



**Portland's Children:
Overview of Key Local Data
September 2018**

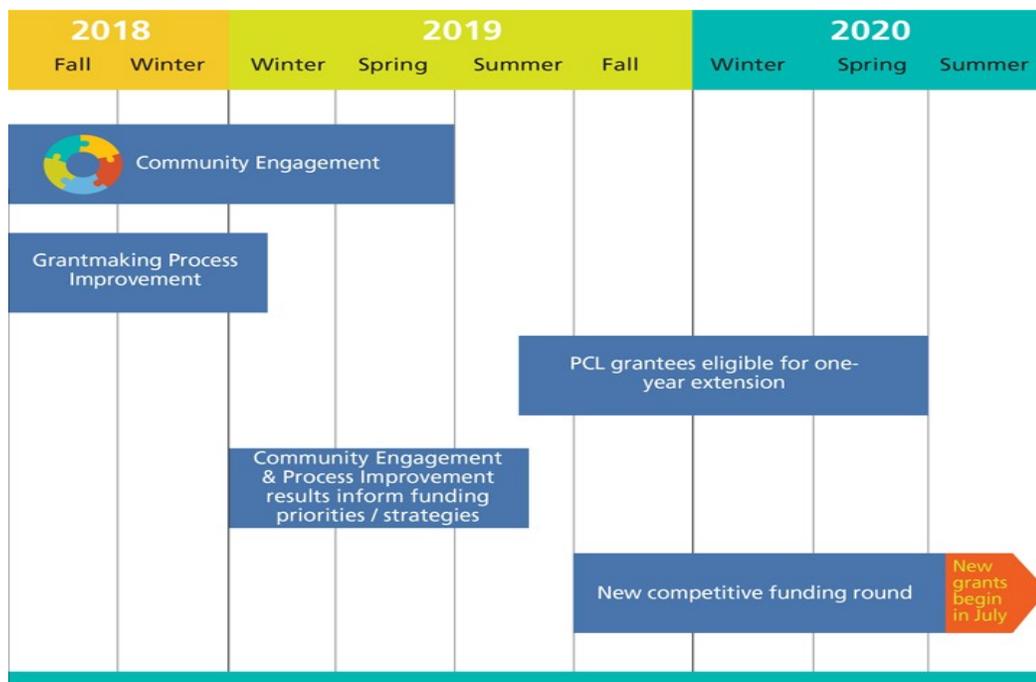
Introduction and Background

Portland voters recently renewed the Children’s Levy to invest in an array of supports for children designed to achieve the following goals:

- Prepare children for school.
- Support children’s success inside and outside of school.
- Reduce racial and ethnic disparities in children’s well-being and school success.

These goals are guided by the Levy’s authorizing ballot language, which requires specific focus areas for programming and investment: early childhood, child abuse prevention & intervention, foster care, after school and summer, mentoring and child hunger. The Levy currently invests in more than 70 programs to support children and families in achieving these goals.

After voter renewal, the Levy chooses program investments in a competitive funding process that includes (1) community engagement and input on needs and solutions, (2) development of program area goals and strategies based on community needs and proposed solutions, current research and best practices, and local data on children, (3) application for funding by community-based agencies, (4) funding recommendations by the Levy Allocation Committee and (5) final approval of funding recommendations by Portland City Council. The timeline for the current process is illustrated below.



Portland Children’s Levy (PCL) staff created this overview summarizing descriptive data from various local and state sources on Portland’s children. The data provides a current snapshot of children in Portland—who they are and population-level outcomes—in the context of the Levy’s 6 program areas. This overview will help inform the community engagement process by identifying topics for deeper community feedback and community-led prioritization of service needs. It will also be shared with stakeholders and the Levy’s Allocation Committee as strategies and priorities are selected.

Purpose of Data Overview and Data Limitations

PCL anticipates that the results of the community engagement process will significantly drive the development of funding strategies and priorities to address local needs in light of the data provided in this overview. This data overview may help inform and shape questions posed in the community engagement process, and hopefully assure that all populations of children and issues related to PCL program areas are considered in the community engagement process. For these reasons, PCL has intentionally not included further analysis and implications of the data presented.

Due to time and resource limitations, PCL has not conducted original research for this overview. Instead, the data included is all taken from secondary sources attributed in the text. Where available, we have included data disaggregated by race/ethnicity to help readers understand how different populations experience different childhood outcomes. Racial/ethnic demographic labels in this summary reflect the labels and definitions used by the data source cited. As a result, graphs/data featured in this report refer to populations with slightly different terminology. PCL recognizes that existing data have significant limitations including lack of similar data available for all populations, different designations of race/ethnicity, and limited characterizations of race/ethnicity that do not fully describe diverse populations of children. These limitations preclude complete analyses by population on all variables related to PCL program areas. Readers should interpret the data with caution because no causal analyses are included in this overview.

This overview includes: 1) local demographic data on Portland's Children and 2) population-level outcome indicators of children's wellbeing, development, and education. Demographics of children living in Multnomah County and the City of Portland are included because characteristics such as race/ethnicity and socioeconomic status are significant predictors of children's outcomes. Data on specific marginalized populations of children are included to assure that unique needs of various populations are visible, and to better illuminate intersecting characteristics linked to child outcomes. Assorted indicators from different systems, such as education and child welfare, are included to describe population-level outcomes related to PCL's program areas.

For most data points, the only sources of data available pertain to children in Multnomah County, rather than children residing specifically in Portland city boundaries. Many of the data points also come from different years, and in some cases, the optimal data describing the demographics and outcomes for children in Portland does not exist.

Social Determinants of Health, Adverse Childhood Experiences, and Community Trauma

While the Levy has specific areas of focus and goals, there are underlying factors that substantially impact the children and families that are and will be supported by Levy-funded services. Research over the last two decades has illustrated the importance of conditions and experiences that support optimal health and wellbeing. Economic stability, neighborhood/physical environment, education, food, community/social context, and health care system are considered the "social determinants of health" and collectively have significant impact on health outcomes.¹ This overview looks most closely at data collected by systems within the Levy's areas of focus and excludes local data on many other social determinants of health, particularly metrics monitored by the health care system. PCL recognizes the importance of health, housing and employment in the lives of families, and the interdependence of investments made by multiple systems to support children and families.

Undoubtedly, the success of PCL's investments depends in part on supports provided to children and families by other systems.

When individual or community trauma interfere with the conditions and experiences that support optimal health and well-being, then people—especially children—experience risks to their life-long health outcomes. Extensive research has investigated the relationship between traumatic experiences in early childhood and long-term health outcomes. The most well-known study, led by the Centers for Disease Control and Kaiser Permanente indicated that the more “adverse childhood experiences,” (ACEs) people have had, the more likely they are to have significant behavioral, physical and mental health issues, including chronic diseases and early death. The study suggested that people with 4 or more ACEs have far greater risk of developing chronic, long-term health challenges.² Moreover, the experience of toxic stress from ACEs can impact development and functioning of the brain and body. Analysis from the CDC's Behavioral Risk Factor Surveillance System in 2011 in Oregon shows that 16% of the adult survey respondents experienced 4 or more ACEs.³ Locally, data reported from the 2011-12 National Survey of Children's Health suggests that about one-quarter of Portland's children have already experienced 2 or more ACEs.⁴

Subsequent analyses of the Kaiser study suggest the sample surveyed lacked representative racial/ethnic diversity and that it did not adequately look at the traumatic experiences of people of color or communities of color. Another version of the study conducted in Philadelphia sought to address this shortcoming; from the sample of over 1,700 adults, 44% identified as white (compared to over 70% in the Kaiser study), and just over 40% of the sample had a high school education or less (compared 25% in the Kaiser study).⁵ The Philadelphia study also measured other aspects of trauma not considered in the Kaiser study including experiencing racism, witnessing violence, and living in unsafe neighborhoods. Results showed that 34.5% of adults surveyed reported experiencing discrimination based on their race/ethnicity, 40.5% reported witnessing violence while growing up, and 27.3% reported feeling unsafe in their neighborhood during childhood.⁶ With a sample that included more racial diversity, a larger population with less than a college education, and the inclusion of community trauma, over 37% of adults reported having 4 or more ACEs.⁷ The adults with 4 or more ACEs had higher rates of risky health behavior including smoking, substance abuse, multiple sex partners, and suicide attempts.

Individual experiences of trauma, especially at a young age, can have lasting effects on health and wellbeing. Leading advocates and researchers of color have asserted what the Philadelphia study helped illuminate: that community trauma in the form of institutional racism and other forms of discrimination along with the legacy of oppression has significantly affected the social determinants of health for populations of color and communities experiencing poverty⁸. Additionally, institutions and systems such as child welfare, medical care, and public education continue to operate in ways that perpetuate traumatic experiences and re-traumatize children and their families. The data outlined in the subsequent pages of this report highlight many features of trauma that have been the result of institutional inequities and systemic oppression—lack of access to high quality learning experiences, legacies of discriminatory housing and employment policies, continued police brutality, disproportionate rates of entry into child welfare and discipline in schools, and the economic inequities that persist.

The growing field of trauma-informed care—both specific interventions and wide-ranging systemic or organizational approaches, including those that honor the cultural identity of children and families—emphasizes the importance of preventing ACEs and community trauma, mitigating stress from community and individual trauma, and enhancing the resiliency in children, their families, and the services that support them. The Portland Children’s Levy has the opportunity to support programs that center healing for children and families and to influence systems to “create places where they can truly flourish.”⁹

Local Demographic Data on Children in Portland/Multnomah County

Child Population

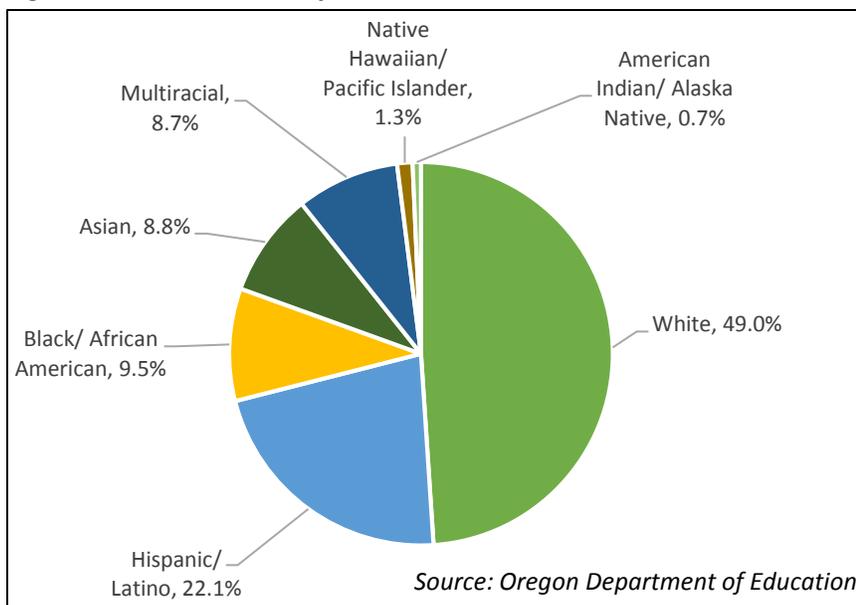
There are approximately 154,598 children birth to 17 years old in Multnomah County,¹⁰ of which:

- 46,192 (29.9%) are aged 0 – 5 years old;
- 108,406 (70.1%) are 6-17 years old.¹¹

Demographic Characteristics

Racial/Ethnic Diversity: Data in this section describes the racial/ethnic diversity of the school-age child population. Various data sources indicate that for the past decade, the population of Multnomah County has grown more racially/ethnically diverse, particularly among younger segments of the population. During the 2017/2018 school year, children of color made up approximately 51% of students enrolled in public school districts that fall within the City of Portland boundary.¹² Portland Public Schools is the largest school district in Portland, enrolling 61% of the total students enrolled in Portland school districts.¹³

Figure One. Race/Ethnicity of Students enrolled in Portland’s School Districts, 2017--2018. (N=79,759)



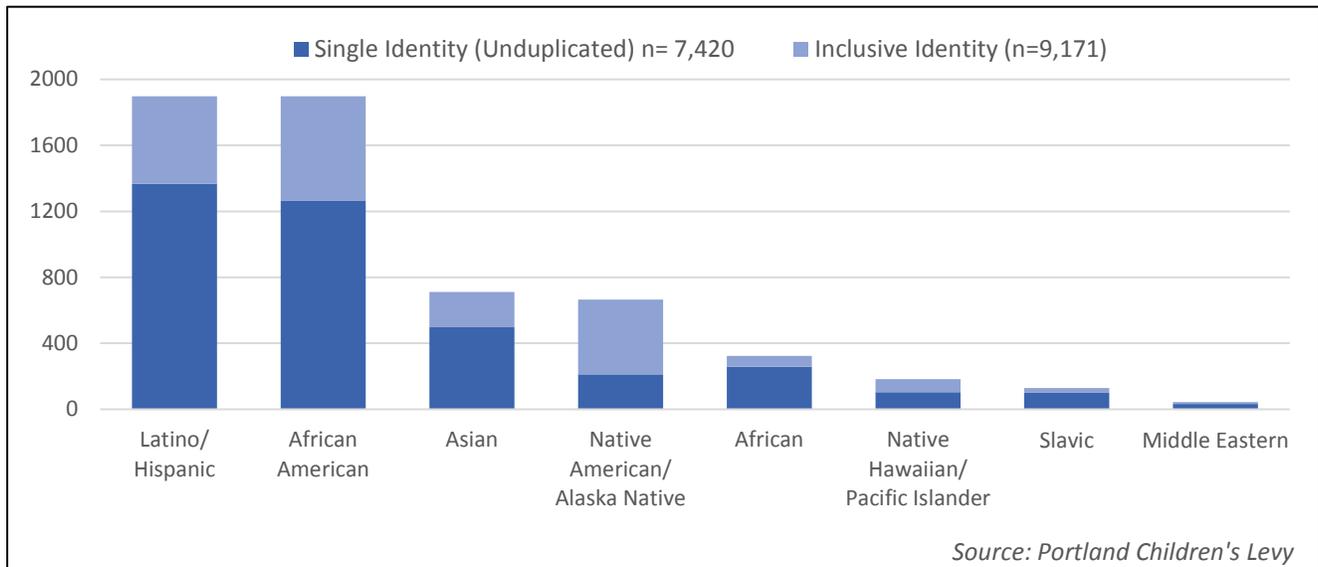
The data reflect student enrollment data in which students may select more than one racial/ethnic identity. If that selection is made, the student is shown as “multiracial,” except in the case where students identify as Hispanic/Latino and another race or identity. All students that report identifying as Hispanic/Latino are counted only in that racial/ethnic category regardless of whether another racial/ethnic identity was also selected. For example, if a student identifies as Latino and

Native American, s/he is counted as Hispanic/Latino. However, if a student identifies as Native American and African American, s/he is counted as multiracial. This method of counting obscures the multiple racial/ethnic identifications of a significant portion of students attending Portland schools.

Other analyses of inclusive racial/ethnic identity on students in Multnomah County and the City of Portland show that the number of students identifying as Native American in part far exceeds the number of students who identify solely as Native American.¹⁴ Demographic data from PCL-funded programs as shown in the chart below is illustrative; the population served identifying as Native American in part is more than double the population identifying solely as Native American. In light of this data, the percentage of youth that identify as Native American at least in part and are attending

Portland schools is likely much higher than the percentage that identifies solely as Native American as reflected in the table above.

Figure Two. Inclusive Racial/Ethnic Identity of Children Served in PCL Funded Programs, 2016-17.



Geographic Concentration of Population of Color: The population of children of color has become more concentrated in East Portland over time as gentrification of the inner core of Portland has intensified.¹⁵ Housing costs have risen dramatically in Portland. In 2017 the city’s Housing Bureau reported that a homebuyer searching for house costing less than \$300,000 would have only six of 24 neighborhoods to choose from in the city, and four of the six are located in East Portland.¹⁶ The report also stated that no neighborhoods are considered affordable to rent housing for the average Black, Latino, Native American and single mother households.¹⁷ Enrollment of children of color in the four school districts in East Portland (Centennial, David Douglas, Parkrose and Reynolds) increased from 24.9% of total students in 2000 to 63% of all students in 2017. Enrollment of children of color in Portland Public School District, the largest district in the City of Portland, also increased in this time period from 37.5% to 51%.

Maps included in [Appendix A](#) of this report provide additional information on geographic locations of populations of color and illustrate the trend shown in race/ethnicity demographics of student enrollment in Portland area schools over time. Map 1 was produced by the Coalition for a Livable Future’s Equity Atlas 2.0 project, reflects census data between 2000 and 2010, and shows the percent of change in populations of color by census tract. Map 2 is based on American Community Survey 5-year estimates from 2010-2014 and shows concentrations of people of color by census tract.¹⁸ Taken together, they suggest that populations of color are more concentrated in East Portland, North Portland, and East Multnomah county and have increased in those areas over time.

Maps included in [Appendix B](#) of this report provide estimates of growth in populations of color between 2010 and 2025 in Multnomah County by census tract.¹⁹ These projections show:

- The American Indian/Alaska Native population is projected to stay the same and remain dispersed throughout the county, with some tracts in Gresham projected to have the largest increase in this population.
- The Black/African American population is projected to stay the same or decline in nearly all tracts west of Interstate-205, with the Albina District (including Eliot, King, Humboldt, Piedmont and Irvington neighborhoods) experiencing the steepest declines. Growth in the African American population is expected to occur mostly east of I-205, but within the City of Portland boundaries including in the Powellhurst-Gilbert and Hazelwood neighborhoods.
- The Asian/Native Hawaiian/Pacific Islander population is expected to decline in Portland’s inner east side and to increase in outer East Portland, and East Multnomah county. The population is expected to decline in the area along SE 82nd Ave, and to increase in west Portland near Forest Park.
- The Latino population is expected to grow significantly overall, with declines in the northeast Albina District, and increases in most other tracts, especially North Portland neighborhoods.
- The multiracial population (defined as identifying as two or more races) is expected to increase overall, and in nearly all census tracts except neighborhoods in the Albina district.

Overall, population forecasts and school enrollment data show continuation of trends evident between the 2000 and 2010 census. Populations of color have increasingly been displaced to East Portland and East Multnomah County as the inner core of Portland has gentrified.

Language Status: Proficiency in the English language is crucial for eventual academic achievement, including meeting high school graduation requirements. In the City of Portland, 27% of people over the age of 5 speak a language other than English in their home.²⁰ Data collected from families of children enrolled in Medicaid in Multnomah County help illustrate the most commonly spoken languages in that service population. Nearly 1 in 4 children enrolled in Medicaid locally have families that speak a primary language other than English in the home.

Figure Three. Primary languages reported spoken by families of children ages 0 – 17 enrolled in Medicaid in Multnomah County, as of April 2018. (n = 61,879)

Primary Language Spoken by Family	% of children enrolled in Medicaid
English	76.8%
Spanish	14.1%
Russian	2.4%
Vietnamese	1.6%
Undetermined	1.1%
Chinese	1.0%
Somali	0.8%
Arabic	0.5%
Burmese	0.4%
Karen	0.4%
Nepali	0.2%
Swahili	0.2%

Local school district data on languages spoken mirror the Medicaid data. In the 2016-17 school year, 26.6% of students in Portland school districts were classified as Ever English learners which includes both students currently receiving English learner services, and those who received them previously.²¹ The most commonly spoken home languages in Oregon are, in order of prevalence, Spanish, Russian, Chinese, Arabic, Vietnamese and Somali.²²

Economic Status: Data in this section reviews rates of child poverty and other indicators that describe the scale of family income among local children. The table below shows 2017 definitions for key indicators of poverty and “low-income” status; all figures are annual household income levels:

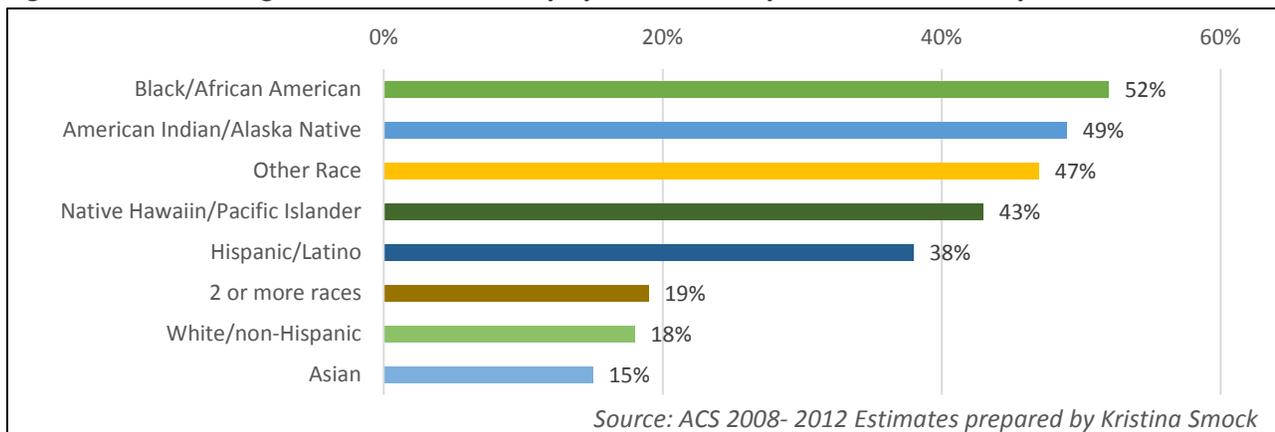
Figure Four. Annual Income Threshold for Poverty and Median Income, 2017.

Federal Poverty Level for family of four (2017) ²³	185% of Federal Poverty Level for family of four (2017)	Median Income for Portland family of four (2017) ²⁴
\$24,600	\$45,510	\$74,700

The child poverty rate—the portion of children ages birth to 17 living at or below the federal poverty level—for Multnomah County was 18.7% in 2016, down from 26.1% in 2011.²⁵ Still, a substantial portion of children in Multnomah County experience poverty and are eligible for support programs such as the federal free and reduced-price lunch program (up to 185% of FPL), and Employment Related Day Care (up to 185% of FPL). Among the 78,570 students enrolled in Portland school districts during the 2017-2018 school year, 49.5% participated in the federal free and reduced-price lunch program.²⁶ Nationally, 70.7% of income-eligible households with school age children participate in the free and reduced-price lunch program.²⁷

Child poverty rates are higher for children of color than that for white children and higher than the county-wide child poverty rate. The table below shows the percentage of children in poverty by race/ethnicity in Multnomah County. Poverty rates for American Indian/Alaska Native, Black/African American, Latino and Native Hawaiian/Pacific Islander children are more than twice the rate for white children.

Figure Five. Percentage of Children in Poverty by Race/Ethnicity, Multnomah County, 2008-2012.²⁸



Geographic Distribution of Child Poverty:

Low income children are significantly concentrated in schools located East of 82nd Ave., and in North Portland. Between 2000 and 2017, the percentage of students eligible for free and reduced-price lunch in East Portland school districts (Centennial, David Douglas, Parkrose and Reynolds) increased from 40.3% to 70.3%. Schools that rank highest on Multnomah County’s Equity Index show a similar pattern. The Equity Index includes all public schools in Multnomah County and ranks schools based on the numbers of children experiencing poverty and children of color attending the school. Schools ranked highest have the highest number of children experiencing poverty and of color enrolled. Of

the 69 schools ranked in the top half of the Equity Index for 2016-17, 67% were East of 82nd Avenue (including some in Gresham Barlow school district), and 13% were in North Portland. The remaining 20% of schools are located West of 82nd Avenue and primarily in Southeast Portland.

East Portland: Population, Racial/Ethnic Groups and Child Poverty

As a result of data and community input ²⁹ indicating an increasing population living in poverty in East Portland, increasing diversity, and a paucity of services for this geographic area, the Levy has sought to increase funding for services in East Portland in the 2009 and 2014 funding rounds. The Levy has defined East Portland as the area of the city to the east of 82nd Avenue. The East Portland Action Plan, a city-supported arm of the East Portland Neighborhood Office, defines East Portland as a slightly smaller area with boundaries ranging from 82nd to 92nd and/or 102nd Avenues in different areas on the west; 162nd to 174th to 185th in various areas to the east; Columbia River to the north, and SE Clatsop to the south. ³⁰

According to data prepared in conjunction with the East Portland Action Plan, East Portland is home to 25% of the city's population.³¹ Between 2000 and 2010, over 22,000 people moved into East Portland, and well over 90% were people of color.³² In 2015, the child poverty rate in East Portland was 32.5%³³ as compared to a rate of 17% for Portland as a whole the same year.³⁴

Data on Additional Populations of Children and Youth

Data on sub-populations of children and youth are included below to provide information on the size of these populations as compared to the population of children and youth overall, and to highlight intersectional issues of marginalization these children and youth face that may require additional supports.

Immigrant and Refugee Children: Race, ethnicity and language data do not necessarily reveal whether children or their primary caregivers are immigrants or refugees. Immigrant and refugee children face unique challenges to their well-being in the United States including any number of the following: separation from parents or other family members; exposure to violence; uprooting from familiar contexts of language, community, and culture; homelessness and housing instability; discrimination on the basis of color, religion, or language; poor physical and mental health; interrupted schooling; economic hardships; lack of access to formal and informal social supports; and anxiety for their future.³⁵

Beyond these challenges, the current political climate in the United States has included vitriolic anti-immigrant rhetoric, hate crimes against immigrants and refugees, and both proposed and actual changes to current immigration law that impact the legal status of millions of people in the United States. This rhetoric and accompanying policy and legal changes have intensified a climate of fear and distress particularly among parents who are immigrants and refugees, and regardless of the legal status of their children. Both parents and children fear family separation, the potential inability to finish schooling and have avoided seeking services such as medical care and police due to fear.³⁶

We lack comprehensive data on immigrant and refugee children, and US-born children living with at least one immigrant or refugee parent, in Multnomah County. In the state of Oregon, 9.8% of the

population were foreign born, and 12.4% of the state's population were US-born Americans who had at least one immigrant parent.³⁷ The Migration Policy Institute reports the number of immigrant children in the state of Oregon as 188,300 and 22.9% of all children based on 2016 American Community Survey estimates.³⁸ American Community Survey estimates (2012-2016) show 13.9% of the population in Multnomah County as foreign born, with 5% of children under the age of 18 as foreign born.³⁹ In Multnomah County, the poverty rate for foreign-born families with related children of the householder under age 18 was 28.6%, as compared to 14.1% for US-born families.⁴⁰ Nationally, the poverty rate for refugee children is 22% and 28% for children of other immigrants.⁴¹

Children with Disabilities

Children with disabilities or special needs are up to four times more likely to be maltreated as children without disabilities, report higher rates of depression, are more likely to be suspended from school, and more likely to drop out of school – and thus disproportionately experience negative outcomes.⁴² Because there is no single definition of disability or special needs, there are a variety of ways to understand the prevalence of disability among children in Multnomah County. Definitions are often tied to particular laws or systems of care that require certain criteria be met in order to receive care or services. In its broadest sense, disability or special need encompasses a range of health, developmental, learning, access or other needs, challenges or differences not shared by most children typically.

The American Community Survey provides information on children with the following disabilities: hearing, vision, cognitive, ambulatory and self-care. This definition of disability is relatively narrow and therefore results in a lower count of children with disabilities as compared to counts of children receiving early childhood intervention and special education services in early childhood and in schools. American Community Survey estimates from 2012-2016 show 6.8% of children aged 0-17 (6,746 children) in Multnomah County with disabilities, with the largest portion of children having cognitive difficulties.

Children birth to age 3 are eligible for early intervention services if they have a disability, developmental delay, or have been diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay. Children aged 3-5 with disabilities are eligible for early childhood special education services. Of the 2,600 children enrolled in these services during 2016-17, 35% (910) children were enrolled in early intervention services, and 65% (1,690) children were enrolled in early childhood special education in Multnomah County.⁴³

Statewide, 12.5% of public school students received special education services in 2015-16. The top three special needs for which children received special education were specific learning disabilities (35%), speech or language impairments (21.9%) and other health impairments (primarily attention deficit/hyperactivity disorder) (17%).

Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Youth

Youth who identify as a sexual and/or gender minority face a range of increased physical and mental health risks. Not all data sources cited in this section include data on youth who identify as sexual and gender minorities; some sources only include sexual orientation. Please note the specific population to whom each piece of data applies. Lesbian, gay and bisexual youth reported attempting

suicide at more than three times the rate of their non-LGB peers.⁴⁴ LGBT youth are significantly overrepresented in the population of homeless youth – estimates range from 20-40% of the population of homeless youth even though only 7% of all youth identifies as LGBT.⁴⁵ In addition, homeless LGBTQ youth are at higher risk for sexual assault and abuse than heterosexual homeless youth. LGBTQ youth are also overrepresented in the population of foster youth and in the population of youth in juvenile detention.⁴⁶

LGBT students experience disproportionate exclusionary school discipline compared to their non-LGBT peers.⁴⁷ School exclusion through suspension and expulsion is associated with decreased academic achievement and increased risk of negative or antisocial behavior over time. LGBTQ youth are also at higher risk for chronic absenteeism, poor academic performance, and bullying at school.⁴⁸ The 2017 Oregon Healthy Teens Survey⁴⁹ reported 4.8% of 8th graders and 5.5% of 11th graders identify their gender as non-binary/gender non-conforming and 0.4% of each population identify as transgender. In Multnomah County, 2.2% of 11th graders report their sexual orientation as lesbian/gay, 8.2% as bisexual, 4.3% as “something else”, 5.5% “don’t know” and 79.8% as “straight.”

Children and Youth Experiencing Homelessness

Homeless children and youth may be living in a family experiencing homelessness or may be experiencing homelessness unaccompanied by family. Primary causes of families becoming homeless are lack of affordable housing, poverty and domestic violence.⁵⁰ Youth become homeless due to family dysfunction, rejection and conflict, youth and/or family mental illness and/or substance abuse, and youth sexual and/or gender orientation.⁵¹ Experiencing homelessness as a child or youth is linked to a variety of poor outcomes including food insecurity, mental health problems resulting from trauma and/or exposure to violence, poor educational outcomes linked to absenteeism and school mobility, and being both victims and perpetrators of crime.⁵² Data for the state of Oregon in 2014-15 shows homeless students meeting English language arts, math and science benchmarks at rates substantially below students not experiencing homelessness.⁵³

The US Department of Education broadly defines homeless children and youth under the McKinney-Vento Act as those who lack a fixed, regular and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons.⁵⁴ The affordable housing crisis in Portland and Multnomah County has led to an increase in homeless students over the last three years, and reached a high of 5% (4,317 students) in 2016-17.⁵⁵ Reynolds school district had the highest percentage of homeless students among Portland schools with a rate of 10.1% (1,168 students) in 2016-17.

Data on the following page show two ways of understanding race/ethnicity of students in Oregon experiencing homelessness. Figure Six shows the total population of students in Oregon experiencing homelessness in 2016-17, disaggregated by race/ethnicity. Figure Seven shows the rate of homelessness among each racial/ethnic population of students in 2016-17.

Figure Six. Race/Ethnicity of Students Experiencing Homelessness in Oregon, 2016-17.⁵⁶

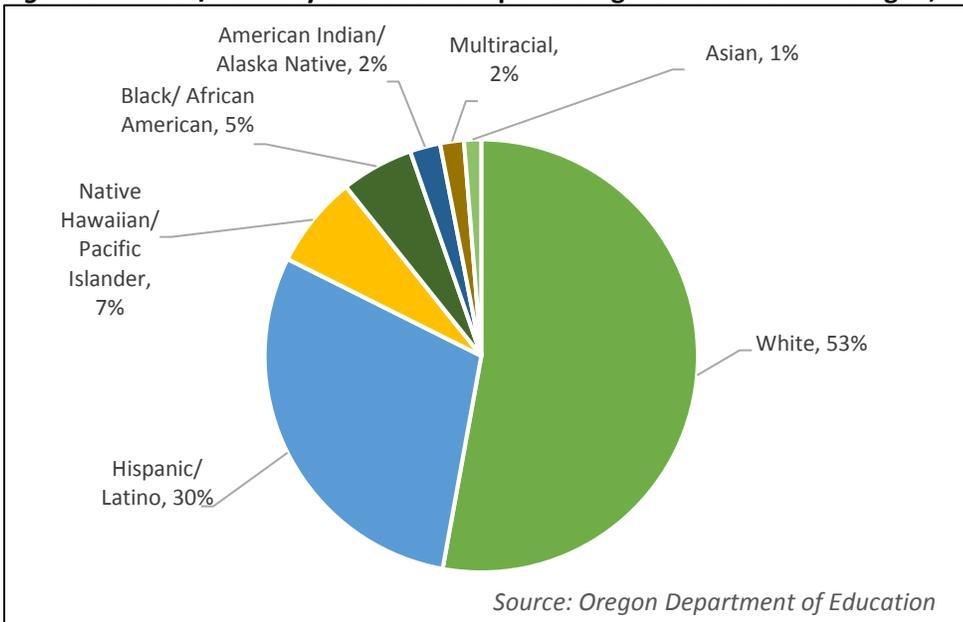
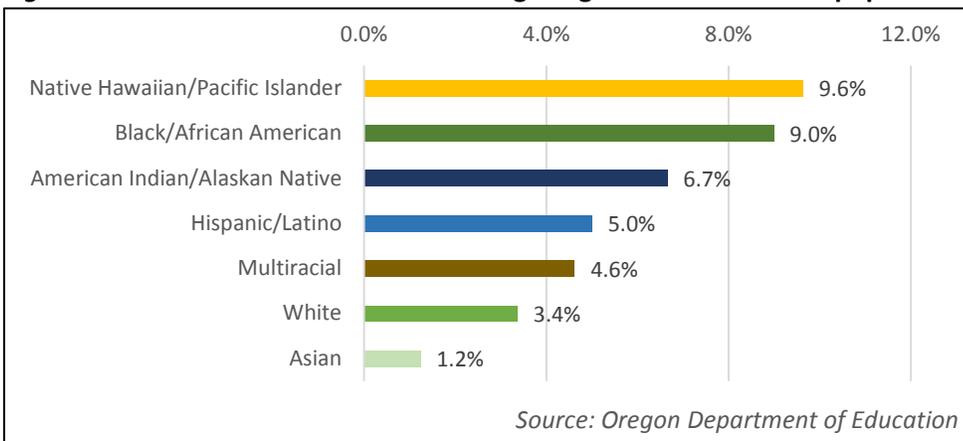


Figure Seven. Rate of Homelessness among Oregon's school student populations by Race/Ethnicity, 2016-17



Early Child Development and Learning

Preparing children for school by supporting their early development provides the foundation for later success inside and outside of school, and in later life. Descriptive data from a variety of sources indicate the size and demographics of Portland’s youngest children, suggesting a significant portion of the population experiences racial inequities and/or poverty, which can create significant barriers to child development⁵⁷:

- Poverty rate for children aged birth -5 in Portland was 18% in 2016.⁵⁸
- Of the 9,023 births in Multnomah County during 2016, 36.1% were children of color⁵⁹, compared to 32.6% of 9,461 births in 2000⁶⁰.
- In 2016, 38.2% of births in Multnomah County⁶¹ were covered by Oregon Health Plan/Medicaid, which is accessible to pregnant women with incomes up to 185% of the Federal Poverty Level.⁶²
- As of April 2018, 21,947 children ages 5 and younger were enrolled in Medicaid in Multnomah County.⁶³
- In 2017, 50.7% of children aged 3 and 4 were enrolled in an early education program in Multnomah County, the second highest rate in the state.⁶⁴

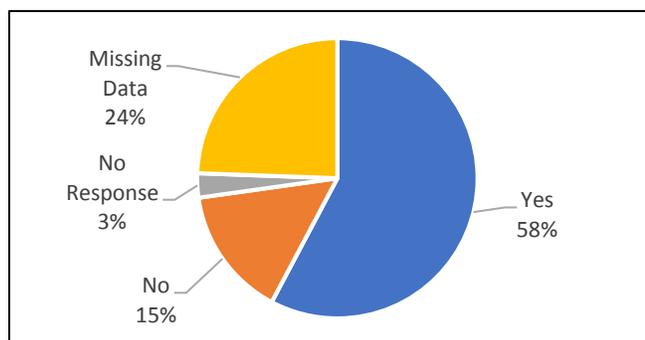
Preschool Experience in the Year before Kindergarten

During 2013, the Ready for Kindergarten Collaborative, convened by Social Venture Partners with support from All Hands Raised, prioritized adding to school registration forms at least one question about children’s experiences in the year before kindergarten. After eight months of piloting the question with over 300 parents of children entering kindergarten, including seven facilitated culturally-specific parent feedback groups, and counsel from researchers and system stakeholders, districts added the following question to their school registration forms for the 15-16 school year:

In the year before Kindergarten, did your child usually spend 5 hours or more per week in a **preschool** or **preschool classroom** (such as in a school, Head Start, or childcare center)? Yes No

Each school year, families’ responses are recorded across districts. Analysis of the data suggest needs and gaps for pre-kindergarten services in Portland. The graphs below were prepared by senior research & evaluation staff at Multnomah County Department of Community and Human Services, using data from the Multnomah County school districts⁶⁵ in September 2017.

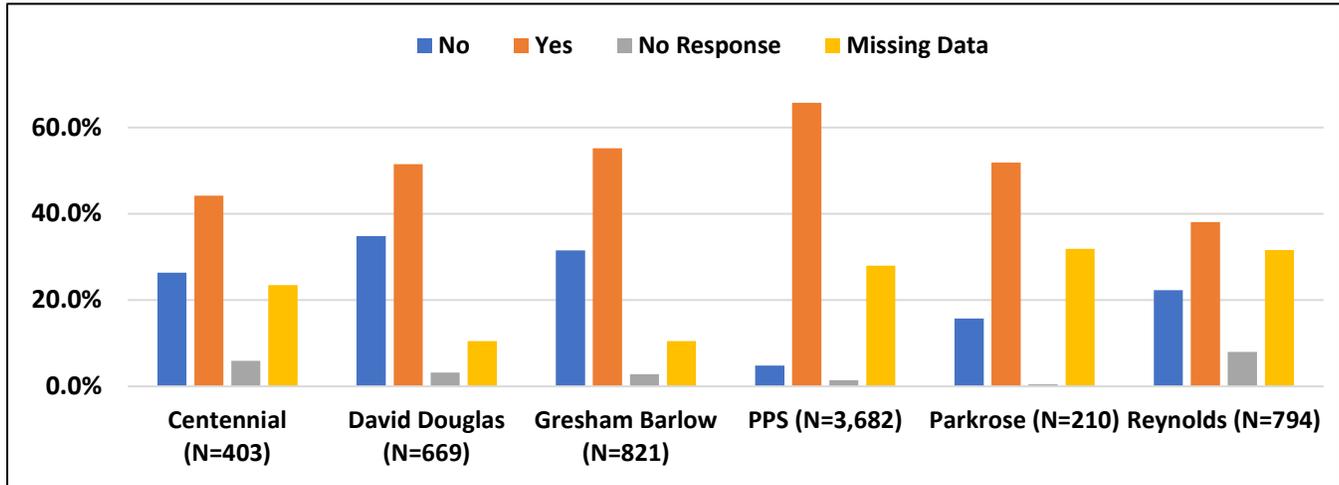
Figure Eight. PreK Experience in the Year before Kindergarten, 2017-18, in Multnomah Co. (n=6,579)



As of the first day of school in each of the 6 major districts, 6,579 children were enrolled in kindergarten. Data are missing for 1,793 (27%) of them. For a small portion, the families did not answer the question (“no response”), and for the rest, school staff did not enter data for the registered child on that question (“missing data”).

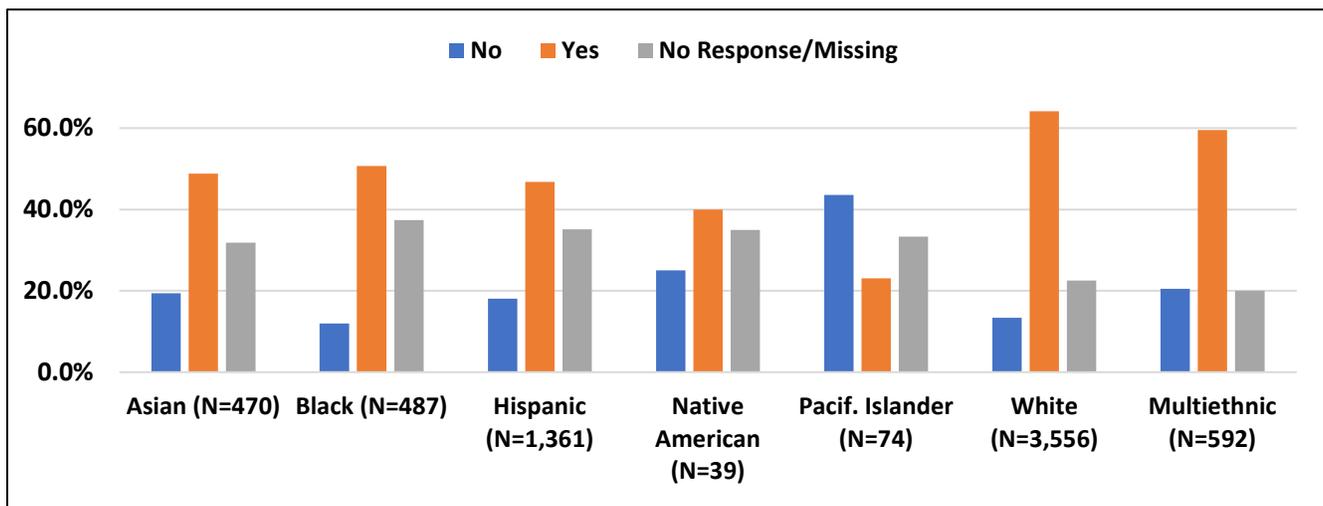
Still, at least 15%, over 980 children, reportedly had no preschool experience in the year before kindergarten. Compared to the data reported by Children First for Oregon for 3 – 4-year-olds in Multnomah County, district data raise the question as to whether 4-year-olds occupy most preschool slots in the county. The amount of missing data varies substantially by district and limits its interpretation. For example, PPS did not record data for over 900 kindergarteners.

Figure Nine. PreK Experience the Year before Kindergarten, 2017-18, by District in Multnomah Co. (n=6,579)



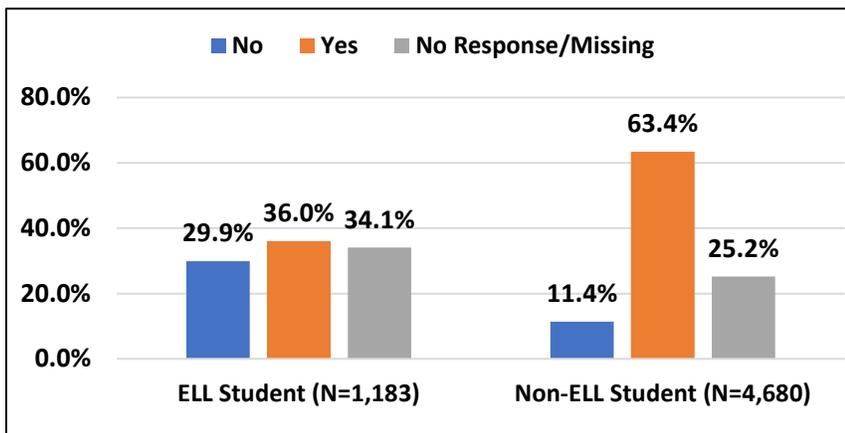
In looking at the data disaggregated by race/ethnicity, the missing data continue to limit their interpretation. Among the 1,793 children with missing data, 995 (55%) were children of color, 798 (45%) were White.

Figure Ten. PreK Experience the Year before Kindergarten, 2017-18, by Race/Ethnicity in Mult. Co. (n=6,579)



Finally, in looking at the data for kindergartners with English Language Learner status compared to their peers with English as their primary language, missing data rates and pre-kindergarten experience rates vary substantially. Of the 1,183 children with ELL status, pre-kindergarten experience data was missing on 29%, while 5% were left blank on the registration form.

Figure Eleven. PreK Experience the Year before Kindergarten, 2017-18, by English Language Learner (ELL) Status in Multnomah Co. (n= 5,863*)



These data suggest that kindergarteners in 2017-18 with English as a primary language had higher rates of pre-kindergarten experience in the year before kindergarten than their peers with ELL status.

**Of the 6,579 children in the sample, 435 were missing ELL data and 281 were considered ineligible at that time or were being monitored.*

Childcare Availability, Cost and Quality

In Oregon, approximately 60% of children are in some form of non-parental care, either formal, organized settings or informal settings.⁶⁶ The Oregon Child Care Research Partnership at Oregon State University (OCCRP) studies and reports data on childcare availability and cost for the state and counties of Oregon. Their 2016 report includes the following data for Multnomah County⁶⁷:

- 113,412 children aged 0-12
- 22 childcare slots in centers or family childcare homes available per 100 children aged 0-12.⁶⁸
- Two-thirds of families with children likely to need childcare due to parental employment.
- Median annual price of child care was \$15,540

OCCRP’s analysis suggests families’ use of childcare depends on the children’s age, parents’ employment status, household income, and access to free or subsidized care; for example, families used more informal care provided by family and friends for very young children, or older children outside of school hours.⁶⁹ The report indicates that preschoolers are most likely to be in organized care, which includes childcare centers, family child care homes, and other organized activities, such as Head Start.

While some studies and data exist on the supply of childcare and estimates of demand, there is no single or central data source that tracks the demographics of children and families currently using either licensed or unlicensed care across Oregon. As a result, we lack robust information about the type of childcare being used by various populations in Oregon. Through a few state efforts focused on childcare affordability and quality, and serving only a fraction of families and providers, some data are known.

The Oregon Department of Human Services’ Employment Related Day Care (ERDC) programs subsidizes childcare costs for working families with incomes up to 185% of the federal poverty level. In Multnomah County, a monthly average of 3,536 children ages 6 weeks to 12 years received a childcare subsidy in 2017.⁷⁰

The State of Oregon invests in a quality improvement system for licensed, regulated childcare providers. This system mirrors national trends of states developing “quality rating and improvement systems” to support and enhance the quality of care provided to children. Oregon’s system, Spark,⁷¹ provides a framework along with supports for programs to improve quality of care, and offers tools to help parents understand and locate higher quality care. Childcare providers prepare and submit portfolios demonstrating how they meet the framework’s standards, and commitment to continued professional development and coaching to advance and maintain participation in Spark, and their portfolios and progress are rated by evaluators at Western Oregon University (WOU). According to Spark data published in spring 2018 on Multnomah County⁷²:

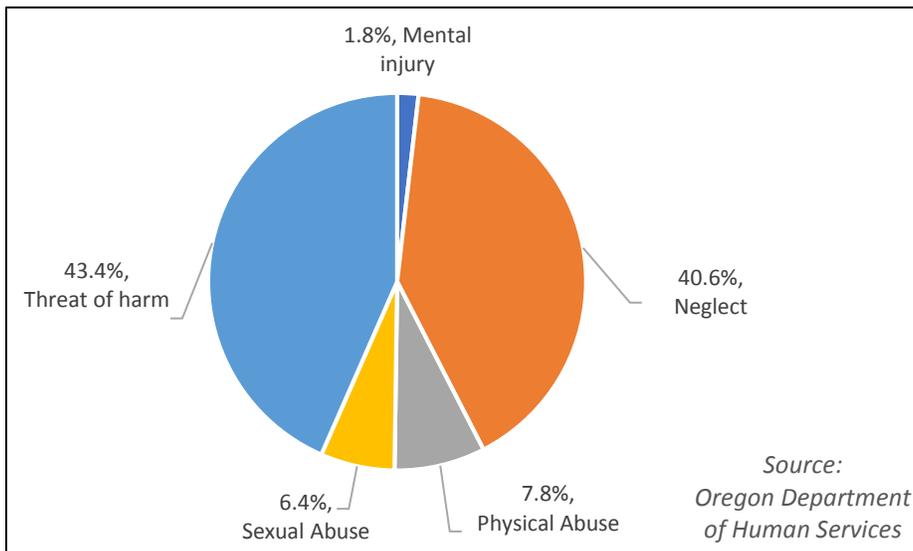
- 34.5% of the 1,021 licensed childcare providers in the county are participating in Spark
- 200 programs demonstrate the entry-level “Commitment to Quality”, and 152 programs have achieved a star-rating (of which 50 are Head Start sites)
- 13,309 children were served in those 352 childcare settings; 54.4% in Commitment to Quality programs, and 45.6% in star-rated programs.
- Among children receiving ERDC subsidy in Multnomah County, 46% received care from a provider participating in Spark, over half of which were children of color.⁷³

Child Abuse/Neglect and Child Welfare

Child Abuse and neglect and the trauma it causes for children can have long-lasting and serious effects on their learning, health, behavior and healthy relationships. The Oregon Department of Human Services collects and publishes data on child abuse victims in the state and provides some data for individual counties. For the federal fiscal year 2017 (Oct 2016 -Sept 2017), DHS reported in Multnomah County:⁷⁴

- 16,652 reports of suspected child abuse or neglect were received;
- 6,245 of those reports were referred for assessment/investigation;
- Of those investigated, 1,163 were founded for child abuse or neglect involving 1,741 children.
- Between 2015 – 2017, the rate of abuse/neglect per 1000 children in Multnomah County decreased slightly from 12.7 to 11.3.

Figure Twelve. Type of Maltreatment among all Founded Incidents of Child abuse/Neglect in Multnomah County, 2017.⁷⁵



**Note: Threat of harm is subjecting a child to a substantial risk of harm to the child’s health or welfare. Substantial harm is defined as immobilizing impairment, life-threatening damage, or significant or acute injury to a child’s physical, sexual, psychological, or mental development and/or functioning.*

During FFY 2017 there were 2,250 founded incidents of abuse/neglect. According to Oregon Department of Human Service, “Each type of maltreatment experienced by a victim in a founded referral counts as an incident of child abuse/neglect. The number of incidents is larger than the number of victims because victims may have suffered more than one type of maltreatment and/or may have been involved in more than one founded referral.”

Statewide DHS data indicates American Indian/Alaska Native children and Black/African American children are over-represented as victims of abuse as compared to their proportions in the general population. It is important to note that socio-economic status is the largest predictor of child maltreatment, not race or ethnicity. However, the strong relationship between poverty and maltreatment does not fully explain the disproportionality and disparity. The implicit and explicit biases of child welfare workers may impact decision-making related to assessment dispositions (founded, unfounded, unable to determine).⁷⁶ See additional discussion about disproportionality below.

Figure Thirteen. Race/Ethnicity of Victims of Child Abuse/Neglect as Compared to Oregon Population, 2017.

Race/Ethnicity	% of Child Victims of Child Abuse/Neglect in Oregon	% of Child Population in Oregon
White	62.9%	67.5%
Unable to Determine	14.4%	N/A
Hispanic (any race)	13.2%	21.9%
Black/African American	4.5%	3.6%
American Indian/Alaska Native	3.6%	1.6%
Asian/Pacific Islander	1.4%	5.4%

In addition, 45.1% of child abuse or neglect victims in Oregon were younger than 6 years old.⁷⁷ Statewide, the leading family stress factors contributing to abuse and neglect of children are drug and/or alcohol abuse (46.7%), domestic violence (29.5%) and parental involvement with law enforcement (22.7%); multiple factors like these are typically present in families where children experience neglect/abuse.

According to the 2015-2016 National Survey on Drug Use and Health, Oregon has the third highest addiction rates in the country⁷⁸ and ranks fiftieth in access to care for the disease of addiction.⁷⁹ Substance abuse in the family impacts children in two significant ways 1) the ability of parents to protect and care for their children; 2) children exposed to the toxic stress of living in homes with parents or caregivers with active alcohol or drug addiction are at greater risk for substance abuse and other mental, emotional, and behavioral problems.

Entry into the child welfare system, particularly into foster care, is often traumatic and can result in negative impacts that last a lifetime. A recent study of part of the tri-county Medicaid population found that people with a history of foster care experienced difficulties in childhood and adulthood.⁸⁰

- 89% of people with a history of foster care had four or more adverse childhood experiences (ACEs).
- 91% felt they had no one to protect or care for them in childhood.
- 57% of people with foster care histories dropped out of school.
- As adults, 88% of people with foster care histories had at least one physical health chronic diagnosis compared to 68% for those without foster care history.
- As adults, 92% of people with foster care histories had at least one mental health diagnosis compared to 64% for those without foster care history.

The Oregon Department of Human Services collects and publishes data on children in foster care and provides state and county-level information. For 2017, in Multnomah County:⁸¹

- Point-in-time data on September 30, 2017 showed 1,537 children in foster care.
- 569 children entered foster care and 593 children exited foster care.
- The median length of time in care for a child who exited was 28.2 months. Statewide, the median length of time in care for a child who exited was 18.6 months.
- For children in foster care as of September 30, 2017, a total of 51.7 percent had two or fewer placements. Statewide, the percentage of children with two or fewer placements was 62.3%.
- Between 2015 -17, the rate of children in foster care per 1000 children remained stable at 9.9. During the same period of time, the statewide rate of children in foster care per 1000 children ranged from 8.8 to 9.2
- 88 youth aged out of foster care. Aging out refers to the point in time when youth leave the foster care system because they were never adopted and are too old to stay in care.

Statewide, 40.4% of children/youth in foster care were younger than 6 years old, and 56.5% of children who left foster care were reunified with their families.⁸²

In 2016-17, the race/ethnicity of the population of children in foster care as compared to the population of children in Portland schools is shown in the table below.

Figure Fourteen. Race/Ethnicity of Children in Foster Care and Portland Schools, 2016-17⁸³

Race/Ethnicity Identity	Children in Foster Care in Multnomah County	Students Enrolled in Portland Schools
White	45.1%	49.3%
Latino/Hispanic	18.2%	22.0%
Multi-Racial/ Ethnic	16.0%	8.3%
African-American/ African	15.2%	9.5%
Native American/ Native Alaskan	3.3%	.8%
Asian/ Pacific Islander	1.8%	10.2%
Not Given	0.4%	N/A

Children of color are disproportionately in foster care compared to white children, and the disparity is most alarming for Native American and African American children. Researchers who conducted an extensive literature review found the following leading factors contributing to racial disparities and disproportionality in child welfare⁸⁴:

- Disproportionate impact of poverty on children and families of color and ways in which circumstances of poverty are deemed risks for “maltreatment” of children of color.
- Racial bias and discrimination in the child welfare system and across systems and individuals that interact with child welfare (e.g. racial bias in the system of mandatory reporters such as teachers and health care providers, individual biases of child welfare investigators and caseworkers; bias in child welfare system’s handling of key decisions points such as removing a child from the home, reuniting children with their families).
- Child welfare system’s policies and infrastructure that result in less access to resources for families of color such as in-home services, case management, mental health and substance abuse treatment.
- Neighborhood characteristics and geographic factors that influence reporting and investigation of families of color depending on where they live.

In 2016, Oregon ranked tenth in the nation in the rate of placement of children in foster care per thousand children; the national rate was 5.89 per 1000 children.⁸⁵ Placement rates are calculated as the number of children in foster care on a specific day, most often September 30, out of the total child population. The National Coalition for Child Protection Reform looks at the rate of children removed from their homes over the course of a year out of the total population of children experiencing poverty because poverty is the leading predictor of child removal, typically due to a finding of “neglect.” Using this methodology, Oregon removes children from their homes at a rate that is 30% higher than the national average.⁸⁶ Additionally, in 2016 the median number of months a child stays in Oregon’s foster care system was longer than the national median of 13.9 months.⁸⁷

Oregon’s child welfare system is in a state of crisis. In 2016, Oregon Law Center and Youth, Rights and Justice filed a lawsuit against the Oregon Department of Human Services requiring they “stop housing foster children in temporary non-placement locations such as hotels, DHS offices, hospitals despite readiness for discharge, and juvenile detention facilities without criminal charge; and obtain appropriate foster placements for all foster children, in the least restrictive, most family-like, safe environment possible.”⁸⁸

In January 2018, the Oregon Secretary of State's audit reported "Oregon's most vulnerable children are being placed into a foster care system that has serious problems." The report includes 24 recommendations addressing the agency's management challenges, foster parent recruitment and retention, and child welfare staffing.⁸⁹

Myriad issues in the child welfare system need to be addressed, including but not limited to:

- Overrepresentation of children of color in the system;
- High rate of removal of children from their homes/family of origin;
- Frequent placement moves;
- Poor data collection and management;
- High staff turnover in DHS child welfare;
- Lack of adequate mental health services for children in foster care;
- Lack of appropriate foster care placements;
- Lack of training, support and financial compensation for foster parents.

It is clear the Department of Human Services alone cannot protect Oregon's children. Multiple organizations and systems are working to find solutions that address long-standing problems in the child welfare system. Cross-system collaboration and investments are needed to ensure home and community-based services and supports are available for children in the child welfare system.

School Success and Positive Youth Development

Academic/Educational Outcomes: Children's experiences in early childhood and any severe adversity they face in life such as abuse and neglect and/or entry into foster care can have dramatic impact on their ability to achieve in school. Efforts by schools during the school day, and community-based efforts such as those supported by the Levy, can help mitigate those impacts and lead to better academic success for children.

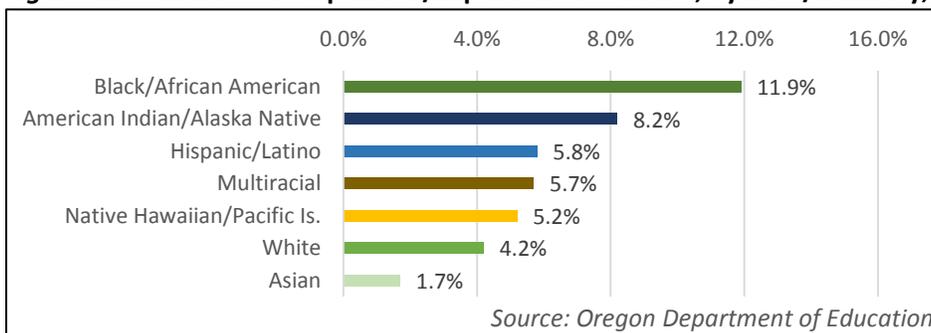
After extensive community engagement and consultation with stakeholders, the All Hands Raised partnership adopted a comprehensive set of academic indicators that help assess how children are doing in Multnomah County. They publish regular reports to track progress on these indicators over time. Below is a brief summary of some of the educational outcome data on students enrolled in Multnomah County schools the 2015-16 school year. The achievement gap between white students and most children of color (apart from Asians on some variables) is evident from these data.

Figure Fifteen: Student Academic Outcomes in Multnomah County by Race/Ethnicity, 2015-16 school year.

Students	Met/ Exceeded 3 rd Grade Reading Benchmark	Met/Exceeded 8 th Grade Math Benchmark	9 th Grade Credit Attainment ⁹⁰	4-Year Cohort Graduation Rate ⁹¹	Post-Secondary Enrollment (2012-13) ⁹²
American Indian/ Alaska Native	37.8%	45.5%	84.7%	68.5%	60.7%
Asian ⁹³	48.4%	64.2%	94.6%		79.5%
Black/African-American	21.7%	19.4%	70.8%	67.9%	75.8%
Latino/Hispanic	25.7%	26.1%	70.8%	66.0%	58.9%
Multi-Racial	48.9%	48.1%	76.8%	70.3%	77.8%
Native Hawaiian/ Pacific Islander	30.3%	40.4%	85.3%	68.5%	Combined with Asian
White	61.8%	55.5%	87.7%	76.7%	75.8%
Total	46.9%	45.5%	84.7%	73.3%	69.8%

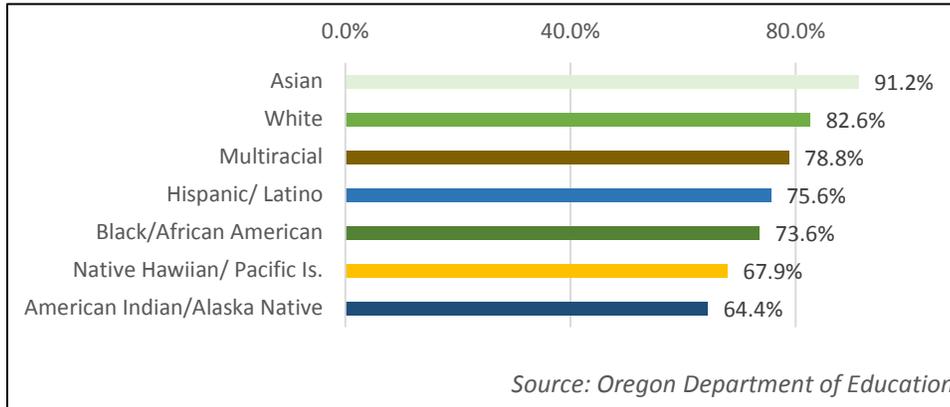
Differential Discipline: In Portland schools, 5.1% of students were suspended or expelled in 2016-17, and the statewide rate was 5.7%.⁹⁴ Higher percentages of children of color (except Asian students) are suspended or expelled as compared to white students. African American males are suspended or expelled at higher rates than any other student population. Exclusionary discipline removes children from a learning environment and is one of the top predictors of dropping out of high school.⁹⁵

Figure Sixteen: Rate of Suspension/Expulsion of students, by Race/Ethnicity, in Multnomah Co., 2015-16.



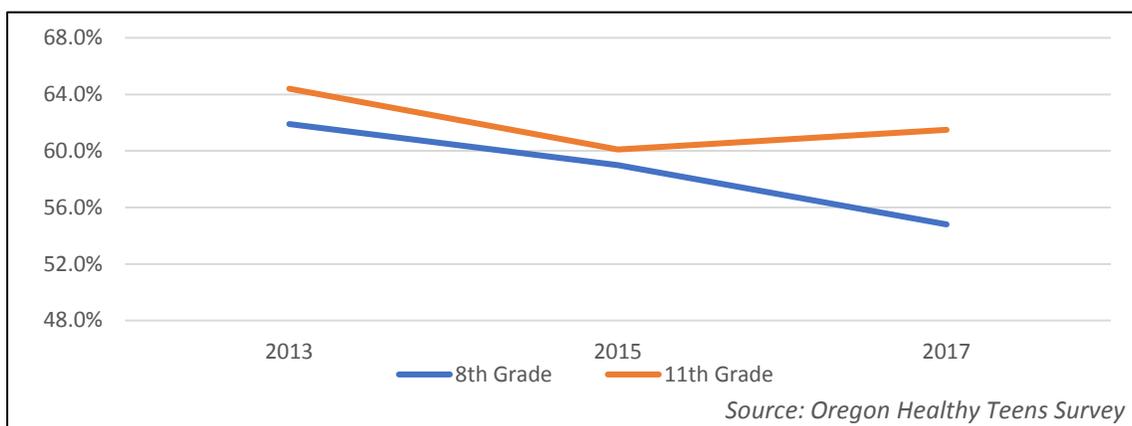
Chronic Absence: Attending school at least 90% of an academic year is associated with success in school. Chronic absenteeism in the early years can predict future absenteeism and lower academic achievement and is a strong predictor of eventual dropout. In the 2016-17 school year, 80.4% of students in Portland schools attended school 90% of the academic year. In general, students of color attended at lower rates than white students.

Figure Seventeen: Rate of Students Attending 90% of School Days in Portland Schools, by Race/Ethnicity, 2016-17.



Positive Youth Development: Positive youth development focuses on building strengths and attributes that can buffer the impact of stress and obstacles that young people face. The Oregon Healthy Teens survey includes six survey questions designed to assess positive youth development among 8th and 11th grade students. Questions focus on physical and mental health status, volunteerism, having a supportive adult at school, self-confidence and problem-solving capacity. A youth meets the positive youth development benchmark if they answer five of the six questions positively. This benchmark provides a measure of the number of teens reporting strong levels of individual health and confidence, adult support at school and helping others in the community. Results for Multnomah County students on surveys administered between 2013 and 2017 are displayed below. A declining percentage of 8th graders met the benchmark in this period, while 11th graders show a dip then a rebound.

Figure Eighteen: Percentage of Multnomah County 8th and 11th Grade Students Meeting Positive Youth Development Benchmark, 2013-2017.⁹⁶



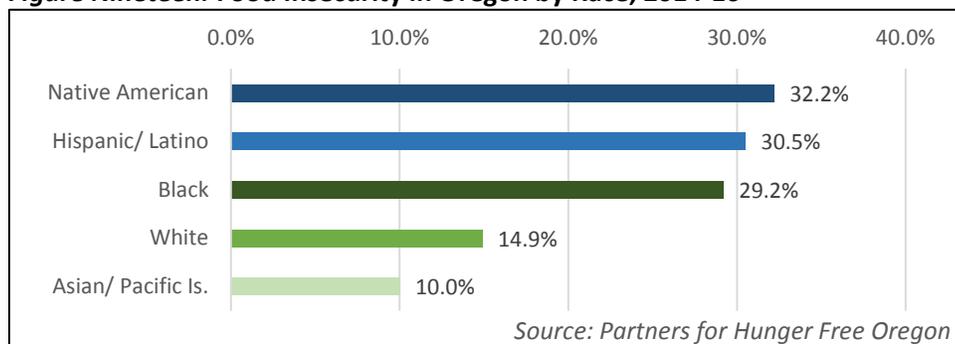
Additional analysis of the 2017 survey data prepared by the Oregon Health Authority⁹⁷ shows the following:

- Youth who identify as transgender, gender non-conforming or “something else” meet the positive youth development benchmark at much lower rates in both 8th and 11th grades (27% and 33% respectively);
- Youth identifying as lesbian, gay, bisexual, “something else”, or who don’t know their sexual orientation also meet the positive youth development benchmark at much lower rates than youth who identify as straight in both 8th and 11th grades (from 29%-42%);
- 11th grade youth of color meet the positive youth development benchmark at somewhat lower rates than white youth as follows:
 - Native American and Native Hawaiian youth: 50%
 - Hispanic youth: 52%
 - Multiracial youth: 57%
 - Asian youth: 58%
 - White youth: 60%

Hunger

Food insecurity, or lacking access to enough food for an active, healthy life for all household members, has been a significant problem in Oregon since the recession in 2007. Oregon’s food insecurity rate has dropped in the last three years, but at 14.6% in 2016, was still above the national rate of 12.3%.⁹⁸ Food insecurity affects an even larger portion of children living in Multnomah County with 21.9% of children food insecure in 2015.⁹⁹

Figure Nineteen. Food Insecurity in Oregon by Race, 2014-16¹⁰⁰



Food insecurity disproportionately impacts people of color; rates of food insecurity for African American, Native American and Hispanic/Latino individuals are nearly twice that for white Oregonians.

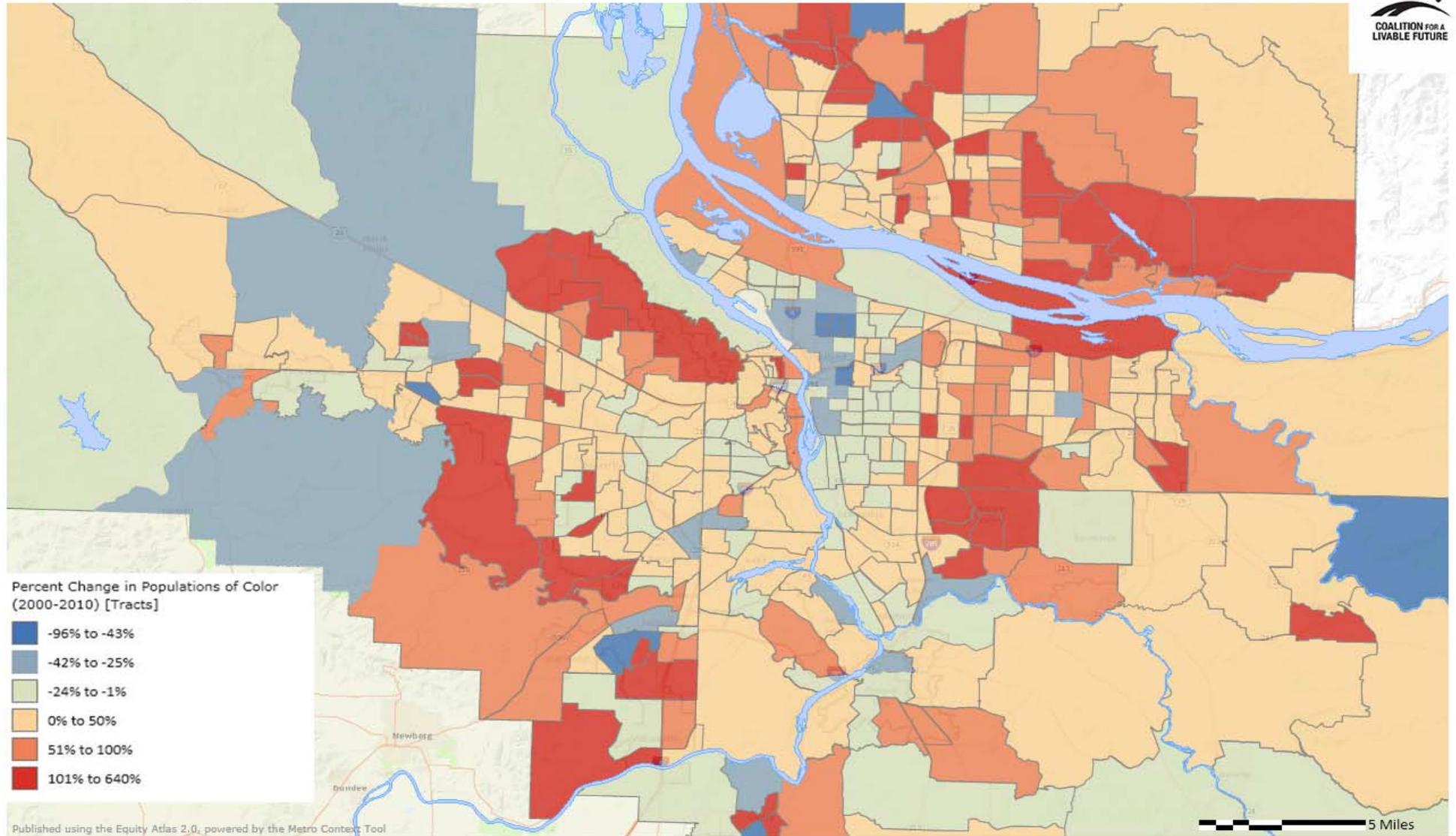
A third of children aged 0-4 in Multnomah County are receiving benefits from the Supplemental Nutrition Program for Women, Infants and Children (known as WIC).¹⁰¹ Just under a third of children aged 0-17 in Multnomah County received benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps).¹⁰² As noted above, 49.5% of the students attending school in Portland school districts were enrolled in the school lunch program, with 70.3% of the students enrolled in the four East Portland districts receiving free or reduced-price lunch in 2017-18.

Conclusion

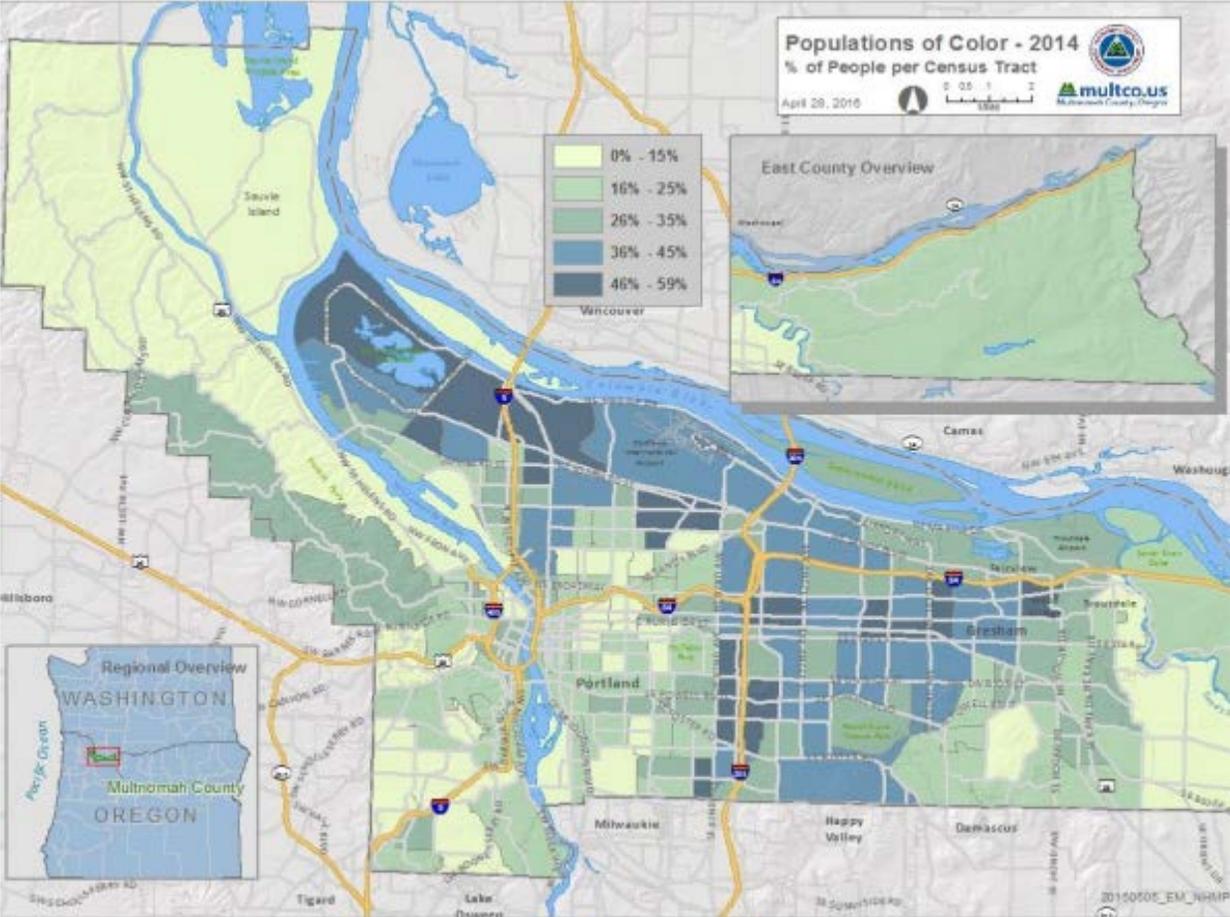
Taken as a whole, the data summarized in this overview paints a concerning picture of Portland's children, and particularly for children of color. We see that there are significant numbers of children living in poverty and that poverty disproportionately affects children of color. We see that infants and children up to age six are especially vulnerable to child maltreatment and foster care placement. We see children of color experiencing a significant achievement gap compared to white children on multiple academic indicators, and ultimately graduating from high school at substantially lower rates than white students. Geographically, we see significant concentrations of child poverty and children of color in East Portland and North Portland. The additional supports funded through the Children's Levy continue to be needed across all age levels, and particularly for children of color.

Appendix A.

Map 1. Using Census data by census tract, map shows the change in concentrations of populations of color of over the past decade
Percent Change in Populations of Color (2000-2010)



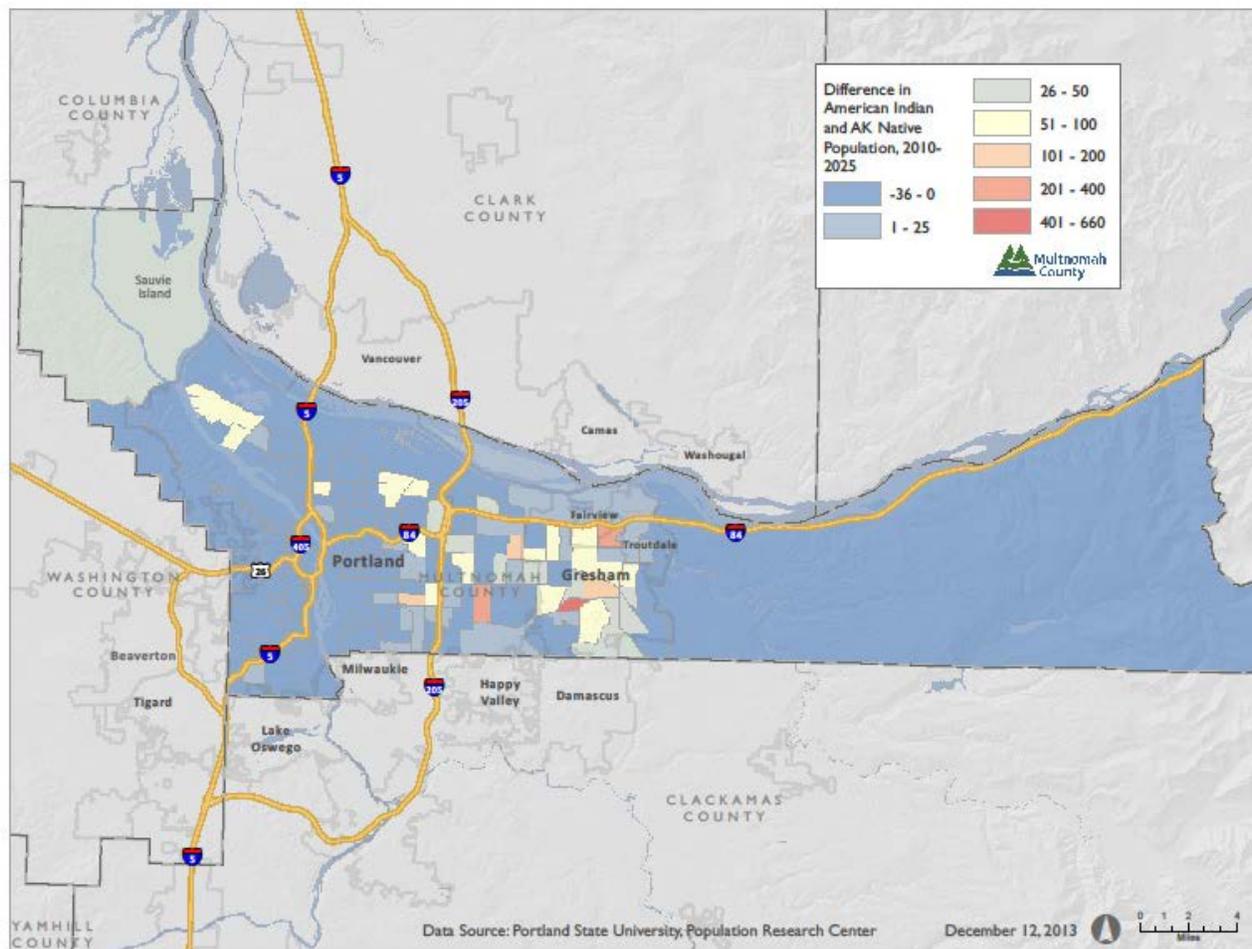
Map 2: Concentration of Populations of Color by Census Tract in Multnomah County.



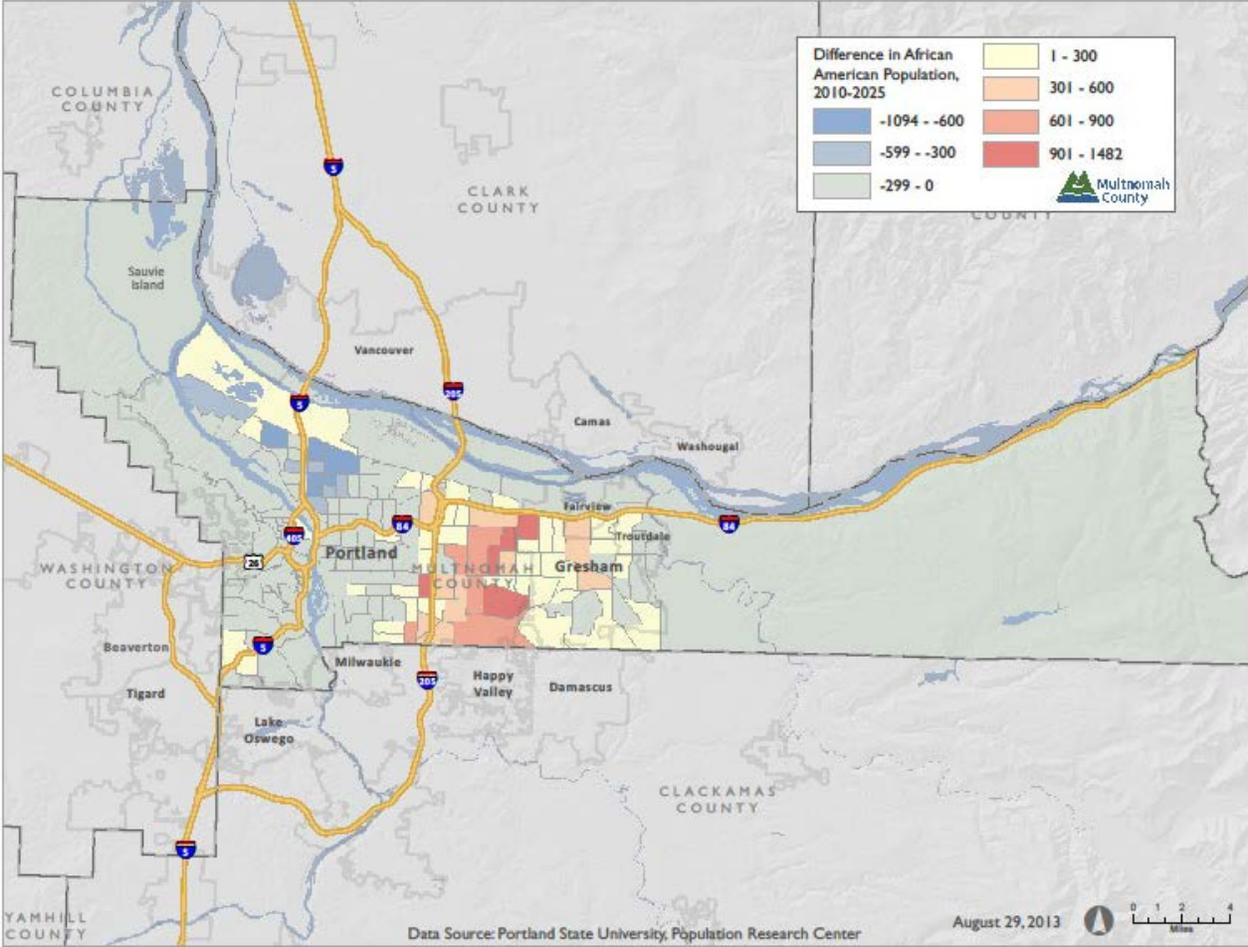
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Appendix B.

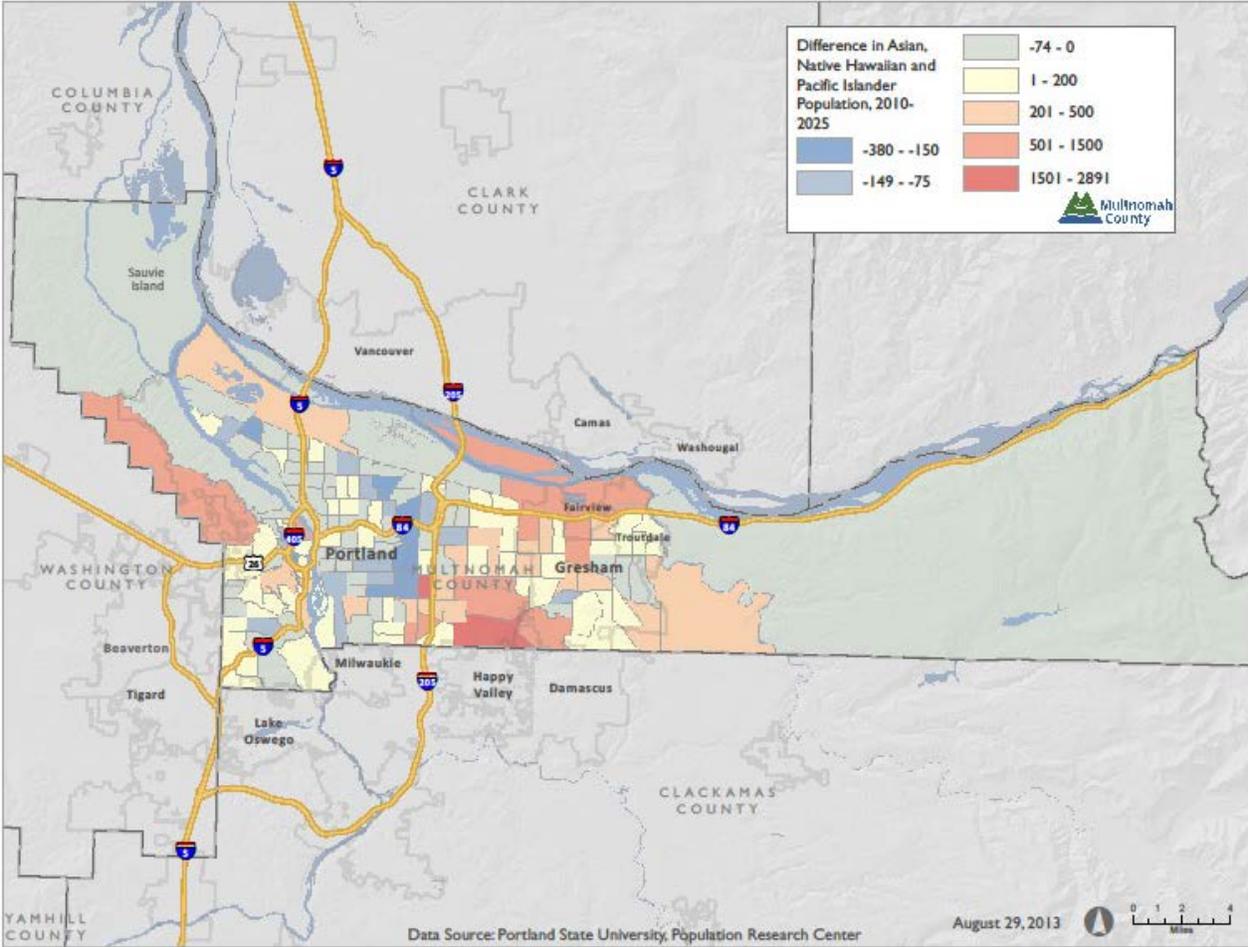
Map 1. American Indian/Alaska Native Estimated Population Change, 2010-2025 by Census Tract



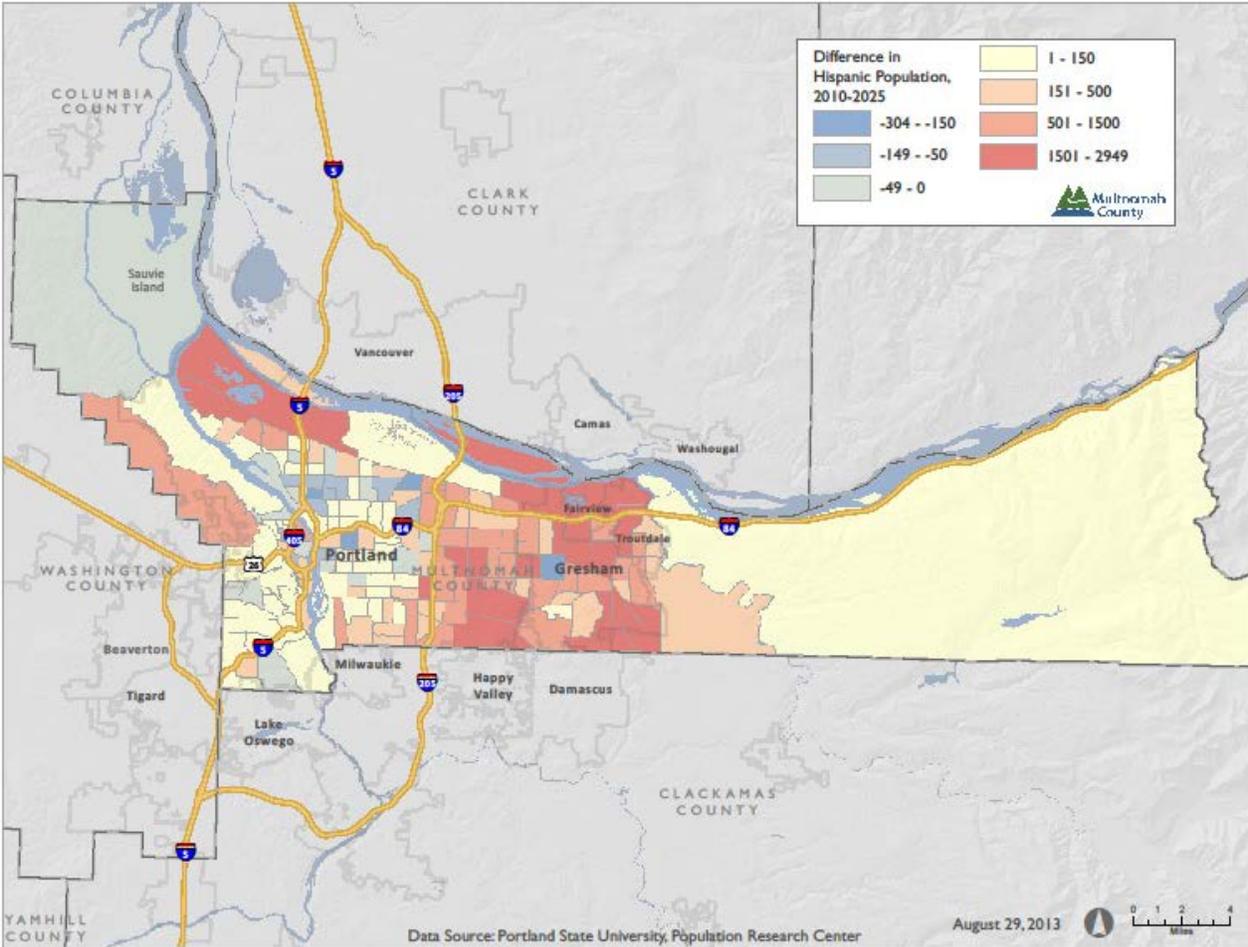
Map 2. Black/African American Estimated Population Change, 2010-2025 by Census Tract



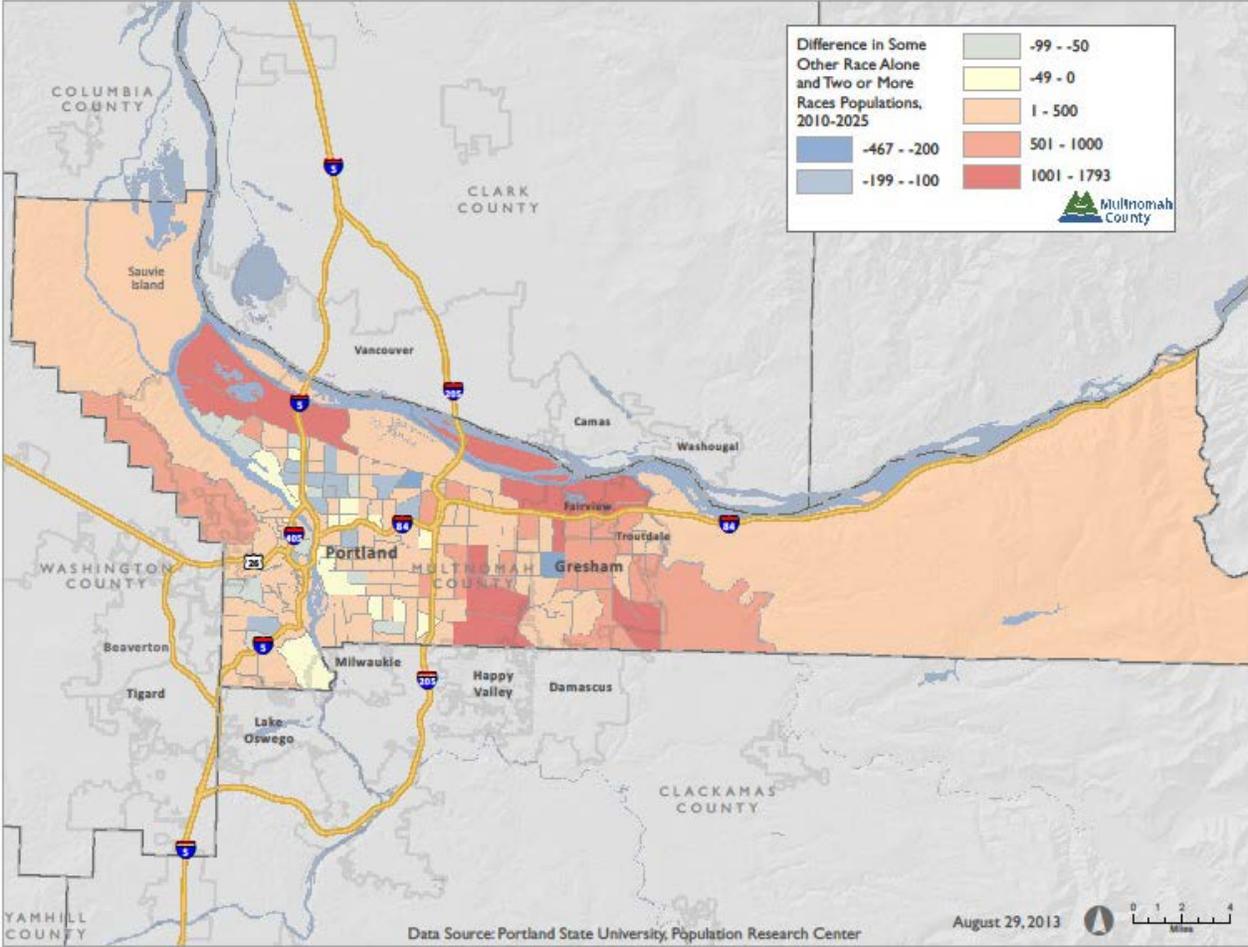
Map 3. Asian, Native Hawaiian, and Pacific Islander Estimated Population Change, 2010-2025 by Census Tract



Map 4. Latino Estimated Population Change, 2010-2025 by Census Tract



Map 5. Multiracial Estimated Population Change, 2010-2025 by Census Tract



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- ¹ Artiga and Hinton, “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.” May 10, 2018. Henry J Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- ² Joining Forces for Children. *What are ACEs?* <http://www.joiningforcesforchildren.org/what-are-aces/>
- ³ Oregon Health Authority. *Building Resiliency: Preventing Adverse Childhood Experiences.* <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/Documents/OregonACEsReport.pdf>
- ⁴ Data Resource Center for Child & Adolescent Health. *Adverse Childhood Experiences Among Portland City & Oregon’s Children.* http://childhealthdata.org/docs/default-source/local-area-synthetic-estimates/aces_portland_profile_030716_final.pdf?sfvrsn=2
- ⁵ Findings from the Philadelphia Urban ACE Survey. Prepared by the Research and Evaluation Group at Public Health Management Corporation, September 2013. <http://www.philadelphiaaces.org/philadelphia-ace-survey>
- ⁶ Ibid.
- ⁷ Ibid.
- ⁸ Dhaliwal, Kanwarpal. Racing ACEs gathering and reflection: If it’s not racially just, it’s not trauma-informed. <https://cestoohigh.com/2016/10/24/racing-aces-gathering-and-reflection-if-its-not-racially-just-its-not-trauma-informed/>
- ⁹ Dr. Shawn Ginwright. *The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement.* Medium, May, 2018. <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- ¹⁰ Children First for Oregon. *Status of Oregon’s Children 2017. Profile for Multnomah County.* <https://www.cffo.org/wp-content/uploads/2017/11/Data-Book-2017.pdf>, p. 47.
- ¹¹ Ibid.
- ¹² Oregon Department of Education. Data calculated from October 1, 2017 enrollment counts for five of eight school districts in Multnomah County in which all or some schools are located within city of Portland boundaries: Centennial, David Douglas, Parkrose, Portland Public, Reynolds. <http://www.oregon.gov/ode/reports-and-data/students/Pages/Student-Enrollment-Reports.aspx>.
- ¹³ Ibid.
- ¹⁴ See <http://allhandsraised.org/wp-content/uploads/2013/06/Chapter01.pdf>, page 9 with data from Oregon Department of Education enrollment; and see Portland Children’s Levy annual reports for 2014-15 – 2016-17 at <http://www.portlandchildrenslevy.org/about-us/performance-and-results>.
- ¹⁵ City of Portland, Bureau of Planning and Sustainability. *Gentrification and Displacement Report, 2013.* <https://www.portlandoregon.gov/bps/article/454027>.
- ¹⁶ *State of Housing in Portland.* Fall 2017. Portland Housing Bureau. <https://www.portlandoregon.gov/phb/article/681253>
- ¹⁷ Ibid.
- ¹⁸ *Multnomah County Community Profile, 2016.* Draft for public comment. <https://multco.us/file/57179/download>.
- ¹⁹ Multnomah County Public Health. *2014 Report Card on Racial and Ethnic Disparities.* <https://multco.us/file/37539/download>; Data from Portland State University, College of Urban and Public Affairs: Population Research Center, 2012.
- ²⁰ National Kids Count data for City of Portland, based on American Community Survey estimates, 2016, <https://datacenter.kidscount.org/locations>.
- ²¹ Oregon Department of Education, School District Report Cards for Centennial, David Douglas, Parkrose, Portland, and Reynolds school districts. For definition of Ever English Learner and reasons Oregon Department of Education is tracking outcomes on this group of students, see: <https://ies.ed.gov/blogs/research/post/understanding-outcomes-for-english-learners-the-importance-of-the-ever-learner-category>.
- ²² “An Annual Report to the Legislature on English Language Learners, 2015-16,” Oregon Department of Education, p. 14; <https://www.oregon.gov/ode/reports-and-data/LegReports/Documents/Oregon%20Department%20of%20Education%20Annual%20Report%20on%20English%20Learners%20FINAL.pdf>
- ²³ 2017 US Federal Poverty Guidelines, US Department of Health and Human Services, <https://aspe.hhs.gov/2017-poverty-guidelines>.
- ²⁴ Based on document published by Portland Housing Bureau: <https://www.portlandoregon.gov/phb/article/651806>.

- ²⁵ American Community Survey, “Estimates for Oregon Counties: Under age 18 in poverty, 2011 and 2016”, US Census Bureau: Small Area Income and Poverty Estimates (SAIPE).
- ²⁶ Oregon Department of Education, <http://www.oregon.gov/ode/reports-and-data/students/Pages/Student-Enrollment-Reports.aspx> . Data calculated from 2017-2018 school enrollment figures for five of eight districts in Multnomah County.
- ²⁷ Jessica A. Carson, “Many Eligible Children Don’t Participate in School Nutrition Programs,” University of New Hampshire, National Issue Brief #85, 2015; <https://carsey.unh.edu/publication/child-school-nutrition-programs>.
- ²⁸ Kristina Smock. *Poverty in Multnomah County*. 2014, p. 18; <https://multco.us/file/34343/download>.
- ²⁹ Community input methods included written survey, stakeholder and community group meetings and open public meetings; See Portland Children’s Levy Community Input Report, 2013 at <http://www.portlandchildrenslevy.org/sites/default/files/PCL%20Community%20Input%20Report%202013.FINAL.10.28.13.pdf>
- ³⁰ East Portland Demographics 2010 (Power Point). Uma Krishnan. Found at <http://eastportlandactionplan.org/related-documents>
- ³¹ Ibid.
- ³² Ibid, p. 12.
- ³³ East Portland Demographics, 2015, <http://eastportlandactionplan.org/related-documents> (source data not identified).
- ³⁴ Kids Count Data Center report, <https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=39&loct=3#detailed/3/86/false/870,573,869,36,868/any/321,322>; data source is American Community Survey 2002 – 2016.
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<http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/annual/annual-multnomah.pdf>.

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