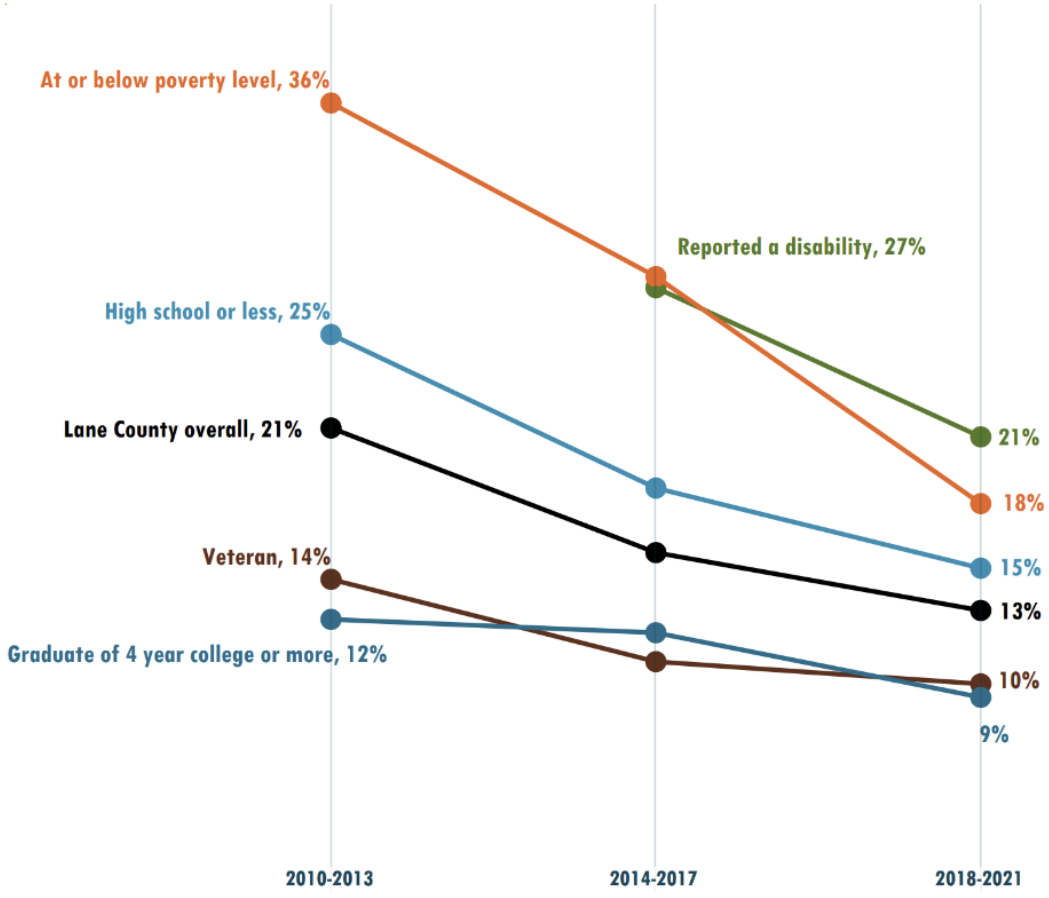
Access to health care has declined despite gains over the past 10 years.

Lane County residents still report delaying care due to cost.

- Data from BRFSS 2018-2021 show a decline in Lane County residents delaying care due to cost from 2014-2017. Although it remains highest for those who are at or below the poverty rate (18%) and those with a reported disability (21%).

Percent of adults who report not seeking health care due to cost have declined for all groups since 2013. While disparities between groups remain, they appear to be narrowing.
Source: ORBRFSS via OPHAT



In 2021, more Lane County residents reporting have a routine check-up, but there have been increasing issues with access since COVID-19.

- Overall, the percent of adults in Lane County reporting having a routine check-up in the last year increased from 50% in 2010-2013 to 70% in 2018-2021.
- Focus group participants reported having a harder time accessing care since the pandemic due to staff burnout, strain on the medical system, and closures.

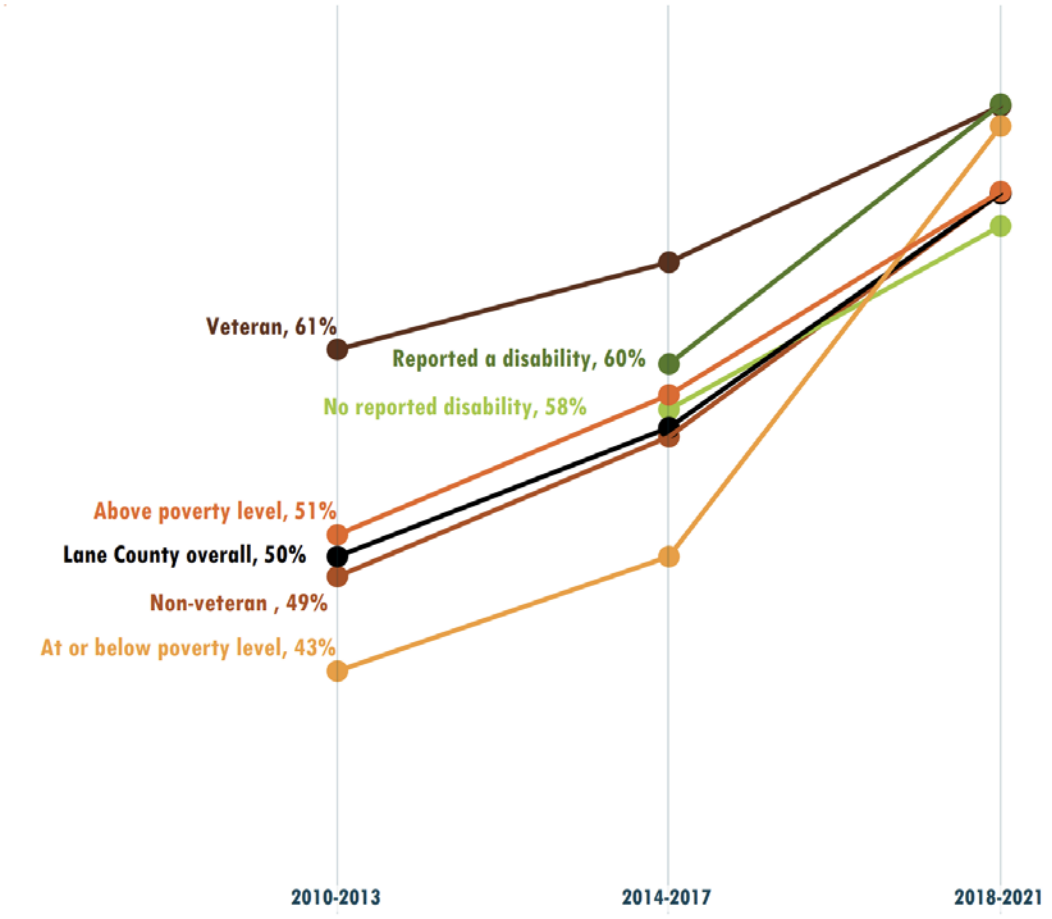
Access to health care has declined despite gains over the past 10 years.

- In 2022, 11% of 8th and 11th graders in Lane County who responded to the Student Health Survey reported having unmet medical needs.
- A Health System Assessment completed in 2025 by Lane County Public Health found that recent closures and mergers have contributed to provider shortages, access to healthcare is getting worse for everyone, regardless of insurance type, and people with marginalized identities[1], especially Black, Indigenous, and other people of color and people for whom English is not their first language face additional barriers when seeking care.

Some communities experience more difficulties when accessing medical care.

- Focus group participants reported extremely long wait times for doctors and specialists.
- Focus group participants also talked about how rural communities face gaps in service due to lack of providers and transportation issues.

There have been substantial increases in the percent of adults reporting they have had a routine check-up in the past year.



[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.

Access to health care has declined despite gains over the past 10 years.

- According to focus group participants, providers in rural communities often stay in practice for about 2 years before moving away. This creates inconsistencies in care and impacts the ability to develop relationships and trust between patients and providers.
- Many people face barriers in accessing health care. Some barriers include: language barriers for those whom English is not their first language, physical barriers for those with disabilities, lack of representation in the provider workforce for people who are Black, Indigenous, Asian, Latine/a/o/x, or other people of color, and people who identify as LGTBQA+.
- Certain groups of students had more difficulty accessing care. 21% of Trans and non-binary respondents, 16% of LGBPQA+ respondents, and 12.5 of Native Hawaiian/Pacific Islander respondents reported having unmet medical needs.
- For many health access indicators, such as delaying care due to cost and colorectal screenings, people with a disability, lower incomes, or less education report lower rates of access.

"Lack of multicultural awareness in different systems. There needs to be a more robust system for multicultural services. There needs to be more robust training around systems trauma and being empathetic to that when working with people."

-Focus group participant

- In 2018-2021, 74% of Lane County residents who qualified for a colorectal cancer screening received one. Those with the lowest rates of receiving screenings are residents who are at or below the poverty line, and those with a high school education or less.
- In 2018-2021, 79% of Lane County residents who qualified for a cervical cancer screening, report receiving one in the past 3 years.
- In 2018-2021, 66% of Lane County residents reported visiting the dentist in the last year.

Root causes and opportunities

- There is a lack of providers in the Lane County area, both primary care and specialists, especially in rural areas. Helping providers move and stay in Lane County could help lower wait times and help better patient/provider relationships.
- Ensuring that Lane County attracts and supports providers with cultural backgrounds and understanding to meet the needs of diverse communities will improve access and quality of care for everyone.
- Ensure providers receive trauma informed care and additional training to provide optimal care for those with marginalized identities and people with complex needs.
- Disparities for delayed care due to cost continue to exist. Ensuring that all patients that qualify for OHP are signed up, ensuring medical costs are affordable, and allowing for reasonable payment plans may help eliminate those inequities.

3. Access to health care has declined despite gains over the past 10 years.

This index references the data used to identify the key issues in the Issue Profile. These are the links to the referenced reports:

- **CSA**: Community Status Assessment
- **CPA**: Community Partner Assessment
- **CCA-assets**: Community Context Assessment: Assets and Barriers
- **CCA-built**: Community Context Assessment: Built Environment
- **CCA-forces**: Community Context Assessment: Forces of change

Lane County residents still report delaying care due to cost.

- Delaying care due to cost (CSA, p. 4, 76)
- Income (CSA, p. 4 & 66, CCA-assets, p. 6, 14, 21-22, CCA-forces, p.11-12)
- Impacts of the COVID-19 pandemic (CCA-forces, p. 5-6)

In 2021, more Lane County residents reporting have a routine check-up, but there have been increasing issues with access since COVID-19.

- Routine check-up rates (CSA, p. 7 & 70-71)
- Flu shots (CSA, p. 82)
- Preventive screenings (CSA, p. 8 & 73-76)
- Health system assessment findings (CCA-forces, p. 9-10)
- Youth unmet health care needs (CSA, p. 8 & 77, 79)
- Reduced access (CCA-assets, p. 21, CCA-forces, p. 10)
- Transportation (CCA-assets, p. 21, CCA-forces, p. 9-10, CCA-built, p. 2-5)
- Impacts of the COVID-19 pandemic (CCA-forces, p. 5-6)

Some communities experience more difficulties when accessing medical care.

- Lack of culturally and linguistically appropriate services (CPA, p. 10 & 17, CCA-forces, p. 9-10)
- Stigmatization of people who are houseless, have addictions, previously incarcerated (CCA-assets, p. 21, CCA-forces, p. 13-14)
- Lane County's history of exclusion (CCA-forces, p. 2-4)
- Youth unmet care needs (CSA, p. 8 & 77-78)
- Delaying care due to cost (CSA, p. 4, 76)
- Transportation issues (CCA-assets, p. 21, CCA-forces, p. 9-10, CCA-built, p. 2-5)
- Economic opportunity varies (CCA-forces, p. 11-12)
    - Poverty rates (CSA, p. 4 & 67-68)
    - Financial difficulty (CCA-assets, p. 6)
    - Economic opportunities (CCA-assets, p. 14)

Health indicators

- Life expectancy is declining (CSA, p. 2 & 20).
- Premature death (CSA, p. 2 & 22-23)
- Preterm birth rates increasing (CSA, p. 2 & 25).
- Rates of chronic disease remain stable, except asthma, which is increasing (CSA, p. 2 & 26-28).
- Self-reported rates of overall health and mental health
    - Adult physical health rates stable (CSA, p. 2 & 36), almost 2/3 of survey respondents reported physical health as good to excellent (CCA-assets, p. 3)
    - Most youth report good to excellent physical health, (CSA, p. 2 & 39)
    - Rates of poor mental health continue to increase for youth and adults
        - Adults (CSA, p. 2 & 37-38), (CCA-assets, p. 3)
        - Youth (CSA, p. 2 & 40)
        - Rates of suicidal ideation among youth (CSA, p. 3 & 53-54)
- Rates of substance use (CSA, p. 3 & 45-52)
- Rates of syphilis and congenital syphilis increasing (CSA, p. 2 & 29-32)
- COVID-19 (CCA-assets, p. 10-11, CCA-forces, p. 5-6)

Community context

- Capacity of the public health system
    - Address social determinants of health (CPA, p. 12)
    - Assessment and evaluation (CPA, p. 8)
    - Community engagement (CPA, p. 5)
- Commitment to equity (CPA, p. 14-15, CCA-forces, p. 15-16)
- Natural environment (CCA-assets, p. 20, CCA-forces, p. 15-16)
- People in Lane County want to work together to solve problems (CCA-assets, p. 20, CCA-forces, p. 15-16)
- Lane County's history of exclusion and oppression (CCA-forces p. 2-4)