

Executive Summary

Geographic Coverage Jackson and Josephine Counties in Southern Oregon, covering both rural and urban communities in the Rogue Valley region.

Assessment Period Data collected in 2023 with report updated April 2024, part of a 5-year Community Health Assessment cycle.

Partnership All in For Health partnership between local Coordinated Care Organizations (AllCare Health and PacificSource), Jackson County Public Health, and Josephine County Public Health, with support from community partners including Asante, Providence, La Clinica, and Rogue Community Health.

Priority Health Areas from Previous CHIP Access to quality health care, behavioral health (mental health and substance use disorders), and chronic disease prevention and management.

Key Health Challenges Identified Mental health and substance use disorders remain critical concerns. Chronic diseases including heart disease, cancer, diabetes, and respiratory conditions show significant burden. Access to health care services, particularly specialty care and dental care, presents ongoing challenges. Housing instability and homelessness impact health outcomes. Food insecurity affects vulnerable populations.

Social Determinants of Health Economic challenges including poverty rates above state averages. Educational attainment gaps, particularly in Josephine County. Housing affordability and availability constraints. Environmental concerns including wildfire smoke exposure and air quality impacts.

Health Equity Considerations Disparities identified across racial/ethnic groups, age groups, and geographic areas. Rural communities face additional barriers to health care access. Latino/Hispanic populations experience specific access challenges.

Community Strengths Strong network of community health organizations and safety net providers. Active community engagement and partnerships. Existing health care infrastructure including hospitals and federally qualified health centers.

Data Sources Community health survey, focus groups and key informant interviews, secondary data analysis from state and federal sources, and supporting assessments from partner organizations.

Biggest Gaps in Service and Barriers to Care

Service Gaps

Mental health services and providers are in critically short supply. Substance use treatment services are inadequate to meet community needs. Specialty care providers are severely limited, particularly in neurology, gastroenterology, and reproductive health. Dental care services have insufficient availability. Vision care access is limited. Primary care physicians are scarce, especially in Josephine County.

Access Barriers

Cost is the primary barrier, including insurance premiums, out-of-pocket expenses, copayments, and deductibles. Extended wait times for appointments prevent timely care. Geographic distance to providers creates challenges, particularly for rural residents and specialty care. Transportation limitations affect elderly populations and rural areas, with medical transportation services having strict eligibility requirements and limited availability.

System Navigation Barriers

Health care and social services are difficult to navigate, requiring multiple phone calls and extensive time to find information. Lack of knowledge about the health care system and insurance

options creates confusion, especially for Spanish-speaking Latino/a/x populations. The Open Card program for Native Americans causes confusion and results in denied care. Communication breakdowns between health care entities lead to continuity of care issues, particularly for Veterans transitioning between VA and local providers.

Cultural and Discrimination Barriers

Language barriers affect Spanish-speaking populations, with insufficient bilingual providers and overreliance on translation tablets. Discrimination and lack of cultural sensitivity from providers affects people of color, those with disabilities, LGBTQIA+ individuals, Native Americans, and people with substance use disorders or mental health issues. Providers dismiss traditional medicine approaches. Limited culturally-sensitive provider information exists outside word-of-mouth recommendations.

Insurance Barriers

Adults aged 18-64 have higher uninsured rates. Working-age adults fall into coverage gaps, earning too much for state benefits but insufficient income for basic necessities. Community members lack interest in health insurance or find employer coverage premiums too expensive. Loss of Oregon Health Plan coverage creates gaps.

The Unique Needs of the Community

Aging Population Needs

Both counties have disproportionately older populations compared to the state, with median ages of 42 in Jackson County and 47 in Josephine County. Age-related degenerative disorders and chronic disease management are significant concerns. Transportation to health care appointments presents major challenges for elderly residents in rural areas.

Wildfire and Environmental Risks

Recurring wildfire impacts require ongoing response, with over 321,241 acres burned in Josephine County and 115,596 acres in Jackson County from 2003-2022. Poor air quality from wildfire smoke, particularly August-September, affects respiratory health. Both counties had more extreme heat days and higher particulate matter levels than state averages. Over 3,200 students across both counties experienced homelessness or unstable housing, with highest rates in wildfire-impacted school districts.

Rural Access Challenges

Communities are highly car-dependent with limited public transportation and walkability. Rural residents face geographic isolation from specialty care and health services. Transportation services have strict eligibility requirements and limited availability. Broadband internet access is concentrated in city centers, leaving rural areas underserved.

Disability-Related Needs

Josephine County has 19.7% of residents with disabilities, significantly higher than the state's 14.4%. Ambulatory, cognitive, and independent living disabilities are most prevalent. Barriers include built environment challenges, social stigma, discrimination, and limited health care coverage. People with disabilities face increased risk of abuse, chronic disease, substance abuse, and mental health issues.

Youth and School-Based Needs

Parents' busy work schedules and personal beliefs sometimes prevent youth from receiving timely care. Schools are under-leveraged for health and wellness education, communication, and care delivery. Shortage of full-time school health personnel exists. Variability in programs and services across school districts creates inequities.

Veterans' Unique Needs

Both counties have higher veteran populations than the state (9.4% Jackson, 12.5% Josephine). Eligible veterans often remain unenrolled in VA services. Poor communication and fumbled hand-offs between VA and local providers cause continuity of care problems. Veterans face exposure-related chronic diseases, disabilities, and mental health issues from service.

Latino/a/x Community Needs

Language barriers require more bilingual providers and interpreters beyond translation tablets. Lack of knowledge about the U.S. health care system creates navigation difficulties. Perceived and experienced racism at the provider level deters care-seeking. Undocumented immigrants face barriers to economic security, stable housing, and government social programs. Need for outreach about Healthier Oregon program eligibility.

Native American Community Needs

Open Card program creates confusion, resulting in denied care and frustrating phone tag between entities. Lack of cultural sensitivity from providers, including dismissal of traditional medicine approaches and beliefs. Fear and distrust of practitioners, particularly for mental health services, leads to avoidance of treatment.

LGBTQIA+ Community Needs

Difficulty finding truly "queer-friendly" providers with culturally competent care. Information about affirming providers exists only through word-of-mouth, creating barriers for those without strong social networks.

People with Disabilities - Deaf/Hard of Hearing

Discrimination from health care providers affects those whose primary language is American Sign Language. Need for accessible communication and culturally appropriate services.

Substance Use and Mental Health Populations

Experience discrimination from health care providers leading to distrust and avoidance. Need for providers trained in non-judgmental, trauma-informed care approaches.

Housing and Economic Instability

Lack of affordable housing contributes to homelessness and health problems. Rising cost of living, particularly food prices and gas, forces activity changes. Need for increased income limits for assistance programs. Housing costs exceed state and national averages in both counties.

Strengths of the Community

Strong Collaborative Partnerships

All in For Health partnership brings together Coordinated Care Organizations, public health departments, hospitals, federally qualified health centers, and over 20 community organizations working collaboratively. Regional approach enables resource sharing between Jackson and Josephine Counties. Strong network of community health organizations and safety net providers including Asante, Providence, La Clinica, Rogue Community Health, and numerous social service agencies.

High Community Engagement

More than 1,700 community members participated in the 2023 Community Health Assessment, a 49% increase from 2018. Active involvement across diverse population groups including 12 focus groups, 20 key informant interviews, and 1,634 survey respondents. Community voices effectively incorporated into health planning and priority setting.

Health Insurance Coverage

Approximately 93% of Jackson County residents and 92% of Josephine County residents have health insurance, similar to or slightly below state rates. Majority obtain coverage through employers. Higher Medicare coverage than the state due to older population.

Preventive Care Utilization

Higher percentages of adults receive routine checkups compared to the state, with about 75% of Jackson County adults attending annual checkups. Dental care utilization exceeds state rates, with 70% of Jackson County and 68% of Josephine County adults visiting a dentist annually, compared to 64% statewide. All age groups and those below poverty level visit dentists more frequently than state averages.

Non-Physician Provider Workforce

Both counties have higher rates of non-physician primary care providers (nurse practitioners, physician assistants, clinical nurse specialists) than Oregon, with increasing numbers in recent years. Josephine County has higher mental health provider rates than the state. Dentist numbers have been increasing in both counties.

Physical Activity

More adults in Jackson County meet recommendations for aerobic and strengthening physical activity than the state. Female community members in both counties exceed state rates for meeting physical activity recommendations.

Self-Reported Health

About 85% of Jackson County and 83% of Josephine County adults report good, very good, or excellent general health, comparable to the 85% state rate.

Access to Recreation

87% of Jackson County residents live close to a park or recreation facility. 69% of Josephine County residents live close to a park or recreation facility.

Health Care Infrastructure

Established hospital systems and federally qualified health centers provide care. VA system offers comprehensive health and wellness services to veterans. Coordinated Care Organizations provide structured health care delivery.

Tribal Engagement

Active participation and partnership with Cow Creek Band of Umpqua Tribe of Indians in health assessment and planning. Recognition of indigenous knowledge and perspective in community health work.

Post-Wildfire Recovery Efforts

Rogue Reimagined collaborative project addresses valley recovery and future planning following wildfire impacts. Community resilience demonstrated through long-term recovery initiatives.