Appendix A:
Secondary Health Outcomes + Social Determinants of Health Data

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Notes about these figures

- Charts have varying sizes of "Y" axis to fit the data per the population being represented on the chart (for example county, region, age band, etc.); use caution when viewing charts side by side.
- The data presented in this report are from varying secondary data sources; please read labels and descriptions carefully to understand what data is being presented. Additionally, data were not consistently available for all populations and time periods, which accounts for variations in presentation of different outcomes.
- Regions in these charts are modified regions based on the Oregon emergency response regions. Region 1 includes Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington. Region 2 includes Benton, Lincoln, Linn, Marion, Polk, and Yamhill. Region 3 includes Coos, Curry, Douglas, Jackson , Josephine, and Lane. Region 4 includes Baker, Gilliam, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wasco. And Region 5 includes Crook, Deschutes, Grant, Harney, Jefferson, Klamath, Lake, and Wheeler.
- Some data is organized by stage of the pandemic:
    - **Stage 1** - *March 2020 - November 2020:* outbreak, disease investigation, implementing public health protections (masking, distancing, shutdowns), preparing for vaccination
    - **Stage 2** - *December 2020 - August 2021*: vaccination, disease investigation, enforcing public health protections, and partial reopening
    - **Stage 3** - *September 2021 - February 2022:* vaccinations, reopening and dealing with variants
    - **Stage 4 -** *March 2022 - July 2022:* total reopening, no public health protections (except in health care and school settings), and changes in investigative guidelines

  In some instances where data are displayed in monthly increments, shading is used to differentiate between the Stages. Data for months prior to March 2020 are not shaded.

Data sources

- **Adequate Prenatal Care:** Oregon Health Authority Center for Health Statistics Oregon Annual Trends in Birth & Pregnancy, Births by adequacy of prenatal care. Inadequate prenatal care is fewer than five prenatal visits or care that begins in the third trimester. 2019-2021 data accessed from:

https://visual-data.dhsoha.state.or.us/t/OHA/views/Annualtrendsinbirthandpregnancydashboard/TrendsDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no
2022 data accessed from:https://www.oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/birth/pages/index.aspx

- **Deaths by Suicide:** Oregon Health Authority Center for Health Statistics; Deaths by manner Oregon residents, preliminary data; Focus year of 2022. Accessed online at: https://visual-data.dhsoha.state.or.us/t/OHA/views/Year-to-datepreliminarydeathwebtables/Manner?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no
- **Kindergartners with School Required Vaccines:** Oregon Immunization Program Kindergarten Immunization Data. Includes DTaP, MMR, Measles 2, Varicella, Polio, Hepatitis A and Hepatitis B, accessed online at: https://public.tableau.com/app/profile/oregon.immunization.program/viz/SchoolLawTableau/Kimmunizations
- **Low Birthweight Infants:** Oregon Health Authority Center for Health Statistics Oregon Annual Trends in Birth & Pregnancy, Low birthweight infants (up to 2499 grams), 2019-2021 data accessed from: https://visual-data.dhsoha.state.or.us/t/OHA/views/Annualtrendsinbirthandpregnancydashboard/TrendsDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no
  2022 data accessed from https://www.oregon.gov/oha/ph/birthdeathcertificates/vitalstatistics/birth/pages/index.aspx
- **People on SNAP Benefits:** USDA Food and Nutrition Service, US Department of Agriculture. SNAP Monthly State Participation and Benefit Summary. Accessed from https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap
- **PReP Coverage:** CDC's AtlasPlus Tables: HIV, Hepatitis, STD, TB, Social determinants of health data. Accessed online at: https://gis.cdc.gov/grasp/nchhstpatlas/tables.html
- **Nonfatal Drug Overdoses**: Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System: Nonfatal Overdose Emergency Department and Inpatient Hospitalization Discharge Data. Accessed online at: https://www.cdc.gov/drugoverdose/nonfatal/dose/discharge/dashboard/index.html
- **STD Incident Rates**: Case data comes from Oregon Health Authority Public Health Division Center for Public Health Practice; Monthly Communicable Disease Surveillance Report by Acute and Communicable Disease Prevention. Accessed online at: https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/MonthlyReportDashboard_EXTERNAL_AGGREGATED/MonthlyReportDashboard Oregon population data to calculate incidence rates were accessed online at: https://data.census.gov/table?q=Oregon+population&tid=ACSDP5Y2020.DP05, https://data.census.gov/table?q=Oregon+population&tid=ACSDP5Y2021.DP05, https://www.census.gov/quickfacts/fact/table/OR/PST045222#PST045222.

- **STD Screening Rates:** Comes from Oregon Health Authority Public Health Division HIV, STD, & TB Section HIV/STI Prevention Testing, publicly funded HIV/STI testing data; accessed online at: https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/HIVTesting_PUBLIC/Home
- **Student Chronic Absenteeism:** Oregon Department of Education Annual Performance Progress Report. Chronic absenteeism: Percentage of students who are absent more than 10% of days of the school year. Accessed from: https://www.oregonlegislature.gov/lfo/APPR/APPR_ODE_2022-09-30.pdf
- **Student Enrollment Data:** Oregon Department of Education Student Enrollment Reports, fall membership reports for 2018-2019 school year, 2019-2020 school year, 2020-2021 school year and 2021-2022 school year. Accessed from: https://www.oregon.gov/ode/reports-and-data/students/pages/student-enrollment-reports.aspx
- **Students Experiencing Houselessness:** Oregon Department of Education: An Annual Report to the Legislature on Oregon Public Schools; Oregon Statewide Report Card 2021-2022. Students experiencing houselessness in Oregon data on page 5. Accessed online at: https://www.oregon.gov/ode/schools-and-districts/reportcards/Documents/rptcd2022.pdf
- **Students Meeting or Exceeding Statewide Academic Standards:** Oregon Department of Education Annual Performance Progress Report. Percentage of students meeting or exceeding statewide academic achievement standards in 3rd grade reading. Accessed from: https://www.oregonlegislature.gov/lfo/APPR/APPR_ODE_2022-09-30.pdf
- **Students on Track to Graduate:** Oregon Department of Education Annual Performance Progress Report. Students on track to graduate: Percentage of 9th grade students on track to graduate. Accessed from: https://www.oregonlegislature.gov/lfo/APPR/APPR_ODE_2022-09-30.pdf
- **TDAP Vaccines:** Routine Immunizations Dashboard by Oregon Immunization Program; Oregon Health Authority Impact of COVID-19 on Routine Immunizations of Oregonians data. Accessed online at: https://public.tableau.com/app/profile/oregon.immunization.program/viz/RoutineImmunizationsDashboard/Dashboard_C
- **Two-Year-Old Immunization Series Completion Rates:** Oregon Immunization Program Data. Includes dose requirements for DTaP, IPV, MMR, Hib, HepB, Varicella, PCV, HepA, Rotavirus, Flu, Covid-19. Accessed online at https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Documents/county/Oregon.pdf
- **Unintentional Drug Overdose Deaths:** Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Accessed online at: https://www.cdc.gov/drugoverdose/fatal/dashboard
- **Unintentional Opioid Overdose Deaths:** Oregon Health Authority Injury Data, Oregon ESSENCE. Opioid Overdose Public Health Surveillance Update. Accessed from: chrome-extension://bdfcnmeidppjeaggnmidamkiddifkdib/viewer.html?file=https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/quarterly_opioid_overdose_related_data_report.pdf

Introduction

Indirect effects of the COVID-19 pandemic can be seen in many population health metrics and indicators, including non-COVID-19 morbidity and mortality. In this report, we will focus reporting on indicators of the indirect effects of the COVID-19 pandemic that align with Healthier Together Oregon (HTO) priorities, were prioritized by our community student partners, were not covered in Report 1, and have complete or nearly-complete data for the study period. The secondary health outcomes and social determinants of health included in Report 1 were: excess deaths, anxiety and depression, preterm birth rates, and unemployment. Additionally, there were additional indicators we were unable to include because the 2022 data sets were not available at the time of this report, including data from the Behavioral Risk Factor Surveillance System (BRFSS) and the Oregon State Cancer Registry (OSCaR).

Mental health

Suicide deaths

Figure 1 is a column chart presenting the number of suicide deaths in Oregon between 2019 and 2022. The total number of suicide deaths in Oregon remained relatively constant between 2020-2022, though slightly lower than the total number of deaths by suicide in 2019.

Figure 1: Number of suicide deaths in Oregon, 2019-2022

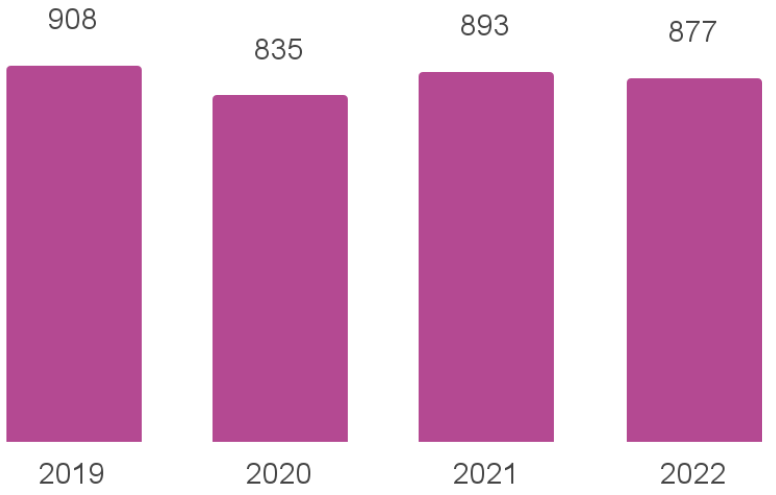
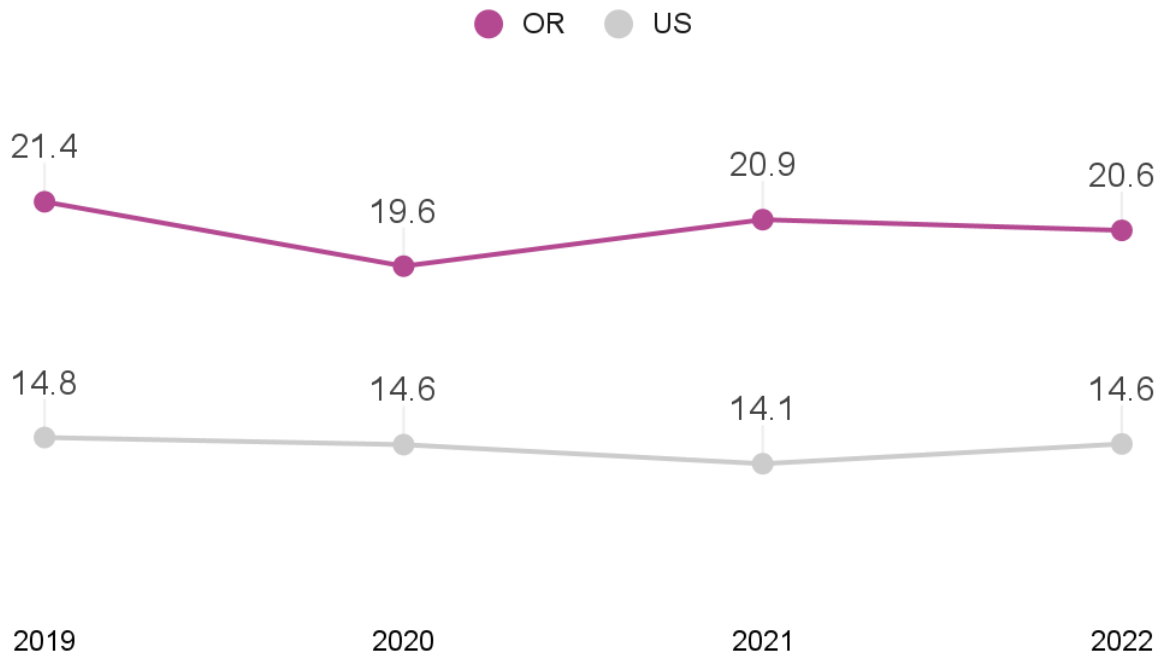


Figure 2 is a line chart comparing the crude death rate by suicide in Oregon and the US from 2019 to 2022. Although the suicide death rate increased slightly from 19.6 in 2020 to 20.9 in 2021, it has remained fairly constant over time. In comparison with crude suicide death rates in the US, however, Oregon has a higher rate of deaths by suicide. Nationally, the US has seen modest declines in suicide death rates since 2019.

Figure 2: Crude death rate by suicide per 100,000 population, 2019-2022

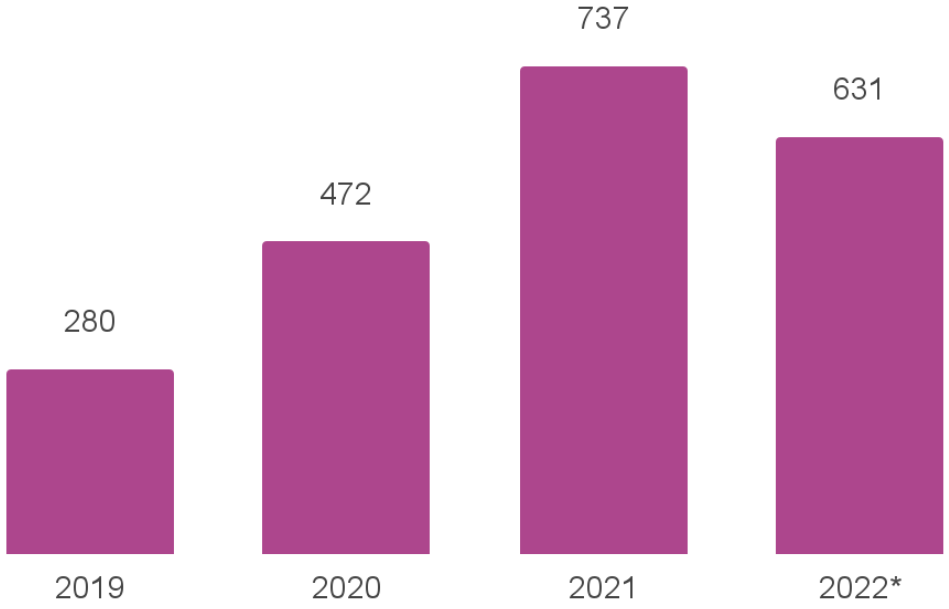


Unintentional opioid overdose deaths

Figure 3 is a column chart displaying the number of unintentional opioid overdose deaths in Oregon between 2019 and 2022. In 2020, unintentional opioid overdose deaths increased approximately 68.6% and continued to increase in 2021. Oregon saw a 2.7 fold increase in unintentional opioid deaths from 2019 to 2021. Although there was a slight decrease in unintentional opioid deaths in

2022, unintentional opioid overdose deaths remain much higher than pre-pandemic rates.

Figure 3: Unintentional opioid overdose deaths in Oregon, 2019-2022

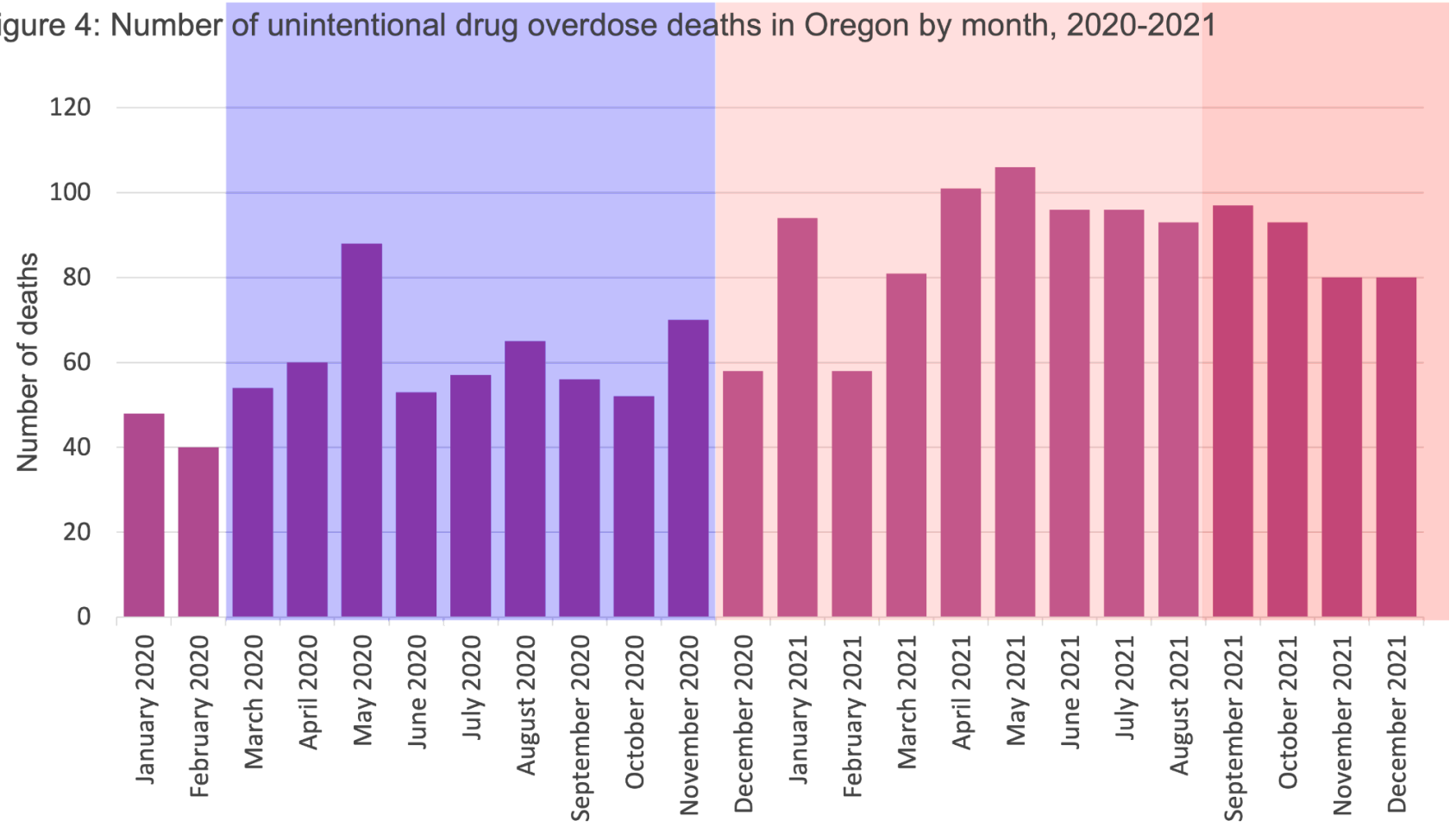


*Data for 2022 is preliminary and may change.

Unintentional drug overdose deaths

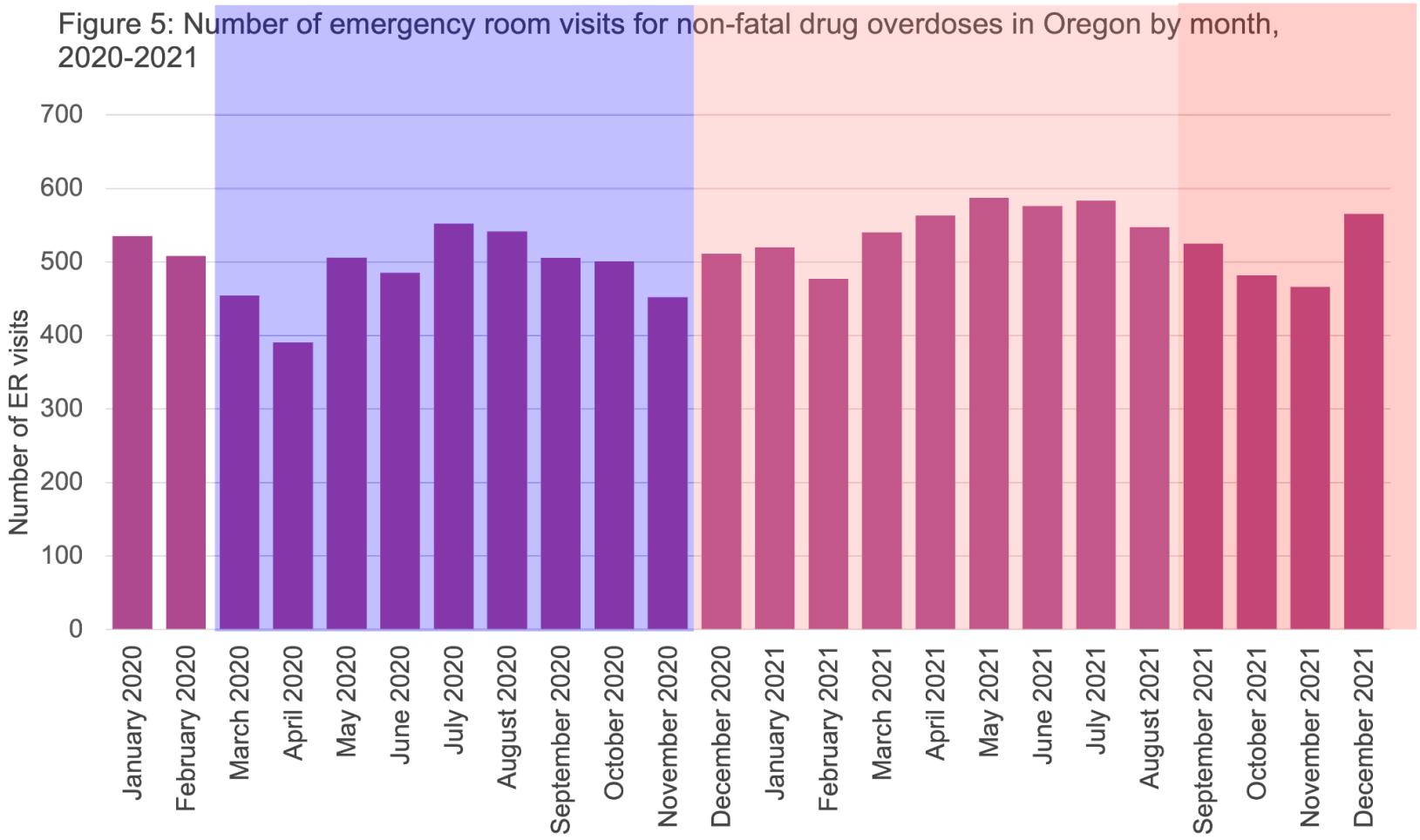
Figure 4 is a column graph displaying the number of monthly unintentional drug overdose deaths that occurred in Oregon during 2020 and 2021. These data include deaths from illicitly manufactured fentanyls, heroin, prescription opioids, any other opioids, cocaine, methamphetamine, and any other stimulants. Since January 2020, Oregon has seen an upward tick in deaths from drug overdoses. In 2020 and 2021, there were a total of 701 and 1,075 total overdose deaths, respectively. In both 2020 and 2021, the majority of deaths (67% and 68%, respectively) involved at least one opioid, with the most commonly involved opioid being illegally manufactured fentanyls.

Figure 4: Number of unintentional drug overdose deaths in Oregon by month, 2020-2021



Non-fatal drug overdoses

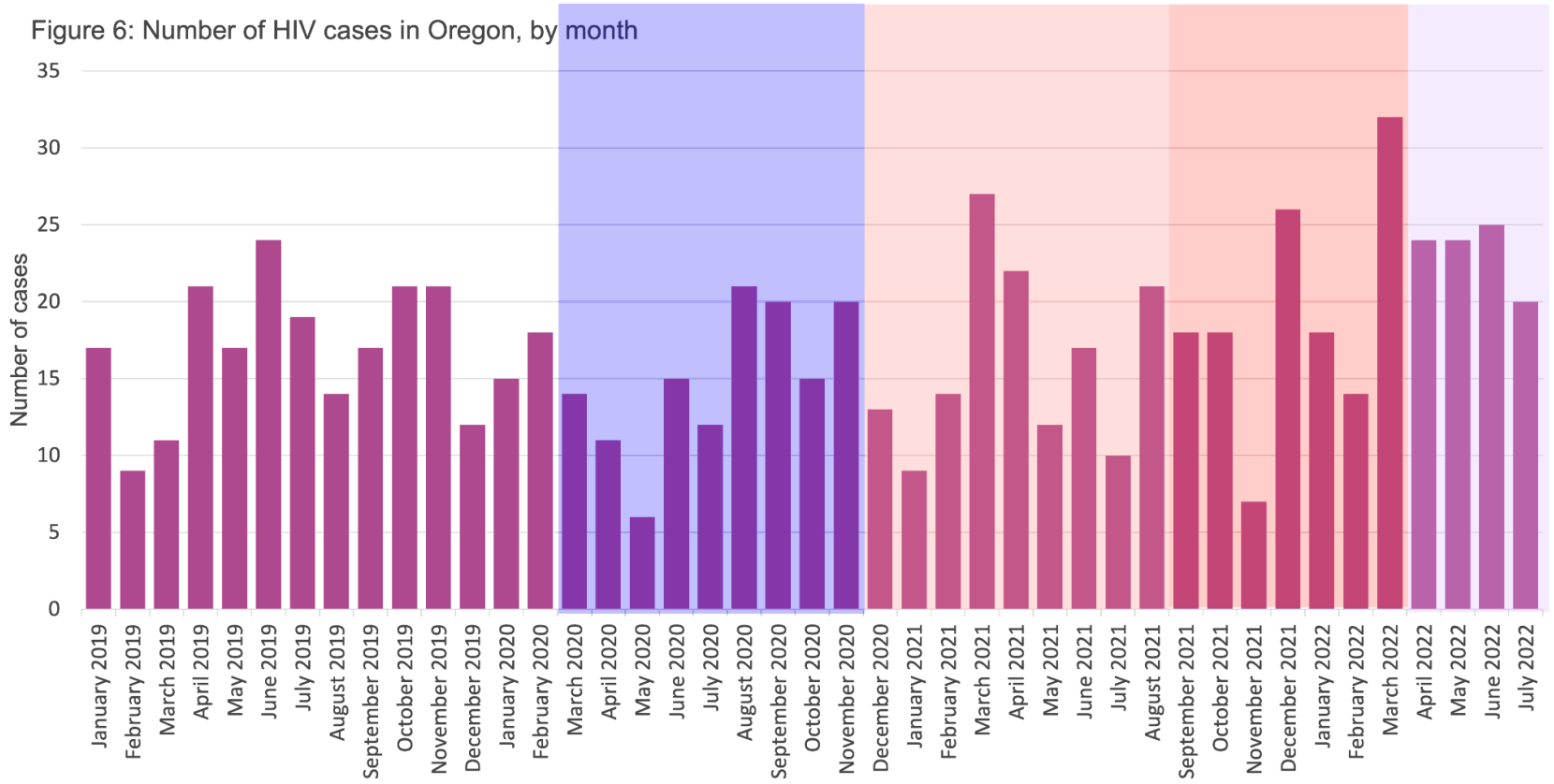
Figure 5 is a column graph that displays the monthly number of emergency room visits for non-fatal drug overdoses in Oregon between 2020 and 2021. These data include overdoses from all opioids, all stimulants, and heroin. The number of non-fatal overdoses has increased slightly over time. Seasonal trends are seen via increases in the number of non-fatal overdoses slightly increases during the summer months in 2020 and 2021.



Sexually transmitted diseases

HIV (human immunodeficiency virus)

Figure 6 is a column chart displaying the monthly number of new HIV cases in Oregon between 2019 and 2022. Overall, the incidence rate of HIV in Oregon (per 100,000 population) was 4.9 in 2019, 4.3 in 2020, 4.8 in 2021, and 5.8 in 2022. The incidence rate of HIV in Oregon slightly decreased between 2019 and 2021, and increased somewhat between 2021 and 2022. Importantly, decreases in incidence rates during the pandemic (i.e., 2020, 2021) may reflect a reduction in HIV diagnoses due to reductions in HIV testing (as seen in Figure 7) and primary care visits, as opposed to a reduction in cases.



Clinic-based HIV testing

Clinic-based HIV testing numbers are reported by county health departments and community-based organizations to the Oregon Health Authority. Figure 7 is a bar chart displaying the number of clinic-based HIV tests administered each month in Oregon between 2019 and July 2022. Statewide, there was a decline in clinic-based testing at the beginning of the COVID-19, starting in March 2020 and continuing through June 2020. Although there have been increases in the number of monthly HIV tests administered in Oregon since March 2020, the number of tests administered each month still had not reached that of pre-pandemic levels as of July 2022.

Figure 7: Number of clinic-based HIV tests administered in Oregon each month, 2019-2022

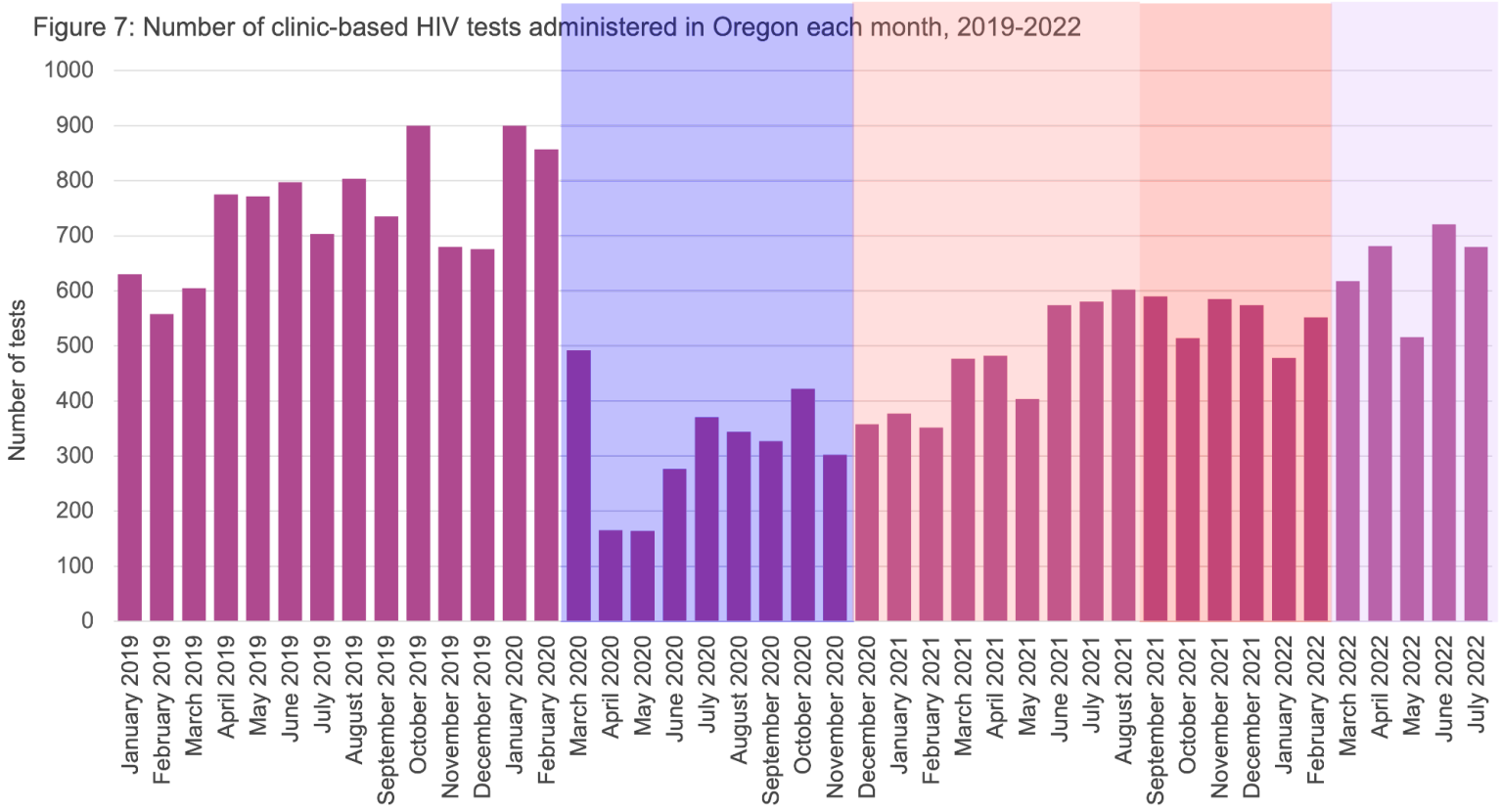


Figure 8 is a stacked column chart displaying the percentage of clinic-based HIV tests administered annually in Oregon by gender between 2019 and 2022. Throughout the study period, most HIV in-clinic tests were administered to cisgender men, followed by cisgender women. The percentage of HIV tests administered in-clinic for transgender/non gender conforming has doubled since 2019. The proportion of testing rates by gender fluctuated slightly from year to year.

Figure 8: Percent of clinic-based HIV tests administered each year in Oregon by gender

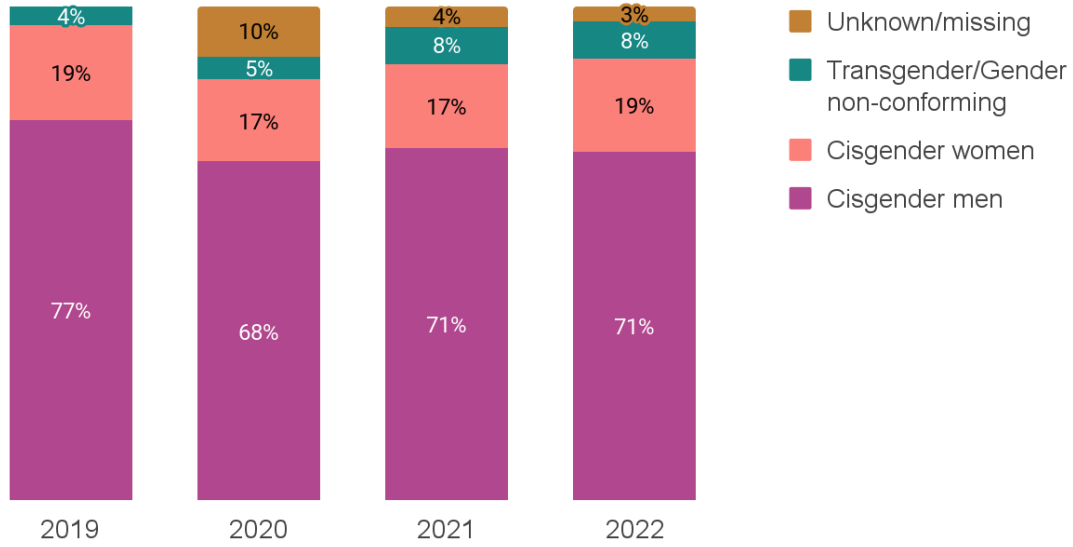


Figure 9 is a stacked column chart displaying the percentage of clinic-based HIV tests administered annually in Oregon by race/ethnicity between 2019 and 2022. The proportion of clinic-based HIV testing rates by race/ethnicity fluctuated slightly from year to year. The proportion of tests administered to White people decreased during the pandemic and increased for other racial/ethnic groups, including Hispanic/Latinx, American Indian/Alaskan Native, and unknown.

Figure 9: Percent of clinic-based HIV tests administered each year in Oregon by race/ethnicity

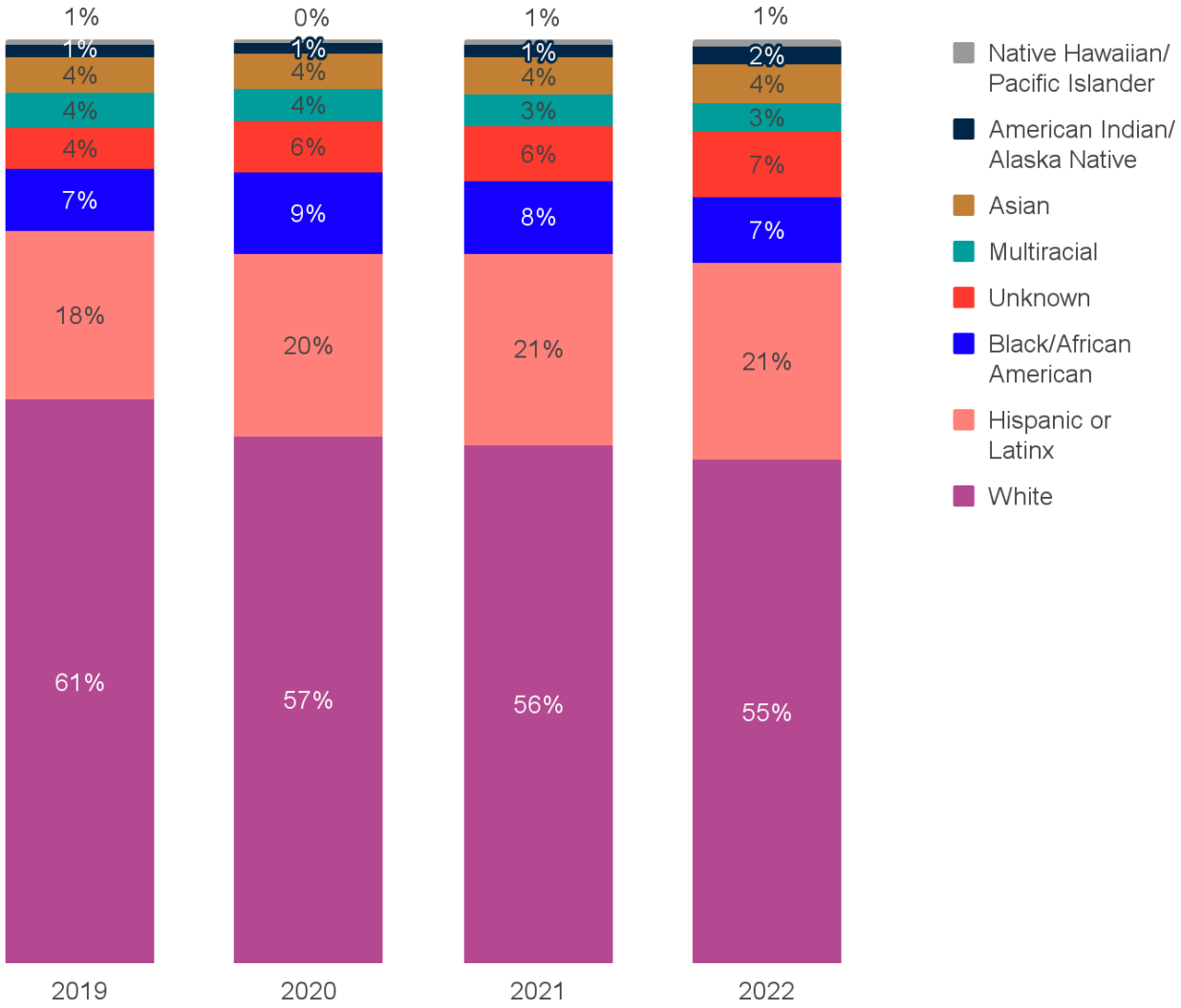


Figure 10 is a stacked bar chart displaying the number of clinic-based HIV tests administered annually in Oregon by age groups between 2019 and 2022. From 2019 to 2020, the number of clinic-based HIV tests decreased across all age groups; testing across all ages increased between 2020-2022, although the number of tests administered have not reached pre-pandemic levels as of 2022.

Figure 10: Number of clinic-based HIV tests administered in Oregon each year by age

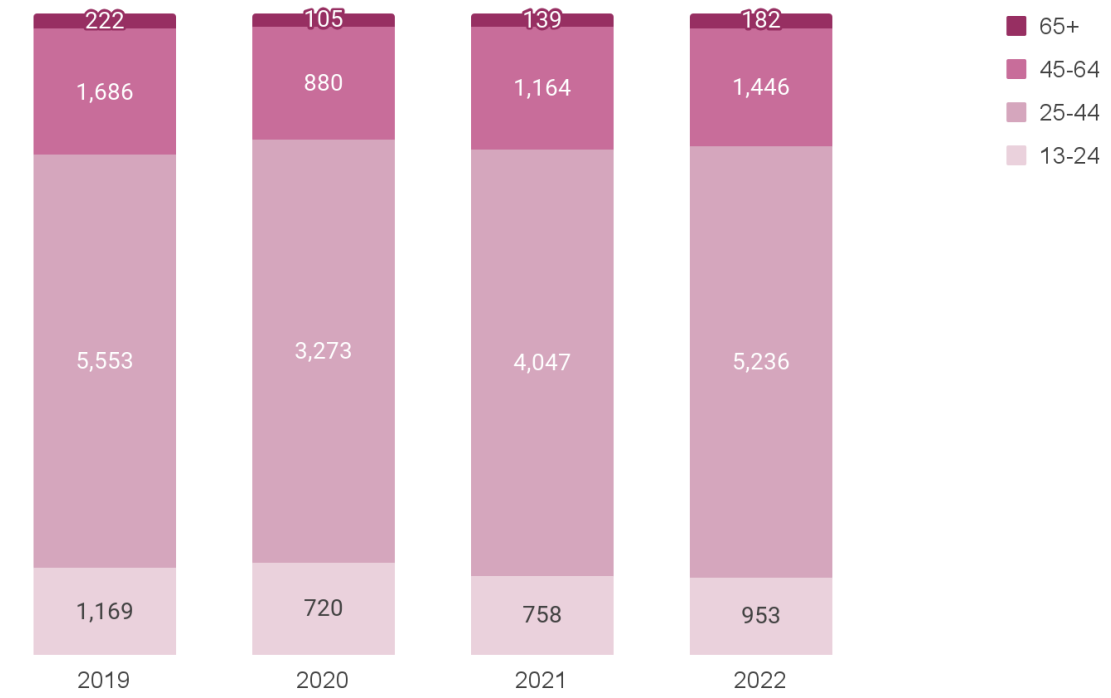
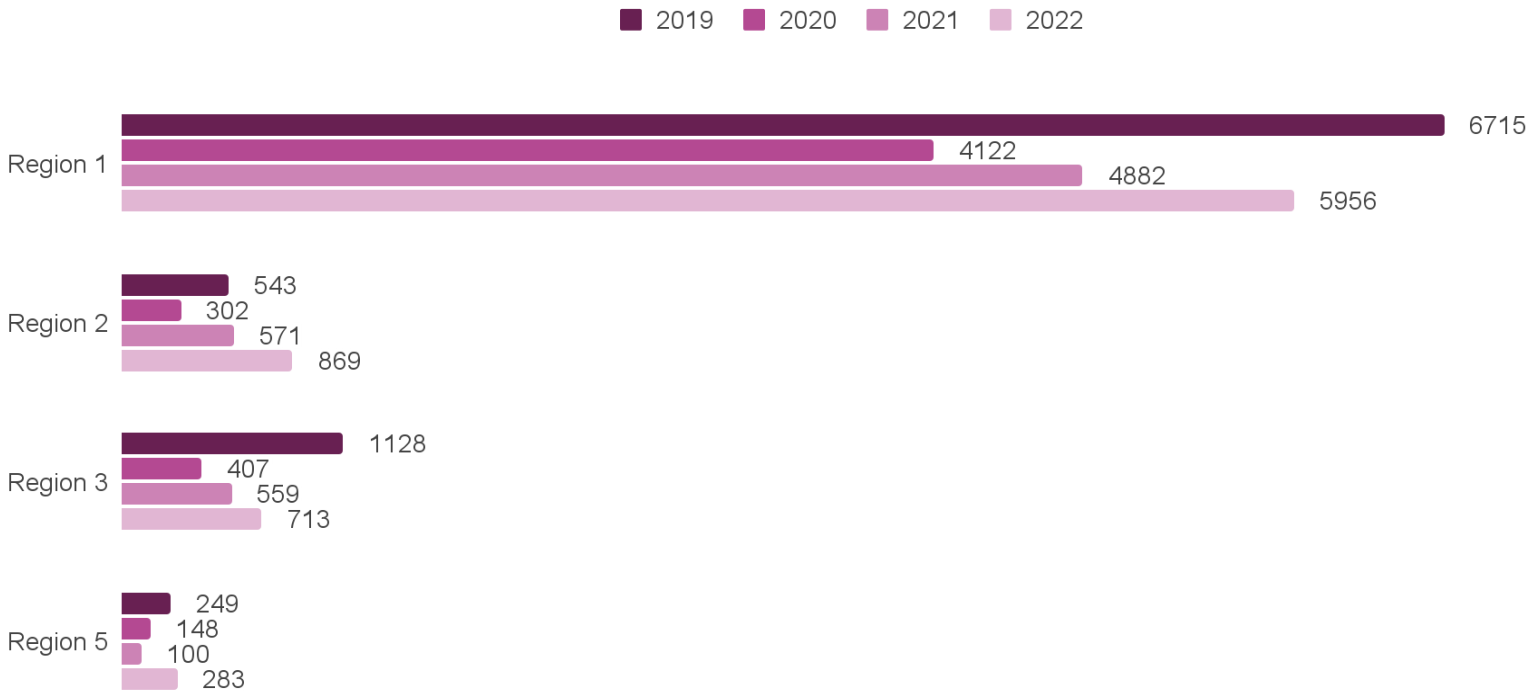


Figure 11 is a clustered bar chart displaying the number of clinic-based HIV testing administered annually in Oregon by region between 2019 and 2022. Similar patterns in HIV testing administration are seen across regions; Regions 1, 2 and 3, there was a reduction in clinic-based HIV testing between 2019 and 2020, and rates have been increasing since 2020, although not back to pre-pandemic levels in 2022. There was a slight dip in Region 5 in 2021 that was not seen in other regions, and rates in 2022 are actually higher than in 2019. Region 4 data has been suppressed due to low numbers.

Figure 11: Clinic-based HIV testing administered each year in Oregon by region



Home-based HIV testing

During the COVID-19 pandemic, the Oregon Health Authority partnered with Building Healthy Online Communities to offer the TakeMeHome program, which enabled Oregonians to test for HIV at home starting in March of 2020. Figure 12 is a bar chart displaying the number of home-based HIV tests distributed monthly in Oregon between 2020 and 2022. There is some variation seen in the number of HIV tests distributed each month, with the most variation seen in early 2022.

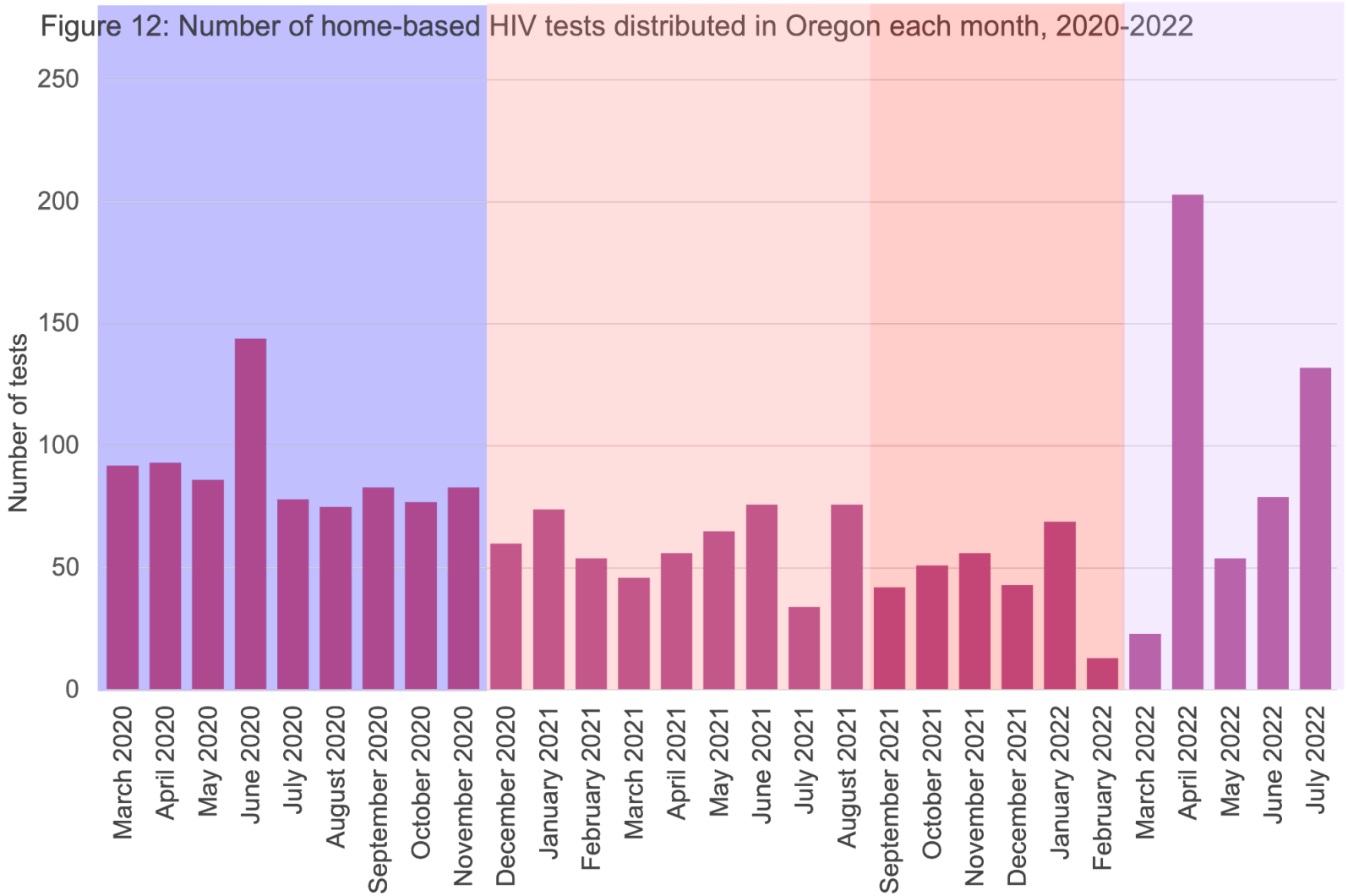


Figure 12: Number of home-based HIV tests distributed in Oregon each month, 2020-2022
Number of tests
250
200
150
100
50
0
March 2020
April 2020
May 2020
June 2020
July 2020
August 2020
September 2020
October 2020
November 2020
December 2020
January 2021
February 2021
March 2021
April 2021
May 2021
June 2021
July 2021
August 2021
September 2021
October 2021
November 2021
December 2021
January 2022
February 2022
March 2022
April 2022
May 2022
June 2022
July 2022

Figure 13 is a stacked column chart displaying the percent of home-based HIV tests distributed annually in Oregon by gender between 2020 and 2022. Overall, the proportion of distributed home-based HIV self-testing kits increased for cisgender women and transgender/gender non-conforming people.

Figure 13: Percent of home-based HIV tests distributed each year in Oregon by gender

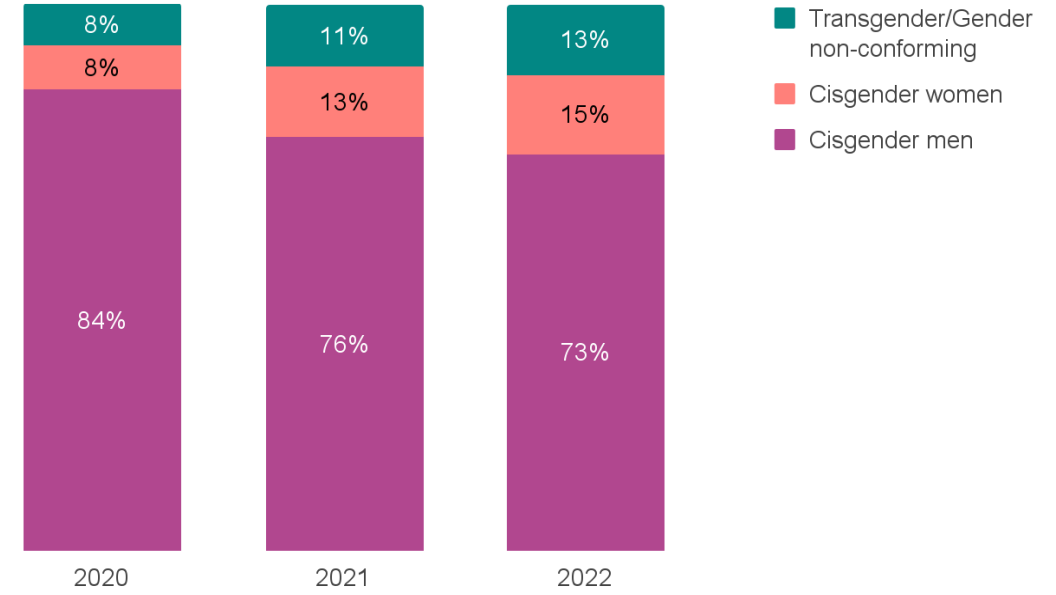
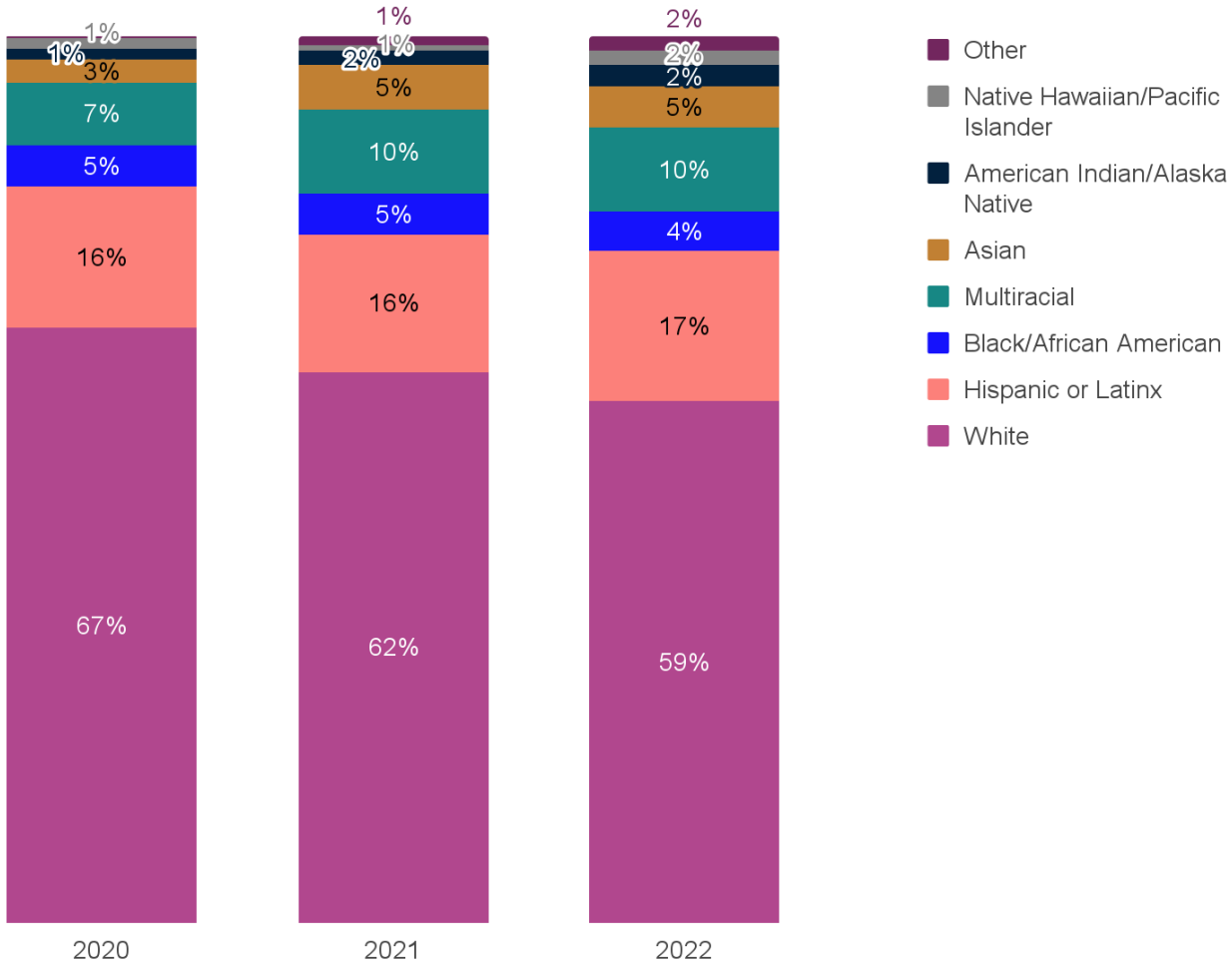


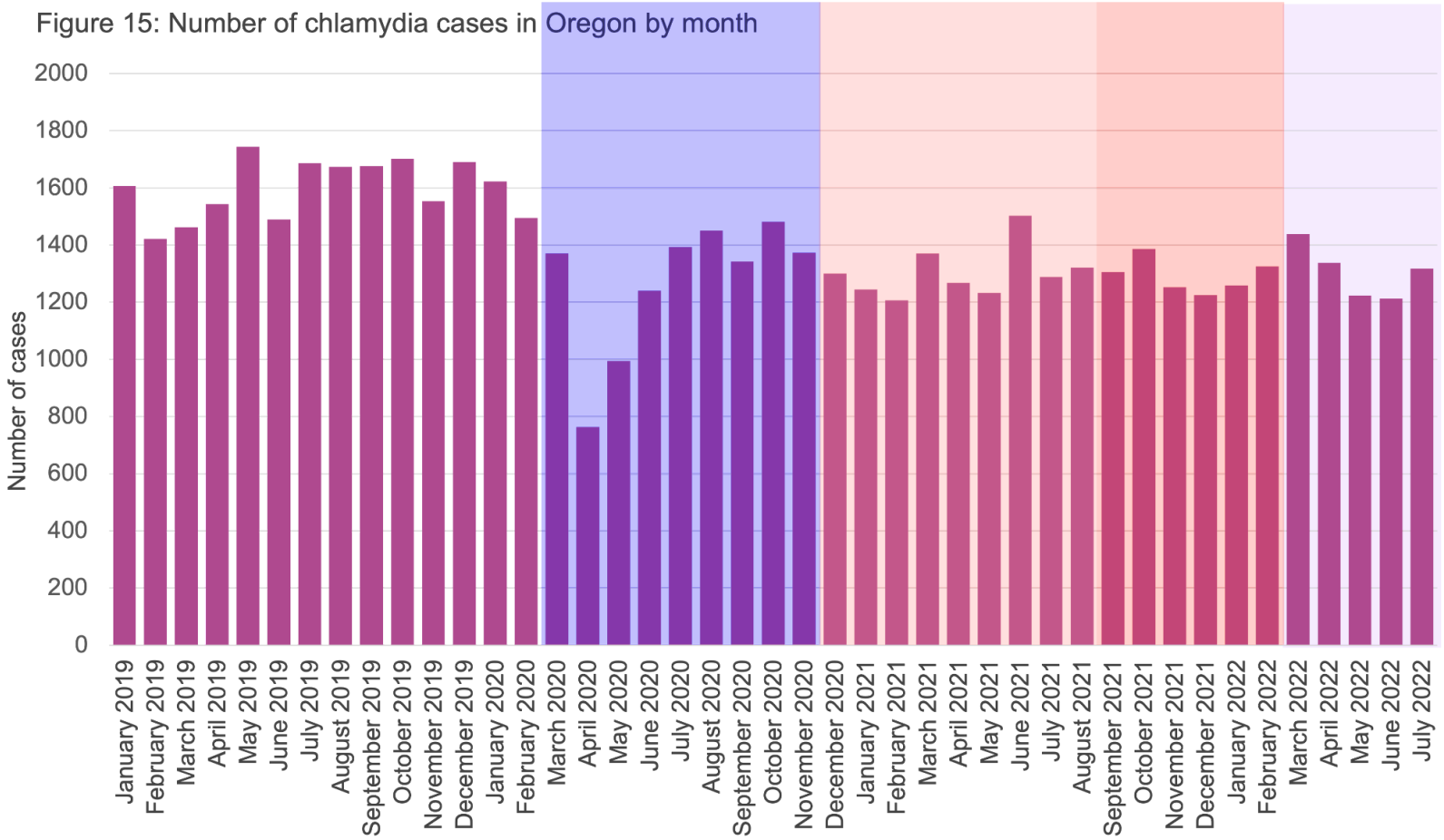
Figure 14 is a stacked column chart displaying the percentage of home-based HIV tests distributed annually in Oregon by race/ethnicity between 2020 and 2022. The distribution of home-based HIV self-testing kits remained relatively stable across racial groups between 2020 and 2022, although there was a slight decrease in home-testing kit distributions for White people and a corresponding increase in Multiracial, Asian, and American Indian/Alaska Native populations.

Figure 14: Percent of home-based HIV tests distributed each year in Oregon by race/ethnicity



Chlamydia

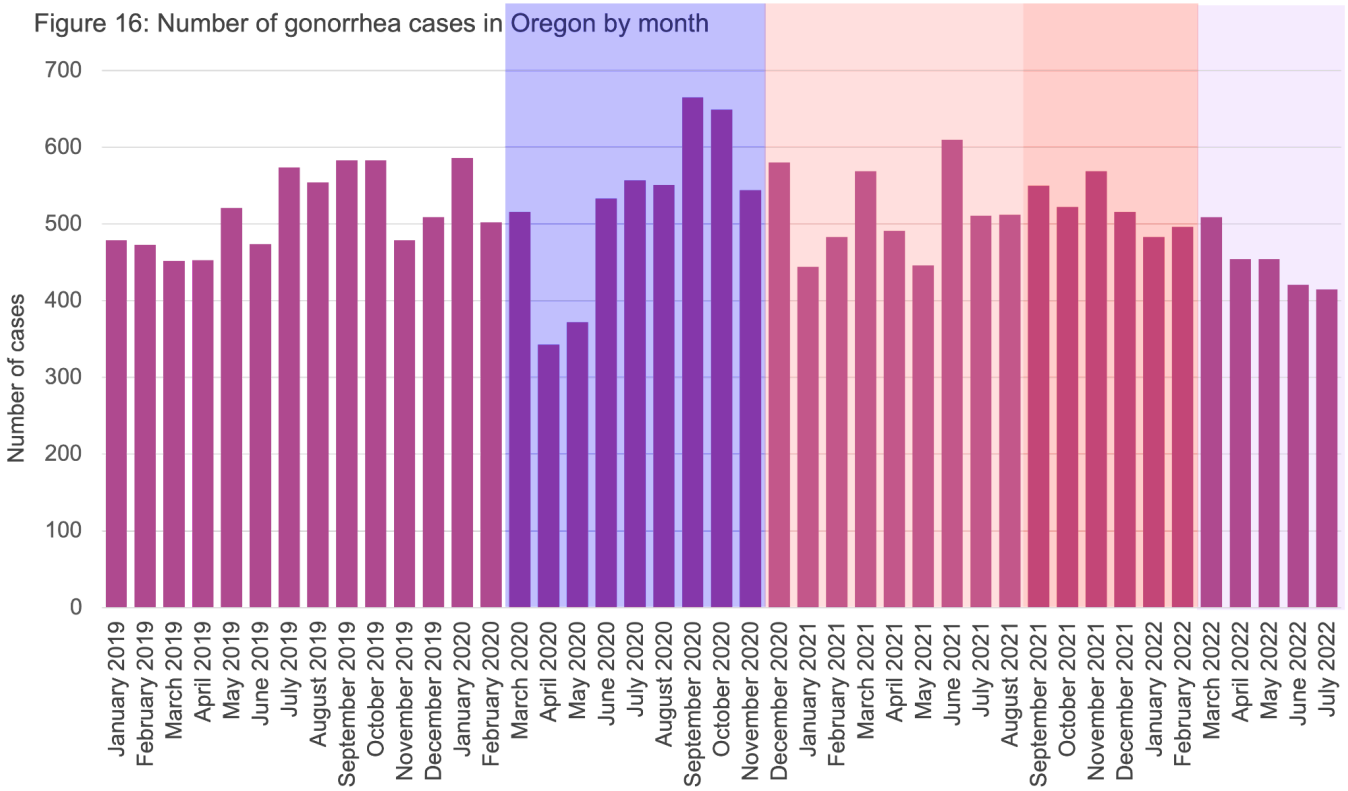
Figure 15 is a column chart displaying the number of chlamydia cases monthly in Oregon between 2019 and 2022. The annual incidence rate of chlamydia in Oregon (per 100,000 population) was 466.1 in 2019, 378.9 in 2020, 370.8 in 2021, and 365.3 in 2022. During the COVID-19 pandemic, the incidence rate of chlamydia in Oregon slightly decreased each year. This may not reflect an actual reduction in chlamydia cases but rather a reduction in accessing heath care services and testing during the pandemic.



Gonorrhea

Figure 16 is a bar chart displaying the number of gonorrhea cases monthly in Oregon between 2019 and 2022. The annual incidence rate of gonorrhea in Oregon (per 100,000 population) was 148.5 in 2019, 153.2 in 2020, 147.9 in 2021, and 129.3 in 2022. Although the incidence rate of gonorrhea in Oregon slightly increased from 2019 to 2020, it decreased between 2020 and 2022. Over the study period, the largest decline in annual incidence rate of gonorrhea was seen between 2021 and 2022, where incidence decreased from 147.9 cases per 100,000 population to 129.3 cases per 100,000 population, respectively. This may not reflect an actual reduction in gonorrhea cases but rather a reduction in accessing heath care services and testing during the pandemic.

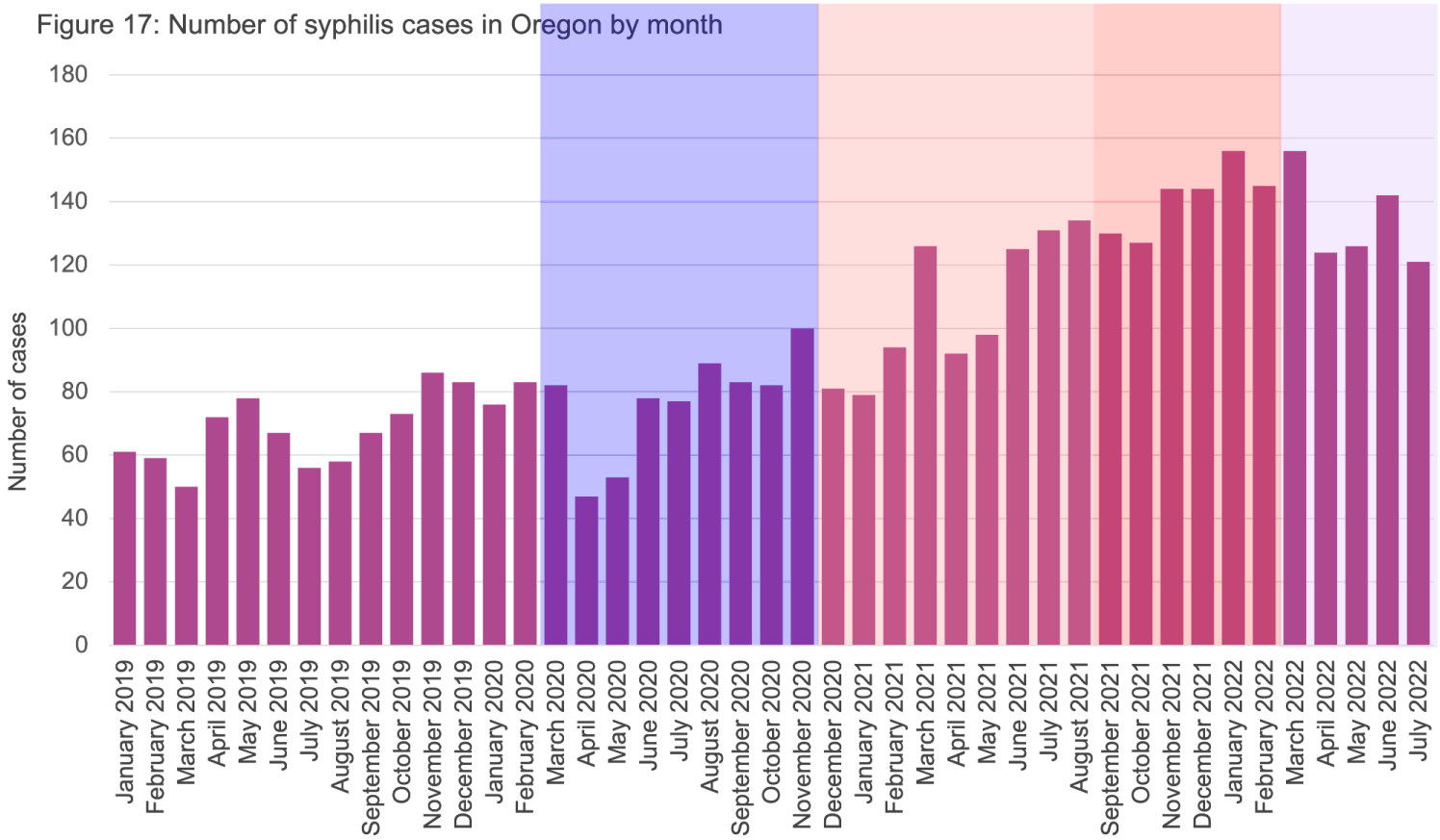
Figure 16: Number of gonorrhea cases in Oregon by month



Early Syphilis

Figure 17 is a column chart displaying the number of early syphilis cases in Oregon by month between 2019 and 2022. The annual incidence rate of early syphilis in Oregon increased between 2020 and 2022. There was an increase of 10 cases per 100,000 population from 2020 to 2021 and an increase of 5 cases per 100,000 population from 2021 to 2022.

Figure 17: Number of syphilis cases in Oregon by month

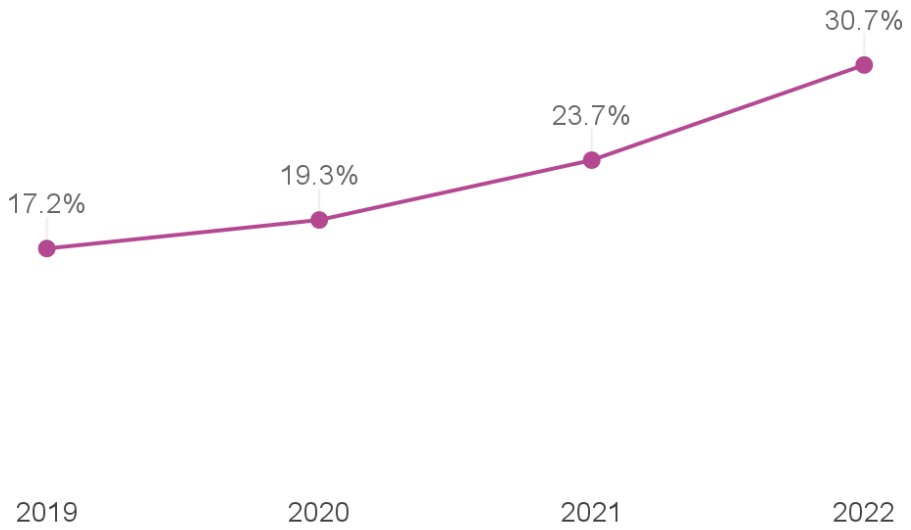


PrEP coverage

PrEP (pre-exposure prophylaxis) is a daily medication that can reduce the risk of contracting HIV. The percentage of the population with indications for PrEP is a calculation based on the percent of HIV negative men who have sex with men, people who inject drugs, and heterosexual men and women with substantial risk of HIV infection.

Figure 18 is a line chart presenting the percent of prep coverage among people aged 16 years and older in Oregon with indications for PrEP. PrEP coverage, reported as a percentage, is calculated as the number of persons aged ≥16 years classified as having been prescribed PrEP divided by the estimated number of persons aged ≥16 years who had indications for PrEP. Throughout the study period, there was a steady increase in the number of persons aged 16 years and older with PrEP indications being prescribed any FDA-approved PrEP medications. In 2019, 3396 (17.2%) people over 16 years old with indications were prescribed PrEP; by 2022, this nearly doubled to 6,062 (30.7%).

Figure 18: Percent of PrEP coverage among persons with PrEP indications each year in Oregon



Immunization

Kindergartners completing all school-required vaccines

Figure 19 is a line chart that displays immunization data for kindergarten students in Oregon between 2019 and 2022. The school-required immunizations for kindergartens are TDaP (Tetanus, Diphtheria, and Pertussis), Hepatitis A, Hepatitis B, MMR (Measles, Mumps, Rubella), Polio, and Varicella. Although the percentage of kindergarten students who completed all required school vaccines remained relatively constant during the COVID-19 pandemic, there was a slight reduction in the number of Oregonian Kindergartners who completed all school-required vaccines. Additionally, reductions in school enrollment (see Figure 27) indicate that there could be a greater number of kindergarten-aged children who have not completed all school-required vaccines but did not enroll in school. Some counties saw a larger decrease in the number of kindergarteners who completed all school-required vaccines between 2019 and 2002, including Tillamook (decreased 88% to 81%) , Curry (81% to 76%), Crook (92% to 86%), Grant (86% to 78%), Harney (92% to 82%), and Jefferson (97% to 91%).

Figure 19: Percent of kindergartners with completed school-required immunizations each year in Oregon

Women of childbearing age with TDaP vaccine

Figure 20 is a column chart displaying the number of TDaP (Tetanus, Diphtheria, and Pertussis) vaccines among women of childbearing age yearly in Oregon between 2019 and 2022. Childbearing age is defined by OHA as between 18 to 45 years of age at time of vaccination. During the study period, there was a drop in the total number of TDaP vaccines administered to women of childbearing age in Oregon: in 2019, there were 71,203 doses administered, in 2020 there were 59,130, in 2021 there were 61,080, and in 2022 (through September) there were 46,278. Data was not available beyond September 2022.

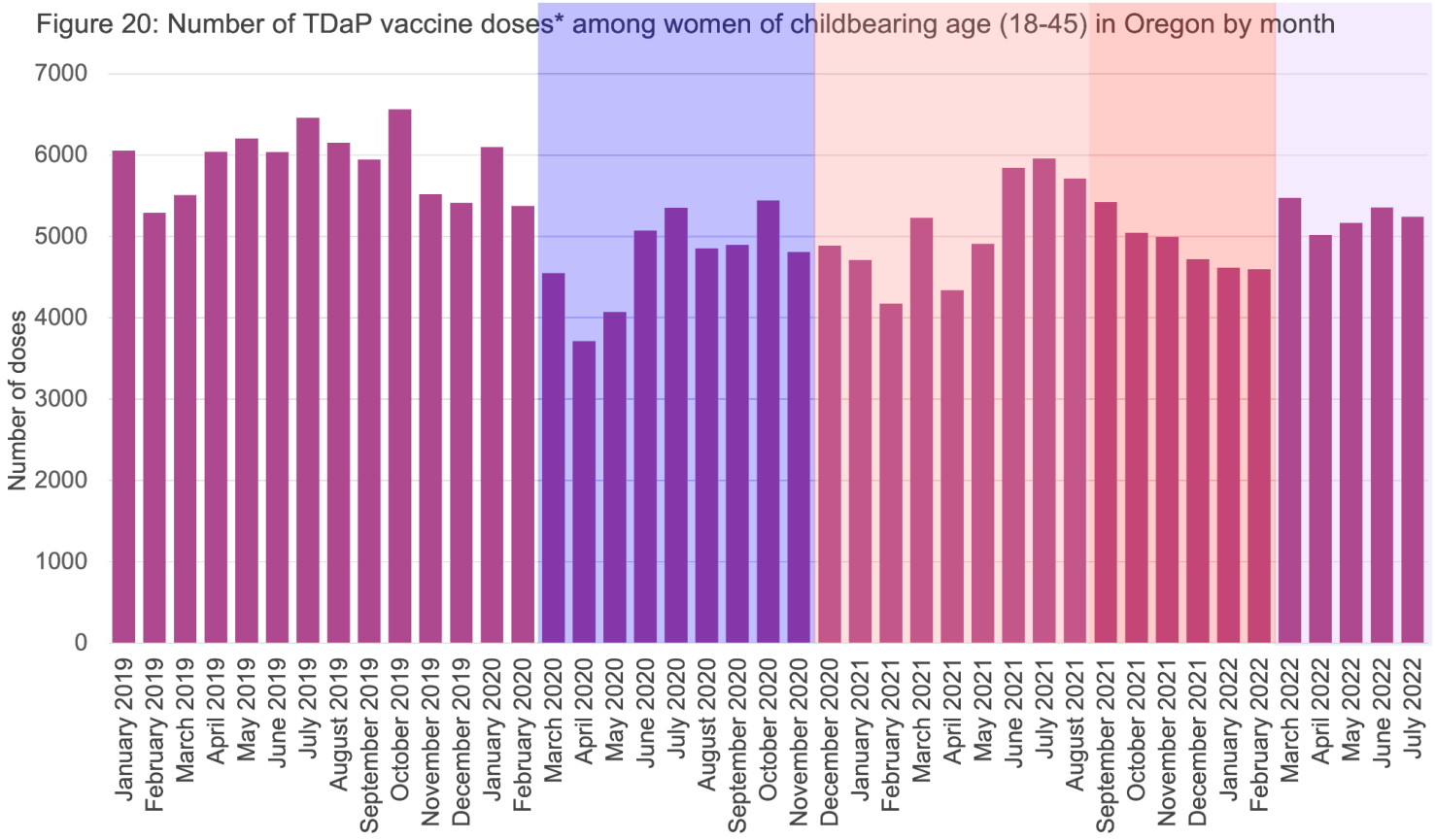
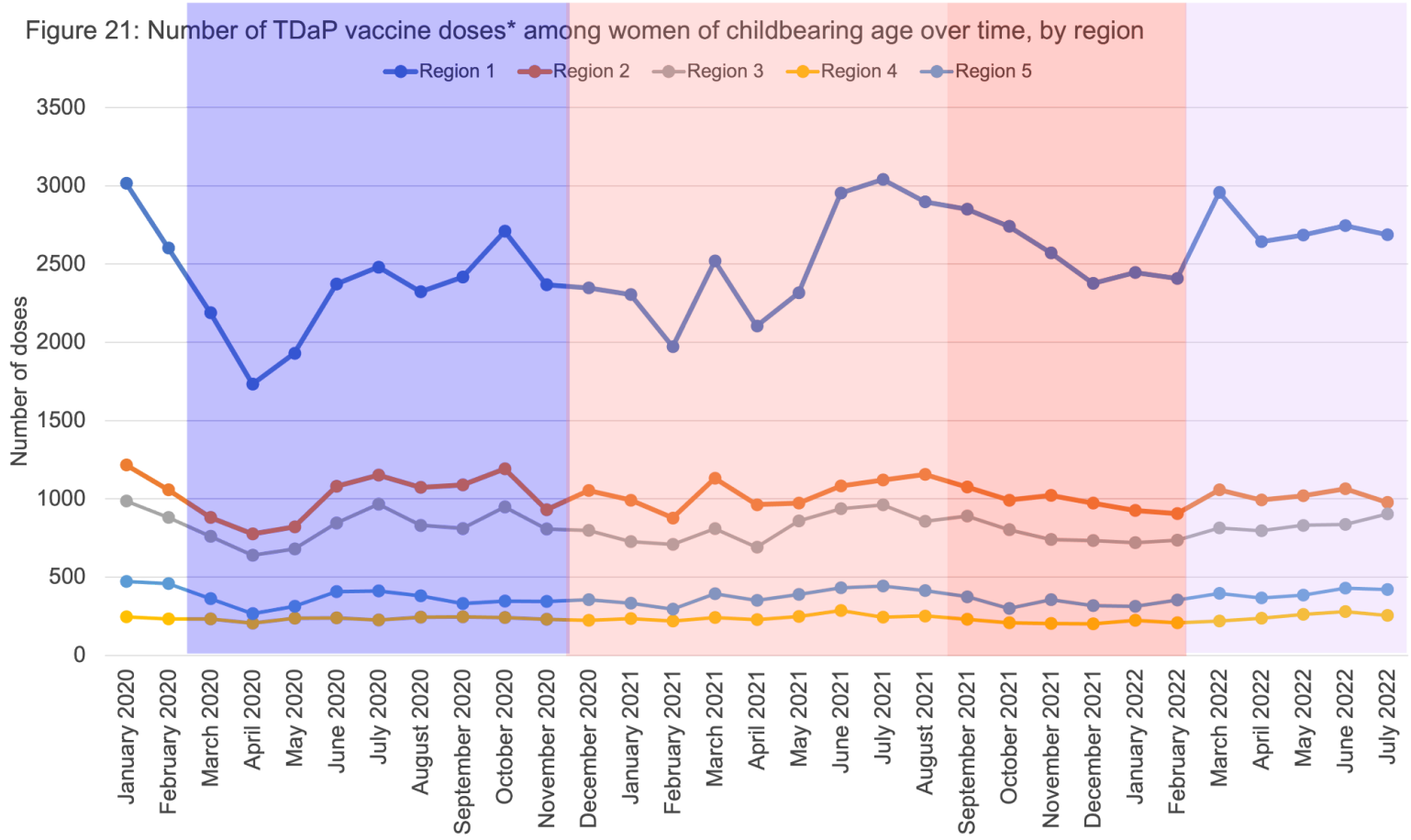


Figure 21 is a line chart showing the number of TDaP vaccines among women of childbearing age yearly in Oregon between 2019 and 2022 by region. TDaP vaccinations in Regions 4 and 5 remained fairly stable throughout the study period, rates in Regions 2 and 3 dropped at the beginning of the pandemic and increased again within a few months, but did not reach pre-pandemic during the study period. For Region 1, doses of TDaP vaccinations decreased by nearly half between January and April 2020 then began increasing again. Variations across regions were seen, with some regions with vaccination rates that remained relatively stable and others exhibiting substantial variation throughout the study period, although the number of doses administered did reach pre-pandemic levels a few times in 2021 and 2022.

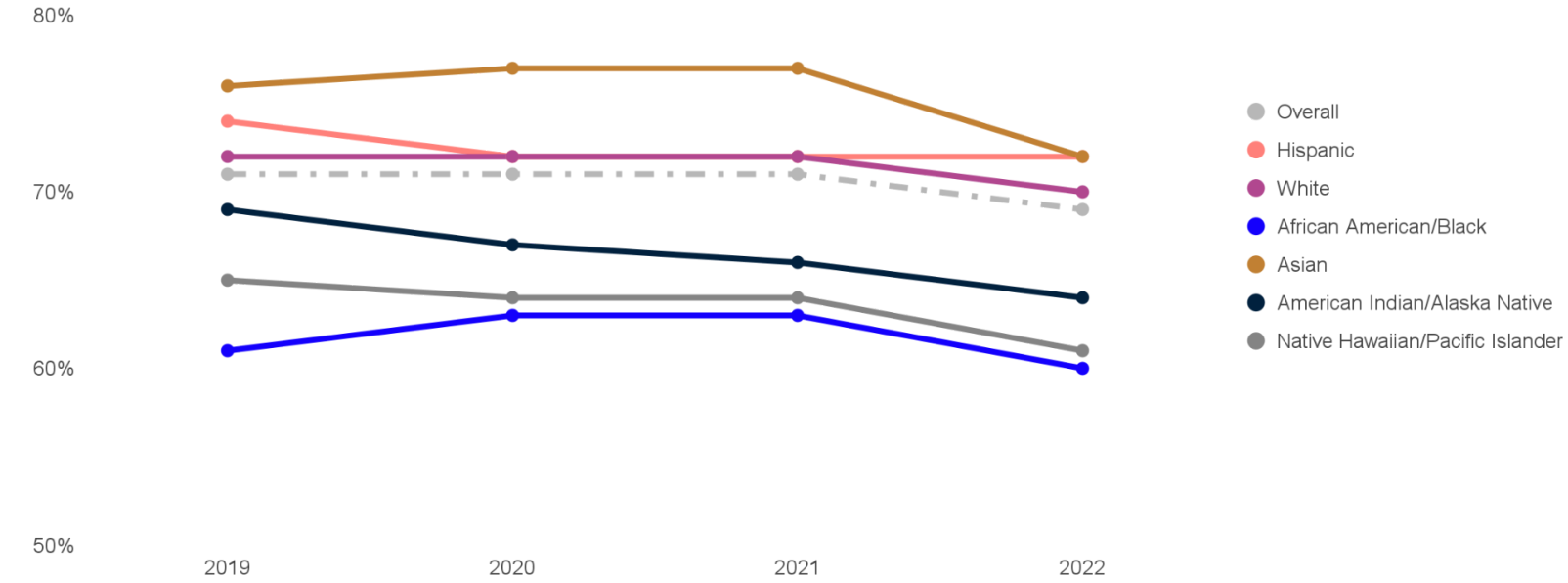


*Vaccine count may include duplicates of the same person if they were pregnant during the study period.

Immunization series completion rates among two-year-olds

Figure 22 is a line chart showing immunization series completion rates for Oregon two-year-olds by race/ethnicity. Overall, immunization series completion rates for Oregon two-year-olds remained fairly constant from during the study period, although there was a decrease seen from 2021 and 2022. By race/ethnicity, rates fell between 2019 and 2020 for Hispanic two-year-olds, American Indian/Alaska Native two-year-olds, and Native Hawaiian/Pacific Islander two-year-olds. They remained constant for all groups from 2020-2021 apart from American Indian/Alaska Native two-year-olds (which fell from 2020-2021), and fell for all groups between 2021 and 2022 apart from Hispanic two-year-olds. African American/Black two-year-olds had the lowest vaccination rates throughout the study period, followed by Native Hawaiian/Pacific Islanders.

Figure 22: Immunization series completion rate for Oregon two-year-olds

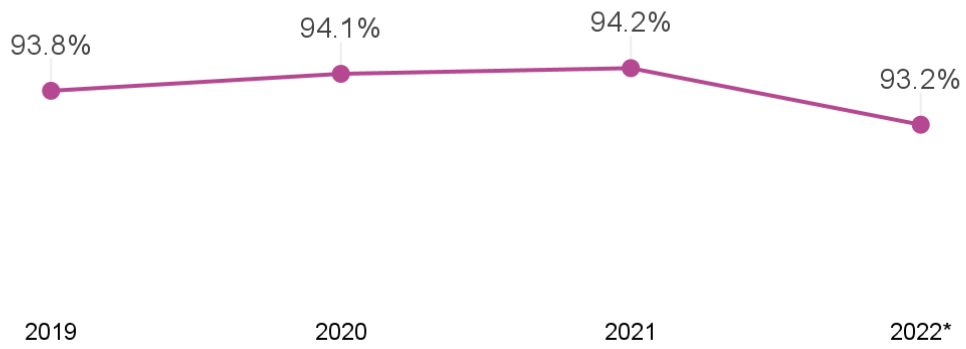


Maternal health

Adequate prenatal care

Figure 23 is a line graph showing the percent of births in Oregon with adequate prenatal care over time between 2019 and 2022. Inadequate prenatal care is defined by OHA as having fewer than five prenatal visits or care that began in the third trimester. Rates remained relatively stable throughout the study period, with a very small dip in adequate prenatal care in 2022.

Figure 23: Percent of births with adequate prenatal care in Oregon, 2019-2022

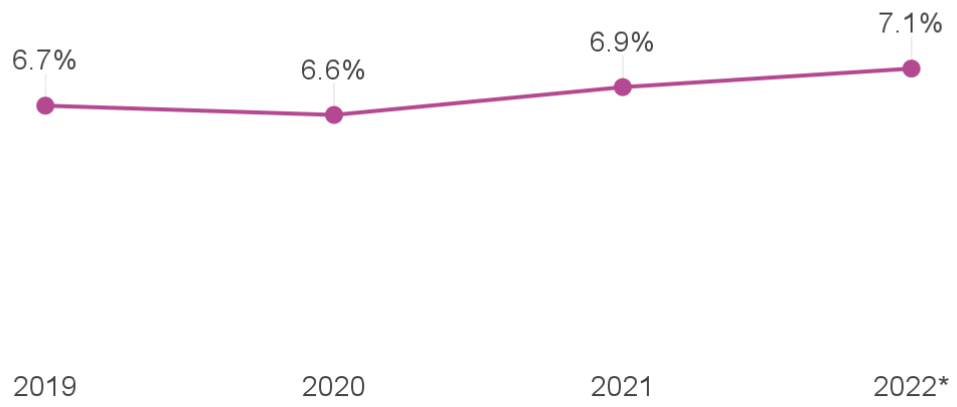


*2022 data is preliminary and may change

Low birthweight

Figure 24 is a line graph displaying the percent of low birthweight infants born in Oregon over time between 2019 and 2022. The percentage of infants with low birthweight slightly increased each year since 2019.

Figure 24: Percent of low birthweight infants, Oregon residents, 2019-2022



*2022 data is preliminary and may change

Economic well being

SNAP benefits

Figure 25 is a line chart displaying the percentage of the Oregonians who received SNAP benefits between 2019 and 2022. Throughout the study period, the percentage of Oregon residents receiving SNAP benefits increased by 4%. Between 2021 and

2022, there was a modest increase of 0.3%. The observed increase could be in part due to changes in expanded eligibility for college students that began in January 2021.[1]

Figure 25: Percent of Oregon population receiving SNAP benefits

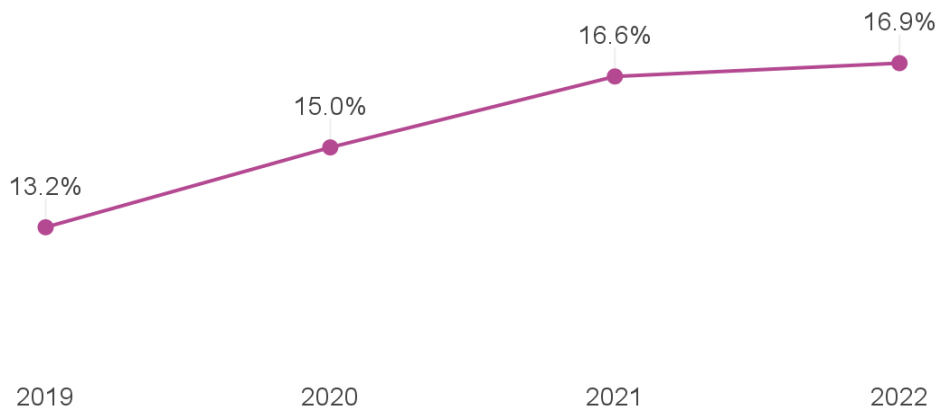
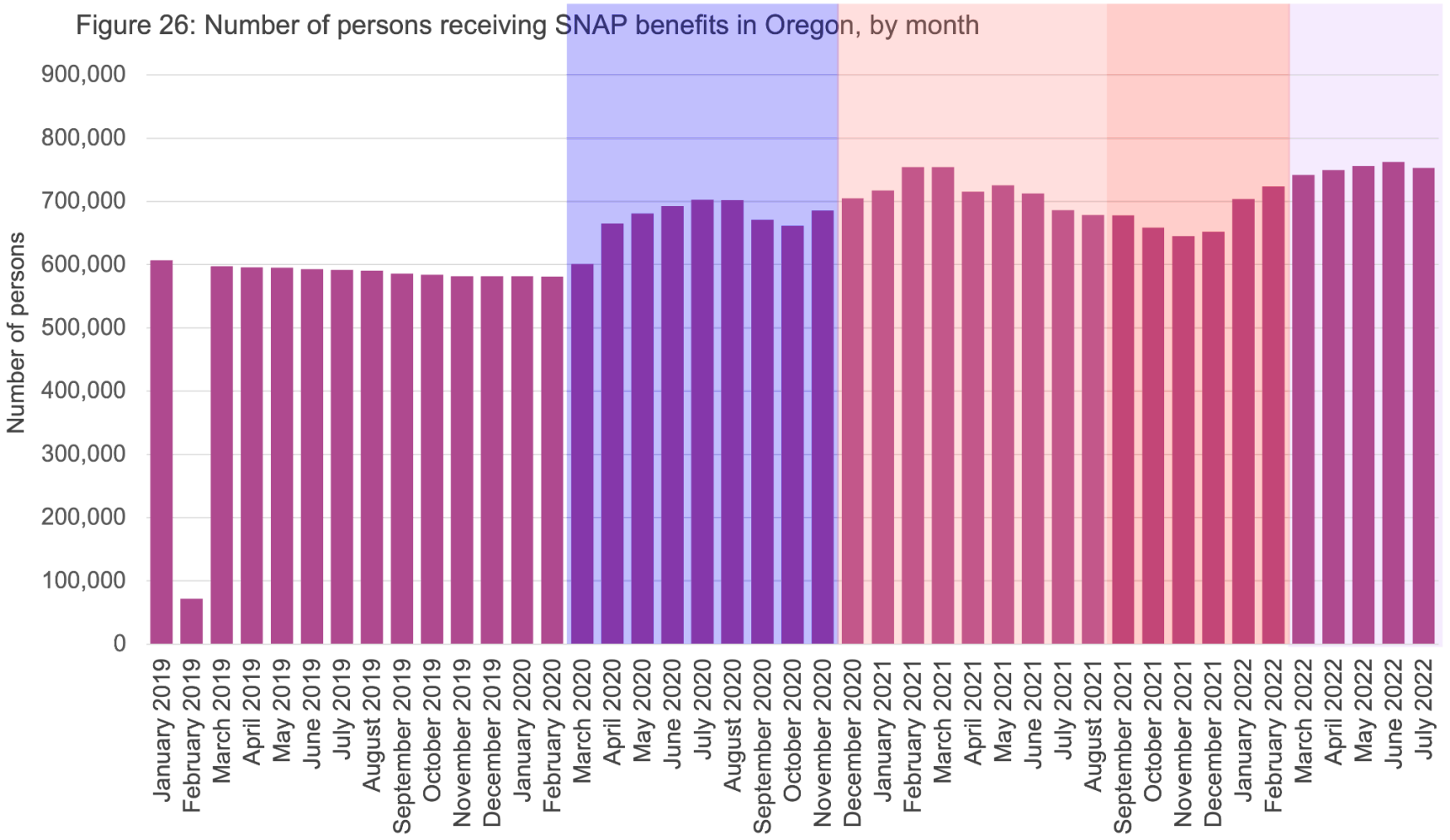


Figure 26 is a column chart showing the people receiving SNAP benefits in Oregon by month from January 2019-July 2022. In March 2020, the number of people receiving SNAP benefits began to climb, fell briefly in September 2020, then climbed again until March 2021. The number of people receiving SNAP benefits at the end of the study period was still much higher than pre-pandemic numbers.

[1] Federal Student Aid (2023) *SNAP benefits for eligible students during the COVID-19 pandemic* [Press release]. https://fsapartners.ed.gov/knowledge-center/library/electronic-announcements/2021-02-23/snap-benefits-eligible-students-during-covid-19-pandemic-updated-april-3-2023

Figure 26: Number of persons receiving SNAP benefits in Oregon, by month



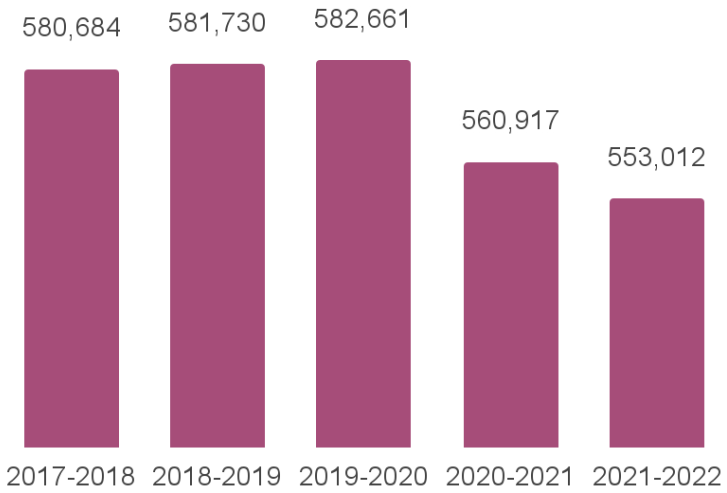
*Due to the partial Federal government shutdown in early 2019, most of the February 2019 SNAP benefits were issued early in the month of January 2019 to ensure SNAP recipients would receive their February 2019 benefits. As a result, February 2019's benefits are significantly less than January 2019.

Education

Student enrollment

Figure 27 is a column chart displaying the total number of students enrolled in the Fall term in Oregon between 2018 and 2022. Fall enrollment numbers steadily declined during the COVID-19 pandemic. Large declines in enrollment were seen from the 2019-2020 and 2020-2021 year. Enrollments continued to decline from the 2020-2021 school year to the 2021-2022 school year.

Figure 27: Fall enrollment numbers,* all grades, all students



*The fall membership count represents the number of students enrolled on the first day of October each year. All K-12 students enrolled in public schools and programs are included; this report includes regular, alternative, charter, and other types of schools and programs. In addition, students attending private schools and programs are included if the students were placed there by a public entity and financed with public funds. Shared-time students (ADM Program Type 09) are also included in Fall Membership.

Figure 28 is a stacked bar chart displaying fall enrollment by race/ethnicity as a percentage of total enrollment. The distribution of enrollment rates by race/ethnicity remained fairly constant throughout the study period, although there was a slight reduction in the percent of White students and a slight increase in the percent of Hispanic/Latino and multiracial students.

Figure 28: Percent of students enrolled by race/ethnicity, all grades

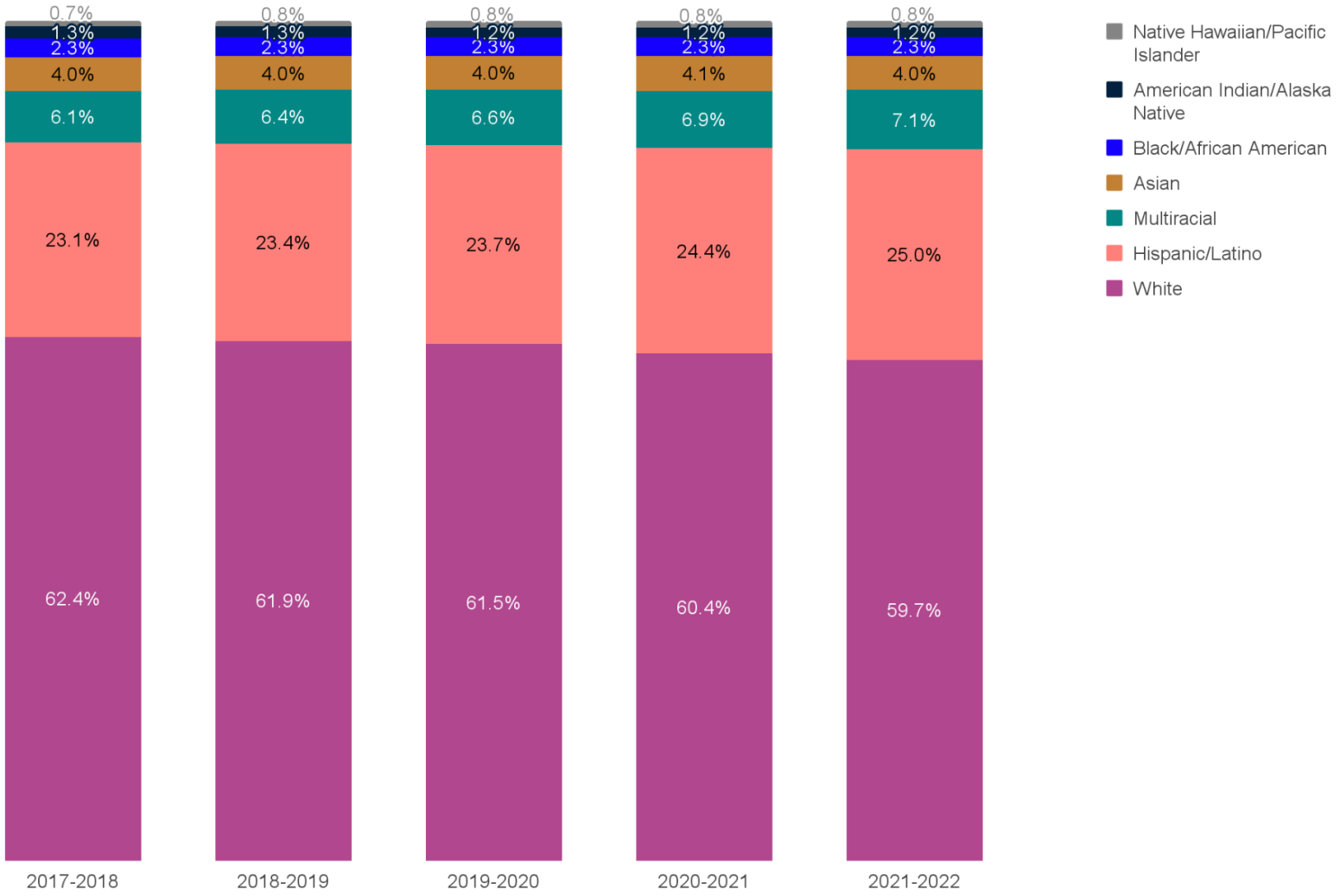


Figure 29 is a stacked bar chart displaying the fall enrollment numbers by race/ethnicity. As noted in Figure 27, enrollment in the State declined between the 2017-2018 school year and the 2021-2022 school year. Declines in enrollment were seen among White, Native Hawaiian/Pacific Islander, American indian/Alaska Native, and Black/African American students, while there was an increase in enrollment among multiracial and Hispanic/Latino students in Oregon.

Figure 29: Number of students enrolled by race/ethnicity, all grades

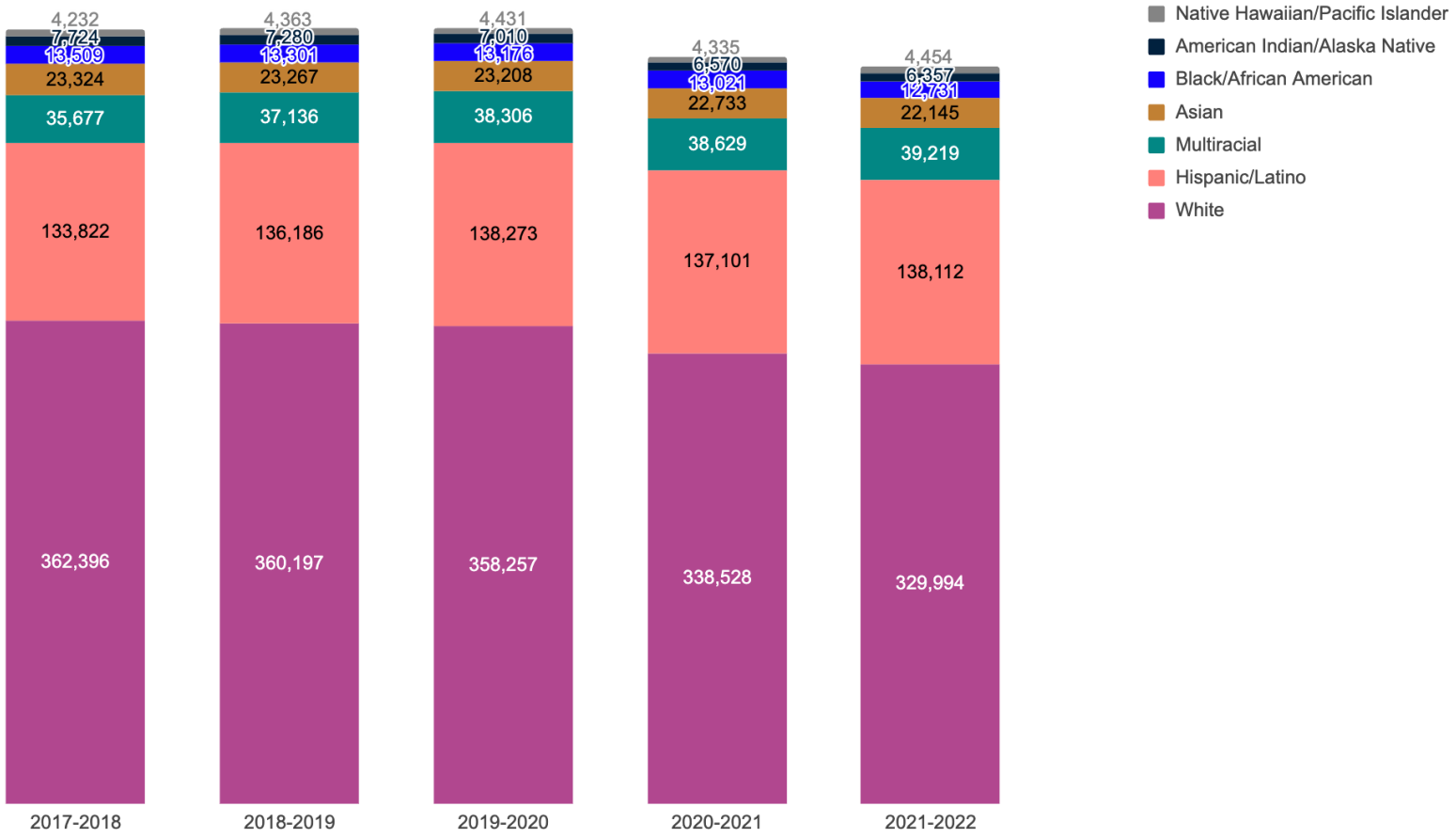
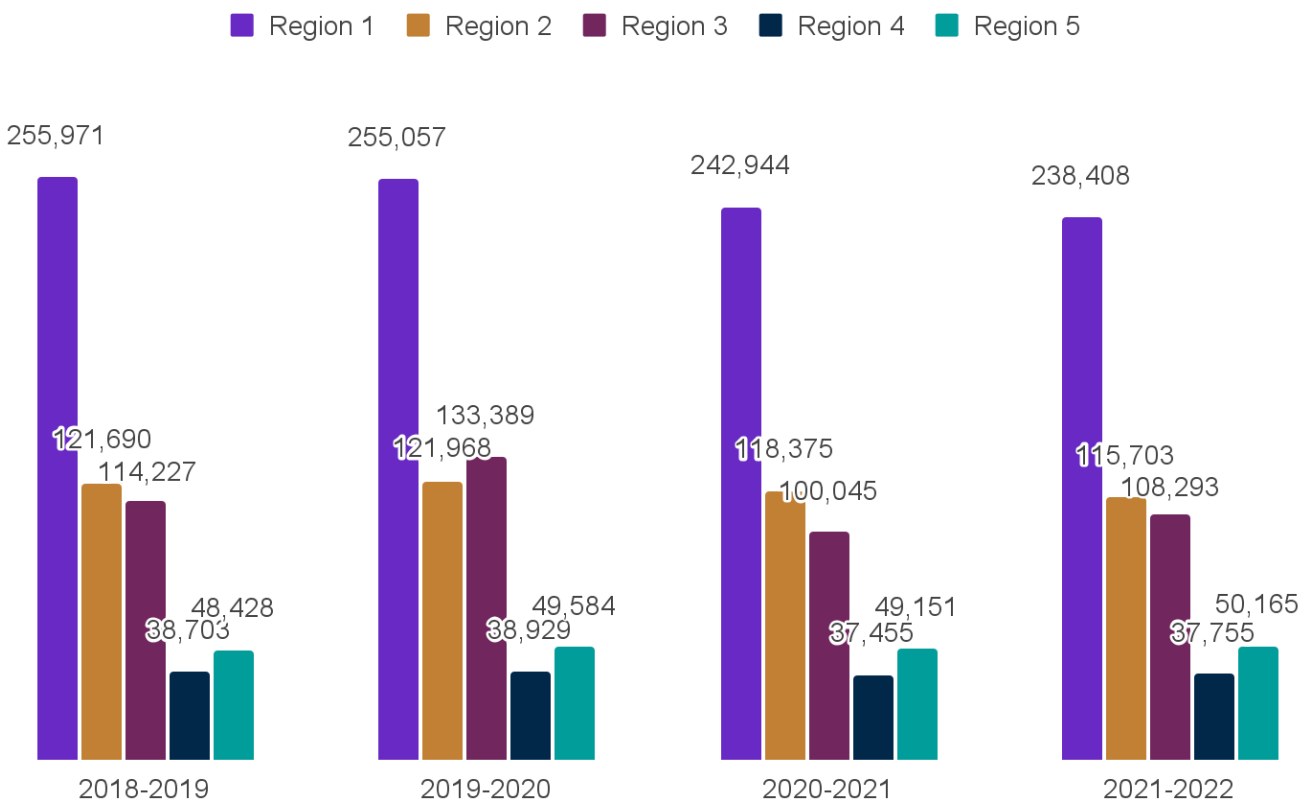


Figure 30 is a clustered column chart displaying the number of students at fall enrollment across all school districts by region. Between the 2019-2020 and 2020-2021 school years, enrollment decreased in all regions. Enrollment in Region 3, 4, and 5 increased between 2020-2021 and 2021-2022 while enrollment continued to decline in Regions 1 and 2.

Figure 30: Fall enrollment*, all districts, all students, by region

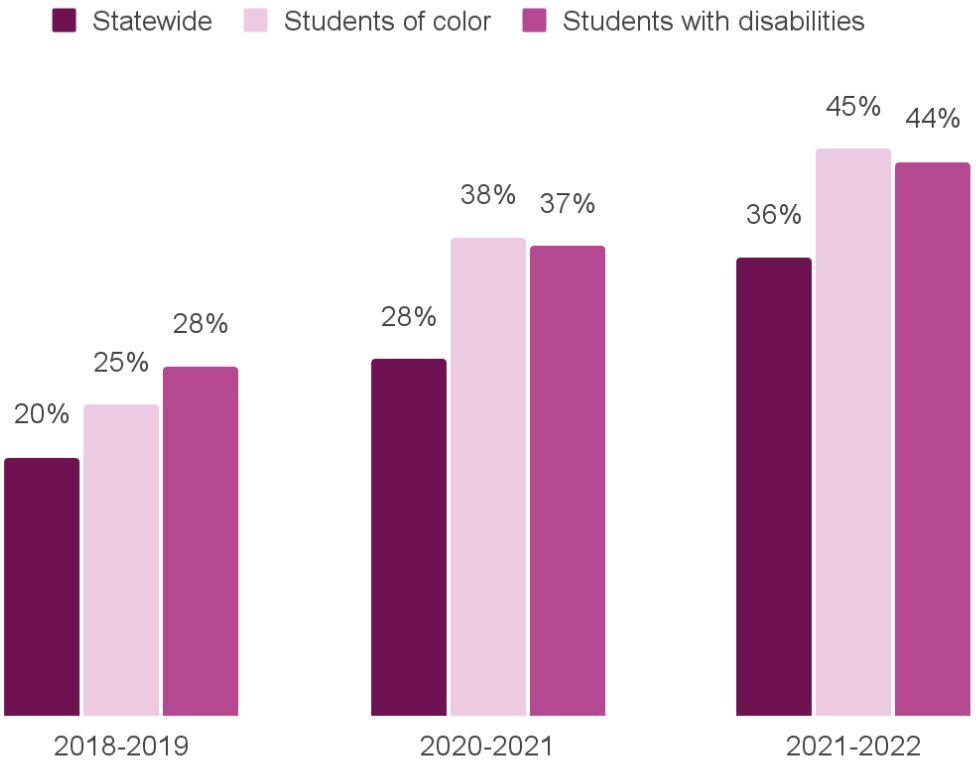


*Due to inconsistencies in the data source, the total enrollment numbers by region do not equal the total enrollment statewide in Figure 30. This may be due to different ways of classifying school districts.

Chronic absenteeism

Figure 31 is a clustered bar chart displaying chronic student absenteeism in Oregon statewide, for students of color, and for students with disabilities between the 2018-2019 and 2021-2022 school years. Chronic absenteeism is students who were absent more than 10% of days of the school year. Throughout the study period, chronic absenteeism rose dramatically for all students. Students of color and students with disabilities had the highest rates of absenteeism, with chronic absenteeism growing by 20% and 16%, respectively, between the 2019-2020 and 2021-2022 school year.

Figure 31: Percentage of students who are absent more than 10% of days of the school year*

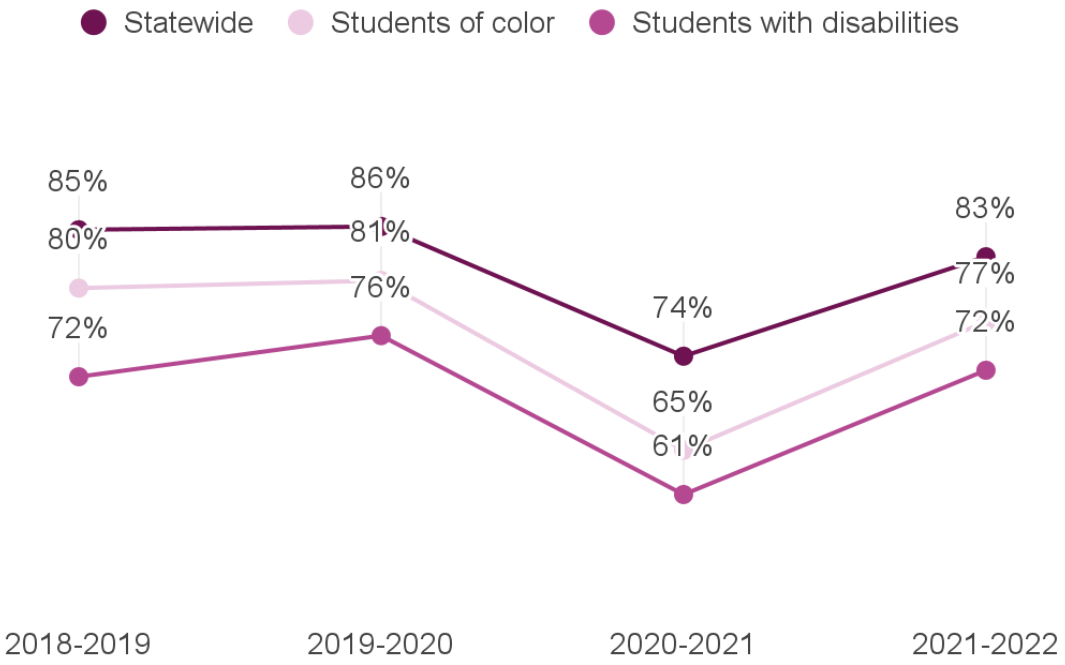


*No data were available for 2020 due to school closures

Students on track to graduate

Figure 32 is a line chart displaying the percentage of 9th grade students on track to graduate in Oregon for all students, students of color and students with disabilities between the 2018-2019 and 2021-2022 school years. From 2018-2019 to 2019-2020, the total percentage of 9th grade students on track to graduate remained fairly steady, and decreased for all subgroups in 2020-2021. However, in the 2021-2022 school year, the percentage of 9th grade students on track to graduate increased again - reaching near pre-pandemic rates overall and for students of color, and matching the 2018-2019 rate for students with disabilities.

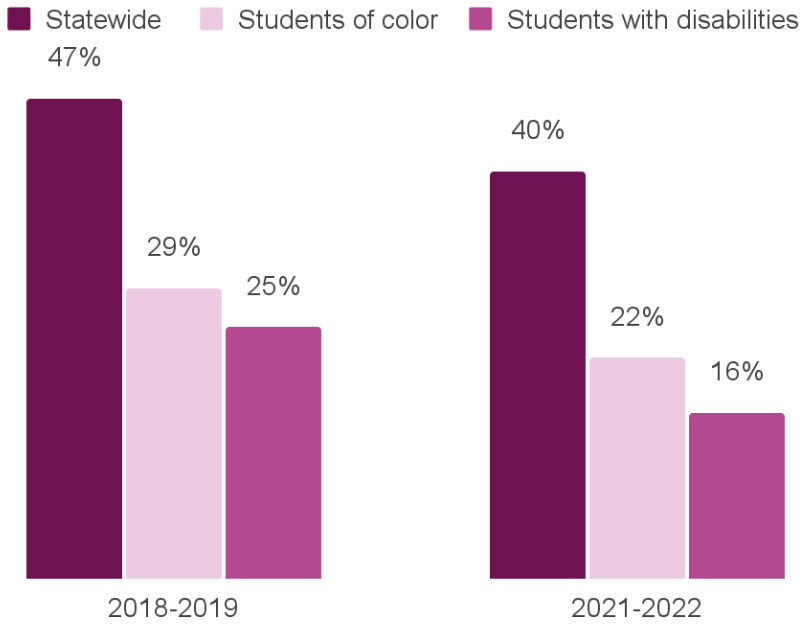
Figure 32: Percentage of 9th grade students on track to graduate



Obtainment of statewide academic achievement standards in 3rd grade reading

Figure 33 is a clustered column chart displaying the percent of Oregon students who meet or exceed the statewide academic achievement standards in 3rd grade reading. Between the 2018-2019 school year and the 2021-2022 school year, the percentage of students meeting or exceeding statewide academic achievement standards in 3rd grade reading fell statewide (by 7%), for students of color (by 7%), and for students with disabilities (by 9%). No data was available for school years 2019-2020 or 2020-2021.

Figure 33: Percentage of students meeting or exceeding statewide academic achievement standards in 3rd grade reading



Student houselessness

Figure 34 is a column chart displaying the number of students from kindergarten through 12th grade experiencing homelessness in Oregon between 2017 and 2022. Throughout the study period, the number of students experiencing houselessness decreased statewide. However, in the 2021-2022 school year, the number of students experiencing houselessness increased by 665 students from the previous school year.

Figure 34: Number of K-12 students experiencing houselessness in Oregon, 2017-2022

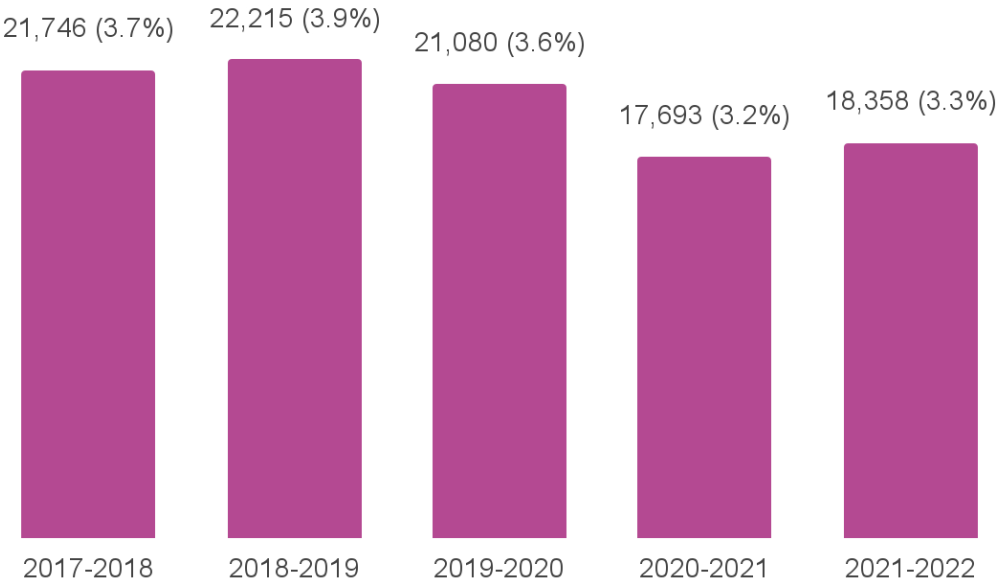


Figure 35 is a clustered bar chart displaying the number of students from kindergarten through 12th grade experiencing homelessness in Oregon by living situation between 2017 and 2022.

Figure 35: Number of K-12 students experiencing houselessness in Oregon by living situation, 2017-2022

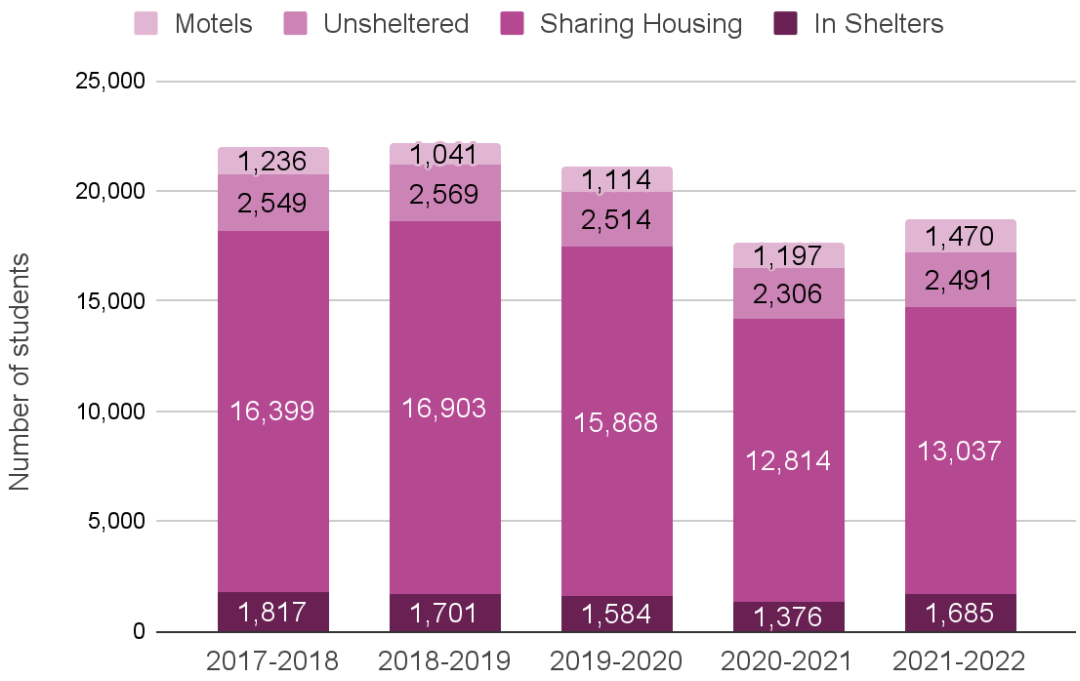
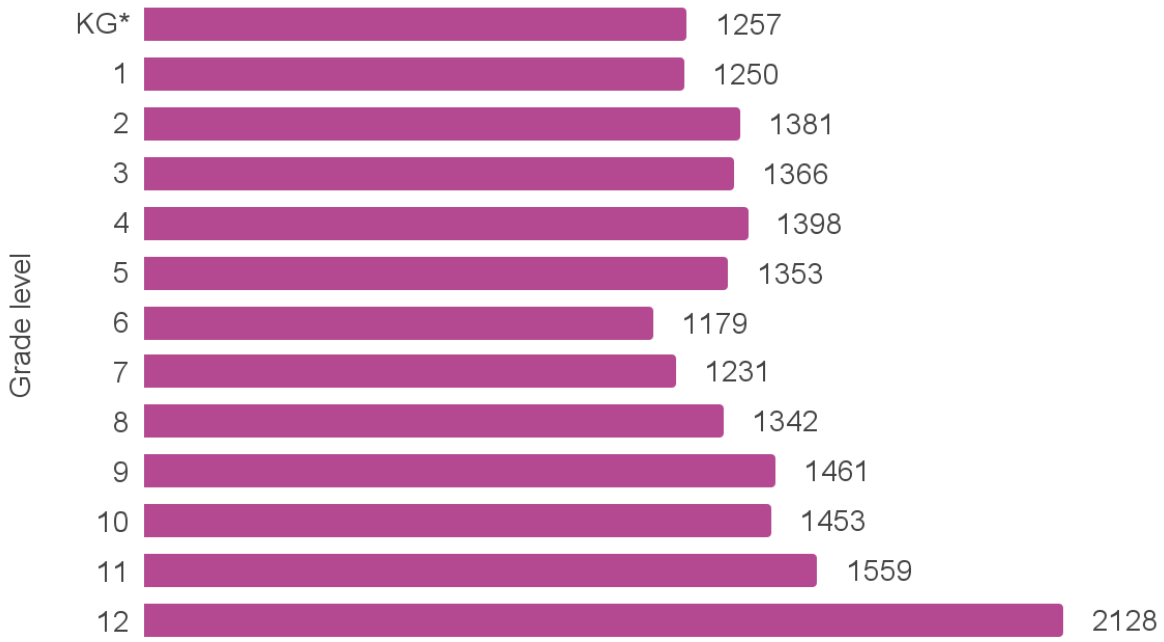


Figure 36 is a bar chart displaying the number of students experiencing homelessness attending public schools in Oregon by grade level during the 2021-22 school year. The top three grade levels of students experiencing houselessness attending public schools in Oregon in 2021-22 were high school students, specifically 12th graders, 11th graders, and 9th graders. Students in the 12th grade were the most affected by houselessness in Oregon.

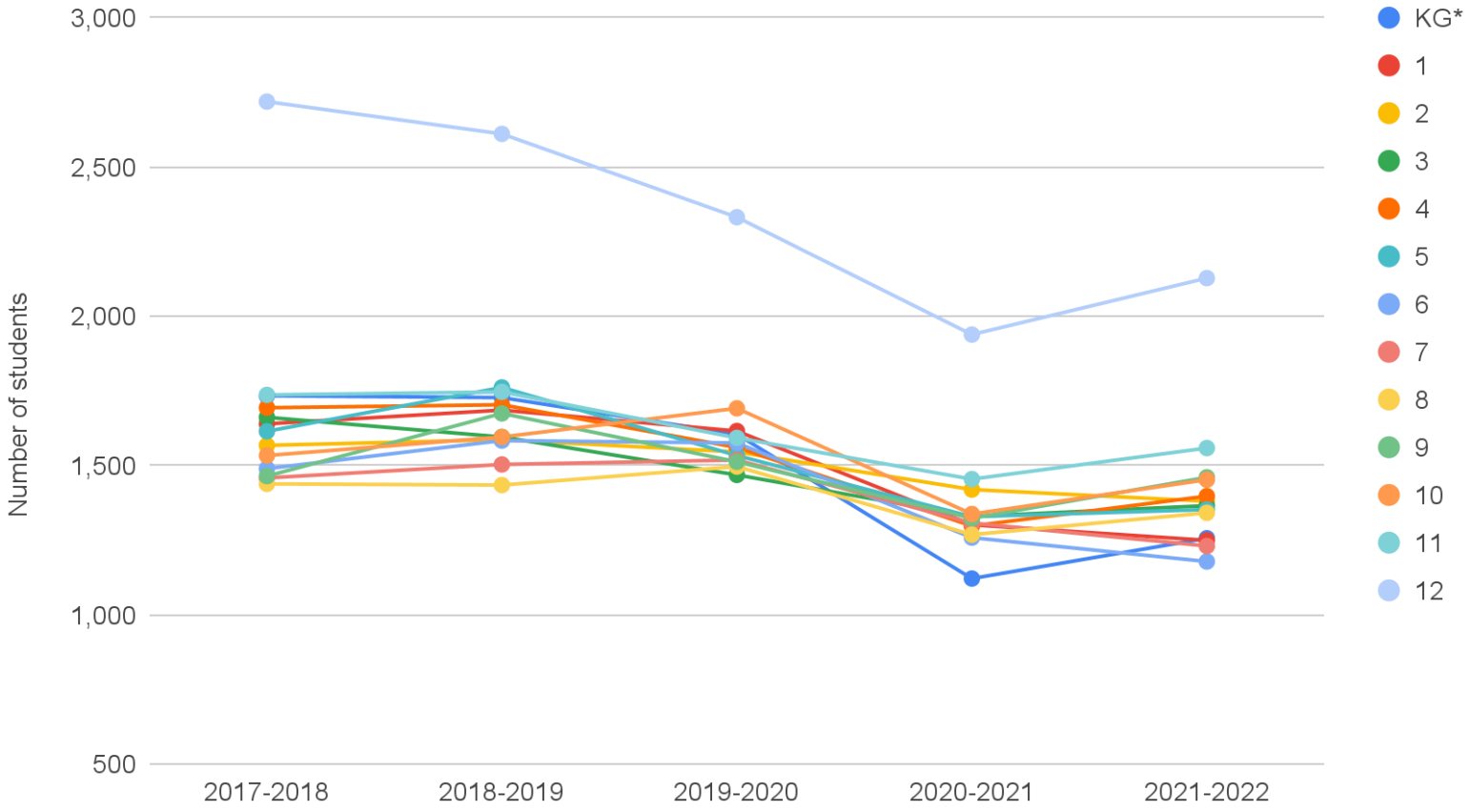
Figure 36: Students experiencing houselessness attending public schools in Oregon by grade level, 2021-2022



* KG stands for Kindergarten

Figure 37 is a line chart displaying the number of the students experiencing houselessness in Oregon between 2017 and 2022 by grade level. From the 2017-2018 school year until the 2020-2021 school year, overall there was a steady decrease in the number of students experiencing houselessness in each grade level. Throughout the study period, there were between 1,000 and 2,000 students in kindergarten through 11th grade who were houseless and between 2,000 and 3,000 students in 12th grade who were houseless.

Figure 37: Number of students in Oregon who were houseless, by grade, over time



*KG = Kindergarten