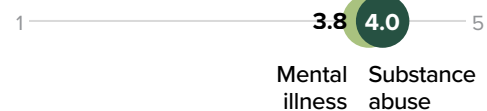
Rural respondent, white, Douglas County

Figure 5: Respondents agree that many residents struggle with both mental illness and substance abuse

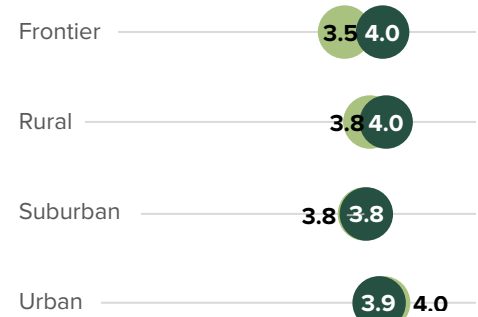
Responses to the prompts: In my community... "We have many residents struggling with substance abuse" and "We have many residents struggling with mental illness."



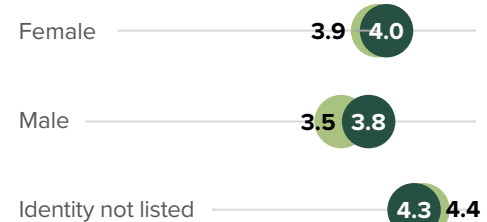
All respondents



Geography



Gender



Race



What Oregon leaders and community builders should know about health care availability in our state

The urgent call by Oregon Voices survey respondents for more health care options give leaders and advocates a window into the troubling consequences of inequitable distribution of services. For older Oregonians, many living on fixed incomes, the distance to care burdens them and their family members in rural areas and sometimes prevents them from getting the attention they need. For younger Oregonians, the lack of mental health care is a concern to them and the adults who support our youth. This quote from a Douglas County respondent exemplifies how their loved ones unfortunately endured hardship as a result of the lack of options in their community:



“I really wish there was more outlets of help for people with mental or substance abuse issues. I recently lost my father due to him not getting the mental/medical help he needed. He wasn't

in his right mind, and by the time we were able to get him SOME help, he passed away a few days later. If he had lived, he likely would have lost his foot due to infection/septic, and his dementia would've gotten worse. Several years ago my family had an aunt that lost her mind due to substance abuse, and we were constantly told there was no help available until she physically harmed someone. That's not right. These people deserve help, and it shouldn't take someone getting hurt for them to get help. Long story short, I hope to see more advocacy and assistance for mentally ill [or] substance abusing community members.”

Rural respondent, white, Douglas County

All of Oregon will benefit from investments in medical, dental and mental health workforce and facilities development so that no matter where Oregonians call home, they will be able to live with dignity and enjoy physical and mental well-being.

What trends do you notice in your community?

Visit orvoices.org to see what respondents in your county think about health care availability in your community. From the Oregon Voices homepage, navigate to “Explore the Data,” where you can see survey results for topics related to this issue brief. Use the filters to explore some of the prompts below or create your own research questions. Let us know what you're learning by emailing us at oregonvoices@tfff.org.

Community Infrastructure:

Do you feel your community has enough medical and dental providers? Do respondents from your community seem to agree or disagree?

Community Concerns: Do respondents in your county seem concerned about substance abuse or mental illness? What about in a county you're less familiar with? What does this make you wonder?

Demographics - Health:

How did people like you rate their physical and mental health? How did people older or younger than you rate theirs? What about people of a different race or with a different income?

For data summaries for each county in Oregon,
more research and to explore the data on your own, visit
[orvoices.org](https://www.orvoices.org).



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