

## Chapter 5. SOCIAL SUPPORT OVERVIEW

**S**ocial support benchmarks contribute to Oregon’s second strategic goal, “safe, caring and engaged communities” (see Figure 1, page 4). Oregon’s overall performance in the social support benchmarks has improved a half grade from a C in 1998 to a B- in this report.

### Improvements include:

- *Teen Pregnancies (C to A-)*. The decade low occurred in 1999 at 15.9 per 1,000 - down from 19.7 in 1990.
- *Teen Substance Abuse (D+ to A)*. About 14% reported use for drugs and the same percentage for cigarettes, both down from 22% in 1996. Alcohol use, at 26%, is also down from 30% in 1996.
- *Poverty (C to B)*. The percentage of Oregonians in poverty appears to have decreased somewhat since 1994.

Oregon also earned good or excellent grades for *health insurance, premature mortality, available child care, alcohol/tobacco use by mothers, and seniors living independently*.

### Two benchmarks worsened by more than a half grade:

- *HIV Cases with Early Diagnosis (C to D-)*. In 1990, this was 72%; in 1999 it was 73%. Since the jump in 1993 to 80%, Oregon’s progress has stalled.
- *Homelessness (D+ to F)*. Fluctuating in the 1990s, the number of homeless on any given night in Oregon worsened from the decade low of 5,196 in 1993 to 8,027 in 2000—a 55% increase.

Oregon’s social support challenges remain in the areas of *child abuse (F), prenatal care (D+), immunizations (D), perceived health status (F), and elder abuse (F)*.

	1998	2000	Page
<b>KEY SOCIAL SUPPORT BENCHMARKS</b>			
<b>Teen Pregnancy</b>	<b>C</b>	<b>A-</b>	<b>37</b>
<b>Teen Substance Abuse</b>	<b>D+</b>	<b>A</b>	<b>38</b>
<b>Child Abuse or Neglect</b>	<b>F</b>	<b>F</b>	<b>39</b>
<b>Poverty</b>	<b>C</b>	<b>B</b>	<b>40</b>
<b>Health Insurance</b>	<b>B+</b>	<b>B-</b>	<b>41</b>
<b>OTHER SOCIAL SUPPORT BENCHMARKS</b>			
Prenatal Care	C	D+	42
Infant Mortality	A	B+	42
Immunizations	C-	D	42
HIV Early Diagnosis	C	D-	43
Adult Non-Smokers	C	D	43
Premature Mortality	A	A	43
Perceived Health Status	F	F	44
Affordable Child Care	F	C	44
Available Child Care	A	A	44
Elder Abuse	F	F	45
Infants whose Mothers Used Alcohol and/or Tobacco	A	A	45
Homeless Oregonians	D+	F	45
Child Support Payments	A	B-	46
<i>Hunger</i>		<i>new</i>	46
Independent Seniors	A	A	46
Independent Disabled	N/A	N/A	47
Disabled Living in Poverty	N/A	N/A	47
<b>AVERAGE OTHER GRADE</b>	<b>C+</b>	<b>C</b>	
<b>Overall Grade for Social Support *</b>	<b>C</b>	<b>B-</b>	

\* The overall grade is a weighted average. Each key benchmark is given a weight of one. All other benchmarks are averaged, and that average is also given a weight of one.

## ***NEW OR MODIFIED BENCHMARKS FOR SOCIAL SUPPORT***

<b>New or Modified Benchmarks</b>	<b>Rationale</b>
39. Pregnancy rate per 1000 females: a. ages 10-14, b. ages 15-17.	The teen pregnancy benchmark is now stratified by age in order to make the benchmark comparable to the corresponding Healthy People 2010 national objectives.
43. Number of cases of HIV infection among adolescents and adults.	This benchmark now corresponds with the comparable Healthy People 2010 objectives.
44. Percentage of Oregonians, 18+, who smoke cigarettes.	This benchmark now corresponds with the comparable Healthy People 2010 objectives.
45. Premature death: Years of life lost before age 70.	This benchmark has been reworded in order to make it more understandable.
50. Number of children, per 1,000 persons under 18, who are: a. neglected/abused, b. at a substantial risk of being neglected or abused.	The child abuse benchmark is now stratified to show those children at risk of being neglected or abused. This is a rapidly growing category.
52. Percentage of pregnant women who abstain from using: a. alcohol, b. tobacco.	This benchmark now corresponds with the comparable Healthy People 2010 objectives.
53. Percentage of Oregonians with incomes below 100% of the federal poverty level: a. 0-17, b. 18-64, c. 65+.	This benchmark is now stratified by age in order to give a clearer picture of who is living in poverty.
55. Number of Oregonians that are homeless on any given night (per 10,000).	This has been changed to measure homelessness at a rate per 10,000 Oregonians. The new measure takes into account the effects of population growth (or decline) on homeless numbers.
57. Percentage of Oregonians that are: a. food insecure with hunger, b. food insecure.	This is a new benchmark.
59. Percentage of adults with lasting, significant disabilities who are capable of working who are employed.	This benchmark now tracks Oregon's progress in offering persons with disabilities the opportunity to work and/or maintain their eligibility for essential Medicaid health and long term care benefits.

Benchmark

## 39

**Key Benchmark**

### TEEN PREGNANCY

*Pregnancy rate per 1,000 females age 10-17.*

Grade

## A-

## Oregon's Teen Pregnancy Rate Shows Steady Improvement

### Contributes to Goal 2, Safe, Caring and Engaged Communities

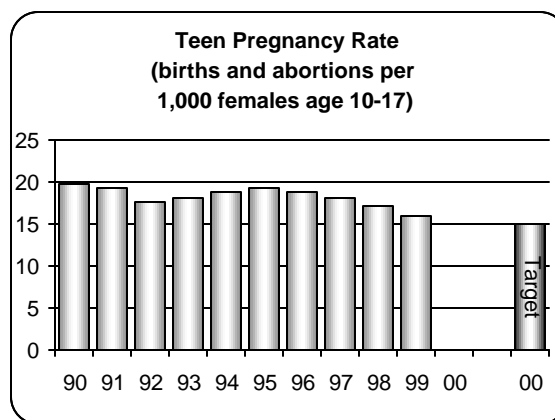
Americans who finish high school, reach the age of 20, and get married - all before they have a child - have a much improved chance of avoiding poverty. For those who fail to reach these three milestones before having their first child, the odds are 79% that their children will grow up in and perpetuate the cycle of poverty. This has obvious financial and social consequences for mother, child and society. Communities that offer counseling, skill-based abstinence education, and comprehensive health care are key to solving this problem (see below).

### 25% Reduction Targeted for 2000

The intent of this benchmark is to reduce the number of teens in Oregon who become pregnant. This indicator includes live births and induced abortions. The year 2000 target was to cut the 1990 teen pregnancy rate by almost 25%. *In the future, this benchmark will be stratified by age.*

### Teen Pregnancy Rate is Falling

Oregon's teen population has declined nearly 40% since 1990. The rate of pregnancies has also declined steadily since 1995 to a 1999 low of 15.9 per 1000 females age 10-17. This is a marked improvement from a rate of 19.7 in 1990 and 19.2 in 1995. Despite these decreases, over 3000 10-17 year olds (mostly 15-17) still got pregnant in Oregon in 1999.



Source: Oregon Health Division

### BIRTH RATES PER 1000 15-17 YEAR OLDS

	1991	1996	1998	1998 Rank*
OR	31.3	29.4	26.3	26th
WA	31.0	26.1	23.2	18th
US	38.7	33.8	30.4	1st=Best

Source: National Vital Statistics Reports

\*Source: The National Campaign to Prevent Teen Pregnancy

### How Oregon Compares

Oregon's teen birth (not pregnancy) rate has been higher than Washington's but lower than the U.S. as a whole. Between 1991 and 1998, Oregon's rate of decline for teen births was slower than either Washington or the nation. Also, in 1998 Oregon was ranked 26th in the nation for teen births (first is best). Washington was ranked 18th.

### What Needs to be Done

Studies show that young girls who are abused or are in poverty, abuse drugs, drop out of school, hang with gangs and/or get in trouble with the law are more likely to become pregnant. Skill-based abstinence education and social supports such as counseling and comprehensive health care are key to reducing this problem. Girls in stable homes with two-parent families are less likely to suffer the same fate, often citing religious or moral values as the prime reason for sexual abstinence.

The 1997 Oregon Teen Pregnancy Prevention Action Agenda has six core elements: 1) supporting positive community values and norms, 2) developing skills for life, 3) responsible sex education, 4) access to contraception, 5) legal protections; and, 6) STARS (Students Today Aren't Ready for Sex), Oregon's middle school student-based abstinence education program. STARS has led to a 73% gain in knowledge about the risks of teenage sexual activity and a 34% gain in skills to refuse sex, drugs and alcohol. State agencies have also worked to improve family planning and life planning skills of teen parents as a means of reducing second births to teen mothers. (Statewide, eight percent of teen births in Oregon are to 10-17 year olds who already have children.)

**Relevant State Agencies:** Health Division, [www.ohd.hr.state.or.us](http://www.ohd.hr.state.or.us); Adult & Family Services Division, [www.afs.hr.state.or.us](http://www.afs.hr.state.or.us); Children's Trust Fund of Oregon, [www.ctfo.org](http://www.ctfo.org); Commission on Children and Families, [www.ccf.state.or.us](http://www.ccf.state.or.us). (See the Oregon Progress Board website for other key players and stakeholders.)

**See Also:** [www.cdc.gov/nchs/about/major/nativity/teenpreg.htm](http://www.cdc.gov/nchs/about/major/nativity/teenpreg.htm), [www.teenpregnancy.org](http://www.teenpregnancy.org)

Benchmark

## 49

### Key Benchmark

### TEEN SUBSTANCE ABUSE

Percentage of eighth graders who reported use of alcohol, cigarettes or illicit drugs in the previous month.

Alcohol

## A

Drugs

## A

Cig's

## A

## Fewer Teens Report Substance Abuse

### Contributes to Goal 2, Safe, Caring and Engaged Communities

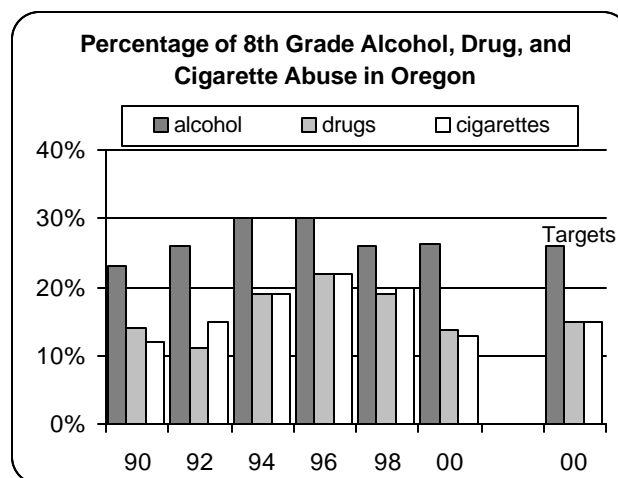
This benchmark is related to a cluster of factors that place children in harm's way. School performance, dropping out of school, violence and juvenile crime are all a part of this cluster. Alcohol-related car crashes continue to be the number one killer of teens. Other teen killers such as homicides, suicides and drowning are also associated with alcohol and drug use.

### Target Anticipated Rise Mid-Decade

Early in the decade, experts predicted that teen substance abuse would rise. Targets for this benchmark were set with that in mind, which explains why the 2000 targets are higher than the base year (1990).

### Substance Abuse Declining

Since 1990, self-reported alcohol use by eighth graders rose to 30% in 1994 and 1996, then dropped to the 2000 target level of 26% in 1998 and 2000 (26.4%). The percent reporting that they used drugs peaked at 22% in 1996, and has since fallen off to about 20% in 1998 and 14% in 2000. Cigarettes followed the same pattern as drugs. The decline for both drugs and cigarettes better their 2000 targets of 15%.



Source: State Offices for Services to Children & Families

### 8th GRADE ALCOHOL, DRUG AND CIGARETTE USE-U.S.

	1995	1998	1999	2000
Alcohol	24.6	23.0	24.0	22.4
Drugs	12.4	12.1	12.0	11.9
Cigarettes	19.1	19.1	17.5	14.6

Source: 2000 Monitoring the Future Study, University of Michigan

### How Oregon Compares

Compared to the U.S., a higher percentage of Oregon's eighth graders reported drug and alcohol use in 2000. However, eighth grade smoking has declined more rapidly in Oregon at 41% since 1996 versus a 24% decline nationwide (since 1995).

### What Needs to be Done

According to a nationwide 1998 study, one in 13 sixth graders smoked marijuana, but that number jumps to one in five in seventh grade. The average age of first use of marijuana was reported to be 13 years\*. The peer pressure and stresses of transitioning from elementary to middle school contribute to teen substance abuse. Communities that provide support, options and information to teens and their parents help them make better choices and avoid the pitfalls of alcohol, cigarettes and illicit drugs.

Parents can help resist substance abuse by providing the support and understanding that their teens need. The Office of National Drug Control Policy offers the following suggestions to middle school parents: build a positive atmosphere with teens; talk early and talk often; make sure teens know that parents are against drugs; let your kids know that drugs will not be tolerated in your family; keep close tabs on their activities; know their friends, especially the ones they have recently made; keep them involved in after school activities. The National Youth Anti-Drug Media Campaign has developed free and readily available resources to provide parents with the tools they need to help keep their kids be drug-free.

**Relevant State Agencies:** Office of Alcohol & Drug Abuse Programs, [www.oadap.hr.state.or.us](http://www.oadap.hr.state.or.us); Oregon Health Division, [www.ohd.hr.state.or.us](http://www.ohd.hr.state.or.us); Oregon Liquor Control Commission, [www.olcc.state.or.us](http://www.olcc.state.or.us). (See the Oregon Progress Board website for other key players and stakeholders.)

**See Also:** [www.health.org](http://www.health.org), [www.nida.nih.gov](http://www.nida.nih.gov), [www.samhsa.gov](http://www.samhsa.gov), [www.mediacampaign.org](http://www.mediacampaign.org), [www.theantidrug.com](http://www.theantidrug.com).

\*Source: [www.mediacampaign.org/newsroom/press00/091100.html](http://www.mediacampaign.org/newsroom/press00/091100.html)

Benchmark  
**50**

**Key Benchmark**  
**CHILD ABUSE AND NEGLECT**  
*The number of children abused or neglected per 1,000.*

Grade  
**F**

## Oregon Finds More Kids Who are At Risk

### Contributes to Goal 2, Safe, Caring and Engaged Communities

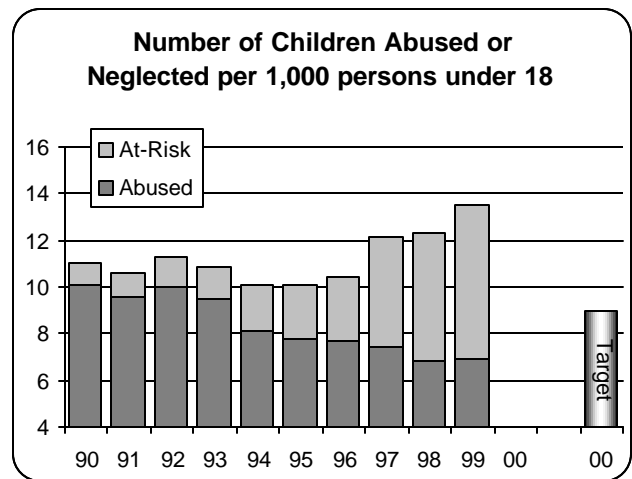
Child abuse is behavior that results in death, serious physical or emotional harm, sexual abuse or exploitation; or which presents imminent risk of serious harm. It can take the form of physical, emotional and/or sexual abuse. It can also be any one of several types of neglect – including physical, emotional and educational. Parents and caregivers are more likely to be abusive who were themselves abused as children, engage in substance abuse (especially alcohol and methamphetamine), are unemployed and/or have been in trouble with the law.

#### 2000 Target was 9 per 1000

The 2000 goal was to reduce the rate of children abused by 18% between 1990 and 2000. *This benchmark will be stratified to separate out substantiated cases from children who are at risk..*

#### “In Threat of Harm” Counts Increase

Although child abuse nationwide has lessened,\* the numbers appear to be worsening in Oregon. In 1999, 14 children per thousand or over 11,000 cases of child abuse were reported. This represents a case count increase of 38.3% from 1990. Part of this increase may be due to a category which Oregon includes in its child abuse numbers: “in threat of harm.” Between 1997 and 1998, incidents of abuse and neglect declined from 5,967 to 5,728, while threat of harm increased from 3,785 to 5,493. One explanation is a 1997 statute that upgraded criminal penalties in domestic violence cases where children are present. This increased awareness and reporting.



Source: State Office for Services to Children & Families

#### ESTIMATED RATES OF VICTIMIZATION (per 1000 under 18)

	1996	1997	1998
OR	10.0	12.0	12.3
WA		14.9	8.8
U.S.	14.7	13.9	12.9

Source: U.S. Department of Health and Human Services

#### How Oregon Compares

Unlike Oregon, child abuse rates appear to be falling in Washington and the nation. Due to widely varying methods across states in tracking child abuse, these numbers may not be strictly comparable.

#### What Needs to be Done

Both primary (promotion of healthy family functioning) and secondary prevention (intervention with high risk families and preventing reoccurrence) are key. The connectedness of families and modeling good parental behavior can help solve this problem. One example of this is the Oregon Healthy Start Program, established by the Legislature in 1993. This program sends social workers into the homes of first-time parents – often those with high risk characteristics such as substance abuse and unemployment. Parents are then linked with parenting classes, support groups and other services. “The Oregon Children’s Plan”, a major piece of the Governor’s proposed 2001-2003 budget, provides additional funds to help at risk children, including substance abuse treatment for parents. Recent data show, for example, that over 36% of abused children in longer-term foster care in Oregon were taken from homes where the parent or guardian was using methamphetamine.

**Relevant State Agencies:** Commission on Children & Families, [www.ccf.state.or.us](http://www.ccf.state.or.us); State Office for Service to Children & Families, [www.scf.hr.state.or.us](http://www.scf.hr.state.or.us); Children’s Trust Fund of Oregon, [www.ctfo.org](http://www.ctfo.org). (See the Oregon Progress Board website for other key players and stakeholders.)

**See also:** [www.cfchildren.org](http://www.cfchildren.org), [www.safechild.org/abuse.htm](http://www.safechild.org/abuse.htm), [www.nccic.org](http://www.nccic.org), [www.calib.com/nccanch](http://www.calib.com/nccanch), [www.sonoma.edu/cihs/html/catta/articles.htm](http://www.sonoma.edu/cihs/html/catta/articles.htm)

\* Source: Health and Human Services News Release, “HHS Reports New Child Abuse And Neglect Statistics,” [www.hhs.gov/news/press/2000pres/20000410.html](http://www.hhs.gov/news/press/2000pres/20000410.html), April 10, 2000.

Benchmark  
**53**

**Key Benchmark**

**POVERTY**

*Percent of Oregonians with incomes below 100% of the federal poverty level.*

Grade  
**B**

## Poverty Appears to be Lessening

### Contributes to Goal 2, Safe, Caring and Engaged Communities

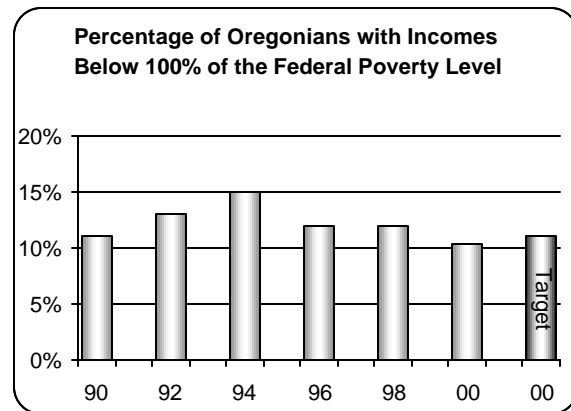
Poverty can trap families in a cycle of misery and struggle, and often exists in tandem with associated problems such as drug abuse, crime, child abuse, poor education and lack of health care. It also represents a significant cost to society as communities attempt to create ways to resolve these problems and lift people out of dependency and into sustained financial self-sufficiency.

### Target for 2000—Back to 1990 Level

Throughout the 1990s, the Progress Board kept the 2000 target for this benchmark at 11%. The poverty threshold for a family of three in 2000 was \$14,150. *In the future, this benchmark will be stratified by age to provide a more accurate picture of who is living in poverty.*

### Percent in Poverty is Near the 2000 Target

Because poverty is difficult to estimate, the most that can be said about poverty in Oregon is that it is roughly the same as it was in 1990. (The B grade signifies the uncertainty about the actual poverty level.) The Oregon Population Survey which is used by the Progress Board to estimate poverty and the U.S. Census do not agree on which way poverty is trending in Oregon. Both estimates are far from perfect. Much more will be known about the poverty situation in Oregon when the 2000 U.S. Census figures are released later this year.



Source: Oregon Population Survey

### How Oregon Compares

#### STATE POVERTY RATES-3 YEAR AVERAGES

	1995-1997	1996-1998	1997-1999
OR	11.5	12.8	13.1
WA	11.2	10.0	9.2
U.S.	13.6	13.2	12.6

Source: U.S. Census Bureau

Despite Oregon's high minimum wage and booming economy, state experts believe that Oregon's poverty rate is approximately the same as the U.S. average and has remained steady over the last five years. (Oregon's apparent rise in the three year average shown at left is due to an estimate of 15% for 1998, which is probably high.) Washington's rate appears to have gone down significantly.

### What Needs to be Done

In 1999, Oregon's tax burden on a family of four at the poverty line ranked ninth nationwide.\* Experts suggest additional state tax relief could be provided to poor families, the majority of which have full time workers, through higher taxed income thresholds and refundable earned income tax credits. Targeted education is also critical. One study found that nearly two thirds of welfare recipients have enough skills to be able to raise their potential annual income by \$10,000 annually with just one semester of full time training.\*\* This means that self-sufficiency is within the reach of many poor families if the state, communities and educational institutions work together. A subsequent report\*\*\* uses Portland and Mt. Hood Community Colleges as examples of how this can happen. They place nearly 6,000 welfare recipients into jobs each year through an innovative combination of job search and short-term training.

**Relevant State Agencies:** Adult & Family Services Division, [www.afs.hr.state.or.us](http://www.afs.hr.state.or.us). (See the Oregon Progress Board website for other key players and stakeholders.)

**See Also:** <http://eesc.orst.edu/agcomwebfile/edmat/html/em/em8743/default.html>, [www.cbpp.org](http://www.cbpp.org), [www.census.gov/hhes/poverty](http://www.census.gov/hhes/poverty), [www.access.gpo.gov/eop](http://www.access.gpo.gov/eop), <http://aspe.os.dhhs.gov/poverty/poverty.htm>

\* Center on Budget and Policy Priorities, [www.cbpp.org/3-15-00sfp-or.htm](http://www.cbpp.org/3-15-00sfp-or.htm).

\*\* Carnevale and Desrochres. *Getting Down to Business: Matching Recipients' Skills to Jobs That Train*, 1999.

\*\*\* Carnevale and Reich. *How States Can Use Education to Make Work Pay for Welfare Recipients*, 2000.

Benchmark  
**54**

**Key Benchmark**  
**HEALTH INSURANCE**  
*Percentage of Oregonians without health insurance.*

Grade  
**B-**

## More Oregonians are Insured

### Contributes Goal 2, Safe, Caring and Engaged Communities

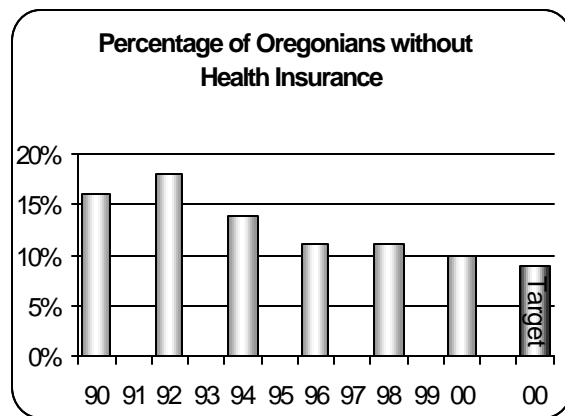
Health insurance is critical because the cost of health care is so high that few can afford it without the benefits of shared risk. Those with full time jobs are more likely to have health insurance through employer-offered benefits packages. Those without jobs or in jobs which do not offer such benefits (many part-time, temporary, low wage, and contracted positions) must purchase their own health insurance, qualify for public assistance, or go without. Purchasing health insurance out-of-pocket is prohibitively expensive. For many who must go without, taxpayers frequently pay for costly critical care. This can be prevented with access to less expensive, primary health care.

### Aiming to Cut Ininsured by 43%

This target aims to reduce the percentage of Oregonians who do not have health insurance from 16% in the base year (1990) to 9% in 2000.

### Oregon Health Plan Has Positive Effect

Data from the Oregon Population Survey shows that Oregon's uninsured population comprised 18% of the population in 1992. In 1994 Oregon, launched its unique Oregon Health Plan (OHP), which brought an additional 300,000 poverty-level families—who otherwise would have gone without—into Medicaid. Since that time, the percent uninsured has markedly decreased to a 2000 low of 10%, just one percentage point shy of the target.



Source: Oregon Population Survey

### PERCENT WITHOUT HEALTH INSURANCE

	1997	1998	1999
OR	13.3	14.3	14.6
WA	11.4	12.3	15.8
U.S.	16.1	16.3	15.5

Source: US Census Bureau, Current Population Survey

### How

#### Oregon Compares

The percentage of Oregonians without health insurance has been lower than the U.S. since 1997. Oregon had a lower percentage without health insurance than Washington in 1999. (These numbers are different than the benchmark data series in the chart above because they are from a totally different, national survey.)

### What Needs to be Done

The pressure of health care costs, especially those related to prescription drugs, are currently forcing many managed care providers to cease providing services to OHP. The percentage of OHP enrollees covered by managed care has already dropped from 85% in 1998 to 65% in October 2000.\* Ex-OHP enrollees must now search among limited numbers of doctors willing to accept Medicaid's low rate of pay. Meeting the needs of poor people will require the collaboration of private doctors, hospitals and commercial insurers. A portion of middle income Oregonians are also without health insurance—those who are in hourly, contract, part-time or full-time positions that do not provide health benefits. Efforts to insure these individuals are also critical to this benchmark. In his 2001-2003 proposed budget, Governor Kitzhaber proposes a substantial increase in reimbursement rates, a concerted effort to reduce the cost of administrative requirements, and an examination of how the state can assume more risk—particularly in the area of prescription drugs. Legislation will be introduced to challenge restrictive federal policies that prevent Oregon from creatively using federal funds to expand health care coverage and access.\*\*

**Relevant State Agencies:** Adult and Family Services Division, [www.afs.hr.state.or.us](http://www.afs.hr.state.or.us); Department of Business and Consumer Services, [www.cbs.state.or.us](http://www.cbs.state.or.us); Health Division, [www.ohd.hr.state.or.us](http://www.ohd.hr.state.or.us); Insurance Pool Governing Board, [www.ipgb.state.or.us](http://www.ipgb.state.or.us); Medical Assistance Program, [www.omap.hr.state.or.us](http://www.omap.hr.state.or.us); Office of Oregon Health Plan Policy and Research, [www.ohppr.state.or.us](http://www.ohppr.state.or.us). (See the Oregon Progress Board website for other key players and stakeholders.)

**See Also:** [www.hcfa.gov](http://www.hcfa.gov), [www.medecon.de/hec.htm](http://www.medecon.de/hec.htm)

\* "Subsidized health care at risk." *The Oregonian*, November 30, 2000.

\*\* State of Oregon. *2001-03 Budget in Brief - Successful Children, Sustainable Communities.*

40

### Prenatal Care

Percentage of babies whose mothers received early prenatal care (beginning in the first trimester).

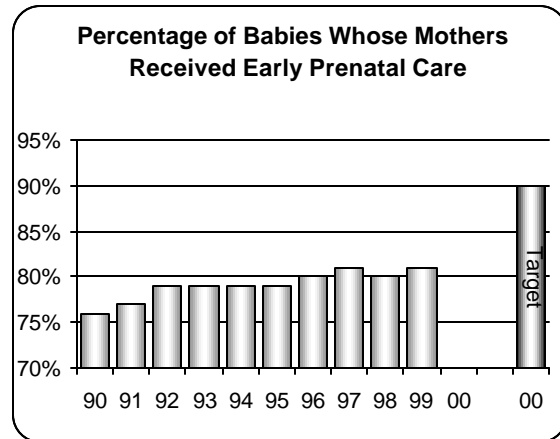
For Benchmark 39, see page 37.

Grade  
**D+**

#### First Trimester Prenatal Care is Slowly Rising

Timely, high quality prenatal care can help prevent low birth weight babies, a long-accepted predictor of newborn health. Prenatal care identifies high risk mothers such as those using alcohol, tobacco and other drugs, who are domestic violence victims, and/or who have diabetes or heart conditions. Studies have shown that for every \$1 spent in first trimester care up to \$3 can be saved in preventable infant and child health problems. About one quarter of all births in the U.S. are financed by Medicaid. Childbirth expenses are the largest single component of employer private plan health costs.

Despite modest improvements in this benchmark, about one in five mothers in Oregon do not receive first trimester care. According to the March of Dimes, 39 states do a better job than Oregon of getting women into the early prenatal care system.



Source: Oregon Health Division

41

### Infant Mortality

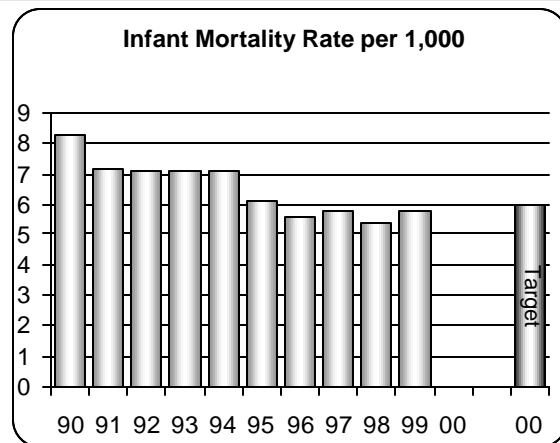
Infant mortality rate per 1,000.

Grade  
**B+**

#### Infant Mortality Shows Improvement Long Term

In 1999, 31 other states had a higher infant mortality rate than Oregon; 48 states had rates higher than Washington. The U.S. rate for 1999 was seven per 1000, compared to Oregon's 5.8 (see chart). Infant mortality rates for both Oregon and the U.S. have dropped significantly since 1990. Experts link this to a reduced rate of Sudden Infant Death Syndrome, which in turn has been linked to more mothers breast feeding.

National statistics from 1998 show that babies born to African American mothers had the highest infant mortality. Their babies tended to die from complications related to low birth weight. Congenital anomalies were the leading cause of death for babies in other ethnic categories. Early and continuing prenatal care is key to preventing low birth weight babies and other complications of pregnancy. (See Benchmark 40.)



Source: Oregon Health Division

42

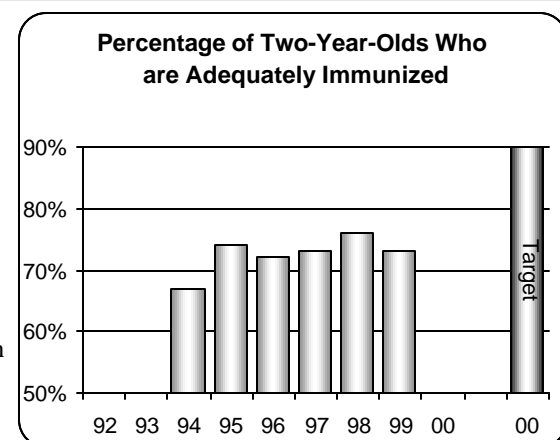
### Immunizations

Percentage of two-year-olds who are adequately immunized.

Grade  
**D**

#### Oregon 49th in the Nation for Immunizations

Oregon's goal is to eradicate, eliminate or control vaccine-preventable diseases and death. Oregon's 90% goal for two-year-olds attempts to lay the basis for this achievement. There has been no sustained progress after the improvement from 67% in 1994 to 74% in 1995. The 1999 figure is 73% and is well below the target and the national average of 79.9%. Oregon ranked 49th in the nation that year for immunizations. Current efforts include: 1) targeting postcards for children needing immunizations; 2) assessing preschool immunization rates by clinic and then providing incentives for improvement and partnering; and 3) automating the linkage with the Women Infants and Children (WIC) program to allow immunization recall messages to be generated at each visit. Oregon has built a statewide immunization registry that will greatly assist in these efforts.



Source: Oregon Health Division

43

### HIV Early Diagnosis

Annual percentage of new HIV cases with an early diagnosis (before symptoms occur).

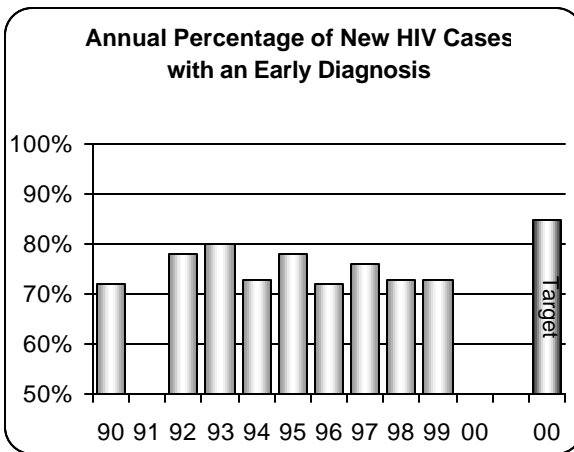
Grade

**D-**

#### Only Slight Improvement, but Number of Cases Down

New antiretroviral drugs improve the chance of AIDS-free survival among people infected with HIV, particularly if started before symptoms occur. This benchmark measures the effectiveness of HIV testing and outreach programs. In 1990, the percentage of Oregon's HIV cases with an early diagnosis was 72%; in 1999 it was 73%. Since the jump in 1993 to 80%, early diagnosis percentages dropped and then leveled off. Please note that these numbers are based on a voluntary reporting system and may be incomplete. On July 1, 2001, mandatory HIV reporting will begin in Oregon.

To match the national goal, this benchmark will be modified to measure the actual number of cases of HIV infection in teens and adults over 13. Since 1990, this number decreased in Oregon from 657 in 1990 to 301 in 1998.



Source: Oregon Health Division

44

### Adult Non-Smokers

Percentage of adults who do not currently smoke tobacco.

Grade

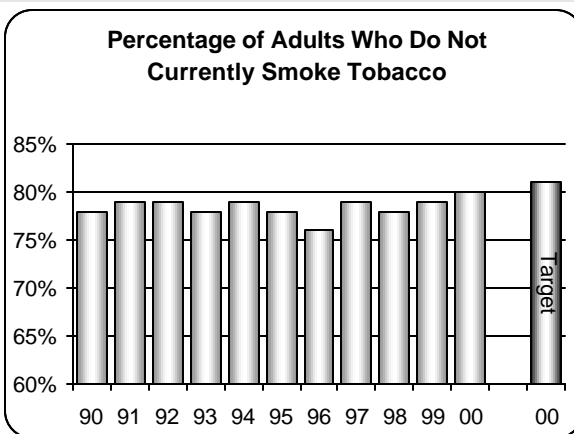
**D**

#### Oregon Progressing Slowly, but Faster than U.S.

Tobacco use is the leading cause of preventable illness and death in this country. Oregon has made progress. The percentage of non-smoking adult Oregonians reached 80% in 2000, outpacing the nation. A decline in cigarette consumption has been attributed to Oregon's Prevention and Education Program, funded by a 1996 increase in cigarette taxes.

A recent report from the Centers for Disease Control and Prevention states that if the increases in youth tobacco use can be reversed, we can make progress toward tobacco-free generations in the future. It is encouraging that eighth grade smoking dropped 41% from 1996 to 2000 (see Benchmark 49).

In the future, this benchmark will be reworded to correspond to the comparable Healthy People 2010 objectives.



Source: Oregon Health Division

45

### Premature Mortality

Years of potential life lost before age 70 (rate per 1000).

Grade

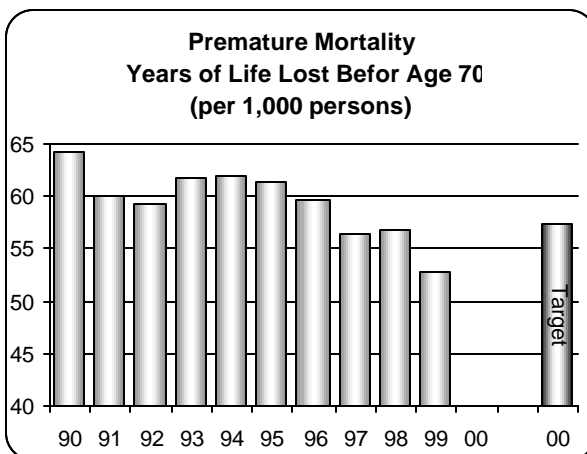
**A**

#### Oregon Exceeds Target

This complex indicator measures the years lost to early death. Since most early-age deaths are avoidable, this reflects how well Oregon prevents such things as car accidents, homicides and teen suicides. Oregon has made progress during this decade.

According to a county-specific study, only three of Oregon's counties suffer higher rates than the state and nation. All three are primarily rural. Most of Oregon's remaining counties had years of potential life lost (YPLL) rates significantly below the national average.\*

In the future, this benchmark will be reworded to make it more understandable.



Source: Oregon Health Division

\*East Carolina University, [www.chsrd.med.ecu.edu/Yrs-potential-lifelost/usmap.htm](http://www.chsrd.med.ecu.edu/Yrs-potential-lifelost/usmap.htm)

46

### Perceived Health Status

Percentage of adults whose self-perceived health status is very good or excellent.

Grade

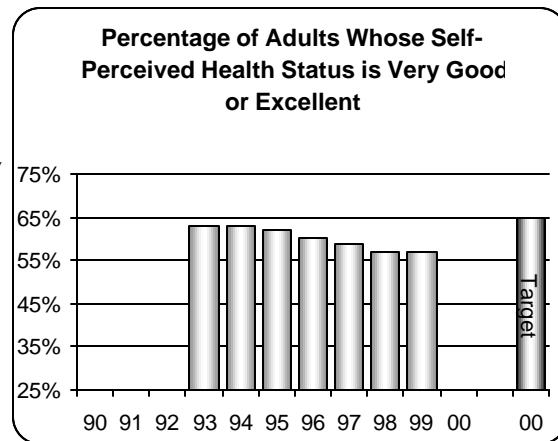
F

#### Lower Percentage of Oregonians Feeling Healthy

Trying to measure the overall health of a population has confounded researchers for decades. However, studies have shown that people's perceptions of their own health often correlate with their actual health status. This benchmark is based on the largest, continuously conducted telephone health survey in the world. It is conducted by the Centers for Disease Control and Prevention and state health departments.

The percentage of Oregonians who feel that their health is very good or excellent has steadily declined from 63% in 1993 to 57% in 1999, missing the 2000 target entirely. This may be due to the aging of Oregon's population. Census Bureau figures clearly demonstrate a relationship between age and the percentage of the population reporting fair or poor health.\*

\*www.cdc.gov/nchs/products/pubs/pubd/hus/00tables.htm#, Table 58.



Source: Oregon Health Division

47

### Affordable Child Care

Percentage of families for whom child care is affordable.

Grade

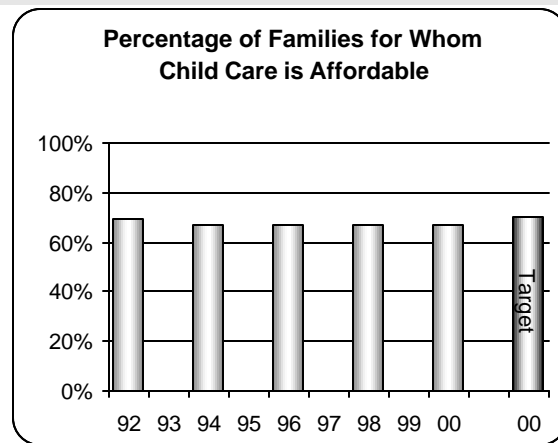
C

#### Two-Thirds of Oregon Families can Afford Child Care

The percentage of Oregon families who can afford child care has remained virtually unchanged; the drop in 1994 is statistically insignificant. Because of this, it is statistically unclear whether or not the target has been met. A grade of C has been assigned to reflect an average of the worst possible and best possible grade.

Despite Oregon's progress in child care availability (see Benchmark 48), affordability for many lower income Oregonians is still an issue. According to former HHS Secretary Donna Shalala, a lack of federal funds has left roughly 78% of eligible children without child care services, nationwide. Roughly 15 million children are eligible, yet only 1.8 million receive services\*.

\* Press release, www.acf.dhhs.gov/news/ccstudy.htm, December 6, 2000.



Source: Oregon Population Survey

48

### Available Child Care

Number of child care slots available for every 100 children under age 13.

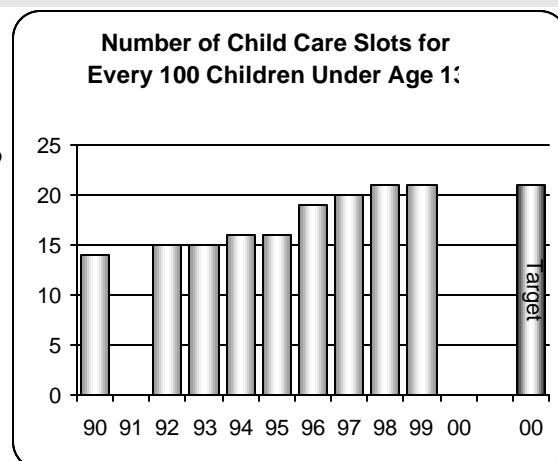
Grade

A

#### Child Care Availability Increases since 1993

Child care availability directly impacts the physical and emotional life of the child, and of parents' productivity on the job. Research has shown, for example, that mothers relying on parental or child self-care were over twice as likely to leave a job than mothers using center-based care.

The target for this benchmark is based on a widely accepted standard of 25 child care slots per 1000 children under 13 years of age. Oregon saw a sharp increase, met its 2000 target of 21, and will aim for the national standard of 25 for 2005 and 2010. State officials note that this benchmark does not reflect the differences in availability of child care across the entire state, especially in rural and coastal communities. Nor does it address the safety and quality of care.



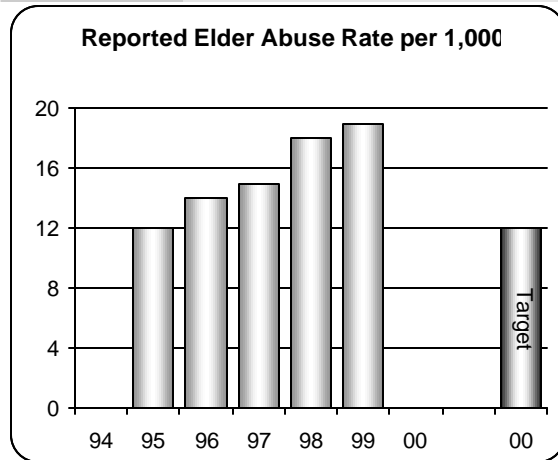
Source: Oregon Employment Department

<b>51</b>	<b>Elder Abuse</b> <i>Reported elder abuse rate per 1,000.G</i>	For Benchmarks 49-50, see pages 38-39.	Grade <b>F</b>
-----------	--	--	-------------------

**Reports of Elder Abuse Increasing**

This benchmark has two aspects: 1) reporting elder abuse, which is good and 2) actual abuse of elders, which is bad. Because of the nature of the data, this benchmark necessarily combines both. The growing rate of reported elder abuse shown in this chart can be interpreted in two ways. The increase in elder abuse reporting is good. And, the increase in elder abuse is bad.

The grade for this benchmark is based on the second interpretation—that the actual rate of elder abuse has increased. This may be due, in part, because of a legislative mandate in Oregon to include financial abuse in its elder abuse figure. Yet the data may also reflect state efforts to educate bankers, police officers and families about the importance of recognizing and reporting elder abuse cases.



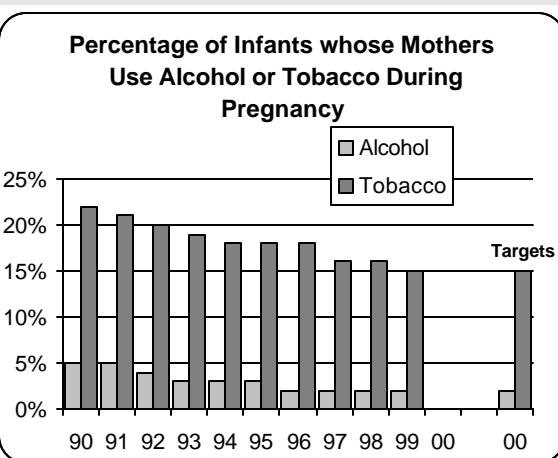
Source: Senior and Disabled Services Division

<b>52</b>	<b>Alcohol &amp; Tobacco Use During Pregnancy</b> <i>Percentage of infants whose mothers used during pregnancy: a) alcohol, b) tobacco.</i>		Grade <b>A</b>
-----------	--	--	-------------------

**Self-Reported Use is Declining**

Tobacco use during pregnancy depresses the mother’s appetite (at a time when she should be gaining weight) and her ability to intake oxygen, causing premature labor and low birth weight babies. Heavy drinking early in the pregnancy can cause Fetal Alcohol Syndrome, which is characterized by small skulls, abnormal facial features, heart defects and mental retardation. There is no safe threshold for either substance. In Oregon, mothers self-report their use of alcohol and/or tobacco at the time of birth. Experts maintain that the self-reported nature of this data is likely to lead to under-reporting, although the tobacco numbers are purportedly more reliable than alcohol. Data show a steady decline in reported use of both alcohol and tobacco since 1990.

*In the future, this benchmark will be reworded to correspond with the Healthy People 2010 objectives.*



Source: Oregon Health Division

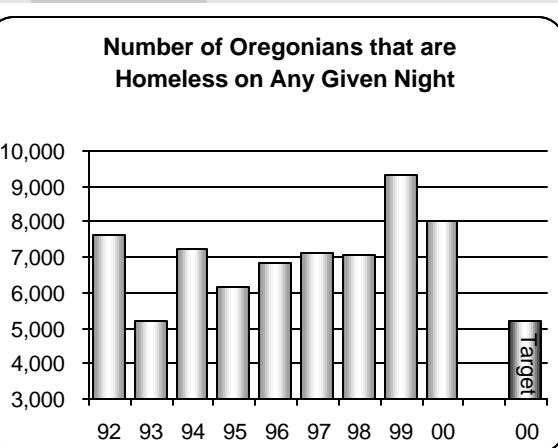
<b>55</b>	<b>Homeless Oregonians</b> <i>Number of Oregonians who are homeless on any given night.</i>	For Benchmarks 53-54, see pages 40-41.	Grade <b>F</b>
-----------	--	--	-------------------

**Number of Homeless Jumped 32% in 1999**

This is the number of Oregonians without “fixed shelter” on any given night. (This benchmark measures about one tenth of the total number of people who are homeless annually.) Homeless numbers have fluctuated throughout the 90s, but show a long term trend for the worse in Oregon. The decade low was 5,196 in 1993 and the high was 9,327 in 1999. That dropped to 8,027 in 2000, still well above target. A national study found that in 25 participating cities, including Portland, requests for emergency shelters increased an average of 15% from 1999 to 2000.\*

*In the future, this benchmark will measure homelessness as a rate per 10,000 Oregonians, which will take into account the effects of population growth or decline.*

\* Source: [http://www.usmayors.org/uscm/news/press\\_releases/documents/hunger\\_release.htm](http://www.usmayors.org/uscm/news/press_releases/documents/hunger_release.htm)



Source: Oregon Housing and Community Services Department

## 56

### Child Support Payments

Percentage of current court ordered child support paid to families.

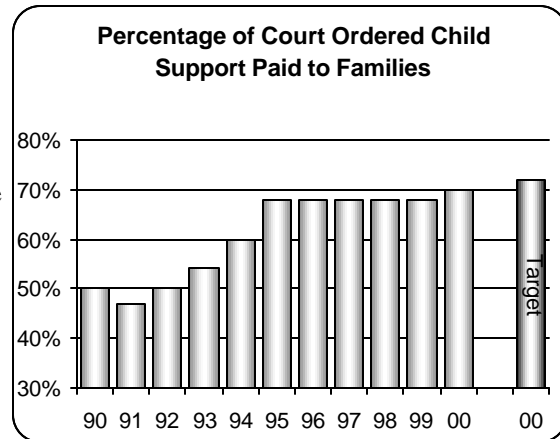
Grade

## B-

#### Rate of Child Support Slowly Improving

This benchmark measures the percentage of court-ordered child support actually paid to families who request it. In 1990, that number was 50%. Between the 1990 and 1995, the percentage of court ordered child support paid increased from 50% to nearly 70%, a level that held for the rest of the decade. The increase in the early 1990s is likely due to significant state program staff increases between 1991 and 1995. Since then, both staffing and the percentage of court ordered child support actually paid has remained level.

National data show that Oregon ranks 18th, or better than 32 other states, in the percentage of cases with court orders for child support that actually paid.



Source: Oregon Department of Justice

## 57 (New)

### Hunger

Percentage of Oregonians that are: a. food insecure with hunger, b. food insecure.

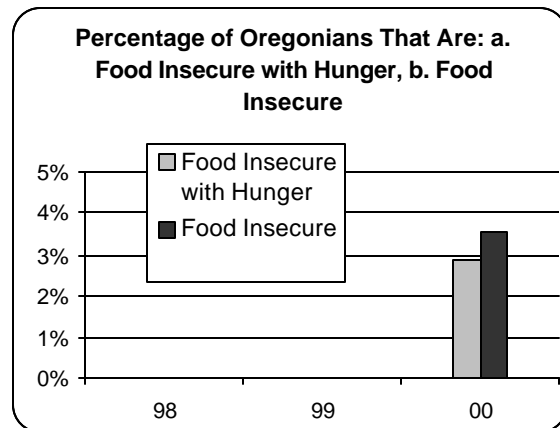
Grade

## N/A

#### Nearly 100,000 Food Insecure with Hunger

Results from the Oregon Population Survey (see chart) indicate that as of 2000, an estimated 3.6% or 121,000 Oregonians are food insecure; 2.9% or 98,000 are food insecure with hunger. Even though Oregon Population Survey questions were patterned after the U.S. Census Food Security Supplement, the U.S. Census study gives much higher estimates for hunger in Oregon. It ranked Oregon sixth worst in the nation for food insecurity and worst for hunger. Efforts are currently underway to investigate why these estimates differ.

Hunger is addressed in Oregon primarily through the work of the Oregon Food Bank Network. Over 500,000 people received emergency food boxes from the network last year, an increase of 30% since 1996.\*



Source: Oregon Population Survey

\* Source: [www.oregonfoodbank.org/here/body.html](http://www.oregonfoodbank.org/here/body.html)

## 58

### Seniors Living Independently

Percentage of seniors (over 65) living independently.

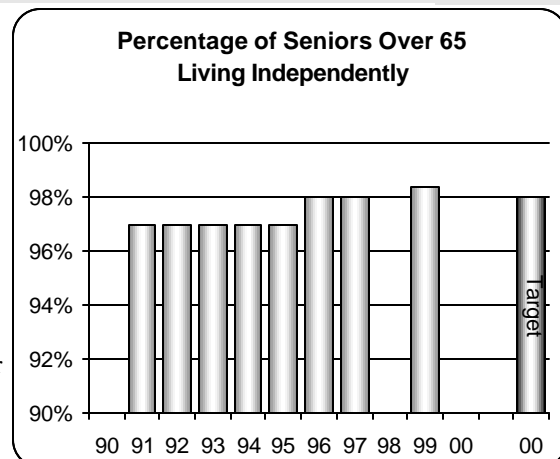
Grade

## A

#### Independent Living Among Seniors Increasing

This benchmark counts all seniors who are not living in nursing facilities on any given day. Seniors living independently include those living in assisted living facilities and foster homes. Although the oldest baby boomers have a decade to go before reaching 65, the number of seniors reaching 65 annually is steadily increasing. As this segment of younger seniors grows disproportionately, the percentage of seniors living independently will increase, as shown in this chart.

Seniors are also living longer. As they age, they sometimes need help to remain independent. Help comes from family and friends, with support from community resources such as senior centers, hot meal programs, and transportation. These are publicly funded programs that help to keep seniors well-nourished, engaged and healthy in their homes.



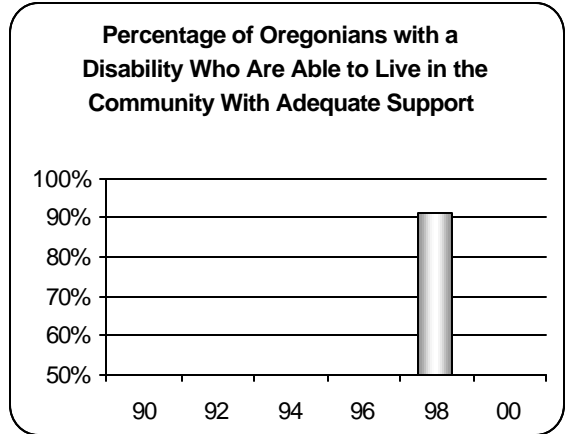
Source: Senior and Disabled Services Division

**59** **Disabled Living Independently** Grade  
**N/A**  
*Percent of Oregonians with a lasting developmental, mental and/or physical disability who could live on their own with adequate support.*

**91% of Disabled Could Live Independently with Support**

The single data point available for this benchmark indicates that in 1998, 91% of Oregonians with a lasting disability (lasting meaning at least a year) could live on their own given adequate support.

Because of numerous difficulties with this benchmark, the Oregon Progress Board, based on expert input, will revise the wording to: “*Percentage of adults with lasting, significant disabilities who are capable of working who are employed.*” (See Appendix A.)



Source: Oregon Population Survey

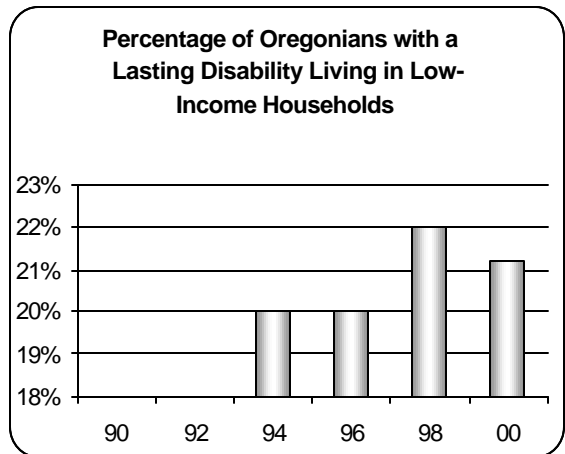
**60** **Disabled Living in Poverty** Grade  
**N/A**  
*Percentage of Oregonians with a lasting developmental, mental and/or physical disability living in households with incomes below the federal poverty level.*

**About 21% of Oregon’s Disabled Live in Poverty**

This benchmark addresses the fact the poverty is disproportionately high for the disabled.

Disabilities can prevent an individual from performing what are known as “activities of daily living” or ADLs. These include basic life maintenance activities such as bathing, eating, shopping, and housework. An individual with even a few of these disabilities is at risk of unemployment, discrimination, and poverty.

Future targets for this benchmark will aim to reduce to 19% the percentage of disabled Oregonians living in low income households.



Source: Oregon Population Survey

