Lane County Community Health Assessment 2024-2025

Every five years Live Healthy Lane conducts a thorough assessment to understand the health of our community and the conditions that support health in Lane County. Live Healthy Lane uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to conduct that assessment. The goal of MAPP, and of our community health improvement process, is to achieve health equity. Health equity is defined as "the assurance of the conditions for optimal health for all people." MAPP 2.0 uses a community-driven process that is intended to improve the community's capacity to lead health improvement efforts.

The assessment consists of three parts:

- The Community Status Assessment (CSA) – which uses data to describe current health and the social determinants of health in Lane County
- The Community Context Assessment (CCA) – which uses qualitative and quantitative data to describe the strengths and assets of our community, the built environment, and the forces of change that can impact health and equity
- The Community Partner Assessment (CPA) – which describes how community organizations contribute to the work of public health and health equity

A Community Health Assessment Design Team (CHADT) was convened by Lane County Public Health in March 2024 to conduct the health assessment on behalf of Live Healthy Lane. CHADT members were recruited from diverse communities and organizations across Lane County to ensure representation of many community and organizational perspectives. Some of the communities and organizations represented on CHADT include those that are systemically marginalized[1], rural communities, health system, education system, disability services, services for people with low incomes, and services for those who are houseless or at risk of becoming houseless.

In June of 2024, CHADT hosted a series of community conversations to develop a shared vision of what a healthy, equitable community would look like. This vision was used by CHADT to guide the assessment:

> ***We envision Lane County as a welcoming community. A place where systems - social, economic, and environmental, etc. - are developed by everyone to work for everyone. A community where all people have what they need to thrive. This includes: a sense of belonging, a feeling of shared purpose, and hope for our collective future.***

[1] People with marginalized identities are those who face additional barriers to accessing resources due to one or more parts of their identity. People who identify as Black, Indigenous, Asian, Latine/a/o/x, Native Hawaiian/Pacific Islander, people who identify as LGBTQA+, and people living with a disability were all identified in this assessment as experiencing discrimination and/or disparities.

About Lane County

Lane County is the 4th largest county in Oregon in terms of population and the 6th largest county in terms of geographic area. Lane County spans from the crest of the Cascades to the Pacific Ocean and is diverse in both its population and ecosystems.

Due to Oregon's history of exclusion, Lane County's population is majority white. However, people of every race and ethnicity can be found here and racial and ethnic diversity is growing.

	Percent of Lane County population (CSA)
Race and ethnicity	
Native Hawaiian/Pacific Islander (NHPI)	0.2%
American Indian/Alaska Native (AIAN)	0.9%
Black/African American (B/AA)	1.1%
Asian	2.6%
Two or more races (Multiracial)	8.5%
Latine/a/o/x (Latine)	10.8%
White	83.5%
Age group	
Under 5	4.4%
5 to 19	16.8%
20 to 44	34.9%
45 to 64	23.9%
65 and over	20.0%
Language	
English only	91.5%
Spanish	4.8%
Another Indo-European language	1.7%
An Asian or Pacific Island language	1.7%

- Oregon has one of the highest proportions of LGBTQA+ adults in the US
- About 10% of Lane County 6th, 8th, & 11th graders identify as transgender or non-binary gender
- About 25% of Lane County 6th, 8th, & 11th graders identify as LGBQA+
- About 17% of Lane County adults report having a disability

Health Status

Overall, the people of Lane County enjoy relatively good health.

- 84% of Lane County adults reported their overall health as good to excellent (CSA)
- 65% of survey respondents reported their physical health as good to excellent (CCA-assets & barriers)
- 57% reported their mental health as good to excellent (CCA-assets & barriers)

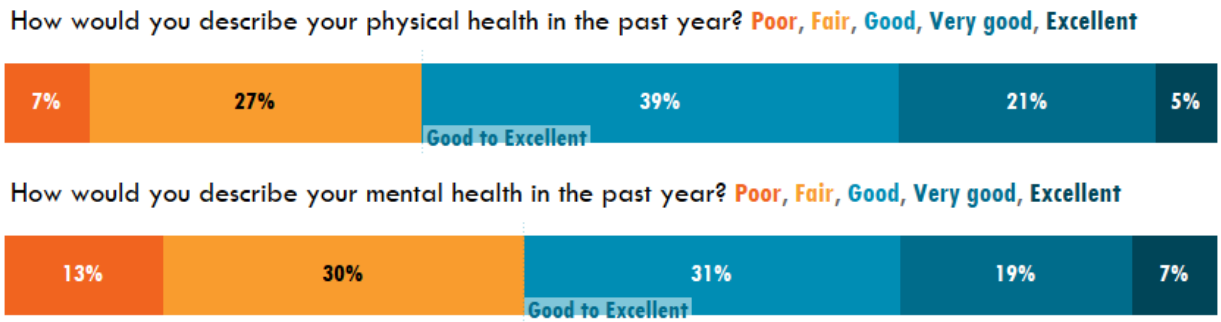

Figure 1 *Community Health Survey, 2024*

Despite reporting overall health as good, there are concerning trends in life expectancy, preterm birth, and certain diseases (e.g., asthma, diabetes, STIs) that suggest that good health may be declining in Lane County.

- Life expectancy at birth is significantly lower in Lane County compared to what it was 20 years ago
- While the rate of many chronic diseases in Lane County have remained stable, adult asthma rates have increased from 12% in 2010-13 to 14% in 2018-21 (CSA)
- Preterm birth rates – births that occur before 37 weeks gestation – have increased from 8% in 2019 to 9.4% in 2022 (CSA)
- Congenital syphilis cases have increased from zero cases per year over the last decade to more than 20 cases between 2018 and 2023 (CSA)

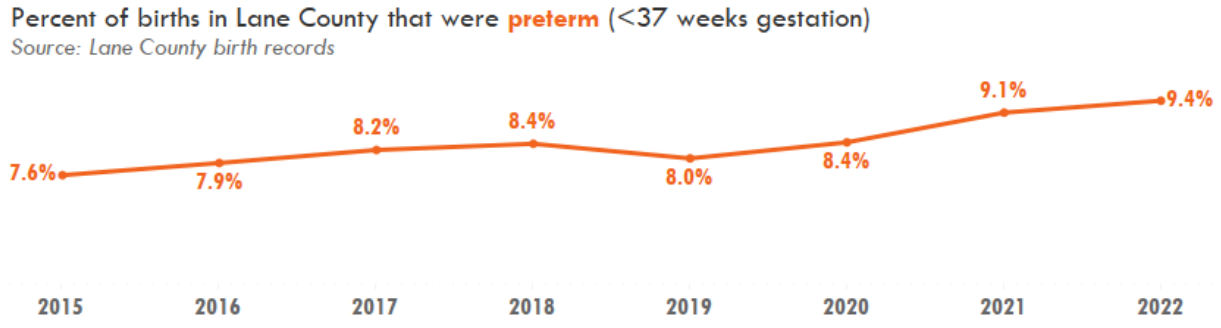

Figure 2 *Preterm birth rate, 2015-2022*

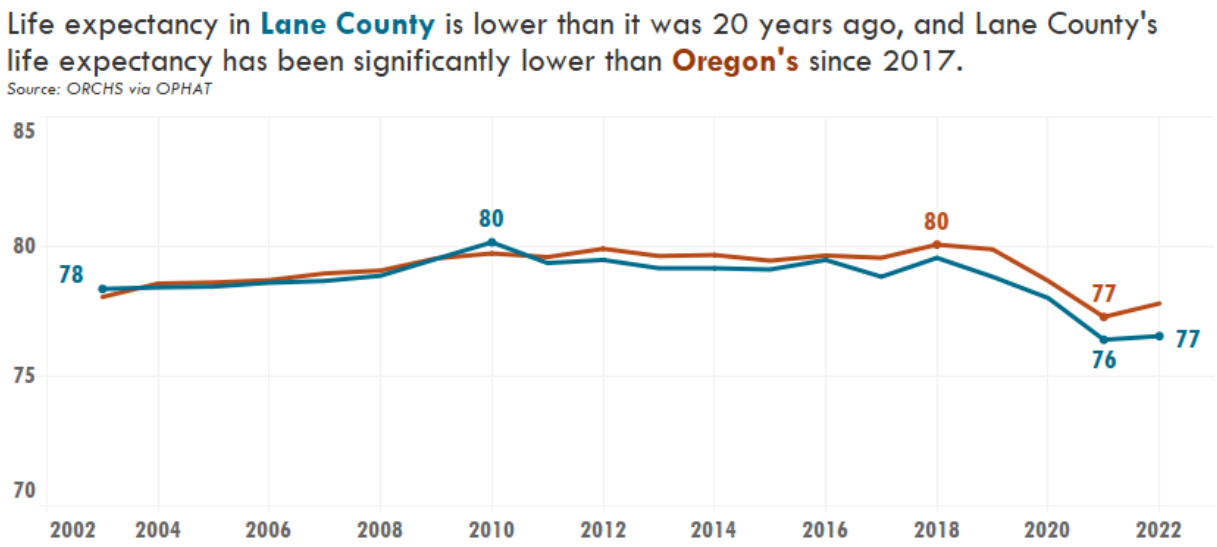

Figure 3 *Lane County and Oregon Life Expectancy, 2003-2022*

One of the findings in the 2020 Community Health Assessment was declining rates of good to excellent mental health among youth. This trend appears to be continuing:

- 35% of youth reported fair to poor mental health in 2022 (CSA)
- In 2022, 34% of youth reported symptoms of depression in the past 12 months (CSA)
- 15% of youth reported suicidal ideation in 2022 (CSA)

Substance use, including tobacco use, is often a coping mechanism. Many people who have experienced trauma use alcohol, tobacco, and or cannabis to cope with the effects of past and current trauma.

- Alcohol
    - Adult rates of heavy drinking have remained stable, with only 10% of Lane County reporting heaving drinking in the past 30 days (CSA)
    - About 18% of 11th graders and 8% of 8th graders reported having at least one drink of alcohol in the past 30 days (CSA)
    - 6th, 8th, and 11th graders who identify as American Indian/Alaska Native, non-binary gender, and/or LGBQA+ reported the highest rates of having at least one drink in the past 30 days (CSA)
- Tobacco
    - Adult cigarette smoking has declined from 22% in 2010-13 to 15% in 2018-21, however adult use of any tobacco products remains the same overall, 26% (CSA)
    - Adults with a disability, veterans, and adults with higher levels of educational attainment have reported increases in use of any tobacco product since 2014 (CSA)
    - 16% of 11th graders reported using any tobacco products in the past 30 days in 2022 (CSA)

- Cannabis
    - Rates of adult cannabis use have increased significantly, from 20% in 2014-17 to 31% in 2018-2021 (CSA)
    - About 16% of 11th graders reported having used cannabis in the past 30 days in 2022 (CSA)
    - 6th, 8th, and 11th graders who identify as Black/African American, American Indian/Alaska Native, and/or LGBQA+ reported the highest rates of cannabis use in the past 30 days

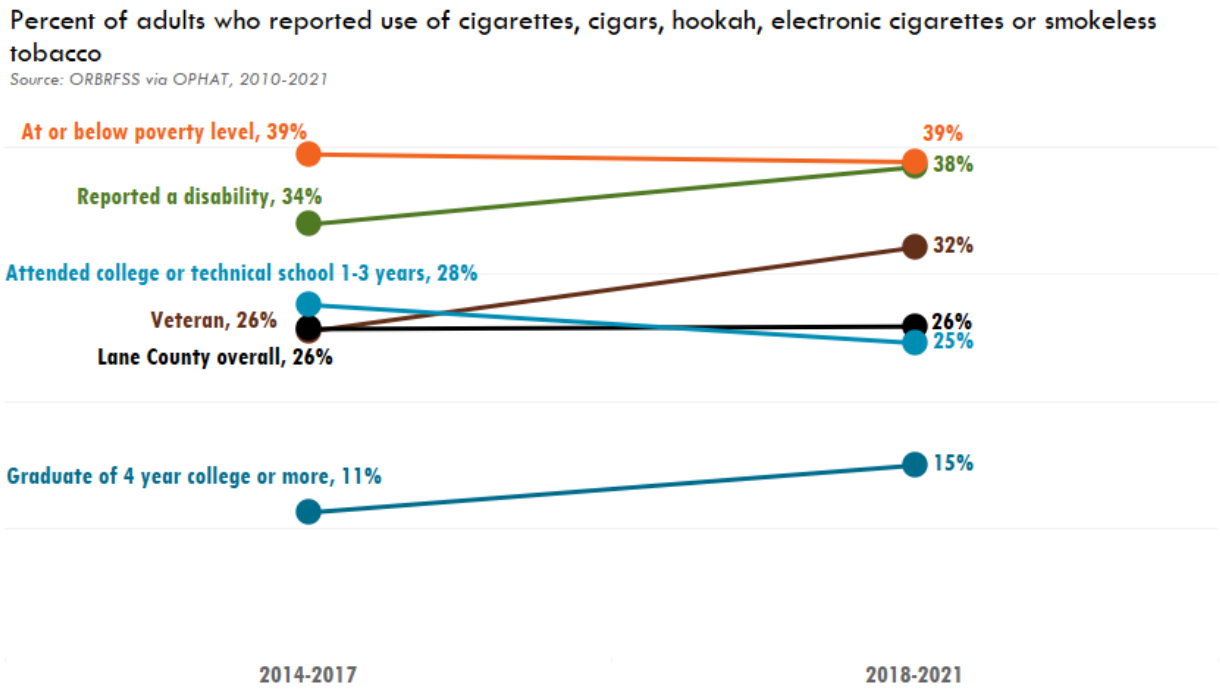

Figure 4 *Adult use of tobacco products, 2014-2021*

While Lane County overall experiences good health, there are significant disparities in health outcomes by race, ethnicity, geography, and disability. These disparities signal that inequities persist due to historical and on-going discrimination.

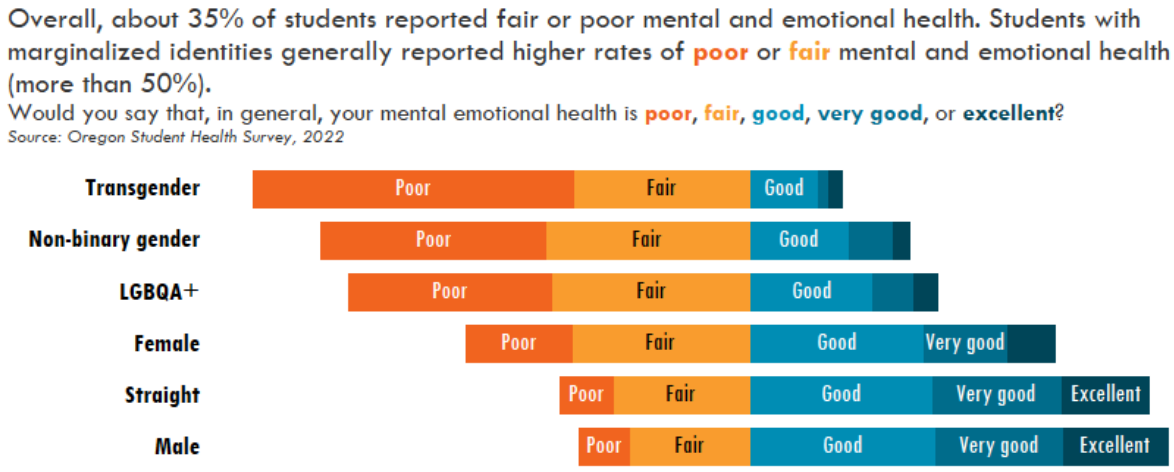

Figure 5 *Youth mental and emotional health reported by 8th & 11th graders, 2022*

- Youth with marginalized gender and/or sexual orientation were more likely to report higher rates of fair or poor mental and emotional health compared to the rate for students overall (CSA)
- Median years of potential life lost (YPLL)[2] among working age adults (adults 18-64) is higher for people who identify as Native Hawaiian/Pacific Islander, Black, Latine/a/o/x, Asian, and Indigenous compared to the median for Lane County overall – as much as 10 years more for some groups (CSA)
- People living with a disability (20%) and people living at or below the Federal Poverty Level (24%) report the highest rates of asthma
- People living in eastern Lane County (Westfir-Oakridge) and some parts of the Eugene/Springfield metro area have higher rates of asthma compared to other parts of Lane County (CSA)
- The Black/African American and American Indian/Alaska Native communities have the highest rates of syphilis in Lane County even though people who identify as White have the greatest number of cases (CSA)

[2] Years of potential life lost (YPLL) for working age adults is calculated by subtracting age at time of death from 75, so a person who dies at age 55 would have 20 YPLL. The median YPLL is the number of years for which half the population has a higher YPLL and half the population has a lower YPLL. The median YPLL for working age adults in Lane County is 19 years.

Barriers to health – structural and contextual barriers

The structures and systems that govern our everyday lives have a big impact on whether everyone in the community has what they need to thrive. Our systems do not serve everyone equitably due to historical and on-going discrimination and exclusion.

From the time of its founding as a state, Oregon explicitly excluded people based on their identity. American Indians were forcibly removed from their homes and the lands that they have stewarded since time immemorial. Oregon was the only state admitted to the United States with the exclusion of Black people written into its constitution. From the 1880s until 1968, property owners in Lane County wrote deeds or covenants that prevented the sale of property to anyone that wasn't white. Immigrant laborers, LGBTQA+ people, and people with disabilities have all faced legal discrimination and violence in Oregon and Lane County's history. This history created and continues to create barriers for people with systemically marginalized identities. (CSA-Forces)

One example of how racism from the past continues to impact people today is homeownership. Homeownership is the most common way for people in the United States to build generational wealth – wealth that can be passed down from one generation to the next. Oregon and Lane County's racist laws and regulations aimed at excluding anyone not-white contribute to the fact that, today, white people in Lane County own their homes at significantly higher rates than the county overall and every other racial or ethnic group (CSA).

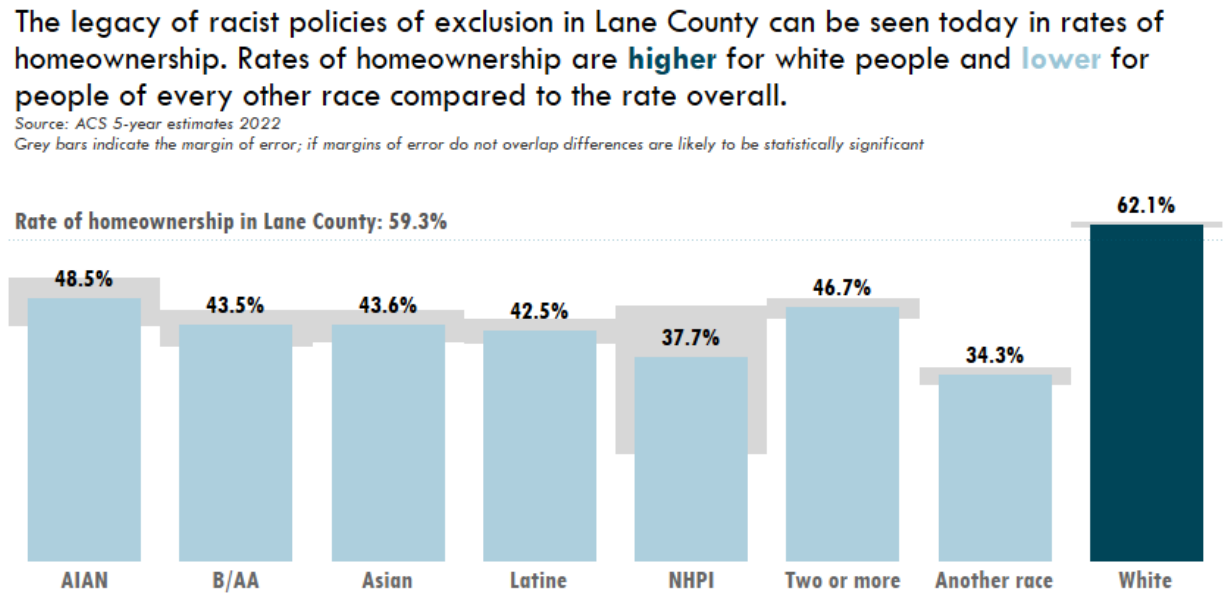

Figure 6 *Percent of owner-occupied homes, 2018-2022*

One of the barriers to good health reported in the Community Health Survey was **racism and discrimination**. People with marginalized identities often feel less safe or have fewer opportunities to participate in community life.

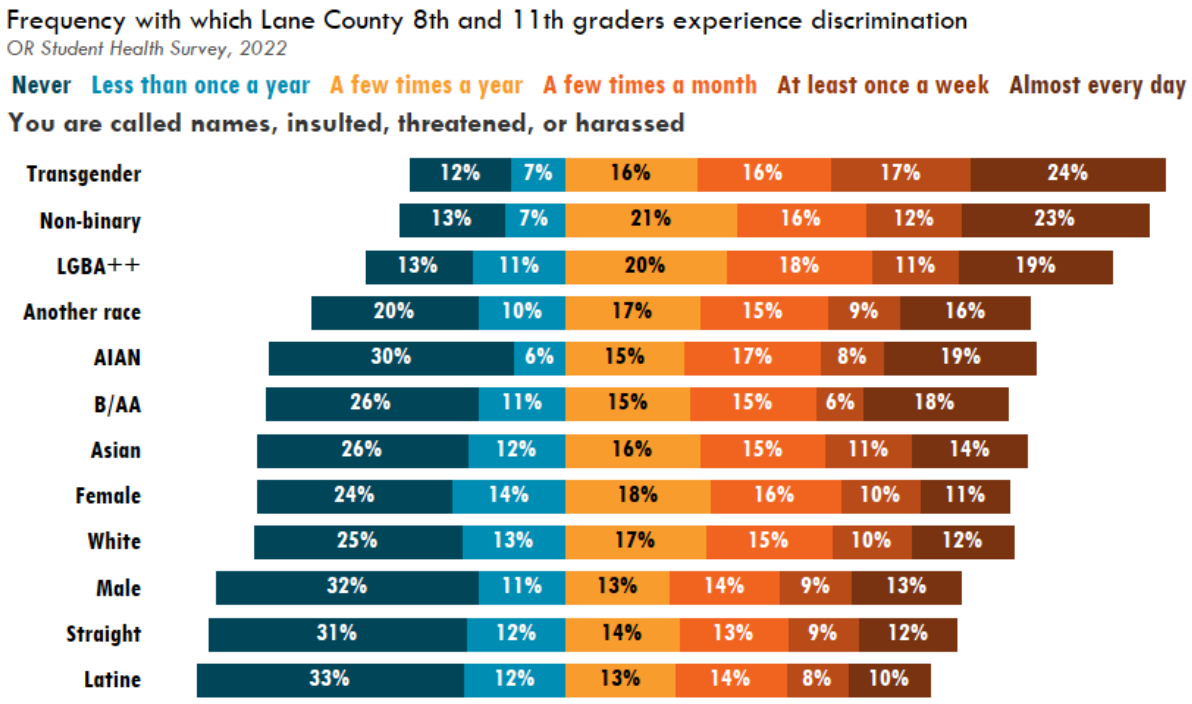

Figure 7 *Experiences of everyday discrimination, 2022*

- About 1/3 of respondents disagreed or strongly disagreed that Lane County is a safe place to live (CCA-Assets)
- Almost ½ of respondents with 2 or more marginalized identities disagreed that Lane County is a safe place to live (CCA-Assets)
- Hate crimes, bigotry, white supremacy, and homophobia were all mentions as reasons that Lane County doesn't feel safe for everyone (CCA-Assets, CCA-Forces)
- People with marginalized identities were more likely to disagree that there are opportunities for everyone or that there is a lot of trust between people of different backgrounds (CCA-Assets)
- People with one or more marginalized identities were more likely to report more experiences of discrimination (CCA-Assets)
- 8th and 11th graders who identify as Black, American Indian/Alaska Native, another race, transgender, non-binary gender, and/or LGBQA+ had the highest rates of experiencing discrimination in 2022 (CSA)

People with marginalized identities are not the only ones who face social and cultural barriers to good health. People who live in poverty, people experiencing houselessness, people who were formerly incarcerated, and people struggling with addiction face stigma and discrimination (CCA-Forces).

"People don't feel safe in different parts of the county – some places people feel they can be their authentic self, but other places people feel the need to be more careful."

-Focus group participant

Climate change and the extreme weather events it creates are having a big impact on health and the conditions to support health in Lane County.

- Many people in Lane County express fear and anxiety about the impacts of climate change on our health, our food systems, our natural environment, and marginalized communities (CCA-Forces)
- Smoke and ice/snowstorms have impacted most people in Lane County in the past two years (CCA-Assets)
- Smoke has impacted the physical and mental health of 60% or more of those who have experienced it in the past two years (CCA-Assets)
- Ice/snowstorms have impacted the mental health of more than half of those who have experienced them in the past two years (CCA-Assets)
- A significant proportion of Lane County has experienced wildfires (23%) and extreme heat (42%) in the past two years, but these events are experienced at different rates in different parts of Lane County (see Figure 8) (CCA-Assets)
- Climate change is likely to exacerbate existing inequities and community challenges if those inequities and challenges are not addressed directly (CCA-Forces)
- The populations most impacted by climate change are those already facing enormous barriers to health due to discrimination and stigma (CCA-Forces)

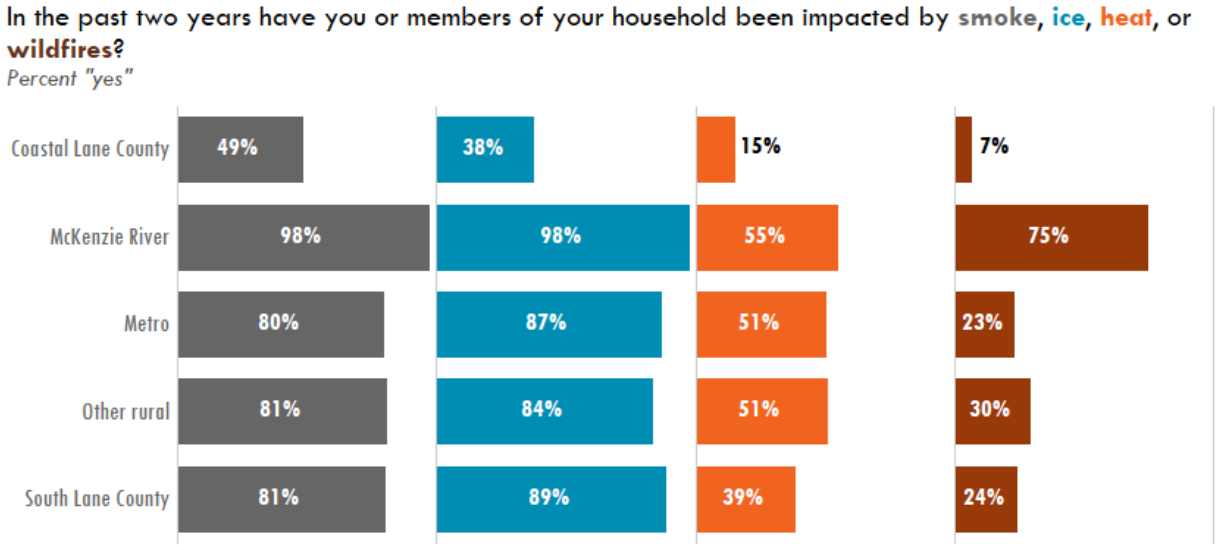

Figure 8 *Community health survey, 2024*

The **COVID-19** pandemic exacerbated existing economic hardship in Lane County. The inequities in the public health response also highlighted existing inequities. However, the COVID-19 pandemic also created opportunities for creative problem-solving to address long-standing issues faced by many of the most marginalized in our community.

> *"COVID highlighted where the needs are and gave [us] the opportunity to address [them]…stimulus allowed folks to live and pay rent, not worry so much about economic issues"*
>
> *-Focus group participant*

- About 2/3 of survey participants reported having had a COVID-19 infection (CCA-Assets)
    - People with 2 or more marginalized identities were the least likely to report never having had a COVID-19 infection (16%) (CCA-Assets)
    - People living in households without children (40%) were almost twice as likely to report never having had a COVID-19 infection compared to people living with children (22%) (CCA-Assets)
    - About 30% of people who reported having a COVID-19 infection reported their symptoms lasted 3 months or longer (CCA-Assets)
    - About 80% of people who reported COVID-19 symptoms for 3 months or longer indicated that those symptoms impacted their daily lives (CCA-Assets)
- While the brief period of social isolation early in the COVID-19 pandemic saved lives, it came at a cost (CCA-Forces):
    - Worsened mental health for many people
    - Students still struggling academically
    - Many people are still reluctant to engage in public life

A review of the **public health system** revealed structural barriers faced by many community organizations that contribute to health and the social determinants of health in Lane County.

- Most organizations are stretched thin due to lack of funding and/or staffing, nearly two thirds of participants reported they lacked sufficient capacity to meet their goals or mission (CPA)
- Most organizations cannot regularly provide material supports for community participation beyond food and virtual participation options (CPA)
- While translation and interpretation services have become more widespread, only 38% of organizations provide Spanish language services as a standard practice (CPA)
- Most organizations lack resources and capacity to engage in policy work (CPA)
- About 40% of organization focus their policy and advocacy work on developing relationships and educating decision-makers (CPA)
- Despite a strong commitment to equity and racism being declared a public health crisis in 2021, most organizations lack capacity to engage deeply with this work (CPA)

Barriers to health – social determinants of health

The social determinants of health are the things that can either support good health or pose barriers to good health. Things like education, income, access to health care are referred to as the social determinants of health. When asked about the top three barriers to good health, respondents to the Community Health Survey most frequently listed lack of access to social determinants of health.

Lack of access to health care

Accessing healthcare is fundamental to getting and staying healthy, including regular primary care physician visits, preventative screenings, and dental visits. Despite gains made over the last decade through expansion of Medicaid (OHP) and reducing rates of people without insurance, access to health care has declined in recent years. Mental health care remains out of reach for many people.

- In 2021, 70% of adults reported having had a routine check-up in the last year, this was up from 50% for all adults in 2013. The inequities in rates of routine check-ups between groups have significantly lessened since 2014 (CSA)
- In 2022, 26% of 8th and 11th graders in Lane County reported having unmet mental health needs. Black or African American students (31.8%), Trans and/or non-binary students (44.2%), and LGBQA+ students (41.8%) (CSA)
- Access to health care has deteriorated over the past few years and lack of access varies geographically and is compounded by lack of trauma-informed and culturally responsive care. With many federal programs in flux, this trend may worsen (CCA-Forces)
- Lack of primary or specialty care providers, long wait times for appointments, and distance needed to travel for care puts access out of reach for many people in Lane County, especially people in rural communities (CCA-Assets)
- The closure of the only emergency department in Eugene in 2023 means many people need to travel further for care or can't access emergency care without a costly ambulance ride (CCA-Forces)

Since 2013, there has been a substantial increase in the rate of adults reporting a routine check-up in the past year and a narrowing of inequities.
Source: OR Behavioral Risk Factor Surveillance System via OPHAT

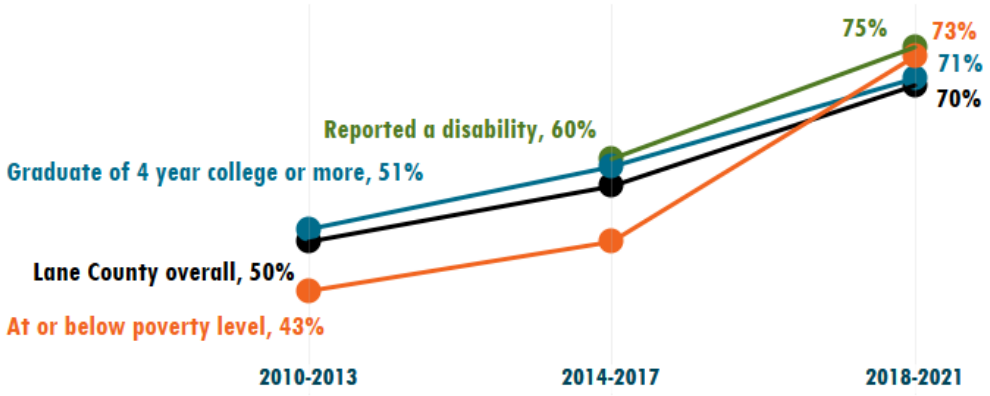

***Figure 9**: Adult routine check-up, 2010-2021*

Housing

Affordable housing is a basic need that contributes to overall health. Lack of housing security contributes to an overall lack of safety for people in Lane County.

"The county, as a whole, is not unsafe. However, certain areas are questionable as more people struggle with maintaining housing, income, and food security"

-Survey respondent

- There is a lack of affordable housing in Lane County, 56% of renters pay more than 30% of their income for housing (are housing-cost burdened) (CSA)
- In 2023, more than 10,000 people who met the Housing and Urban Development definition of homeless received services in Lane County (CSA)
- Only about 5-7% of fair-market housing in Lane County is accessible for people with disabilities (CSA)
- Lack of services for people in crisis, mental health, addiction services, and services for the homeless, contributes to lack of safety in Lane County (CCA-Assets)
- High rates of houselessness indicates a level of economic instability that makes everyone less safe (CCA-Assets)
- Lack of affordable housing leads to more people experiencing homelessness and harassment of the homeless population (CCA-Assets)

"Housing is not affordable in Lane County. Jobs in Lane County are extremely competitive and most do not pay livable wages. Residents of Lane County have little-to-no access to primary care providers and mental health providers."

-Survey respondent

High cost of living

The costs of housing, food, childcare, and health care have risen faster than incomes for most people in Lane County.

- In 2022, about 20% of students who completed the Oregon Student Health Survey in Lane County reported not having enough food at least once per week and 15% of Lane County's population overall experienced food insecurity (CSA)
- While the rate of people not seeking health care due to cost had declined in 2021 compared to 2013, rates remain high for those living in poverty (18%) and those with a disability (21%) (CSA)
- In 2022, about 16% of Lane County lived in poverty (CSA)
- A family of four (two adults, 2 children) in Lane County needed an income of $124,152 in 2024 to meet basic living costs (CSA)

- Median income for individuals in Lane County in 2022 was $65,157 and household income was $84,068 (CSA)
- An individual in Lane County with no children would have to work 1.5 full time jobs at minimum wage just to meet their basic needs (CSA)

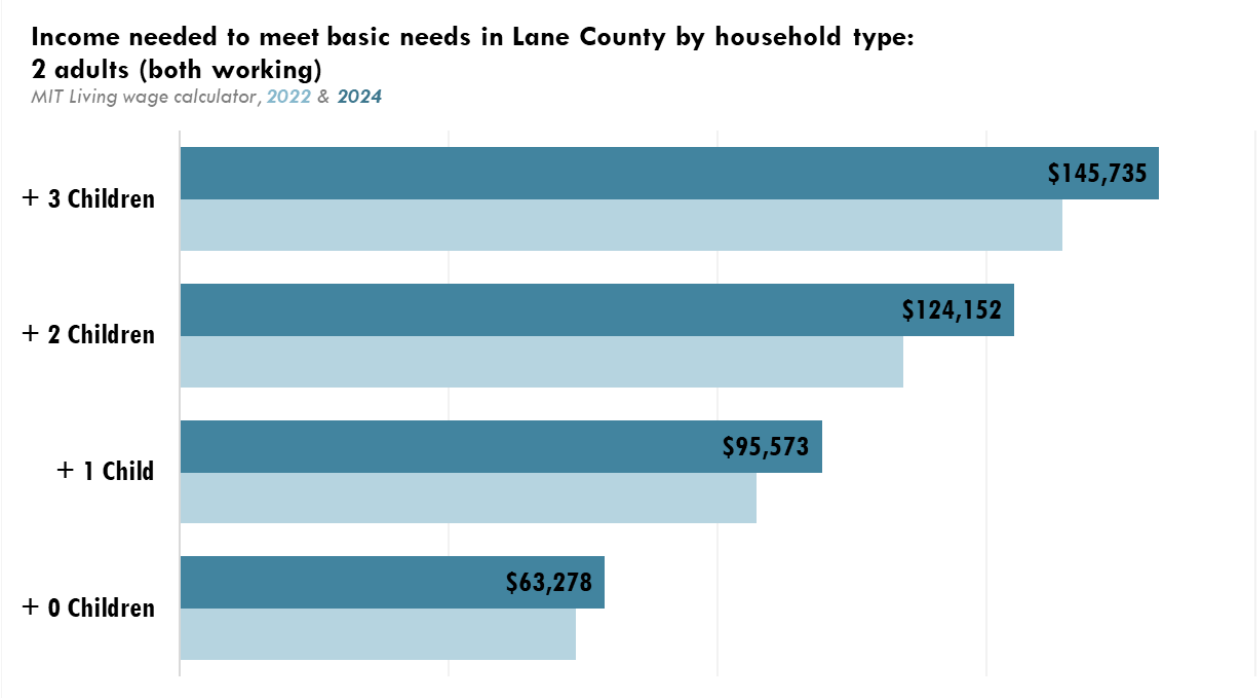

Figure 10: Living wage calculator, 2022 & 2024

Lack of childcare

When families cannot access childcare, it can impact parents' ability to work and children's access to early childhood education.

- In 2024, the median annual cost of toddler childcare in a care center was $17,298. This cost exceeds the cost of some college tuitions (CSA)
- In 2022, 26% of children under 5 lacked access to childcare (CSA)

Transportation

While many parts of Lane County have robust transportation systems, people without regular access to a personal vehicle have difficulty accessing basic needs.

- Most of Lane County's built environment is created with personal vehicles in mind. Creating more barriers for those who cannot afford a personal vehicle (CCA-Forces)
- Low-income areas have less access to public transportation and less safe walking areas (CCA-Built)

- MIT's living wage calculator estimated the cost of transportation for a family of 4 (2 adults and 2 children) in Lane County to be $14,938/year, making it the 3rd largest expense after housing and childcare (2024, CSA)

Education

Educational attainment is one of the strongest predictors of lifelong health.

- High school graduation rates are lowest among students with disabilities (60%), for students who experience houselessness (51%), and for American Indian/Alaska Native students (69%) (CSA)
- Adults with lower educational attainment are less likely to have regular healthcare check-ups, preventative health screenings or visits, or own homes than adults with higher levels of education. They are also more likely to smoke combustible cigarettes than those who have a more than a high school education (CSA)

Inequities

Inequities are the unfair and avoidable differences between different groups of people. Inequities in the social determinants of health have the greatest impact on people who have been systemically marginalized as a result historical and on-going discrimination. In Lane County, the people who face the greatest inequities are those who identify as Black, Indigenous, Asian, or other people of color, those who identify as LGBTQA+, those who have a disability, those who live in poverty, and those with lower education levels. High costs of living and a housing crisis create barriers for everyone but impact marginalized communities more severely.

High school graduation rates have been improving overall in Lane County, but inequities based on identity and/or circumstances remain.
Source: Oregon Department of Education

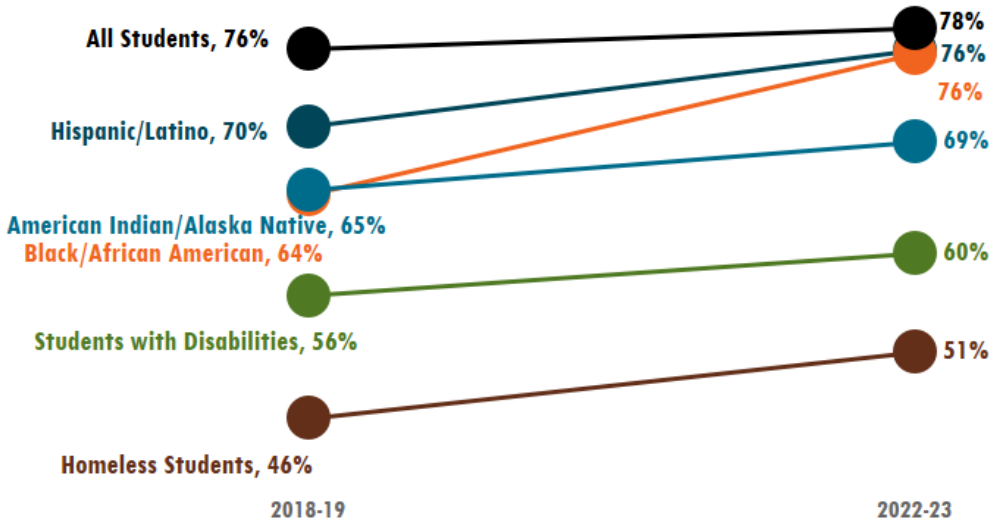

***Figure 11**: 4-year cohort high school graduation rates, 2018-2023*

Community assets and opportunities

Community assets are characteristics of Lane County that support health and equity.

- The abundance and diversity of natural beauty that is accessible in every part of the county from the ocean to the forests to the mountains (CCA-Assets)
- The abundance and diversity of outdoor recreation opportunities (CCA-Assets)
- The people in Lane County care about each other and want to work together to find creative solutions that benefit the whole community (CCA-Assets)
- The sense of living in a small community while still having access to big-city amenities (e.g., libraries, cultural events, educational opportunities, good restaurants, etc.) (CCA-Assets)
- Farmers markets, craft markets, local artists, and abundant local healthy foods (CCA-Assets)
- There is a genuine desire to achieve health equity in Lane County (CCA-Forces)
- 99% of organizations who participated in the partner assessment said they engage the community and develop partnerships as part of their work (CPA)
- 60% of organizations use an equity lens for programmatic and policy decisions (CPA)
- Almost 30% shared their organizational equity statement (CPA)
- The people of Lane County feel a strong sense of community and responsibility for taking care of each other and want to work collaboratively to solve our many complex problems (CCA-Forces)
- Almost half of survey respondents reported volunteering in the past year to improve their community (CCA-Assets)
- Almost 70% of registered voters in Lane County participated in the 2022 general election (CSA)

Opportunities are areas where progress has been made and/or there is an expressed willingness to engage with the work.

- The percent of survey respondents who perceive that access to housing has gotten worse in the last five years decreased from 91% in 2018 to 83% in 2024 (CCA-Assets)
- Many organizations in Lane County already work to address the social determinants of health (CPA)
- Most organizations in Lane County want to engage the community in decision-making processes and have a deep commitment to equity (CPA)
- Policy and advocacy work is focused primarily on educating or communicating with decision-makers or people with power. There is much less focus on mobilizing and organizing the community to advocate for their needs (CPA)

"Why so much alliance and coalition building and so little movement building? Need to connect the dots."

-Data party participant

Issues identified

On March 23, 2025, data from the five assessment reports were reviewed by the Design Team to draft issue statements from the themes in the data. Draft issue statements, and the data that support them, were then reviewed from April-May 2025 by members of the community at 10 separate data review parties both online and in-person in both rural and metro communities. Community members were asked to review the data, offer suggestions on the issue statements, and conduct root cause analysis. Information shared during those review parties were combined with the data from the assessments to develop issue profiles.

These are the issue statements:

- Many people in Lane County are unable to meet basic needs because incomes have not kept up with costs of living
- Affordable housing is a basic need that is particularly difficult to access, creating a housing crisis and rising rates of houselessness
- Access to health care has declined despite gains over the past 10 years
- Many people in Lane County are struggling with mental health concerns – especially youth
- Climate change is a growing challenge that impacts the health of different communities inequitably
- The COVID-19 pandemic highlighted many challenges and inequities while creating opportunities for creative problem-solving
- People in Lane County want to work together to creatively solve problems and achieve health equity
- Lane County and Oregon's history of exclusion created unfair advantages for some while creating barriers for others. These barriers contribute to the continued discrimination and inequities we see today and lead to poor health outcomes in our community.
    - From the time of its founding as a state, Oregon explicitly excluded people based on their identity. These historical exclusions continue to have devastating impacts on the health of Black, Indigenous, and other people of color in Lane County.
    - The current and historical discrimination and stigma experienced by people who identify as LGBTQA+, transgender, and/or non-binary gender are devastating to the health and well-being of the community.
    - Current and historical discrimination and stigma are devastating to the health and well-being of people with a disability.
    - Data on immigrants in Lane County is lacking but based on the inequities experienced by other people who are systemically marginalized, it's likely that immigrant communities face some similar challenges.

About this summary

This summary presents the key findings, and a small portion of the data collected to support those findings, for Lane County's 2024-25 Community Health Assessment (CHA). This summary was developed using the five reports that make up the three assessments conducted between June 2024 and February 2025. A lot of the data collected are not included in this summary. All the data from all of the assessments, information about how the community participated in data collection and review, and the resulting issue profiles are available on our website.

The assessment reports for the data included in this summary are indicated by their abbreviations:

- CSA: Community Status Assessment
- CPA: Community Partner Assessment
- CCA: Community Context Assessment
    - CCA-Assets – Report on community assets and barriers to health
    - CCA-Built – Report on Lane County's built environment
    - CCA-Forces – Report on forces of change

The original reports are hyperlinked above and in the text on the first page of the summary. All of the reports and data can be found on our website, using this QR code: