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### Benchmark #6 **Poverty Rates**

Poverty rates are from the American Community Survey (ACS), a means for the U.S. Census Bureau to provide intercensal data for American communities. In 1996, Multnomah County was one of the first test sites for the ACS. All rates reflect the previous year's income status (for example, the 2002 rates are based on 2001 income.) The US Department of Health and Human Services' (HHS) Poverty Guidelines for the mainland United States are used to determine financial eligibility for certain federal programs. The 2003 HHS Poverty Guidelines can be found online: <http://aspe.hhs.gov/poverty/03poverty.htm>

### Benchmark #26 **Teen Pregnancy**

Data on teen pregnancies are from the Center for Health Statistics, Oregon Department of Human Services. Objective 9-7 of [Healthy People 2010](#), the nation's "blueprint" for health, sets a target of 43 pregnancies per 1,000 adolescent females, ages 15-17.

### Benchmark #27 **Healthy Birthweight Babies**

State and county rates are available on the Internet at [Oregon Center for Health Statistics](#).

### Benchmark #29 **Immunizations**

"Fully immunized" is the term for children 19 to 35 months old who have had the following inoculations: 4 DPT (diphtheria, pertussis, tetanus), 3 OPV (oral polio virus), and 1 MMR (measles, mumps, rubella). The CDC's National Immunization Survey (NIS) provides annual immunization rates for the US and the states since 1994.

### Benchmark #31 **Homelessness**

The One Night Shelter Count is a count of persons seeking shelter from public and private facilities in Multnomah County. The count is coordinated by Multnomah County's Office of School and Community Partnerships. Data is provided for two counts each year—one each in March and November. For simplification, the results from these counts have been averaged into one nightly count.

Homelessness is impossible to measure with 100% accuracy because of undercounting and double-counting. Undercounts occur because not all homeless people can be found and counted. Double or multiple counting occurs because those who make multiple attempts to find shelter on the same night are counted with each shelter contact made.

National estimates of homelessness are from the National Law Center on Homelessness and Poverty, 1996, as quoted in *How many people experience homelessness?*, page 2, by the [National Coalition for the Homeless](#).

Average percent of people turned away from shelters are from "A Status Report on Hunger and Homelessness in America's Cities: 1995" U.S. Conference of Mayors, p. 1, as quoted in *Poverty in Multnomah County: A Descriptive Report*, Multnomah County Department of Community and Family Services, Office for Community Action and Development, July 8, 1996, p. 24.

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**Benchmark #34 Student Illicit Drug, Alcohol and Tobacco Use**

Oregon Healthy Teens (OHT) is Oregon's effort to monitor the health and well-being of adolescents. Beginning in 2001, the Oregon Department of Human Services, the Department of Education, and other state agencies collaborated with the Oregon Research Institute to produce a single student survey as part of a 3-year National Cancer Institute grant. The OHT combines the topic areas of the previous two surveys conducted by DHS—the *Youth Risk Behavior Survey* (conducted by the former Health Division) and the *Student Use Survey* (conducted by the former Office of Alcohol and Drug Abuse Prevention). Results from the OHT are not comparable to data from previous surveys.

**Benchmark #44 Access to Healthcare**

State and County rates are calculated using the "All Oregonian files" from the Oregon Population Survey. National rates and estimates from the U.S. Census Bureau are based on the Current Population Survey and are available at the Census Bureau's [Health Insurance Statistics](#) web page.

**Benchmark #46 Early Diagnosis of HIV**

State and county data are from special analyses by the Oregon Department of Human Services, Health Division. On July 1, 2001, mandatory HIV case reporting was implemented in Oregon (data up to that point were based on voluntary reporting). National data come from CDC's HIV/AIDS [Surveillance Reports](#).

**Benchmark #86A Domestic Violence-Child Abuse**

Data is provided by the Oregon Department of Human Services and is based on its unduplicated victim count (which is associated with founded reports) to calculate this rate. The victim rate was disaggregated to show the rise of 'threat of harm'. In 2001, practice guidelines were clarified to assure that only conditions, activities and circumstances which were determined to represent a substantial risk of harm resulted in a finding of threat of harm. An example of 'threat of harm' would include children living with a convicted sex offender (perhaps the mother's boyfriend). Population figures are from the [Population Research Center](#) at Portland State University. National rates are available through the National Committee for the Prevention of Child Abuse, which does annual surveys of child protective agencies in the states.

**Benchmark #86B Domestic Violence-Partner Abuse**

In 1994, the Oregon Legislature updated the Family Abuse Prevention Act to mandate adequate data collection on domestic violence. Since 1995, the Law Enforcement Data System has reported domestic disturbance incidents and arrests by crime type and county.

For more information on domestic violence and prevention efforts in Portland and Multnomah County, see [Domestic Violence—Everybody's Business](#), City Club of Portland, July, 1997. Also, in 1999, to get better local information, the Multnomah County Health Department, the Portland Multnomah Progress Board, Portland Police Bureau, and the County's Domestic Violence Coordinator's Office joined together to conduct a county-wide study on the occurrence, nature and effects of violence against women by intimate partners in Multnomah County. The report, [Domestic Violence in Multnomah County](#), summarizes the findings of the study.

**Benchmark #92 Adult Alcohol and Drug Abuse**

The most recent data for alcohol abuse comes from the CDC's Selected Metropolitan/Micropolitan Area Risk Trends ([SMART](#)) project using data from the Behavioral Risk Factor Surveillance System.

Data for Multnomah County drug and alcohol abuse rates in 1995 and 1999 are from telephone surveys conducted by William Feyerherm and Laurie Skokan, both of Portland State University, for the Oregon Department of Human Services. The survey is not comparable with the National Household Survey on Drug Abuse.

The National Household Survey on Drug Abuse has been conducted since 1979. Data between 1979 and 1993 have been adjusted to improve comparisons with new versions of the survey. Data are not shown for years when data are unavailable or based on measures appreciably different than recent survey years. For more information on the survey, go to [The National Household Survey on Drug Abuse](#).

Drug and alcohol death rates for Oregon and Multnomah County do not include drug- or alcohol-related suicides, fatal auto crashes where alcohol was involved, or deaths of undetermined manner. Although this benchmark measures adult drug and alcohol abuse, rates on drug- and alcohol-related deaths cover ALL ages. However, deaths of people under age 15 are minimal—they represent less than 1% of all Oregon drug or alcohol-related

deaths.

Drug deaths in the early 1990's were at a low following arrests of a major drug cartel in the late 1980's. Data on adult arrestees testing positive for drugs are from the Arrestee Drug Abuse Monitoring (ADAM) project which conducts periodic, voluntary urine sampling of arrestees in the Multnomah County corrections system. For more information on drug and alcohol indicators and abuse in Multnomah County, see the [Regional Drug Initiative's Home Page](#) (note, this is an **archive** site only, as the RDI dissolved as of June 30, 2002).

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