

## Executive Summary

**Overview** The 2021 Klamath County Community Health Needs Assessment captures health priorities for a largely rural, frontier county in southern Oregon with a population of approximately 68,000. The county faces persistent provider shortages, geographic isolation, and high rates of poverty that collectively drive poor health outcomes across multiple domains.

**Key Health Priorities** Community members and stakeholders identified behavioral health, substance use, and suicide as top concerns. Chronic disease, oral health, and access to primary and specialty care also ranked highly. Social drivers including poverty, housing instability, and food insecurity were consistently cited as underlying contributors to poor health.

**Health Care Access Barriers** Provider shortages are severe, particularly in primary care, behavioral health, and specialty care. Many residents travel long distances for services. Cost and lack of insurance remain significant barriers, as does a shortage of providers accepting Oregon Health Plan. Transportation is a recurring challenge, especially for rural and elderly residents.

**Populations of Concern** Children and youth, older adults, people experiencing homelessness, agricultural workers, Native American communities, and LGBTQ+ individuals were identified as facing elevated barriers to care and disproportionate health burdens.

**Community Strengths** The county benefits from strong collaborative relationships among local organizations, active coalitions, and committed community health workers. The presence of Sky Lakes Medical Center, federally qualified health center look-alike services, and local public health infrastructure provide a foundation for ongoing improvement efforts.

### Biggest Gaps in Service and Barriers to Care

**Service Gaps** Provider shortages are the most prominent gap, particularly in primary care, behavioral health, psychiatry, and specialty care. Oral health services are insufficient relative to need, with limited providers accepting OHP. Substance use treatment capacity is inadequate, and inpatient psychiatric beds are lacking. There is limited availability of culturally and linguistically appropriate services, particularly for Native American and Spanish-speaking populations.

**Barriers to Access** Cost and lack of insurance are the most frequently cited barriers. A shortage of OHP-accepting providers limits access for low-income residents. Geographic distance and lack of transportation create significant obstacles, especially for rural and frontier residents. Workforce shortages result in long wait times. Stigma discourages help-seeking for behavioral health and substance use. Language and cultural barriers affect Latino and Native American communities. Basic unmet social needs — including housing, food insecurity, and poverty — further limit people's ability to prioritize or access care.

### The Unique Needs of the Community

**Rural and Frontier Geography** The county's large geographic footprint and low population density create isolation and limit service availability. Long travel distances to care are a persistent reality for many residents.

**Native American Community** Tribal members face cultural and linguistic barriers, historical mistrust of the health system, and limited access to culturally appropriate services. The Klamath Tribes have distinct sovereign health needs that require dedicated attention.

**Agricultural and Seasonal Workers** Farmworkers, many of whom are Latino, face language barriers, lack of insurance, unstable housing, and work schedules that limit ability to access care.

**Behavioral Health and Suicide** The county has elevated suicide rates and high demand for mental health and substance use services, with insufficient local capacity to meet need. Stigma remains a significant barrier.

**Housing and Homelessness** Homelessness and housing instability are visible and growing concerns, with insufficient shelter capacity and supportive services.

**Youth and Children** Young people face adverse childhood experiences, limited access to school-based and community mental health services, and childcare shortages that affect family stability.

**Older Adults** The aging population has growing needs for primary care, transportation, social connection, and long-term care services that current infrastructure is not fully equipped to meet.

**Economic Hardship** High poverty rates, unemployment, and food insecurity affect a substantial portion of the population and act as root causes of many health disparities.

### **Strengths of the Community**

**Collaborative Infrastructure** Strong partnerships exist among local health, social service, and community organizations. Active coalitions and workgroups facilitate coordinated responses to community needs.

**Health Care Assets** Sky Lakes Medical Center serves as a regional anchor institution. Federally qualified health center look-alike services expand primary care access. Local public health infrastructure supports prevention and response efforts.

**Community Health Workers and Outreach** Dedicated community health workers and outreach staff help connect underserved populations, including Latino and Native American communities, to services.

**Klamath Tribes** The Klamath Tribes contribute cultural knowledge, community trust, and health resources that benefit tribal members and inform broader community health efforts.

**Engaged Stakeholders** Local residents, providers, and organizations demonstrated willingness to participate in the assessment process and commitment to improving community health outcomes.

**Existing Social Services** A network of social service organizations addresses food insecurity, housing, and other social drivers of health, providing a foundation for wraparound support.