

Executive Summary

Geographic Context

Douglas County is a rural Oregon county with approximately 110,000 residents. The Umpqua Health Alliance serves over 40,000 Oregon Health Plan members through its coordinated care organization model. The community includes ancestral lands of the Cow Creek Band of Umpqua Tribe of Indians.

Demographics and Vulnerable Populations

The county has an aging population with lower educational attainment than the state average. Key vulnerable populations include low-income households, LGBTQIA2S+ individuals, people of color, Native Americans/Alaska Natives, older adults, young adults (18-34), students experiencing housing insecurity, people with behavioral health needs, and families with children.

Priority Areas

Four interconnected priority areas emerged from the assessment: Social Determinants of Health, Behavioral Health, Families and Children, and Healthy Lifestyles.

Major Health Challenges

The most pressing challenges include housing insecurity and homelessness, with 845 people experiencing homelessness in the 2020 point-in-time count and 454 students experiencing housing insecurity in 2021-2022. Mental health and substance use issues were identified as the most damaging factors to community health, with particular concerns about methamphetamines, opioids, and alcohol misuse. Economic instability remains significant despite improvements in unemployment rates for young adults. Health care access barriers persist, including provider shortages with one primary care physician per 1,550 people (worse than state and national ratios). Chronic disease burden is substantial, with declining life expectancy (72.7 years in 2021 compared to 77.3 years statewide) and higher rates of tobacco-related illness and lung cancer.

Areas of Improvement

Several positive trends include improved health status among women, with self-reported poor health decreasing from 28.2% (2010-2013) to 17.5% (2018-2021). Food insecurity rates decreased from 14.2% (2017) to 12.0% (2021), with child food insecurity dropping from 22.8% to 16.8%. Uninsured rates fell to 6.2%, down from 10.4% in 2012-2016. Routine health checkups increased significantly, with 71.9% of adults having annual checkups compared to 56.7% in 2010-2013. Youth unemployment improved substantially, dropping from 14.7% to 7.1% between 2012-2021.

Community Priorities Identified Through Surveys

Community members prioritized affordable housing (especially among low-income and young adults), access to mental health services, access to health care providers, good jobs and healthy economy, low crime and safe neighborhoods, education about behavioral health issues, affordable healthy food, and programs to prevent substance use and addiction.

Regional Variations

Central County residents prioritized affordable housing more than other regions, while North County residents emphasized fair and equitable treatment across all populations. South County showed unique concerns about equity and fair treatment.

Community Strengths

The assessment identified investments in health improvement programs across all four priority areas, strong community partnerships and collaborative infrastructure, local governance through Community Advisory Council, integrated whole-person care models, and targeted initiatives addressing social determinants of health including food access, physical activity infrastructure, and childcare services.

Key Health Indicators

Health care access shows 9.6% of adults uninsured and 60.5% relying on public health insurance. Housing challenges include 29.3% renter-occupied units with median rent at \$899 and median home value at \$224,400. Health behaviors reveal higher tobacco use than state average and increasing obesity trends. Chronic conditions show higher lung and bronchus cancer rates and tobacco-related deaths compared to Oregon.

Forces of Change

Recent challenges affecting the community include the COVID-19 pandemic, environmental events such as wildfires and extreme heat, economic fluctuations, and housing market pressures with 11% increase in median household income versus 17% increase in median home values.

Next Steps

The assessment will inform updates to the Community Health Improvement Plan, with focus on evidence-based strategies addressing the four priority areas, targeted interventions for vulnerable populations, community-driven solutions through partnerships, and measurable goals for health equity improvements.

Biggest Gaps in Service and Barriers to Care

Provider Shortages

Primary care provider ratio of 1:1,550 in Douglas County is worse than both Oregon and national averages. Mental health provider shortages create long waitlists. Dental care access is particularly limited, especially for people of color. Specialty care services are insufficient.

Access Barriers

Geographic barriers in rural areas make it difficult to reach services. Transportation challenges prevent people from getting to appointments. Long wait times force individuals to choose urgent care for non-emergency situations. Limited appointment availability, particularly for mental health and dental services.

Financial Barriers

High costs of health care services, especially dental care. Health insurance complexity creates confusion and access problems. Co-pays and out-of-pocket costs remain prohibitive for many. Affordable dental care is nearly non-existent for low-income populations.

Systemic Barriers

Complicated forms for Medicaid, health insurance, and medical facilities discourage people from seeking care. Referral processes are cumbersome and not streamlined. Cultural and linguistic barriers affect access, particularly for tribal members and people of color. Fear or discomfort prevents some from seeking mental health or dental care.

Service-Specific Gaps

Substance use treatment services are inadequate relative to need. Mental health services have extensive waitlists and limited availability. Pediatric sub-specialists are lacking. Until June 2022, Douglas County had no low-barrier homeless shelters.

Insurance Coverage Issues

While uninsured rates have improved to 6.2%, lack of insurance remains a barrier for some. 60.5% rely on public health insurance, indicating high need. Complexities with insurance providers like UHA create additional obstacles.

The Unique Needs of the Community

Rural Challenges

Douglas County is predominantly rural with geographic isolation creating barriers to accessing services. Limited public transportation restricts mobility for health care, employment, and essential services. Rural residents face greater distances to specialty care and behavioral health services.

Housing Crisis

Acute shortage of affordable housing with need for 2,600 new units over 20 years. 845 people experiencing homelessness in 2020 point-in-time count. 454 students experiencing housing insecurity in 2021-2022. Until June 2022, no low-barrier shelters existed. Median home values increased 17% while median household income only increased 11%.

Behavioral Health Emergency

Mental health problems and substance use (methamphetamines, opioids, alcohol) identified as most damaging to community health. Long waitlists for mental health services. Inadequate substance use treatment capacity. Mental health issues interconnected with homelessness and economic instability.

Tribal Community Needs

Cow Creek Band of Umpqua Tribe of Indians has ancestral connection to over six million acres. Tribal members prioritize reliable transportation, access to dental care, and clean water/environment more than general population. Cultural barriers affect health care access. Tribal clinic faces challenges with government regulations influencing health care choices.

Aging Population

Older demographic with shorter life expectancy (72.7 years vs 77.3 statewide). Higher rates of chronic illness requiring ongoing care. Need for services supporting aging in place.

Youth and Family Needs

Students experiencing housing insecurity, foster care, and disabilities have significantly lower graduation rates. Adverse childhood experiences require mitigation programs. Child abuse and neglect prevention needed. Access to well-child visits and pediatric services.

Economic Instability

Good jobs and healthy economy prioritized by community members. Cost of living for food, housing, and childcare reported as burdensome. 50% of survey respondents struggle to afford essential items at least sometimes.

Priority Population Needs

Low-income residents prioritize affordable housing, reliable transportation, dental care, and safe family relationships. Young adults (18-34) emphasize affordable housing, low crime/safe neighborhoods, and community violence concerns. LGBTQIA2S+ community values arts and cultural events, faces unique equity challenges. People of color report concerns about community violence, environmental problems, and dental care disparities.

Food Security

While improving, 12% food insecurity rate and 16.8% child food insecurity persist. Need for affordable, healthy, nutritious food emphasized across regions.

Safety and Equity Concerns

Community violence identified as damaging to health, particularly by young adults and people of color. Need for fair and equitable treatment regardless of race, gender identity, age, or sexual orientation, especially in North and South Counties. Bullying and cyberbullying concerns among youth and low-income populations.

Health Literacy and Navigation

Education about behavioral health issues prioritized. Complicated forms and systems create barriers. Need for programs to prevent substance use and addiction. Streamlined referral processes needed.

Environmental and Infrastructure

Clean water and environment concerns, particularly among Native Americans. Broadband internet access gaps in rural areas. Need for safe venues for physical activity. Walkability challenges in some areas.

Strengths of the Community

Strong Partnerships and Collaboration

Community Advisory Council provides member voice and local governance. Cross-sector steering committee with diverse stakeholders guides health initiatives. Partnerships between health care, education, social services, and community organizations. Collaborative infrastructure supports coordinated approaches to health challenges.

Existing Programs and Services

Healthy Kids Outreach provides oral health education in 20 schools. Protect Our Children teaches body safety to prevent child sexual abuse. Food Hero at Farmers' Market encourages youth to try healthy foods. Boys and Girls Club Healthy Lifestyles program promotes family bonding through gardening and activity. Douglas County Pride Fest celebrates LGBTQIA2S+ community with ongoing support through Umpqua Valley Rainbow Collective. Community gardening programs through Neighborworks Umpqua provide supplies for low-income housing residents.

Health Care Infrastructure

Umpqua Health Alliance serves 40,000+ Oregon Health Plan members through integrated network. Umpqua Health-Newton Creek Clinic offers integrated whole-person care including primary, urgent, and behavioral health. Federally qualified health centers provide safety net services. School-based health center at Roseburg High School. Local provider network delivers coordinated care.

Recent Improvements

Women's health status improved significantly with self-reported poor health decreasing from 28.2% to 17.5%. Food insecurity decreased from 14.2% to 12%, child food insecurity from 22.8% to 16.8%. Uninsured rates dropped to 6.2% from 10.4%. Routine checkups increased to 71.9% from 56.7%. Youth unemployment improved from 14.7% to 7.1%.

Community Resources and Assets

Roseburg Rescue Mission and Roseburg Samaritan Inn provide shelter services. Adapt Sobering Center supports people with substance use disorder achieving sobriety. Free suicide prevention training available countywide. Thrive Umpqua supports community wellness initiatives. Douglas CARES addresses community needs. Peace at Home provides domestic violence services.

Local Agriculture and Food Systems

Umpqua Grown Guide showcases area farmers and food producers. Farmers' markets provide healthy food access. Community and porch gardens increase fresh food availability. Local food production infrastructure supports nutrition.

Educational and Youth Infrastructure

Douglas Education Service District coordinates services. UCAN Head Start serves families with young children. Phoenix School of Roseburg provides educational options. School districts track and support students experiencing housing insecurity.

Community Engagement and Voice

293 community members participated in survey providing direct input. Focus groups included diverse populations sharing lived experiences. Community members actively involved in priority-setting. Strong turnout at community forums like Umpqua Innovation Conference.

Tribal Presence and Leadership

Cow Creek Band of Umpqua Tribe of Indians maintains sovereignty and stewardship. Tribal involvement in planning processes. Traditional knowledge and Indigenous perspectives valued. Tribal clinic provides culturally connected services.

Recreation and Wellness Infrastructure

Yoncalla School and Community Playground Wellness Path includes exercise and mindfulness stations. Parks and playgrounds support physical activity. Boys and Girls Club facilities. Community spaces for gathering and events.

Safety Net Expansion

Low-barrier shelters opened as of June 2022. Increased access to federal nutrition programs. Medicaid expansion improved coverage rates. Support systems for LGBTQIA2S+ community members developing.

Community Investment and Commitment

Umpqua Health Alliance annual investments in four priority areas: Social Determinants of Health, Behavioral Health, Families and Children, and Healthy Lifestyles. Community Health Improvement Plan provides strategic roadmap. Measurable progress tracked through regular reporting. Local funding supports community benefit organizations.

Natural Assets

Rogue and Umpqua River Watersheds provide environmental resources. Natural beauty supports recreation and quality of life. Agricultural land supports local food production.