State of Equity Report

Summary of Findings

June 2011

Phase 1: DHS/OHA

Department of Human Services and
Oregon Health Authority

Key Performance Measures (KPMs)
by Race and Ethnicity

Oregon Health Authority

OMHS Office of Multicultural Health and Services

DHS Oregon Department of Human Services

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Letter from the Directors

Dear Reader,

In 2009, the Department of Human Services and the newly created Oregon Health Authority adopted core values for their organizations. Among those core values were service equity for DHS and health equity for OHA. To both agencies, equity means providing the highest quality services for all Oregonians while helping them attain the best possible health and well being. We recognize that achieving equity requires our agencies commit time and resources to understanding historical and institutional practices that perpetuate disparities. Beyond understanding these practices, achieving equity requires that we commit time and resources to make changes that remove barriers for our clients and improve the health of diverse communities. With that in mind, we began the development of this report to document the current racial and ethnic inequities in both departments so that we can move forward strategically and deliberately toward change.

This "State of Equity Report" builds on work begun more than a decade ago by many of Oregon's committed and concerned health and human services advocates:

- Recommendations from the Governor's Racial and Ethnic Health Task Force that resulted in the creation of a DHS Racial & Ethnic Health Data Group to collect and analyze data supporting the state's efforts to eliminate health disparities in Oregon.
- The Health Equity Committee recommendations to the Oregon Health Fund Board for expanded data collection and analysis efforts to document and serve as a tool for monitoring efforts to address health inequities.
- The Urban League of Portland's release of the "State of Black Oregon" report documenting unacceptable disparities in health and human services in the African American community.
- The Coalition of Communities of Color report, "An Unsettling Profile," documenting egregious disparities across various communities of color in the Portland Metropolitan Area.
- The adoption of Oregon's Action Plan for Health based in part on the Oregon Health Authority's Health Equity Policy Review Committee recommendations for additional collection, compilation and analysis of health outcomes using accurate and granular demographic data.
- Recommendations from the Governor's Task Force on Disproportionality in Child Welfare report, "The Road to Equity," concerning evidence-based strategies to eliminate racial disproportionality and disparate treatment of Native American and African American children in Oregon's foster care system.

The first report of its kind for the Oregon Health Authority and the Department of Human Services, the "State of Equity Report" is a comprehensive look at departmental performance measures by race and ethnicity. It is an important step in the agencies' critical self-reflection. Consideration of the findings and implementation of improvements resulting from the findings will help DHS and OHA honor our commitment to quality stewardship of the public dollar. The report has shown us that we have a lot of work to do to live up to our commitment to service and health equity for all Oregonians.

As public servants, DHS and OHA staff – from the directors to the front line workers – are committed to continuously improving the quality of the services we deliver and the relationships we have with community service providers and Oregon's diverse communities. We recognize that while all Oregonians pay into state government, not all communities have seen an equally valuable return on their investment.

Finally, we hope this report will serve as a resource for our community partners and elected officials, leading to a broader dialogue that explores the current and historical factors that created, and may perpetuate, inequities. Ideally, this dialogue will inspire new policy conversations, new programs, and new funding partnerships in both the public and private sectors creating new opportunities for Oregon and all Oregonians. Promoting equity in health and human services among culturally defined communities not only helps Oregonians thrive as a whole, it also helps position Oregon to more effectively compete in the global marketplace.

Holding these bold goals in mind both the Oregon Health Authority and the Department of Human Services commit to taking intentional, practical, and persistent steps toward equity. We invite you to join us.

Bruce Goldberg, Director, OHA

Erinn Kelley-Siel, Director, DHS

Contributors

Project team

The Office of Multicultural Health and Services (OMHS) and Program Design and Evaluation Services (PDES) have been working together on this project. OMHS provides direction for and oversight of the State of Equity Report. PDES — an applied research and evaluation unit within the Oregon Public Health Division and Multnomah County Health Department — is taking the lead on assessing availability of data at the Department of Human Services (DHS) and the Oregon Health Authority (OHA), compiling information from reports, analyzing data if needed, and summarizing data in the report.

Acknowledgements

We appreciate the invaluable input from the OMHS Community Advisory Council on the plans for this report. We also thank the following individuals within DHS and OHA for taking time from their already busy schedules to help gather information for the report:

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- **Seniors and People with Disabilities Division:** Mike McCormick

Executive summary

Background and purpose

More than a decade ago, the Governor's Racial and Ethnic Health Task Force identified availability of data on racial and ethnic communities as key to positioning the state to compete for new sources of funding and for determining a level of priority in decision-making processes. This State of Equity Report represents a step towards building capacity within the Department of Human Services (DHS) and the Oregon Health Authority (OHA) to realize key priorities identified by the Governor's Racial and Ethnic Health Task Force.

The purpose of the State of Equity Report is to describe the need for DHS and OHA services and programs, access to those services and programs, customer service quality, and related outcomes by race and ethnicity. Information in the report is intended to be used for policy and program development and as a baseline by which to measure future progress.

The objectives of Phase 1 of the report were to assess the availability and quality of data on DHS and OHA Key Performance Measures (KPMs) by race and ethnicity, and the feasibility of compiling this information by race and ethnicity across DHS and OHA. KPMs are measures that provide a barometer of how well the agency is using available resources to accomplish mission-critical business and serve clients. They are, depending on the division, related to need for services and programs, access to those services and programs, customer service quality, or related outcomes. The KPMs were used as a starting place for this report because they are routinely calculated, publicly vetted, reported to the Legislature, and were few enough in number (42) to make compiling by race and ethnicity feasible.

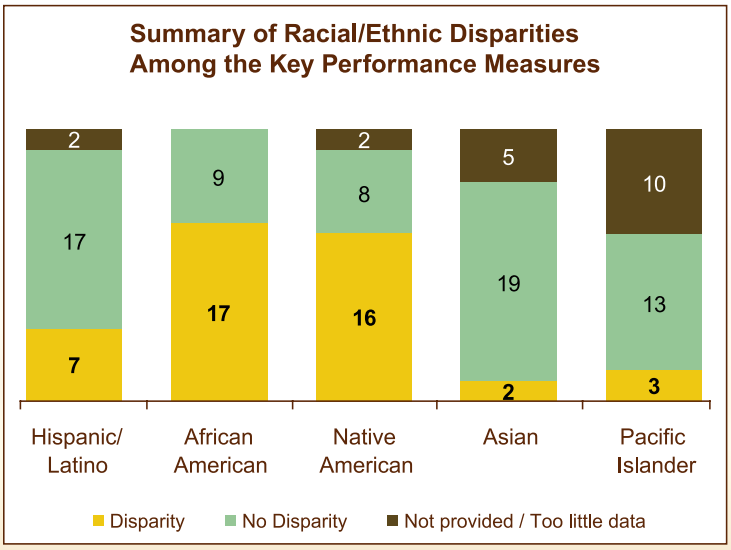
Summary of results

We found most DHS and OHA KPMs (37 of 42) can be calculated by race and ethnicity. Of the 31 KPMs calculated by race and ethnicity for Phase 1:

- Twenty revealed disparities.
- Six showed little or no disparities.
- Five could not be interpreted because of too few events in most racial and ethnic categories to estimate the KPM.

Of the 31 KPMs calculated for Phase 1, 20 revealed disparities by race and ethnicity. When one examines the disparities in these 20 KPMs for specific racial and ethnic groups, some concerning patterns arise (Figure 1). Most notably, African Americans and Native Americans show disparities for almost all (17 and 16, respectively) of the KPMs. The patterns for the other racial and ethnic groups are less consistent, but the findings still reveal some important areas for further investigation: Hispanics/Latinos have disparities for seven of the KPMs, and Asian or Pacific Islanders for three of them.

Figure 1: Summary of Phase 1 disparities



It is important to note that the analyses and interpretation of KPMs by race and ethnicity are subject to limitations. For example, while DHS and OHA racial and ethnic data appear consistent with the Federal Office of Management and Budget (OMB) guidelines, variability exists in how racial and ethnic data are collected and reported across divisions, and some data systems have a large number of "missing/unknown" for race.

Next steps

The KPMs provide some useful information about racial and ethnic disparities and areas for further investigation, but the picture is incomplete. Some divisions expressed interest in developing their own plans to assess racial and ethnic disparities using other data that could provide a more complete picture of racial and ethnic disparities. Given this, for Phase 2 of the State of Equity Report, DHS and OHA divisions will select and analyze three to five meaningful indicators related to need for services and programs, access to those services and programs, customer service quality, and related outcomes by race and ethnicity to inform programs and policies.

To support this effort, DHS and OHA are also working to obtain better quality data on race and ethnicity. Specifically, DHS and OHA have established a racial and ethnic data workgroup to develop guidelines for the standardized collection of racial and ethnic data. In addition, Office of Multicultural Health and Services will provide staff training on how to ask clients about their race and ethnicity to support more accurate and complete data.

Using this comprehensive approach, DHS and OHA are making important advancements toward having sufficient data available on communities of color to support the state in fund development, in determining level of priority in decision-making processes, and in eliminating health and human services disparities in Oregon.

Background

In 2000, the Governor's Racial and Ethnic Health Task Force identified availability of data on racial and ethnic communities as key to positioning the state to compete for new sources of funding and for determining a level of priority in decision-making processes (Governor's Racial and Ethnic Health Task Force, Final Report. November 2000. Available at: oregon.gov/DHS/ph/omh/tskforce.shtml). The Task Force requested that DHS form a Racial and Ethnic Health Data Group that would include state and local government and community partners. The goals for the group included: conducting enhanced data collection utilizing culturally appropriate methods, and focusing on the collection of data that would support the state's efforts to eliminate health and human services disparities in Oregon.

In 2011, despite having values that emphasize health and service equity, DHS and OHA have neither a Racial and Ethnic Health Data Group nor an organizational culture that supports enterprise-wide analysis of data by race and ethnicity. This State of Equity Report represents a first step towards building capacity within DHS and OHA to realize these key priorities identified by the Governor's Racial and Ethnic Health Task Force.

Purpose of this report

The overall purpose of the State of Equity Report is to describe the need for DHS and OHA services and programs, access to those services and programs, customer service quality, and related outcomes by race and ethnicity in Oregon, as feasible. Information in the report is intended to be used for policy and program development and as a baseline by which to measure future progress. The intended audiences for the report include OMHS, the OMHS Community Advisory Council, community advocates, community partners, DHS and OHA managers, and policymakers. The State of Equity Report will be an online living document to be updated and expanded at regular intervals. Gathering data for the State of Equity Report is a phased, iterative process.

This document represents a summary of Phase 1 methods, findings, conclusions, and next steps. Phase 1 began in spring 2010 to provide meaningful data to OMHS prior to the 2011 legislative session. The objectives of Phase 1 were to assess the availability and quality of data on DHS and OHA KPMs by race and ethnicity, and the feasibility of compiling this information by race and ethnicity across DHS and OHA.

The KPMs were used as a starting place because they are routinely calculated, publicly vetted, reported to the Legislature, and were few enough in number (42) to make compiling by race and ethnicity feasible. All state agencies are required to report on a set of KPMs annually that are reviewed and approved as part of Oregon's budget development process. KPMs are outcome measures that provide a barometer of how well the agency is using available resources to accomplish mission-critical business and serve clients. By definition, KPMs should "reflect the highest and most results oriented measures possible, capturing the essence of the agency's scope of work and providing an overview of agency performance" (Performance Measure Guidelines for Oregon State Agencies, DAS, 2/2006). For more information on KPMs visit www.oregon.gov/DHS/aboutdhs/kpm.shtml.

Phase 1 methods

As a start to gathering data for Phase 1, we met with staff from each division and discussed:

- Availability of data on race and ethnicity;
- Methods for collecting race and ethnicity data;
- Feasibility of calculating KPMs by race and ethnicity;
- Other indicators used to track program success and other indicators available by race and ethnicity;
- The need for analytic support or training from OMHS.

Recognizing the inherent limitations of racial and ethnic categories to adequately represent the complexity of racial and ethnic identity, but with the goal of providing meaningful data on DHS and OHA clients and the public, we requested each division calculate their KPMs by race and ethnicity as feasible. We asked that divisions report racial and ethnic data to us in a way that

was consistent with OMB guidelines (www.whitehouse.gov/omb/fedreg_1997standards), and similar to the Department of Education standards (nces.ed.gov/statprog/2002/std1_5.asp) and those used in studies of disparities (see CDC Health Disparities and Inequalities Report, U.S., 2011). Specifically, we requested KPMs be calculated by the following racial and ethnic categories:

- Hispanic/Latino;
- Non-Latino Black or African American;
- Non-Latino American Indian or Alaska Native;
- Non-Latino Asian;
- Non-Latino Native Hawaiian or other Pacific Islander;
- Non-Latino White;
- Unknown/Missing.

We asked divisions to combine racial and ethnic data in order to create mutually exclusive categories, thus allowing for comparisons to be made more easily across racial and ethnic groups. Combining race and ethnicity may also cut down on the amount of missing data on race as Latinos may not identify with listed racial categories.

Calculated KPMs from each division were compiled and placed into a standardized reporting format, and submitted to divisions for their review. We then worked with each division to understand the context for their available KPM data and to identify racial and ethnic disparities.

Interpretation of disparities

For each KPM provided, we asked that divisions indicate whether or not there was a disparity needing further investigation, using the guidelines in Table 1 to the right. The guidelines were intentionally made very general, given the variability across DHS and OHA in the KPMs, as well as the validity and reliability of data sources. While we asked divisions to indicate disparities, it is beyond the scope of this report to provide a more in-depth interpretation of results or to elaborate on specific reasons for disparities identified.

Table 1: Guidelines for interpreting results

No disparity	The comparison of communities of color to non-Latino Whites[1] shows little or no difference between the groups with regard to the given KPM. For some KPMs a community of color has better outcomes than non-Latino Whites.
Disparity	These measures suggest disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader to not view these disparities as the result of a single cause.

Note: Table and text adapted from "*Multnomah County Health Department: Report Card on Racial and Ethnic Health Disparities*, March 2008."

In general, divisions used the following criteria in implementing these guidelines:

- Some used statistical tests to determine if there were disparities.
- Others did not use statistical tests, but based their interpretation on whether or not the differences appeared to be meaningful. For example, for KPMs that were percentages, many divisions considered a five percentage point difference a disparity.

1 For this report, we have chosen to use the non-Latino White population, when available, as the comparison group because they are less likely to experience discrimination based on race.

Phase 1 findings

Availability and quality of data on race and ethnicity

Although racial and ethnic categories used for data collection in DHS and OHA overall appear consistent with OMB guidelines, some variability exists across the agencies. Some divisions expand upon OMB guidelines. For example, some divisions ask for "primary" race for persons who identify as multiracial, some ask for ancestry or heritage, some gather preferred language, and some include "other," "refused" and "unknown" race categories to distinguish types of missing data.

There is variability in how racial and ethnic data are reported. For example, not every division was able to generate their KPMs by the requested racial and ethnic categories. Some data systems did not allow for the creation of non-Latino race categories because information on the race and ethnicity for a given person could not be linked.

Client data systems often had the limitation of a large number of "missing/unknown" for race. This may be partially due to the identified need to train frontline staff to collect the information or to race and ethnicity not being a required data field.

Survey data systems also have limitations. For example, the Behavioral Risk Factor Surveillance System (BRFSS, a population-based survey of adults) has too few respondents from communities of color in a given year to analyze in a meaningful way. It relies on conducting a racial and ethnic oversample every four to five years. In addition, it excludes many populations such as those who do not speak either English or Spanish, those without a phone, the homeless, the disabled, or those living in institutions.

Division staff identified areas for OMHS support in the collection of racial and ethnic data:

- Frontline staff training on collecting (verbally) race and ethnicity data in a respectful and comfortable manner and on the importance of collecting such information;
- Technical assistance on the quality of racial and ethnic data entry. For example, one client data system allows staff to "tab through" (i.e., skip over) race and ethnicity data fields. A software programming update could make race and ethnicity a required field;
- More detailed information be collected on race and ethnicity, such as ancestry and heritage;
- OMHS guidance on a DHS- and OHA-wide standardized method of racial and ethnic data collection and reporting.

Divisions did not request analytic support for calculating data by race and ethnicity.

Feedback on use of KPMs

The section below provides some KPM results, but it is important to note that in our meetings with divisions, reactions varied widely to our request for KPMs by race and ethnicity.

- Some were genuinely interested in producing their KPMs by race and ethnicity.
- Some were hesitant to place great significance on their KPMs.
- Some believed their KPMs were not useful and did not want to explore them by race and ethnicity, but were interested in discussing other program indicators that may be available by race and ethnicity.

- Some recognized that simply examining the existing KPMs by race and ethnicity could lead to misleading conclusions, given the need to also consider co-morbidities and other factors. They suggested conducting more in-depth analyses.

There were several related suggestions for the State of Equity Report:

- Include a more comprehensive list of quantitative indicators, besides KPMs. Divisions had many other indicators available by race and ethnicity.
- Consider examining descriptive client information.
- Include qualitative data to supplement the quantitative data.
- Expand definition of equity beyond race and ethnicity. Some felt focusing on only race and ethnicity was not a modern approach to defining equity. They suggested including lesbian, gay, bisexual, transgender, queer (LGBTQ) communities, people living with addictions or mental health issues, economically disadvantaged communities, etc.

KPMs by race and ethnicity

The following section presents a summary of the results from calculating KPMs by race and ethnicity. Results are grouped by division. Within a division, KPM findings are sorted by disparity. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity. Information on understanding the KPM is provided, as needed. In this section, each race category excludes Latinos unless otherwise indicated.

Across the divisions:

- Twenty-eight KPMs were calculated by race and ethnicity.
- Three measures were calculated by race and ethnicity that are similar to a KPM, but for which data on the KPM were not available by race and ethnicity.
- Six KPMs were designated as "could calculate with additional resources" if available by race and ethnicity, but would require significant time to generate.
- Five KPMs were designated as "data not available" because the measure could not be calculated by race and ethnicity.

Efforts to work with divisions on these findings are currently under way.

Appendix I includes technical notes about the racial and ethnic categories used in the analysis of the KPMs along with information explaining confidence intervals, sample sizes, and data suppression rules.

Appendix II includes tables that present more detailed results on the KPMs calculated by race and ethnicity, including confidence intervals and sample sizes.

Children, Adults and Families Division

About the Division

The Children, Adults and Families (CAF) Division provides essential services to meet many of the most basic and urgent needs of Oregon's vulnerable families and individuals. Through its child protection and foster care services, CAF protects children who have been abused and neglected or are at immediate risk. Through its self-sufficiency and vocational rehabilitation programs, CAF helps families and people with disabilities achieve economic security with temporary supports for their most basic needs, such as food, health coverage and child care, while working to meet their employment goals.

Clients

CAF serves families and individuals with a variety of needs, including basic nutrition; medical care; mental health; alcohol and drug treatment; and employment. CAF works directly with families and various partner providers to coordinate these service needs, as well as contracting for specialized services from local providers.

Services are delivered directly through approximately 100 field offices and outstations across the state. CAF also supports a network of foster homes for children, treatment providers for adults and children, and day care providers for low-income parents.

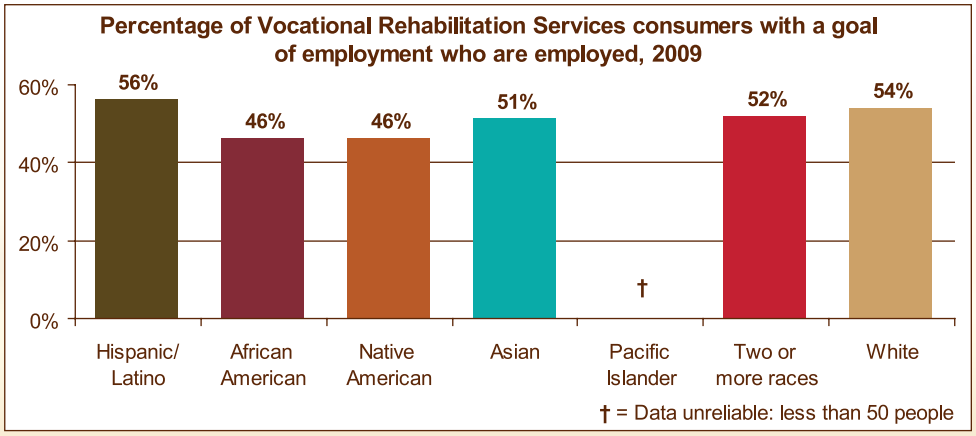
For more information on CAF visit www.oregon.gov/DHS/aboutdhs/structure/caf.shtml.

A summary of the CAF findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

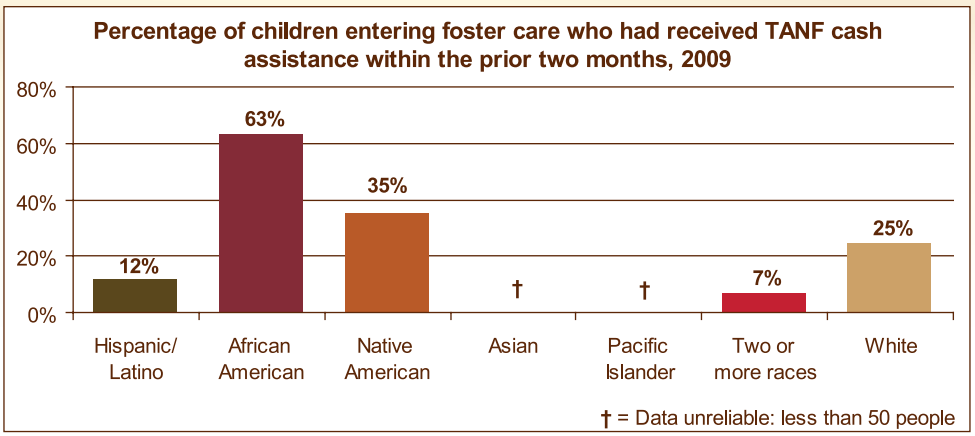
Findings: KPMs by race and ethnicity

Finding: Disparity.	The following measures suggest disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

1. Percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed: Compared to non-Latino Whites, the percentage is lower for African Americans and Native Americans.



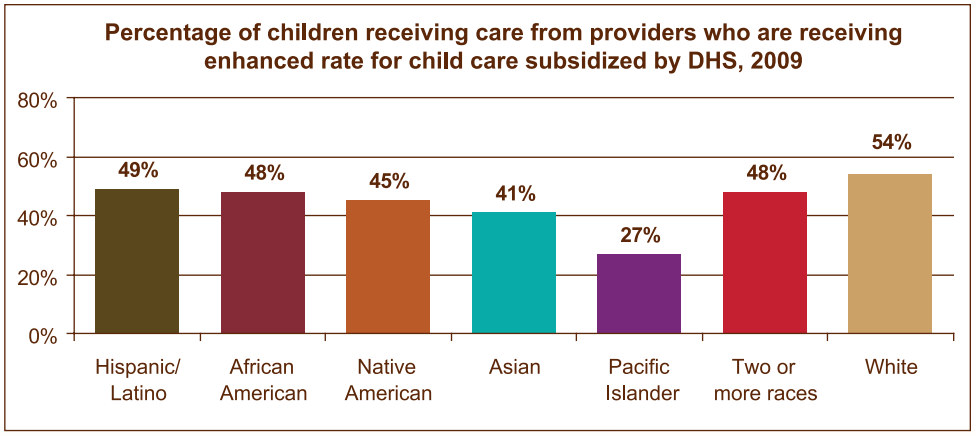
2. Percentage of children entering foster care who had received Temporary Assistance to Needy Families (TANF) cash assistance within the prior two months: Compared to non-Latino Whites, the percentage is higher for African Americans and Native Americans, and lower for Latinos and those who identified more than one race.



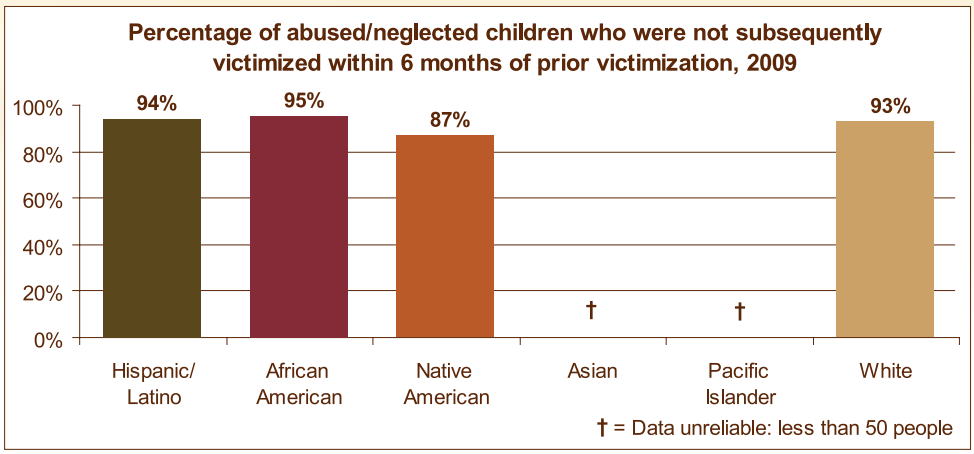
Understanding the measure: A lower percent on this measure is desirable. TANF services are designed to strengthen and support families by increasing parental protective factors and addressing risk factors related to child abuse. These services help to prevent child abuse and the need for child welfare intervention, such as removal of a child to foster care.

3. Percentage of children receiving care from providers who are receiving the enhanced rate for child care subsidized by DHS: Compared to non-Latino Whites, the percentage is lower for each community of color and those who identified more than one race.

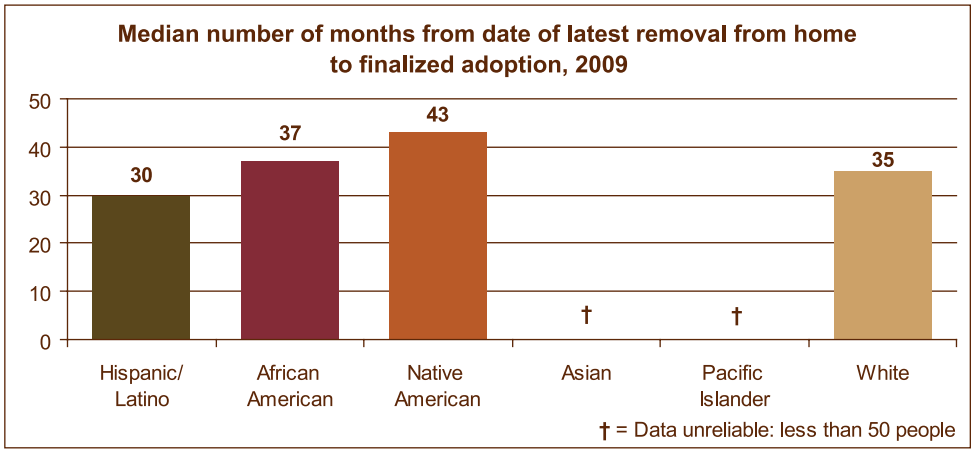
Understanding the measure: A higher percent on this measure is desirable. To improve the quality of care available to families receiving a child care subsidy, DHS provides an incentive of 7 percent above the standard subsidy rate for licensed child care providers and for license-exempt providers who meet the same basic training requirements that are required of licensed providers.



4. Percentage of abused/ neglected children who were not subsequently victimized within six months of prior victimization: Compared to non-Latino Whites, the percentage is lower for Native Americans.



5. Median number of months from date of latest removal from home to finalized adoption: Compared to non-Latino Whites, the number is higher for Native Americans, and lower for Latinos.



Could calculate with additional resources. Data for the following measures are available by race and ethnicity, but would require significant time to generate.

6. Percentage of Temporary Assistance to Needy Families (TANF) cases who have not returned within 18 months after exit due to employment

7. Ratio of Oregonians served by food stamps to the number of low-income Oregonians

8. Timeliness and permanency of child reunification

9. Timeliness of foster care related adoptions

Data not available. The following measure could not be calculated by race and ethnicity.

10. Percentage of accurate food stamp payments

Seniors and People with Disabilities Division

About the Division

The Seniors and People with Disabilities (SPD) Division provides services to some of Oregon's most vulnerable populations: seniors, adults with physical disabilities, and children and adults with developmental disabilities. SPD collaborates with partners and stakeholders to develop and deliver programs for these populations.

Clients

Services to seniors and people with physical disabilities focus on supporting peoples' needs to meet fundamental activities of daily living (ADL) such as bathing, dressing, mobility, cognition, eating and personal hygiene. Long-term services ensure that the person is living in a safe and healthy environment that promotes choice, independence and dignity. Services can be provided in nursing facilities, in community settings such as residential care facilities and foster homes, or in the person's own home. During 2007, approximately 27,000 individuals received these services.

For more information on SPD visit www.oregon.gov/DHS/aboutdhs/structure/spd.shtml.

A summary of the SPD findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

Findings: KPMs by race and ethnicity

Finding: No disparity.	The following measures show little or no difference between communities of color and non-Latino Whites. In addition, a community of color may have a better outcome than non-Latino Whites.

1. **Percentage of individuals with developmental disabilities who live in community settings of five or fewer:** Little or no difference between Whites* and communities of color.

2. **Percentage of seniors and people with physical disabilities on Medicaid who are not receiving long-term nursing facility services[§]:** Compared to Whites*, the percentage is higher among Native Americans and Asian Americans.

   Understanding the measure: A higher percent on this measure is desirable. This measure links to the DHS goal of people living as independently as possible. A nursing facility is an institution; DHS strategy continues to emphasize maintaining seniors in their home communities, outside of institutions, to the maximum extent possible.

Too little data to interpret.	Data for the following measure could not be interpreted because of too few clients in most racial and ethnic categories to estimate the KPM.

3. Percentage of eligible adults who are receiving adult supportive services

Data not available.	The following measures could not be calculated by race and ethnicity.

4. Percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings

5. Increase access to accurate and consistent Information and Referral and Information and Assistance for people who are not currently served by SPD

6. Percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse

* Each race category includes Latinos for this KPM.

§ The actual KPM was not available by race/ethnicity, so this related measure is presented.

Addictions and Mental Health Division

About the Division

The Addictions and Mental Health (AMH) Division assists Oregonians in being independent, healthy and safe by preventing and reducing the negative effects of alcohol, other drugs, gambling addiction and mental health disorders, and promoting recovery through culturally appropriate, evidence-based treatment of addictions, pathological gambling, mental illness and emotional disorders.

Clients

AMH serves approximately 24 percent of those who need publicly funded addictions services and approximately 41 percent of those who need mental health services with publicly funded services. An unknown percentage may receive services through private insurance or other funding mechanisms. The services AMH administers are funded through state General Fund money, federal block grants, beer and wine taxes, and Medicaid dollars. Services are somewhat limited based on prioritization of clinical needs.

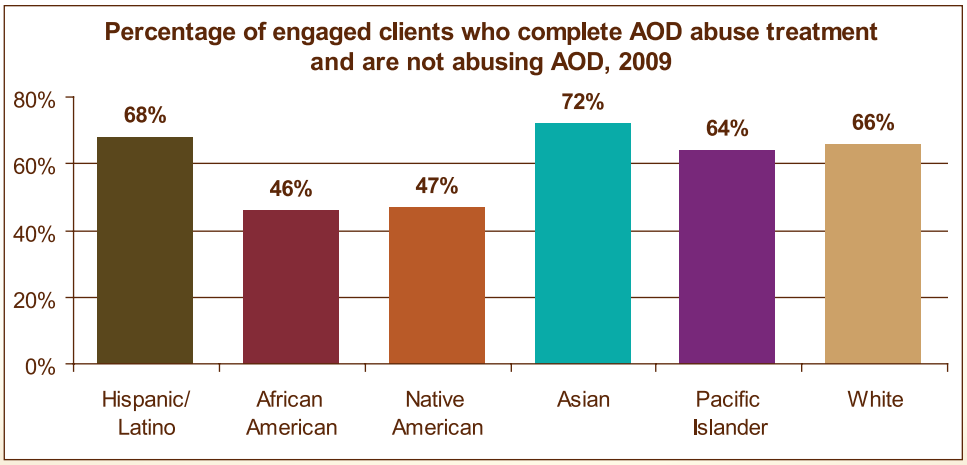
For more information on AMH visit www.oregon.gov/OHA/mentalhealth/about_us.shtml.

A summary of the AMH findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

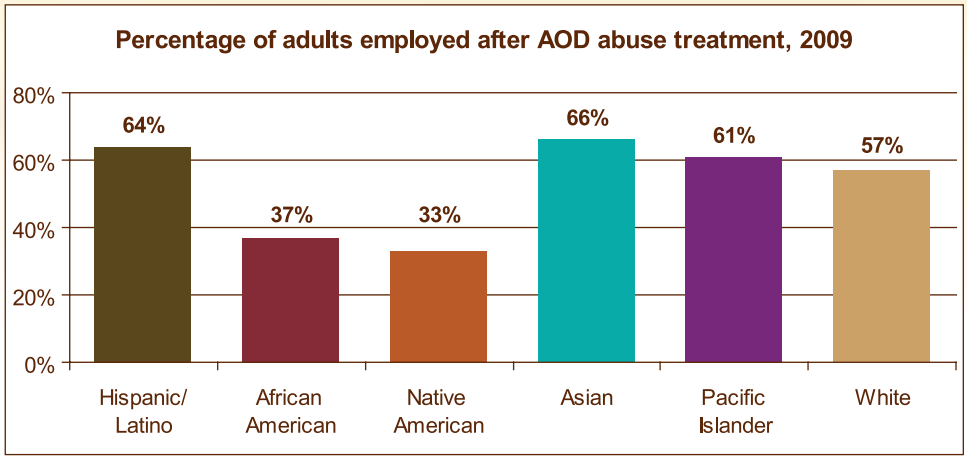
Findings: KPMs by race and ethnicity

Finding: Disparity.	The following measures suggest disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

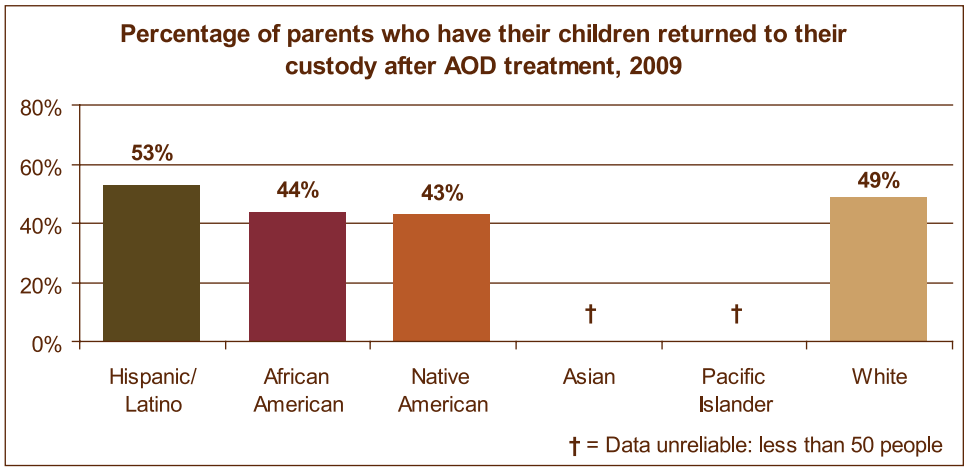
1. Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD: Compared to non-Latino Whites, the percentage is lower for African Americans and Native Americans, and is higher for Asian Americans.



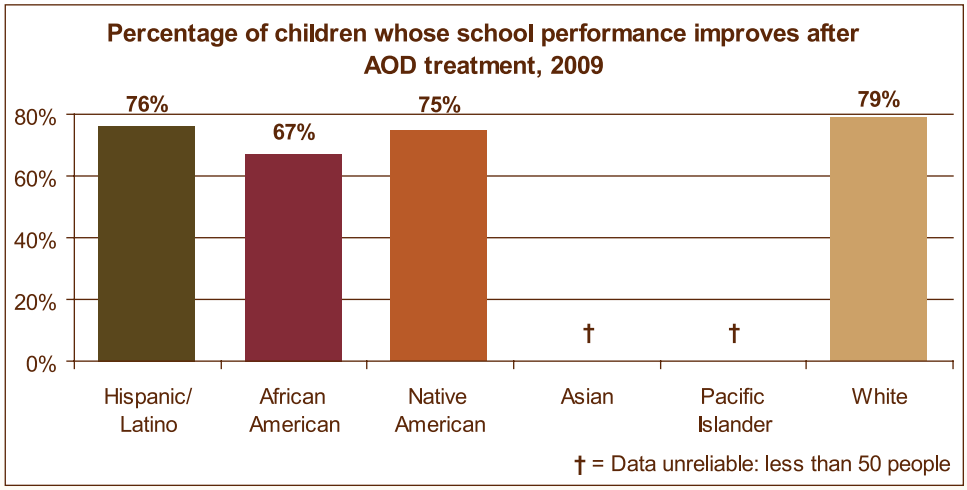
2. Percentage of adults employed after receiving AOD abuse treatment: Compared to non-Latino Whites, the percentage is lower for African Americans and Native Americans, and is higher for Latinos and Asian Americans.



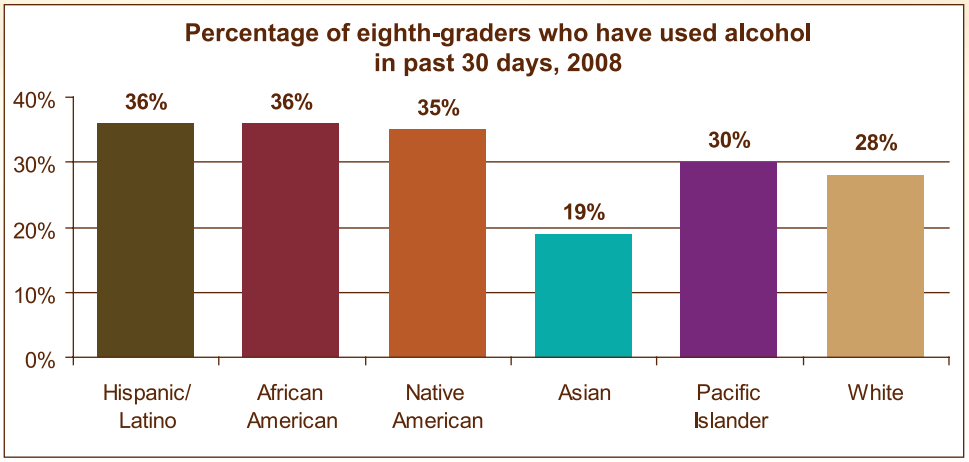
3. Percentage of parents who have their children returned to their custody after receiving AOD treatment: Compared to non-Latino Whites, the percentage is lower for African Americans and Native Americans.



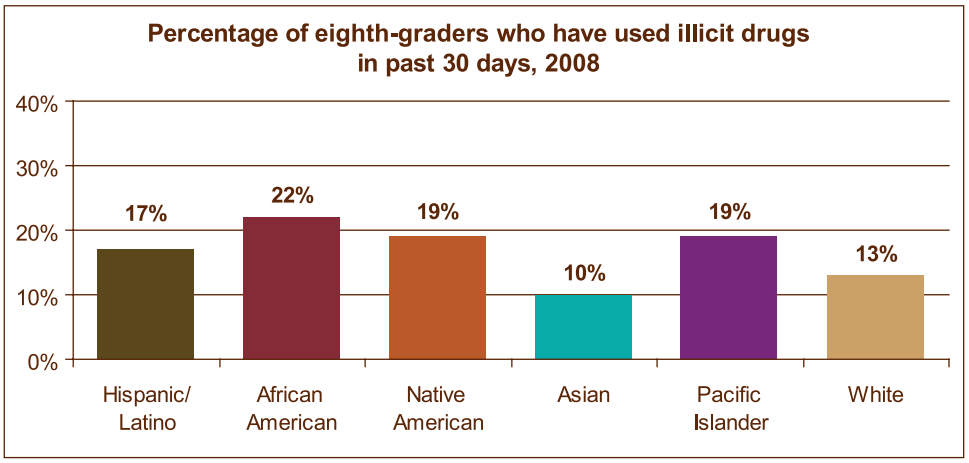
4. Percentage of children whose school performance improves after receiving AOD treatment: Compared to non-Latino Whites, the percentage is lower for African Americans.



5. **Percentage of eighth-graders who have used alcohol within the past 30 days:** Compared to non-Latino Whites, the percentage is higher for Latinos, African Americans, and Native Americans, and is lower for Asian Americans.



6. **Percentage of eighth-graders who have used illicit drugs within the past 30 days:** Compared to non-Latino Whites, the percentage is higher for African Americans, Native Americans, and Pacific Islanders.



Finding: No disparity.	The following measures show little or no difference between communities of color and non-Latino Whites. In addition, a community of color may have a better outcome than non-Latino Whites.

7. **Percentage of mental health clients who maintain or improve level of functioning following treatment:** Little or no difference between non-Latino Whites and communities of color.

8. **Number of restraints per thousand patient hours at Oregon State Hospital:** Little or no difference between non-Latino Whites and communities of color.

Too little data to interpret.	Data for the following measures could not be interpreted because of too few clients or survey respondents in most racial and ethnic categories to estimate the KPM.

9. **Percentage of children receiving mental health services who are suspended from school prior to/after onset of most recent mental health service**[§]

10. **Percentage of adults receiving mental health services who report improved functional outcomes as a result of those services**

11. **Average length of stay for civil commitments at Oregon State Hospital**

Could calculate with additional resources.	Data for the following measure are available by race and ethnicity, but would require significant time to generate.

12. **Percent of adults who gamble much less or not at all 180 days after ending problem gambling treatment**

§ The actual KPM was not available by race/ethnicity, so this related measure is being presented.

Division of Medical Assistance Programs

About the Division

The Division of Medical Assistance Programs (DMAP) oversees the Oregon Health Plan, which is a public and private partnership that ensures universal access to a basic level of health care for Oregonians. The division also includes provisions for oversight, research and analysis to achieve the best use of health care funding.

Clients

DMAP health care services assist uninsured low-income Oregon individuals and families in becoming more independent, healthy and safe. DMAP collaborates with partners and stakeholders to provide access and deliver affordable health care to more than 500,000 Oregonians. Health care services reach about one in four Oregon children, and pay for more than 40 percent of Oregon births.

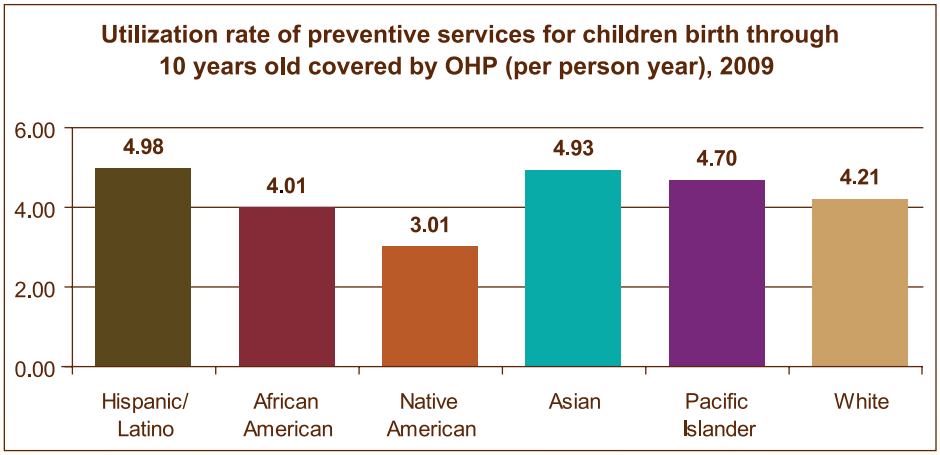
For more information on DMAP visit www.oregon.gov/OHA/healthplan/index.shtml.

A summary of the DMAP findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

Findings: KPMs by race and ethnicity

Finding: Disparity.	The following measures suggest disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

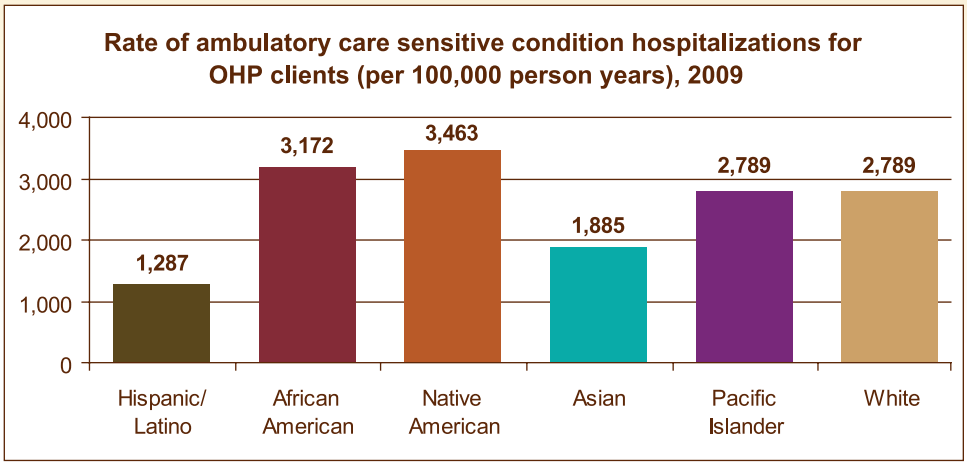
1. Utilization rate of preventive services for children birth through 10 years old covered by the Oregon Health Plan per person year: Compared to non-Latino Whites, the rate is lower for Native Americans, and higher for Latinos and Asian Americans.



Understanding the measure: A higher rate is more favorable for this measure. The rate is the number of preventive health services per person year of the age group 10 years old and younger. Providing preventive services is a cornerstone of the Oregon Health Plan.

Person year: One person year equals any combination of Oregon Health Plan members and their enrollment that sums to 12 months (i.e., one member enrolled for 12 months; two members, one enrolled 3 months, one enrolled 9 months).

2. Rate of ambulatory care sensitive condition hospitalizations of Oregon Health Plan clients per 100,000 person years: Compared to non-Latino Whites, the rate is higher for African Americans and Native Americans, and lower for Latinos and Asian Americans.



Understanding the measure: A lower rate is more favorable for this measure. The Oregon Health Plan prioritizes preventive health care services. Evidence suggests that good preventive care can reduce the risk of hospitalization for some chronic and acute conditions, also known as ambulatory care sensitive conditions. The measure is based on a rate of hospitalizations for 12 conditions (9 chronic, 3 acute) per 100,000 person years of members 18 years old and older.

Person year: One person year equals any combination of OHP members and their enrollment that sums to 12 months (i.e., one member enrolled for 12 months; two members, one enrolled 3 months, one enrolled 9 months).

Finding: No disparity.	The following measure shows little or no difference between communities of color and non-Latino Whites. In addition, a community of color may have a better outcome than non-Latino Whites.

3. Utilization rate of preventive services for youth and adults 11 years old and older covered by the Oregon Health Plan per person year: Little or no difference between non-Latino Whites and communities of color.

Understanding the measure: A higher rate is more favorable for this measure. The rate is the number of preventive health services per person year of the age group 11 years old and older. Providing preventive services is a cornerstone of the Oregon Health Plan.

Person year: One person year equals any combination of OHP members and their enrollment that sums to 12 months (i.e., one member enrolled for 12 months; two members, one enrolled 3 months, one enrolled 9 months).

Office for Oregon Health Policy and Research

About the Office

The Office for Oregon Health Policy and Research (OHPR) is responsible for the development and analysis of health policy, and serves as the policymaking body for the Oregon Health Plan. OHPR carries out specific tasks assigned by the Legislature, the Governor, and the Oregon Health Policy Board. OHPR provides reports, and conducts analyses relating to health care costs, reform, use, quality, and access.

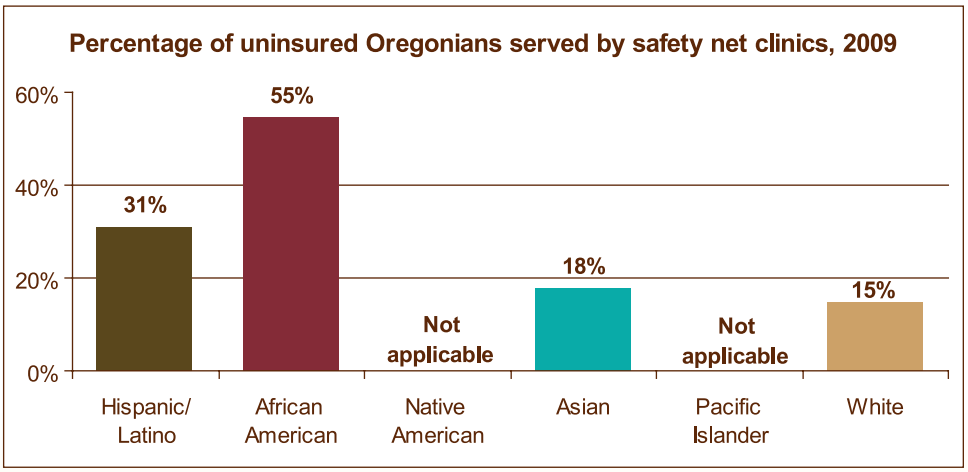
For more information on OHPR visit www.oregon.gov/OHA/OHPR/about_us.shtml.

A summary of the OHPR findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPM, each race category excludes Latinos unless otherwise indicated.

Findings: KPMs by race and ethnicity

Finding: Disparity.	The following measure suggests disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

1. Percentage of uninsured Oregonians served by safety net clinics: Compared to non-Latino Whites, the percentage is higher for Latinos and African Americans.



Understanding the measure: It is unclear if it is better for this measure to be lower or higher. For example, a high percentage may reflect more access to and use of safety net clinics or it could reflect that some clients have no other place to go besides the safety net clinics. In addition, with expanded insurance coverage, this measure might actually decrease because safety net clinic clients may be the first to get insurance.

Public Health Division

About the Division

The mission of the Public Health Division (PHD) is to protect and promote the health of all the people of Oregon. The PHD works to protect individuals and communities against the spread of disease, injuries, and environmental hazards while promoting and encouraging healthy behaviors. PHD responds to disasters, assists communities in recovery and is dedicated to ensuring the quality and accessibility of the state's health services and resources.

Clients

The PHD provides an array of services with the common purpose of improving and protecting the health of Oregonians. That goal is achieved through an emphasis on prevention and early intervention.

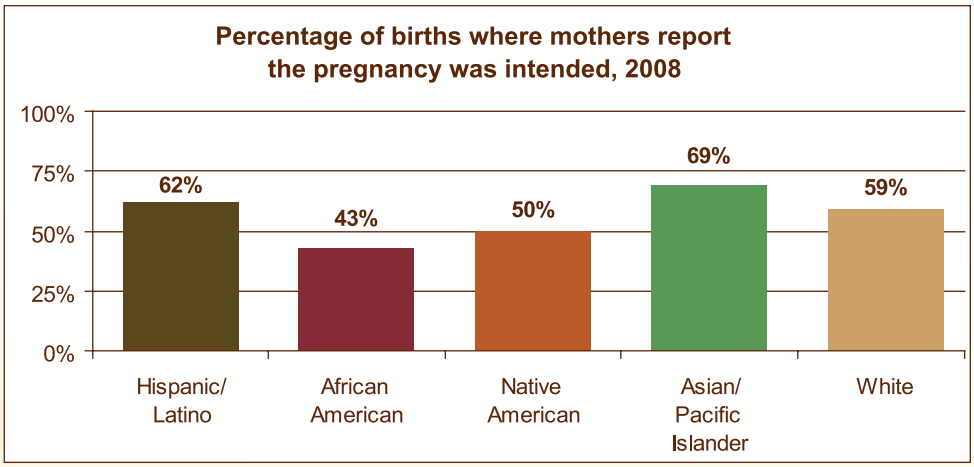
For more information on PHD visit public.health.oregon.gov/PHD/Pages/about_us.aspx.

A summary of the PHD findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

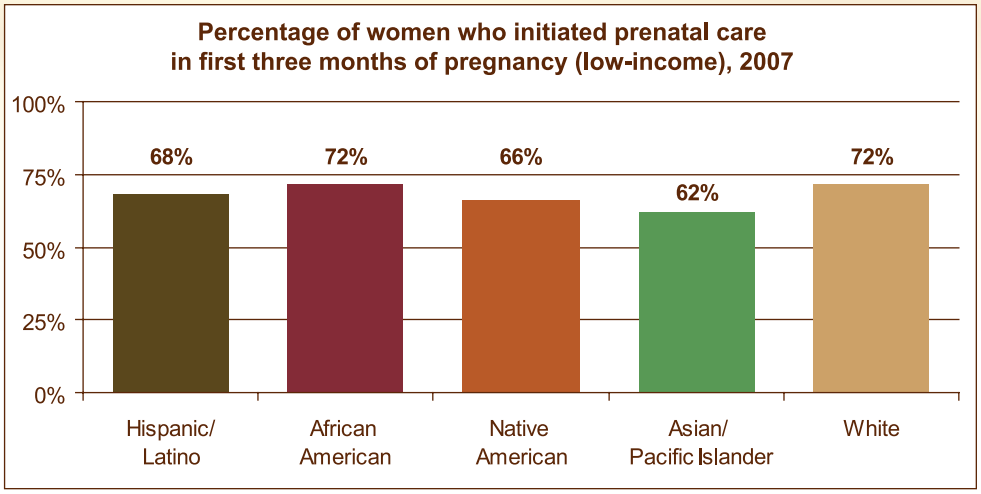
Findings: KPMs by race and ethnicity

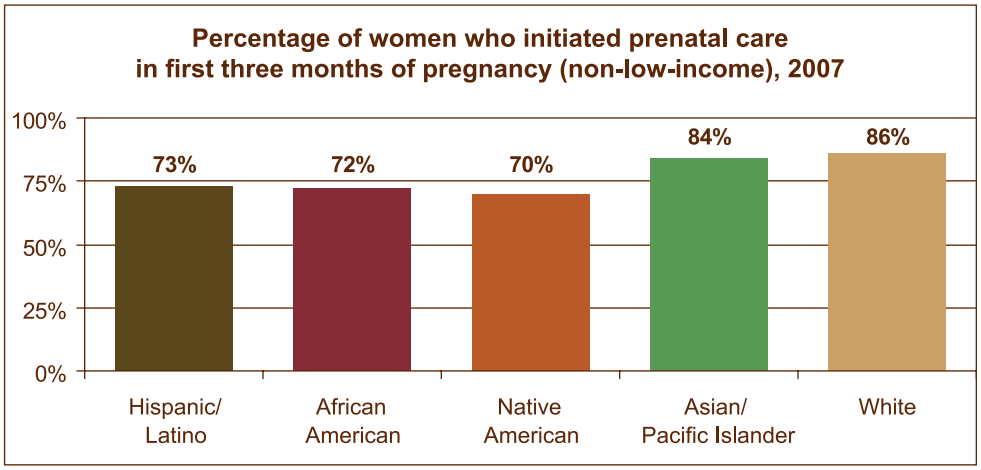
Finding: Disparity.	The following measures suggest potential disparities between at least one community of color and non-Latino Whites. Further analysis of both possible reasons for these potential disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

1. **Percentage of births where mothers report that the pregnancy was intended:** Compared to non-Latino Whites, the percentage is lower for African Americans.

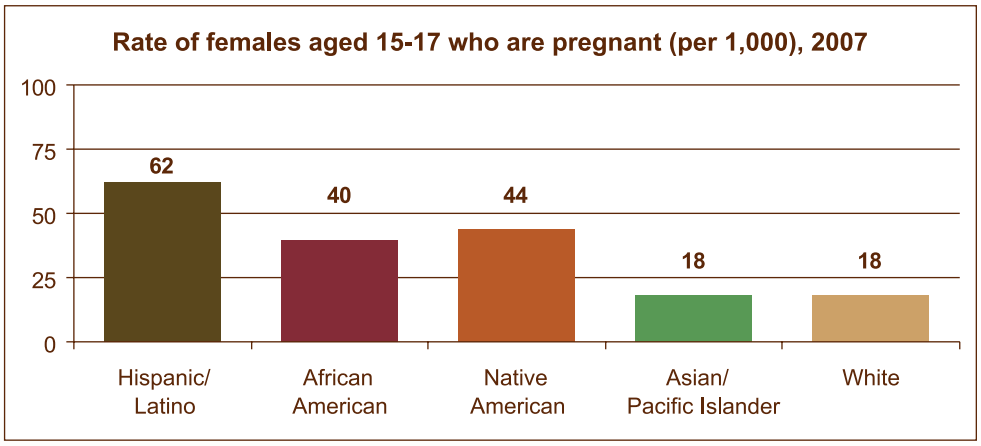


2. Percentage of women who initiated prenatal care in the first three months of pregnancy by income level: Among low-income women, compared to non-Latino Whites, the percentage is lower for Native Americans and Asian Americans/ Pacific Islanders. Among higher income women, compared to non-Latino Whites, the percentage is lower for Latinos, African Americans, and Native Americans.

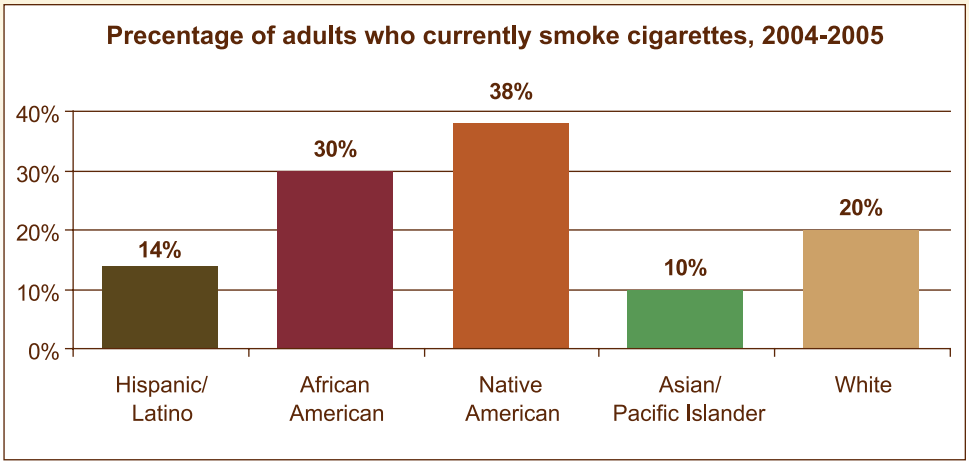




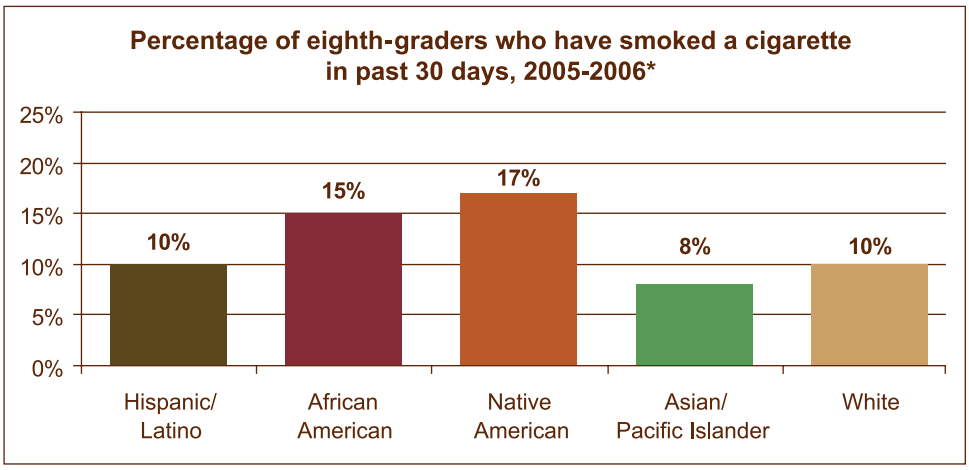
3. The rate of females aged 15-17, per 1,000 who are pregnant: Compared to non-Latino Whites, the rate is higher for Latinos, African Americans, and Native Americans.



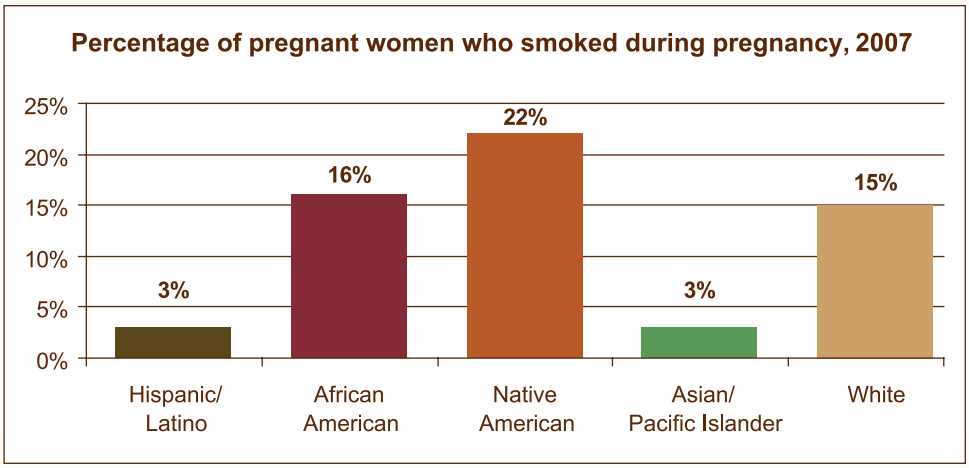
4. Percentage of adults who currently smoke cigarettes: Compared to non-Latino Whites, the percentage is higher for African Americans and Native Americans, and is lower for Latinos and Asian Americans/Pacific Islanders.



5. Percentage of eighth-graders who have smoked a cigarette in the past 30 days: Compared to Whites,* the percentage is higher for African Americans and Native Americans.

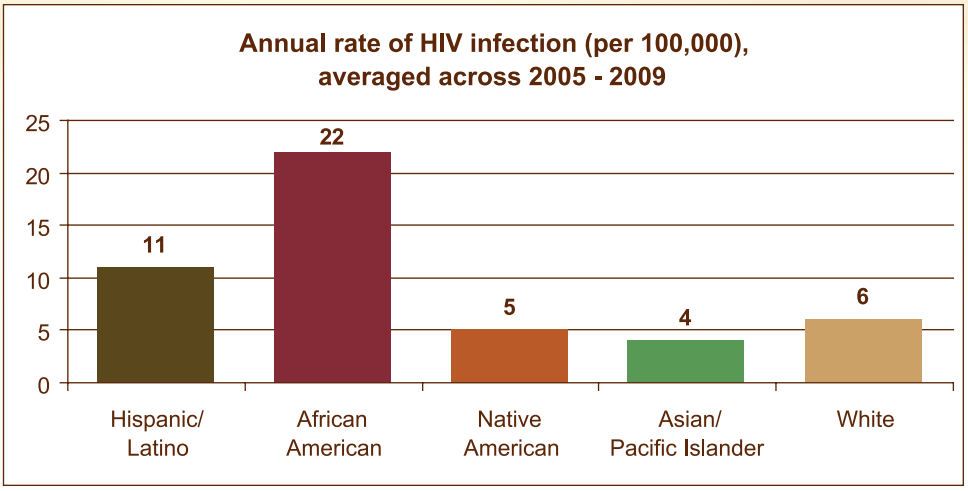


6. Percentage of pregnant women who smoked during pregnancy: Compared to non-Latino Whites, the percentage is higher for Native Americans, and is lower for Latinos and Asian Americans/Pacific Islanders.



* Each race category includes Latinos for this KPM, and those who selected more than one race were counted in each racial category selected.

7. The annual rate of HIV infection per 100,000 persons[§]: Compared to non-Latino Whites, the rate is higher for Latinos and African Americans.



Finding: No disparity.	The following measure shows little or no difference between communities of color and non-Latino Whites. In addition, a community of color may have a better outcome than non-Latino Whites.

8. Percentage of 24–35 month old children who are adequately immunized: Compared to Whites,* the percentage is higher for Latinos.

Too little data to interpret.	Data for the following measure could not be interpreted because of too few events in most racial and ethnic categories to estimate the KPM.

9. Rate of suicides among adolescents per 100,000

Could calculate with additional resources.	Data for the following measure are available by race and ethnicity, but would require significant time to generate.

10. Percentage of adults aged 65 and over who receive an influenza vaccine

Data not available.	The following measure could not be calculated by race and ethnicity.

11. Number of cigarette packs sold per capita

§ The actual KPM was not available by race/ethnicity, so this related measure is presented.
* Each race category includes Latinos for this KPM.

DHS- and OHA-wide measures

Customer service

Clients were asked to rate their satisfaction with DHS and OHA services as either excellent, good, fair, or poor in the following categories: accuracy, availability of information, expertise, helpfulness, timeliness, and overall. The percentage of clients rating their satisfaction with DHS and OHA as excellent is examined for communities of color compared to all respondents, or the state as a whole.

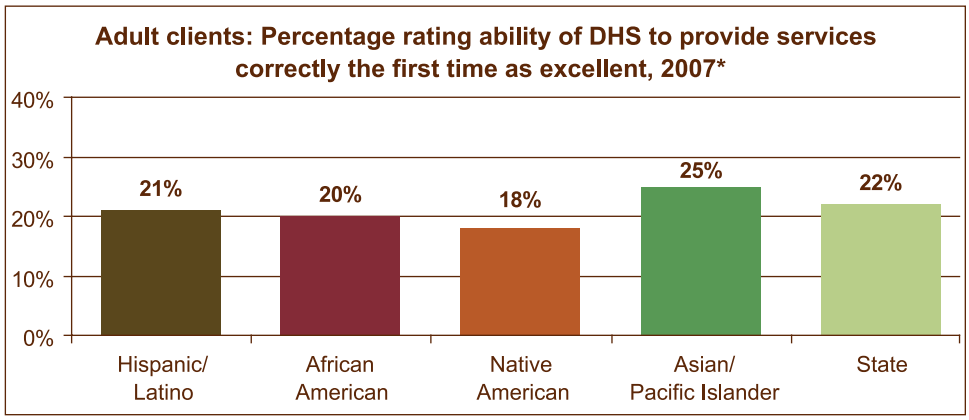
A summary of the DHS and OHA findings sorted by disparity are presented below. KPMs with a disparity are presented first along with a graphic display of the data, followed by those with no disparity and those not calculated by race and ethnicity, as applicable. Information on understanding the KPM is provided, as needed. For the KPMs, each race category excludes Latinos unless otherwise indicated.

Findings: KPMs by race and ethnicity

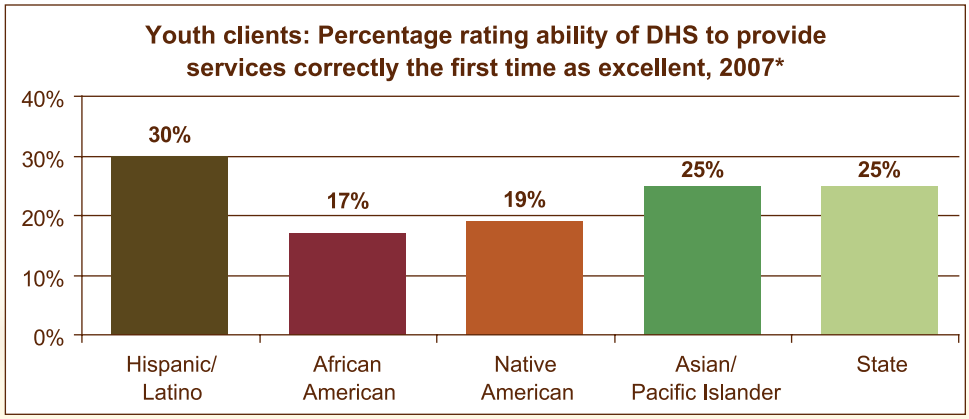
Finding: Disparity.

The following measures suggest disparities between at least one community of color and the state as a whole.§ Further analysis of both possible reasons for these disparities and remedial interventions are needed. Disparities could be influenced by many factors, such as co-morbidities, poverty, education, social exclusion, and lack of social support, so we caution the reader not to view these disparities as the result of a single cause.

1. **Percentage of clients rating the ability of DHS to provide services correctly the first time as excellent:** For adults, compared to the state,* the percentage is lower for Native Americans.



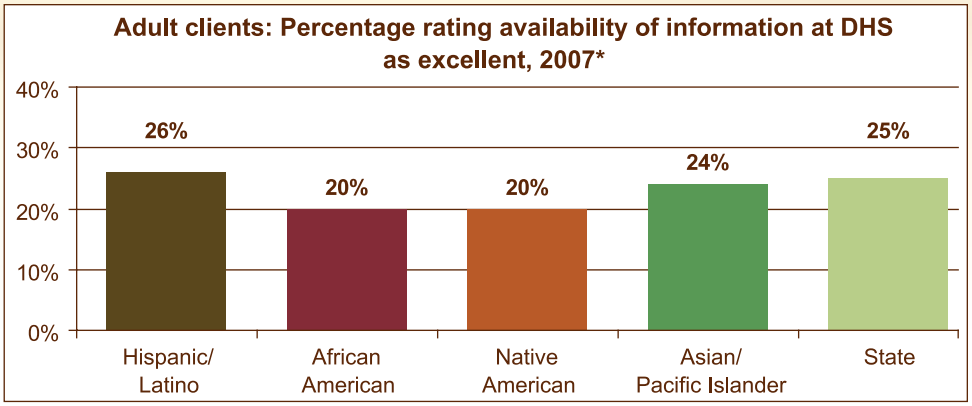
For youth, compared to the state,* the percentage is lower for African Americans and Native Americans, and is higher for Latinos.



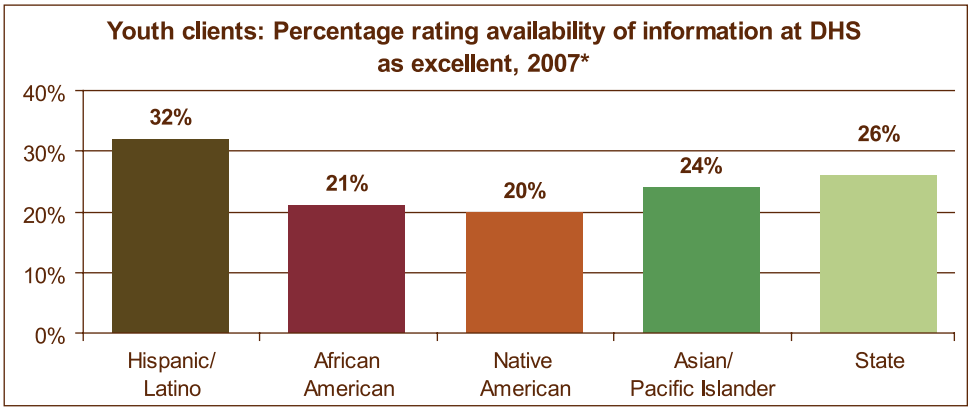
§ The state was used as the comparison group for these KPM's, not non-Latino Whites.

* Each race category includes Latinos for this KPM, and those who selected more than one race were counted in each racial category selected.

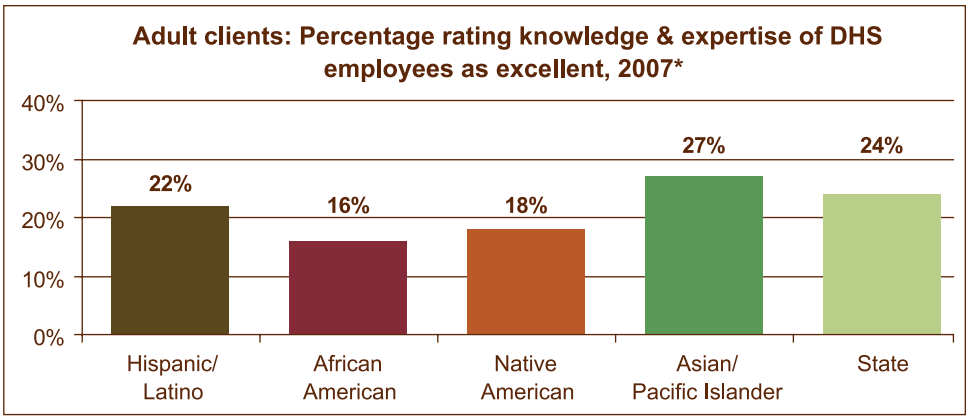
2. Percentage of clients rating the availability of information at DHS as excellent: For adults, compared to the state,* the percentage is lower for African Americans and Native Americans.



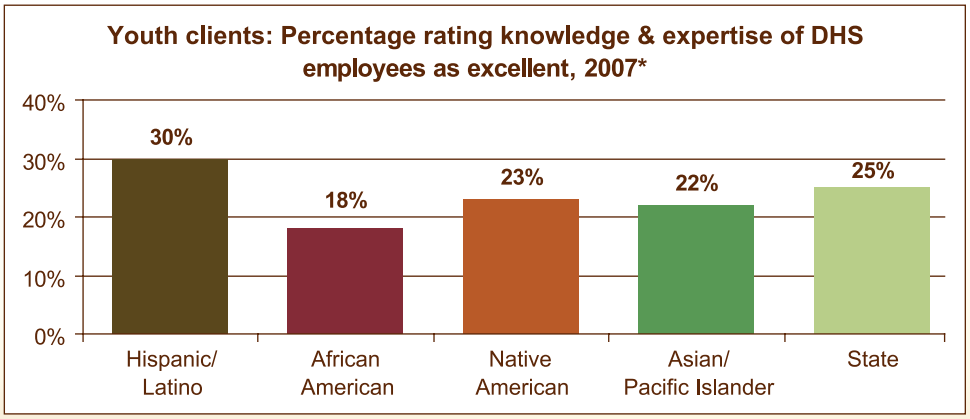
For youth, compared to the state,* the percentage is lower for African Americans and Native Americans, and is higher for Latinos.



3. Percentage of clients rating the knowledge and expertise of DHS employees as excellent: For adults, compared to the state,* the percentage is lower for African Americans and Native Americans.

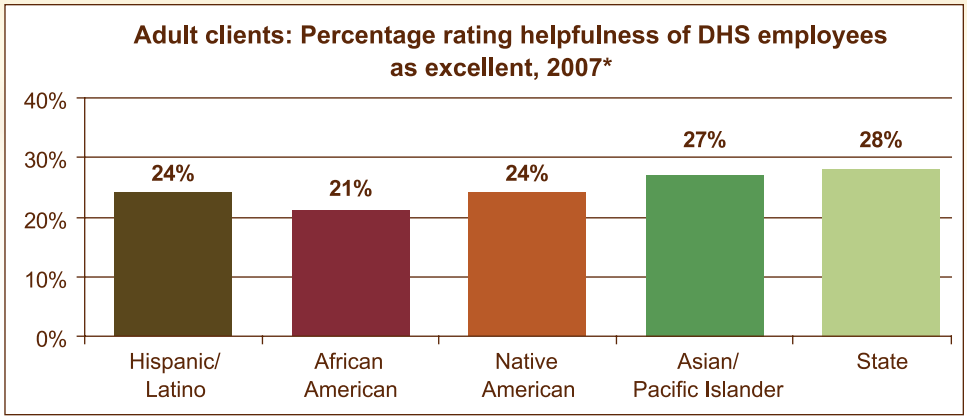


For youth, compared to the state,* the percentage is lower for African Americans, and is higher for Latinos.

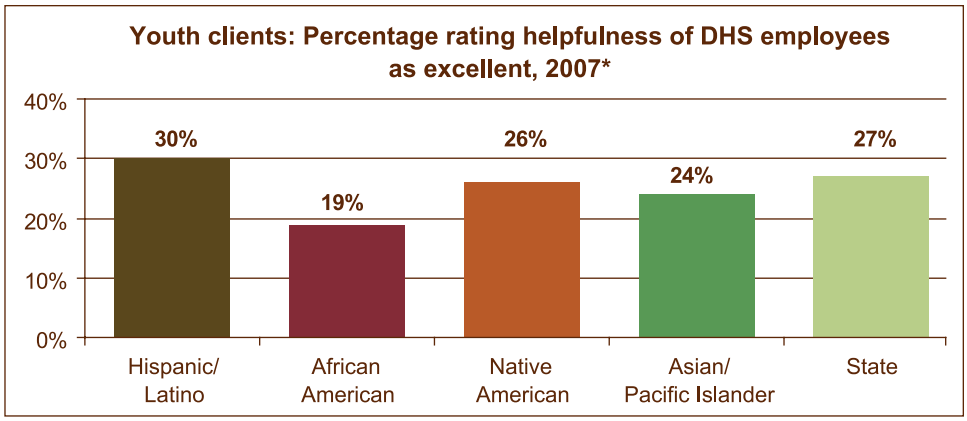


* Each race category includes Latinos for this KPM, and those who selected more than one race were counted in each racial category selected.

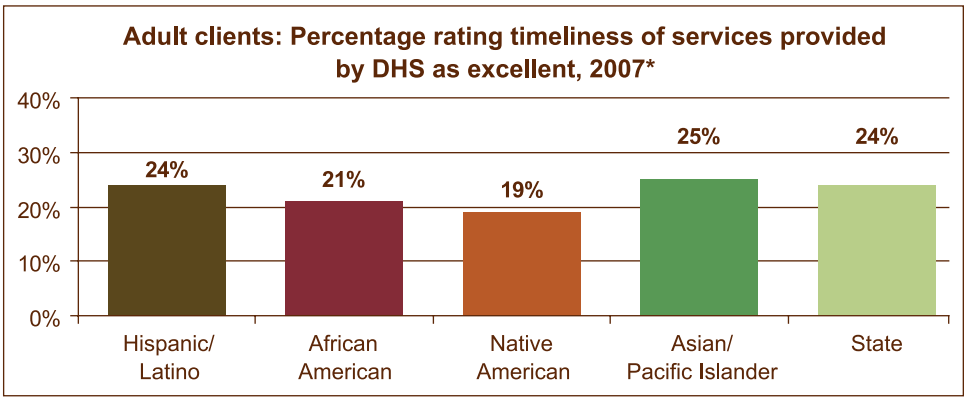
4. Percentage of clients rating the helpfulness of DHS employees as excellent: For adults, compared to the state,* the percentage is lower for Latinos, African Americans, and Native Americans.



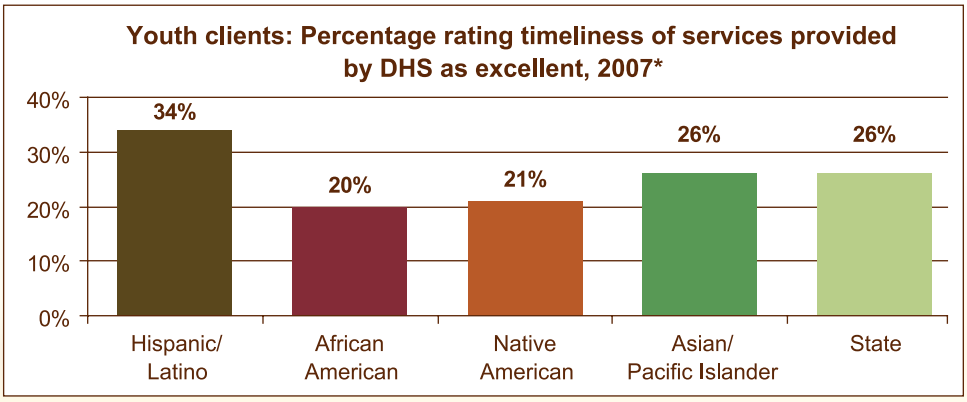
For youth, compared to the state,* the percentage is lower for African Americans, and is higher for Latinos.



5. Percentage of clients rating the timeliness of the services provided by DHS as excellent: For adults, compared to the state,* the percentage is lower for Native Americans.

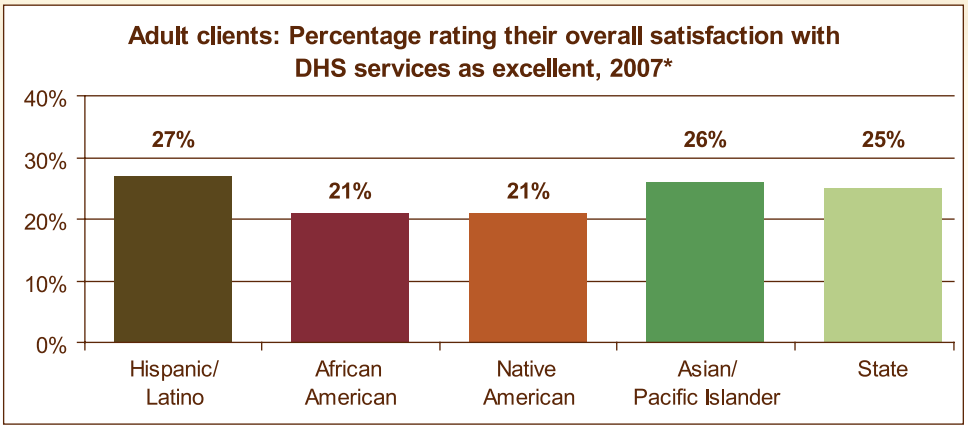


For youth, compared to the state,* the percentage is lower for African Americans and Native Americans, and is higher for Latinos.

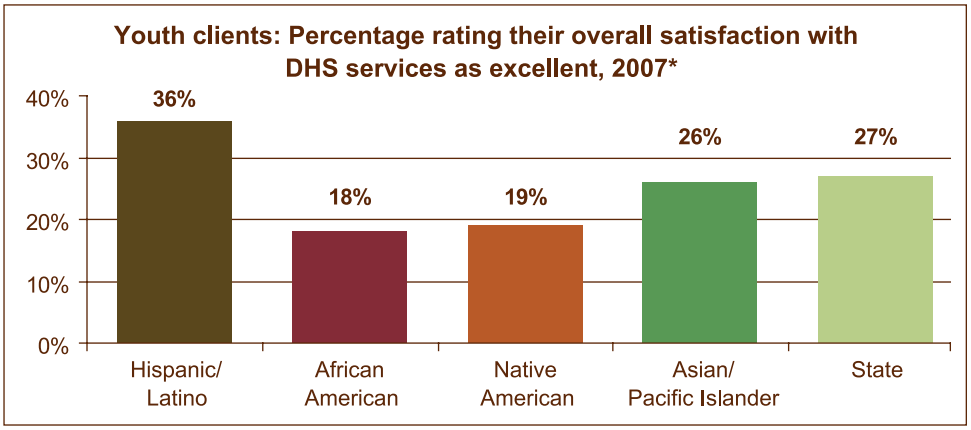


* Each race category includes Latinos for this KPM, and those who selected more than one race were counted in each racial category selected.

6. Percentage of clients rating their overall satisfaction with DHS services as excellent: For adults, compared to the state,* the percentage is lower for Native Americans.



For youth, compared to the state,* the percentage is lower for African Americans and Native Americans, and is higher for Latinos.



* Each race category includes Latinos for this KPM, and those who selected more than one race were counted in each racial category selected.

Summary of results

We found most KPMs (37 of 42) can be calculated by race and ethnicity, as shown in the table below. Of the 31 KPMs calculated by race and ethnicity for Phase 1:

- Twenty revealed disparities.
- Six showed little or no disparities.
- Five could not be interpreted because of too few events in most racial and ethnic categories to estimate the KPM.

Concerning patterns arise when examining the disparities in these 20 KPMs for specific racial and ethnic groups. Most notably, African Americans and Native Americans show disparities for almost all (17 and 16, respectively) of the KPMs. These consistent patterns of disparities were striking, especially given the diversity in the measures and data collection systems. The patterns for the other racial and ethnic groups are less consistent, but the findings still reveal some important areas for further investigation: Hispanics/Latinos have disparities for seven of the KPMs, and Asian or Pacific Islanders for three of them.

Table 2: KPM summary

Key Performance Measures (KPMs) by Division — Disparities at a Glance

Division	KPM or Related Indicator	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander
CAF	Vocational rehabilitation services employment	○	△	△	○	NC
	TANF family stability	○	△	△	NC	NC
	Enhanced child care	△	△	△	△	△
	Absence of repeat maltreatment	○	○	△	NC	NC
	Timely adoption	○	○	△	NC	NC
SPD	People with disabilities in community settings	NC	○	○	○	NC
	Seniors and people with physical disabilities on Medicaid who are not receiving long-term nursing facility services	NC	○	○	○	NC
AMH	Completion of alcohol and drug treatment	○	△	△	○	○
	Alcohol & drug treatment effectiveness - adults	○	△	△	○	○
	Alcohol & drug treatment effectiveness - parents	○	△	△	NC	NC
	Alcohol & drug treatment effectiveness - children	○	△	○	NC	NC
	8th grader use of alcohol	△	△	△	○	○
	8th grader use of illicit drugs	○	△	△	○	△
	Mental health client level of functioning	○	○	○	○	○
	OSH restraint rate	○	○	NC	○	NC

Symbols

○ No Disparity/ Doing better

△ Disparity

NC Not Calculable

Division	KPM or Related Indicator		Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander
DMAP	Preventive services for OHP children		●	●	▲	●	●
DMAP	Preventive services for OHP youth and adults		●	●	●	●	●
DMAP	PQI - hospitalizations of OHP clients		●	▲	▲	●	●
OHPR	Safety net clinic use		▲	▲	NC	●	NC
PHD	Teen pregnancy		▲	▲	▲	●	
PHD	Intended pregnancy		●	▲	●	●	
PHD	Early prenatal care	Low-income	●	●	▲	▲	
PHD	Early prenatal care	Non-low-income	▲	▲	▲	●	
PHD	Tobacco use - adults		●	▲	▲	●	
PHD	Tobacco use - children		●	▲	▲	●	
PHD	Tobacco use - pregnant women		●	●	▲	●	
PHD	Child immunizations		●	●	●	●	●
PHD	Rate of HIV infection		▲	▲	●	●	
DHS / OHA-WIDE	Customer Service: Accuracy	Youth	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Accuracy	Adult	●	●	▲	●	
DHS / OHA-WIDE	Customer Service: Availability of information	Youth	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Availability of information	Adult	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Expertise	Youth	●	▲	●	●	
DHS / OHA-WIDE	Customer Service: Expertise	Adult	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Helpfulness	Youth	●	▲	●	●	
DHS / OHA-WIDE	Customer Service: Helpfulness	Adult	▲	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Timeliness	Youth	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Timeliness	Adult	●	●	▲	●	
DHS / OHA-WIDE	Customer Service: Overall	Youth	●	▲	▲	●	
DHS / OHA-WIDE	Customer Service: Overall	Adult	●	●	▲	●	

Symbols

● No Disparity/ Doing better

▲ Disparity

NC Not Calculable

See Appendix I for information on the definitions of the racial and ethnic categories. Please also note that:

- The category "Non-Latino two or more races" was not included since only 4 indicators were calculated by this category.
- Those identified as multiracial are included in each racial and ethnic category they indicated for "Tobacco use - children" and the DHS/OHA-wide indicators.
- Non-Latino Asian and non-Latino Pacific Islander are combined categories for PHD and DHS/OHA-wide indicators, except for "Child immunizations".

Discussion and next steps

Discussion

The objectives of Phase 1 were to assess the availability and quality of data on DHS and OHA KPMs by race and ethnicity, and the feasibility of compiling this information by race and ethnicity across DHS and OHA.

We found most KPMs (37 of 42) can be calculated by race and ethnicity. Of the 31 KPMs calculated by race and ethnicity for Phase 1:

- Twenty revealed disparities.
- Six showed little or no disparities.
- Five could not be interpreted because of too few events in most racial and ethnic categories to estimate the KPM.

When one examines the disparities in these 20 KPMs for specific racial and ethnic groups, some concerning patterns arise. Most notably, African Americans and Native Americans show disparities for almost all (17 and 16, respectively) of the KPMs. These consistent patterns of disparities were striking, especially given the diversity in the measures and data collection systems. The patterns for the other racial and ethnic groups are less consistent, but the findings still reveal some important areas for further investigation: Hispanics/Latinos have disparities for seven of the KPMs, and Asian or Pacific Islanders for three of them.

These KPMs provide some useful information about disparities and areas for further investigation, but we learned the picture is incomplete. Divisions reported having many other indicators of need for services and programs, access to those services and programs, customer service quality, and related outcomes that could also be analyzed by race and ethnicity.

In Phase 1 we also learned some other important lessons to consider. First, compiling basic and routinely calculated measures like the KPMs across DHS and OHA by race and ethnicity is a complex endeavor. The two agencies have many diverse data systems, with different types of limitations related to racial and ethnic data. In addition, generating measures from these diverse data systems by race and ethnicity often involves many staff contacts; the calculation and interpretation of the KPMs by race and ethnicity involved more than 40 people from across DHS and OHA. Second, we relied on divisions to analyze their own data and interpret their results, but this work often took a considerable amount of staff time. It is logical for divisions to do this work themselves, given they are the experts on their own data. However, if divisions are to routinely track indicators by race and ethnicity, consideration of how this work is initially prioritized and how this level of analysis becomes standard operating procedure is needed.

Limitations

The analyses and interpretation of KPMs by race and ethnicity are subject to limitations. For example, while DHS and OHA racial and ethnic data appears consistent with OMB guidelines, variability exists in how racial and ethnic data are collected and reported across divisions, and some data systems have a large number of "missing/unknown" for race.

In addition, we caution the reader around interpreting the need for DHS and OHA services using the denominators displayed for each KPM in the Technical Appendix. Several of the KPMs are based on survey data making direct interpretation

of need for or access to services impossible. For KPMs based on client data, the denominators represent the number of clients served, but do not represent the number of people who may need the service. For example, the denominators for AMH's KPM #1, Completion of Alcohol and Drug Treatment, represent the number of clients accessing alcohol and other drug abuse treatment by race and ethnicity, but do not provide any information on the number of Oregonians in need of alcohol and other drug abuse treatment by race and ethnicity.

Next steps for this report

During Phase 1, some divisions expressed interest in developing their own plans to assess racial and ethnic disparities using other data that could provide a more complete picture of racial and ethnic disparities. Given this, for Phase 2, we will work with DHS and OHA divisions to compile the most meaningful indicators related to need for services and programs, access to those services and programs, customer service quality, and related outcomes by race and ethnicity to inform programs and policies. Over the next year, divisions will select three to five indicators to track and report by race and ethnicity, and will calculate these indicators by race and ethnicity using current data as a baseline. This information will be compiled in a Phase 2 State of Equity Report.

To support this effort, DHS and OHA are also working to obtain better quality data on race and ethnicity. Specifically, DHS and OHA have established a racial and ethnic data workgroup to develop guidelines for the standardized collection of racial and ethnic data. In addition, OMHS will provide staff training on how to ask clients about their race and ethnicity to support more accurate and complete data.

For future iterations of the State of Equity Report, DHS and OHA divisions will be asked to focus on meaningful measures of need for services and programs and access to those services and programs. While examining data related to DHS and OHA service and program outcomes for racial and ethnic disparities is important, equally as important is identifying racial and ethnic disparities in the need for and access to DHS and OHA services and programs. The identification of racial and ethnic disparities in need for and access to services and programs will help divisions identify unmet needs and may be useful to secure additional funding to meet those needs.

Using this comprehensive approach, DHS and OHA are making important advancements toward having sufficient data available on communities of color to support the state in fund development, in determining level of priority in decision making processes, and in eliminating health and human services disparities in Oregon.

Appendices

Appendix I: Technical notes

1. Racial and ethnic categories

The Office of Management and Budget (OMB) guidelines indicate that data should be collected for ethnicity (Hispanic/Latino) separately from race and that five race categories should be used. We asked divisions to report these racial and ethnic data to us in a way similar to the Department of Education standards (nces.ed.gov/statprog/2002/std1_5.asp). Specifically, we asked for data to be placed in the following racial and ethnic categories:

- Hispanic/Latino;
- Non-Latino Black/African American;
- Non-Latino American Indian/Alaska Native;
- Non-Latino Asian;
- Non-Latino Pacific Islander;
- Non-Latino White;
- Unknown/Missing.

These categories are mutually exclusive. For example, if a person identifies as Hispanic/Latino, they are in the "Hispanic/Latino" category and not in the other racial and ethnic categories. If a person reports more than one race, his or her race is determined by the race the person says best represents him or her ("primary race").

Two or more races category:

- Some data systems do not collect "primary race." For those systems we have a category "two or more races," which would include all persons who identify more than one race; if someone identifies as "American Indian/Alaska Native" and "White," they are in the "two or more races" category — they are not in the "American Indian/Alaska Native" or "White" categories.
- For data systems that determine primary race, the "two or more races" category is marked "not applicable."
- Data systems that place persons who identify two or more races or some "other" race in the "unknown/missing" category are footnoted in the attached KPM tables.
- Some data systems do not place persons who identify two or more races into a separate category; rather, they place them into each of the identified race categories. These instances are noted in the attached KPM tables.

Some divisions are not able to report the data in the requested racial and ethnic categories. For example, some data systems did not allow for the creation of non-Latino race categories because information on the race and ethnicity for a given person could not be linked. Those are footnoted in the attached KPM tables.

2. Confidence interval/sample size

When KPMs are provided by race and ethnicity based on survey data, we provide a 95 percent confidence interval, when available, so one can get a sense of the instability (uncertainty) of the estimates. Survey data are obtained by randomly selecting a sample of people from a population, and we do not know for sure how representative any given sample is of the larger population. If we were to repeat the survey and randomly select a different sample from the same population, our survey estimates would likely be different. A bigger sample yields more stable survey estimates. The 95 percent confidence interval provides a range of values to give a sense of the stability of an estimate: there is a 95 percent chance that this range includes the true underlying population value. When the 95 percent confidence intervals were not available, we indicate the sample size the estimate is based on (n).

When the KPMs are based on client, clinical or census data, we indicate the number of people the KPM is based on (N), when available, so one can get a sense of how unstable this measure might be over time. For instance, if "satisfaction" is based on 55 clients, a few clients changing their answer could have a fairly large impact on the result: e.g., 10/55 = 18% satisfied vs. 13/55 = 24% satisfied.

When the KPM is a population-based rate, denominators are the total population in Oregon so the denominators are not provided.

3. Suppression of KPMs

For KPMs that are rates: KPMs that are based on less than five events are suppressed because they are considered unreliable.

For other types of KPMs (e.g., percentages): KPMs that are based on fewer than 50 clients or survey respondents are suppressed because they are considered unreliable.

Appendix II: Tables with KPMs by race and ethnicity

Key Performance Measures (KPMs) by Division

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
CAF	13	**Vocational rehabilitation services employment**: Percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed	2009	56% N = 219	46% N = 164	46% N = 54	51% N = 50	† N = 16	52% N = 70	54% N = 2,864	- Not provided	▲
	14	**TANF family stability**: Percentage of children entering foster care who had received Temporary Assistance to Needy Families (TANF) cash assistance within the prior two months	2009	12% N = 740	63% N = 90	35% N = 102	† N = 31	† N = 16	7% N = 649	25% N = 2,591	- N = 460	▲
	15	**TANF re-entry**: Percentage of Temporary Assistance to Needy Families (TANF) cases who have not returned within 18 months after exit due to employment	Could calculate with additional resources									
	16	**Food stamp utilization**: Ratio of Oregonians served by food stamps to the number of low-income Oregonians	Could calculate a similar measure with additional resources									
	17	**Food stamp accuracy**: Percentage of accurate food stamp payments	Data not available by race/ethnicity									
	18	**Enhanced child care**: Percentage of children receiving care from providers who are receiving the enhanced rate for child care subsidized by DHS	2009	49% N = 7,856	48% N = 3,178	45% N = 535	41% N = 473	27% N = 157	48% N = 683	54% N = 21,179	- N = 4,452	▲
	19	**Absence of repeat maltreatment**: Percentage of abused / neglected children who were not subsequently victimized within 6 months of prior victimization	2009	94% N = 957	95% N = 370	87% N = 187	† N = 40	† N = 17	Not provided	93% N = 3,305	- N = 805	▲
	20	**Timeliness and permanency of child reunification**: Composite measure of exits to reunification less than 12 months; median stay; entry cohort reunification in less than 12 months; and re-entries to foster care in less than 12 months	Could calculate with additional resources									
	21	**Timely adoption**: Median number of months from date of latest removal from home to finalized adoption	2009	30 N = 89	37 N = 62	43 N = 123	† N = 14	† N = 1	Not provided	35 N = 681	- N = 129	▲
	22	**Timeliness of foster care related adoptions**: Composite measure including exits to adoption in less than 24 months and KPM #21 median length of stay; final adoptions and legal freedom within 6 months for children in foster care 17 months or longer; and legally free children adopted in less than 12 months	Could calculate with additional resources									

* = Each race category includes Hispanic/Latino for this KPM
† = Data suppressed: denominator less than 50
‡ = Data suppressed: events less than 5
Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	○ No Disparity/ Doing better	▲ Disparity	NC Not Calculable

Key Performance Measures (KPMs) by Division

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
SPD	37	**People with disabilities in community settings:** Percentage of individuals with developmental disabilities who live in community settings of five or fewer		Not provided	99%* N = 766	99%* N = 306	98%* N = 400	† N = 38	98%* N = 152	98%* N = 15,244	- N = 2256	○
	38	**Developmental disabilities support services:** Percentage of eligible adults who are receiving adult supportive services		Not provided	† N = 5	† N = 6	† N = 6	† N = 1	† N = 2	97%* N = 198	- N = 32	Too little data to interpret
	39	**Integrated employment settings:** Percentage of people with developmental disabilities who receive SPD services who are working in integrated employment settings	Data not available by race/ethnicity									
	40	**Seniors living outside of institutions:** Percentage of Oregon's seniors who are living outside of institutions	Data not available by race/ethnicity									
		Similar to KPM: Percentage of seniors and people with physical disabilities on Medicaid who are not receiving long-term nursing facility services	2009	Not provided	82%* N = 789	87%* N = 380	90%* N = 922	† N = 48	† N = 25	81%* N = 23,741	- N = 958	○
	41	**Access to I & R and I & A**: Increase access to accurate and consistent Information & Referral and Information & Assistance for people who are not currently served by SPD	Data not available by race/ethnicity									
	42	**Re-abuse of seniors and people with disabilities**: Percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: seniors	Data not available by race/ethnicity									
	42	**Re-abuse of seniors and people with disabilities**: Percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: adults with disabilities	Data not available by race/ethnicity									
	42	**Re-abuse of seniors and people with disabilities**: Percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: developmental disabilities	Data not available by race/ethnicity									

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Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	○ No Disparity/ Doing better	△ Disparity	NC Not Calculable

Key Performance Measures (KPMs) by Division

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
AMH	1	**Completion of alcohol and drug treatment**: Percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD	2009	68% N = 3,624	46% N = 1,607	47% N = 2,239	72% N = 391	64% N = 235	Not available	66% N = 30,840	- N = 567	▲
AMH	2	**Alcohol & drug treatment effectiveness - adults**: Percentage of adults employed after receiving alcohol and drug treatment	2009	64% N = 3,185	37% N = 1,181	33% N = 1,738	66% N = 334	61% N = 204	Not available	57% N = 24,752	- N = 438	▲
AMH	3	**Alcohol & drug treatment effectiveness - parents**: Percentage of parents who have their children returned to their custody after receiving alcohol and drug treatment	2009	53% N = 521	44% N = 276	43% N = 426	† N = 43	† N = 25	Not available	49% N = 4,852	- N = 106	▲
AMH	4	**Alcohol & drug treatment effectiveness - children**: Percentage of children whose school performance improves after receiving alcohol and drug treatment	2009	76% N = 622	67% N = 118	75% N = 226	† N = 32	† N = 16	Not available	79% N = 2,314	- N = 87	▲
AMH	5	**8th grader use of alcohol**: Percentage of 8th graders who have used alcohol within the past 30 days	2008	36% n = 2,495	36% n = 650	35% n = 1,386	19% n = 748	30% n = 367	Not available	28% n = 10,930	Not provided	▲
AMH	6	**8th grader use of illicit drugs**: Percentage of 8th graders who have used illicit drugs within the past 30 days	2008	17% n = 2,112	22% n = 558	19% n = 1,188	10% n = 665	19% n = 320	Not available	13% n = 9,741	Not provided	▲
AMH	7	**Child mental health services**: Percentage of children receiving mental health services who are suspended or expelled from school	Data not available: small sample size and only suspensions can be considered									
AMH	7	*Similar to KPM: Percentage of children receiving mental health services who are suspended from school prior to / after onset of most recent mental health service* — *Prior*	*2008*	*22% n = 268*					*Not available*	*16% n = 740*	*Not provided*	*Too little data to interpret*
AMH	7	*Similar to KPM: Percentage of children receiving mental health services who are suspended from school prior to / after onset of most recent mental health service* — *After*	*2008*	*22% n = 268*					*Not available*	*16% n = 740*	*Not provided*	*Too little data to interpret*
AMH	7	*Similar to KPM: Percentage of parents/guardians reporting their child's school attendance improved after mental health treatment*	*2008*	*46% n = 151*					*Not available*	*39% n = 419*	*Not provided*	*Too little data to interpret*

* = Each race category includes Hispanic/Latino for this KPM
† = Data suppressed: denominator less than 50
‡ = Data suppressed: events less than 5
Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	○ No Disparity/ Doing better	▲ Disparity	NC Not Calculable

Key Performance Measures (KPMs) by Division

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
AMH	8	**Adult mental health services**: Percentage of adults receiving mental health services who report improved functional outcomes as a result of those services	2008	55% n = 473					Not available	56% n = 2,243	Not provided	Too little data to interpret
AMH	9	**Mental health client level of functioning**: Percentage of mental health clients who maintain or improve level of functioning following treatment	2008	95% N = 2,147	94% N = 1,270	95% N = 797	90% N = 230	96% N = 84	Not available	93% N = 18,094	Not provided	○
AMH	10	**Gambling treatment effectiveness**: Percent of adults who gamble much less or not at all 180 days after ending problem gambling treatment	Could calculate with additional resources									
AMH	11	**OSH restraint rate**: Number of restraints per thousand patient hours at Oregon State Hospital	2008 - 2010	0.1 N = 110	0.1 N = 118	† N = 33	0.1 N = 53	† N = 1	Not available	0.2 N = 1,450	† N = 32	○
AMH	12	**OSH length of stay**: Average length of stay for civil commitments at Oregon State Hospital	2008 - 2010	† N = 15	† N = 15	† N = 5	† N = 16	† N = 0	† Not available	† N = 308	† N = 8	Too little data to interpret

NOTE: *For KPMs 7 and 8, sufficient data not available to produce reliable estimates within the specific racial/ethnic groups due to small sample sizes and response rates.*
NOTE: *The Unknown/Missing category includes those who identified as multiracial or "other" race/ethnicity.*

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
DMAP	23	**Preventive services for OHP children**: Utilization rate of preventive services for children birth through 10 years old covered by OHP	2009	4.98 P yrs. = 58,169	4.01 P yrs. = 7,370	3.01 P yrs. = 3,146	4.93 P yrs. = 3,298	4.70 P yrs. = 832	Not available	4.21 P yrs. = 88,273	- P yrs. = 15,265	▲
DMAP	24	**Preventive services for OHP youth and adults**: Utilization rate of preventive services for youth and adults 11 years old and older covered by OHP	2009	1.22 P yrs. = 33,606	1.28 P yrs. = 12,694	0.94 P yrs. = 5,955	1.32 P yrs. = 8,940	0.80 P yrs. = 649	Not available	0.91 P yrs. = 188,801	- P yrs. = 14,006	○
DMAP	26	**PQI - hospitalizations of OHP clients**: Rate of ambulatory care sensitive condition hospitalizations of Oregon Health Plan clients	2009	1,287 P yrs. = 15,310	3,172 P yrs. = 8,858	3,463 P yrs. = 4,159	1,885 P yrs. = 7,479	2,789 P yrs. = 430	Not available	2,789 P yrs. = 154,447	- P yrs. = 9,010	▲

NOTE: *Person years (P yrs.): A person year represents any combination of persons and their enrollment that sums to 12 months.*
NOTE: *The Unknown/Missing category includes those who identified as "other" race/ethnicity.*
NOTE: *Agency is in the process of removing KPM #25.*

Division	#	KPM and description	Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
OHPR	35	**Safety net clinic use**: Percentage of uninsured Oregonians served by safety net clinics	2009	31% N = 157,437	55% N = 9,684	Not available	18% N = 19,609	Not available	Not applicable	15% N = 445,105	Not available	▲

* = Each race category includes Hispanic/Latino for this KPM
† = Data suppressed: denominator less than 50
‡ = Data suppressed: events less than 5
Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	○ No Disparity/ Doing better	▲ Disparity	NC Not Calculable

Key Performance Measures (KPMs) by Division

Division	#	KPM and description		Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	Non-Latino White	Unknown / Missing	Disparity
PHD	27	**Teen suicide**: Rate of suicides among adolescents per 100,000		2006	10	‡	‡	‡		Not applicable	10	Not provided	Too little data to interpret
PHD	28	**Teen pregnancy**: Number of female Oregonians ages 15-17, per 1,000 who are pregnant		2007	62	40	44	18		Not applicable	18	Not provided	▲
PHD	29	**Intended pregnancy**: Percentage of births where mothers report that the pregnancy was intended		2008	62% CI: (57-67)	43% CI: (36-50)	50% CI: (45-55)	69% CI: (63-74)		Not applicable	59% CI: (53-64)	Not provided	▲
PHD	30	**Early prenatal care**: Percentage of low-income women who initiated prenatal care in the first 3 months of pregnancy compared to non-low-income women	Low-income	2007	68% N = 6,975	72% N = 647	66% N = 461	62% N = 519		Not applicable	72% N = 10,257	- N = 102	▲
PHD	30		Non-low-income	2007	73% N = 2,952	72% N = 479	70% N = 366	84% N = 2,116		Not applicable	86% N = 23,252	- N = 273	
PHD	31	**Tobacco use - adults**: Tobacco use among adults		2004 - 2005	14% CI: (11.4 - 17.2)	30% CI: (22.9 - 37.9)	38% CI: (32.2 - 44.8)	10% CI: (6.9 - 13.6)		Not applicable	20% CI: (19.5 - 21.0)	Missing = < 2%	▲
PHD	31	**Tobacco use - children**: Tobacco use among children (8th grade)		2005 - 2006	10%* CI: (8.1 - 12.0)	15%* CI: (9.9 - 21.5)	17%* CI: (13.8 - 21.8)	8%* CI: (6.5 - 11.1)		Not provided	10%* CI: (8.8 - 10.6)	Not provided	▲
PHD	31	**Tobacco use - pregnant women**: Tobacco use among pregnant women		2007	3% CI: (2.6 - 3.3)	16% CI: (13.5 - 18.2)	22% CI: (19.2 - 25.7)	3% CI: (2.2 - 3.5)		Not applicable	15% CI: (14.2 - 15.0)	Not applicable	▲
PHD	32	**Cigarette packs sold**: Number of cigarette packs sold per capita		Data not available by race/ethnicity									
PHD	33	**Child immunizations**: Percentage of 24 - 35 month old children who are adequately immunized		2008	78%* CI: (76.8 - 78.2)	71%* CI: (69.2 - 73.6)	72%* CI: (69.9 - 74.5)	76%* CI: (74.1 - 77.3)	71%* CI: (66.4 - 75.8)	Not applicable	74%* CI: (73.4 - 74.2)	- Missing = < 1%	●
PHD	34	**Influenza vaccinations for seniors**: Percentage of adults aged 65 and over who receive an influenza vaccine		Sample sizes too small; could potentially calculate with additional resources									
PHD	36	**HIV / AIDS**: Proportion of reported HIV/AIDS cases interviewed by a local or state public health professional and offered assistance with partner notification and referral to HIV treatment		Could calculate with additional resources									
PHD	36	***Previous KPM***: *The annual rate of HIV infection per 100,000 persons*		2005 - 2009	11	22	5	4		Not available	6	Not available	▲

NOTE: 8th grade tobacco use data includes multiple race categories.

* = Each race category includes Hispanic/Latino for this KPM
† = Data suppressed: denominator less than 50
‡ = Data suppressed: events less than 5
Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	● No Disparity/ Doing better	▲ Disparity	NC Not Calculable

Key Performance Measures (KPMs) by Division

Division	#	KPM and description		Year	Hispanic / Latino	Non-Latino African American	Non-Latino Native American	Non-Latino Asian	Non-Latino Pacific Islander	Non-Latino Two or more races	State	Unknown / Missing	Disparity
DHS / OHA-WIDE	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Accuracy	Youth	2007	30%* N = 1903	17%* N = 351	19%* N = 458	25%* N = 360			25%* N = 6133		▲
			Adult		21%* N = 506	20%* N = 261	18%* N = 538	25%* N = 388			22%* N = 6004		
	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Availability of information	Youth	2007	32%* N = 1900	21%* N = 351	20%* N = 460	24%* N = 358			26%* N = 6128		▲
			Adult		26%* N = 502	20%* N = 260	20%* N = 535	24%* N = 387			25%* N = 5976		
	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Expertise	Youth	2007	30%* N = 1897	18%* N = 350	23%* N = 457	22%* N = 360			25%* N = 6118		▲
			Adult		22%* N = 498	16%* N = 260	18%* N = 531	27%* N = 386			24%* N = 5960		
	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Helpfulness	Youth	2007	30%* N = 1896	19%* N = 350	26%* N = 456	24%* N = 359			27%* N = 6114		▲
			Adult		24%* N = 500	21%* N = 262	24%* N = 539	27%* N = 387			28%* N = 5968		
	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Timeliness	Youth	2007	34%* N = 1885	20%* N = 349	21%* N = 457	26%* N = 361			26%* N = 6102		▲
			Adult		24%* N = 502	21%* N = 257	19%* N = 529	25%* N = 390			24%* N = 5948		
	43	**Customer Service**: Percentage of customers rating their satisfaction with DHS/OHA as excellent: Overall	Youth	2007	36%* N = 1895	18%* N = 352	19%* N = 458	26%* N = 360			27%* N = 6126		▲
			Adult		27%* N = 501	21%* N = 262	21%* N = 533	26%* N = 388			25%* N = 5978		

NOTE: Customer service data includes multiple race categories and data for the state as a whole is presented instead of data for Non-Latino Whites.

* = Each race category includes Hispanic/Latino for this KPM
† = Data suppressed: denominator less than 50
‡ = Data suppressed: events less than 5
Note: Values combined across two or more racial/ethnic groups are indicated by a crosshatch pattern.

Symbols	○ No Disparity/ Doing better	▲ Disparity	NC Not Calculable

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