

OREGON AREAS OF UNMET HEALTH CARE NEED REPORT

SEPTEMBER 2025

OREGON OFFICE OFRURAL HEALTH

Areas of Unmet Health Care Need Report

The Areas of Unmet Health Care Need Report (AUHCN) was first developed by the **Oregon Office of Rural Health** in 1998 in response to a mandate from the Oregon Legislature to measure medical underservice in rural areas of the state. This report has since been published annually and is used:

- To qualify a practice site for loan repayment and forgiveness programs (OAR 409-036-0010 [30] [A]);
- As part of a risk assessment formula for rural hospitals to receive cost-based Medicaid reimbursement (SB 607, passed in 1991; HB 3650, passed in 2011); and
- As part of the determination of "medically underserved" geographic areas for the Oregon Governor's Health Care Shortage Area Designation.

This report uses nine different variables to rank and measure availability, affordability and utilization of primary physical, dental and mental health care in 128 Oregon primary care service areas. It can be used by state partners to prioritize financial and technical assistance, and by health care constituents to advocate for unmet needs in their community.



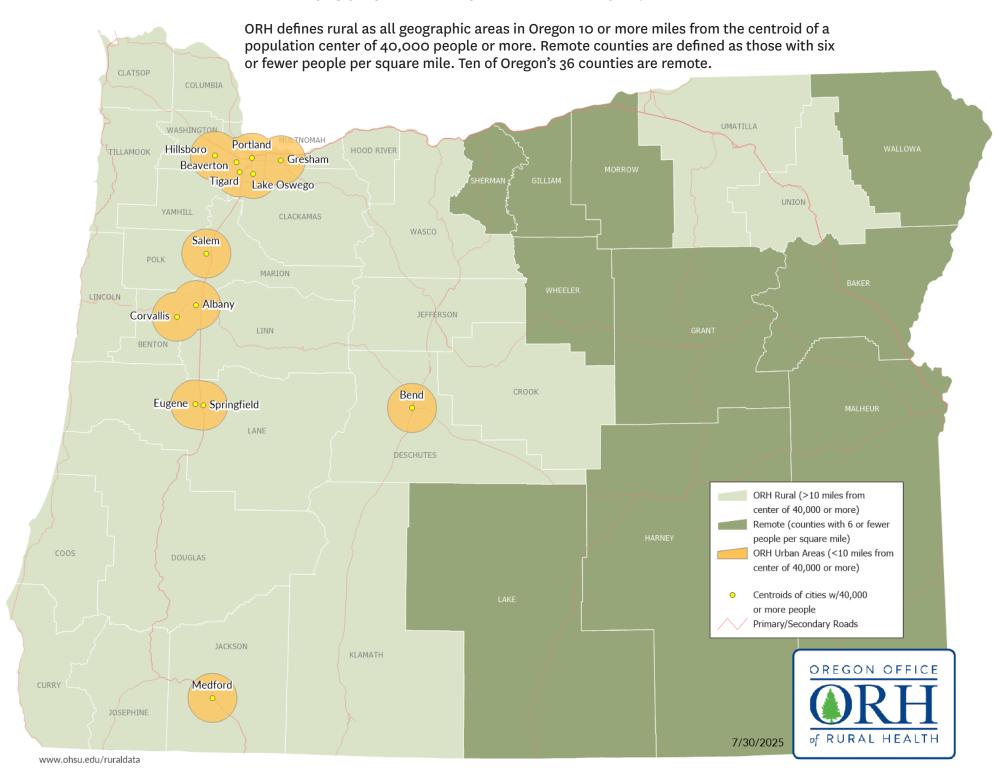
Contents

WHAT IS CONSIDERED RURAL AND REMOTE (i.e., FRONTIER?)	3
SUMMARY RESULTS	4
Overview	
Highlights	····5
Figure 1. Overall Unmet Need Scores By Service Area	_
Figure 2. Ranked Service Area Scores (Highest Unmet Need to Lowest)	
METHODOLOGY	11
Primary Care Service Areas	
The Variables Used in the AUHCN Calculation	12
Category One: Availability of Providers	13
1) Travel Time to Nearest Patient-Centered Primary Care Home (PCPCH)	13
Figure 3. Service Areas Above Average Travel Time to Nearest PCPCH	
2) Primary Care Capacity (Percent of Primary Care Visits Able to Be Met)	15
Figure 4. Service Areas Below Oregon's Primary Care Capacity Ratio	17
3) Dentists Per 1,000 Population	18
Figure 5. Service Areas Below Oregon's Dentist Per 1,000 Population Rate	19
4) Mental Health Providers Per 1,000 Population	20
Figure 6. Service Areas Below Oregon's Mental Health Provider Per 1,000 Population Rate	21
Category Two: Ability to Afford Care	22
5) Percent of the Population Between 138% and 200% of the Federal Poverty Level (FPL)	22
Figure 7. Service Areas Above Oregon's 138% - 200% FPL Rate	23
Category Three: Utilization	24
6) Inadequate Prenatal Care Rate Per 1,000 Births	24
Figure 8. Service Areas Above Oregon's Inadequate Prenatal Care Rate Per 1,000 Births	25
7) Ambulatory Care Sensitive Conditions (ACSC)/Preventable Hospitalizations Per 1,000 Population	26
Figure 9. Service Areas Above Oregon's ACSC Rate Per 1,000 Population	28
8) Emergency Department Non-Traumatic Dental Visits Per 1,000 Population	29
Figure 10. Service Areas Above Oregon's Non-Traumatic Emergency Department Dental	
Visit Rate Per 1,000 Population	31
9) Emergency Department Mental Health/Substance Use Visits Per 1,000 Population	32
Figure 11. Service areas Above Oregon's Emergency Department Mental Health/Substance	
Use Visit Rate Per 1,000 Population	34
Total Scores	25

We welcome your feedback. If you have any questions or suggestions about this report, please contact Emerson Ong at onge@ohsu.edu.



WHAT IS CONSIDERED RURAL AND REMOTE?



Summary Results

OVERVIEW

This report scores and ranks all 128 Oregon primary care service areas according to nine variables that measure primary, dental and mental health care availability, affordability and utilization. The lowest and worst total score possible is zero. The highest and best score possible is 90. A lower score means greater unmet need. For 2025, scores ranged from 23 (worst) to 78 (best), compared to last year, when they ranged from 21 to 78. East Klamath has had the lowest score for the past two years, eclipsing Warm Springs, which had the lowest score for the previous three years.

Rural and remote (i.e., frontier)¹ service areas have greater unmet need (lower scores) than urban areas (46.5 compared to 63.1):

Mean (Average) Score by				
Geographic Area	2025	2024	2023	
Oregon	49.6	49.7	49.1	
Urban	63.1	62.7	61.6	
Rural (without Remote)	46.5	46.7	46.1	
Rural (including Remote)	46.5	46.5	46.2	
Remote	46.1	45.7	46.9	

The mean (average) score for Oregon overall is 49.6, which is similar to last year's average of 49.7. Sixty-five of 128 service areas fall below that score and are considered Unmet Need Areas. The following are the percentages of Unmet Need areas by geographic type:

Urban: 4% - one out of 24 urban areas Rural (without remote): 59% - 51 out of 86 rural areas

Rural (including remote): 62% - 64 out of 104 rural/remote areas

Remote: 72% - 13 out of 18 remote area

Greatest Unmet	0005	0004	Least Unmet	0005	0004
Need Areas	2025	2024	Need Areas	2025	2024
East Klamath	23	21	Portland SW	78	78
Warm Springs	26	25	Tigard	72	73
Port Orford	29	32	Lake Oswego	72	70
Powers	29	32	Portland NE	71	71
Drain/Yoncalla	30	32	Oregon City	70	69
Gold Beach	30	38	Bend	69	68
Swisshome/TriangleLake	30	34	Hood River	68	67
Chiloquin	32	31	Eugene/University	68	69
Yachats	33	36	Portland NW	67	69
Cave Junction	35	36	Beaverton	67	68
Lowell/Dexter	35	35			
Merrill	35	36			

¹ While the Federal government continues to use the word "frontier" to define areas with low population densities, the Oregon Office of Rural Health is changing its use of the term to "remote." "Remote" will be used instead of "frontier" going forward in this publication.



Highlights

- 1. The average travel time to the nearest Patient-Centered Primary Care Home (PCPCH) in Oregon is 14 minutes. However, in the 27 rural or remote service areas where no PCPCH is available, the average drive time doubles to 28 minutes. (Pages 13-14)
- 2. The overall ratio of estimated primary care visits that existing providers in Oregon can accommodate is 1.01. Rural and remote regions have a lower average ratio of 0.71, indicating a higher demand than supply. **Eleven primary care service areas, all rural or remote, have zero primary care provider FTE.** (Pages 15-17)
- 3. Oregon has 0.48 dentist FTE per 1,000 people, compared to 0.32 FTE in rural and remote areas. Twenty-five primary care service areas have zero dentist FTE and are all in rural or remote areas. (Pages 18-19)
- 4. The state has 1.35 mental health care provider FTE per 1,000 people; however, rural and remote areas provide less than half that, at 0.61 FTE. All 22 primary care service areas without any mental health provider FTE are rural or remote. (Pages 20-21)
- 5. Between 2019 and 2023, around 10% of Oregon's population fell between 138% and 200% of the Federal Poverty Level, making it difficult for them to afford health insurance without employer assistance. Notably, certain areas such as Burns (20%) and Heppner (19%) exhibit rates twice or more than the state average. (Pages 22-23)
- 6. Between 2019 and 2023, Oregon's average inadequate prenatal care rate was 62.2 per 1,000 births annually. Remote service areas display a significantly higher rate of 99.6 per 1,000 births, which is nearly 10% of births in those areas. Warm Springs' rate (316.1) is more than five times the state average. Eight additional service areas, all rural or remote, are more than double the state rate. (Pages 24-25)
- 7. Oregon's three-year (2022-2024) average preventable hospitalization/ACSC rate is 6.7 per 1,000 people yearly. However, rural and remote areas show a higher average rate of 7.9 per 1,000. Notably, Warm Springs (22.3), Clatskanie (14.5), North Lake (14.5) and Reedsport (14.3) exhibit rates over double the state average. (Pages 26-28)
- 8. Within the same three-year period, Oregon had 3.5 non-traumatic dental emergency department (ED) visits per 1,000 people annually, with rural areas at a higher rate of 4.7 per 1,000. Twenty service areas, all rural or remote, have over double the state's dental ED visit rate, with Warm Springs at the highest rate of 18.2 several times the state average. (Pages 29-31)
- 9. Oregon's three-year (2022-2024) average mental health/substance use ED visit rate is 16.4 per 1,000 people annually. This is the only variable where rural and remote areas (15.6), on average, do better than urban areas (16.9). However, Warm Springs, a rural area, stands out with a significantly high rate of 90.9 multiple times the next highest rate of 26.4 in Seaside. (Pages 32-34)
- 10. Oregon has an average Unmet Need Score of 49.6 out of 90. All but one of the 65 service areas that are considered Unmet Need are located in rural or remote areas. (Page 35)



FIGURE 1.

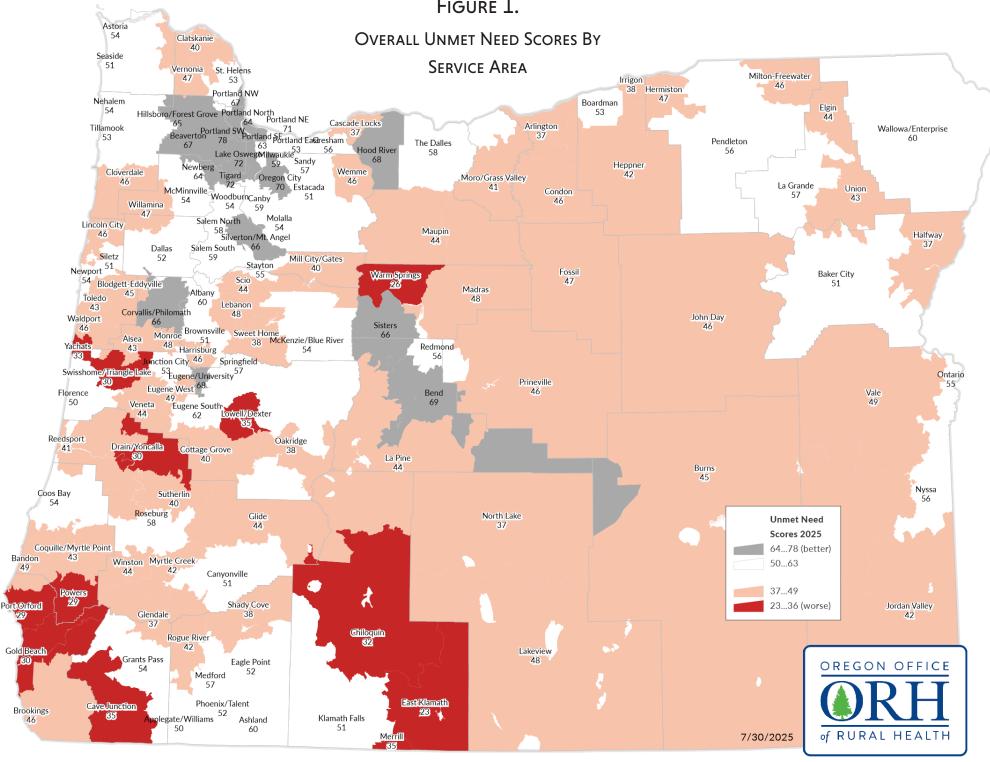


FIGURE 2.

Ranked Service Area Scores (Highest Unmet Need to Lowest)

The worst score in each column is darkest orange, and the best score is darkest blue, with graduated shading for the numbers between the best and worst.

Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
East Klamath	Rural	23	32	0.00	0.00	0.00	16%	170.1	11.3	7.7	14.5
Warm Springs	Rural	26	18	1.11	0.71	0.59	17%	316.1	22.3	18.2	90.9
Port Orford	Rural	29	31	0.64	0.00	0.05	16%	76.9	9.3	10.4	15.9
Powers	Rural	29	30	0.00	0.00	0.00	16%	25.0	11.8	7.4	13.6
Drain/Yoncalla	Rural	30	26	0.16	0.00	0.18	11%	71.1	8.1	9.4	12.3
Gold Beach	Rural	30	33	0.97	0.00	0.17	12%	149.2	12.7	9.3	21.2
Swisshome/Triangle	Daniel	20	27	0.00	0.00	0.00	1.60/	42.6	5 4	0.2	12.7
Lake	Rural	30	27	0.00	0.00	0.00	16%	42.6	5.4	8.3	13.7
Chiloquin	Rural	32	30	0.27	0.53	0.07	16%	163.0	9.3	7.6	16.1
Yachats	Rural	33	12	0.00	0.05	0.00	13%	83.3	9.0	7.0	11.0
Cave Junction	Rural	35	10	0.37	0.00	0.19	18%	95.7	10.7	3.9	15.3
Lowell/Dexter	Rural	35	24	0.12	0.00	0.30	17%	46.9	6.6	5.4	10.4
Merrill	Rural	35	25	0.32	0.00	0.00	11%	71.9	7.6	3.2	12.4
Arlington	Remote	37 37	25 21	0.64	0.00	0.00	11%	90.9 36.6	5.4	7.7 3.1	10.4
Clandala	Rural	37		0.00		0.00	10%	90.5	8.6	5.8	12.7
Glendale	Rural		10		0.00	0.00	11%		9.9		10.5
Halfway	Remote	37 37	68 67	0.42	0.00	0.30	18% 8%	30.3 213.5	6.9 14.5	3.0	4.9
North Lake	Remote	38	10	0.27	0.00	0.94	16%	128.5	9.3	1.1 4.2	12.3 11.9
Irrigon Oakridge	Remote Rural	38	10	0.33	0.00	0.17	15%	83.8	11.7	5.0	16.7
Shady Cove	Rural	38	10	0.03	0.40	0.40	17%	77.9	12.1	4.0	16.7
Sweet Home	Rural	38	10	0.32	0.40	0.00	14%	61.1	8.9	4.9	16.5
Clatskanie	Rural	40	10	0.10	0.07	0.21	14%	75.8	14.5	3.3	13.5
Cottage Grove	Rural	40	26	0.10	0.25	0.50	12%	80.3	9.0	8.9	21.3
Mill City/Gates	Rural	40	10	0.32	0.22	0.00	14%	59.5	8.5	6.2	15.2
Sutherlin	Rural	40	10	0.35	0.06	0.10	17%	44.5	6.1	3.9	15.1
Moro/Grass Valley	Remote	41	41	0.58	0.00	0.00	15%	47.6	4.0	3.7	4.3
Reedsport	Rural	41	10	0.72	0.18	0.18	10%	145.2	14.3	10.1	20.6
Heppner	Remote	42	10	0.39	0.05	0.64	19%	82.1	10.1	4.4	11.7
Jordan Valley	Remote	42	75	0.00	0.00	0.00	9%	87.0	0.6	0.0	0.6
Myrtle Creek	Rural	42	10	0.20	0.11	0.16	10%	63.1	6.8	5.9	15.2
Rogue River	Rural	42	10	0.23	0.16	0.28	14%	71.4	9.3	3.6	16.3



Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Alsea	Rural	43	24	0.52	0.00	0.00	8%	71.4	5.1	2.4	9.3
Coquille/Myrtle											
Point	Rural	43	10	0.94	0.17	0.16	15%	67.3	11.9	6.4	14.3
Toledo	Rural	43	10	0.36	0.18	0.30	12%	46.2	8.9	8.9	15.9
Union	Rural	43	10	0.05	0.10	0.00	12%	44.3	5.1	3.8	9.2
Elgin	Rural	44	10	0.87	0.00	0.00	10%	89.1	11.2	3.7	10.5
Glide	Rural	44	10	0.00	0.13	0.00	7%	58.3	6.0	4.9	14.1
La Pine	Rural	44	10	0.49	0.18	0.27	14%	101.0	10.4	3.1	14.2
Maupin	Rural	44	10	0.29	0.00	0.17	16%	40.0	9.5	2.2	7.9
Scio	Rural	44	11	0.05	0.02	0.00	10%	33.3	7.3	2.8	9.2
Veneta	Rural	44	10	0.05	0.17	0.12	12%	44.4	7.7	2.9	12.7
Winston	Rural	44	10	0.13	0.11	0.46	11%	61.6	7.6	5.9	16.0
Blodgett-Eddyville	Rural	45	13	0.00	0.00	0.00	8%	0.0	9.4	2.0	9.2
Burns	Remote	45	10	0.85	0.23	0.28	20%	41.5	11.3	6.1	12.9
Brookings	Rural	46	10	0.74	0.44	0.48	16%	80.4	8.1	10.9	19.3
Cloverdale	Rural	46	10	0.15	0.12	0.25	7%	67.1	7.9	3.7	13.0
Condon	Remote	46	22	1.04	0.11	0.00	12%	76.9	6.4	2.2	5.1
Harrisburg	Rural	46	10	0.00	0.08	0.49	17%	46.9	5.3	2.1 7.4	11.0
John Day	Remote	46	10 10	0.93	0.26	0.11	12%	90.6	8.0	8.1	13.7 21.2
Lincoln City Milton-Freewater	Rural Rural	46 46	16	0.68	0.20	0.06	14% 10%	79.4 88.1	9.5 9.3	0.3	2.1
Prineville	Rural	46	10	0.02	0.27	0.48	11%	76.4	9.1	8.1	16.8
Waldport	Rural	46	10	0.32	0.10	0.46	8%	89.4	8.5	6.4	15.6
Wemme	Rural	46	18	0.00	0.24	0.18	5%	51.3	6.8	2.8	12.3
Fossil	Remote	47	10	0.35	0.70	0.00	18%	60.0	9.8	4.7	5.8
Hermiston	Rural	47	10	0.96	0.28	0.28	16%	121.9	6.9	4.2	13.3
Vernonia	Rural	47	10	0.17	0.22	0.15	9%	78.4	7.0	3.2	9.4
Willamina	Rural	47	10	0.54	0.20	0.44	11%	70.1	10.0	5.3	16.0
Lakeview	Remote	48	10	1.06	0.31	0.31	12%	110.7	11.0	6.5	18.2
Lebanon	Rural	48	10	0.95	0.20	0.27	15%	37.8	8.2	4.8	15.3
Madras	Rural	48	10	0.75	0.16	0.63	11%	108.9	7.3	10.7	19.2
Monroe	Rural	48	10	0.18	0.00	0.68	13%	43.2	6.8	2.9	10.7
Bandon	Rural	49	10	0.75	0.19	0.47	10%	50.8	13.1	6.6	18.0
Eugene West	Urban	49	10	0.49	0.21	0.54	12%	66.9	7.0	4.2	21.1
Vale	Remote	49	10	0.25	0.20	0.00	12%	96.3	3.1	2.0	8.0
OREGON		49.6	14	1.01	0.48	1.35	10%	62.2	6.7	3.5	16.4

Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Applegate/Williams	Rural	50	11	0.10	0.23	0.62	11%	65.0	6.8	2.4	10.5
Florence	Rural	50	10	0.93	0.26	0.75	13%	72.7	7.8	6.9	18.7
Baker City	Remote	51	10	0.85	0.36	0.95	13%	56.3	7.9	8.8	15.5
Brownsville	Rural	51	10	0.11	0.25	0.30	12%	30.7	5.0	3.2	9.4
Canyonville	Rural	51	10	1.28	0.35	0.27	12%	42.4	9.3	5.5	16.3
Estacada	Rural	51	10	0.39	0.12	0.26	11%	39.2	7.2	2.6	11.3
Klamath Falls	Rural	51	10	0.99	0.41	0.72	13%	105.7	8.3	8.1	20.7
Seaside	Rural	51	10	0.92	0.33	0.52	11%	79.6	9.1	5.4	26.7
Siletz	Rural	51	13	1.03	0.69	0.18	7%	89.7	7.8	6.9	13.7
Dallas	Rural	52	10	0.30	0.28	0.35	10%	36.2	6.8	4.4	13.6
Eagle Point	Rural	52	10	0.13	0.29	0.33	10%	53.6	8.8	2.3	11.2
Phoenix/Talent	Urban	52	10	0.62	0.18	0.89	12%	53.3	7.1	4.3	16.5
Boardman	Remote	53	10	0.61	0.24	0.60	14%	162.3	3.7	2.7	11.6
Junction City	Rural	53	10	0.22	0.24	0.82	10%	57.4	7.0	2.9	12.8
Portland East	Urban	53	10	0.94	0.51	0.80	12%	96.1	8.4	4.6	21.3
St. Helens	Rural	53	10	0.37	0.23	0.48	14%	40.2	7.8	2.1	11.6
Tillamook	Rural	53	10	0.94	0.53	0.58	12%	72.9	7.1	4.8	22.3
Astoria	Rural	54	10	1.05	0.32	1.04	12%	65.5	8.5	4.8	19.3
Coos Bay	Rural	54	10	1.03	0.44	1.05	11%	56.4	13.1	6.6	21.8
Grants Pass McKenzie/Blue	Rural	54	10	0.93	0.57	0.67	12%	59.7	10.0	3.8	18.5
River	Rural	54	10	0.61	0.00	0.42	5%	80.6	5.1	3.2	9.5
McMinnville	Rural	54	10	0.66	0.40	0.66	11%	47.8	8.4	4.4	19.3
Molalla	Rural	54	10	0.26	0.32	0.04	8%	51.7	7.0	2.5	11.6
Nehalem	Rural	54	10	0.57	0.00	0.89	10%	72.7	7.4	1.8	7.5
Newport	Rural	54	10	1.37	0.54	1.48	14%	60.7	8.8	8.9	23.8
Woodburn	Rural	54	10	0.59	0.21	0.40	13%	61.7	5.5	2.1	11.9
Ontario	Remote	55	10	1.34	0.48	0.88	18%	133.6	3.8	4.5	14.5
Stayton	Rural	55	10	1.25	0.44	0.28	11%	38.5	7.3	6.1	14.1
Gresham	Urban	56	10	0.73	0.48	0.57	11%	66.1	6.6	4.2	18.6
Nyssa	Remote	56	10	0.53	0.48	0.00	11%	100.0	2.2	2.6	8.2
Pendleton	Rural	56	10	1.04	0.28	0.81	9%	71.6	7.5	5.4	18.2
Redmond	Rural	56	10	0.53	0.41	0.98	12%	61.1	5.8	3.6	13.8
La Grande	Rural	57	10	1.28	0.39	1.19	11%	55.6	7.1	5.1	17.8
Medford	Urban	57	10	1.46	0.59	1.37	12%	59.3	9.1	3.9	19.8
Sandy	Rural	57	10	0.26	0.21	0.38	6%	59.0	5.4	1.8	10.8

Service Area	Designation	Total Score	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists per 1,000	Mental Health Providers per 1,000	138-200% of Federal Poverty Level	Inadequate Prenatal Care Rate	Preventable Hospitalizations per 1,000	Emergency Dept Dental Visits per 1,000	Emergency Dept Mental Visits per 1,000
Springfield	Urban	57	10	1.68	0.33	0.64	10%	63.3	7.3	5.6	19.2
Roseburg	Rural	58	10	1.25	0.52	1.47	13%	40.5	6.5	5.1	18.3
Salem North	Urban	58	10	0.57	0.46	0.63	11%	53.0	7.2	2.9	14.5
The Dalles	Rural	58	10	1.27	0.48	0.75	13%	41.1	8.1	4.5	17.6
Canby	Rural	59	10	0.56	0.37	0.48	10%	63.2	5.9	1.6	11.6
Milwaukie	Urban	59	10	0.49	0.54	1.43	9%	48.0	7.7	3.6	19.4
Salem South	Urban	59	10	1.35	0.59	2.07	12%	56.4	7.8	3.5	20.1
Albany	Urban	60	10	0.71	0.39	0.67	10%	43.4	6.5	3.4	13.9
Ashland	Rural	60	10	1.18	0.45	2.36	10%	84.0	5.3	3.7	21.4
Wallowa/Enterprise	Remote	60	10	1.65	0.70	0.78	16%	45.3	10.2	3.2	11.1
Eugene South	Urban	62	10	0.22	0.45	1.05	8%	59.3	4.4	2.5	11.9
Portland SE	Urban	63	10	0.42	0.38	2.84	8%	45.5	4.8	2.0	14.5
Newberg	Rural	64	10	1.14	0.41	1.10	9%	44.3	5.6	3.2	11.7
Portland North Hillsboro/Forest	Urban	64	10	2.15	0.31	2.12	8%	65.3	6.5	3.2	20.4
Grove	Urban	65	10	1.22	0.51	0.88	9%	54.1	5.4	2.2	13.3
Corvallis/Philomath	Urban	66	10	1.34	0.45	1.89	10%	41.3	4.3	1.9	15.1
Silverton/Mt. Angel	Rural	66	10	1.19	0.32	0.71	10%	33.1	5.5	2.4	8.9
Sisters	Rural	66	10	0.45	0.45	1.37	5%	63.6	4.8	1.5	10.4
Beaverton	Urban	67	10	1.27	0.67	1.35	8%	55.4	4.8	1.9	14.3
Portland NW	Urban	67	10	1.15	0.47	1.59	4%	53.8	5.0	2.3	24.2
Eugene/University	Urban	68	10	1.84	0.86	5.08	11%	62.0	5.1	3.6	24.4
Hood River	Rural	68	10	1.80	0.88	1.42	12%	35.7	5.2	2.2	11.2
Bend	Urban	69	10	1.36	0.68	2.21	9%	66.1	4.4	2.1	11.8
Oregon City	Urban	70	10	2.08	0.79	1.73	8%	60.1	5.8	2.4	15.4
Portland NE	Urban	71	10	1.88	0.56	3.77	7%	55.8	5.6	2.6	18.2
Lake Oswego	Urban	72	10	0.58	0.67	1.72	5%	32.8	3.8	1.1	9.6
Tigard	Urban	72	10	1.20	0.68	1.33	5%	46.9	4.6	1.7	11.9
Portland SW	Urban	78	10	2.38	1.07	5.75	6%	41.2	5.3	1.8	19.6

Download this as an Excel spreadsheet from our website: www.ohsu.edu/designations.

Compare the latest four years of Unmet Need Scores and each of the nine variables on a Tableau dashboard: https://public.tableau.com/app/profile/oorh/viz/UnmetNeed/UnmetNeedFinal.



METHODOLOGY

Primary Care Service Areas

County-level data are often used to analyze local information in the United States because most counties east of the Mountain Time Zone have relatively small and uniform geographies. However, many of Oregon's 36 counties are unusually large and diverse in terms of geography and population distribution, each containing multiple cities of disparate sizes. To provide more relevant information to these smaller communities, ORH created new sub-county units that enable more precise and granular data collection.

Of the various small geographic boundaries that exist, postal ZIP codes align most with neighborhoods and established transportation and market patterns. ZIP codes are also easily associated with an existing wealth of demographic, socioeconomic and health utilization data. Therefore, ORH, with assistance from other state and local agencies, established ZIP codes as the basis for these sub-county areas, grouping all of Oregon's over 470 ZIP codes into "Primary Care Service Areas" based on the following criteria:²

- 1) Health resources are generally located within 30 minutes travel time.
- 2) Defined areas are not smaller than a single ZIP code and ZIP codes used are geographically contiguous and/or follow main roads.
- 3) Defined areas contain a population of at least 800 to 1,000 or more people.
- 4) Defined areas constitute a "rational" medical trade or market area considering topography, social and political boundaries and travel patterns.
- 5) Additional considerations for service areas are boundaries that:
 - a) Are congruent with existing special taxing districts (e.g., health or hospital districts); and
 - b) Include a population that has a local perception that it constitutes a "community of need" for primary health care services or demonstrates demographic or socioeconomic homogeneity. The population should be large enough (800-1,000 or more) to be capable of financially supporting at least a single mid-level health care provider.

These areas are updated when necessary, according to changes in population and health utilization.

There are 128 Oregon Primary Care Service Areas:
Urban: 24 | Rural + Remote: 3 104 | Rural Only: 86 | Remote Only: 18

Six-page demographic, socioeconomic and health status profiles for each rural and remote service area are updated continuously and available for free. A sample profile and more information are available here.

³ Using the ORH's definition, rural is a geographic area 10 or more miles from the centroid of a city of 40,000 or more. The Bureau of Primary Health Care (BPHC) defines frontier (i.e. remote) as counties with six or fewer people per square mile.



² Van Eck, Ethan; Bennett, Marge et. al. Strategic Plan for Primary Health Care in Rural Oregon, 1985-1990. September 30, 1985. (Available through the Office of Rural Health).

The Variables Used in the AUHCN Calculation

The Oregon Office of Rural Health researched academic publications and collected studies from other State Offices of Rural Health to determine the measures described in this report. These findings were presented to a committee with knowledge of health utilization, hospital data, primary care and dental and mental health services (see list of individuals and members below).

Data Requirements:

- Data points must be available at the ZIP code geographic level
- · Data must be updated annually, at minimum
- Data must be readily available to the Oregon Office of Rural Health

The following nine variables were determined to be the best currently available measures of access to primary care, dental and mental health services for all ages. More detail on the sources and methodology for each variable is included in the following pages.

Category One: Availability of Providers—Are needed providers available locally?

- 1. Travel Time to Nearest Patient Centered Primary Care Home (PCPCH)
- 2. Primary Care Capacity (Percent of Primary Care Visits Needed Able to Be Met)
- 3. Dentists per 1,000 Population
- 4. Mental Health Providers per 1,000 Population

Category Two: Ability to Afford Care—Can the local population afford health care?

5. Percent of Population Between 138% and 200% of Federal Poverty Level (FPL)

Category Three: Utilization—Are primary physical, mental and oral health care being used?

- 6. Inadequate Prenatal Care Rate per 1,000 Births
- 7. Ambulatory Care Sensitive Conditions (ACSC)/Preventable Hospitalizations per 1,000 Population
- 8. Emergency Department Non-Traumatic Dental Visits per 1,000 Population
- 9. Emergency Department Mental Health/Substance Use Visits per 1,000 Population

The Oregon Office of Rural Health would like to thank the following for participating in the Unmet Need Report update in 2017: (these were their titles and affiliations at that time)

Oregon Health Authority

Jackie Fabrick, Deputy Director, Behavioral Health Marc Overbeck, Primary Care Office Director Amanda Peden, Health Policy Analyst Jeffery Scroggin, Policy Analyst

Greater Oregon Behavioral Health, Inc.
Paul McGinnis, CCO Integration Director

Oregon Association of Hospitals & Health Systems
Katie Harris, Director of Rural Health & Federal
Policy
Andy Van Pelt, Executive Vice President

Oregon Health & Science University
Eli Schwarz, Chair of Department of Community
Dentistry



CATEGORY ONE: AVAILABILITY OF PROVIDERS

1) Travel Time to Nearest Patient Centered Primary Care Home (PCPCH)

Description:

A Patient Centered Primary Care Home (PCPCH) is a health care clinic that has been officially recognized by the Oregon Health Authority (OHA) for providing high quality, patient-centered care. All PCPCHs must possess a minimum set of 11 criteria. Three of these requirements are particularly good indicators of community access to primary care and are instrumental in preventing emergency room misuse, screening and referral for mental health and substance use disorder, continuous access to live clinical advice by telephone, and ongoing management of chronic diseases.

Data Source:

List of PCPCHs from Patient-Centered Primary Care Home Program, Oregon Health Authority (July 2025)

Methodology:

Google Maps was used to determine driving times from the largest town in the Primary Care Service Area to the town where the nearest PCPCH is located. Service areas that already have a PCPCH in their largest town are defaulted to a drive time of 10 minutes.

V₁ = Drive time in minutes

Results:

The average drive time to the nearest PCPCH for all 128 Primary Care Service Areas in Oregon is 14 minutes, compared to 13 minutes last year. In remote counties, the average is 23 minutes. Moro lost its PCPCH designation in the past year, leading to a significant increase in the population's drive time to 41 minutes to The Dalles. Twenty-seven service areas, all rural or remote, do not have a PCPCH, and drive times average 28 minutes to the nearest PCPCH for these areas.

Travel Time to Nearest PCPCH in Minutes

(lower is better)	2025	2024
Oregon		13
Urban	10	10
Rural (without Remote)	13	12
Rural (including Remote)	15	13
Remote	23	22

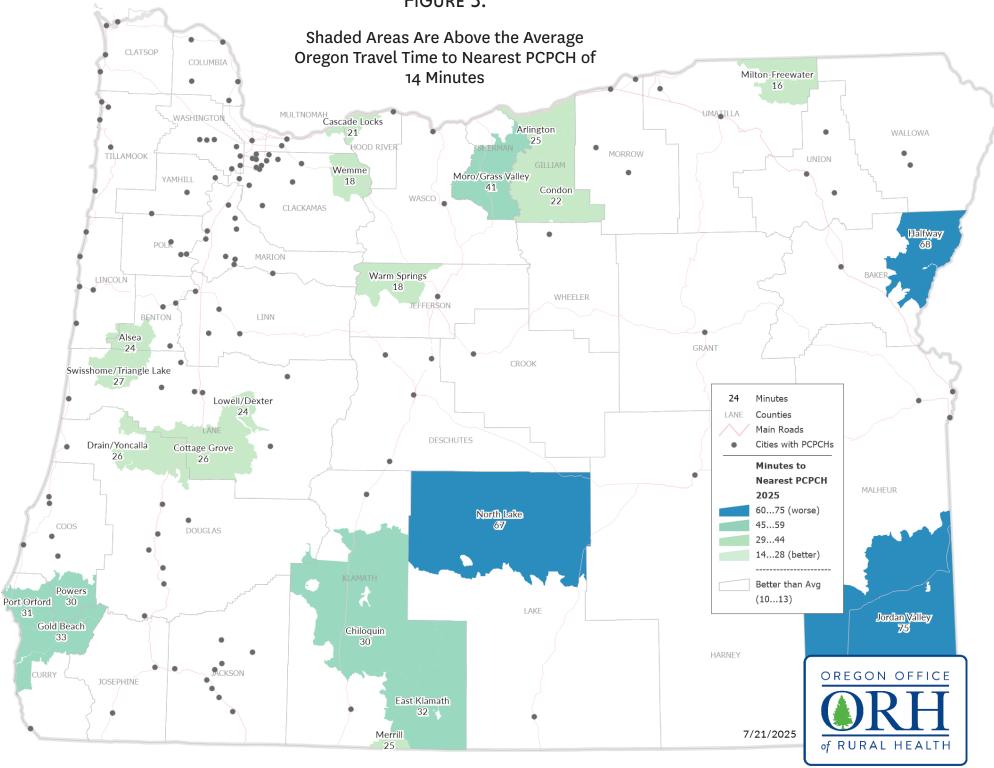
Five Longest Travel Times to PCPCH

in Minutes	2025	2024
Jordan Valley	75	75
Halfway	68	68
North Lake	67	67
Moro/Grass Valley	41	10
Gold Beach	33	10

⁴Oregon Health Authority. (2025). Patient-Centered Primary Care Home Program 2025 Recognition Criteria Technical Specifications and Reporting Guide. https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/2025-PCPCH-TA-Guide.pdf.



FIGURE 3.



2) PRIMARY CARE CAPACITY (PERCENT OF PRIMARY CARE VISITS ABLE TO BE MET)

Description:

This measure compares the estimated number of visits that primary care providers in the service area should be able to supply with the estimated primary care visits needed by the demographic breakdown of the local population (children and older adults, for example, require more visits). The primary care providers in this variable include general and family physicians, pediatricians, obstetrician-gynecologists, internists, primary care physician associates (PA—formerly known as physician assistants in Oregon) and primary care nurse practitioners (NP). Only time spent with a patient (patient care FTE) is counted in the supply numbers.

Data Source:

Estimated Primary Care Visits Provided:

Patient care FTE for all the providers listed above is from the Oregon Health Authority's (OHA) Health Care Workforce Reporting Program Database: licensure surveys⁵ using primary and secondary work locations. The physician, PA and NP surveys include renewals as of January 2025. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count. An increasing number of providers also report having a "mobile practice or work in an outcall capacity." These providers are not required to give a work address and are not included in the FTE counts below.

The estimated number of visits provided per year by primary care specialty is the average between the 2023 Health Resources and Services Administration (HRSA) Federally Qualified Health Center (FQHC) National⁶ Staffing and Utilization numbers and the Oregon⁷ Staffing and Utilization numbers.

Estimated Primary Care Visits Needed:

Periodically adjusted rates from the National Ambulatory Medical Care Survey: State and National Summary Tables, National Center for Health Statistics (2019)⁸

Local population data by ZIP code: Claritas (2025)

Methodology:

a) Estimated Number of Primary Care Visits Provided Per Year =

([FTE of Family Med/Practitioners] x 2125) +

([FTE of General Practitioners] x 2955) +

([FTE of Internists] x 2238) +

([FTE of Obstetrician-gynecologists] x 2134) +

([FTE of Pediatricians] x 2356) +

([FTE of Primary care nurse practitioners] x 2068) +

([FTE of Primary care physician associates] x 2263)

⁸ The Centers for Disease Control Ambulatory and Hospital Care Statistics Branch of the National Center for Health Statistics. (2019). National Ambulatory Medical Care Survey: 2019 National Summary Tables. https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2019-namcs-web-tables-508.pdf.



⁵ Oregon Health Authority: Health Care Workforce Reporting: Office of Health Analytics: State of Oregon. (n.d.). Health Care Workforce Reporting: Oregon Health Authority. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx. Note: data from the OHA's Health Care Workforce Reporting Program Database were used to produce this product. Statements contained herein are solely those of the authors and the OHA assumes no responsibility for the accuracy and completeness of the analyses contained in the product.

⁶ Health Resources and Services Administration. (n.d.). Federally Qualified Health Center National Staffing and Utilization Table 5. Federally Qualified Health Center (FQHC) National Staffing and Utilization Table 5. https://data.hrsa.gov/topics/healthcenters/uds/overview/national/table?tableName=5&-year=2023.

⁷ Health Resources and Services Administration. (n.d.). Federally Qualified Health Center National Staffing and Utilization Table 5. Federally Qualified Health Center (FQHC) Oregon Data Staffing and Utilization Table 5. https://data.hrsa.gov/topics/healthcenters/uds/overview/state/OR/table?table-Name=5.

```
b) Estimated Number of Primary Care Visits Needed = 0.8° x

(([Female Population 0-14] x 2) +

([Female Population 15-24] x 2) +

([Female Population 25-44] x 2.6) +

([Female Population 45-64] x 4.1) +

([Female Population 65-74] x 7.2) +

([Female Population 75+] x 7.6) +

([Male Population 0-14] x 1.9) +

([Male Population 15-24] x 1.1) +

([Male Population 25-44] x 1.3) +

([Male Population 45-64] x 3.3) +

([Male Population 65-74] x 5.9) +

([Male Population 75+] x 8))
```

c) Estimated visits provided is divided by the estimated number of primary care visits needed.

The final variable is a ratio of need being met, using the following formula:

Results:

A ratio of 1.00 signifies a balance between supply and demand, assuming uniform access and affordability. A lower ratio indicates higher demand, whereas a higher ratio indicates excess supply. In Oregon, the estimated ratio of primary care visits that can be accommodated is 1.01, which is similar to last year's 0.99. This ratio implies that if health care providers were evenly distributed across the state, the primary care capacity should sufficiently match patient requirements. However, rural and remote service areas exhibit a lower ratio of 0.71, which shows a pronounced demand-supply gap, especially compared to 1.19 in urban areas. There are 11 service areas—all rural—that do not have any primary care provider FTE, including Blodgett-Eddyville, Cascade Locks, East Klamath, Glendale, Glide, Harrisburg, Jordan Valley, Powers, Swisshome/Triangle Lake, Wemme and Yachats.

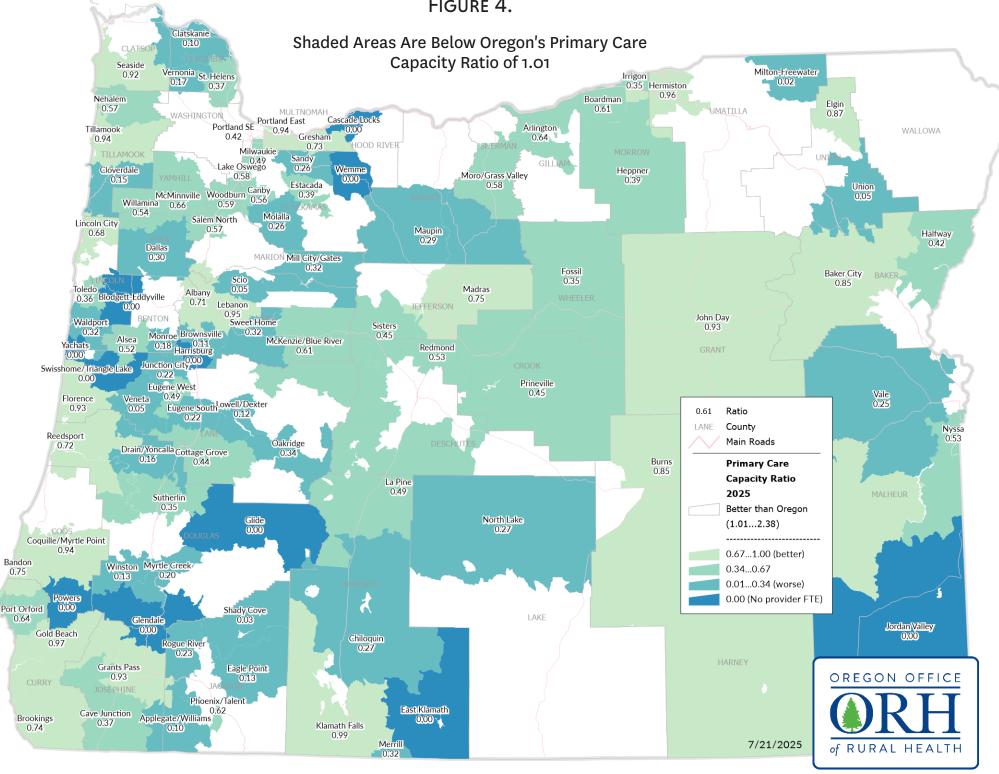
Primary Care Capacity Ratio

(higher is better)	2025	2024
Oregon	1.01	0.99
Urban	1.19	1.16
Rural (without Remote)	0.70	0.67
Rural (including Remote)	0.71	0.69
Remote	0.90	0.91

⁹ All multipliers are from the National Ambulatory Medical Care Survey; which estimates visits to all types of physicians. Since primary care from all providers in rural areas accounts for 80% of those visits, the calculation here is multiplied by 0.8.



FIGURE 4.



3) Dentists Per 1,000 Population

Description:

Patient care FTE of local dentists as a ratio to local population.

Data Sources:

Dentist patient care FTE is from the Oregon Health Authority's Health Care Workforce Reporting Program: licensure survey (renewals as of January 2025) for both primary and secondary work locations. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count.

Local population: Claritas (2025)

Methodology:

 $V_3 = \frac{\text{Dentist patient care FTE}}{\text{Local population}} \times 1,000$

Results:

Oregon has 0.48 dentist patient care FTE per 1,000 people, which is similar to as last year's 0.47. Twenty-five primary care service areas (all rural or remote) have no dentist FTE. The urban Portland SW (1.07) area has the highest FTE of dentists per 1,000 people, followed by rural Hood River, with 0.88, and urban Eugene/University, with 0.86.

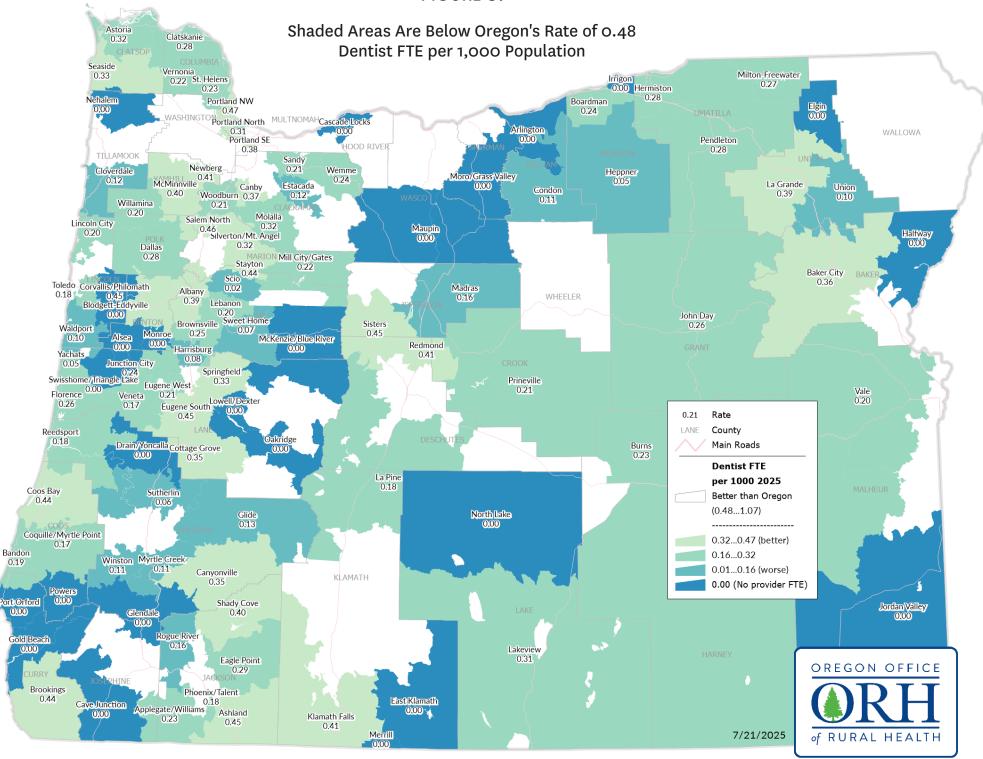
Primary Care Service Areas with no dentists include Alsea, Arlington, Blodgett-Eddyville, Cascade Locks, Cave Junction, Drain/Yoncalla, East Klamath, Elgin, Glendale, Gold Beach, Halfway, Irrigon, Jordan Valley, Lowell/Dexter, Maupin, McKenzie/Blue River, Merrill, Monroe, Moro/Grass Valley, Nehalem, North Lake, Oakridge, Port Orford, Powers and Swisshome/Triangle Lake.

Dentists per 1,000 Population

(higher is better)	2025	2024
Oregon	0.48	0.47
Urban	0.56	0.55
Rural (without Remote)	0.32	0.31
Rural (including Remote)	0.32	0.31
Remote	0.34	0.30



FIGURE 5.



4) Mental Health Providers Per 1,000 Population

Description:

Count of all psychiatrist, psychologist, licensed professional counselor/marriage and family therapist, clinical social worker, psychiatric nurse practitioner and psychiatric physician associate patient care FTE as a ratio to the local population.

Data Source:

All providers' patient care FTE numbers are from the Oregon Health Authority's Health Care Workforce Reporting Program: licensure surveys for both primary and secondary work locations for renewals as of January 2025. Only providers renewing their licenses are required to fill out the surveys, so first-time licensees are not included in the FTE count. Providers who perform telehealth/mobile work and do not have a physical work address are also not included.

Local population data: Claritas (2025)

Methodology:

V₄ = <u>Sum of mental health provider FTE</u> x 1000 Local population

Results:

There are 1.35 mental health provider FTE per 1,000 people in Oregon, which is slightly higher than last year's rate of 1.25. Twenty-two service areas (all rural or remote) have no mental health providers. The highest FTE per 1,000 are in the urban areas of Portland SW (5.8), Eugene/University (5.1) and Portland NE (3.8).

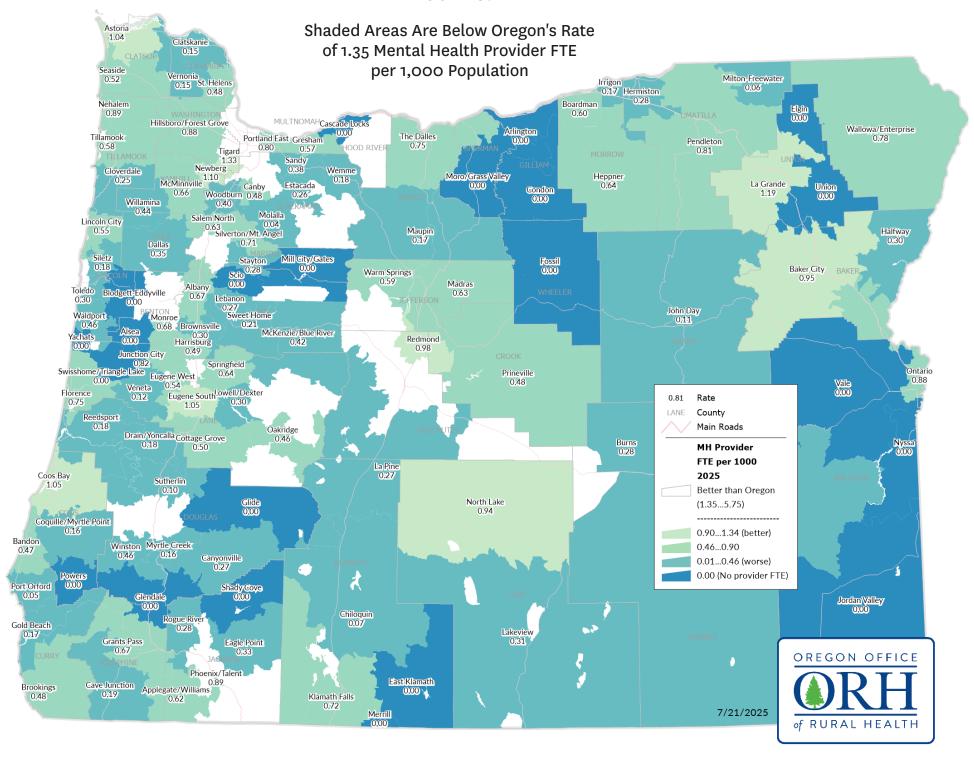
Primary Care Service Areas with no mental health provider FTE include Alsea, Arlington, Blodgett-Eddyville, Cascade Locks, Condon, East Klamath, Elgin, Fossil, Glendale, Glide, Jordan Valley, Merrill, Mill City/Gates, Moro/Grass Valley, Nyssa, Powers, Scio, Shady Cove, Swisshome/Triangle Lake, Union, Vale and Yachats.

Mental Health Providers per 1,000 Population

(higher is better)	2025	2024	
Oregon	1.35	1.25	
Urban	1.75	1.60	
Rural (without Remote)	0.62	0.57	
Rural (including Remote)	0.61	0.56	
Remote	0.52	0.47	



FIGURE 6.



CATEGORY TWO: ABILITY TO AFFORD CARE

5) Percent of Population Between 138% and 200% of the Federal Poverty Level

Description:

The percentage of the local population who are above the Medicaid cutoff of 138% of Federal Poverty Level (FPL) but still too poor to afford health insurance on their own (unless their employer provides health insurance). In 2024, the 200% poverty threshold was \$32,640 for one person and \$50,498 for a family of three with one child.

On July 1, 2024, Oregon began to cover adults with income between 138% and 200% of the poverty rate under the Oregon Health Plan (OHP). While this is a positive change, we will continue using this measure in the meantime in case the new program loses federal funding, and to allow ongoing comparisons to previous years' results.

Data Source:

American Community Survey (2019-2023)^{11,12}

Methodology:

V5 = 200% FPL - 138% FPL

Results:

Approximately 10% of Oregonians live between 138% and 200% of the Federal Poverty Level, which is the same as last year. The rate ranges from a low of 4% in Portland NW to a fifth of the population in Burns (20%).

Percent 138-200% Federal Poverty Level

(lower is better)	2025	2024
Oregon	10%	10%
Urban	9%	9%
Rural (without Remote)	12%	12%
Rural (including Remote)	12%	12%
Remote	15%	15%

Highest 138-200% Federal Poverty

Level Rates	2025	2024	
Burns	20%	22%	
Heppner	19%	21%	
Fossil	18%	20%	
Cave Junction	18%	18%	
Ontario	18%	18%	
Halfway	18%	17%	

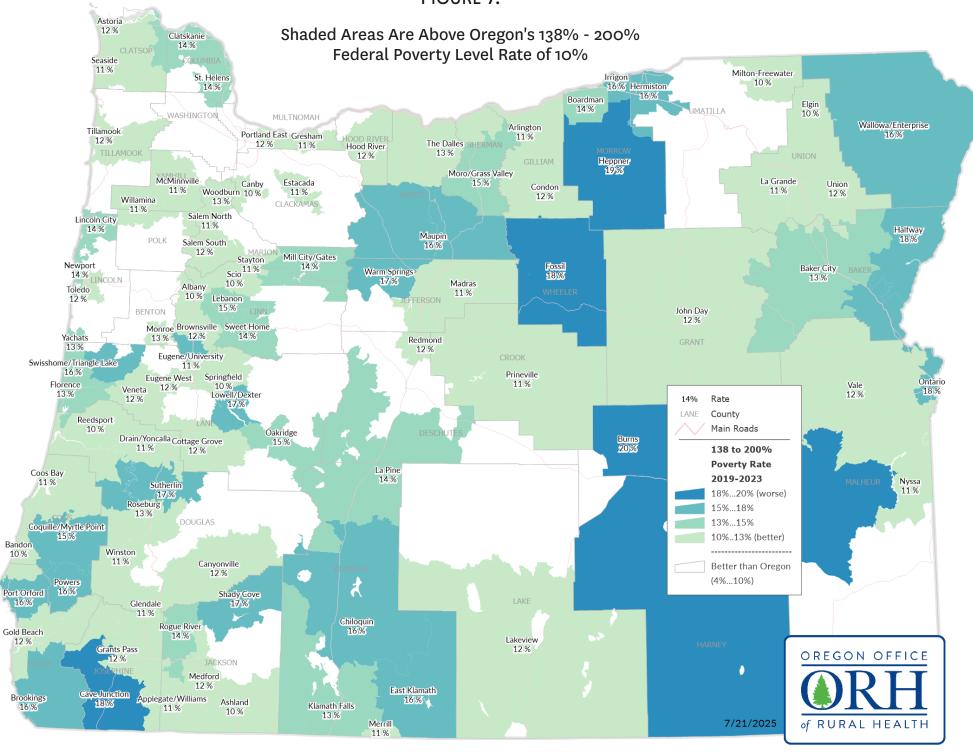
Oregon Health Authority. Oregon Health Plan (OHP) Bridge. https://www.oregon.gov/oha/hsd/ohp/pages/bridge.aspx.

¹² Because American Community Survey data are based on samples, they are subject to a margin of error, particularly in places with a low population, and are best regarded as estimates.



[&]quot; U.S. Census Bureau. (n.d.). Explore Census data. https://data.census.gov/.

FIGURE 7.



CATEGORY THREE: UTILIZATION

6) INADEQUATE PRENATAL CARE RATE PER 1,000 BIRTHS

Description:

In Oregon, inadequate prenatal care is defined as care that did not begin until the third trimester or consisted of fewer than five prenatal visits. This is a good indicator of how often required primary care is accessed and utilized, as inadequate prenatal care more often results in higher rates of low birthweight babies¹³, premature births, stillbirths, neonatal death and infant death.¹⁴

Data Source:

Most recent five years (2019-2023) of inadequate prenatal care data by ZIP code from the Oregon Health Authority Center for Health Statistics.

Methodology:

 $V_6 = 5$ years of inadequate prenatal care births x 1000 5 years of total births

Results:

Between 2019 and 2023, Oregon's average inadequate prenatal care rate was 62.2 per 1,000 births per year, slightly higher than 61.6 for 2018 to 2022. The rate for remote areas is 62% more, at 99.6 per 1000 births. Nine service areas have over twice Oregon's rate, with Warm Springs (316.1) exceeding it by over five times.

Inadequate Prenatal Care per 1,000 Births

(lower is better)	2025	2024
Oregon	62.2	61.6
Urban	58.7	58.6
Rural (without Remote)	65.1	66.7
Rural (including Remote)	67.6	64.0
Remote	99.6	99.2

Five Highest Inadequate Prenatal Care Rates	2025	2024
Warm Springs	316.1	316.1
North Lake	213.5	150.0
East Klamath	170.1	157.1
Chiloquin	163.0	155.6
Boardman	162.3	157.1

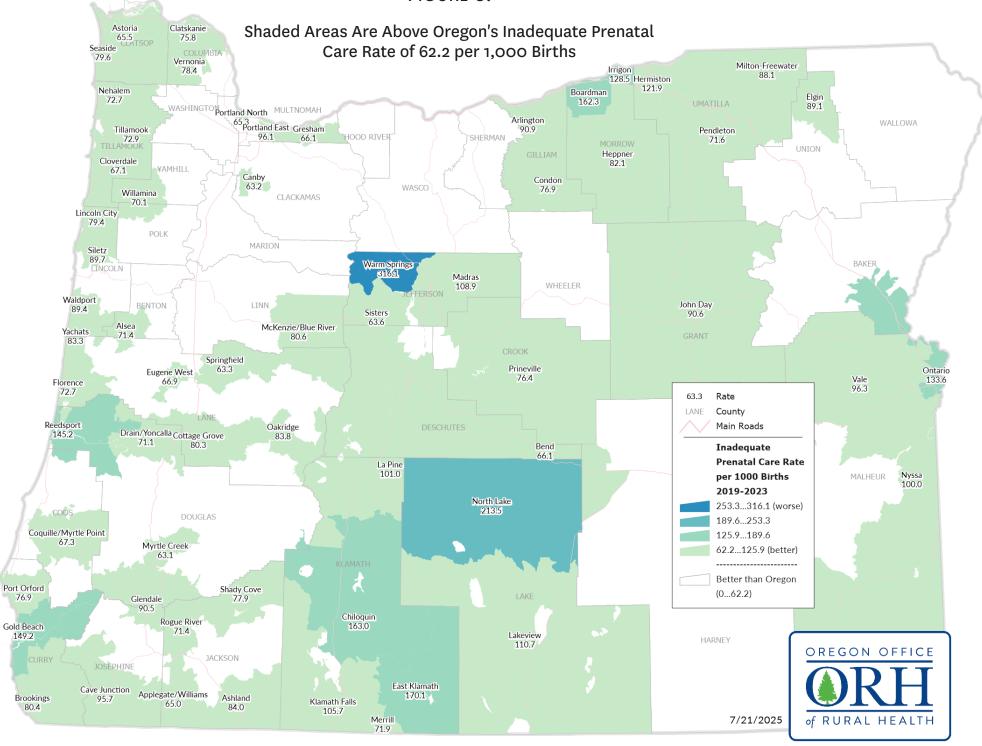
¹³ Oregon Health Authority. (2017). Volume 1. Oregon Vital Statistics Report 2017, 2-10.

https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Documents/2017/Chapter2Narrative.pdf.

14 Partridge S, Balayla J, Holcroft, C., & Abenhaim H. (2012). Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A
Retrospective Analysis of 28,729,765 U.S. Deliveries over 8 Years. American Journal of Perinatology, 29(10), 787-794. https://doi.org/10.1055/s-0032-1316439.



FIGURE 8.



7) AMBULATORY CARE SENSITIVE CONDITIONS/PREVENTABLE HOSPITALIZATIONS PER 1,000

Description:

Ambulatory Care Sensitive Conditions (ACSC), also known as preventable hospitalizations, are a set of inpatient discharges that may have been avoidable had they been treated earlier with timely and effective primary care. These include common conditions such as asthma, diabetes, hypertension and pneumonia that should not have resulted in inpatient admissions.

Data Source:

All Oregon (2022-2024) and Washington (2017-2019) hospital inpatient discharges for the latest three available calendar years are from Apprise Health Insights.

Primary diagnoses filtered using the ACSC ICD-10 codes introduced and updated by John Billings. 15-16

Local population: Claritas (2025)

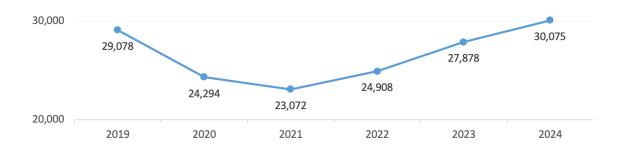
Methodology:

 $V_7 = \frac{\text{(3 Years of ACSC Discharges/3)}}{\text{Local population}} \times 1000$

Results:

Oregon has a three-year average ACSC rate of 6.7 per 1,000 people, an increase from last year's rate of 6.1. It's important to note that this calculation only includes hospital data from Oregon and Washington. Oregon residents seeking treatment in hospitals in other states are not factored into this calculation. Consequently, communities situated near Oregon's borders, where the closest hospital might be in Idaho or California, face an underrepresentation of their overall hospital utilization. As a result, their ACSC rate is likely higher than what is reported here. This scenario particularly impacts an area like Jordan Valley, which has the lowest rate of 0.6.

Preventable hospitalizations in Oregon overall have been steadily increasing since the pandemic low point in 2021, and are now higher than 2019:



¹⁶ Updated ICD-10 list available at: https://wagner.nyu.edu/faculty/billings/acs-algorithm.

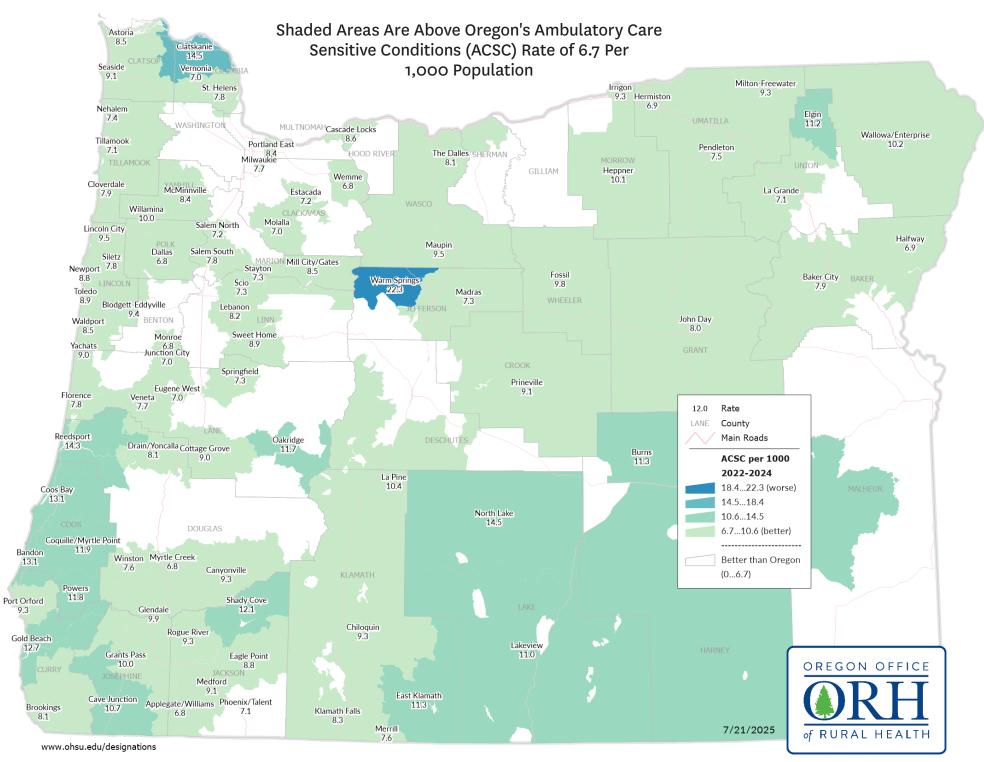


¹⁵ Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socioeconomic status on hospital use in New York City. Health Aff (Millwood). 1993 Spring;12(1):162-73. https://pubmed.ncbi.nlm.nih.gov/8509018/.

Seven service areas have over twice the state rate, with Warm Springs (22.3) having the highest number by far.

ACSC per 1,000 (lower is better)	2025	2024
Oregon	6.7	6.1
Urban	6.0	5.5
Rural (without Remote)	7.9	7.2
Rural (including Remote)	7.9	7.2
Remote	7.0	7.1
Five Highest ACSC Rates	2025	2024
Five Highest ACSC Rates Warm Springs	2025 22.3	2024 21.3
Warm Springs	22.3	21.3
Warm Springs Clatskanie	22.3 14.5	21.3 14.0

FIGURE 9.



8) EMERGENCY DEPARTMENT NON-TRAUMATIC DENTAL VISITS PER 1,000 POPULATION

Description:

Visits to the Emergency Department (ED) with a principal diagnosis of dental problems not caused by physical trauma, for the latest three calendar years. Visits to the ED for non-traumatic oral health conditions are often the result of inadequate access to a primary dental provider. Often, these ED patients are administered opioid and antibiotic prescriptions rather than definitive dental care.

Data Source:

All Oregon hospital inpatient and outpatient ED visits for the latest three calendar years (2022-2024) from Apprise Health Insights.

Principal diagnoses are filtered using the non-traumatic dental codes from the published article: "Emergency Department Visits for Non-traumatic Dental Problems: A Mixed-Methods Study." ICD-9 codes used in the study were updated to ICD-10.

Local population: Claritas (2025)

Methodology:

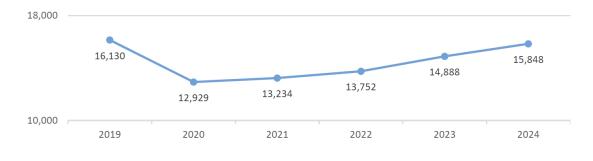
 $V_8 = (3 \text{ Years of Non-Traumatic Dental ED Visits/ } 3) \times 1000$ Local Population

Results:

Oregon has a three-year average non-traumatic dental ED visit rate of 3.5 per 1,000 per year, which is slightly higher than last year's rate of 3.3. It's important to note that this calculation only includes hospital data from Oregon. Oregon residents who seek treatment in hospitals located in other states are not factored into this calculation. Consequently, communities situated near Oregon's borders, where the closest hospital might be in an adjacent state, are underrepresented in their hospital utilization. In other words, what is reported here is likely less than their actual rate. This applies to places such as Milton-Freewater (0.3), and Jordan Valley (0.0), which received the two best results.

Twenty service areas (all rural or remote) have over double the state rate of dental ED visits, and Warm Springs (18.2) far exceeds that number fivefold.

The amount of statewide non-traumatic dental visits to the ED had been steadily increasing since the 2020 pandemic low point but is still lower than in 2019:



¹⁷ Sun BC, Chi DL, Schwarz E, Milgrom P, Yagapen A, Malveau S, Chen Z, Chan B, Danner S, Owen E, Morton V, Lowe RA. Emergency department visits for nontraumatic dental problems: a mixed-methods study. Am J Public Health. 2015 May;105(5):947-55. https://pubmed.ncbi.nlm.nih.gov/25790415/.

¹⁸ Ibid.

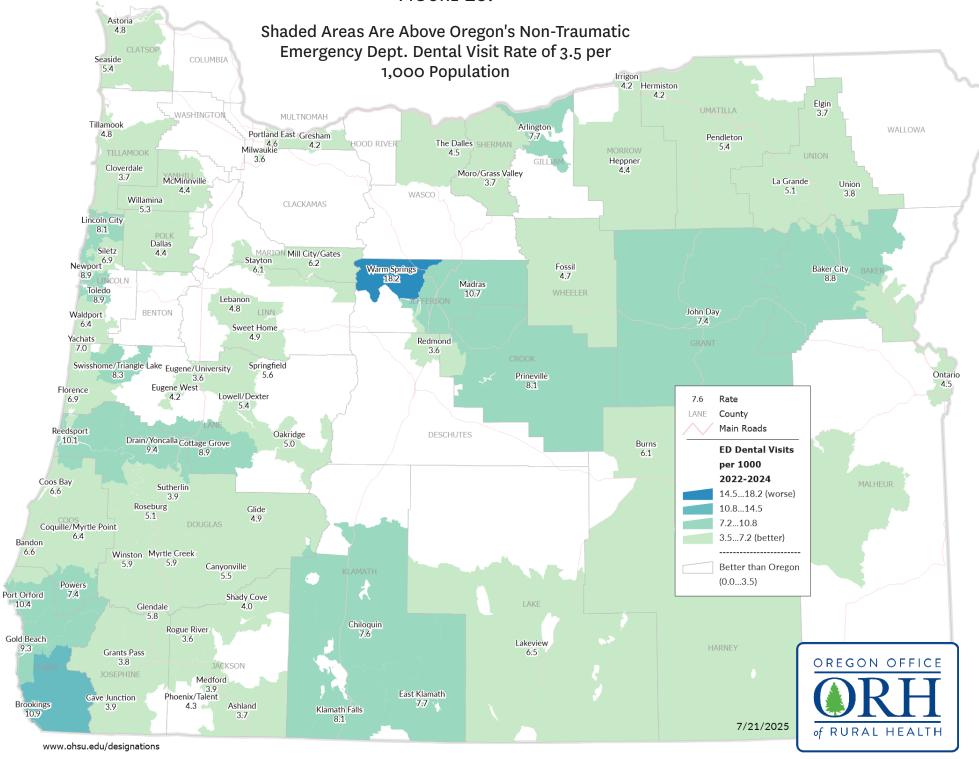


¹⁹ Ibid.

ED Dental Visits per 1,000 (lower is better)	2025	2024
Oregon	3.5	3.3
Urban	2.9	2.7
Rural (without Remote)	4.7	4.5
Rural (including Remote)	4.7	4.5
Remote	5.0	4.4

Highest ED Dental Visit Rates	2025	2024
Warm Springs	18.2	16.1
Brookings	10.9	10.5
Madras	10.7	9.2
Port Orford	10.4	8.2
Reedsport	10.1	9.1

FIGURE 10.



9) EMERGENCY DEPARTMENT MENTAL HEALTH/SUBSTANCE USE VISITS PER 1,000 POPULATION

Description:

Visits to the Emergency Department (ED) with a principal diagnosis of mood disorders, anxiety disorders, alcohol/drug use, psychotic and personality disorders, suicide attempts and suicidal ideations for the latest three calendar years. ED visits for mental health/substance use (MHSU) conditions are potentially preventable with adequate primary care.²⁰ They are more than twice as likely to result in a hospital admission,²¹ and the rate is highest among low-income populations.²² In the Mental Health America (MHA) 2024 ranking, Oregon has the highest prevalence of adult and youth mental illness and substance use issues of all 50 states and the District of Columbia.²³

Data Source:

All Oregon hospital inpatient and outpatient ED visits for the latest three calendar years (2022-2024) from Apprise Health Insights.

Principal diagnoses are filtered for the Clinical Classification Software (CCS) diagnosis groups used in the Agency for Healthcare Research and Quality (AHRQ) study "Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007."²⁴ In 2021, CCS was replaced by Clinical Classification System Refined (CCSR), and the equivalent codes (Mental, Behavioral, and Neurodevelopmental Disorders) were used in this filter.

Local population: Claritas (2025)

Methodology:

 $V_9 = (3 \text{ Years of ED Mental Health/Substance Use Visits/ } 3) \times 1000$ Local Population

Results:

Oregon's current three-year average mental health/substance use ED visit rate is 16.4 per 1,000 population per year, which is slightly lower than last year's rate of 16.8. Only Oregon hospital data are collected, so Oregon residents who go to hospitals in other states are not counted in this calculation. For a few communities near the Oregon border where the closest hospital is in an adjacent state, this means that only part of their hospital usage is captured, and is most likely higher than reported here. This applies to places like Milton-Freewater (2.1), Jordan Valley (0.6) - the two best results.

This is the only variable where rural areas (15.6) as a whole perform better than urban areas (16.9). However, the worst performing service area, Warm Springs (90.9), is rural and over five times the state's rate.

²⁴Owens PL, et al. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007.



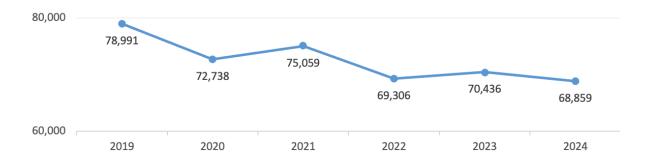
²⁰ Rockett IRH, Putnam SL, Jia H, Chang C, Smith GS. Unmet substance abuse treatment need, health services utilization, and cost: a population-based emergency department study. Annals of Emergency Medicine. 2005; 45(2):118–27.

²¹ Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. Agency for Healthcare Research and Quality, Rockville, MD.

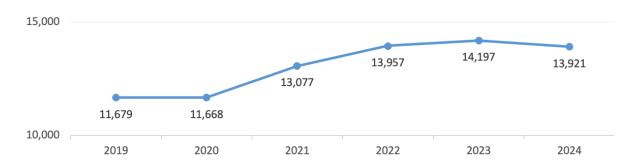
²² Weiss AJ, Barrett ML, Heslin KC, Stocks C. Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006–2013. HCUP Statistical Brief #216. 2016. Agency for Healthcare Research and Quality, Rockville, MD.

²³ https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/ranking-the-states/.

The number of statewide mental health/substance use visits to the ED has fallen to its lowest number since 2019:



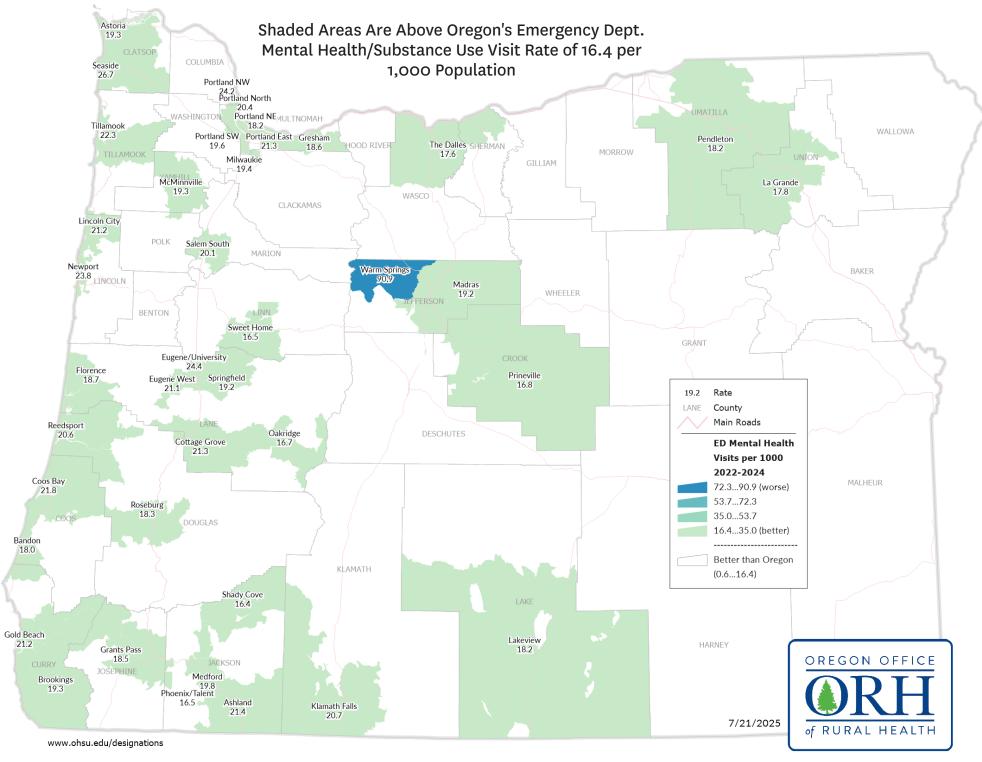
However, the number of ED visits just for CCSR MBDo12: Suicidal ideation/attempt/intentional self harm does not show the same decline:



ED MHSU Visits per 1,000			
(lower is better)	2025	2024	
Oregon	16.4	16.8	
Urban	16.9	17.3	
Rural (without Remote)	15.8	15.8	
Rural (including Remote)	15.6	15.6	
Remote	12.6	13.3	

Five Highest ED MHSU Rates	2025	2024
Warm Springs	90.9	87.7
Seaside	26.7	25.9
Eugene/University	24.4	27.0
Portland NW	24.2	25.4
Newport	23.8	23.9

FIGURE 11.



Total Scores

Methodology:

A score of between 0 (worst) and 10 (best) is calculated for each of the nine variables based on the variance of the lowest and highest numbers from the mean of each variable. The scores are added together to produce a final Unmet Need Total Score (90 is the best possible result):

$$V_1 + V_2 + V_3 + V_4 + V_5 + V_6 + V_7 + V_8 + V_9 =$$
Unmet Need Total Score (0 to 90)

Results:

The highest (best) scoring primary care service area is Portland SW (78 out of 90—mostly due to the location of Oregon Health & Science University), and the highest-scoring rural service area is Hood River (67). East Klamath has the lowest (worst) score of 23, followed by Warm Springs (26) and Powers and Port Orford (29). Rural and remote areas comprise all but one of the 65 service areas that fall below the mean score of 49.6 for the state. All areas that fall below this mean are considered Unmet Need Areas. However, of the 10 highest-scoring service areas, only one, Hood River, is rural. See the map and list of scores starting on page 6 of this report.

East Klamath, with a 2025 population of 3,364, has zero primary care, dental, or mental health provider FTE, and has the third-worst inadequate prenatal care rate in the state. It also had the lowest score in last year's report. Warm Springs, which had the lowest score from 2021 to 2023, has a population of 2,513 and was hit hard by the COVID-19 pandemic. It has the worst score (o out of 10) for all three hospitalization measures: mental health ED visits, dental health ED visits, and ACSC/preventable hospitalizations. This service area also has the worst score (o) for inadequate prenatal health care, with a rate over five times the state rate. These poor utilization results exist despite numbers that show that Warm Springs has adequate provider availability in the local area.

A caveat about the ranking is that all three of the hospital utilization variables (ACSC, ED Dental and ED Mental) utilize data from Oregon and Washington hospitals only (ACSC) or Oregon hospitals only (ED Dental and Mental). Three rural service areas—Brookings (46), Jordan Valley (42) and Milton-Freewater (46)—mainly use hospitals that are located in adjacent states. As a result, their visit numbers for these variables are incomplete and may give the impression that these communities have better health care service utilization than is actually the case. Their total scores and rankings should be interpreted with this in mind.

Mean (Average) Score by Geographic Area	2025	2024
Oregon	49.6	49.7
Urban	63.1	62.7
Rural (without Remote)	46.5	46.7
Rural (including Remote)	46.5	46.5
Remote	46.1	45.7

Areas With the Lowest Total Scores	2025	2024
East Klamath	23	21
Warm Springs		25
Port Orford	29	32
Powers	29	32
Drain/Yoncalla	30	32



The Health Resources and Services Administration and Department of Health and Human Services provided financial support for this project. The award provided 100% of total costs. The contents are those of the author. They may not reflect the policies of the Department of Health and Human Services or the U.S. government.





Get in touch

1.866.674.4376 503.494.4450 ruralweb@ohsu.edu www.ohsu.edu/orh

MAILING ADDRESS

Oregon Office of Rural Health Oreg on Health & Science University 3181 SW Sam Jackson Park Rd., L 593 Portland, OR 97239

ON SOCIAL



