

# HEAD START OF LANE COUNTY 2012-13 COMMUNITY ASSESSMENT 2013-2014 UPDATE #1

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## MOMENTS IN AMERICA TAKEN FROM STATE OF AMERICA'S CHILDREN HANDBOOK 2012/2014

- **EVERY 8 SECONDS DURING THE SCHOOL YEAR A PUBLIC HIGH SCHOOL STUDENT DROPS OUT.**
  - Every 9 seconds during the school year a public high school student drops out.
  - Every 2 seconds during the school year a public school student receives an out-of-school suspension.
- **EVERY 17 SECONDS A CHILD IS ARRESTED.**
  - Every 21 seconds a child is arrested.
- **EVERY 19 SECONDS A BABY IS BORN TO AN UNMARRIED MOTHER.**
  - Every 20 seconds a baby is born to an unmarried mother.
- **EVERY 29 SECONDS A CHILD IS BORN INTO POVERTY.**
  - Every 62 seconds a baby is born into extreme poverty.
  - Every 32 seconds a baby is born into poverty.
- **EVERY 30 SECONDS DURING THE SCHOOL YEAR A STUDENT IS CORPORALLY PUNISHED.**
  - Every 30 seconds during the school year a public school student is corporally punished.
- **EVERY 47 SECONDS A CHILD IS ABUSED OR NEGLECTED.**
  - Every 47 seconds a child is abused or neglected.
- **EVERY 67 SECONDS A BABY IS BORN WITHOUT HEALTH INSURANCE.**
  - Every 70 seconds a baby is born without health insurance.
- **EVERY 11 HOURS A BABY'S MOTHER DIES DUE TO COMPLICATIONS FROM PREGNANCY OR CHILDBIRTH**
- **EVERY 85 SECONDS A BABY IS BORN TO A TEEN MOTHER.**
  - Every 1-and-a-half minutes a baby is born to a teen mother.
- **EVERY 2 MINUTES A BABY IS BORN AT LOW BIRTH WEIGHT.**
  - Every 1-and-a-half minutes a baby is born at low birth weight.
- **EVERY 3 MINUTES A CHILD IS ARRESTED FOR A DRUG OFFENSE.**
  - Every 3-and-a-half minutes a child is arrested for a drug offense.
- **EVERY 6 MINUTES A CHILD IS ARRESTED FOR A VIOLENT OFFENSE.**
  - Every 8 minutes a child is arrested for a violent offense.
- **EVERY 21 MINUTES A CHILD DIES BEFORE HIS/HER FIRST BIRTHDAY.**
  - Every 22 minutes a baby dies before his or her first birthday.
- **EVERY HOUR AND HALF A CHILD DIES FROM AN ACCIDENT.**
  - Every hour a child or teen dies from an accident.
- **EVERY 3 HOURS A CHILD IS KILLED BY FIREARM.**
  - Every 3 hours and 15 minutes a child or teen is killed by guns.
- **EVERY 5 AND HALF HOURS A CHILD IS KILLED BY ABUSE OR NEGLECT**
  - Every 5-and-a-half hours a child is killed by abuse or neglect.

- **EVERY 8 HOURS A CHILD COMMITS SUICIDE.**
- Every 4-and-a-half hours a child commits suicide.

### **One Day in January 2014**

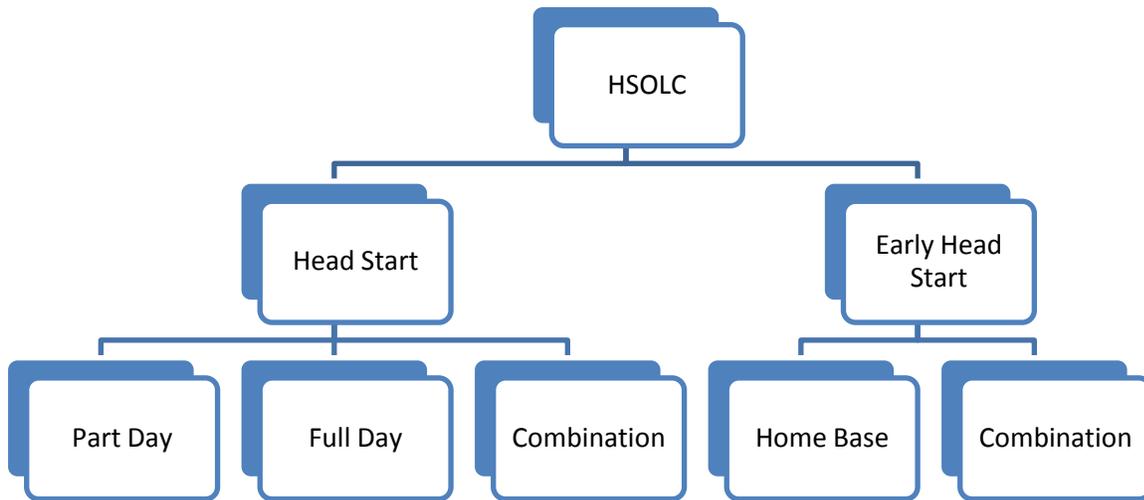
- 2 mothers die in childbirth.
- 4 children are killed by abuse or neglect.
- 5 children or teens commit suicide.
- 7 children or teens are killed by guns.
- 24 children or teens die from accidents.
- 66 babies die before their first birthdays.
- 187 children are arrested for violent crimes.
- 408 children are arrested for drug crimes.
- 838 public school students are corporally punished.
- 847 babies are born to teen mothers.
- 865 babies are born at low birth weight.
- 1,241 babies are born without health insurance.
- 1,392 babies are born into extreme poverty.
- 1,837 children are confirmed as abused or neglected.
- 2,723 babies are born into poverty.
- 2,857 high school students drop out\*
- 4,028 children are arrested.
- 4,408 babies are born to unmarried mothers.
- 16,244 public school students are suspended.

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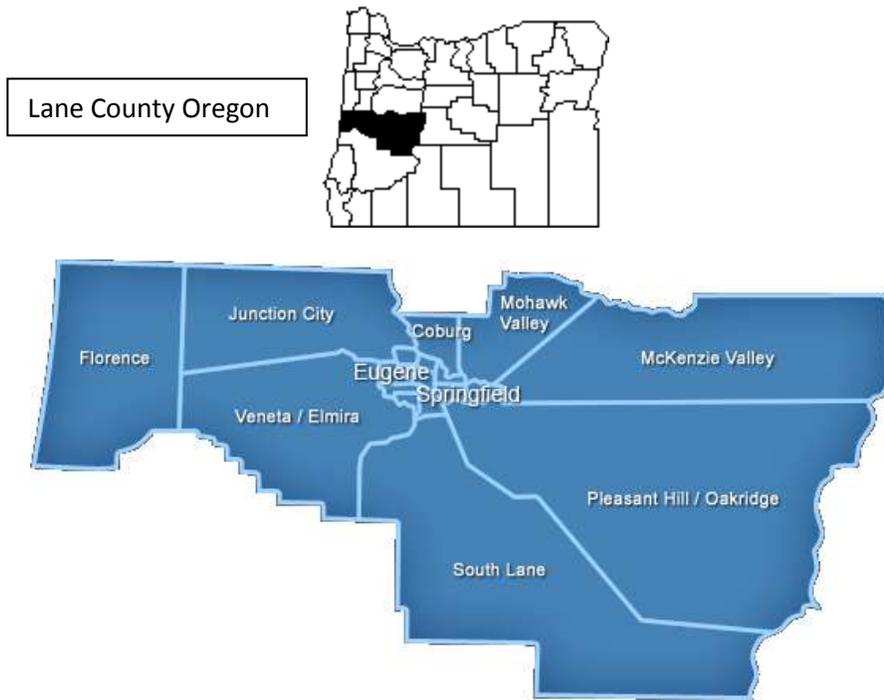
## Purpose/Program Overview

HSOLC enrollment reduced as a result of the Federal sequestration. This caused a closure of one HS Centers and the loss of over 20 slots. In response to community needs in Springfield communities, a new option, part day combination has been added to HSOLC's services. A visual of the options offered follows:



As part of the ongoing planning and assessment of services, Head Start Performance Standard 1305.3 states that each Head Start (HS) / Early Head Start (EHS) grantee must identify its proposed service and define it by county or sub-county area and conduct a community assessment once every three years. In the two years following HS/EHS are to review community information to determine if there is a significant change in the community that warrants a program change.

As a birth to five program, Head Start of Lane County (HSOLC) provides HS/EHS services as the sole grantee for Lane County Oregon. HSOLC is a 501c3 nonprofit organization whose mission is to *ensure that our youngest children have a solid foundation for life*. The agency services over 1,000 low income children and families over 4,620 square miles, roughly the size of Connecticut. Lane County is a mix of urban and rural areas; more than 50 percent of the residents live in the Eugene/Springfield area with the remaining population living in smaller cities and/or unincorporated areas scattered throughout the county. Eugene/Springfield is the second largest urban area in Oregon; the largest is the Portland metropolitan area. HSOLC supports 16 sites, 55 HS classrooms, 3 HS Community childcare sites, 3 EHS Combination sites, 2 EHS Home-base classrooms, and 1 EHS Community Childcare site. HSOLC employs close to 300 staff.



State and County data on the needs of low income families helps drive decisions on recruitment areas, center locations and types of services offered. Recruitment efforts are focused in the communities with the highest population of eligible children, underserved communities and those which can be served cost effectively. Current model options include:

Early Head Start (EHS) – EHS is offered through a home-base model and combination model:

- Home-base provides comprehensive EHS services to pregnant women and children –36 months, once a week for 90 minutes in the home environment. Group socialization times are offered twice a month.
- Combination model provides a 3.5 hour classroom experience twice a week for 12-26 month old children. Families receive 90 minute home visits twice a month.

Part Day Head Start – This model provides a preschool classroom experience with all comprehensive services, four days a week for 3.5 hours a day for nine months.

Full Day Center Base – This model is similar to the Part Day Head Start model except that it is offered to working and/or student parents needing full day/full year childcare; is offered five days a week at 10 hours a day, and is year round. Parents must be receiving some form of subsidy to pay for the childcare services.

Community Childcare – This model provides comprehensive Head Start services in community preschool settings. Parents must be receiving some form of subsidy to pay for the childcare services.

All families receive comprehensive health, mental health, disabilities and education services with a focus on healthy cognitive, physical, social and emotional development in the context of developing strong attachments and relationships between young children and their parents/caregivers. Pregnant women receive individualized services that encompass the full range of family needs.

## **Methodology**

Data was gathered from the U.S. Census, the Oregon Department of Health and Human Services, Food for Lane County, Children First for Oregon, Oregon Public Health Division and various other resources, including the Head Start Program Information Report. Interviews were conducted and statistics were gathered from agencies and individuals in the community. Data was also gathered by surveys from parents, staff and community agencies and programs. A complete source list is included.

## **Demographics**

Portland State University supplies the 2013 population data: Oregon's population stands at 3,919,020 with Lane County's population at 356,125. The increase is less than one percent for the State and 0.5 percent for Lane County.

Information below is supplied by the Hotspot Report:

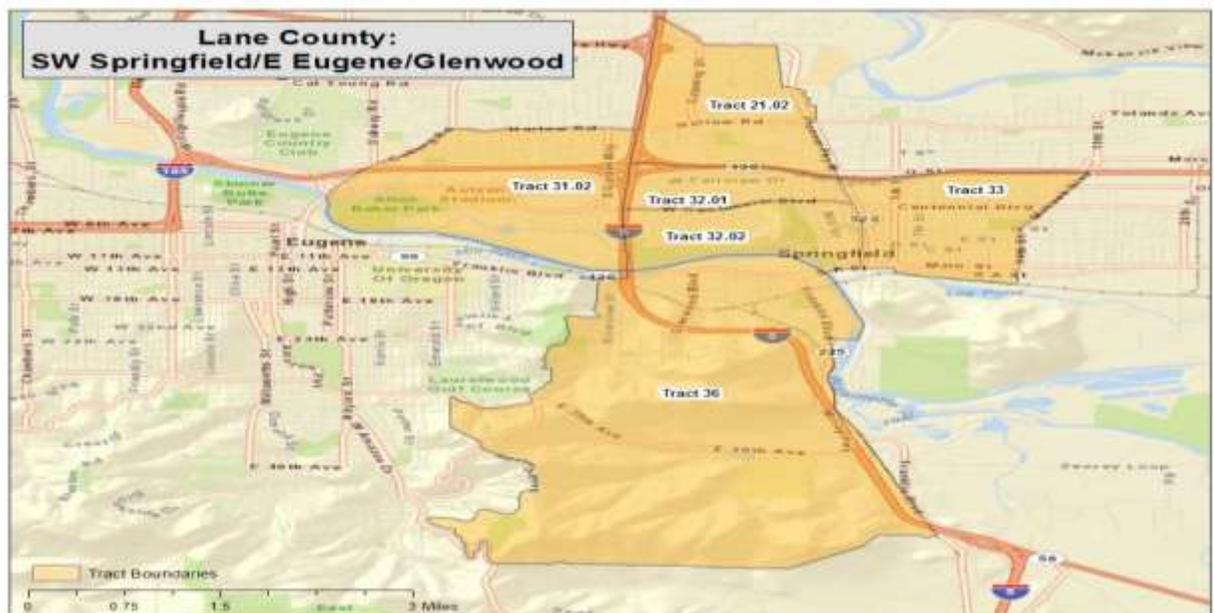
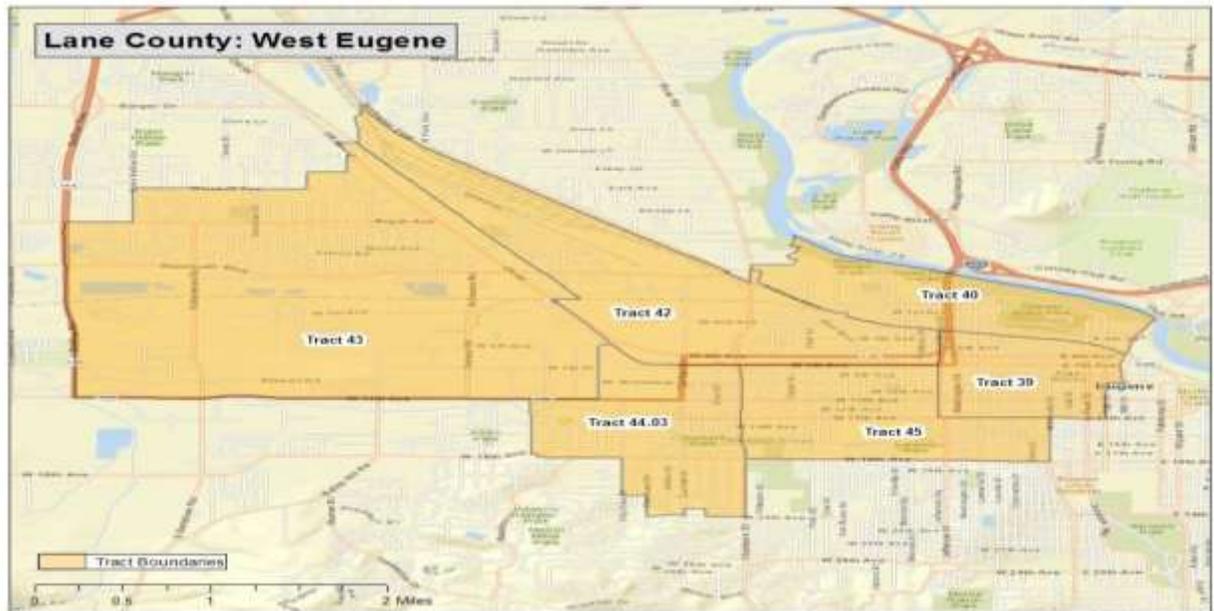
*High poverty hotspots are geographic concentrations of poor residents. This report identifies high-poverty hotspots in Lane County and provides a profile of their residents using Census Bureau, DHS, and Oregon Employment Department (OED) data. DHS administrative data on SNAP clients were pulled for all clients known to be living in the hotspots in January 2012. SNAP information was used because SNAP is the single largest DHS/OHA program, it has a high participation rate among Oregon's poor and low income residents, and it has reliable geographic information. Statewide, about 80% of SNAP clients have addresses that can be reliably located within a census tract.*

*Once data on SNAP clients within the hotspot were pulled, information about them was assembled from the DHS Integrated Client Services (ICS) data warehouse. ICS contains information on clients from nearly all DHS/OHA programs from January 2000 to present. In addition, Oregon employment and earnings history for all clients has been provided by OED and incorporated into ICS.*

*The purpose of this report is to identify high poverty areas and describe residents and SNAP clients living in them. Characteristics of the hotspots are compared with each other, the county, and Oregon. Data are presented in a series of tables that follow. Bullet points are provided when there is pertinent information not included in the tables. Data in this report should be considered a means to illustrate the lives of hotspot residents with respect to family structure, geographic mobility, employment history, and to identify potential barriers to self-sufficiency. Knowledge about local high poverty hotspots can be useful when designing and locating programs and services targeted to low income people. Poverty concentrations also pose a number of challenges for local public schools.*

*Three areas of Eugene and Springfield are high poverty hotspots, as is one census tract surrounding Oakridge and another surrounding Mapleton. This report covers Eugene-Springfield hotspots and two separate reports cover Mapleton and Oakridge.*

According to Census Bureau and DHS data, 18 percent of Lane County's population, one-third of its poor, and 23 percent of its SNAP clients live in the three Eugene-Springfield hotspots (Figures 1 through 3).





The Hotspot report notes Mapleton as having ranked among the poorest one-fifth of the census tract and is a persistent high poverty area. Oakridge is noted as an emerging high poverty area

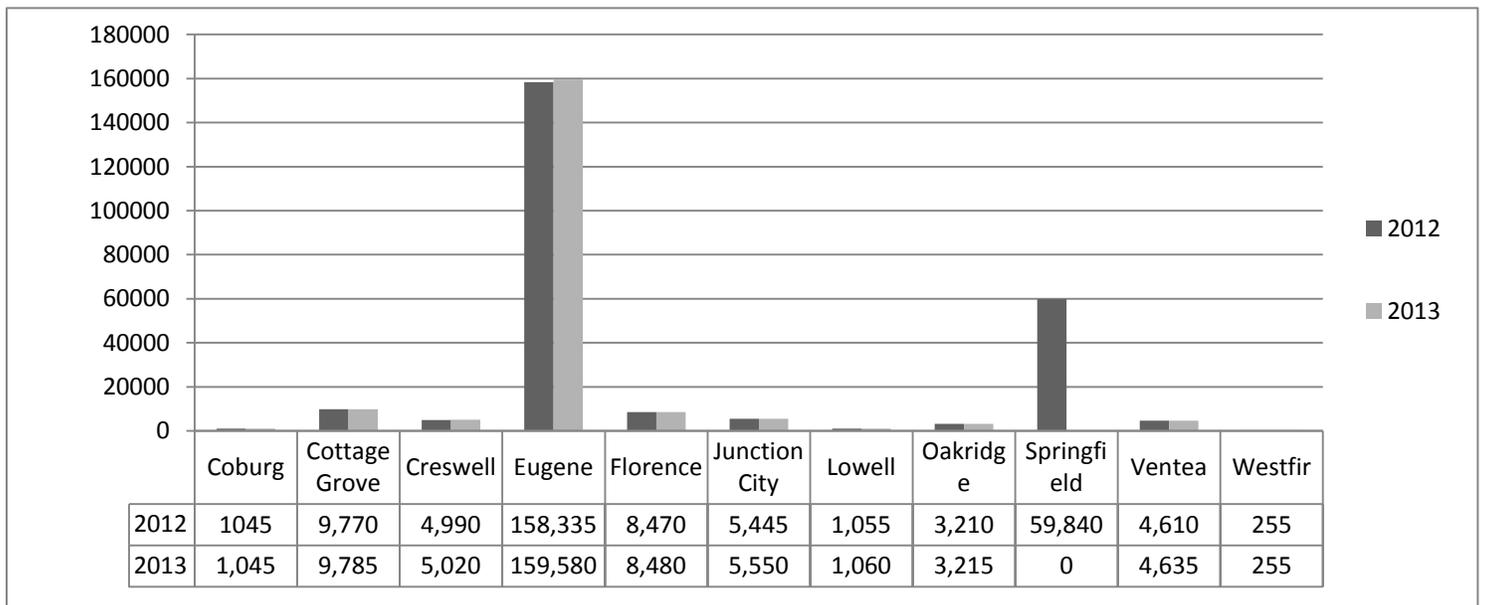
Junction City is expected to have a population increase due to the new State mental health hospital being built on the outskirts of town. Scheduled to open in the spring of 2015, the Junction City campus will be home to a 174-bed psychiatric facility that will employ over 500 staff once in operation:

- 170 positions by the end of 2013;
- 193 positions during 2014, and;
- 76 positions during the first quarter of 2015.
- The remainder of the positions will be hired after July 2015.

The certified population estimates are provided by *Portland State University Population Research Center*. Oregon’s population in 2011 was 3,857,725. In 2012, the certified population is 3,883,735, an increase of 26,110 or 0.7%. In Lane County, the population increased from 353,155 in 2011 to 354,200 in 2012. This is an increase of 1,045 or 0.3%. The population breakdown by community follows:

Springfield’s population is growing faster than other Lane County areas according to a *July 2011 Register Guard* article. The growth is shown by ward district:

- Ward 1 - increased by 7.64 percent (Gateway area)
- Ward 2 – increased by 5.8 percent (I-105 to Main St)
- Ward 3 – no change (6<sup>th</sup> St to 21<sup>st</sup> St)
- Ward 4 – increased by 30 percent (21<sup>st</sup> St to 42<sup>nd</sup> St)
- Ward 5 – increased by 19 percent (42<sup>nd</sup> St to 56<sup>th</sup> St)



- Ward 6 – increased by 12 percent (east of 56<sup>th</sup> St)

According to *HUD Sustainable Communities Grant: Latino Public Participation and Regional Social Equity Indicators Project*, Springfield has a higher concentration of Latino residents than Eugene; *Centro Latino American 2011 Annual Report* indicates that the West Eugene industrial areas has a higher percentage of Latino, disabled and residents in poverty than other areas in Eugene. Latino families in Springfield tend to live below the poverty level (28.6%).

According to *Oregon’s Demographic Trends December 2012* report, Oregon’s population is expected to reach 4.3 million by year 2020. The report also indicates that due to the recent economy, Oregon’s population slowed down considerably due to a decline in in-migration, meaning Oregon’s growth rate is below the national growth rate. Over 45,000 children are born each year in Oregon – this is expected to increase to over 52,000 as the number of child bearing age women increases.

- Ages 18-64 account for 63 percent of the total population, up 60 percent from 1990.
- Ages 18-24, known as the college-age population is influenced by the economy.
- Ages 25-44, is in a growing mode. This group is considered to be in the early stages of building a family.
- Ages 45-64 had been increasing due to baby-boomers maturing to retirement age.
- The report indicates a possible labor shortage as Oregon’s population is graying.

Net migration volume is at the lowest level in the past 25 years. In the 1990s, net migration averaged 42,000 persons a year; in 2010-2020 this is expected to be 28,000. The report indicates 12 percent of Oregon’s population is Hispanic/Latino, compared to the national percent of 16.7. The Hispanic/Latino population has had an astounding 144 percent net increase between 1990 and 2000. In the last decade, the Hispanic population increased by 64 percent, the slowest in three decades, but more than five times non-Hispanic population increases. The report also indicates that this migration is associated with large families, with an overwhelming proportion being children/young adults.

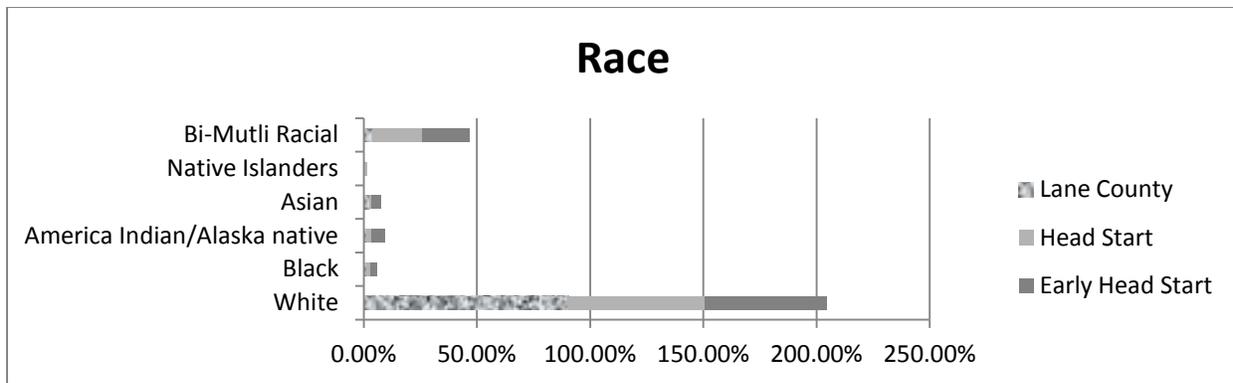
According to a *HUD Sustainable Communities Grant: Latino Public Participation and Regional Social Equity Indicators Project*, Lane County has approximately 26,167 Latino residents, or 7.4 percent of the County’s population. Lane County Latinos identify themselves by country and less by their ethnicity – 75 percent identify as Mexican. The median age is 24, whereas for non-Latino white in the County, the age is 41. Twenty-two percent (22%) of the County Latino population is under age 10, compared to 10 percent of non-Latino white population. The birthrate for Latinas in the last 12 months is more than twice as high non-Latina.

The growth rate for school age indicates the rate is below the overall population growth rate. Currently the number of children ages 5-17 accounts for 16.2 percent of the State’s population, down from 18.2 in 2000. The report indicates a continued decline to 15.1 percent by 2020. The *American FactFinder 2010 Demographic Profile Data* shows 18,381 as the total under age five population in Lane County.

*The U.S. Census Bureau Quick Facts 2011* provides race information along with the *2011/12 Head Start program information report (PIR)*.

The 2012-2013 PIR reports race as:

American Indian/Alaska	41
Asian	19
Black/African American	31
Native Hawaiian/Pacific Islander	8
White	712
Biracial	187
Other	100
Unspecified	83



### Employment & Poverty

Poverty today is the working poor, students, single women raising children, static wages, raising inequality and an economic downturn. The *CLASP September 2013 Child Poverty in the U.S. report* indicates one in five children or 22 percent of children are poor; 24 percent under age six. Racial and ethnic minority children are disproportionately poor – the largest group being Hispanic children. Four out of every ten children lives in a low income household – under 200 percent of the poverty guidelines. Two-thirds of poor children live in a home where at least one adult is working full time; 40 percent of working parents have no paid time off for sick time, medical leave or vacation. The *Zero to Three 2013 Oregon Baby Facts* indicates that in Oregon 60% of mothers with infants work and that the cost of childcare can take up to 43% of a single mom’s paycheck.

More people in poverty means more people in need of safety-net services, fewer people paying taxes, fewer dollars being spent for local goods and services. The report *Unemployment from a Child’s Perspective* notes school performance is impacted when parents lose jobs; larger negative effects may be felt when it is the male provider who loses the job. A job lose can lead to a child being held back a grade by nearly one percentage point a year, or 15 percent. The same report also notes that parents without a high school diploma and Hispanic parents experience frequent unemployment they also tend to be out of work for shorter periods of time than other unemployed parents.

The “ALICE” Population of Lane County Spring 2013 report is used by United Way of Lane County to identify the Asset Limited, Income Constrained Employment population of Lane County as the population living above 100 percent of the federal poverty level (FPL) but below the Oregon Self-Sufficiency Standard. There are six standards identified: housing, childcare, food, transportation, healthcare and taxes, plus some miscellaneous expenses (clothing, medicine, hygiene, etc.). Income was used as the defining characteristics of the ALICE threshold. This report indicates a disparity between FPL and Oregon self-sufficient level of income in every household type. It shows that households with children from infants to teenagers spend more money on childcare. For example:

Oregon Self Sufficient Standard (OSS)	
Low	High
\$26,203 1 Adult/School Age Child/Teenage	\$55,535 1 Adult/Infant/Pre-Schooler
\$43,190 2 Adults/Pre-Schooler/School Age Child	\$70,094 1 Adult/Infant/Pre-Schooler/School Age Child
\$53,035 2 Adults/2 Infants/School Age Child	\$75,094 2 Adults/1 Infant/Preschooler-School Age Child
\$53,257 2 Adults/2 Infants/School-Age Child/Teenager	\$86,658 2 Adults/2 School Age Children / Teenager

The United Way “ALICE” report concludes that this population (ALICE) is significant in Lane County. It also indicates that these groups of people face more barriers because they do not qualify for state/federal help.

*Unemployment from A Child’s Perspective March 2013* states that Oregon has 8-10 percent of children with at least one unemployed parent. The growth from 2007-2012 is 55 percent of number of children in Oregon living with at least one unemployed parent. The State unemployment rate is 8 percent.

The current Lane County unemployment rate is 8 percent. The report *Unemployment from a Child’s Perspective*” notes that today’s lay off are not necessarily related to plant closures, but more a result of the person leaving the service industry after many attempts to juggle conflicting work and home life schedules.

Lane County’s unemployment rate is 8.2 percent in December 2012, down from 8.5 percent in December 2011. The growth rate is 1.2 percent, slower than the national growth rate of 1.4 percent; Oregon is ranked 21<sup>st</sup> in job growth. Job growth is expected to be the same in 2013. Information from *Oregon Economic Review and Forecast* indicates most manufacturing job losses were related to the global slowdown in growth. Unemployment claims continue to fall, slowly but steadily while new claims are back to 2006 levels. In addition, more help wanted ads are appearing, although still below prerecession levels.

The *Oregon Economic Review and Forecast* identified potential risks to Oregon’s economy:

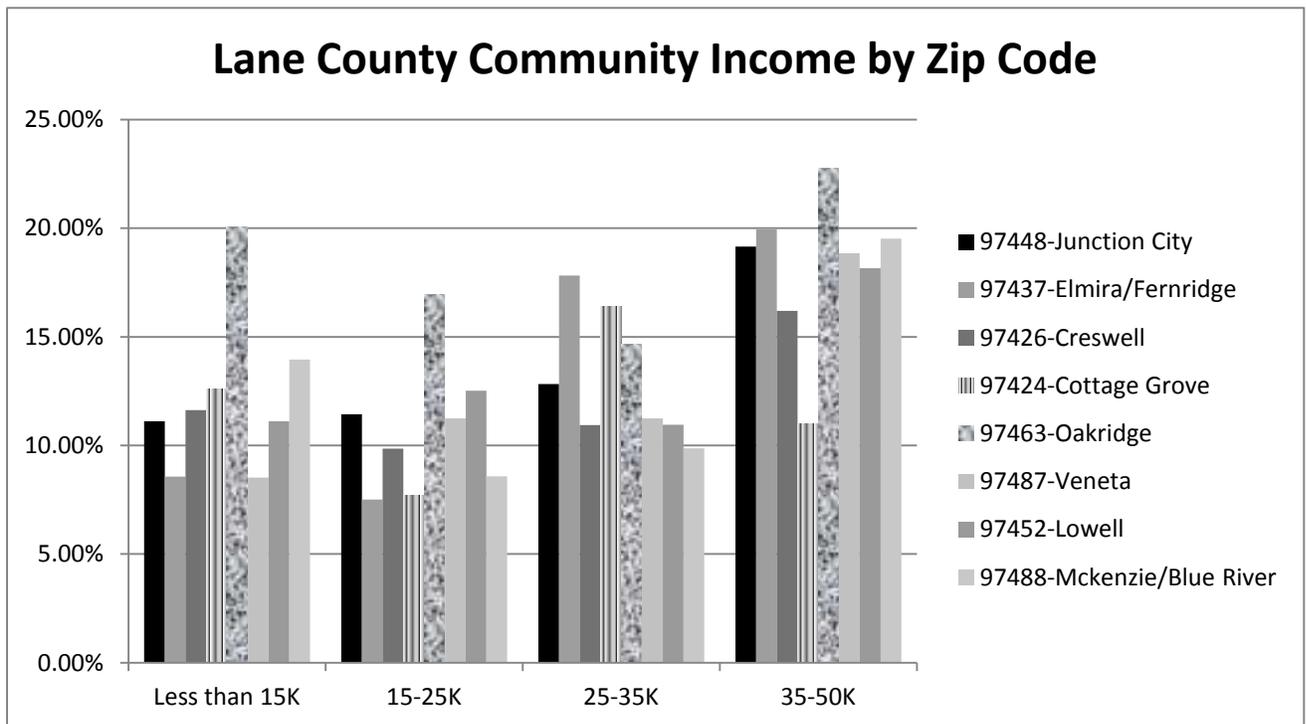
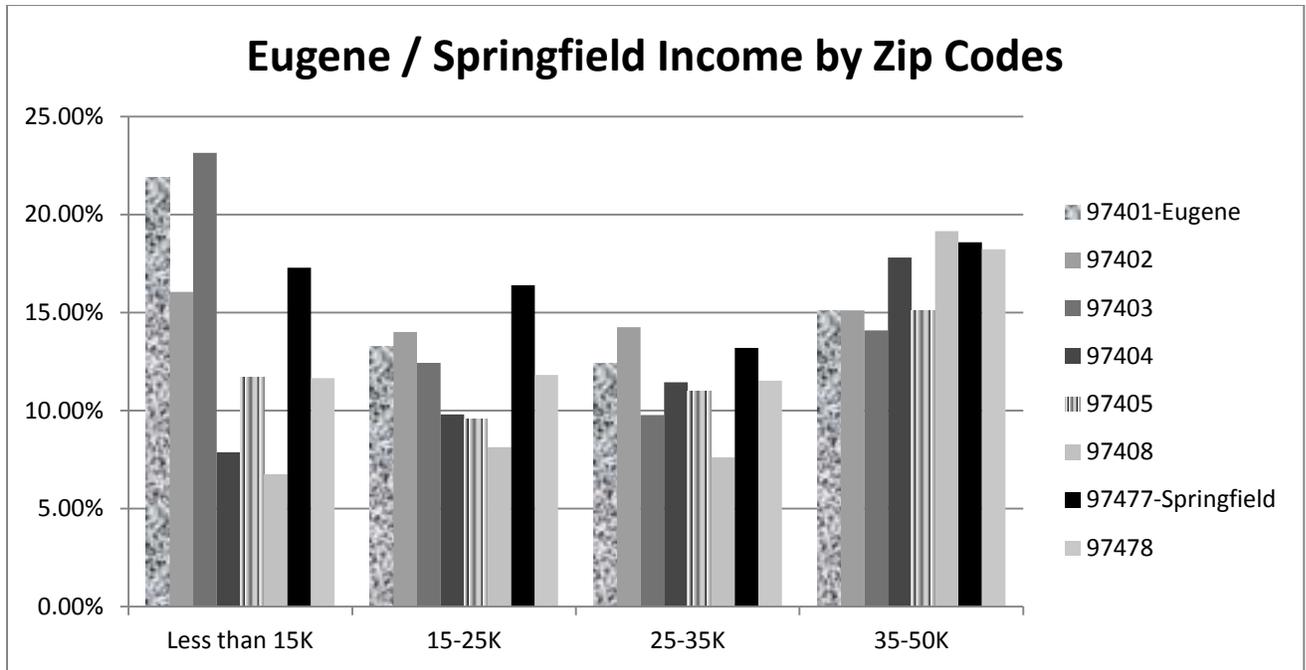
1. European debt problems and financial market instability  
if business and personal loans continue to be difficult or longer to obtain, the current recovery will be slower or thrown off track.
2. Prolonged housing market instability  
housing market is improving, however many more months will be needed before a tangible housing recovery will be felt in Oregon.
3. Commodity price inflation  
if global expansion raises, a return to high rates of commodity inflation is possible.

4. Loss of federal timber payments to Oregon Counties  
while temporarily reinstated, the loss of this revenue source will have adverse impacts on property values, economic activity and reductions in public services.
5. Global spillovers both up and down  
the looming slowdown across much of Asia is a growing threat to Oregon's growth prospects.
6. Undoing the Federal policy used to combat the financial crisis and recession  
exit strategies are needed to prevent adverse affects to the recovery.
7. Initiatives, referendums and referrals  
the ballot box and legislative unknowns always impacts Oregon's economic health and welfare.

The *Oregon Center for Public Policy Fact Sheet October 2012* indicates that poverty has risen from 12.9 percent in 2007 to 17.5 in 2011. This equals approximately 190,000 Oregonians. The total Oregonians living in poverty is estimated at 662,283 or more than twice the population of Eugene and Salem combined. In terms of children, almost one in four (23.6%) live in poverty. The poverty rate for minority groups is higher, ranging from 36.2 percent for native Hawaiian/Pacific islanders to 29.8 percent for Latinos.

The loss of timber revenue makes the remote area of Oakridge less desirable for employment purposes whereas the Florence coastal community is considered a retiree community. The information from the *Meyer Memorial Coast TWST Blog* reports both locales have increases in working poor and unemployed.

*Centro Latino American 2011 Annual Report* indicates Latino adults are the working poor, living in family households with an income at or below 150 percent of the federal poverty level. The median income is \$26,623 as compared to a non-Latino household income of \$35,627. Jobs tend to be in hotels, food service, health care and manufacturing. The *HUD Sustainable Communities Grant: Latino Public Participation and Regional Social Equity Indicators Project* reports Latino's are overall better educated in Lane County than the U.S. or in Oregon with more college graduates, more associates degrees and fewer high school drop outs. *Sperling's Best Places to Live June 2012* provides the income data for Lane County communities



HSOLC 2011-12 PIR report provides information on primary type of eligibility:

Type	Head Start	Early Head Start	2012-13 Program PIR
Income below 100% of federal poverty line	490	20	47
Public Assistance (TANF, SSI)	486	37	482

Foster child	88	6	79
Homeless	90	5	61
Over income	15	0	10
<b>Income Eligible</b>			<b>502</b>

AARP *10 Toughest States for Earning a Living* ranks Oregon #4, stating Oregon has an above-average rate of unemployment, a high cost of living and a high state tax rate. (see appendix for individual community information).

The *Living Wage Calculation for Lane County* indicates the hourly rate needed to support a family as the sole provider working full time.

Hourly wage	1 Adult/1 Child	1 Adult/2 Children	1 Adult/3 Children	2 Adults/1 Child	2 Adults/2 Children	2 Adults/3 Children
Living wage	19.00	23.70	30.44	17.75	19.19	23.09
Poverty wage	7.00	8.80	10.60	8.80	10.60	12.40
Minimum Wage	8.40	8.40	8.40	8.40	8.40	8.40
Monthly Expenses						
Food	357	536	749	553	713	904
Childcare	450	783	1117	0	0	0
Medical	411	432	417	405	383	394
Housing	766	766	1072	766	766	1072
Transportation	555	639	686	639	686	698
Other	170	223	300	167	189	224
Required annual income before taxes	\$39,526	\$49,302	\$63,325	\$36,912	\$39,923	\$48,033

The *2012 National Study of Employers* presented current work trends that organizations should consider in order to have a competitive edge in recruiting, retaining employees in an aging workforce and a dual focus on personal/professional lives among younger workers. The report indicates that non-profits offer more programs, policies and benefits than for-profit organizations. Having a more diverse leadership provides the best support for making work “work” for both the employer and employee.

- In terms of offering child care assistances, larger employers are more likely to offer six of seven childcare options (62% in 20012 vs. 45% in 2005), with the most being in child care resource and referral. All of the child care initiatives cost employer’s time and money to administer.
- Elderly care assistance is on the rise. Elder care leave is not specifically required by the federal Family and Medical Leave Act but the rise in use may be more sensitivity to the need and a response to the aging workforce. In 2010, 42 percent of employers provided elder assistance—this is expected to go to 49 percent in the next five years.
- Health coverage for self and family is the most important benefit for employees. Ninety-nine percent of employers with 50 or more employees offer personal health insurance coverage for FTE employees – 17 percent pay for all premiums, 83 percent pay some of the premiums and <1

percent pay none of the premiums; 41 percent increased premium co-pay.

- Workplace flexibility is offered mainly for retention, recruitment and a desire to help employees balance work and family life. The obstacles associated to the benefit are employer cost, job requirement/workload, followed by a lack of productivity and difficulty supervising staff.

According to *State of America's Children 2012* if the students who dropped out of the Class of 2011 had graduated from high school, the impact on the nation's economy could have been nearly \$154 billion in additional income over the course of their lifetimes. The same report ranks the United States to determine if our children/nation can compete in the global market:

- #1 in gross domestic product
- #1 in number of billionaires
- #1 in persons incarcerated
- #1 in per capita health expenditures
- #6 in per capita education expenditures
- #22 in low birth weight rates
- #29 in infant mortality rates
- #31 in gap between rich and poor
- WORST in child poverty
- WORST in teen birth rate (age 15-19)
- WORST in divorce rate, use of illegal drugs and,
- WORST in protecting our children.

Other interesting points include:

- Majority of all children lived in nine states, Oregon not being one.
- Majority of children of color lived in six states, Oregon not being one.
- In 2011, 47 percent of all children and over half of all children under age one were children of color; the report estimates that by 2019 the majority of children will be children of color.

## Community Needs

The State has developed a new collaborative/collective approach to education, care and social services. Lane County Early Learning Alliance, administered by United of Lane County, goal is to create clear accountable structures that actively make continued/corrected progress. The *Lane County Early Learning Alliance 2014-2018 Strategic Plan* outlines three goals with parameters and metrics in place to guide the progression of the plan.

1. Children are ready for kindergarten
2. Families are stable and attached
3. Services are coordinated and effective

In addition to the three strategic goals, the plan identifies three priority focus areas:

1. Equity
2. Rural communities
3. Mobilization and communication

An innovation team will work on specific priorities set forth by United Way Early Learning Alliance Committee. There are three innovation teams in operation now: Developmental Screening, P-3 Alignment and Adult Skill Building. Alliance groups will form in equity, early childhood, parent and rural to provide their professional and unique perspective to the group.

The Early Learning Alliance developed a P-3 sub group with major players in early childhood education, childcare, social learning and school districts working to refine the prenatal through third grade (P-3) alignment. The work resulted in three priorities:

1. Data collection –consistent data collection and tracking efforts across Lane County school districts;
2. Kindergarten transition – a consistent transition process from each source transitioning a child into kindergarten.
3. Curricula alignment – an alignment of curricula, training and professional development for all education professions in early childhood education to elementary school.

A recommendation was also made to expand Kids in Transition to School (KITS) 16 week program to the 4J and rural school districts. KITS is a before school starts ( 8 weeks) and eight weeks into kindergarten program to help children with literacy, social/emotional and self-regulation skills.

Community needs and issues seem to be the same as the 2011-12 assessment: low wages, housing cost burden, transportation limitations and costs, health care costs, and food insecurities. What is new for this assessment information is the degree of impact the recession has had on families. The community information also indicates a concern that economic conditions may also threaten community service agency's abilities to meet community needs. The unknown factors trigger anxiety and fears for clients and staff alike. Safety nets are threatened along with access to quality and timely services.

Data from 2-1-1 Info provides the top five needs /unmet needs as:

<i>Need</i>	<i>Unmet Need</i>
SNAP (food stamps)	Rental assistance (payment)
Rent assistance	Utility assistance (payment)
Utility assistance	Rental assistance (deposit)
Shelter	Gas money
Food pantries	Animal euthanasia services

The report indicates that unmet needs may be due to funding loss, needs outgrow the help available and services simply do not exist in the community. *Oregon Food Bank* notes that once a family loses a job, savings and home, it can take years for the family to become financially stable again.

The *Oregon Five Year MCH Needs Assessment and Goals September 2010* prioritized the needs of children ages 1 to 9 as:

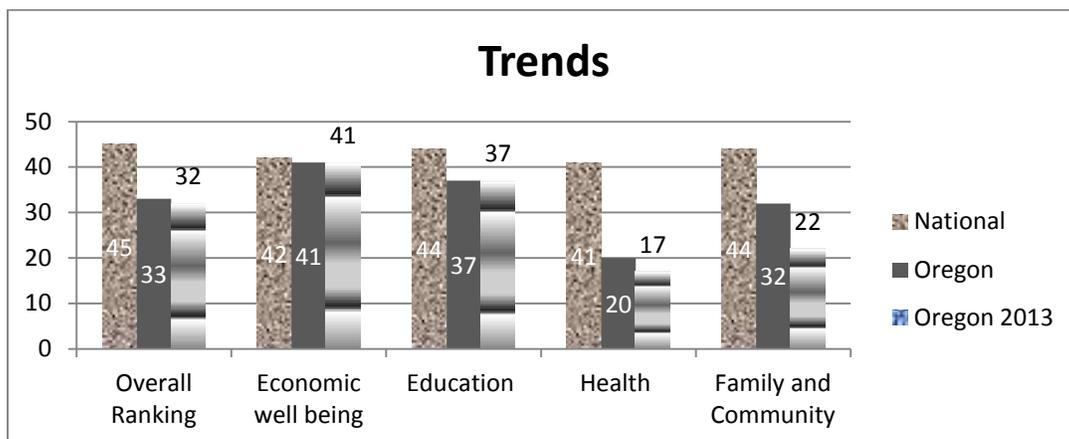
- Childcare, including quality and accessibility.
- Social/Emotional health, including accessibility, skills and resources for childcare providers and schools.
- Screening, referrals and intervention, including accessibility and coordination of services.
- Positive development in all young children in all settings: childcare, school, community.
- School readiness
- Health, including parenting education and other support services.
- Addressing overweight and obesity through food education and reducing screen time
- Family violence
- Resources for the whole family: grandparents, parents, siblings, etc.

The *2011-12 Head Start/Early Head Start Program Information Report* provides data on parent requested help. Data reflects the cumulative enrollment of families over the course of the 2011-12 program year. **2012-13 data is in red.**

<i>Service Requested</i>	<i>Program PIR 2011-12</i>	<i>Program PIR 2012-13</i>
Emergency/crisis intervention (food, housing, clothing)	517	466
Housing assistance (subsidies, utilities, repairs)	243	442
English as Second Language	125	74
Adult education program (GED, etc.)	248	413
Job Training	248	278
Substance abuse prevention	33	9
Substance abuse treatment	8	5
Child abuse/neglect services	100	15
Domestic violence services	65	28
Child support services	59	32
Health education	1291	1154
Assistance to families with incarcerated persons	31	26

Service Requested	Program PIR 2011-12	Program PIR 2012-13
Parenting education	1339	1107
Relationship/marriage education	205	41

Kids Count data book 2012 provides information on national vs. state trends in four core domains. The rankings are 1-50, with 1 being good. Trends listed in the 2013 Kids Count State Trends are shown below as compared to the 2012/13 trends.



The Status of Oregon's Children 2012 trends data indicates:

Immunization	4% better
Infant mortality	19% better
Obesity	-
Teen pregnancy	11% better
Uninsured children	36% better
Abuse/neglect	15% worse
Foster care placement	-
Recurrence of maltreatment	42% worse
Childhood poverty	-
Child support payment	3% worse
Unemployment	-
Childcare supply	12% better
Early Prenatal care	8% better
Head Start/Oregon Prekindergarten	6% worse
High School dropout	24% better
Homeless students	30% worse

## Disabilities

Early Childhood CARES 2012 service report showcases the work accomplished in 2012:

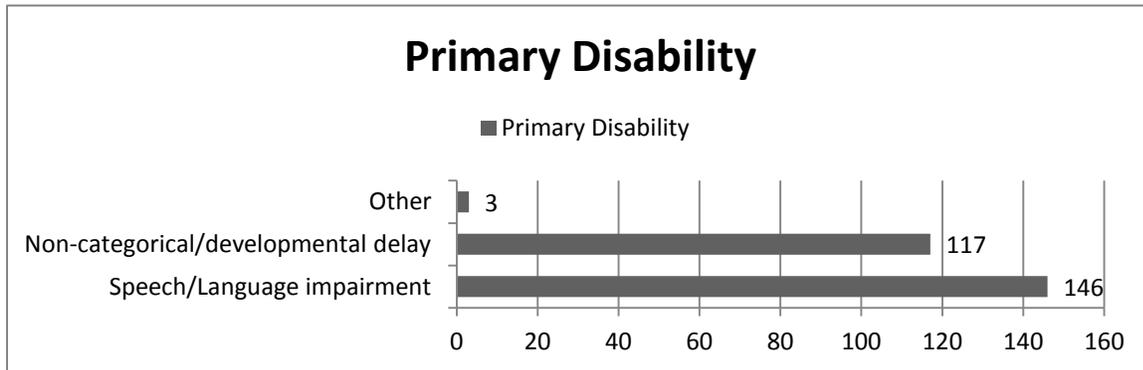
- 1,550 children were referred for services (from all sources). Of those 613 were evaluated and qualified for service.

- 437 children graduated from its programs; 20 percent of these no longer need special education upon entry into kindergarten.
- 72 trainings were offered to parents and more than 100 trainings offered to community preschool/childcare providers.

The 2012-2013 Program PIR report shows primary disabilities as:

- 135 children identified with non-categorical/developmental delay
- 131 children identified with speech impairment
- 5 children identified with autism
- 2 children with hearing, visual, orthopedic or intellectual disabilities
- One child with hearing/orthopedic disabilities.

Early Childhood CARES is the local LEA, serving over 2000 eligible children at a given time and over 1400 eligible children each year. Early Childhood CARES contracts and provides services in 27-30 preschool locations. Early Childhood CARES provided services to 253 Head Start children in 2011-12.



## Housing & Homelessness

A Eugene Weekly article on November 7 indicated in 2013, Lane County had 2,262 homeless school-age kids (pre-K-12), Benton County 276 and Linn County 1,040. What's surprising is that Multnomah County has 2.1 times Lane County's population but only 1.7 times our homeless kids.

*The 2013 Homeless Count provides the following information:*

1,751 people were counted in Lane County during the 2013 One Night Homeless Count.

This number includes homeless community members who were counted on the streets, under bridges, in parks, at food pantries, day access centers, churches, emergency shelters, transitional housing, and other locations on January 30, 2013. Approximately 100 staff and volunteers from 22 organizations counted homeless people this year. Of the 1,751 people counted:

- 1,102 men, women and children were without shelter
- 261 individuals were living in Transitional Shelter
- 388 individuals were staying in Emergency Shelter
- Total: 1,751 individuals counted in 1,470 households

#### Highlights included:

- 108 homeless households with children: 347 homeless people (of those, 25 households with 80 individuals were unsheltered)
- 229 homeless veterans (of those, 151 unsheltered)
- 415 chronically homeless people (of those, 275 unsheltered)

#### Homelessness - A Bigger Picture:

- 10,857 individuals who were homeless sought social services through Lane County Human Services Commission funded programs during calendar year 2012.
- 711 unduplicated individuals were served at the Egan Warming Center during 9 nights of extreme weather at six faith-based sites during the 2012-2013 winter season.
- 2,262 homeless students attended public school in Lane County during the 2011-12 school year (Oregon Department of Education).

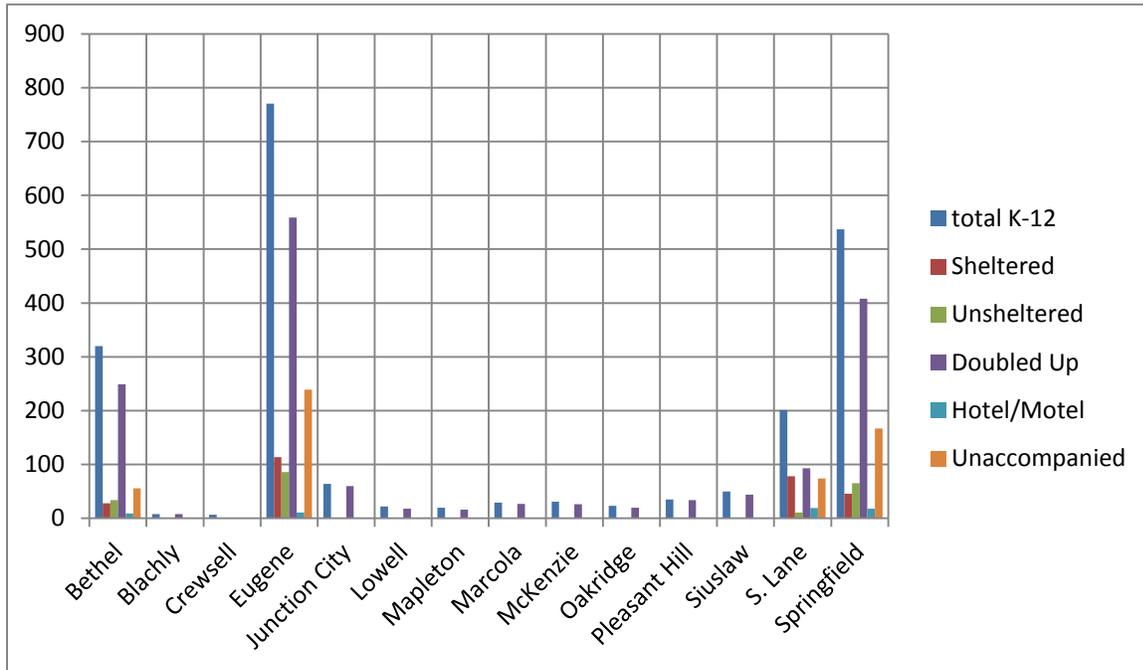
#### Cost of Homelessness (updated Spring, 2013 Lane County Human Services Division):

- Homelessness affects all Lane County residents because people without shelter require costly support services:
- \$420 average cost of a visit to the Sacred Heart Hospital Emergency Room at RiverBend.
- \$865 average daily cost of care at the Johnson Unit, Sacred Heart's acute psychiatric care facility, where the average stay is 9 days.
- \$237 daily cost of in-patient detoxification services at Willamette Family Treatment's Buckley Center.
- \$234 daily cost for "housing" per inmate day at the Lane County jail.
- \$75 daily cost at the Springfield Jail.

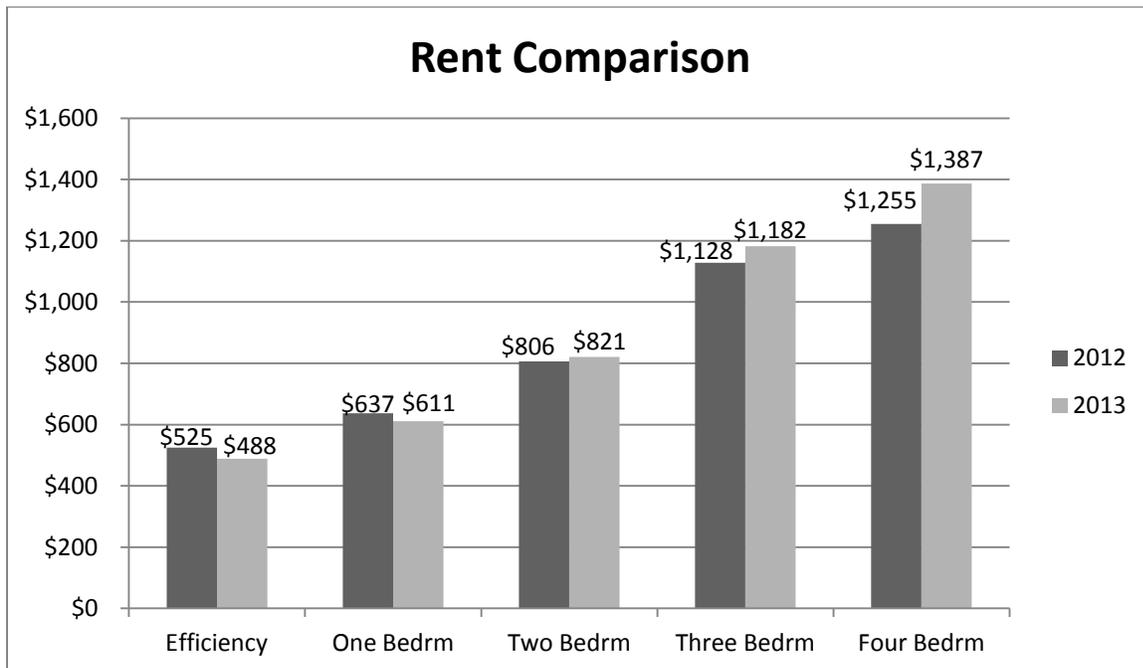
#### 2013 Homelessness Highlights:

- 1,751 people counted (unsheltered and sheltered).
- 1,102 unsheltered people (camping, living in cars, bridges)
- 649 unsheltered people
- 108 homeless families (25 households unsheltered)
- 415 chronically homeless people, with a disabling condition (270 unsheltered)
- 229 homeless veterans (151 unsheltered)
- 164 domestic violence victims (reported DV in the past year, 96 unsheltered)
- 202 severely mentally ill (149 unsheltered)

A breakdown by school district for 2012-13 indicates where homeless students spent the night:



Homeless is defined as a “lack of fixed, regular and adequate nighttime residence.” According to *Indicators Idaho*, the Oregon fair housing market in 2012 for a two-bedroom rental is \$807 a month. It is estimated that 52 percent of renters are unable to afford the fair market rent for a two bedroom rental. *Lane County Fair Market Rent* provided a comparison in rent change from 2012 to 2013:

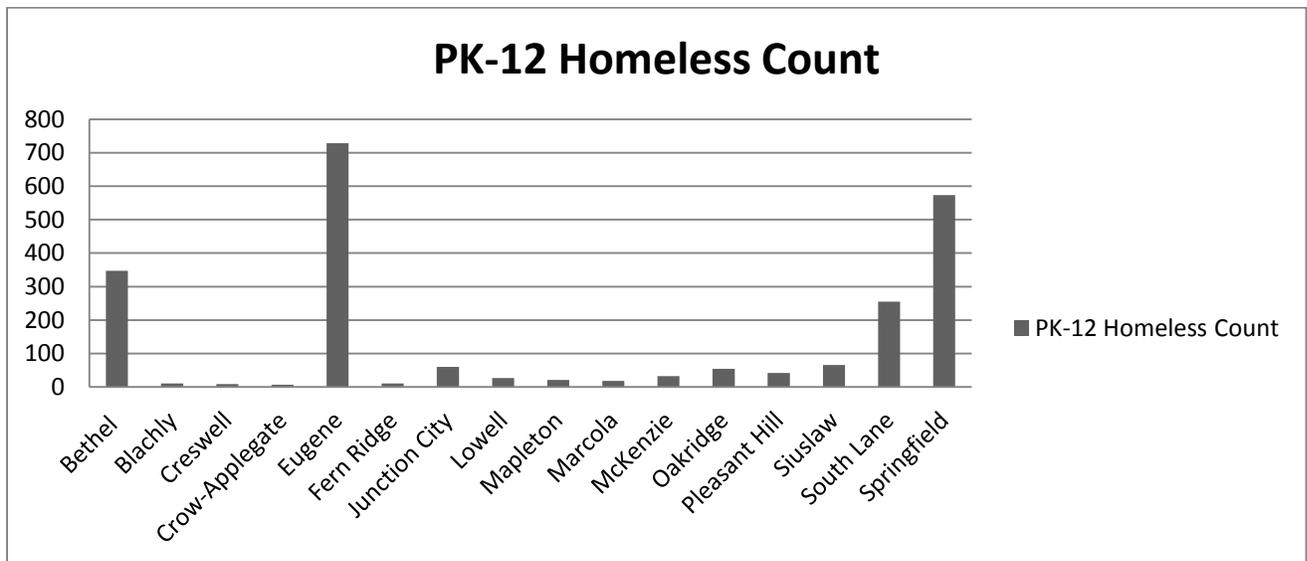


The HUD Sustainable Communities Grant: Latino Public Participation and Regional Social Equity Indicators Project indicates that the Latino community’s housing situation is dire. The U.S. Census, between 2006-2010 estimates that 54 percent of Latinos were cost burdened.

The 2012 One Night Homeless Count counts the number of people in a homeless shelter, transitional housing and Safe Havens. The “street count” occurs in 2013. The 2012 one night count shows:

- 651 people were accounted for:
  - 392 were in emergency housing
  - 259 were in transitional housing
  - 88 family households with children equals 285 people
  - 78 homeless veterans
- Over 7,200 homeless individuals sought social services from July 2011-April 2012.

The Department of Education news release “Far Too Many Oregon Students Still Facing Homelessness”, November 15, 2012 indicates that over 20,000 students are considered homeless; over 1,000 preschoolers, age 3-5 were identified state-wide. In Lane County, 2,285 homeless students attend public school; there were more 12<sup>th</sup> grade student homeless than any other grade level. Both Eugene and Springfield school districts fall within the top ten school districts with the highest homeless student rates:



### Prenatal / Birth Weight

Zero to Three State Baby Facts: Oregon 2013 indicates that Oregon ranks 33<sup>rd</sup> for child-well being. Of the 16 percent under age 18, sixty-one percent have at least one risk factor (lack of health care, food insecurities, housing security or lack of proper learning environments.) known to increase the chance of poor health and developmental outcomes: The report includes health stat for infant and toddlers:

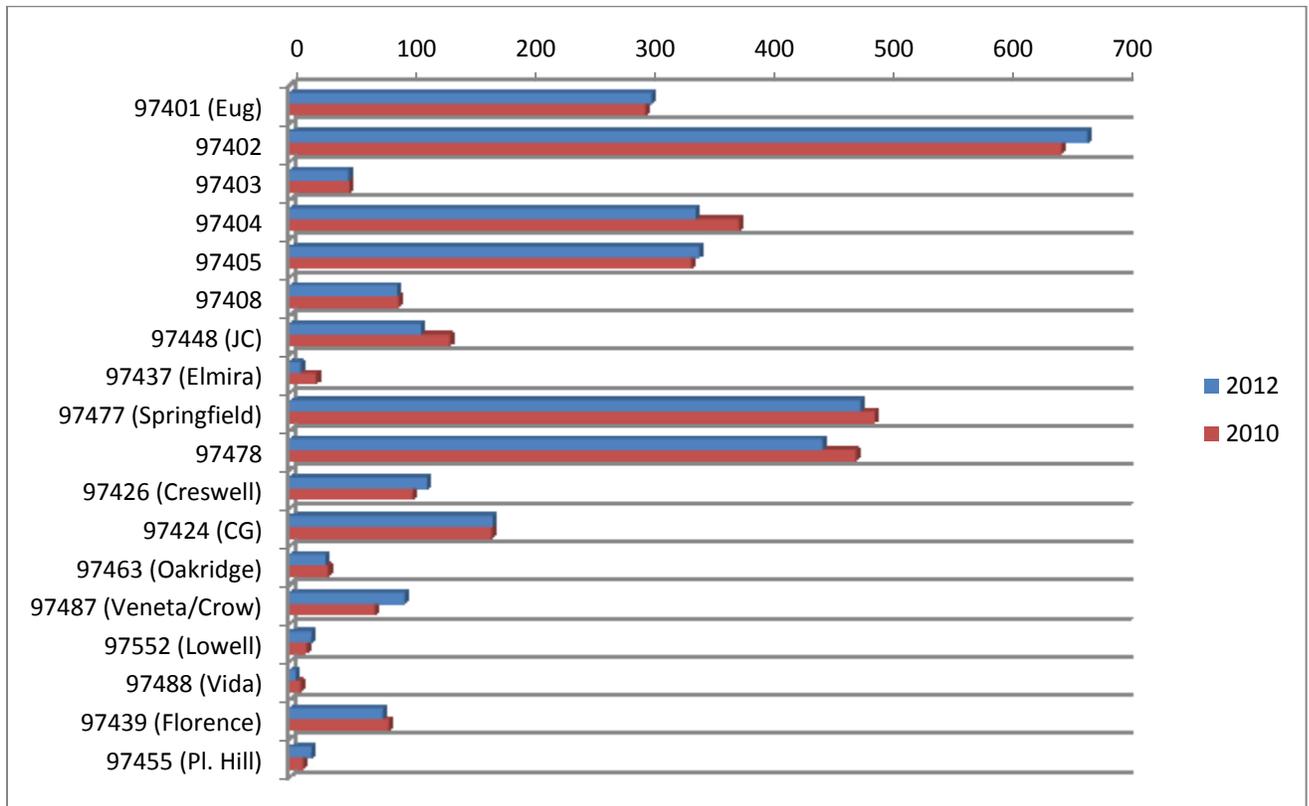
- 9.8% of babies are born preterm – nationally the rate is 12%
- 6.3% of babies have low birth weight – nationally the rate is 8.2%
- 69% of 2 year olds are fully immunized – nationally the rate is 75%

State stats include

- 71% of babies are born to mothers receiving prenatal care
- 14% of SNAP recipients are under age 5
- 21% of WIC recipients are infants
- 95% of infants and 78% of 1 to 2 year olds on Medicaid receive at least one EPSDT screening
- 43% of births are covered by Medicaid.

The *Community Health Needs Assessment May 2013* indicates that in Lane County 74 percent of pregnancies receive prenatal care in the first trimester, however, 17.4 percent of pregnant women smoke. Localities within the County have differing rates – Florence has a 23 percent rate of pregnant smoking women vs. Eugene’s 10 percent rate.

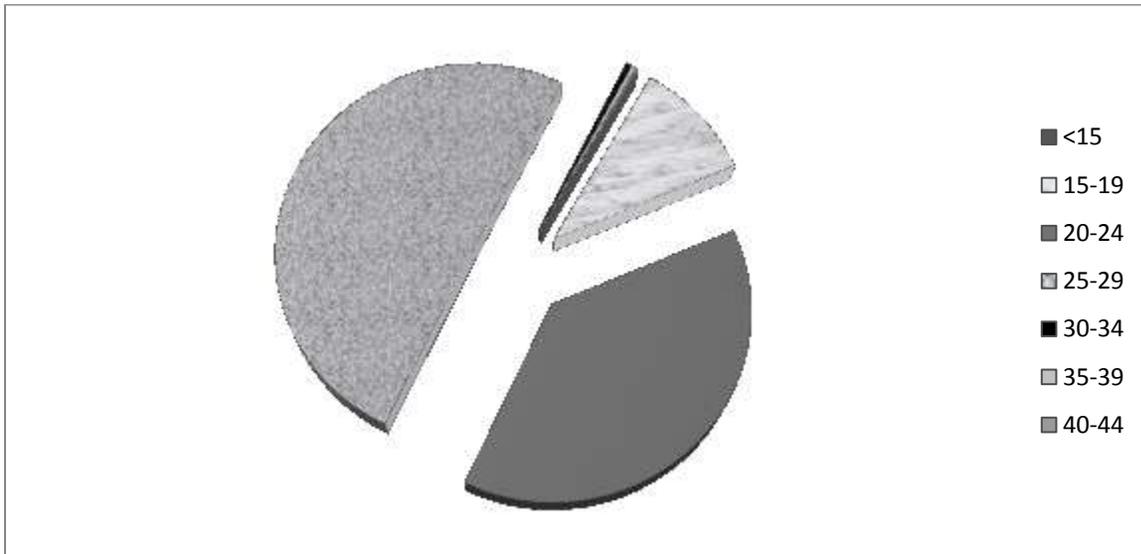
*Oregon Vital Statistics 2010-2012* provides birth rate by zip code:



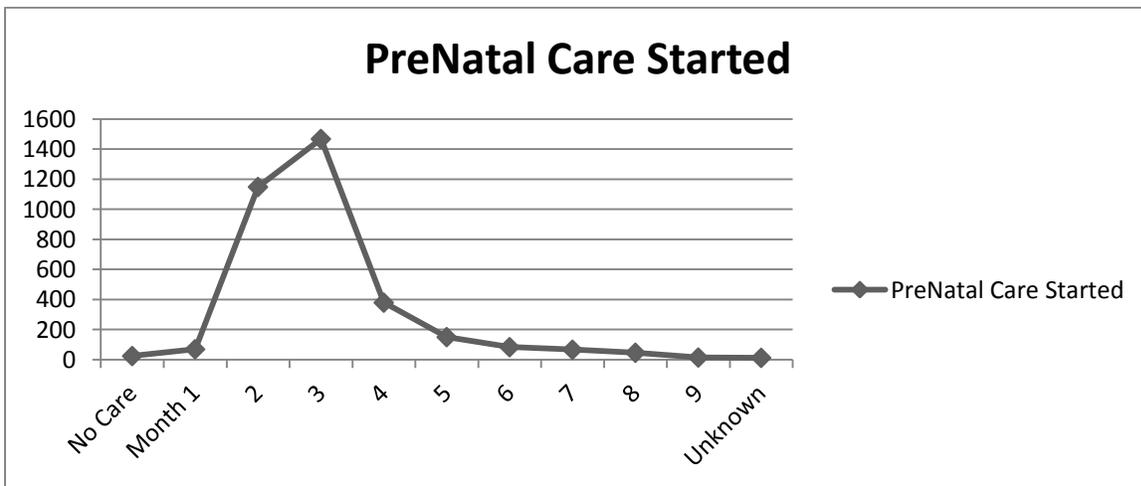
The *Status of Oregon’s Children 2011* report indicates 244 newborns were low birth-weight; County indicators show the infant mortality rate at 2.9 percent is 55 percent better than last year. The teen pregnancy (ages 15-17) at 13.7 percent is 5 percent better than last year at 18.7 percent.

Lane County Public Health Comprehensive Plan 2011-12 indicates that staffing limitations allows for only a fraction of families referred to the home visiting program to receive services. Local hospitals and medical providers know there are a limited number of field nurses so refer infants with high medical/development risks. Social risks are not addressed unless there is a medical condition too. This is one more indicator that families are facing more service limitations.

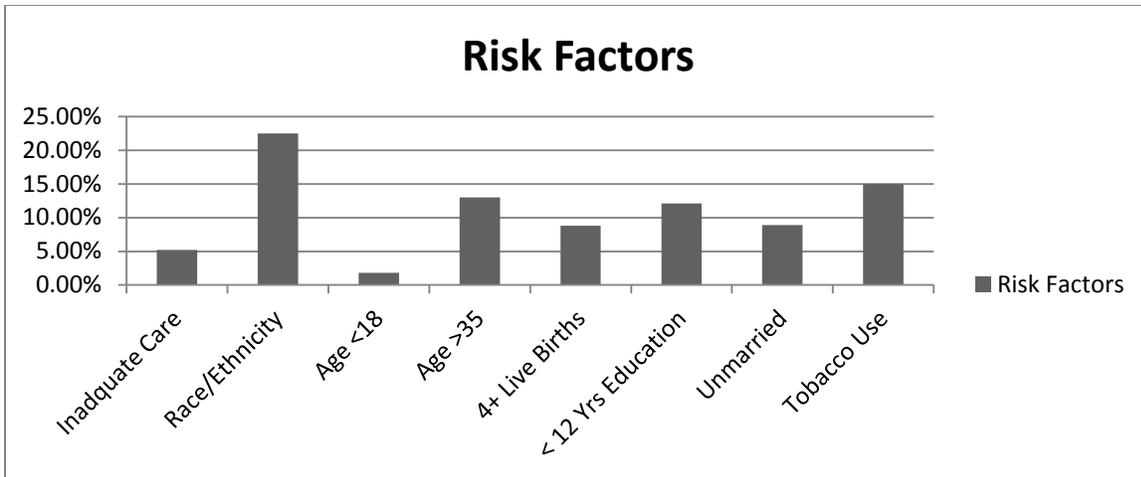
Oregon Vital Statistics 2011 provides total births by age for Lane County:



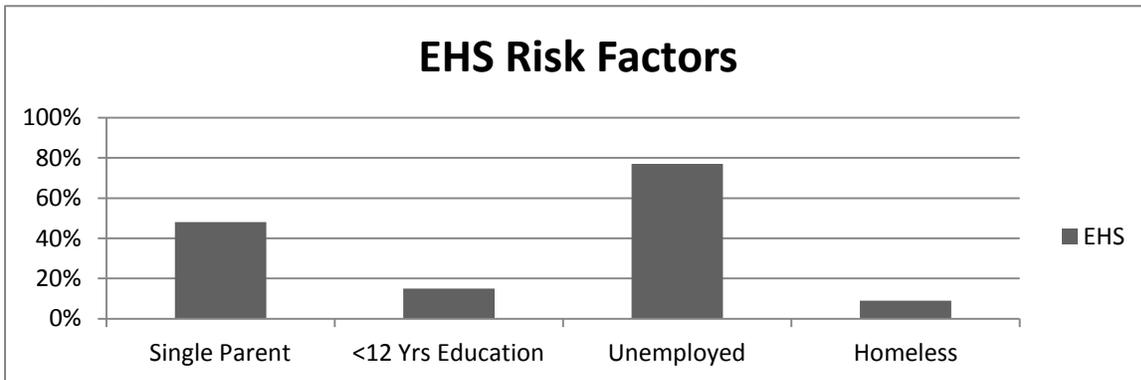
Prenatal care by month indicates the majority of women start prenatal care in the 3<sup>rd</sup> month. The trend line indicates the number drastically decreases after the third month. The *Early Head Start Program Information Report* indicates that one woman was enrolled in the 2<sup>nd</sup> trimester and three women were enrolled in the 3<sup>rd</sup> trimester – none were deemed medically high risk.



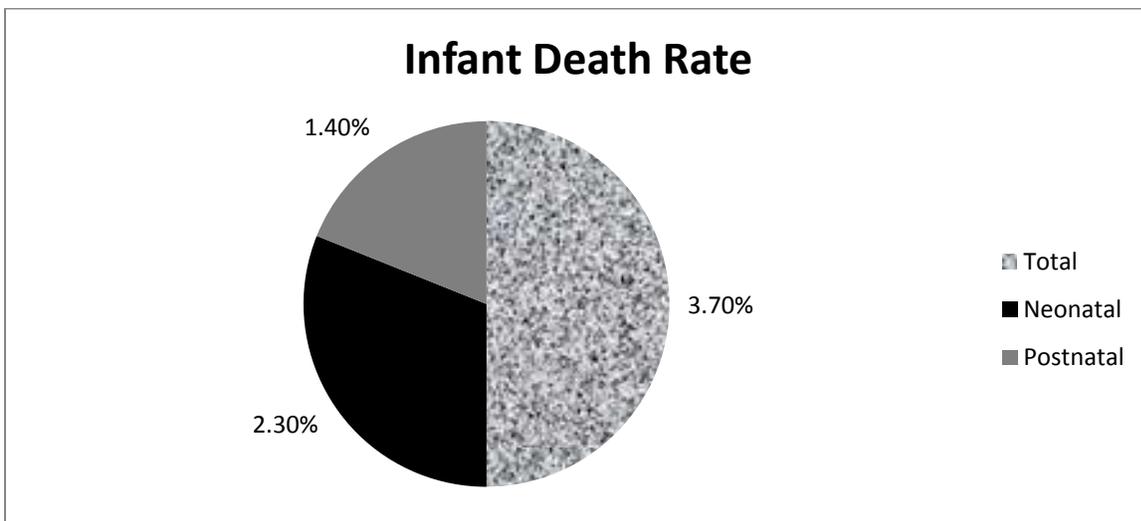
The same report provides data on risk factors:



The Early Head Start 2011-12 Program Information Report provides similar data on risk factors:



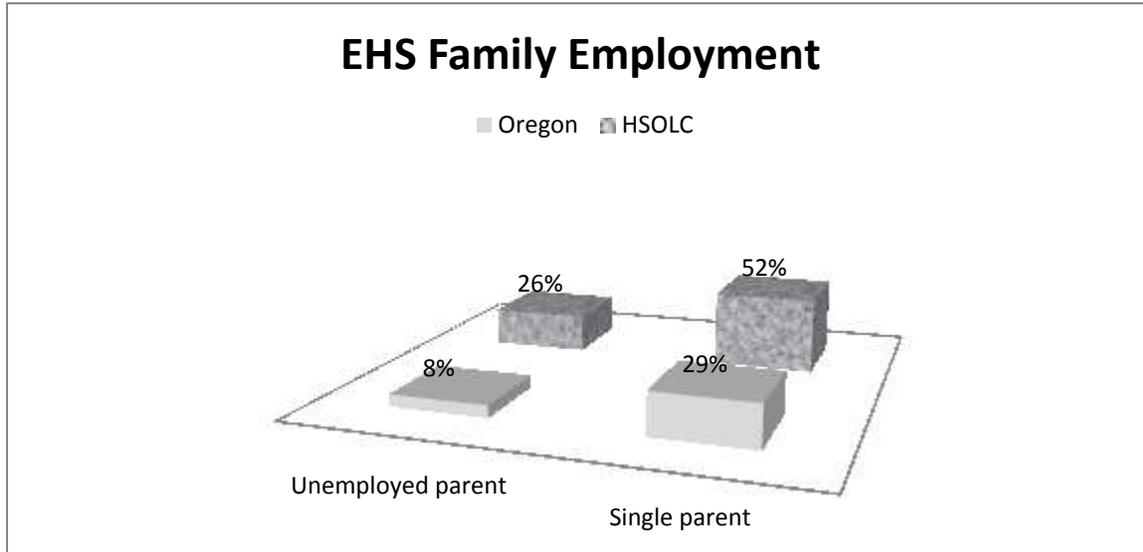
The death rate as reported by the *Oregon Vital Statistics 2011* indicates a total of 13 infant deaths:



The *Zero to Three National Baby Facts* reports over 12 million infants/toddlers (under age 3) are in the U.S. Of this number it is estimated that 48 percent live in low-income families. The EHS Program Information Report provides the type of eligibility in 2011-12:

- Income below 100% of federal poverty line: 20
- Receipt of public assistant (TANF, SSI): 37
- Foster child (number of children only): 6
- Homeless: 5

The *Zero to Three Oregon Report* provides employment data along with *2011 EHS program information report* on the employment status of Early Head Start families:



## Food

*“Unemployment from a Child’s Perspective”* indicates that in July 2012, SNAP monthly benefits, approximately \$278 are less than the average weekly unemployment benefit of \$299 .

*Food for Lane County 2013* reports one in three residents are eligible for food assistance; one in nine children nation-wide in 2010. The Oregon food hardship is 18 percent with 6.1 percent reporting very low food securities according to *Children’s Defense Fund State of America’s Children 2012*. This is the second year that over a million pounds of food was distributed. Oregon Food Bank reports unemployment, underemployment, inadequate SNAP benefits, high costs of food, gas, rent and utilities as the leading causes for food insecurities. In addition, the *Oregon Five Year MCH Needs Assessment and Goals Sept 2010* indicates that food insecurities can also be associated with neighborhoods without easy access to fresh fruits and vegetables, local food markets (within walking distances) and neighborhoods without physical activity resources.

The report also indicates the poor are getting poorer; 61 percent indicate a drop in monthly income during the past two years. When asked why a person used a food pantry, the answers given are:

- SNAP benefits ran out
  - Benefits lasted all month: 9 percent
  - Benefits lasted three weeks: 35 percent
  - Benefits lasted two weeks: 31 percent

- Benefits lasted less than two weeks: 25 percent
  - The average benefit amount is \$129 or \$1.44/meal. This does meet the U.S.D.A. recommended nutritionally adequate diet of \$2.60 (home cooked meal).
- Rising food, fuel, heating costs
  - Gas is critical for rural locations. In Lane County, Florence and Oakridge are the longest distances from the service core of Eugene-Springfield.
  - Service providers are reducing or eliminating services provided in rural locations.
  - Food requests based on gas needs rose from 21 percent in 2010 to 40 percent in 2012.
  - Food requests based on heating needs rose from 30 percent in 2010 to 35 percent in 2012.
- Long term unemployment
- Wages are too low
- Housing costs

The *Hunger in the Classroom: Share Our Strength Teacher report 2012* offers causes and effects from a teacher's point of view:

- Instability at home as the primary cause of children coming to school hungry.
- Home dynamics and practices play a part in a child's hunger: no one at home to cook, no priority to eat, not being able to afford enough food for the family.
- Food hunger is a growing concern; 56 percent of teachers report a lot or most of their students depend on school meals as the primary meal.
- 53 percent of teachers report students coming to school hungry; 78 percent of teachers buy food for their classrooms.
- On average, a teacher will spend approximately \$26/month on food for the classroom.

*Children's Defense Fund Children in Oregon January 2012* indicates 268,000 children received SNAP benefits. Over 312,000 children participate in school lunch program, over 42,000 participate in summer food service programs and over 111,000 receive WIC benefits. *Food for Lane County 2013* provides data for Lane County:

- 1 in 3 residents are eligible for food assistances
- 26% of those receiving food are children:
  - Age 0-17 = 26%
  - Age 18-24 = 11%
  - Age 25-39 = 17%
  - Age 40-64 = 35%
  - Age 65+ = 9%
- 36% are households with children
  - 7% are single – female
  - 2% are single – male
  - 30% are single – no kids
  - 21% are 2 parent with kids
  - 6% are multigenerational
  - 16% are couples – no kids

WIC 2011 FACTS sheet indicates 9,329 infants and children under five were served by WIC. Another 4,056 pregnant, breastfeeding and postpartum women were also served in 2011. This accounts for 5,535 families of which 61% were working. Over \$4 million was spent by WIC recipients in local markets; the Farm Direct Nutrition program received \$25,788 worth by WIC clients spending the vouchers at these locales.

## Family Relationships

The abuse rate for children age five or younger is 17.9 percent as indicated by *Status of Oregon’s Children 2012 Lane County*. There are currently 53 (March 2013) children in the database listed as having an abuse report made.

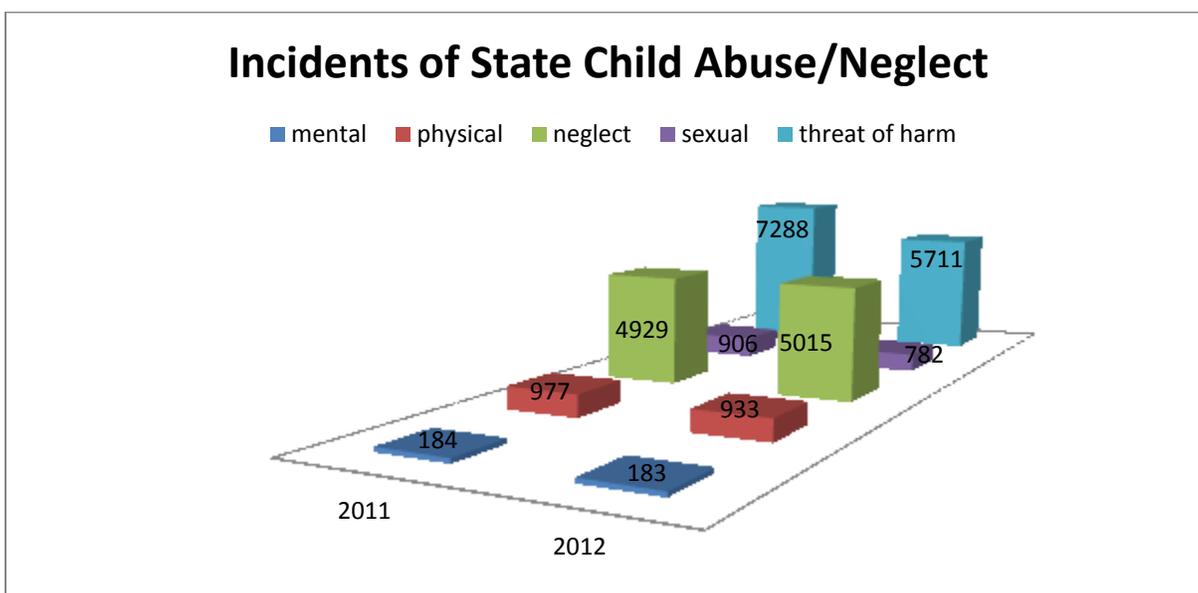
2012 Child Protective Services Data Book notes a change to how data is collected – the new Oregon State automated child Welfare Information System (SACIS) is collecting real time data. New information includes:

- 71.2 percent of reports of abuse/neglect are received by Department of Health and Human Services (DHS)
- Of all reports, 36.3 percent came from schools and law enforcement.
- Of the total state reports referred 20.5 percent were founded for abuse/neglect – this represents 9.2 percent of the total abuse/neglect reports received.

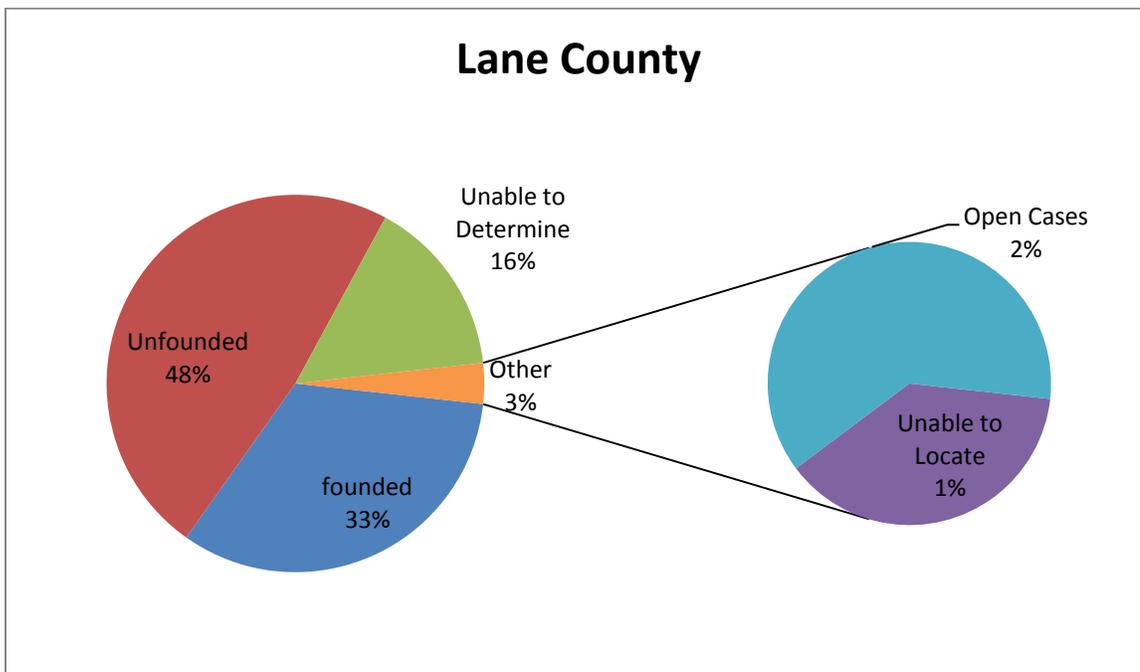
The age/gender breakdown for the state is:

Age	Boy	Girl	Percent
<1	636	583	12.1%
1	393	388	7.8%
2	392	348	7.4%
3	392	360	7.5%
4	348	340	6.8%
5	342	361	7.0%

Seventeen children died from abuse/neglect related causes – 13 were committed by at least one parent. Five were younger than age one. No child had open welfare cases or in care by the DHS. The chart notes neglect as the only increase.



Data for Lane County 2012 follows:



*The State of America's Children 2012* notes that without high quality early childhood interventions, at risk children are more likely to:

- Drop out of school (25%)
- Become a teen parent (40%)
- Be placed in special education (50%)
- Never attend college (60%)
- Be arrested for violent crime (70%)

*The State of America's Children 2012* notes a child is abused or neglected every 47 seconds, with infants/toddlers the most likely age group to be victims of maltreatment; nearly 40 percent of child maltreatment receive no services after the investigation. *The 2011 Child Welfare Data Book* and *Status of Oregon's Children 2011-Lane County* report notes that concrete supports are needed to address underlying issues of neglect. This includes forming family partnerships to keep children safe. Other supports are needed that are culturally appropriate, address drug/alcohol treatment, mental health treatment, and parenting skill building/education. Highlights from this report include:

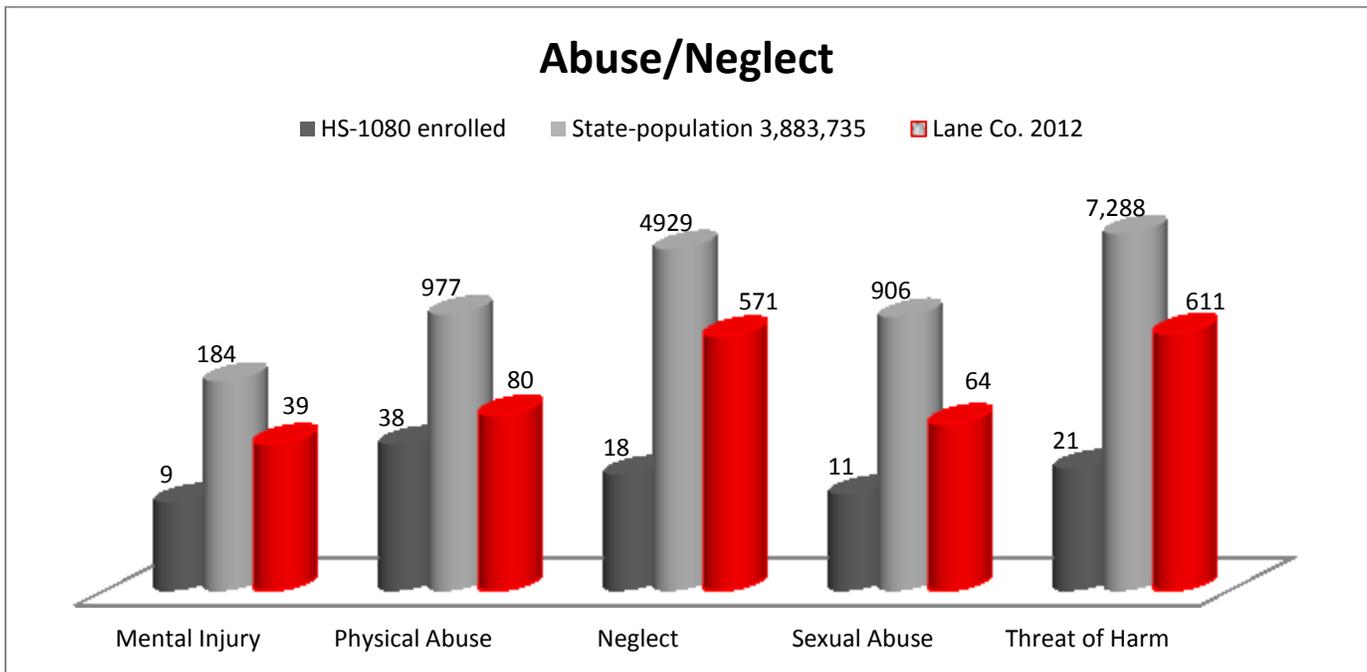
- Lane County is one of 18 counties that has decreases its foster care population in 2011.
- Lane County is one of 16 counties that have decreased the foster care placement rate per 1,000 children.
- Threat of harm is the largest type of maltreatment. In Lane County, 30.8 percent of unfounded abuse/neglect/threat of harm were related to domestic violence and 45 percent related to substance abuse.

*The Child Welfare Data Book Fast Facts for 2011* indicates 46.8 percent of family stress factors relate to alcohol and drug issues, followed by domestic violence (35.2%) and then parental involvement with law enforcement (26.4%). The 2011 Lane County Abuse/Neglect report total 2,768. Of these:

- 1,368 were unfounded,

- 710 were found
- 400 were unable to determine
- 290 were closed, no findings

The ‘founded’ reports break out as follows:



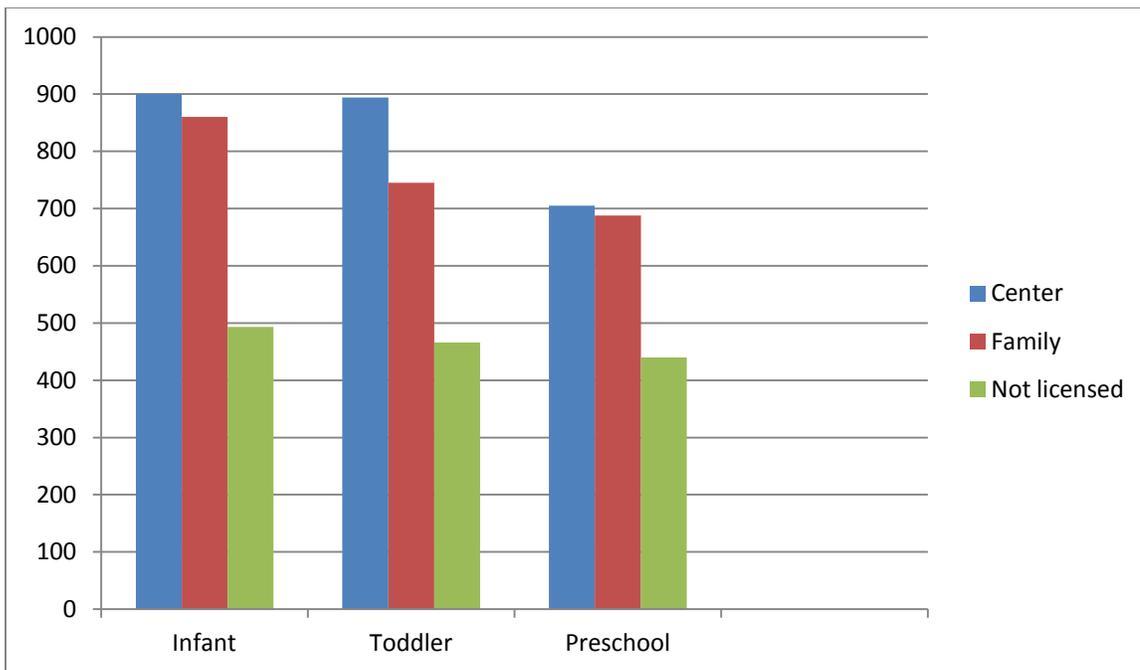
## Childcare

According to *Childcare Aware of America: Parents and the High Cost of Childcare 2013*, in Oregon, the cost difference between care in a family child care home and center-based care for two children (an infant and a 4-year-old) was nearly \$11,000. In 2012, Oregon was the least-affordable state for center-based infant care. The average cost was greater than 18 percent of state median income for married couples with children. *CLASP Better for Babies 2013* reports 42 percent of infants and 52 percent of toddlers have at least one weekly non-parental childcare arrangement in a center or home setting. Thirty-eight (38) percent of children under age 3, with a working mother, spend more than 35 hours a week in some form of childcare.

*Office of Child Care State and Territory Profiles* gives additional data for Oregon:

- 21% of children spent time in a licensed or regulated center (1% operate without regulations)
- 6% of children spent time in a licensed or regulated center group home (1% operate without regulations)
- 20% of children spent time in a licensed or regulated family home (30% operate without regulations)
- 21% of children spend time in the child’s home (without regulations)

Where a child receives childcare is based on personal finances, employment schedule, available and stable transportation along with the supply of childcare that is close to home or work. The funding and wait lists related to employment related daycare (ERDC) have had an impact on available childcare locations. Many families are faced with the dismal reality that it may be cheaper, although not easier, to not work than it is to pay for childcare. The childcare service cost breakdown for Lane County, or group A is:



Childcare should be considered as important an infrastructure as roads and bridges. The Childcare business ranks 17 in employing more people than lumber mills, telecommunication/computer business or wineries, according to *the Economic Impact of Oregon's Child Care Industry 2010*. The average childcare provider wage compares to a gas station attendant, parking lot attendant and animal caretaker. Childcare is tied to the economic security of communities. Without childcare services employers pay more in advertising, training and loss time. The report indicates that each job a parent holds supports one additional job. Employment Related Day Care (ERDC) offsets the cost for low wage earners who use the money towards the cost of housing, fuel and food, allowing a parent to continue to work.

Lane County has 7,000 childcare slots in education center and another 2,000 slots in family childcare. This equates to 19 slots per 100 children; the state goal is 25 slots per 100 children. The price of childcare remains a critical factor in a parent's decision to work or not. The reduction and loss in Employment Related Day Care (ERDC) has a tremendous effect on a family's ability to keep the job when the largest percentage of the paycheck is given to the childcare provider. This cost may be forcing more families to find other means to address their childcare needs: relatives, friends, shift change/hour reduction. The *2012 Oregon Child Care Market Price Study* provides a comparison of full time pricing by age group:

- Prices are generally lower for family childcare and certified family care regardless of age or pricing mode.
- All types of care, preschool and school-age prices are lower than infant/toddler care prices.
- Certified family prices are consistent with centers than family prices. Certified family care is similar to centers in terms of regulations and policies.

Childcare costs can also be attributed to zip code area; Lane County is rated as "A" – consistently the highest in the state. Two trends are also noted from this report:

1. The price range for rate area A is widening and
2. The statewide prices are more closely representing rate area A than B

## Transportation

The *High Poverty Hot Spots* report included data on family mobility. The report notes that one third of moves in West Eugene hotspot had moved from within the hotspot zone while 11 percent moved from one of the other Eugene-Springfield hotspots. Twenty-seven percent of East Eugene/West Springfield moved within the same hotspot while 16 percent moved from one of the other hotspot zones. In East Springfield, 14 percent moved within the hotspot while 26% moved from another hotspot area. In Oakridge, considered geographically isolated, most moves were within Oakridge; five percent of movers came from Springfield.

Lane Transit District (LTD) provides public transportation services throughout Lane County. The size and terrain of Lane County can make it difficult for families to access the Eugene/Springfield core service area. Due to cost associated to operating an office in rural locations many providers have either stopped service or reduced hours/days of service offered. The *2011 Lane Transit District Origin/Destination Study* describes the ridership as being between the ages of 30 and younger with incomes below the overall population – less than \$25,000/year.

Trips originate from home with riders waking to/from the bus stop to their final destination. Improvement areas were identified as:

- Later evening hours
- More frequent weekend services
- Sheltered bus stops

The first two items could be attributed to work place trends of 24/7 service; low-income workers hold the majority of these type jobs. Economic conditions may have affected LTD ridership through a reduction in riders and traveling for entertainment and shopping. A review of January 2013 (45,356) and February 2013 (43,884) 2013 shows ridership dropped 3.2 percent. There was a cash fare increase in 2012, none is expected in 2013. Group pass rates may have a 5.7 percent increase in 2013.

## Mental Health Care

The *2012 Suicides in Oregon Trends* indicates that the suicide rate between the ages of 25-44 has a 3:1 ratio of men to women. Most suicides are white men with a peak age of 20-24. For women the peak age is 45-49. Hispanic men were more likely to die from hanging/suffocation as compared to non-Hispanic white men where firearm is the preferred choice. Prescription medication accounts for 54 percent of male poisoning and 74 percent of female poisoning. The most frequently diagnosed mental health condition is major depression/dysthymia (74%), anxiety disorder (14%) and bipolar disorder (14%). Women are most likely to be diagnosed and receiving treatment for mental health problems. Information from *Community Health Needs Assessment May 2013* indicates that Lane County's suicide rate (16.7%) is higher than the state rate.

In 2011, mental health service requests/referrals came in from a variety of service providers.

- Over 4,000 referrals for mental health or substance abuse treatment was requested by the criminal justice system.
- Over 6,000 referrals were made to public mental health.
- Over 14,000 referrals for mental health treatment was given.
- 98% of all referrals were for people with no insurance coverage.

The *2010 Suicides in Oregon: Trends & Risk Factors* indicates that 62 percent of men commit suicide by firearm, 30 percent of women by poison and 27 percent are veterans. Suicide is the:

- Leading cause of injury death.
- 2<sup>nd</sup> leading cause of death in ages 15-34
- 9<sup>th</sup> leading cause of death among all Oregonians

Factors that contribute to suicide attempts include: Mental/behavior issues; Health issues; Relationship conflicts, and Physical health (elderly). Information from *Oregon Problem Gambling Service Data Book 2011* reports 10 percent of problem gamblers in treatment had attempted suicide one or more times in the past six months.

Seventy percent have diagnosed mental disorder, abuse problem or depression at the time death. Also noteworthy is information from *Oregon Public Health Division State Health Profile September 2012* that indicates the prevalence of substance abuse/mental health problems among incarcerated adults exceeds that of the general adult population – almost three-quarters of the prison population.

The 2012-2013 Program PIR data records 175 children were referred for mental health services outside of Head Start. Of those 148 received services.

The *Head Start 2011/12 Program Information Report* indicates that:

- 62 children received individual mental health assessments
- 42 children referred for mental health services
- 100 parents were consulted about their child's behavior/mental health

The *Secretary of State Audit Report on Children's Mental Health: Ensuring Access and Sustaining Services* recommends improving the continuity of mental health care for children by ensuring children who need and desire mental health services receive service and that concrete efforts are made to document efforts to re-engage children when unplanned service breaks occur. It also notes that the need for services varied by age, gender, race and family structure/income and insurance status.

Accessing mental health services for Hispanic children, younger aged girls and young children has a low utilization use – it is not clear if this is due to lower mental health needs or outreach efforts/diagnoses not reaching the right audience. Younger children (0-6 years of age) do not utilize mental health services. The reasons associated to this could be lack of diagnosis, and mental health issue not readily apparent at a young age. The use of a mental health assessment during pediatric visits may allow for more timely identification of mental health needs. The *Oregon Title V Maternal and Child Health Five Year Needs Assessment 2011* notes mental health for children and families as a prioritized need within the County. It also notes the size of the County as a barrier to care when travel time can be one hour plus, one way, and specialty care is more available in the Portland area, another two plus hour drive. Seven needs were identified in this report:

1. Co-locating mental health care with primary care service delivery and meets the language and cultural need of families.
2. Preventive screening at an early age and at natural points of contact: childcare, medical/dental offices, preschool, etc.
3. Extending access and care to six months for new mothers after postpartum to address any maternal depression.

4. Consultation for pediatric primary care providers and for families with young children and children with special needs to bridge service gaps and make better use of community resources and natural connection points like the doctor and dentist office.
5. Mentoring, education and skill building for parents, including fathers are needed to build stronger attachments and bonding within families.
6. Improving the messages and information to reduce the stigma associated with mental health needs.
7. Expanding technology use to address the County size: electronic records shared across health domains, online video for health consultants and specialists. Training would be needed for the professional and parent on technology use.

The *Lane County Implementation Plan* also indicates that concentrated efforts to consolidate service delivery, reduce paperwork and bring family partnerships and goals into one working document may help ensure that the family is receiving the care, treatment and guidance for success without over taxing an already over worked system. *Secretary of State Audit Report on Children's Mental Health: Ensuring Access and Sustaining Services* also indicates that Coordinated Care Organizations (CCOs) will be used to integrate addiction and mental health services with physical health care.

Problem gambling is defined as gambling that interferes with one or more aspects of a person's life. Gambling is considered innocent fun, starting at an early age; the average age is nine according to *Lane County Mental Health Addictions Implementation Plan 2009-2011*. The *Oregon Problem Gambling Service Data Book 2011* indicates most people gamble without developing a problem, but for those who do, the addiction resemble those of cocaine and meth users. Oregon is spending approximately \$4 million on prevention/treatment as compared to the social costs of \$468 million. Oregon has 37 treatment programs housed in local mental health and addictions agencies as well as 34 prevention programs throughout the State. Lane County has one prevention office. Information for *Lane County Student Wellness Survey 2010: Youth Gambling* provides a look at students in grades 6<sup>th</sup>-11<sup>th</sup> gambling habits:

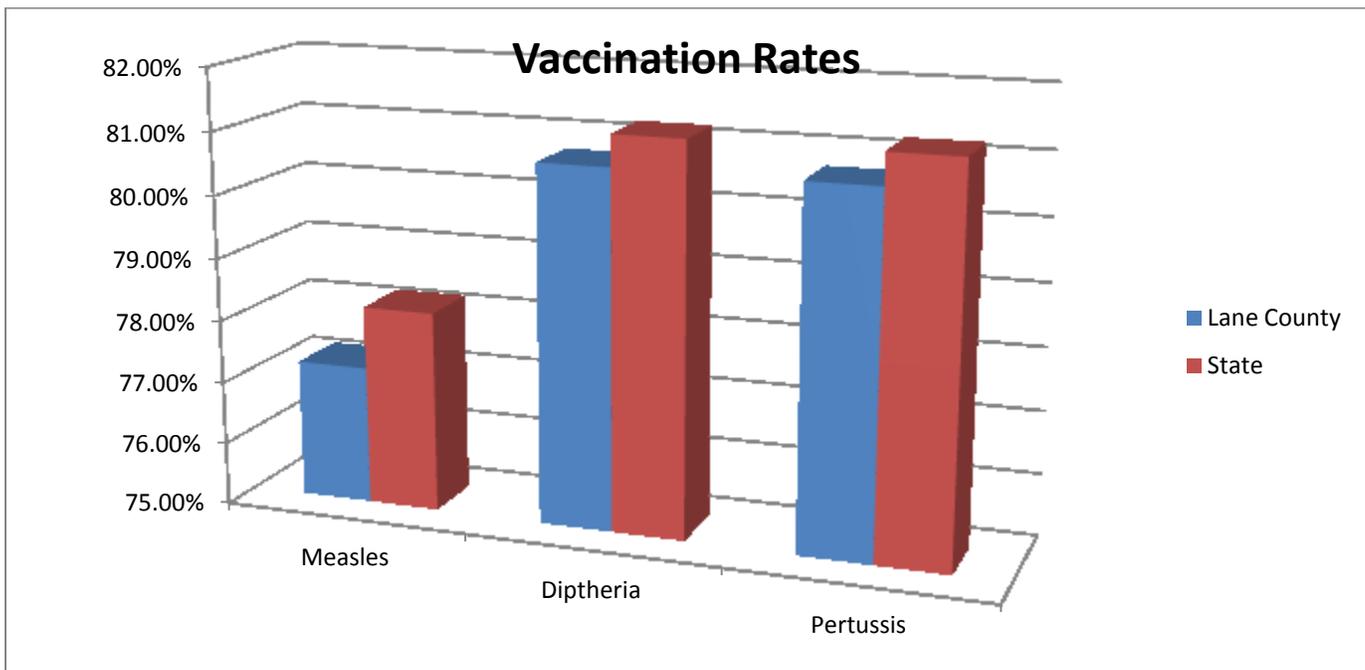
- More girls than boys have gambled in the past 30 days
- More boys lie about gambling
- More girls bet more than intended
- More girls feel worse about the money spent and consequences of betting
- Choice of gambling (lottery tickets, casinos, dice, etc.) evolves with age with betting on games of personal skill as the most form of gambling among 6<sup>th</sup>-11<sup>th</sup> graders followed by cards and dice.

## Health Care

*Community Health Needs Assessment May 2013* identified five health priority goals and areas of concern:

1. Access to care
2. Tobacco use
3. Obesity
4. Mental health substance abuse
5. Health disparities

The same report notes a concern with immunization rates indicating Lane County may be at risk for outbreaks in measles, diphtheria and pertussis'. The availability of doctors and dentists is having a negative impact on the health of Lane County residents, along with cost of care. The Hispanic population faces the same barriers with the addition of language and cultural barriers.

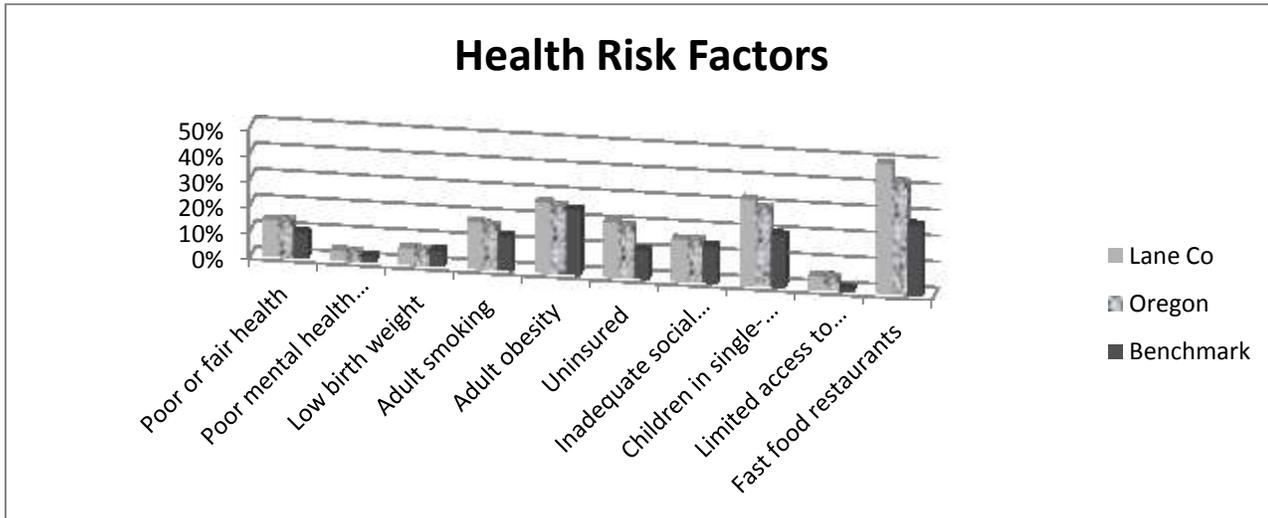


*The Lane County Public Health Authority Comprehensive Plan 2012/13* report notes tobacco as the continuing cause of preventable death – 22 percent of annual deaths in Lane County are attributed to tobacco use. The second leading cause of death is lack of physical activity and poor nutrition – 22 percent of adults are obese and 35 percent are overweight. A study by the *Northwest Health Foundation* found that 34 percent of the increase in Oregon’s health expenditures between 1998 and 2005 could be attributed to the rising obesity prevalence.

*PeaceHealth Trillium Community Health Assessment September 2012* reports Lane County has several communities lacking adequate professional help and/or need more community support services:

- Cottage Grove & Creswell are identified in the community needs index as needing more services.
- Oakridge and Veneta are identified as having health professional shortage (HPSAs)
- Unincorporated Lane County and Cottage Grove are identified as low income HPSAs
- Lane County is identified as having a dental HPSAs)

The Robert Wood Johnson Foundation and the University of Wisconsin national poll bumped Lane County up to 17<sup>th</sup> from 18<sup>th</sup> among 33 counties in Oregon. Lane County Health and Human Services spokesman Jason Davis says the County is on par with the state on most factors. Lane County has a lower teen birth rate and higher education rates. But excessive drinking, sexually transmitted diseases, and a spike in fast food restaurants (50% are fast-food restaurants) are areas of concern. Some of the indicators include:



Oregon Health Improvement Plan identified reoccurring themes related to health care in Lane County:

1. Primary prevention is the way to impact future generations
2. Health equity is more than education
3. Plan should include mental health and addictions as a chronic disease/problem
4. Include oral health
5. Emphasize prevention across the lifespan
6. Community based collaborations are key

Three goals were also identified to help improve the health outcomes for Lane County residents:

1. Achieve health equity and improving social, economic and environmental factors
  - a. Focusing on the student health in the school setting creates an equitable “health empowerment zone” that reduces disproportionate disparities in health care.
  - b. Targeting school age youth has the greatest potential for long-term improvement and investment return
2. Prevent chronic diseases by reducing obesity, tobacco and alcohol use/abuse.
  - a. Make healthy food/drink choices widely available.
  - b. Increase physical activity and provide evidence-based weight management support.
  - c. Develop healthy food markets in low-income neighborhoods
  - d. Promote active transportation
3. Stimulate public health, health systems, innovating and integration.
  - a. Use community health workers, public health nurse home visiting, and case managers to bridge services between medical and community providers. This would be “community health teams.”
  - b. Use savings from above to focus on chronic disease prevention.

The *Head Start 2011-12 Program Information Report* provides health data for Head Start children:

- Health Insurance
  - 2012/13 information is in red:
  - 90% enrolled in Medicaid/CHIP (1,103)
  - 90% enrolled in state-only funded insurance (0)
  - 10% enrolled with other/private insurance (70)
  - 1% with no health insurance (8)
- Medical /Dental Home
  - 98% have continuous, accessible health care (1,160)
  - 98% have continuous, accessible dental care (1,147)
- Chronic health conditions requiring medical/dental treatment
  - 1% Anemia (7)
  - 10% Asthma (129)
  - 8% Hearing problems (80)
  - 10% Vision problems (121)
  - Diabetes - 3
- Immunizations. Lane County Public Health provided 2,264 non-flu immunizations in the first three quarters of 2011, an addition 6,818 were provided by other providers. The County sent out 2,766 exclusion letters, of these 328 students were excluded from school for incomplete immunization records. Head Start data shows:
  - 90% of HS students are up to date on all immunizations appropriate for the age (1,,078)
  - 6% of HS students are up to date on all immunizations but not up to date for age (28)
  - 4% of HS students meet the state immunization exemption guidelines. (41)
- Dental Home
  - 96% received preventive dental care (1,122)
  - 96% have completed a dental exam (1,122)
    - 22% diagnosed as needing dental treatment, 98% are receiving dental treatment (299 diagnosed/285 received treatment)

## Resources to Address Community Needs

Project Launch,(December 2013) reports that through its community assessment that system changes may influence the outcomes on community needs. Six types of systems changes were noted:

1. Policy development
2. Expanding funding for early childhood prevention services,
3. Workforce development,
4. Data systems enhancement,
5. Public awareness, and
6. Interagency collaborations.

Once the systems changes were noted, other issues arose:

- Fragmentation of services across multiple systems
- Service and funding gaps
- Budget cuts and economic recession

- Variation in implementation of evidence-based program
- Infrequent mental health screening for young children
- Lack of common screening/assessment tool across programs and settings
- Limited services to address parental depression
- Inadequate funding or reimbursement rates for screening and mental health services
- Lack of public education on the importance of early childhood education
- Stress on families with the downturn in the economy and growing unemployment
- Limited professional development for early childhood providers
- Lack of mental health providers for children birth to three.

A report provided by Bank of America – 2013 State of Nonprofit Sector Survey supports the information above, pointing out further implications related to sustaining and retaining employees when salaries have been frozen while the cost of living increases.

The information from the Lane County Public Health Authority Comprehensive Plan 2012/13 plan indicates that it closed three branch offices, all in rural areas: Oakridge, Florence and Cottage Grove. With these closures, children and families are faced with no public health services. The size of the county, as described in the mental health section links the difficulty of providing/receiving services when transportation is problematic. As seen from the Health section, Lane County has several communities identified as having health professional shortage. WIC services are limited in the same locations as above causing longer wait lists. The need for nurse home visiting services is greater than the community can accommodate – there are several referrals each month that cannot be assigned to a home visiting nurse due to staff shortage.

The table below reflects service provider information. The agency works with providers as much as possible to address the needs of Head Start/Early Head Start children and families.

Partner	Focus	Target										Prevention			
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated	
Addiction Counseling/Education Service, Inc (ACES)	Adolescent, adult alcohol/drug education/treatment			X								X	X		X
Adult & Family Services	Family self-sufficiency			X										X	
Al-Anon Family Groups	Support of individuals/families w/ issues related to alcohol/drug abuse										X				X

Partner	Focus	Target										Prevention		
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
Alliance for Mental Ill of Lane County	Support, education & advocacy for persons w/ mental illness							X		X				X
American Red Cross	Blood donations, disaster assistance								X	X			X	X
Arc of Lane County	Respite/relief; information/referral to families/caregivers for difficult needs.			X			X	X		X				X
Birth to Three	Support/education for parents of infants/young children		X	X		X						X	X	
CASA of Lane Co.	Children 0-18 w/ abuse and/or neglect who are involved w/ courts.													X
Catholic Community Services of Lane co.	Support, self-sufficiency skills, young fathers, subsidized housing, youth parent shelters, utilities					X							X	
Center for Family Development	Mental health for persons eligible for OHP, chemical dependency									X	X		X	
Centro Latino Americano	Translation services,		X			X			X	X	X		X	X

Partner	Focus	Target									Prevention			
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
	advocacy, housing, employment seeking for Spanish speakers only, chemical dependency, education , counseling													
The Child Center	Children 3-12 mental health services for day treatment and 3-18 for outpatient							X		X				X
Community Center for Family Counseling	Individual and family counseling. Refining parenting skills, childcare									X	X	X		
Community Family Soup Kitchen	Hot, nutritious meals to families in need											X		
Community Safety Net programs	Case management & support for at risk families			X		X	X							X
Community Sharing Program	Food boxes, emergency shelter, rent, utility, prescription and transportation assistance			X									X	
Cottage Grove Counseling Clinic	Substance abuse, family therapy			X						X	X		X	
Direction Services	Mental health services,			X		X		X		X				X

Partner	Focus	Target										Prevention		
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
	therapeutic work w/ families & w/ disabled children; information & referral													
EC CARES	Local LIEP			X		X	X	X						X
Early Education Program (EEP)	Special education/early intervention preschool; family support							X						X
Educational Environments, Inc	Special education/early intervention ages 2.5-11							X						X
Lane County Family Resource Centers	Parent education/support			X			X				X			
Eugene Hearing & Speech Center	Children & adults audiology, speech/language services							X						X
Family Resource Connection	Parent education & support			X							X			
Food for Lane Co.	Hunger throughout County			X										X
Goodwill Industries	Vocational support services							X						X
Healthy Tomorrows	Well child program								X			X		
Lane Co. Healthy	Wellness, family health; school			X		X		X			X	X		

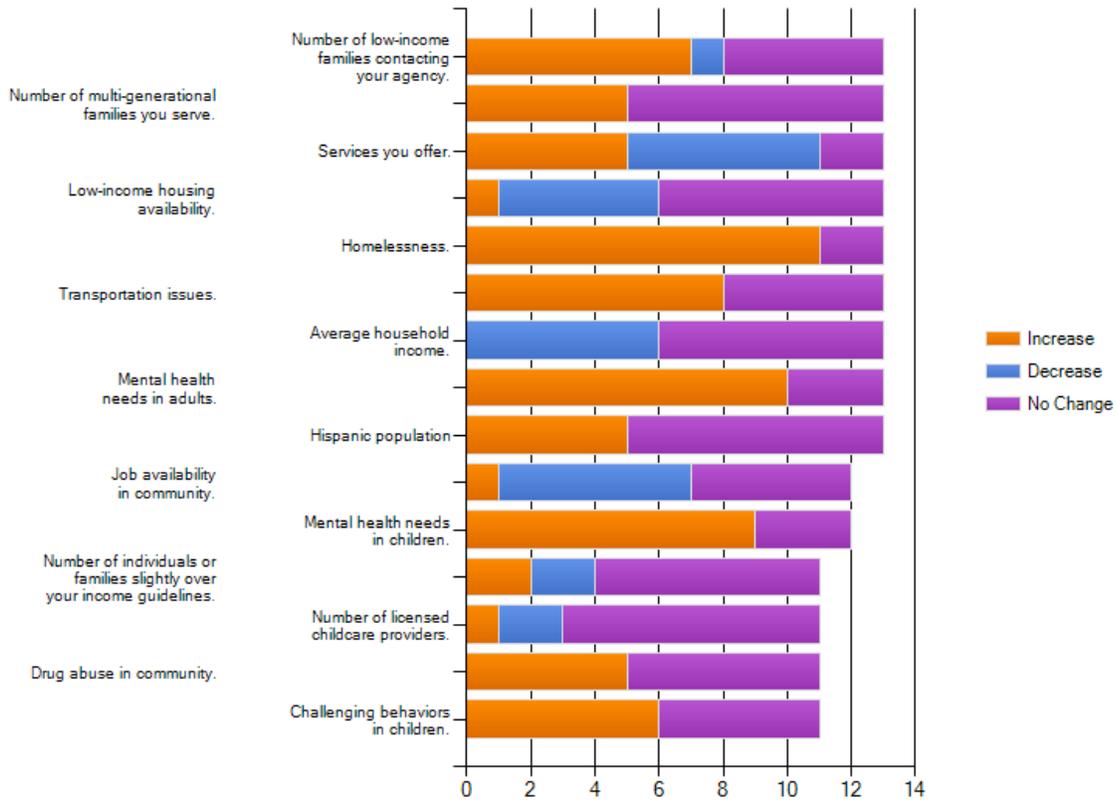
Partner	Focus	Target									Prevention			
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
Start	readiness; abuse prevention													
Lane Co. Public Health	Community health; mother/child health & nutrition, vaccinations			X		X			X			X	X	X
Lane Co. Legal Aide	Legal assistance for low income persons involved w/ courts												X	
Lane Co. Mediation Program	Help with custodial issues/visitations and other plans for children											X	X	
Lane ESD	Education services 0-21 w/ autism			X				X						X
Family Connection of Lane & Douglas Counties	Parents seeking childcare/provider list			X				X				X		
Lane Regional Program	Education services for ages 0-21 w/ hearing, orthopedic or visual impairment			X				X						X
Options Counseling	Mental health services for children, adults & families									X		X	X	
Oregon Family Support Network	Advocacy support parents of children w/ mental health issues/physical,							X		X				X

Partner	Focus	Target										Prevention		
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
	special needs													
Oregon Research Institute	Independent research center in behavioral sciences					X						X		
OSU/Lane Co. Extension Service	Nutrition education for low income families. Family sustainability			X		X						X	X	
Pearl Buck Center	Therapeutic preschool for children age 2-5 of disabled adults. Parent education					X	X	X						X
Relief Nursery, Inc	Home visit for first time parents, outreach, early childhood program					X	X			X			X	X
Saint Vincent de Paul	Limited assistances for basic needs. Soup kitchens, food boxes, housing											X	X	
Scar/Jasper Mountain Agency	Serves ages 4-12 in a stable environment, including family evaluation and assessments			X						X				X

Partner	Focus	Target										Prevention		
		Gender	Ethnicity	Rural	Universal Screening	Home Visits	Childcare	EI/Special Needs	Health Care	Mental Health	Alcohol/Drug	Universal	Selected	Indicated
Services to Children & Families (DHS)	Child protective services			X		X								X
South Lane Family Relief Nursery	Prevention of child abuse/neglect thru family support and early intervention		X	X								X		
Springfield Resource Centers	Parent education, support											X		
United Way of Lane Co.	Health & human services	X	X	X		X		X				X	X	X
White Bird Clinic	Health/dental services					X			X	X	X		X	
WIC	Child/infant nutrition. Pregnant women								X				X	
Womenspace	Emergency shelter & advocacy for those experiencing domestic violence and/or sexual violence	X		X						X				X

The 2013-14 community survey results show the following increases/decreases in community service needs:

**In the last year, has your agency seen changes in the following?**

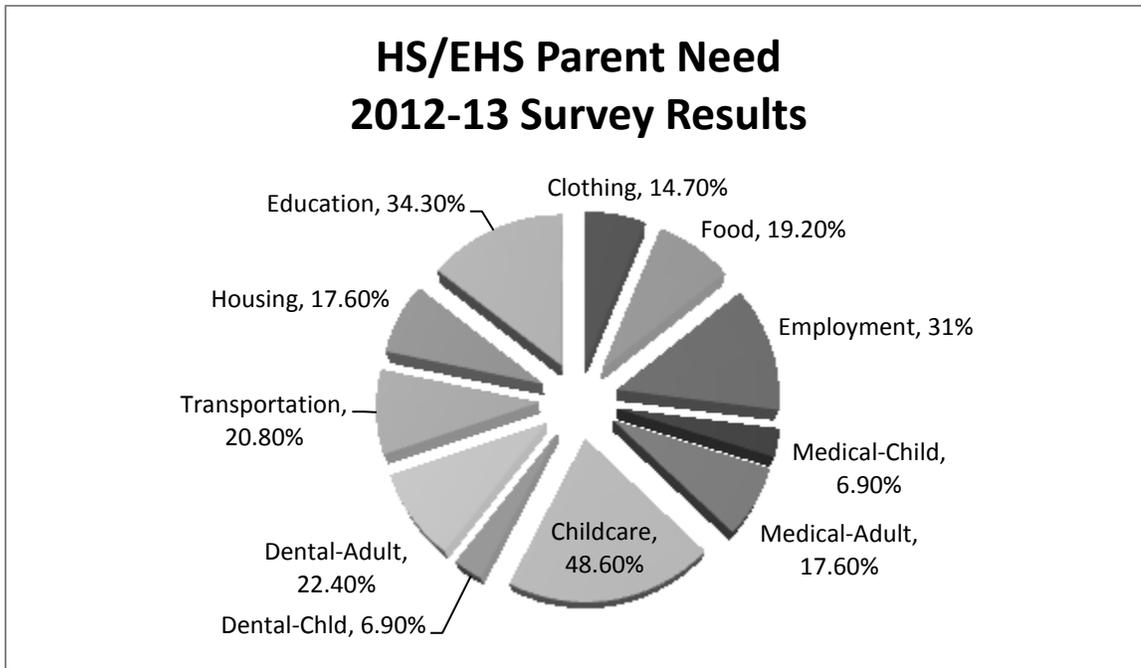




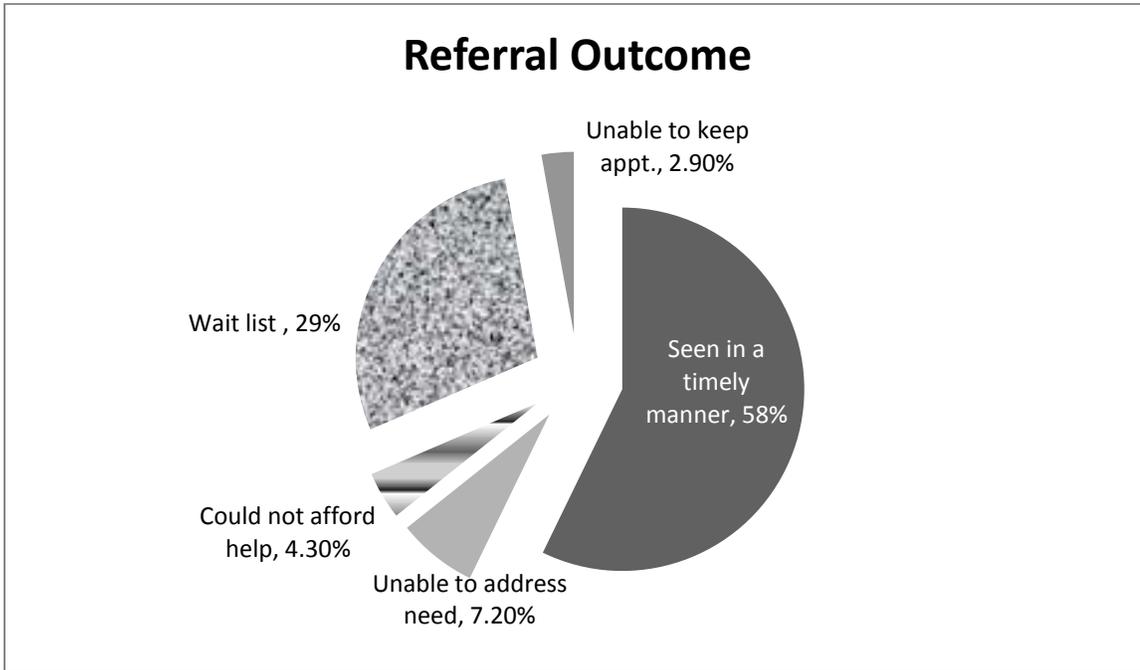


- It seems many community services are maxed out or decreasing in services available (such as housing, shelters, Womanspace, Relief Nursery, Public Health nurse programs and specialized medical care access.
- We serve all of Lane County, and we are unable to travel to outlying communities due to the specialized equipment in our building. Often, our clients are required by law enforcement or DHS to come to our Center for services.
- Transportation continues to be a barrier to many, as well as budget issues which cause us to limit the services we are able to offer, and the number of families we can serve
- Getting them to come for help because they are afraid of stigma, labeling, reporting, etc.
- Maternal mental health does not discriminate based on income, so we don't either.

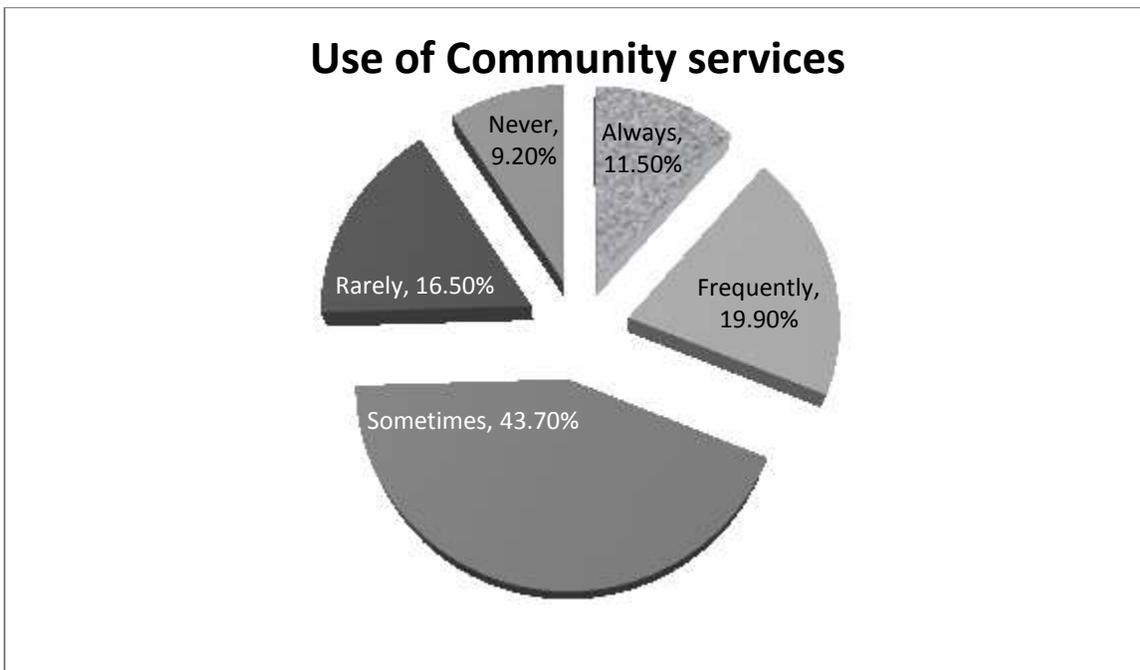
The 202-13 parent survey provides additional information on family needs: childcare is the largest need at 48.6 percent.



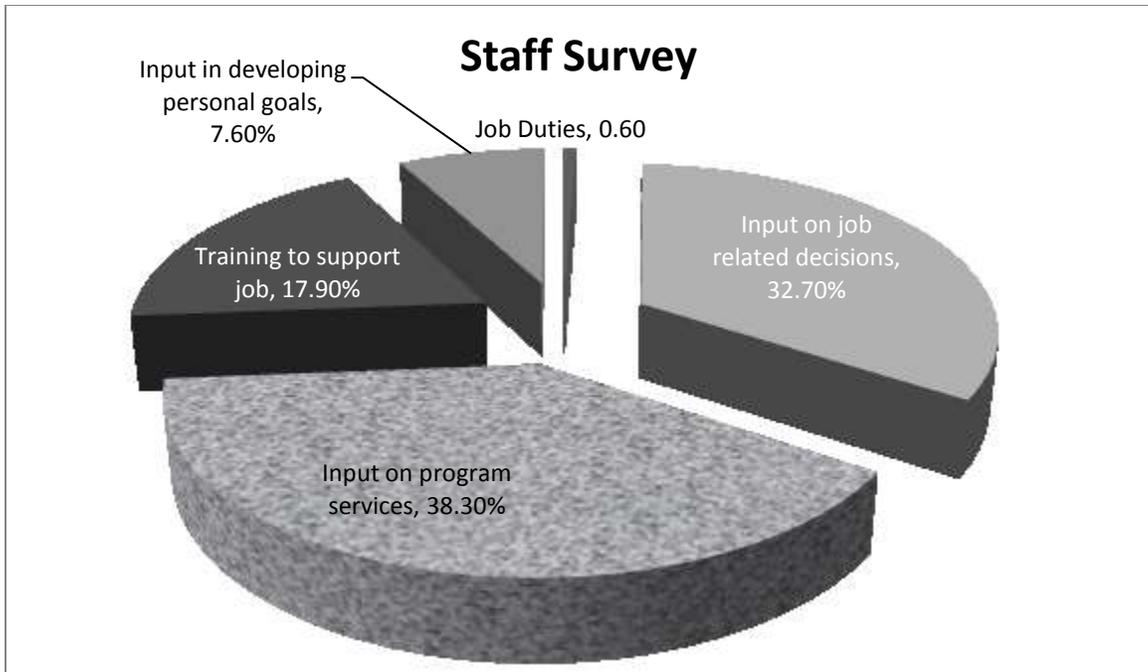
The status of referrals given indicates the majority of HS families were seen:



Other parent survey information shows that community resources are accessed on a regular basis, parents with children with an individual family service plan (IFSP) report good ratings for identifying child needs, including child in full range of services, and keeping parents informed and involved.



Staff report through the annual staff survey that they are satisfied with their positions, have adequate guidance, training and resources to help them perform their job.



### Conclusions and Head Start Efforts

Economic hardship is evident in all areas of the County while the population continues to age and change with a continued increase in the Hispanic population. The Head Start wait list is an indicator that more service is needed in Springfield, which the population by zip code and population growth confirms.

Head Start continues to be the least restrictive placement option for special education eligible children, serving 20 percent of the county’s eligible population. By sharing space, Early Childhood CARES and Head Start saves facility costs and maximizes service delivery in local communities.

Community needs continue to tax an already overworked system. System changes, co-managing and redesigning services is needed to maximize the resources (manpower, locations, services) available to families. Adequate childcare is an essential ingredient to the County’s success to maintain a viable pool of job applicants as the population ages. The agency could work more with employers to establish additional childcare options to influence a change for the betterment of low-income families.

The health professional shortage must be prioritized to ensure children receive the care and attention needed to avoid or reduce future problems leading to increase cost of care. Natural points of contact in a child’s life should be used to assess a child’s health and mental health, bridge service gaps and make better use of community resources. Technology could be better used for outlying areas to access service – video conferencing, online classes, etc. would help connect needs to services while keeping costs at a minimum (no office space, no mileage expenses, etc.)

Head Start is an active player in the community needs by being part of planning and policy committees. Head Start advocates for its clients and teaches its clients how to advocate for their own needs. Head Start/Early Head Start has established partnerships and natural points of contact that moves a family through the early childhood education

system. Within that system are built in safety points for health, mental health, food, transportation, family supports and more.

- Head Start works diligently to secure medical/dental homes for children.
- Head Start offers full day/year childcare services in two locations and partners with community childcare providers.
- Head Start serves meals daily in the form of breakfast, lunch or snack. Classroom gardens are also used to supplement food needs.
- Head Start contracts for mental health services to ensure the child and parent is connecting to a professional.
- Head Start works with a priority selection process to ensure children with identified disabilities, other at risk health or environmental factors, homelessness receive priority points for enrollment.

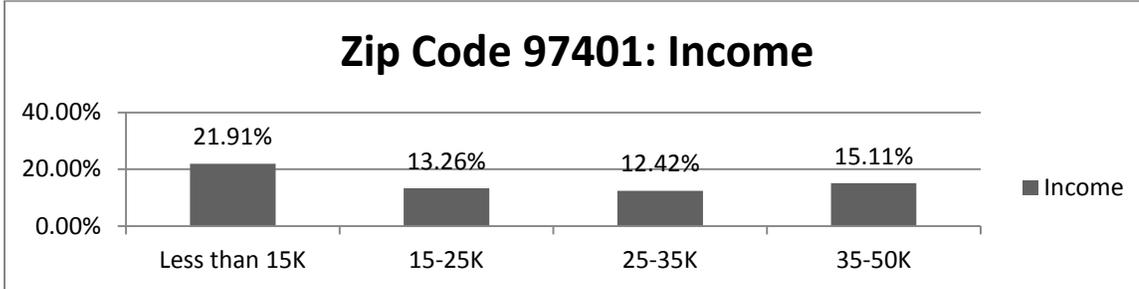
Ensuring that our youngest children have a solid foundation for life is a worthy mission for Head Start of Lane County. That foundation encompasses many building blocks for a stable, productive life which includes a solid family foundation from which to build upon. The steps taken include respecting the uniqueness of every individual served, developing partnerships that span across many service domains while providing quality, comprehensive services that demonstrate results.



## Appendix – Zip Code Data

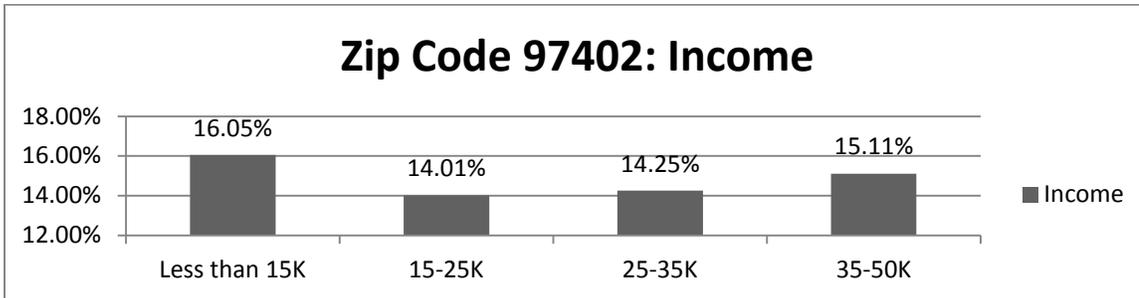
Zip Code 97401: Eugene (Downtown, Delta Hwy, Harlow, Autzen areas)

- Population: 40,632
- Job Growth: -1.47
- Cost of Living: 113.90 (Cost of living is a comparison to the rest of the nation. The ranking is based on 100 points. Points above and below this point indicates how expensive it is to live in that area.)
- Childcare Cost Index: A



Zip Code 97402: (West 11<sup>th</sup>, Hwy 99, Royal, Bailey Hill, Echo Hollow areas)

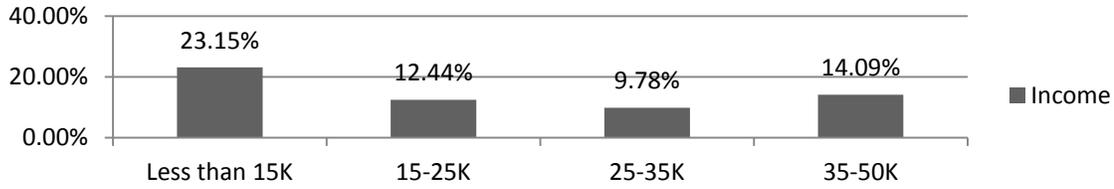
- Population: 49,862
- Job Growth: -1.47
- Cost of Living: 98.4
- Childcare Cost Index: A



Zip Code 97403: (Franklin Blvd, Glenwood, UO areas)

- Population: 11,775
- Job Growth: -1.47
- Cost of Living: 134.40
- Childcare cost Index: A

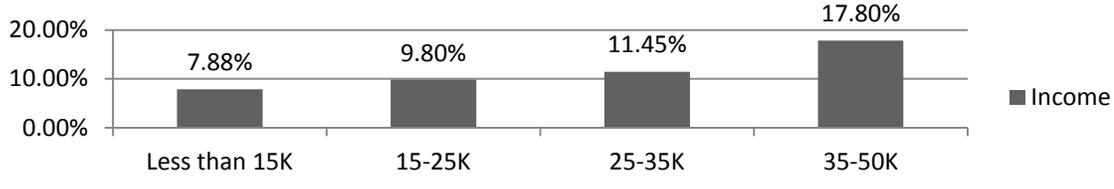
### Zip Code 97403: Income



Zip Code 97404: (River Rd, NW Expressway, Bethel/Danebo areas)

- Population: 32,269
- Job Growth: -1.47
- Cost of Living: 103.90
- Childcare Cost Index: A

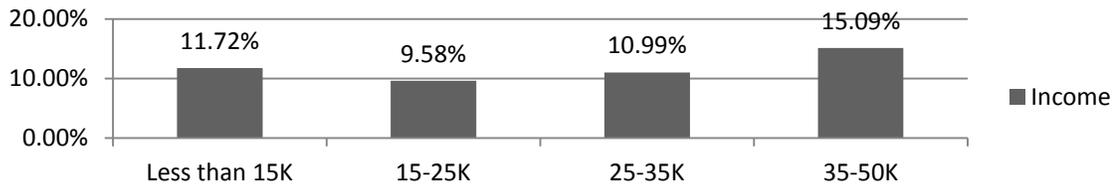
### Zip Code 97404: Income



Zip Code 97405 (Goshen, South Eugene, Lorane)

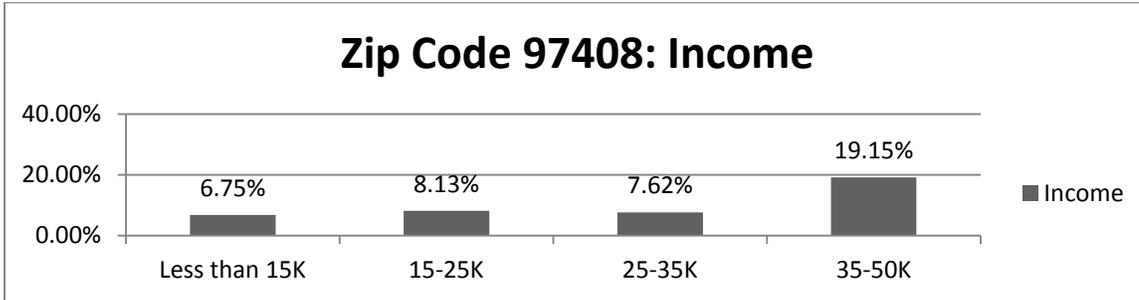
- Population: 44,274
- Job Growth: -1.47
- Cost of Living: 111.30
- Childcare Cost Index: A

### Zip Code 97405: Income



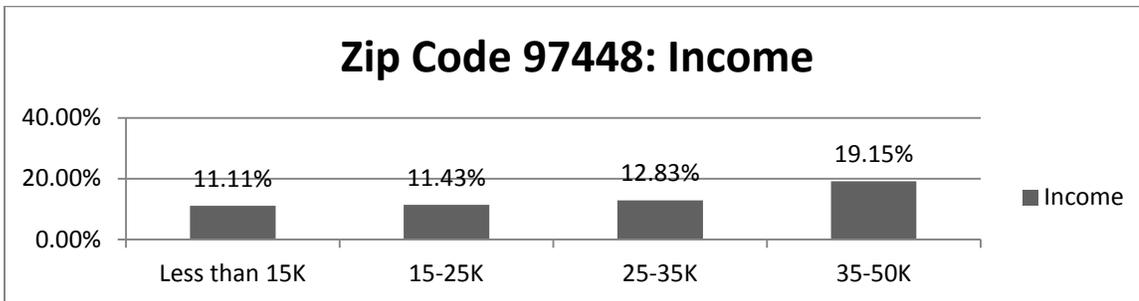
Zip code 97408 (Coburg area)

- Population: 11,708
- Job Growth: -1.47
- Cost of Living: 121.20
- Childcare Cost Index: A



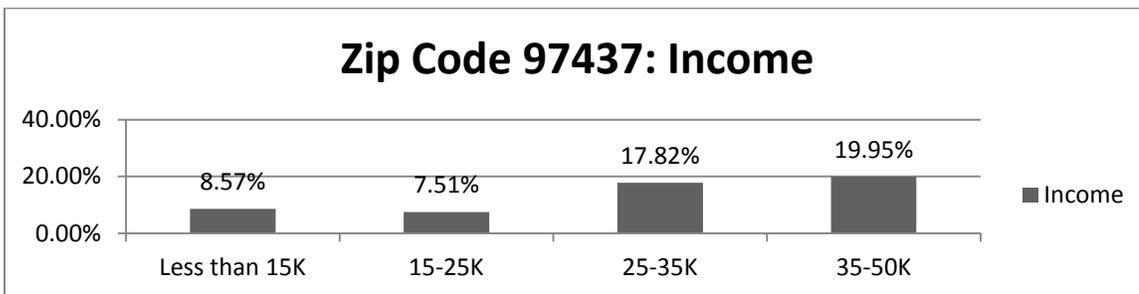
Zip Code 97448 (Junction City area)

- Population: 12,128
- Job Growth: -1.95
- Cost of Living: 102.40
- Childcare Cost Index: B



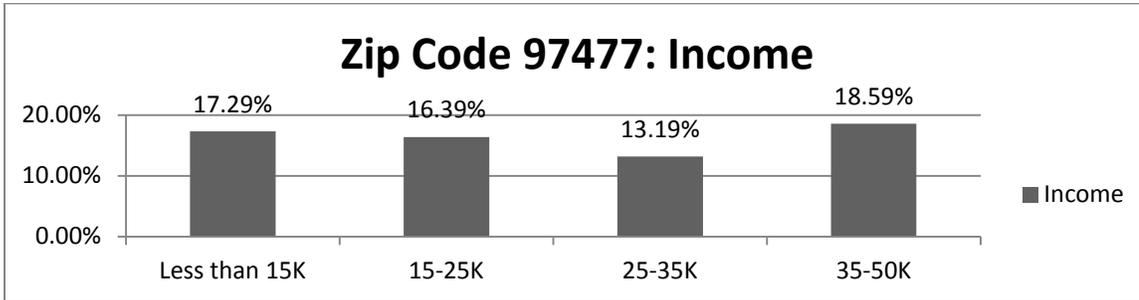
Zip Code 97437 (Elmira, W. Fernridge areas)

- Population: 2,820
- Job Growth: -1.95
- Cost of Living: 99.40
- Childcare Cost Index: C



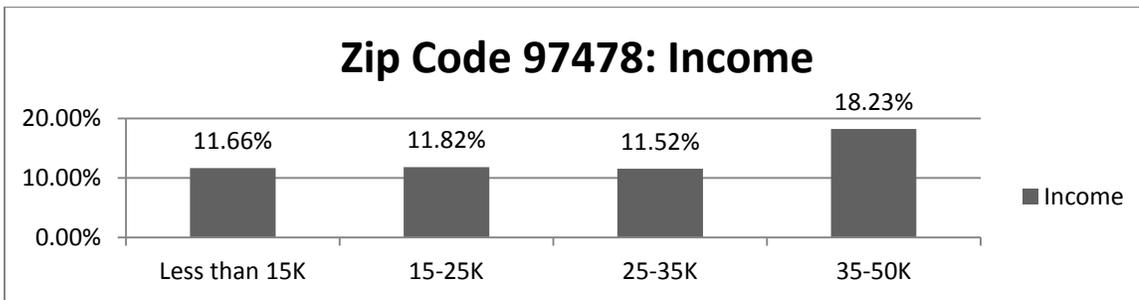
Zip Code 97477 (Gateway, West Springfield areas)

- Population: 36,874
- Job Growth: -2.90
- Cost of Living: 94.90
- Childcare Cost Index: A



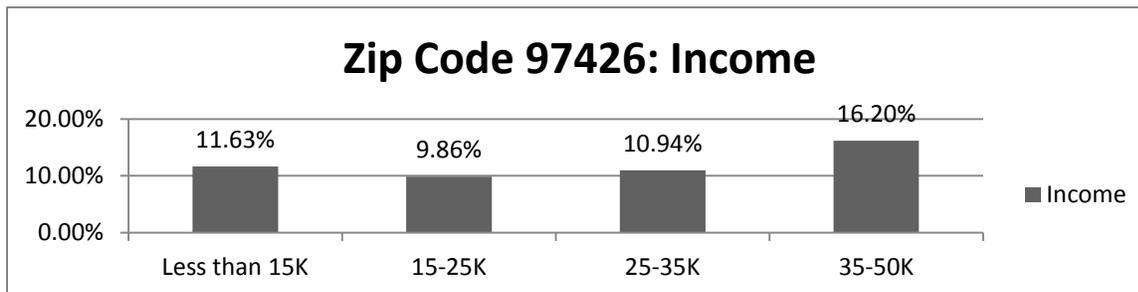
Zip code 97478 (Thurston, East Springfield areas)

- Population: 36,951
- Job Growth: -2.90
- Costs of Living: 99.70
- Childcare Cost Index: A



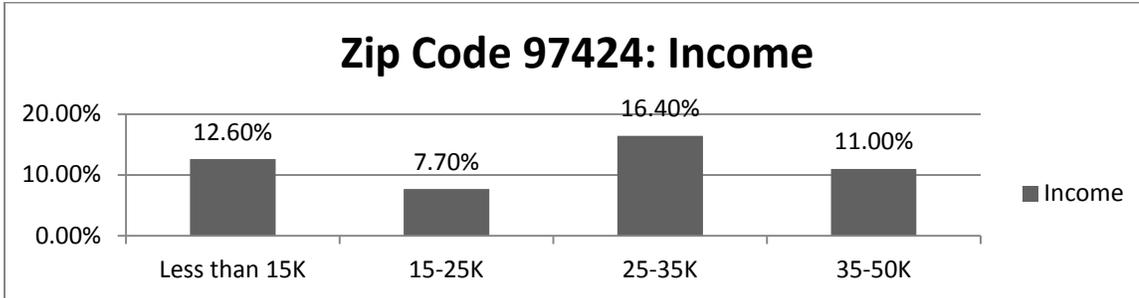
Zip Code 97426 (Creswell areas)

- Population: 9,642
- Job Growth: -1.95
- Cost of Living: 100.70
- Childcare Cost Index: B



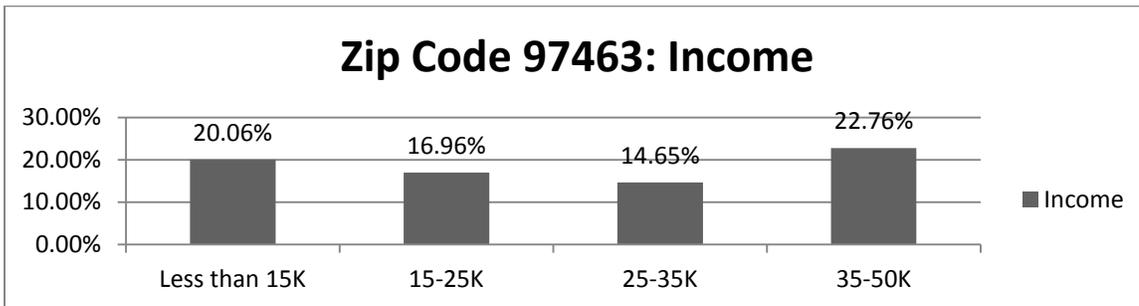
Zip Code 97424 (Cottage Grove areas)

- Population: 17,858
- Job Growth: -1.95
- Cost of Living: 98.20
- Childcare Cost Index: B



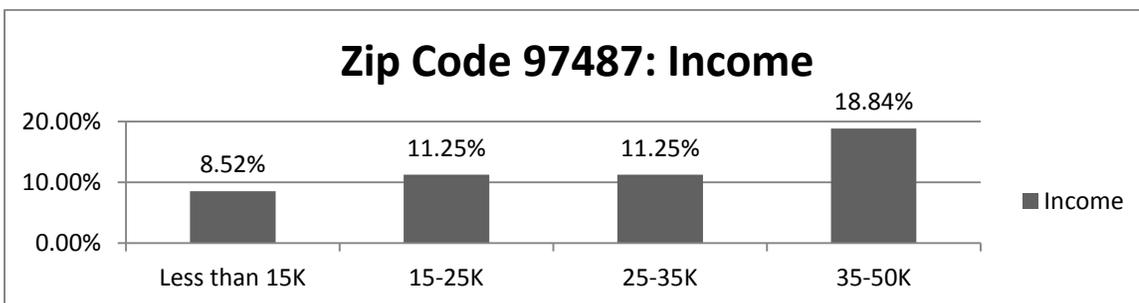
Zip Code 97463 (Oakridge areas)

- Population: 3,906
- Job Growth: -1.95
- Cost of Living: 87.80
- Childcare Cost Index: C



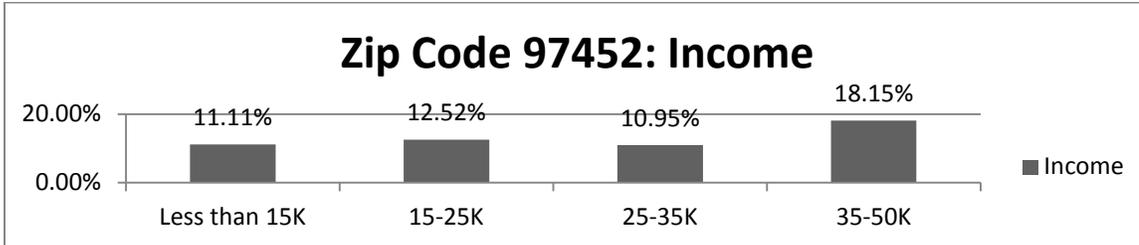
Zip Code 97487 (Veneta, Crow areas)

- Population: 8,594
- Job Growth: -1.95
- Cost of Living: 99.40
- Childcare Cost Index: B



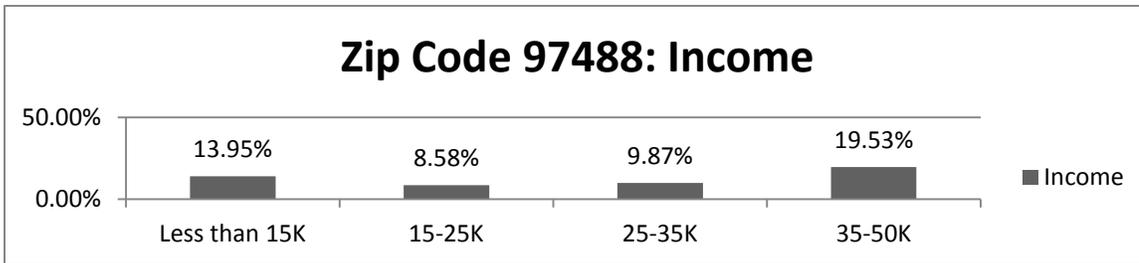
Zip Code 97452 (Lowell areas)

- Population: 1,275
- Job Growth: -1.95
- Cost of Living: 89.20
- Childcare Cost Index: B



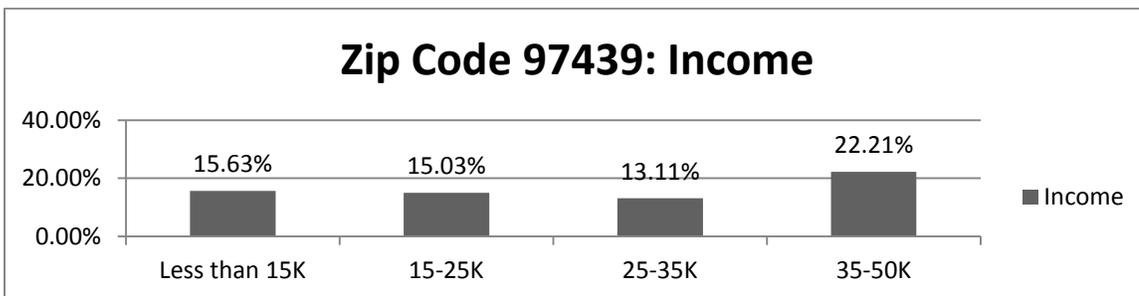
Zip Code 97488 (Vida, McKenzie River, Blue River areas)

- Population: 949
- Job Growth: -1.95
- Costs of Living: 119.70
- Childcare Cost Index: C



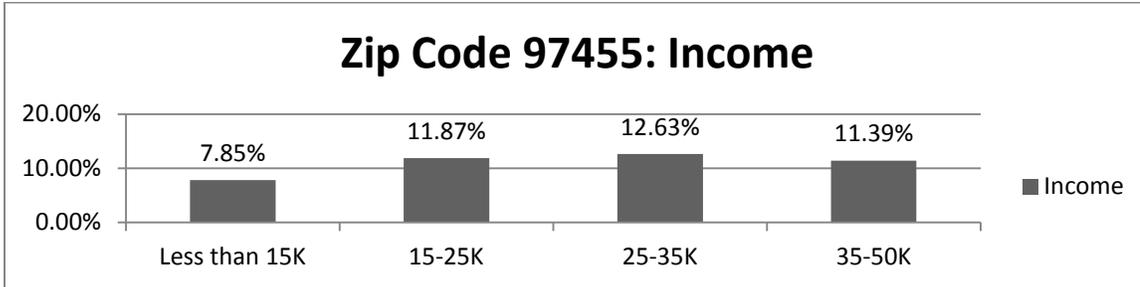
Zip Code 97439 (Florence areas)

- Population: 14,301
- Job Growth: -1.95
- Cost of Living: 101.00
- Childcare Cost Index: C



Zip Code 97455 (Pleasant Hill, Jasper areas)

- Population: 2,387
- Job Growth: -1.95
- Cost of Living: 127.30
- Childcare Cost Index: A



## Resource List 2013-14

SAMHSA's Project Launch Initiative Key Findings December 2013
CLASP Child Poverty in the U.S. September 2013
2012-2013 Head Start of Lane County Program Information Report (PIR)
Portland State Certified Population
The High Poverty Hotspot
CLASP 2013 child Poverty in the U.S.
Unemployment from a Child's Perspective
United Way "ALICE" Spring 2013 report
State Employment Department
Lane County Early Learning Alliance 2014-2018 Strategic Directions
2013 Kids Count State Trends
Status of Oregon's Children 2012 Lane County
Early Childhood CARES 2012 service report
Eugene Weekly November 7 Article on Homelessness
2013 Homeless Count
State of Oregon School District Homeless Student Data November 2013
Community Health Needs Assessment 2013
Zero to Three State Baby Facts: Oregon 2013
Oregon Vital Statistics 2010-2012 Birth by Zip Code
2012 Child Protective Services Data Book
Childcare Aware of America: Parents and the High Cost of Childcare 2013
CLASP Better Babies 2013
Office of Child Care State and Territory Profiles
2012 Suicides in Oregon Trends
Community Health Needs Assessment May 2013
Project Launch December 2013
Bank of America – 2013 State of Nonprofit Sector Survey
2013-2014 HSOLC Community Survey results

## Resource List

- 2010 Suicides in Oregon: Trends & Risk Factors
- 2011 Child Welfare Data Book
- 2011 Lane Transit District Origin/Destination Study
- 2011-12 Early Head Start Program Information Report
- 2011-12 Head Start Program Information Report
- 2012 National Study of Employers
- 2012 One Night Homeless Count
- 2012 Oregon Child Care Market Price Study
- 2-1-1-Call Center

AARP 10 Toughest States for Earning a Living

Centro Latino American 2011 Annual Report

Early Childhood CARES

Economic Impact of Oregon's Child Care Industry 2010

Food for Lane County 2013

Head Start of Lane County 2012-13 community ,parent and staff survey

HUD Sustainable Communities grant: Latino Public Participation and Regional Social Equity Indicators Project

Hunger in the Classroom: Share Our Strength Teacher Report 2012

Indicators Idaho

Kids Count Data Book 2012

Lane County Fair Market Rent

Lane County Health and Human Services

Lane County Implementation Plan

Lane County Mental Health Addictions Implementation Plan 2009-2011

Lane County Public Health Comprehensive Plan 2011-12

Living Wage Calculation for Lane County

Meyer Memorial Coast TWST Blog

Northwest Health Foundation

Oregon Center for Public Policy Fact Sheet October 2012

Oregon Department of Education

Oregon Economic Review and Forecast

Oregon Five Year MCH Needs Assessment and Goals 2010

Oregon Food Bank

Oregon Health Improvement Plan

Oregon Problem Gambling Service Data Book 2011

Oregon Public Health Division State Health Profile September 2012

Oregon Title V Maternal and Child Health Five Year Needs Assessment 2011

Oregon Vital Statistics 2011

Oregon's Demographic Trends December 2012

Peacehealth Trillium Community Health Assessment September 2012

Portland State University Population Research

Register Guard

Robert Wood Johnson Foundation

Secretary of State Audi Report on Children's Mental Health: Ensuring Access and Sustaining Services

Sperlings Best Places to Live June 2012

State of America's Children 2012

Status of Oregon's Children 2011

U.S. Census Bureau Quick Facts 2011

United Way of Lane County

University of Wisconsin

WIC Facts 2011

Zero to Three National Baby Facts