

Executive Summary

Geographic and Demographic Context

Curry County is Oregon's southwestern-most coastal county with approximately 23,000 residents spread across 1,648 square miles. The population is aging (median age 57.4 years, 40% over 60), predominantly white (85%), with 13% Hispanic/Latino residents. The county experiences significant economic challenges with median household income of \$48,717 (well below state/national averages) and 16.5% poverty rate.

Primary Health Care Access Challenges

Limited primary care physician availability (49 per 100,000 residents versus state average of 76), exacerbated by provider recruitment and retention difficulties in this remote rural location. Geographic isolation requires residents to travel to Coos Bay (60 miles) or Grants Pass (90 miles) for specialty care. Workforce shortages affect all health care sectors including dental, behavioral health, and support services.

Behavioral Health and Substance Use Gaps

Severe shortage of mental health providers (69 per 100,000 versus state average of 210). Limited substance use disorder treatment capacity with only one residential facility (16 beds) and minimal outpatient services. High rates of methamphetamine use, opioid overdoses, and alcohol-related deaths. Youth mental health crisis noted with inadequate school-based services.

Social Determinants of Health Barriers

Housing insecurity and homelessness increasing, particularly affecting youth and families. Food insecurity affects one in four children. Limited public transportation with no fixed-route service. Childcare desert with insufficient licensed providers. High uninsured rate (14%) compared to state average.

Community Strengths and Assets

Curry Health Network provides integrated services including primary care, behavioral health, and dental care. Strong community collaboration through Curry County Health Coalition. Active emergency preparedness planning. Community paramedicine program addressing gaps. Local food banks and meal programs serving vulnerable populations.

Priority Health Needs Identified

1. Mental health and substance use disorder services
2. Access to affordable health care and insurance coverage
3. Economic security and living wage employment
4. Affordable housing availability
5. Access to specialty and preventive care services

Biggest Gaps in Service and Barriers to Care

Provider Workforce Shortages

Severe shortage of mental health providers (69 per 100,000 versus state average of 210). Primary care physician shortage (49 per 100,000 versus state average of 76). Critical gaps in specialty care providers including cardiology, orthopedics, neurology, and oncology. Dental care access limited. Difficulty recruiting and retaining providers due to remote location and lower compensation.

Behavioral Health Treatment Capacity

Only one 16-bed residential substance use disorder treatment facility for entire county. Minimal outpatient mental health and substance use treatment options. No crisis stabilization services.

Insufficient youth mental health services including school-based support. Long wait times for appointments.

Geographic and Transportation Barriers

No specialty care available locally; residents must travel 60 miles to Coos Bay or 90 miles to Grants Pass. Limited public transportation with no fixed-route service. Rural geography spreads population across 1,648 square miles, creating access challenges for elderly and low-income residents.

Financial and Insurance Barriers

High uninsured rate (14% versus 6% state average). Many residents underinsured with high deductibles limiting care-seeking. Affordability concerns even for insured populations. Limited Medicaid provider acceptance in some specialties.

Specific Service Gaps

No obstetric services (deliveries must occur outside county). Limited pediatric specialty care. Inadequate home health and hospice services. Insufficient dental care capacity. Lack of crisis mental health services and psychiatric care. No detoxification services locally available.

Social Determinants Barriers

Housing instability and homelessness limiting care continuity. Food insecurity affecting health outcomes. Childcare shortage preventing parents from attending appointments. Limited internet connectivity affecting telehealth access. Economic insecurity preventing care-seeking due to cost concerns.

The Unique Needs of the Community

Aging Population

Median age of 57.4 years with 40% of residents over 60. Growing need for geriatric services, chronic disease management, and end-of-life care. Increased demand for home health services and senior support programs. Age-related mobility challenges compound geographic isolation.

Extreme Geographic Isolation

Oregon's most remote coastal county with nearest specialty care 60-90 miles away. Rugged terrain and weather conditions limit travel, particularly for elderly and vulnerable populations. Need for local emergency services and trauma care capacity given distance from tertiary facilities.

Economic Vulnerability

Median household income of \$48,717 significantly below state and national averages. Heavy reliance on tourism and natural resource industries creating seasonal employment instability. High proportion of residents working multiple jobs or in low-wage positions. Economic barriers directly limiting health care access and health-seeking behavior.

Substance Use Crisis

High rates of methamphetamine use specific to region. Opioid overdose deaths above state average. Alcohol-related mortality elevated. Need for comprehensive addiction treatment continuum currently unavailable locally.

Housing and Homelessness

Shortage of affordable housing exacerbated by tourism-driven short-term rental market. Increasing family and youth homelessness. Housing instability particularly affecting seasonal workers and low-income residents.

Tribal Community Needs

Coquille Indian Tribe members require culturally appropriate services. Historical trauma and health disparities affecting Native population. Need for coordination between tribal and county health systems.

Limited Infrastructure

Poor internet connectivity limiting telehealth adoption. No public transportation system. Communication barriers for Spanish-speaking residents (13% Latino population). Small provider market limiting competition and choice.

Strengths of the Community

Integrated Health Care System

Curry Health Network provides comprehensive integrated services including primary care, behavioral health, dental care, and pharmacy under one organization. Federally Qualified Health Center (FQHC) model ensures access regardless of ability to pay. Patient-centered medical home approach coordinates care across services.

Community Collaboration

Active Curry County Health Coalition brings together health care providers, social service agencies, and community organizations. Strong partnerships among local organizations addressing health needs. Collaborative approach to emergency preparedness and disaster response planning.

Emergency and Paramedicine Services

Well-developed emergency medical services infrastructure. Community paramedicine program addresses gaps by bringing care to homebound and vulnerable residents. Effective emergency preparedness planning for rural/remote context.

Safety Net Services

Multiple food banks and meal programs serving vulnerable populations. WIC services available. Community action agency providing support services. Strong volunteer networks supporting service delivery.

Natural Environment

Coastal location and natural beauty supporting outdoor recreation and physical activity. Environmental assets contributing to quality of life and mental well-being.

Committed Workforce

Dedicated health care and social service providers committed to serving community despite recruitment challenges. Local providers understanding unique needs of rural coastal population.

Tribal Resources

Coquille Indian Tribe contributing health services and cultural resources. Tribal health programs complementing county services.

Local Leadership

Active local government and community leaders engaged in addressing health needs. Public health department providing core services and community health improvement coordination.