Crosscutting

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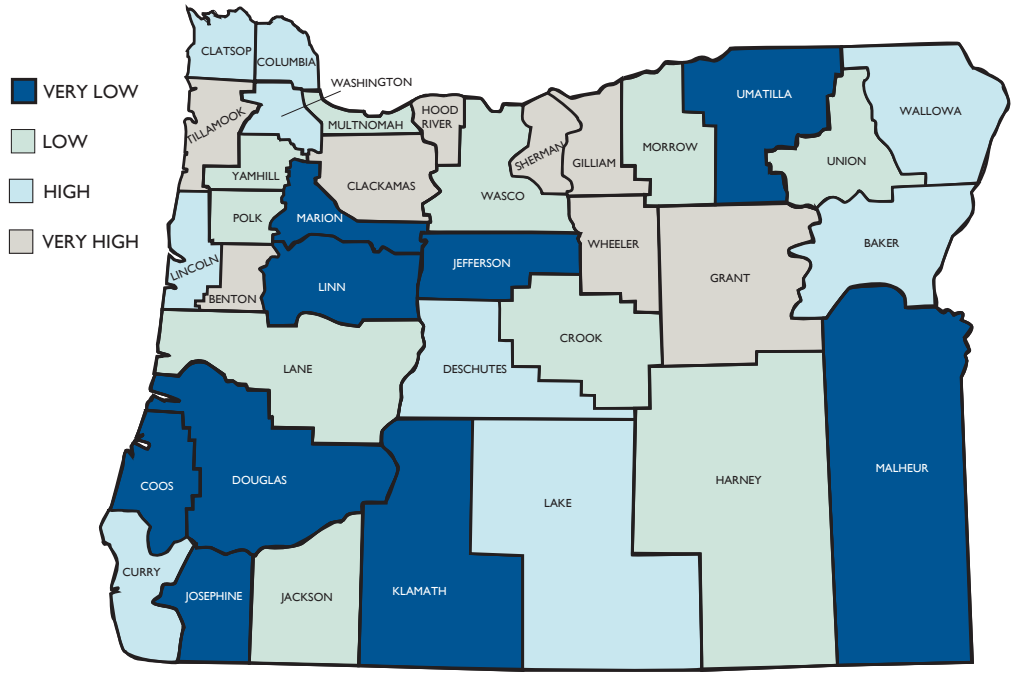
Key indicator: Households at concentrated disadvantage

Indicator details:

- Definition: Proportion of households located in census tracts with a high level of concentrated disadvantage, calculated using five census variables: percent of individuals below the poverty line, percent of individuals on public assistance, percent female headed households, percent unemployed, percent younger than age 18
- Numerator: Number of households with children less than 18 years of age located in census tracts of high concentrated disadvantage
- Denominator: Total number of households with children less than 18 years of age

Significance of indicator: Concentrated disadvantage is a measure of community well-being that factors in far more information than looking at income rates alone. High concentrated disadvantage is linked to low social capital. Communities with high concentrated disadvantage have less ability to improve conditions in their neighborhoods, limit neighborhood violence, and intervene in the community for the common good than do neighborhoods without high concentrated disadvantage. (58) Concentrated disadvantage is a community-level indicator of poverty and socioeconomic conditions, all of which can adversely affect the health outcomes of mothers and their children. It reflects the availability of services and opportunities for community residents including their access to health care, grocery stores and better schools. Disadvantaged neighborhoods have higher rates of single parent households, non-completion of high school, and adolescent deliquency. (59) Furthermore, women living in concentrated disadvantaged areas are less likely to have prenatal care in their first trimester and are at an increased risk for mental illnesses.(60)

Status in Oregon: The map below shows average levels of concentrated disadvantage* for Oregon counties. Not all communities within each county had the same level of concentrated disadvantage.



*The concentrated disadvantage index for each census tract is calculated from five census variables, with the percentage of each then z-score transformed (subtracting the mean of the distribution from the variable value and dividing the difference by the standard deviation of the distribution: Z = (score - mean) /standard deviation)). The concentrated disadvantage index is defined by census tract only. However, for this map only, we have averaged the indicator to a county level.

The table below shows Oregon census tracts with the 10 highest concentrated disadvantage indices.

10 highest concentrated disadvantage indices per Oregon census tracts

Rank	County	Census tract*	Concentrated disadvantage index
1.	Jefferson	Southern portion of Warm Springs reservation	3.36
2.	Marion	Inner northeast Salem: Northgate neighborhood	3.27
3.	Linn	Albany: Queen and Geary neighborhoods	2.56
4.	Jackson	Medford West	2.37
5.	Marion	Inner northeast Salem: Grant-Highland neighborhood	2.36
6.	Malheur	East Ontario	2.35
7.	Washington	Southeast Hillsboro	2.31
8.	Marion	Outer Salem: Hayesville	2.27
9.	Klamath	Klamath Falls East	2.21
10.	Multnomah	St. Johns/Portsmouth neighborhood	2.17

Linked data from Office of Forecasting, Research and Analysis

Key indicator: Food insecurity

Indicator details:

- » Definition: Proportion of households experiencing food insecurity (household reports being unable to afford balanced meals, having to cut the size of meals because of too little money for food or being hungry because of too little money for food)
- » Numerator: Number of households experiencing food insecurity
- » Denominator: Number of households

Significance of indicator: Food security exists when "all people at all times have access to sufficient, safe and nutritious food to maintain a healthy and active life."(61) Unfortunately, in 2011, nearly 50 million people in the United States experienced food insecurity.

Certain populations such as single parent households, Black and Hispanic households and households living below 185% of the federal poverty line are disproportionately affected by food insecurity Furthermore, food insecurity is more prevalent in large cities and rural areas compared to suburban areas.

Food insecurity affects the entire family; infants born to mothers with inadequate nutrition may experience developmental delays, congenital anomalies, low birth weight and other health issues. Likewise, children with food insecurity have an increased risk for behavioral and social issues, chronic health conditions and impaired academic development. (62)

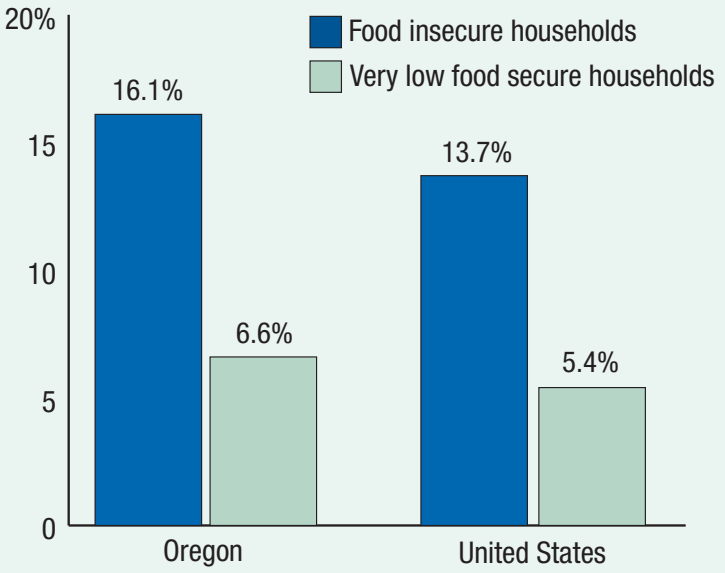
Food insecure: Households that report three or more conditions that indicate food insecurity are classified as "food insecure." That is, they were at times unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food. The three least severe conditions that would result in a household being classified as food insecure are:

- They worried whether their food would run out before they got money to buy more.
- The food they bought didn't last, and they didn't have money to get more.
- They couldn't afford to eat balanced meals.

At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

Status in Oregon: Compared to the United States as a whole, Oregon had a higher percentage of food insecure households (16.1% vs. 13.7%) and very low food secure households (6.6% vs. 5.4%) during the 2013/15 period.

Food insecurity, Oregon and United States, 2013–2015



Data source: United States Department of Agriculture

Key indicator: Adequate maternal social support

Indicator details:

- Definition: Percentage of mothers of 2-year-olds who have adequate social support
- Numerator: Number of mother of 2-year-olds who reported having at least three of five types of social support
- Denominator: Number of mothers of 2-year-olds

Significance of indicator: Healthy, nurturing relationships are key to maternal and child well-being. Social bonds and supportive relationships are widely recognized as being indispensable to healthy psychological functioning and well-being, as well as contributing positively to parenting practices. (63) Social connections are a key protective factor for strengthening families and promoting both individual and community resilience. Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. (64) Research has shown that positive social support of high quality can enhance resilience to stress, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, and reduce medical morbidity and mortality. (64)

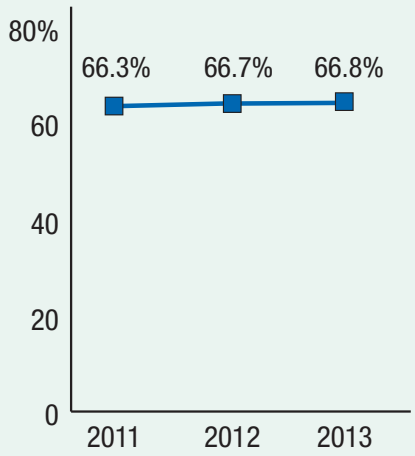
Young pregnant women and new moms who imagined themselves as parents, and therefore developed a supportive circle of friends for themselves that included playmates for their babies and toddlers, had better child and mom well-being. In contrast, pregnant women with low support reported increased depressive symptoms and reduced quality of life. (65) A lack of emotional, informational and material resources including social support increases the physical and psychological strains associated with pregnancy.

This indicator includes the following types of support for mothers of 2-year-olds: someone who would loan money for food or bills when needed, someone to help if the mother was sick and needed to be in bed, someone to take the mother to the clinic or doctor's office if she needed a ride, someone the mother could count on to listen to her when she needed to talk, and someone other than the 2-year-old child who shows the mother love and affection.

Status in Oregon: (U.S. data are not available for comparison.) In Oregon, the percent of mothers of 2-year-olds with adequate social support remained relatively consistent between 2011 and 2013 (66.3% to 66.8%).

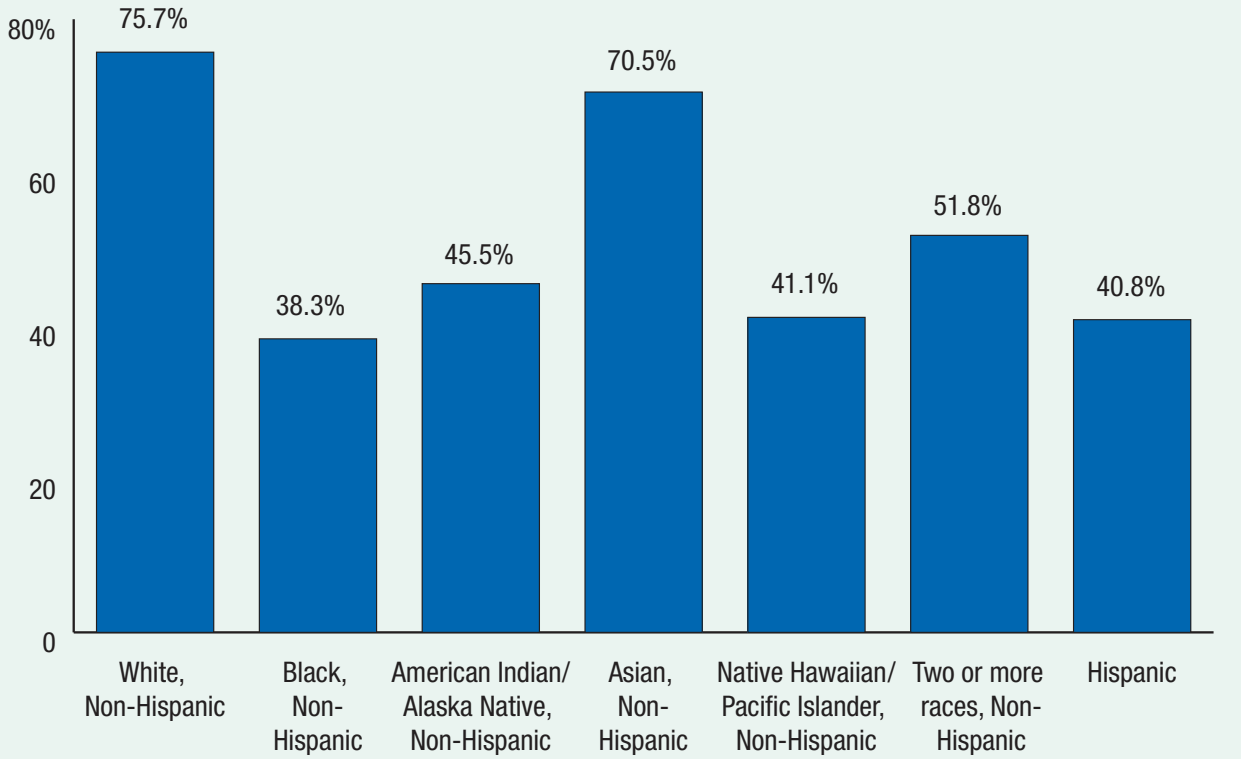
Disparities in Oregon: Asian and non-Hispanic white women had rates of adequate maternal social support of approximately 71% and 76% respectively, while women of other race/ethnic groups had rates of adequate maternal social support from approximately 38%-52%.

Mothers of 2-year-olds with adequate social support, Oregon, 2011–2013



Data source: PRAMS-2

Mothers of 2-year-olds with adequate social support, by race/ethnicity, Oregon, 2013



Data source: PRAMS-2