

Executive Summary

Community Overview

Yamhill County is a diverse rural Oregon county of approximately 109,000 residents with significant health disparities between urban McMinnville area and rural communities. The population is 24% Latinx with substantial agricultural workforce. Key challenges include affordable housing crisis, poverty (11.7% overall, 21% for Latinx residents), limited public transportation, and geographic barriers to care access.

Primary Health Care Service Gaps and Barriers

Limited primary care capacity with long wait times for new patients (often 4-6 weeks). Severe shortage of Spanish-speaking providers. Lack of after-hours and weekend primary care options. Rural residents face significant travel distances to access care. Insurance coverage gaps particularly affect agricultural workers and undocumented populations. High cost of care and medications creates barriers even for insured residents.

Mental Health and Substance Use Services

Critical shortage of mental health providers, especially child/adolescent psychiatrists and Spanish-speaking therapists. Wait times for mental health services exceed 3 months. Insufficient crisis services and inpatient psychiatric beds. Limited substance use treatment capacity, particularly residential programs. Stigma surrounding mental health and addiction services in Latinx community. Lack of peer support and recovery services.

Specialty and Other Health Care Services

Extremely limited specialty care locally, requiring travel to Portland or Salem. No local neurology, rheumatology, or many other specialties. Dental care access severely limited, especially for Medicaid patients and children. Vision care services inadequate. Limited obstetric services with one hospital providing deliveries. Oncology services available but capacity concerns noted.

Unique Community Health Needs

High rates of diabetes and obesity, particularly among Latinx population. Occupational health hazards for agricultural workers including pesticide exposure, heat stress, and injuries. Food insecurity affects 16% of residents. Adverse childhood experiences impact 59% of adults. Youth suicide rates exceeding state average. Environmental health concerns including air quality and water contamination in some areas.

Community Strengths and Assets

Strong network of community health centers providing culturally responsive care. Active community health coalitions and collaborative partnerships. Robust WIC and public health programs. Growing behavioral health infrastructure including school-based health centers. Dedicated community organizations serving Latinx and agricultural worker populations. Strong volunteer networks and community engagement in health improvement initiatives.

Biggest Gaps in Service and Barriers to Care

Primary Care Access

Insufficient primary care provider capacity with long wait times for new patients (4-6 weeks). Severe shortage of Spanish-speaking providers. No after-hours or weekend primary care options. Rural residents must travel significant distances to access care.

Mental Health and Substance Use Treatment

Critical shortage of mental health providers, especially child/adolescent psychiatrists and Spanish-speaking therapists. Wait times exceeding 3 months for mental health appointments. Insufficient

crisis services and inpatient psychiatric beds. Limited substance use treatment capacity, particularly residential programs.

Specialty Care

Most specialty care unavailable locally, requiring travel to Portland or Salem (45-60 miles). No local neurology, rheumatology, endocrinology, or many other specialties. Limited oncology capacity despite local availability.

Dental and Vision Care

Severe shortage of dental providers accepting Medicaid. Inadequate dental services for children. Limited vision care services countywide.

Financial Barriers

High cost of care and medications even for insured residents. Insurance coverage gaps for agricultural workers and undocumented populations. Transportation costs to access distant services.

Cultural and Language Barriers

Lack of culturally and linguistically appropriate services for Latinx population (24% of county). Limited interpretation services. Cultural stigma around mental health and substance use services in Latinx community.

Geographic and Transportation Barriers

Limited public transportation system. Rural residents face long travel distances to health care facilities. Lack of reliable transportation particularly affects low-income and elderly residents.

The Unique Needs of the Community

Agricultural Workforce Health

Occupational hazards including pesticide exposure, heat stress, musculoskeletal injuries, and unsafe working conditions. Lack of occupational health services and worker protections. Limited health insurance and fear of seeking care due to immigration status.

Latinx Population Health Disparities

Higher rates of diabetes, obesity, and chronic disease. Cultural and language barriers to accessing care. Poverty rate of 21% compared to 11.7% county average. Limited culturally appropriate health education and prevention services.

Youth Mental Health Crisis

Youth suicide rates exceeding state average. High rates of adverse childhood experiences (59% of adults). Insufficient school-based mental health services. Limited crisis intervention resources for youth.

Chronic Disease Burden

High rates of diabetes and prediabetes, particularly among Latinx residents. Elevated obesity rates. Increasing cardiovascular disease prevalence.

Food Insecurity and Nutrition

16% of residents experiencing food insecurity. Limited access to affordable, healthy food options in rural areas. Need for culturally appropriate nutrition education.

Housing Instability

Severe affordable housing shortage affecting health outcomes. Homelessness and housing insecurity increasing. Substandard housing conditions in some areas.

Environmental Health Concerns

Air quality issues from agricultural burning and wildfires. Water contamination concerns in some rural areas. Pesticide drift exposure for residents near agricultural fields.

Substance Use Challenges

Rising methamphetamine use. Opioid misuse and overdoses. Alcohol abuse, particularly binge drinking among youth and adults.

Strengths of the Community

Community Health Infrastructure

Strong network of federally qualified health centers providing affordable, culturally responsive care. Expanding school-based health centers. Robust public health department programs including WIC, immunizations, and maternal child health services.

Collaborative Partnerships

Active Community Health Improvement Partnership (CHIP) coordinating health initiatives. Strong collaboration between health care providers, social services, and community organizations. Effective coalitions addressing specific health issues.

Latinx and Agricultural Worker Support

Dedicated organizations serving Latinx and agricultural worker populations. Community health workers (promotores) providing culturally appropriate health education and navigation. Bilingual service providers and interpretation services in some settings.

Community Engagement

Strong volunteer networks supporting health and social services. High level of community participation in health improvement planning. Active faith-based organizations providing support services.

Behavioral Health Services Growth

Expanding behavioral health provider capacity. Increasing integration of behavioral health into primary care settings. New crisis services and peer support programs developing.

Prevention and Education Programs

Effective chronic disease prevention initiatives. Strong maternal and child health programs. Active healthy eating and physical activity promotion efforts. Tobacco prevention and cessation programs.

Natural and Recreational Assets

Access to outdoor recreation opportunities supporting physical activity. Agricultural heritage promoting farm-to-table food access. Community spaces for gathering and wellness activities.