Community Assessment Update

Needs Assessment Report

Prepared for

The United Way of Benton County

In Partnership with

Benton County
City of Corvallis
Corvallis Clinic
Oregon State University
Samaritan Health Services

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in association with
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Executive Summary

Introduction

Benton County residents, employers and community organizations—all benefit from a healthy community—one in which people have access to healthy lifestyles and a clean environment; where the basic needs of food, shelter, clothing, education and healthcare are met; people participate actively in the life of the community; job opportunities are plentiful and meaningful; and where people can enjoy cultural, recreational and other opportunities that nurture their minds and bodies.

The United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services, periodically assesses the health of the community to help them set priorities for funding and resource use that best meet the needs of the community. This report describes the fourth such assessment, which has generally been updated every three to five years. It summarizes the research methodology used and includes the elements of a healthy community today, community needs and issues, and conclusions and recommendations.

Methodology

In early 2005, United Way of Benton County and its partners retained the consulting firm Cogan Owens Cogan (COC), assisted by survey researchers Davis, Hibbitts and Midghall (DHM), to prepare this needs assessment. The project team undertook the following activities:

- Stakeholder interviews with community leaders. Personal or telephone interviews were conducted with 11 community leaders representing partnering agencies, local foundations and other interests.
- Random-sample, telephone survey of 500 County residents, including 213 low-income households.
- Secondary, empirical research into conditions related to healthy communities, with detailed data for each element.

- Informal, service provider questionnaire. United Way distributed this written survey via e-mail to 47 people representing nonprofit, faith-based, local government and other service providers in the County.
- Two focus groups of community service recipients and others. COC facilitated discussions related to substance abuse and health care, and strategies to address these issues.

Overview of a Healthy Community

Through personal interviews, community leaders defined and identified key elements of a healthy community. This was followed by a random sample telephone survey and service provider questionnaire asking respondents to rank the importance of these elements in creating a healthy community.

A **healthy economy** is considered a very important element of a healthy community by 63% of service providers and 70% of telephone survey respondents. This includes a high employment rate/job opportunities and stable workforce. They believe that an economically vibrant community also affects mental health and crime rates.

Services for the elderly and health care and safety are important in meeting the basic needs for food, clothing, shelter and education. Providing the first three for residents in need are identified by 95% of service providers and 77% of telephone survey respondents as a very important element of a healthy community.

Quality education is defined in terms of good schools, a satisfactory graduation rate and a well-educated population. Quality educational opportunities are important to several community leaders. In responding to the list of elements, 95% of service providers and 91% of telephone survey respondents say that quality K-12 education is a very important element of a healthy community, with education/schools the second most common answer among telephone survey participants.

A healthy community also is defined in terms of the availability of a **variety of social and health care services, or a social service**

network. Specifically mentioned by community leaders are adequate resources to treat/counsel substance abusers and their families and other families in distress. A low crime rate and low child abuse ratios also are important. Services for the elderly and those with disabilities or other special needs are identified by 100% of service providers and 99% of telephone survey respondents as a very or somewhat important element of a healthy community. Service providers (95%) and telephone respondents (74%) also say that mental and physical health care services and facilities are very important elements of a healthy community. When asked to rank the importance of access to these facilities in creating a healthy community, all focus group participants said that they are very important. They went on to agree that people with poor mental or physical health will see adverse impacts on other aspects of their life, such as job, family and other relationships.

Some community leaders cite a **vibrant downtown**, with civic, social and cultural activities and events, a diversity of people, and opportunities for interactions among different segments of the community as important elements of a healthy community. Cultural activities that provide intellectual stimulation, such as arts and theater are seen as less important than other elements of a healthy community—very important by 16% of service providers and 38% of telephone survey respondents. To 32% of service providers and 41% of telephone survey participants, community gathering places are very important elements of a healthy community. Similarly, 47% of service providers and 51% of telephone survey respondents say that cultural and ethnic diversity are very important elements of a healthy community.

Other leaders add **quality public services** such as law enforcement, public works, parks, transportation, cleanliness and maintenance. A safe environment free from crime is considered a very important element of a healthy community by 88% of telephone survey respondents and 74% of service providers.

A **physical environment that is healthy, clean and free of contamination and unhealthy substances** is important to many residents. Clean air, water and other environmental conditions are considered very important elements of a healthy community by 79% of

service providers and 84% of telephone survey respondents. Community leaders also include opportunities to pursue healthy lifestyles, such as parks and recreational facilities, in this category. Fewer service providers (47%) and telephone survey respondents (46%) rate recreational facilities and opportunities as very important elements of a healthy community.

Interviewees identified a **culture of community pride and a place where people feel invested and contribute to the whole** as another descriptor of a healthy community. Telephone survey respondents (77%) and service providers (78%) feel that people working together to solve community problems is very important in creating a healthy community.

Conclusions

Benton County residents enjoy many opportunities to live, work, learn and play.

- The County has one of the lowest unemployment rates and highest average per capita incomes in the state.
- People enjoy a wide array of recreational opportunities and natural resources, including the Willamette River, neighborhood and community parks, trails and access to nearby forests.
- A well-educated citizenry has diverse opportunities at Oregon State University and Linn-Benton Community College. The public school system is generally above average.
- Residents participate in a wide variety of volunteer activities with many opportunities for community interaction and collaboration.

While most people are able to take advantage of attributes, others face significant medical, housing and other problems. Difficulty obtaining medical or dental care, rising housing costs and increased substance abuse are exacerbated by declining local, state and federal resources.

- A relatively high percentage of people in the County lack affordable housing or spend more than 30% of their income for shelter. Low-

income households have less money to spend on health care and other basic needs.

- According to census data, a relatively significant percentage of residents have a substance abuse problem while resources to address the problem are generally lacking. Substance abuse is linked to a high percentage of the criminal activity in the County.
- While other medical related problems, such as lack of access to mental health services, affect a relatively small proportion of residents, they are significant for those who must face them.

While these issues may not directly affect a majority of the population, they indirectly affect the health of the entire community by:

- Requiring scarce resources that could otherwise be used to meet other community needs.
- Contributing to criminal activity and the cost of crime prevention.
- Increasing the cost of health insurance, emergency and other services.
- Reducing the quality of K-12 education.

Recommendations

Although Benton County has much to be proud of, more can be done to ensure that it is an even healthier community for all its residents.

- Increase public education efforts and awareness of issues and problems to influence societal attitudes and individual behavior.
- Stimulate a higher level of cooperation and collaboration among service providers, public agencies, members of the business community and others.
- Address the most pressing issues identified in this plan by targeting resources to the most effective strategies that lead to a healthy community.
- Publicize and encourage public participation in volunteer and community-building activities.

Introduction and Overview

A healthy community benefits all Benton County residents, employers and community organizations. People in the County have defined a healthy community very broadly to encompass physical health; the natural environment; the ability to meet basic needs of food, shelter, clothing, education and health care; active participation in the life of the community; plentiful and meaningful job opportunities; and opportunities to engage in cultural and recreational events and activities.

The remainder of this report describes these elements of a healthy community in more detail. The report was prepared as part of a regular process undertaken by the United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services. United Way and its partners periodically assess the health of the community to help set priorities for funding and resource use that best meet the needs of the community. This is the fourth such assessment. It was last undertaken in 2002. A variety of tools have been used to define and assess community health. This methodology is described in the following pages, followed by a summary of conclusions and recommendations.

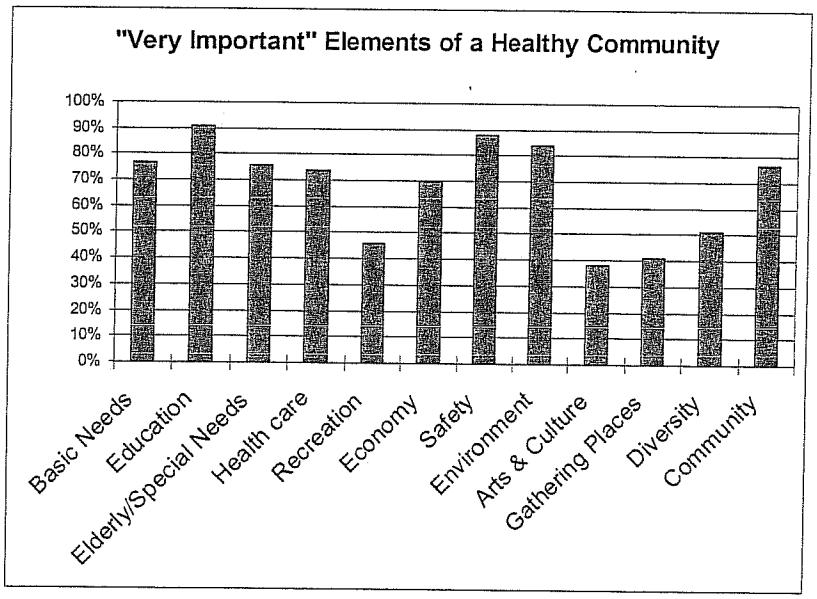
Elements of a Healthy Community in Benton County

Through personal interviews, community leaders identified the following key attributes of a healthy community:

- Strong economy/adequate employment
- Ability to meet basic needs for food, shelter, clothing, education and health care
- Opportunities to pursue a healthy lifestyle
- Cultural activities
- Community interaction and involvement

With these attributes as the framework, a statistically valid sample of County residents was surveyed by telephone about the relative importance of the following elements of a healthy community:

- Quality K-12 education
- Safe environment free from crime
- Clean air, water and other environmental conditions
- Food, shelter and clothing provided for residents in need
- People who work together to solve community problems
- Services for the elderly and those with disabilities or special needs
- Mental and physical health care services and facilities
- Healthy economy
- Cultural and ethnic diversity
- Recreational facilities and opportunities
- Community gathering places
- Arts, culture and theater



Source: Telephone Survey conducted by Davis Hibbitts and Midghall.

In order of frequency, survey participants also identified their priority elements of a healthy community:

- Community involvement/cooperation/support
- Education/schools
- Safety: police; fire; emergency medical technicians (EMT); lack of crime/drugs
- Jobs; economic stability/growth
- Public services; parks; libraries; activities
- Caring/friendly people
- Diversity among people; acceptance
- Public health facilities; healthcare

As noted below, many of the attributes noted by telephone survey participants are consistent with the elements identified by community leaders.

In addition to identifying the most important elements of a healthy community, service providers and phone survey participants were asked to rate the seriousness of a variety of problems that affect the health of a community. The focus groups that followed discussed two of the most significant issues in more depth – substance abuse and the ability to obtain medical and dental care.

Methodology

The following were undertaken to obtain information for this report:

- **Stakeholder Interviews.** Personal or telephone interviews were conducted with 11 community leaders representing partnering agencies, local foundations and other interests. Participants were asked to define and identify key elements of a healthy community and provide guidance related to additional needs assessment tasks.
- **Service Provider Questionnaire.** United Way distributed a survey via email to 47 people representing nonprofit, faith-based,

local government and other service providers. Participants were asked to identify important problems in Benton County, significant characteristics of a healthy community, and the most effective methods for disseminating information. Nineteen surveys were returned.

- **Telephone Survey.** A random-sample, telephone survey was conducted of 500 Benton County residents, including 213 low income households. Participants were asked to identify and rate key elements of a healthy community identified by stakeholders as well as comment on community needs.

- **Focus Groups.** Thirteen people representing a variety of interests participated in two focus groups. One group was assembled to discuss health care issues, the other, substance abuse issues. The groups discussed research and survey work conducted to date and possible strategies to address these issues, including ways to engage community members in implementing solutions.

- **Secondary Research.** Empirical data on conditions and goals related to healthy communities, with detailed information for each element, were compiled from these sources:

  - ✓ 2000 U.S. Census
  - ✓ Bureau of Labor Statistics
  - ✓ Benton County 2002 Comprehensive Plan
  - ✓ Benton County Environmental Health Assessment Priority List-2002
  - ✓ Benton County Health Department
  - ✓ Benton County Natural Area and Parks Department
  - ✓ Consolidated Plan for the Corvallis Community Development Block Grant and Corvallis CDBG Plan (2000 US Census and 2001 Building Inspections)
  - ✓ Federal Bureau of Investigation
  - ✓ Home Investment Partnerships Programs, 2003
  - ✓ Linn-Benton Community College
  - ✓ Oregon Benchmarks Data Book, 2003

- ✓ Oregon Criminal Justice Commission
- ✓ Oregon Department of Education Annual District Report Cards
- ✓ Oregon Department of Environmental Quality
- ✓ Oregon Department of Water Resources, 2003
- ✓ Oregon Housing and Community Services
- ✓ Oregon State University
- ✓ Restoring the Willamette Basin Willamette Restoration Initiative, 1999School District Report Cards
- ✓ State of Oregon Healthy Teens, 2003-2004
- ✓ Tri-County Special Transportation Planning Project, 2002
- ✓ Youth Focus Group Report for 2005, Benton County Commission on Children and Families

*More information is included in appendices **A-F**.*

Community Needs and Issues

The results from questionnaires returned by community service providers who identified important needs and issues in Benton County, as well as information from the random sample survey, focus groups and secondary research are summarized below.

Basic needs

Service providers say that providing food, shelter and clothing for those in need is the most important characteristic of a healthy community, while telephone survey respondents rank it fourth. A majority of telephone survey respondents (56%) say that the community is doing an excellent or good job providing social services to those in need, while 33% do not know.

While a general lack of funding for various social services is considered a significant problem, service providers say that not enough money for child care for people with limited incomes is not as important.

Approximately 19% of respondents rate the issue as very significant while 40% say it is somewhat significant.

According to 2002 estimates by the U.S. Census, Benton County has a poverty rate of 9.8%; a 4.8% decrease from the 1999 level of 14.6% and 5% lower than the statewide average. This number may be affected by the large number of college students in Benton County. In 2002, approximately 11% of the County's population received food stamps or similar services; 84% of service providers say that people with limited incomes not having enough money for food is a very or somewhat significant problem in Benton County. According to the Community Services Consortium, the number of people relying on emergency food boxes from Linn Benton Food Share increased by 45% since 1997 and 15% over the last two years.

More than half of all households in Benton County (nearly 53%) spend more than 30% of their income on housing. This is a standard threshold used to identify families who lack affordable housing. Renters are much more likely than homeowners to have low or very low incomes and to use a more significant portion of their incomes for housing. More than 80% of renters who make less than the median household income spend more than 30 percent of their income on housing, compared to approximately 70 percent of renters in the state as a whole. Insufficient money for housing for people with limited incomes is cited by 67% of service providers as a very significant problem.

Percent of Benton County owner-occupied households and renters below median income spending more than 30% of income on housing (including utilities), 2000

Region	Owner-occupied	Renters
Benton County	32.7%	82.3%
Statewide	40.1%	70.1%

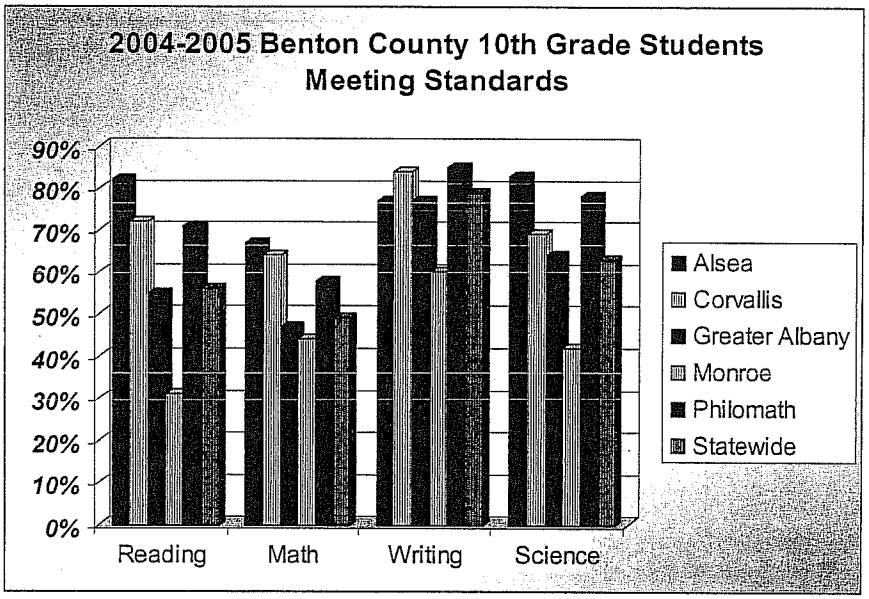
There are 31,980 housing units in Benton County. Of these, 150 lack complete plumbing facilities and 393 do not have complete kitchen facilities. The majority of service providers say that the cost of utilities

for people with limited incomes is a somewhat significant problem (53%.)

Households in Corvallis have a relatively low rate of overcrowding, with the city's 2.9% rate of overcrowding in all housing types significantly below the statewide figure of 4.9% and substantially lower than all but one comparably sized or larger community in Oregon entitled to federal housing or community development block grant funds. Similar information for the County as a whole was not readily available.

Education

While the phone survey participants rate education as the most important element of a healthy community, community service providers rate it third. Overall, Benton County compares well to other parts of the state in terms of educational achievement. On average, Benton County students rank higher than students in the state as a whole in nearly every skill category. In some cases, Benton County's rankings are as much as 10% higher than the state rankings.



Source: State of Oregon Department of Education; Annual School District Report Cards

At the same time, educational performance among school aged children varies among the County's different school districts. During the 2003-2004 school year, the percentage of students meeting or exceeding

state standards on Oregon Statewide Assessments was greater than the state average in reading, math, writing and math problem solving at most grade levels in most school districts. However, several districts had lower percentages of achievement than for the state at selected grade levels.

Benton County's population has the highest rate of high school completion and a high school drop-out rate (2.8%) that is two percentage points lower than the state average. The County has a highly educated adult population and access to a wide variety of educational opportunities. It has the lowest number of persons 25 and over without a high school diploma and the highest rate of completion of a four-year degree of any county in the state. Oregon State University and Linn-Benton Community College offer more than 80 degrees and certificates.

At the same time, similar to other communities in Oregon, local school districts face funding shortfalls, growing class sizes, fewer resources for programs and counselors, and increasing expectations. In a discussion of substance abuse issues, focus group participants noted dwindling resources for school counselors as well as drug and alcohol awareness education and enforcement programs for young people. They also said that schools are increasingly being asked to take on responsibilities traditionally held by parents, such as teaching community values and ethics.

Services for the elderly and those with disabilities or other special needs

Assistance with routine activities for the elderly and people with special needs as an element of a healthy community ranks fourth in importance among service providers and is considered a very or somewhat significant problem by 79% of those providers. Approximately 81% of service providers say that assistance to people with disabilities or serious illness to help them meet routine needs is a very or somewhat significant problem.

Telephone survey respondents rank this as the sixth most significant problem in the County. Only 13% of telephone survey respondents say the community is doing an excellent job providing social services for the elderly and those with disabilities and other special needs. When asked if they or a member of their family has needed help assisting an elderly person with needs in the past 12 months, 14% answered "often" or "sometimes." When asked the same question regarding persons with a disability or serious illness, 11% responded "often" or "sometimes." Census data indicates that more than 10% of Benton County's population is 65 years of age or older; 12% of residents indicate some sort of disability, with 50% of residents over the age of 75 reporting a disability.

Service providers also consider housing for special needs populations as a significant need; 88% say that a lack of housing that meets the needs of the elderly is a very or somewhat significant problem. The same percentage of service providers feel that a lack of housing that meets the needs of persons with disabilities is a very or somewhat significant problem. However, only 4% of telephone survey respondents said that they have had a problem finding housing that meets the needs of the elderly or persons with disabilities over the past 12 months. Census data indicates that more than 400 elderly households (households with at least one person 62 years of age) in Benton County are in need of affordable housing.

Corvallis Housing Needs by Income Range (Households)

Tenancy	Income Range	Number	Percent Paying Greater than 30% of Income for Housing	Number Needing Affordable Housing
Elderly (1 or 2 persons, at least 1 is 62+)	0-30% MFI*	305	69	210
	31-50% MFI	236	76	179
	51-80% MFI	283	49	139
Owners Elderly	0-30% MFI	217	89	193
	31-50% MFI	199	59	117
	51-80% MFI	397	18	71

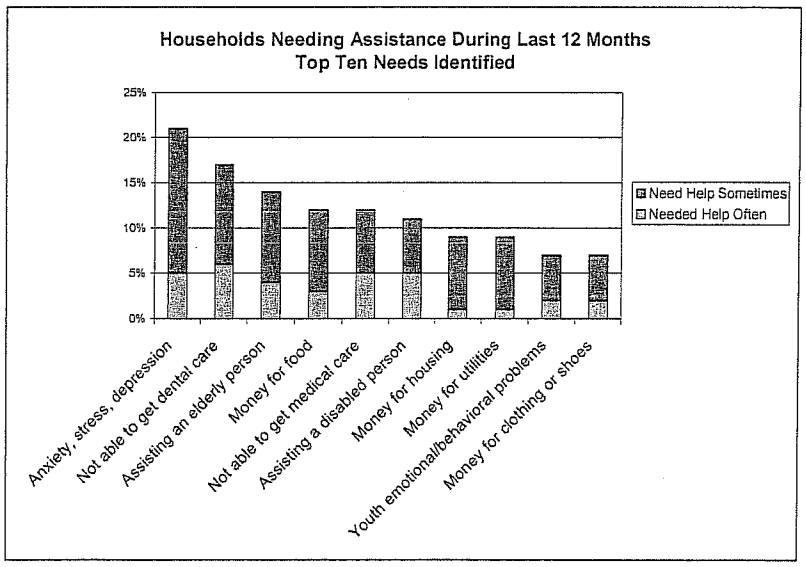
* Median Family Income

Source: Corvallis Consolidated Plan for Community Development and Housing

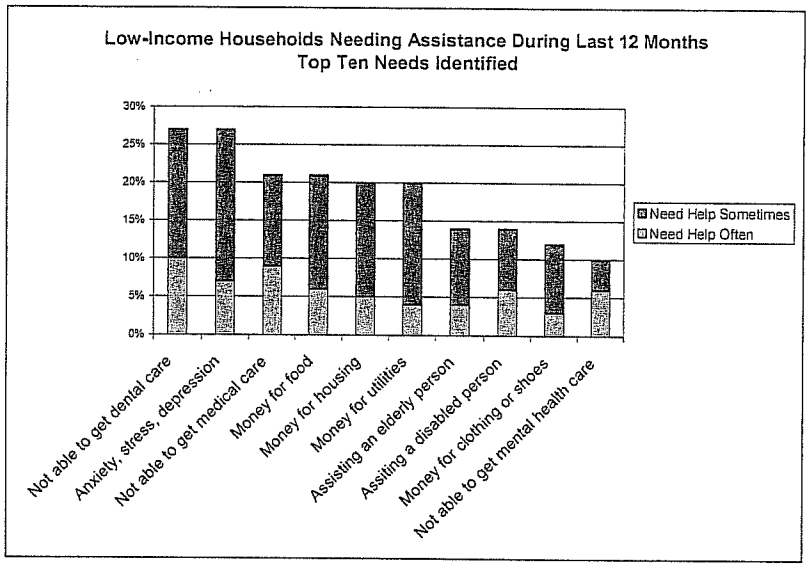
Health care

Along with providing a quality education for residents and meeting the basic needs of those in need, service providers rate mental and physical health care services and facilities as the most important element of a healthy community (these three categories tied with identical highest ratings). Telephone survey respondents rate it seventh. Service providers say that lack of access to medical care (81%), mental health care (84%) and dental care (89%) are very or somewhat significant problems in Benton County.

About 12% of all County residents say they have needed help because they were unable to receive medical care during the past 12 months: 5% often and 7% sometimes, while 21% of families with lower incomes have this problem. An even larger percentage is unable to get dental care. Along with having anxiety, stress, or depression (21% of all respondents and 27% of respondents with lower incomes), both the general public and low income respondents needed help with dental care more than any other area (17% of all respondents and 27% of respondents with lower incomes).



Source: Telephone Survey conducted by Davis Hibbitts and Midghall.



Source: Telephone Survey conducted by Davis Hibbitts and Midghall.

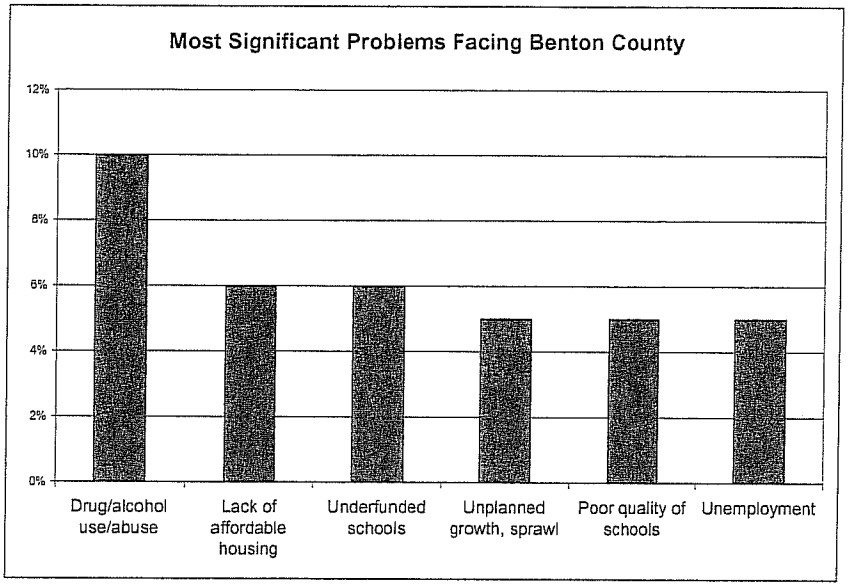
In 2002, 11.4% of the Benton County population was enrolled in the Oregon Health Plan. The Benton County Health Department has served 3,740 clients thus far in 2005, 723 of whom were Hispanic; 4.7% of the total population is Hispanic.

An estimated 5,800 people in Benton County had a need for mental health-related services in 2003 while more than 1,700 residents received treatment for mental health issues in 2003.

Focus group participants listed a number of obstacles to health care, including cost, rules and regulations, and the absence of a safety net. Cost, lack of insurance, cuts in funding, transportation, language/cultural competency, and the quality and availability of services are listed as obstacles to health care access.

Substance abuse

While dealing with substance abuse was not identified specifically by respondents as an element of a healthy community, telephone survey participants cited it more often than any other issue when asked to identify the most important problem facing the County.



Source: Telephone Survey conducted by Davis Hibbitts and Midghall.

According to the US Census and other data sources, between 15% and 19% of the Benton County population reported a substance abuse problem in 2000 and 2002. These percentages are slightly higher than the statewide average. Focus group participants feel that the number is greater, believing that these statistics tend to underestimate the problem. They consider substance abuse a highly significant issue and are concerned about children having easy access to drugs and alcohol. About 12% of County residents reported a need for drug or alcohol treatment in 2000. Service providers feel that problems related to alcohol or drinking (69%) and drug use (100%) are very or somewhat significant problems in Benton County. Focus group participants say that alcohol abuse is probably more prevalent than drug abuse, with some stating anecdotal information that 80% of law enforcement issues are directly or indirectly related to alcohol or drugs.

According to the Oregon Healthy Teen Survey and focus group participants, the number of teens engaging in the use of alcohol, binge drinking, marijuana and methamphetamines has decreased over the past year. However, when asked about underage drinking, 87% of service providers say it is a very or somewhat significant problem. Nearly all (94%) service providers feel that children or teenagers experiencing

serious behavioral or emotional problems are a very or somewhat significant problem in Benton County.

Focus groups administered by the Benton County Department of Children and Families and Oregon State University asked teens to verify the accuracy of data published by the State of Oregon Healthy Teens 2003-2004 report. Participants confirmed that approximately 43% of 11th-graders consumed alcohol and 29% participated in binge drinking in the past 30 days. Additionally, there was a consensus among focus group participants that more than the reported 18% of students have smoked marijuana during the last 30 days.

Crime and safety

Telephone survey respondents say that a safe environment free from crime is the second most important element of a healthy community while service providers rank a safe environment as the seventh most important element. Approximately 88% of telephone survey participants say their community does an excellent or good job of providing a safe environment.

The vast majority (over 94 percent) of crimes reported in Benton County are classified as property crimes (burglary, larceny and motor vehicle theft.) Less than six percent are violent crimes (murder, rape, robbery or aggravated assault.) Benton County generally has much lower rates of violent crime than the state as a whole (typically less than half the state rate). However, the rates for a few types of crimes (fraud, liquor and disorderly conduct) are higher in Benton County than for the state. Benton County has a relatively low rate of children who are reportedly abused or neglected or who are at risk of abuse or neglect (4.7%, compared to 9.7% for the state as a whole.)

100% of service providers say that abuse or violence in the home is a very or somewhat significant problem. Law enforcement officials in one of the focus groups indicated that a significant percentage of criminal activity in the County (80% or more) is directly or indirectly related to drug or alcohol abuse. Other focus group participants added that resources to address this issue are limited. There is a lack of funding at

all levels--law enforcement, drug counselors and residential treatment services.

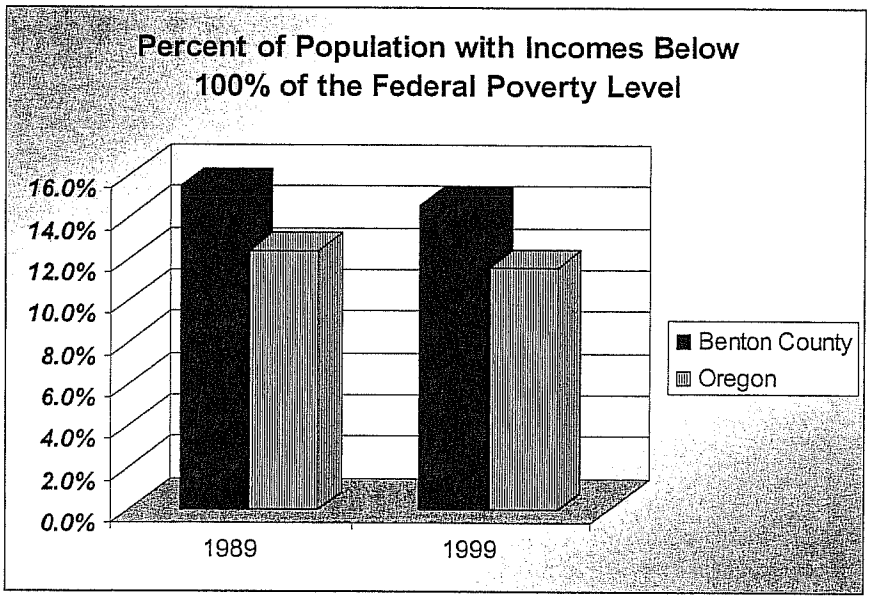
Economy

A healthy economy was often cited in interviews with community leaders and service providers as a key characteristic of a healthy community. Both service providers and telephone survey respondents rate a strong economy eighth among characteristics of a healthy community.

Benton County ranks fourth highest among all counties in the state in personal per capita income. The median household income in Benton County in 1999 was $41,897, an increase from the 1989 median household income of $27,295. Over the last 10 years, the County has had one of the lowest unemployment rates of any in the state, typically, just over half the statewide average. However, the unemployment rate has been slowly increasing since 1995 (from about 2.9% to 5.2%). The 2000 U.S. Census reports that more than 63% of the population 16 years and over are in the labor force.

In comparison to the state as a whole, Benton County has a relatively high percentage of workers in professional, management (46.9%), sales and office occupations (20.7%), and a relatively low percentage employed in service jobs (14.8). Educational, health and social service industries employ the greatest number of residents, accounting for 31% of Benton County jobs. Manufacturing is the next largest industry, employing 16.6% of the residents.

Although Benton County's economic health is better than most, in 2002, 9.8% of the population was below the poverty level; down from the 1999 rate of 14.6%. However, this still means that nearly 8,000 people in Benton County live below the poverty level. It should be noted that the Benton County numbers may be skewed due to the large number of college students living here.



Source: US Census 2000

Environment

According to telephone survey respondents, clean air, water and other environmental conditions comprise the third most important element of a healthy community. Service providers rate this sixth.

Benton County meets all federal ambient air quality standards and is less at risk than a number of other Oregon counties. In 2004, Corvallis had an Air Quality Index (AQI) of "Good" 333 days of the year and "Moderate" for 22 days. The remaining 11 days did not receive a score. There were no days with an AQI of "Unhealthy for Sensitive Groups" or "Unhealthy."

The "Benton County Environmental Health Assessment Priority List" includes eight areas in the County with on-site sewage problems and seven drinking water problem areas; other environmental problem areas include watersheds. Recent studies have found that much of the Willamette River main stem is water quality limited for bacteria, fish deformities, temperature, and dissolved oxygen. However, water quality has improved in the Willamette Valley in the past 30 years.

Five Corvallis cleanup sites are listed on the DEQ Environmental Cleanup Program "Active Site List." There are approximately 226 underground storage and home heating tanks with reported releases of petroleum products. The Coffin Butte Sanitary Landfill has the capacity to serve Benton County for the next 43 years. The landfill is currently in compliance with permits and is heavily monitored by the County. Leachate is collected and treated, a leak detection system is in place to monitor the bottom liner of the landfill for leaks, and wells that surround the perimeter of the landfill are monitored.

Recreation

Benton County has more than 45 parks and recreational areas, with amenities ranging from hiking trails to fully developed areas with camping, picnicking, gas grills, electricity, ball fields, boat ramps, and more. The Corvallis Parks and Recreation Department manages over 2,000 acres in parks, trails, open space and beautification areas. Service providers consider recreational facilities and opportunities as the ninth most important characteristic of a healthy community while telephone survey respondents rate it tenth. Telephone survey respondents also say the community is doing an excellent or good job providing recreational facilities and opportunities.

Arts and culture

According to respondents to our various surveys, civic, social and cultural activities and events are not as significant indicators of a healthy community as other characteristics. They rank twelfth among service providers and survey respondents. Likewise, community gathering places are considered less important elements, with service providers ranking community gathering places tenth and telephone survey participants eleventh.

There are many opportunities to experience the arts in Benton County. The Linn-Benton Arts Council, headquartered at the Corvallis Arts Center, is one of the oldest arts councils in the country. The council provides arts services, planning, and advocacy for the two-county region. The Benton County Historical Museum provides educational activities, museum services and cultural resource management services

to help people understand the history and culture of the area. Other arts opportunities are available at Oregon State University and Linn-Benton Community College.

In addition to the resources noted above, the Corvallis-Benton County Public Library, Sweet Home Senior Center, and Benton County Fairgrounds serve as gathering places for County residents.

Diversity and discrimination

In the 2000 U.S. census, 89% of residents identified themselves as white alone; 4.3% as Asian; and 1% as black or African American. The majority of Benton County residents are between 25 and 44 years of age. People 65 years of age and older comprise only 10.2% of the population.

Cultural and ethnic diversity is considered less important than most of the other elements in creating a healthy community in Benton County, with both service providers and telephone survey respondents rating it ninth. At the same time, 94% of service providers and 91% of telephone survey respondents say cultural and ethnic diversity is very or somewhat important. Housing discrimination (0%), racial or ethnic discrimination (19%) and discrimination based on sexual orientation (6%) are considered very significant problems by a relatively small percentage of residents.

Age Distribution in Benton County

Age	Number	Percent
15 and under	14,545	18.6
16 – 24	17,850	22.8
25 – 44	20,876	26.7
45 – 64	16,930	21.7
65+	7,952	10.2
Total	78,153	100.0

Source: 2000 U.S. Census

Community Assessment Update

Needs Assessment Appendices

Prepared for

The United Way of Benton County

In Partnership with

Benton County
City of Corvallis
Corvallis Clinic
Oregon State University
Samaritan Health Services

By Cogan Owens Cogan
in association with
Davis Hibbitts and Midhgall

February, 2006

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Appendix A

Benton County Community Needs Assessment
Stakeholder Interview Summary

August, 2005

Overview

United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services has retained Cogan Owens Cogan (COC) to assist in preparing its current needs assessment. Davis, Hibbitts and Midghall, a survey research firm, is a subcontractor to COC. This is the fourth such needs assessment, which are updated every three to five years. The project team is undertaking the following activities:

- Conducting stakeholder interviews with community leaders
- Designing and conducting a random-sample, telephone survey of County residents
- Facilitating focus groups of community service recipients and others
- Conducting secondary, empirical research into conditions and goals related to healthy communities
- Distributing and summarizing results of an informal written service provider questionnaire (possibly some clients as well)
- Informing community members about the results of the study

This report summarizes the results of the first of these tasks. COC conducted personal or telephone interview with 11 community leaders representing partnering agencies, local foundations and other interests. The list of participants and the questionnaire follows. Participants were asked to define and identify key elements of a healthy community and provide guidance related to additional needs assessment tasks. The results of the interviews will be used to refine the approach to those tasks and they also be incorporated in the final report. A summary follows.

General Observations

Overall results of the survey include the following:

- Participants are approximately evenly divided between relatively long-time residents (more than 10 years) and relative newcomers (less than 10 years).
- About half of those interviewed are familiar with previous needs assessment and less than half of those or their organizations have used the results directly. However, most believe the updated community assessment could be useful to them in the future, if it is expanded in a number of ways. For example, several say it could be most useful in identifying and prioritizing community needs, particularly gaps in needed services or facilities.
- The following key attributes of a healthy community were identified most often: a strong economy/adequate employment; ability to meet basic needs for food, shelter, clothing, education and health care; and opportunities to pursue a healthy lifestyle. Also mentioned by

more than one interviewee are cultural activities and opportunities for community interaction and involvement.

- Interviewees suggested a wide range of data that could be evaluated as part of the assessment, including information related to the key elements of a healthy community identified above. They also identified a variety of organizations that could provide such information and should be involved in and informed about this project (see answers to questions 7, 10 and 11).
- Most participants support the proposed approach to target service recipients or other populations with specific needs as part of a County-wide telephone survey. In addition to service recipients, possible target groups include the elderly, low-income households, community college and OSU students and United Way program participants.
- Interviewees recommended a variety of tools for informing the community about the results of the needs assessment, including use of e-mail lists, electronic listserves, organizational newsletters, the media (the *Gazette-Times* and local radio stations) and possibly direct mail.

A detailed summary follows.

Responses

Following is a summary of answers to each question. Interview questions are shown in *italics*.

1) How long have you lived in Benton County?

Half the interviewees have lived in the County for less than 10 years; the remainder has lived here between 11 and 40+ years.

2 to 5 years	6 to 10 years	11 to 20 years	21 to 30 years	31 to 40 years	Over 40 years
3	2	3	0	1	2

How long have you worked in Benton County?

Over half the interviewees have worked in the County for less than 10 years. The remainder has worked here between 11 and 30+ years, except for one who does not work in the County.

Under 5 years	6 to 10 years	11 to 20 years	21 to 30 years	Over 30 years
3	4	1	1	1

2) What is the primary mission of your organization?

Four respondents provide education and/or related secondary services, such as conducting community outreach and ensuring equal opportunities for all aspects of education, employment and life experiences.

Two organizations focus on giving. One manages endowments that benefit youth with grants and scholarships; the other (United Way), helps donors facilitate giving that provides an attractive return

on investment, improves performance of nonprofit organizations, and ensures that money goes where donors desire.

Other missions include providing services and facilities of two full service cities and the home-rule County (Benton), providing health care services, and growing and harvesting forest products in a sustainable manner.

3) How would you define a healthy community?

A high employment rate/job opportunities and stable workforce were mentioned most often. Several comments related to meeting basic needs, such as food, clothing, shelter, education, health care and safety. These were followed in frequency by education in terms of good schools, a satisfactory graduation rate and a well-educated population.

Some stakeholders mentioned a vibrant downtown, with civic, social and cultural activities and events, a diversity of people, and opportunities for interactions among different segments of the community.

Others defined a healthy community in terms of the availability of a variety of social and health care services. Specifically mentioned were adequate resources to treat/counsel substance abusers and their families and other families in distress. A low crime rate and low child abuse ratios also are important to some interviewees.

Still another descriptor is a community culture of taking care of one another—a place where people feel invested and contribute to the whole. Related to this was a comment about an economically vibrant community with a rich education and social service network (social safety net) and community pride.

Some added quality public services such as law enforcement, public works, parks, transportation, cleanliness and maintenance. Similarly, a physical environment that is healthy, clean and free of contamination and unhealthy substances is of some interest, as well as opportunities and activities to pursue healthy lifestyles, such as parks and recreational facilities.

4) What are the most vital or important elements of a healthy community in Benton County?

The majority of comments relate to meeting basic needs such as food, shelter, education, social services, services for the elderly and health care. Specific concepts mentioned are ensuring that capacity equals need, providing a rich educational and social service network (social safety net) and opportunities to pursue healthy lifestyles. One stakeholder said that Corvallis has many positive aspects of healthy communities now, e.g., parks, trails, services for seniors, and diverse religious services and groups. Quality educational opportunities also were specifically mentioned by several.

Employment and a stable work force are important to many interviewees. Some said that a healthy economy is the foundation of a healthy community and that it affects mental health and crime rates. One said that the decline of the traditional economic base (primarily saw and plywood mills) has caused communities to grapple with their identity, particularly in Philomath.

Some added that cultural activities that provide intellectual stimulation, such as arts and theater are important. One suggested connecting them with educational institutions. Others favor a vibrant

downtown and community gathering places, including areas for young people. One stakeholder expressed concern about young OSU students engaging in "partying and other negative activities." Another suggested looking into why Albany has more community activities than Corvallis.

Other comments:

- The presence of Oregon State University adds to the richness of the community.
- Shared community values, including equality, are important.
- There is an increase in language and cultural barriers, particularly for Latino residents.

5) *Are you familiar with the community needs assessment prepared for United Way and the County in the past?*

Approximately an equal number of participants are or are not familiar with the assessment. Most who are not familiar with it have moved into the community during the past three years (after the assessment was last updated).

Yes	5
No	5
Generally	1

Of those who answered yes, two responded that it has been useful to their organizations, two that it has not. What about the other one?

In what ways has it been useful for your organization?

Some interviewees use the assessment indirectly, such as for background information or participation in United Way and other groups, to help prioritize their programs and needs, including Boys and Girls Club, Community Outreach, and the Old Mill Center for children and families.

One said it is not helpful because it focuses on nonprofit organizations, rather than government issues and programs. Another said it is helpful to donors to know what residents think is important, but not useful in terms of identifying real needs.

Another said that understanding community needs is very important for city councilors, specifically in Corvallis, where United Way allocates funds and oversees delivery of services such as for homelessness and domestic abuse. Yet another is always interested in data.

6) *How could you or your constituents use the results of this assessment of community needs to improve the health of the community in general and/or the services you provide?*

Most interviewees said the assessment could be more helpful if changes were made from the past. Suggestions include summarizing and evaluating empirical data rather than relying solely on a subjective analysis and collecting data from those in need rather than those who "speculate" on what these needs may be. Several suggested asking questions during the assessment of people who actually use those services, rather than asking them to prioritize matters such as different

governmental functions, what non-governmental agencies do, wants or needs of specific populations in the County, and what the government should do.

Results of the assessment that could be useful include:

- Identifying gaps in service
- Understanding the demographics and needs of the growing population and opportunities to meet them, thus tailoring programs accordingly
- Setting priorities in grant processes
- Establishing priorities for funding social services
- Collaborating with the County
- Updating missions and strategic plans
- Partnering with the broader community to help meet community needs

Other comments:

- Our organization already has a well-defined process and mission.
- The assessment does not directly help my business, except to help us be aware of the character of needs in the community.
- It would be interesting to know if the community is "health-promoting" and to identify how we can all do better in providing services and facilities needed for healthy communities.

7) *What specific types of information should this updated community needs assessment include to help you?*

Several interviewees would like to know more about unmet health care needs, such as access to services, programs people cannot use due to their lack of ability to pay for them, services that people obtain outside the County, as well as the capacity for services that could be provided within the County. They also want information about drug-related statistics and the availability of other types of health facilities (primary, secondary, tertiary services). One stakeholder would like to know about the quality, costs and availability of health-promoting activities such as recreation and other facilities and activities. Teen pregnancy and suicide rates are additional statistics requested.

Many want to know more about opportunities in the physical and social environment for spiritual, physical and intellectual activities such as arts and churches; opportunities to create community gathering places or events such as farmers markets and the fall festival. Some suggest reviewing what other communities have done in terms of physical design to promote community interaction. Some referred to similar assessments elsewhere, including in other countries (e.g., Mexico, which has community gathering places such as plazas and town squares). In that regard, the assessment could discuss how to create and sustain similar elements here despite challenges like weather. Related to this, one person is interested in what a healthy community would look like in 100 years and incorporating futuristic ideas in the process.

Several suggested demographic information such as current residents' ages, family size, employment and average wages compared to education levels. One interviewee suggested obtaining Census data or other statistics on the number of families in the County participating in the Oregon Health Plan; how many are assisted by WIC (Women, Infants and Children); those who receive basic medical care from County; people served by the Food Bank or COI (community

outreach); and needs and counts of the homeless. Secondary information related to food, shelter and basic health care needs as indicators of poverty would be helpful.

Some suggest identifying gaps and under-served populations, specifically:

- Homeless men, particularly in winter
- Those who are chemically dependent and need shelter but not help
- The number of people whose basic needs (e.g., food, shelter and clothing) are not being met; psychological counseling; and law enforcement facilities
- Housing conditions, including the price of housing in Corvallis
- Mobility.

Some interviewees suggested looking at opportunities to combine agencies or resources of groups meeting similar needs and areas of potential partnerships. One favors a review of possible excess capacity in certain areas.

Two interviewees said they do not need the information the assessment will provide either because their applicants keep them alert to needs (for foundations) or they receive data from the State on problems related to juvenile crime, public safety and drugs.

Other comments:

- Discuss why the community population is growing, but is decreasing in elementary schools and what that means
- What are our capabilities, financial and otherwise, compared to our needs?
- Identify gaps in addressing the mission of Linn-Benton Community College (LBCC)

8) This fall, we will conduct a random-sample telephone survey of County residents to identify their perceptions of a healthy community and the types of services and improvements they favor. What questions or topics do you think we should cover?

Some suggestions relate to health and social services in general and include inquiring about the types of services people want, use and volunteer for; opinions about their availability, affordability and adequacy; the degree to which respondents are able to pay; and unmet needs.

Others relate to health: specifically, a recommendation to cover all health-related services, including acupuncture and naturopathic medicine; and to inquire about the accessibility of prescription drugs, nutrition knowledge and perceptions about health-promoting opportunities in the community.

Some interviewees suggested questions related to city services, specifically, how willing people are to pay for services and their priorities. One stakeholder said the survey is limited in its usefulness unless questions are targeted, e.g., how much people are people willing to pay for specific services. Another said that the survey should have an educational focus: current services should be described before the questions are asked. Two specific studies were cited as references: the City of Corvallis' city service assessment, and the *Corvallis Citizen Attitude Survey.*

Two stakeholders suggested inquiring about perceptions of United Way, specifically, its effectiveness in meeting community needs, the fairness and integrity of the grant process and

whether the respondents are donors (and what would motivate them to become donors if they are not yet).

Other comments:

- Does Philomath need a central gathering place? The community swimming pool is now financed by the school district. Who uses it? Should it be a community pool?
- What is the effect of class size on drop outs.
- Ask about collaboration, civility and a welcoming attitude. What kind of leadership is needed to create a healthy community? There are many divided groups and less unity of visions. How can groups work better together?
- Ask about community attitudes toward homelessness and diversity. Neighborliness and feelings of attachments. Generational attitudes.
- The survey should have the potential to be bilingual.

9) Should some questions be focused on specific user groups or other types of people? If so, whom (e.g., elderly residents, program recipients, renters, etc.)?

Several people suggest asking people of different ages questions about services targeted to them, particularly the elderly (including special population recipients of HUD block grant funds), but also asking baby-boomers about their parents in elder care or other senior services and families with children. One respondent said that the United Way is working with young women who may have different special needs, such as assistance with single motherhood, methamphetamine abuse or domestic violence and that this is an important group to target for early intervention.

Several others suggested talking to people who use or need social services, including drug users, people with mental illness and the lowest income residents. It was suggested that service providers could identify interviewees and that surveying these populations would help assess the value of the services being provided.

Still others suggested talking to service providers, such as schools (regarding more requests for special programs due to funding gaps) and mental health professionals (related to downsizing of institutionalized patients into the community).

The sample of the population to survey also is important. One suggested that the concept of a healthy community will be different to Corvallis residents than to rural residents, and that over-sampling or attention to proportions should be considered to address this. Another recommended sampling by income rather than age. Another expressed concern that services recipients may be difficult to contact.

Other comments:

- Talk to single families about home rental opportunities.
- Community college students could fit multiple categories, such as English-as-second-language, elderly and people with disabilities.
- Talk to downtown businesses. It will help them get into the loop and increase their awareness about the homeless and other issues.
- All of those listed in the question.

10) In addition to our survey, we are interviewing community leaders such as yourself and also conducting research into issues such as housing, education, social services and other factors that help achieve a healthy community. Are you aware of other information sources that will help us in assessing community needs in Benton County?

A variety of data sources, studies and people were identified.

Data from other studies

- Corvallis Citizen Attitude Survey (2001-onward).
- School District survey, if it exists.
- Data profile of LBCC students.
- Health profile of Benton County.
- Census data or other statistics on number of families participating in the Oregon Health Plan; how many assisted by WIC (Women, Infants and Children), receive basic medical care from County; people served by Food Bank, COI (community outreach), homeless needs and counts. Secondary information related to food, shelter and basic health care and indicators of poverty. Child protective services data (SCF data)—is there a growing segment of poor children?
- Studies in the Oregon Business Plan—different business sectors and supporting services they need.

Specific people or groups

- Meredith Howell (541-929-2789), is volunteer-chairing a committee to renovate an old college building for senior center and Montessori school. Tapped into senior population in Philomath and parents of young people.
- Policy of the City of Corvallis on emerging social services (Judy Somes 541-766-6981).
- Service providers and customers.
- Local chambers of commerce.
- Marlene Propst, Office of Advancement.
- School district: enrollment projections for the next ten years, drop-out rates, ethnic breakouts, school attendance. Contact Linda Martin, 541-757-3900, Linda_martin@corvallis.k12.or.us.

Other

- There is a plethora of available data to collect and analyze. The challenge is on how to use, synthesize and interpret the information

11) Who else should be informed about and involved in this project?

Interviewees recommended a variety of specific individuals and community groups, as well as general types of people who should be informed and involved.

Specific people or groups

- Steve Jasperson will share copy of report and his copy with his board
- Fire chief (separate fire district) also serves rural area. Dale Staib (541-929-3002)
- Mayor Chris Nusbaum (224-0212) – long time resident

- Rev. Terry Osborne (929-6028) – Nazarene Church
- Former Mayor Van Hunsaker (929-2616 home, 737-3758 OSU work) – wealth of information
- Kent Weiss, Director Corvallis Housing Division in charge of block grant funding for special populations – 541-766-6944
- Judy Somes – liaison to United Way from Corvallis 541-766-6981
- Head of County Health Department
- Head of COI
- Someone from WIC
- Other OSU people – Jackie Rudolph, Human Resources Director; Larry Roper (on steering committee)
- Association of Faculty for Advancement of People of Color (OSU group).
- OSU Provost – ask about faculty who focus on topic of healthy communities – Saba Rondowa. Nancy Hoffman is scheduler. Provides broadest view of OSU. 541-737-0733.
- Benton County Foundation
- Alsea rural health clinic: Rev. Brian Leavitt and Jeni Lansing
- Tammy Skubinna – 4H leader (Corvallis)
- Steve Lowther – Clemens Foundation – Alsea
- Gazette Times: Rob Prieve, city editor; and Bennett Hall
- Frank Thayer – Monroe mayor
- Faye Abraham – Adair Village mayor
- Chuck McLaren – North Albany resident, Albany mayor
- Doug Killin – Albany city councilor
- Dawn Tarzian – Corvallis School Superintendent, lives in Albany
- Downtown Corvallis, Chamber of Commerce, Corvallis Independent Business Association, Philomath Chamber, Philomath charitable organizations that provide food, cultural and social services
- Strong ecumenical person. E-mail Dawn Tarzian for the information.

<u>General people or groups</u>

- Law enforcement providers. (2)
- People who represent secondary data.
- Executive directors of nonprofit organizations that serve the poor.
- Focus group with poor people.
- Possible focus group with front-line personnel from school district, other agencies, possibly counselors and principals, instead of teachers.
- Hospital emergency room personnel.
- Students living at home, on campus and off-campus (as part of telephone survey).
- Young people, e.g., 16-year-olds who are making decisions about their future and whether to stay in the community.
- Business community/merchants.

- Neighborhood group representatives.
- Community organizations (e.g., NAACP, service clubs).
- Agencies traditionally supported by United Way or who have applied for grants in the past.

12) How can we most effectively inform citizens about the results of this needs assessment?

Many interviewees suggested using existing electronic networks, such as city e-newsletters and Web sites, and listserves of employers, OSU, LBCC, social service networks and other groups. Participants also suggested submitting articles for newsletters of cities, chambers of commerce and other organizations.

Several interviewees suggested utilizing local newspaper advertisements or stories to let people know how to obtain the report and other information. One suggested working with Bennett Hall, business editor for the *Gazette-Times*, for a state-of-the-community article.

Others suggested presenting information at meetings of city officials and service clubs. One interviewee specifically suggested producing and widely distributing a quasi-glossy report with an executive summary, charts and tables that could be distributed to service groups, department directors and others.

Others suggested involving particular organizations, including the Cities of Corvallis and Philomath; or key decision-makers, including representatives from major employers such as HP, CH2M, OSU, and Good Samaritan.

Other comments:

- Target others who should be interested, such as service providers and agencies.
- Correlate or compare findings with results of the Citizen Attitude Survey.
- Use broadcast media, e.g., radio.
- Undertake a multi-faceted approach, e.g., a mailing to every household in Corvallis describing overall findings from the study.
- Key communicator group; school board. Both through Dawn Tarzian.

13) Are there any other issues you would like to discuss?

- The needs analysis should be combined with an analysis of capacity, which is related to more than just money. Focus on capacities and then translate into needs.
- How does the Needs Assessment correlate with the Corvallis Attitude Survey?
- We should ask fundamental questions, such as what residents think the future should or might be like.
- What are the trends in population (losing the middle class, for example), health care, and effects of the global economy on local issues?
- How should Philomath grow?
- Perceptions about United Way, particularly what it does and does not fund, its visibility and relevance.

- In other communities, the United Way is much more visible. United Way of Benton County should consider mounting a higher profile campaign effort.
- Involve the City of Philomath.
- Provide information/results to Albany.
- Create a list of all organizations that give money in the community.
- Generally, I do not think my foundation would benefit from this study.
- Consider using LBCC facilities.
- Consider a self-selected written questionnaire dispersed throughout the County.
- Awareness of less-than-healthy behaviors among college students that influence high schoolers and younger.
- Law enforcement.

List of Interviewees

- Rita Cavin, President, Linn-Benton Community College
- Angelo Gomez, Director of the Office of Affirmative Action and Equal Opportunity, Oregon State University
- Steve Jasperson, CEO, Good Samaritan Regional Medical Center (Samaritan Health Services, Inc.)
- Randy Kugler, City Manager, City of Philomath
- Linda Modrell, Benton County Commissioner
- Ed Ray, President, Oregon State University
- Debra Ringold, President, United Way of Benton County Board of Directors
- Bond Starker, Starker Forests
- Dawn Tarzian, Superintendent, Corvallis School District
- Dick Thompson, President, Benton County Foundation
- Charlie Tomlinson, President, Corvallis City Council

October 24, 2005

TO: Matt Hastie, Cogan Owen Cogan
FR: Su Midghall, Davis, Hibbitts & Midghall, Inc.
RE: 2005 Benton County Needs Assessment Summary Memo

I. Introduction

Davis, Hibbitts & Midghall, Inc. (DHM) is pleased to present key findings from a telephone survey conducted for Cogan Owens Cogan. The purpose of the survey was to assess Benton County residents' perceptions of their community, its needs, and characteristics of a healthy community.

a. research methodology

DHM conducted a telephone survey of 403 Benton County residents age 18 and older during October 4-9, 2005. An additional 100 interviews were conducted with a targeted sample of lower income households, for a total sample of 213 households making less than $30,000 per year. Respondents were selected using random digit dialing to include households with unlisted or unpublished phone numbers. In gathering the survey responses, DHM employed quality control measures which included questionnaire pretesting, callbacks, and verification.

b. statement of limitations

Any sampling of opinions or attitudes is subject to a margin of error, which represents the difference between a sample of a given population and the total population. For a sample size of 403, if the respondents answered a particular question in the proportion of 90% one way and 10% the other, the margin of error would be +/-2.9% (+/-4.1 for sample size of 213). If they answered 50% each way, the margin would be +/-4.9% (+/-6.7 for sample size of 213).

These plus-minus error margins represent differences between the sample and total population at a confidence interval, or probability, calculated to be 95%. This means that there is a 95% probability that the sample taken for this study would fall within the stated margins of error if compared with the results achieved from surveying the entire target population.

c. report format

This summary memo highlights key findings and notable subgroup variations at a 90% significance level or higher. All reported variations are comparing results within those subgroups only. The report also compares responses to similar questions from a Benton County Needs Assessment conducted in October 2002. Please refer to the questionnaire for the exact wording and order of questions. For complete survey results, refer to the accompanying set of computer abstracts. [1]

[1] Combined percentages may not always add up to 100% due to rounding.

II. General Community Assessment and Most Important Problems

- *Community Rating.* Over nine in 10 respondents give their community an excellent or good rating as a place to live (Q1). These findings are similar to those in the 2002 survey:

Community Rating

Rating	2005	2002
Excellent	46%	48%
Good	47%	44%
Fair	5%	6%
Poor	1%	1%
Don't Know	*	1%

Source: Davis, Hibbitts & Midghall Inc. October 2005

- *Community Problems.* Respondents identified (open-ended) the most important problems facing their community today (Q2). The responses are different from the 2002 survey. In 2005, drug and alcohol use and abuse are mentioned most often, while a quarter of all 2002 respondents put underfunded schools/school funding at the top of their list.

Most Important Problems

Problem	2005	2002
Drug/Alcohol use, abuse	10%	3%
Lack of affordable housing/high cost of real estate	6%	6%
Underfunded schools/School funding	6%	25%
Overdevelopment/too much unplanned growth, sprawl	5%	4%
Poor quality of schools/education needs improvement	5%	3%
Unemployment	5%	10%
Don't Know	19%	15%

Source: Davis, Hibbitts & Midghall Inc. October 2005

- If we combine Q2 responses into larger groupings, we find the following:

✓ Drugs/alcohol/crime-related 15%
✓ Overdevelopment/affordable housing-related 12%
✓ Education/Schools-related 11%
✓ Economy/jobs/unemployment-related 8%
✓ Congestion/transportation-related 5%

- *Community Services.* Nearly nine in ten respondents (88%) say their community does an excellent or good job providing recreational facilities and opportunities, and providing a safe environment (Q24&26).

- Only 56% say their community does an excellent or good job providing adequate social services for residents in need and providing social services for the elderly and those with disabilities or other special needs (Q23&25). However, a high one-third of respondents answer "don't know" when asked about these two service areas.

- ✓ Males, younger respondents, renters, and college students are more likely to respond don't know to both questions. Those without health insurance were also more likely to say don't know regarding services to the disabled and elderly.
- ✓ Age 35+, homeowners, and non-college students rate services to the needy higher.
- ✓ Females, age 55+, homeowners, those with health insurance, and non-college students give higher ratings for services to the disabled and elderly.

III. Fostering Healthy Community

- Over a quarter said community involvement/cooperation/support are characteristics that make up a healthy community (Q3). The highest response categories to this open-ended question are:

✓ Community involvement/Cooperation/Support	26%
✓ Education/Schools	21%
✓ Safety-Police/Fire/EMT/Lack of crime/drugs	16%
✓ Jobs/Economic stability/Growth	14%
✓ Public services/Parks/Libraries/Activities	13%
✓ Caring/Friendly people	12%

- From a short list of activities people do to help foster or support a healthy community, the following shows the percent responding "yes" by total, gender, age, and income (Q4-6):

Percent Yes to Community Support Activities

	Volunteered time for a community organization within last year (Q4)	Served on an advisory board or committee within the last year (Q5)	Donated money to a local non-profit or community organization (Q6)
Total Yes	**59%**	**18%**	**74%**
Females	63%	22%	78%
Males	55%	15%	70%
Age 18-34	53%	14%	62%
Age 35-54	69%	26%	80%
Age 55+	57%	19%	86%
Income <$30K	57%	15%	60%
Income $30K-$50K	63%	15%	75%
Income $50K-$75K	65%	21%	83%
Income $75K+	56%	33%	85%

Source: Davis, Hibbitts & Midghall Inc. October 2005

- Respondents were read the same list and asked if they would be willing to do them (Q7-9):

Percent Willing to Do Community Support Activities

	Volunteer time for a community organization (Q7)	Serve on an advisory board or committee (Q8)	Donate money to a local non-profit or community organization (Q9)
Total Yes	**74%**	**46%**	**76%**
Females	74%	46%	74%
Males	74%	45%	79%
Age 18-34	76%	43%	75%
Age 35-54	81%	54%	77%
Age 55+	64%	44%	78%
Income <$30K	68%	36%	65%
Income $30K-$50K	84%	52%	83%
Income $50K-$75K	78%	52%	83%
Income $75K+	81%	54%	85%
Total Yes	**74%**	**46%**	**76%**

Source: Davis, Hibbitts & Midghall Inc. October 2005

- Most of the subgroup differences (if any) in the above two tables are not statistically significant, except: highest income are more likely to have served on an advisory board; age 18-35 and lowest income are least likely to have donated money; age 18-55 and middle income ($30-$50K) are more willing to volunteer for a community organization; and higher incomes are more willing to serve on an advisory board and donate money.

IV. Characteristics of Healthy Community

- We tested 11 characteristics that may make up a healthy community, and all were rated at least 86% very/somewhat important (Q10-21).

- To better understand what is most important to Benton County residents, the following shows the percent **very** important in descending order:

Very Important Community Characteristics

Community Characteristic	% Very Important
Quality K-12 education	91%
Safe environment free from crime	88%
Clean air, water, other environmental	84%
Food, shelter, clothing for those in need	77%
People who work together to solve problems	77%
Services for elderly/disabled/special needs	76%
Mental/physical health care services & facilities	74%
Healthy economy	70%
Cultural and ethnic diversity	51%
Recreational facilities and opportunities	46%
Arts, culture, and theatre	38%

Source: Davis, Hibbitts & Midghall Inc. October 2005

- We found no significant subgroup variations.

- Respondents had the option of mentioning other characteristics (Q22). The top mentions were: religious/spiritual (15%), caring/friendly people (13%), community involvement/ cooperation/support (11%), and public services – parks/libraries/activities (10%).

V. Need for Services by Household

- Respondents were asked to what extent they, or someone in their household, needed help for 21 different problems in the last 12 months (Q27-47). Problems for which respondents needed help often or sometimes are within four percentage points of the 2002 survey, except:

	2005	2002
Not able to get dental care	17%	7%
Not enough money for food	12%	5%
Not able to get medical care	12%	5%
Assist an elderly person	14%	8%

- Only six problems were experienced often or sometimes by more than 10% of all respondents:

✓	Having anxiety, stress, or depression	21%
✓	Not able to get dental care	17%
✓	Not able to get medical care	12%
✓	Assisting an elderly person with routine needs	14%
✓	Not enough money for food	12%
✓	Assisting a person with a disability or serious illness with routine needs	11%

- Low-income respondents experienced these problems more: not enough money for housing, food and utilities; having anxiety, stress, or depression; and not able to get medical, mental health, and dental care.

- Although not always statistically significant due to small sample sizes, a higher percentage of white respondents compared to minority respondents say they did not experience the listed problems. Although sample sizes are small, this pattern was consistent for nearly all of the 21 problems.

VI. Observations

- *Problems facing the community.* The change between 2002 and 2005 in what Benton County residents identify *unaided* as the biggest problems facing their community stands out. While mention of drug and alcohol use and abuse increased from 3% to 10%, recent media stories about alcohol abuse on campus and meth-related problems may have had some influence.

  Many issues remain consistent – jobs, affordable housing, and safety. Given the high rating residents give to their communities as a place to live, it is not surprising that nearly 20% did not identify any problem.

- *Most important healthy community characteristics.* In the top tier of characteristics residents identify as *very* important to making up a healthy community are: quality K-12 education, safe environment free from crime, and clean air and water. Not far behind are food, shelter and clothing for those in need, services for the elderly and disabled, and mental and physical health care services and facilities.

  We view these characteristics in two contexts: (1) only 56% of residents feel their community does an excellent or good job providing adequate social services for residents in need and for the elderly, disabled, and those with special needs, and (2) the increase over 2002 in those experiencing problems with getting dental and medical care, money for food, and assisting an elderly person. These findings suggest the need for enhanced services to address these problems as well as possibilities for more public support for such services.

- *Subgroup variations.* Overall, subgroup variations were ones we would expect to find. Low-income respondents experience problems with money for housing, food and utilities, anxiety, stress or depression, and getting medical, mental health and dental care more often than other income groups. In many instances, income variations were consistent with demographic characteristics we often associate with lower incomes – younger people, renters, and those without health insurance.

- *Sense of community.* Unaided, residents clearly identify community involvement, cooperation, and support most often as a characteristic that make up a healthy community. This finding is consistent with the 77% who say people who work together to solve problems is a very important healthy community characteristic. Given residents' concerns about growth and related problems like high housing costs and overdevelopment, the importance of community likely will remain in the forefront.

Appendix B

Benton County Community Needs Assessment
Telephone Survey Summary Results

October, 2005

General community sample size = 400; Low income households sample size = 213

Introductory Statement (*read to all participants*)

Hello, this is _____ with DHM, a public opinion research firm in Portland. We are working with the United Way of Benton County and other local agencies to conduct a survey about community needs. This is not a call to sell you anything. May I please speak with a member of the household who is 18 years or older?

Results – Questions 1 – 26 – General Public Only

1. Overall, how would you rate your community as a place to live? Would it be excellent, good, fair, or poor?

		2002 Survey
Excellent	46%	48%
Good	47%	44%
Fair	5%	6%
Poor	1%	1%
[DON'T READ] DK / Na / Refused	*	

2. In your opinion, what is the most important problem facing your community today? (Open, probe, use codebook from benchmark as reference.)

Drug/Alcohol use, abuse	10%
Lack of affordable housing/high cost of real estate	6%
Underfunded schools/School funding	6%
Overdevelopment/too much unplanned growth, sprawl	5%
Poor quality of schools/education needs improvement	5%
Unemployment	5%
All other responses	4% or less
Other	10%
[DON'T READ] DK / Na / Refused	19%

3. In your opinion, what characteristics make up a healthy community, where a healthy community may be defined very broadly and not just physical health? (Open, probe for specifics.)

Community involvement/Cooperation/Support	26%
Education/Schools	21%
Safety-Police/Fire/EMT/Lack of crime/drugs	16%
Jobs/Economic stability/growth	14%
Public services/ Parks/Libraries/Activities	13%
Caring/Friendly people	12%
Diversity among people/Acceptance	9%

Public health facilities/Healthcare ---------- 8%
All other responses---------- 6% or less
Other ----------10%
[DON'T READ] DK / Na / Refused ----------11%

I'd like to read a short list of activities people may do to help foster or support a healthy community. Have you: (Rotate)

	Yes	No	Don't know
4. Volunteered your time for a community organization within the last year.	59%	40%	1%
5. Served on an advisory board or committee within the last year.	18%	81%	1%
6. Donated money to a local non-profit or community organization	74%	24%	2%

Are you willing to do the following to help foster or support a healthy community?

	Yes	No	Don't know
7. Volunteer for a community organization.	74%	21%	4%
8. Serve on an advisory board.	46	46%	8%
9. Donate money to a local non-profit or community organization	76%	20%	4%

I'd like to read you a list of characteristics that may make up a healthy community. For each, please tell me if that characteristic is very important, somewhat important, not too important, or not at all important to you in creating a healthy community. (Rotate.)

ROTATE	Very Imp.	Smwt. Imp.	Not too Imp.	Not at all Imp.	DK
10. Food, shelter, and clothing provided for residents in need	77%	21%	1%	0%	0%
11. Quality K-12 education	91%	7%	1%	0%	0%
12. Services for the elderly and those with disabilities or other special needs	76%	23%	0%	0%	1%
13. Mental and physical health care services and facilities	74%	22%	2%	0%	1%
14. Recreational facilities and opportunities	46%	49%	4%	0%	0%
15. Healthy economy	70%	26%	2%	0%	1%
16. Safe environment free from crime	88%	11%	1%	0%	0%
17. Clean air, water and other environmental conditions	84%	14%	1%	0%	0%
18. Arts, culture, and theatre	38%	48%	10%	3%	1%
19. Community gathering places	41%	51%	5%	1%	2%
20. Cultural and ethnic diversity	51%	40%	5%	2%	2%
21. People who work together to solve community problems	77%	22%	0%	0%	0%

22. Other (Refer to computer tables for specific responses.)

I'd like to read a list of services provided by your community. Please tell me if they are doing an excellent job, good, poor, or very poor job of providing the following services. If you aren't sure, just let me know. (Rotate.)

	Excellent	Good	Poor	Very Poor	DK
23. Providing adequate social services for residents in need	10%	46%	11%	0%	33%
24. Providing recreational facilities and opportunities	32%	56%	5%	1%	6%
25. Providing social services for the elderly and those with disabilities or other special needs	13%	43%	8%	1%	35%
26. Providing a safe environment for the community	25%	63%	5%	1%	6%

Results – Questions 27 – 47 – General Public and Low Income Households (total household income less than $30,000)

The next questions are about problems that you or someone in your household may have experienced. Please remember that your answers are strictly confidential and you can skip any question you don't want to answer – just let me know.

Please tell me if during the past 12 months you or someone in your household has needed help often, needed help sometimes, or did not need help with each of the following areas. (Rotate)

27. Not enough money for housing

	General Public	Low Income
Needed Help Often	1%	5%
Needed Help Sometimes	8%	15%
Did Not Need Help	87%	78%
[DON'T READ] DK / Na / Refused	3%	3%

28. Assisting an elderly person with routine needs, such as household chores, cooking, or shopping

Needed Help Often	4%	4%
Needed Help Sometimes	10%	10%
Did Not Need Help	82%	83%
[DON'T READ] DK / Na / Refused	4%	3%

29. Not enough money for food

Needed Help Often	3%	6%
Needed Help Sometimes	9%	15%
Did Not Need Help	87%	77%
[DON'T READ] DK / Na / Refused	1%	2%

30. Not enough money for utilities

Needed Help Often	1%	4%
Needed Help Sometimes	8%	16%

Did Not Need Help	90%	79%
[DON'T READ] DK / Na / Refused	1%	1%

31. Not enough money for child care

	General Public	Low Income
Needed Help Often	1%	1%
Needed Help Sometimes	4%	3%
Did Not Need Help	90%	90%
[DON'T READ] DK / Na / Refused	5%	6%

32. Having anxiety, stress, or depression

Needed Help Often	5%	7%
Needed Help Sometimes	16%	20%
Did Not Need Help	77%	70%
[DON'T READ] DK / Na / Refused	2%	2%

33. Children or teenagers having serious behavioral or emotional problems

Needed Help Often	2%	1%
Needed Help Sometimes	5%	4%
Did Not Need Help	90%	92%
[DON'T READ] DK / Na / Refused	3%	3%

34. Not enough money for clothing or shoes

Needed Help Often	2%	3%
Needed Help Sometimes	5%	9%
Did Not Need Help	91%	86%
[DON'T READ] DK / Na / Refused	2%	1%

35. Racial or ethnic discrimination

Needed Help Often	*	1%
Needed Help Sometimes	3%	3%
Did Not Need Help	94%	94%
[DON'T READ] DK / Na / Refused	2%	1%

36. Problems related to alcohol or drinking

Needed Help Often	1%	1%
Needed Help Sometimes	2%	2%
Did Not Need Help	95%	96%
[DON'T READ] DK / Na / Refused	2%	1%

37. Assisting a person with a disability of serious illness with routine needs, such as everyday household chores, cooking, or shopping

Needed Help Often	5%	6%
Needed Help Sometimes	6%	8%
Did Not Need Help	85%	84%
[DON'T READ] DK / Na / Refused	5%	3%

38. Problems related to drug use

Needed Help Often	1%	2%
Needed Help Sometimes	1%	1%
Did Not Need Help	96%	95%
[DON'T READ] DK / Na / Refused	2%	1%

39. Abuse or violence in the home

	General Public	Low Income
Needed Help Often	*	*
Needed Help Sometimes	1%	2%
Did Not Need Help	95%	95%
[DON'T READ] DK / Na / Refused	3%	2%

40. Discrimination based on sexual orientation

Needed Help Often	*	1%
Needed Help Sometimes	2%	2%
Did Not Need Help	96%	93%
[DON'T READ] DK / Na / Refused	2%	3%

41. Underage drinking

Needed Help Often	1%	*
Needed Help Sometimes	2%	2%
Did Not Need Help	94%	95%
[DON'T READ] DK / Na / Refused	3%	2%

42. Finding housing that meets the needs of persons with disabilities

Needed Help Often	2%	2%
Needed Help Sometimes	2%	4%
Did Not Need Help	91%	89%
[DON'T READ] DK / Na / Refused	5%	5%

43. Finding housing that meets the needs of the elderly

Needed Help Often	1%	1%
Needed Help Sometimes	3%	3%
Did Not Need Help	89%	89%
[DON'T READ] DK / Na / Refused	7%	7%

44. Not able to get medical care

Needed Help Often	5%	9%
Needed Help Sometimes	7%	12%
Did Not Need Help	87%	77%
[DON'T READ] DK / Na / Refused	2%	2%

45. Not able to get mental health care

Needed Help Often	2%	6%
Needed Help Sometimes	3%	4%
Did Not Need Help	91%	86%
[DON'T READ] DK / Na / Refused	4%	4%

46. Not able to get dental care

Needed Help Often	6%	10%
Needed Help Sometimes	11%	17%
Did Not Need Help	80%	70%
[DON'T READ] DK / Na / Refused	3%	2%

47. Not able to get housing because of discrimination

	General Public	Low Income
Needed Help Often	*	*
Needed Help Sometimes	*	*
Did Not Need Help	97%	98%
[DON'T READ] DK / Na / Refused	2%	1%

Results – Questions 48 – 58 (demographic data) – General Public Only

I have just a few more questions for statistical purposes. All of your responses are completely confidential.

48. What is your age?

18-34	44%
35-54	25%
55 +	25%
Refused	6%

49. Do you own or rent the place in which you are now living?

Own	57%
Rent	41%
Refused	2%

50. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes	84%
No	15%
Refused	2%

51. Including yourself, how many persons are now living in your household? This does not include paid unrelated boarders and employees.

1	26%
2	37%
3	16%
4	11%
5	6%
6	2%

52. Please tell me if there are children in your household in any of the following categories.

Under age 6	16%
Ages 6-12	13%
Ages 13-18	14%
None	66%
Refused	1%

53. How many adults age 65 or over are living in your household?

0	79%
1	14%
2	7%

54. Do you consider yourself to be

Caucasian/white	89%
Asian American	2%
Native American	1%
Hispanic	2%
Other	2%
Refused	3%

55. Just your best guess, is your total household income before taxes: (Read list)

Less than $15,000	13%
$15,000 to $19,999	5%
$20,000 to $29,999	10%
$30,000 to $39,999	11%
$40,000 to $49,999	8%
$50,000 to $74,999	16%
$75,000 to $99,999	6%
$100,000 or more	6%
Refused	25%

56. Are you a full time or part time college student?

Full-Time	17%
Part-Time	5%
Not a College Student	78%

58. Gender (by observation)

Female	48%
Male	52%

Appendix C

Benton County Community Needs Assessment
Preliminary Summary of Secondary Research on Indicators of Healthy Communities

December, 2005

SUMMARY OBSERVATIONS

Following are a number of summary observations based on the more detailed data compiled on the following pages. Many of the following observations could be incorporated in the Benton County Needs Assessment Report to be prepared as part of this project.

- Over half of all households in Benton County (nearly 53 percent) spend more than 30% of their income on housing. This is a standard threshold used to identify families who lack affordable housing.
- Over 80 percent of renters who make less than the median household income spend more than 30 percent of their income on housing, compared to approximately 70 percent of renters in the state as a whole.
- Renters are much more likely than homeowners to have low or very low incomes and to pay a more significant portion of their incomes on housing.
- Households in Corvallis have a relatively low rate of overcrowding. Corvallis' 2.9% rate of overcrowding in all housing types is significantly below the statewide figure of 4.9% and substantially lower than all but one comparably sized or larger community in Oregon entitled to federal housing or community development block grant funds. Similar information has not been obtained and may not be available for the County as a whole.
- In 2002, approximately 11% of the County's population received food stamps or similar services. In 2000, over 14% of households were living below the federal poverty level, compared to just over 11% for the state as a whole.
- Over the last 10 years, Benton County has had one of the lowest unemployment rates of any County in the state, typically just over half the statewide average. However, the unemployment rate in the County has been slowly increasing since 1995 (from about 2.9% to 5.2%).
- Benton County ranks fourth highest among all counties in the state in personal per capita income.
- Benton County has a relatively high percentage of workers in professional, management, sales and office occupations, and a relatively low percentage employed in service jobs in comparison to the state as a whole.
- Educational performance among school aged children varied among the County's different school districts. The percentage of students meeting or exceeding state standards on Oregon Statewide Assessments during the 2003-2004 school year was greater than the state average in reading, math, writing and math problem solving at most grade levels in most school districts. However, several districts had lower percentages of achievement than for the state at selected grade levels. On average, Benton County students rank higher

than students in the state as a whole in nearly every skill category. In some cases, Benton County's rankings are as much as 10% higher than the state rankings.

- Benton County's population has the highest rate of high school completion and the highest rate of completion of a four-year degree of any county in the state. It also has one of the lowest high school dropout rates in the state and that rate has generally declined during the last decade.
- Twelve (12) percent of all County residents have some type of disability. Nearly 50 percent of residents over the age of 75 report a disability.
- Over 19 percent of all County residents report having a substance abuse problem, compared to just over 15 percent for the state as a whole.
- Benton County has a relatively low rate of children who are reportedly abused or neglected or who are at risk of abuse or neglect (4.7%, compared to 9.7% for the state as a whole).
- Within Benton County there are over 45 parks and recreational areas. The amenities of these areas range from hiking trails to fully developed areas that have camping, picnicking, gas grills, electricity, ball fields, boat ramps, and more.
- The vast majority (over 94 percent) of crimes reported in Benton County are classified as property crimes (burglary, larceny and motor vehicle theft). Less than six percent are violent crimes (murder, rape, robbery or aggravated assault).
- Benton County generally has much lower rates of violent crime than the state as a whole (typically less than half the state rate). However, the rates for a few types of crimes (fraud, liquor and disorderly conduct) are higher in Benton County than for the state.

DETAILED DATA

Following is a summary data collected describing a variety of indicators related to a healthy community as defined by participants in stakeholder interviews conducted for the Benton County Community Needs Assessment. Data is lacking, unavailable or has not yet been collected for some topics and indictors.

BASIC NEEDS FOR SHELTER, CLOTHING AND FOOD

Number and Percentage of Homeless Population

The number and percentage of the homeless population is not available for Benton County or the City of Corvallis.

Benton County population

Jurisdiction	2004 Estimate	2000
Benton County	81,750	78,153
Adair Village	870	536
Corvallis	52,590	49,322
Monroe	610	607
Philomath	4,340	3,838
Unincorporated	17,125	18,746
Albany (portion in Benton Co.)	6,215	5,104

Source: 2000 US Census

Number and Percentage of Households Paying More Than 30% of Their Income for Housing

Selected monthly owner housing costs as a percentage of household income in 1999 (Benton County)

Owner Costs	Number	Percent
Less than 15 percent	1,537	12.1
15 to 19 percent	1,592	12.6
20 to 24 percent	1,464	11.5
25 to 29 percent	1,404	11.1
30 to 34 percent	802	6.3
35 percent or more	5,280	41.6
Not computed	604	4.8

Source: 2000 US Census

Percent of renters below median income spending more than 30% of income for housing (including utilities)

Region	Percent	11-year avg. County rank
Benton County	82.3	36
Oregon	70.1	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of owner occupied households below median income spending more than 30% of income on housing (including utilities) (2000) in Benton County

Region	Percent	11-year avg. County rank
Benton County	32.7	22
Statewide	40.1	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of renters with 30% or more rental burden in Benton County

1995	2000	2001	2002	2003
56.1	52.7	NA	NA	NA

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Number and Percentage of Families or Households with Low and Moderate Income and/or Other Housing Problems (I.e., Overcrowding or Incomplete Kitchen or Plumbing)

Housing affordability by income range in Corvallis (households)

Tenancy Type	Income Range	Number (2002 Estimate)	Percent Paying Greater Than 30% of Income for Housing (1990)	Number Paying Greater Than 30% (2002 Estimate)	Percent Paying Greater than 50% of Income for Housing (1990)	Number Paying Greater Than 50% (2002 Estimate)
Renter	0-30% MFI	3,397	83	2,820	73	2,059
	31-50% MFI	2,032	80	1,626	22	358
	51-80% MFI	2,199	34	748	3	22
Owner	0-30% MFI	332	84	282	64	179
	31-50% MFI	323	62	200	30	60
	51-80% MFI	829	33	274	6	16

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Corvallis housing needs by income range (households)

Tenancy	Income Range	Number	Percent Paying Greater than 30% of Income for Housing	Number Needing Affordable Housing
Renters Small Related (2-4 persons)	0-30% MFI	743	92	684
	31-50% MFI	521	78	406
	51-80% MFI	730	30	219
Large Related (5+ persons)	0-30% MFI	48	100	48
	31-50% MFI	44	64	29
	51-80% MFI	132	39	51
Elderly (1 or 2 persons, at least 1 is 62+)	0-30% MFI	305	69	210
	31-50% MFI	236	76	179
	51-80% MFI	283	49	139
All Other (1+persons unrelated)	0-30% MFI	2,301	81	1,864
	31-50% MFI	1,229	83	1,020
	51-80% MFI	1,054	33	348
ALL RENTERS	0-30% MFI	3,397		2,806
	31-50% MFI	2,032		1,634
	51-80% MFI	2,199		757
Owners Elderly	0-30% MFI	217	89	193
	31-50% MFI	199	59	117
	51-80% MFI	397	18	71
All Other Owners	0-30% MFI	115	84	97
	31-50% MFI	124	67	83
	51-80% MFI	432	43	186

Tenancy	Income Range	Number	Percent Paying Greater than 30% of Income for Housing	Number Needing Affordable Housing
ALL OWNERS	0-30% MFI	332		282
	31-50% MFI	323		200
	51-80% MFI	829		257

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Extremely low income (30% or less of HUD-adjusted median family income) households by family/household size and occupancy type in Corvallis

Household Size/Occupancy Type	Number	Percent of Total
Small Related Renters (2-4 persons)	743	19.9
Large Related Renters (5+ persons)	48	1.3
Elderly Renters (1 or 2 persons, at least 1 is 62+)	305	8.2
All Other Renters (1+ persons, unrelated)	2,301	61.7
All Renters	3,397	91.1
Elderly Owners	217	5.8
All Other Owners	115	3.1
All Owners	332	8.9

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Very low income (31 % to 50% of the HUD-adjusted median family income) households by family/household size and occupancy type in Corvallis

Household Size/Occupancy Type	Number	Percent of Total
Small Related Renters (2-4 persons)	521	22.1
Large Related Renters (5+ persons)	46	2.0
Elderly Renters (1 or 2 persons, at least 1 is 62+)	236	10.0
All Other Renters (1+ persons, unrelated)	1,229	52.2
All Renters	2,032	86.3
Elderly Owners	199	8.4
All Other Owners	124	5.3
All Owners	323	13.7

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Low income (51 % to 80% of the HUD-adjusted median family income) households by family/household size and occupancy type in Corvallis

Household Size/Occupancy Type	Number	Percent of Total
Small Related Renters (2-4 persons)	730	24.1
Large Related Renters (5+ persons)	132	4.4
Elderly Renters (1 or 2 persons, at least 1 is 62+)	283	9.3
All Other Renters (1+ persons, unrelated)	1,054	34.8
All Renters	2,199	72.6
Elderly Owners	397	13.1
All Other Owners	432	14.3
All Owners	829	27.4

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Benton County housing units

There are 31,980 housing units in Benton County. Of those units, 150 lack complete plumbing facilities and 393 lack complete kitchen facilities.

Source: 2000 U.S. Census

Substandard units suitable for rehabilitation in Corvallis

Housing Element	Number of Units	Percent of Units Surveyed
Lacking complete kitchen	317	1.61
Lacking complete plumbing facilities	104	0.53
No identified heat source	29	0.15
One exterior condition in need of repair	2,836	14.44
Two or more exterior conditions in need of repair	534	2.72

Source: Corvallis CDBG Plan (2000 US Census and 2001 Building Inspections)

Overcrowded housing conditions in owner- and renter-occupied units in Corvallis

According to the 2000 Census, 3.9% of housing in Corvallis' is overcrowded. The renter-occupied housing rate of overcrowding is 6.4% and the owner-occupied housing rate of overcrowding is 0.8%. Corvallis' 2.9% rate of overcrowding in all housing types is significantly below the statewide figure of 4.9% and substantially lower than any but one comparably sized or larger CDBG and/or HOME entitlement community in Oregon: Beaverton (5.9%), Eugene (3.1%), Gresham (7.2%), Hillsboro (8.8%), Medford (5.2%), Portland (5.3%), Salem (7.5%) and Springfield (6.2%).

Number and Percentage of Recipients of Food Stamps or Similar Programs/Services

Percent of Benton County population receiving food stamps or similar services

Type of Assistance	1995	2000	2001	2002	2003
Food stamps	NA	NA	NA	10.9%	NA
TANF	NA	NA	NA	1.99%	NA
DHS Services	NA	15.8%	17.3%	NA	NA

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Number and Percentage of Households below the Poverty Line

In 1999, 14.6% of the population in Benton County was below the poverty level. The state rate was 11.6%. The Benton County numbers may be skewed due to a large number of college students living there.

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Poverty status in 1999 (below poverty level)

	Number	Percent
Total Families	1,252	(X)
Percent below poverty level	(X)	6.8
With related children under 18 years	887	(X)
Percent below poverty level	(X)	9.9
With related children under 5 years	426	(X)
Percent below poverty level	(X)	13.5
Families with female householder, no husband present	606	(X)
Percent below poverty level	(X)	28.5
With related children under 18 years	483	(X)
Percent below poverty level	(X)	31.3
With related children under 5 years	191	(X)
Percent below poverty level	(X)	45.2
Individuals	10,665	(X)
Percent below poverty level	(X)	14.6
18 years and over	8,787	(X)
Percent below poverty level	(X)	15.5
65 years and over	376	(X)
Percent below poverty level	(X)	4.9
Related children under 18 years	1,729	(X)
Percent below poverty level	(X)	10.6
Related children 5 to 17 years	1,182	(X)
Percent below poverty level	(X)	9.5
Unrelated individuals 15 years and over	6,822	(X)
Percent below poverty level	(X)	36.1

Source: 2000 US Census

Benton County population in poverty

1995	2000	2001	2002	2003
15.5%	14.69%	NA	NA	NA

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Percent of population with incomes below 100% of the federal poverty level (1999)

Region	Percent	County Rank
Benton County	14.6	29
Oregon	11.6	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

STRONG ECONOMY AND JOB OPPORTUNITIES

Percentage Employed and Unemployed

Employment status in Benton County (1999)

Employment Status	Number			Percent		
	Both sexes	Male	Female	Both sexes	Male	Female
Population 16 years and over	63,608	31,407	32,201	100.0	100.0	100.0
In labor force	40,427	21,715	18,712	63.6	69.1	58.1
Armed forces	99	99	0	0.2	0.3	0.0
Civilian labor force	40,328	21,616	18,712	63.4	68.8	58.1
Employed	38,356	20,540	17,816	60.3	65.4	55.3
Unemployed	1,972	1,076	896	3.1	3.4	2.8
Percent of civilian labor force	4.9	5.0	4.8	(X)	(X)	(X)
Not in labor force	23,181	9,692	13,489	36.4	30.9	41.9

Source: 2000 U.S. Census

Benton County unemployment rate

1995	2000	2001	2002	2003
2.2	2.4	3	3.7	4.2

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Percent unemployment in Benton County

Region	04Q2	04Q3	04Q4	05Q1
Oregon	8.0	6.5	7.8	9.6
Benton County	3.7	3.8	3.5	5.2

Source: Bureau of Labor Statistics
http://www.epodunk.com/cgi-bin/genInfo.php?locIndex=15178

Unemployment rate as a percent of U.S. unemployment rate (2002)

Region	Percent	County Rank
Benton County	63.8	1
Oregon	129.3	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Employment by Major Sector

Employed civilian population of 16 years and older

Occupation	Number	Percent
All	38,356	100.0
Management, professional, and related occupations	17,977	46.9
Service occupations	5,664	14.8
Sales and office occupations	7,935	20.7
Farming, fishing, and forestry occupations	640	1.7
Construction, extraction, and maintenance occupations	2,425	6.3
Production, transportation, and material moving occupations	3,715	9.7

Source: 2000 U.S. Census

Trends in Wages and Income over the Past Five to Ten Years

1999 household income in Benton County

Households	Income	Percent of Total Population
All	30,198	100.0
Less than $10,000	3,206	10.6
$10,000 to $14,999	2,104	7.0
$15,000 to $24,999	3,870	12.8
$25,000 to $34,999	3,612	12.0
$35,000 to $49,999	4,424	14.6
$50,000 to $74,999	5,946	19.7
$75,000 to $99,999	3,262	10.8
$100,000 to $149,999	2,558	8.5
$150,000 to $199,999	615	2.0
$200,000 or more	601	2.0
Median household income	$41,897	

Source: 2000 U.S. Census

1990 Household income in Benton County

Households	Number
All	26,256
Less than $5,000	2,138
$5,000 to $9,999	2,841
$10,000 to $14,999	2,457
$15,000 to $24,999	4,750
$25,000 to $34,999	4,035
$35,000 to $49,999	4,393
$50,000 to $74,999	3,591
$75,000 to $99,999	1,173
$100,000 to $149,999	626
$150,000 or more	252
Median household income	$27,295

Source: 1990 U.S. Census

According to the Oregon Employment Department, the average weekly wage in Benton County was $648.07 in 2003.
Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Per capita personal income in Benton County as a percent of the U.S. per capita income (2001)

Region	Percent	County Rank
Benton County	101.0	4
Oregon	92.8	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

EDUCATIONAL OPPORTUNITIES AND CONDITIONS

Student Achievement, Average Class Size and Other Available Data Compared to Other Counties

Corvallis School District

- ✓ Less than 50% of schools have met their 2004-2005 Adequate Yearly Progress (AYP) designations and the school district failed to meet its AYP designation.
- ✓ The percentage of students meeting or exceeding state standards on Oregon Statewide Assessments during the 2003-2004 school year was greater than the state average in reading, math, writing and math problem solving.
- ✓ In 2003-2004, 32.8% of students did not meet state standards in English/language arts and 34.7% did not meet standards in mathematics.

Alsea School District

- ✓ 100% of schools and the school district met their 2004-2005 AYP designations.
- ✓ The percentage of students meeting or exceeding state standards on Oregon Statewide Assessments during the 2003-2004 school year was greater than the state average in reading, math and math problem solving but lower than the state average in writing at the 8th and 10th grade levels.

- ✓ In 2003-2004, 37.7% of students did not meet state standards in English/language arts and 30.9% did not meet standards in mathematics.

Philomath School District

- ✓ One of the six schools and the school district did not meet their 2004-2005 AYP designations.
- ✓ The percentage of students that met or exceeded state standards in the Oregon Statewide Assessments during the 2003-2004 school year was not greater than the state average in reading at the 3rd and 10th grade levels and in math at the 3rd grade level.
- ✓ In 2003-2004, 40.2% of students did not meet state standards in English/language arts and 41.6% did not meet standards in mathematics.

Monroe School District

- ✓ 50% of schools and the school district did not meet their 2004-2005 AYP designations.
- ✓ The percentage of students that met or exceeded state standards in the Oregon Statewide Assessments during the 2003-2004 school year was not greater than the state average in reading at the 3rd and 5th grade levels, in math at the 3rd, 5th and 8th grade levels, in writing at the 5th grade level and in math problem solving at the 8th grade level.
- ✓ In 2003-2004, 47.3% of students did not meet state standards in English/language arts and 49.3% did not meet standards in mathematics.

Greater Albany School District

- ✓ North Albany Elementary School is the only school from this district in Benton County. North Albany Middle School did not meet its 2004-2005 AYP designation.

Source: School District Report Cards:
http://www.ode.state.or.us/data/reportcard/reports.aspx

Percent of children entering school ready to learn (2002)

Region	Percent	County Rank
Benton County	75.2	10
Oregon	76.2	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of 3rd grade students who achieve established skills in reading (2003)

Region	Percent	County rank
Benton County	84.5	10
Oregon	82.4	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of 3rd grade students who achieve established skills in math (2003)

Region	Percent	County Rank
Benton County	80.7	8
Oregon	77.6	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of 8th grade students who achieve established skills in reading (2003)

Region	Percent	County Rank
Benton County	68.0	6
Oregon	60.6	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of 8th grade students who achieve established skills in math (2003)

Region	Percent	County Rank
Benton County	68.1	3
Oregon	58.9	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of students who achieve established skills (2003)

	3rd Grade				8th Grade			
	Reading		Math		Reading		Math	
Jurisdiction	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Benton County	84.5	10	80.7	8	68.0	6	68.1	3
Oregon	82.4	X	77.6	X	60.6	X	58.9	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

High school drop out rates (01-02)

Region	Percent	County Rank
Benton County	2.8	8
Oregon	4.9	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Higher Education Programs and Services

Oregon State University

Oregon State University offers a variety of degrees in the following fields:

- ✓ Agricultural Sciences
- ✓ Business
- ✓ Education
- ✓ Engineering
- ✓ Forestry
- ✓ Health and Human Sciences
- ✓ Oceanic & Atmospheric Sciences
- ✓ Pharmacy
- ✓ Science
- ✓ Veterinary Medicine

Source: http://oregonstate.edu/

Linn-Benton Community College

Linn-Benton County Community College offers a variety of degrees and certificates in the following fields:

- ✓ Accounting Technology
- ✓ Administrative Assistant
- ✓ Administrative Medical Assistant
- ✓ Agricultural Business Management
- ✓ Agriculture/Horticulture
- ✓ Animal ScienceAnimal Technology – Dairy
- ✓ Animal Technology - Horse Management
- ✓ Animal Technology
- ✓ Apprenticeship
- ✓ Art
- ✓ Automotive Technology
- ✓ Biological Sciences
- ✓ Business Administration
- ✓ Business and Supervisory Management
- ✓ Chemistry
- ✓ Child and Family Studies
- ✓ Civil Engineering Technology
- ✓ Collision Repair
- ✓ Computer Science
- ✓ Computer User Support
- ✓ Criminal Justice
- ✓ Culinary Arts: Chef Training
- ✓ Dental Assistant
- ✓ Digital Imaging Prepress
- ✓ Drafting and Engineering Graphics
- ✓ Economics
- ✓ Education
- ✓ Emergency Medical Technician
- ✓ Engineering Transfer
- ✓ English/Technical Communications
- ✓ Exercise and Sport Science
- ✓ Foreign Language
- ✓ General Science
- ✓ Graphic Design
- ✓ Health and Human Sciences
- ✓ Health Promotion and Education
- ✓ Heavy Equipment/Diesel
- ✓ Horticulture
- ✓ Instructional Assistant
- ✓ Journalism and Mass Communications
- ✓ Legal Administrative Assistant
- ✓ Machine Tool Technology
- ✓ Mathematics
- ✓ Medical Assistant
- ✓ Medical Office Specialist
- ✓ Medical Transcriptionist
- ✓ Music
- ✓ Network & Systems Administration
- ✓ Nondestructive Testing
- ✓ Nursing
- ✓ Nursing Assistant
- ✓ Office Specialist
- ✓ Photography
- ✓ Physical Sciences
- ✓ Physics
- ✓ Pre-Restaurant Management
- ✓ Refrigeration, Heating, Ventilation and Air Conditioning
- ✓ Skills Training
- ✓ Social Science
- ✓ Speech Communications
- ✓ Theater
- ✓ Water/Wastewater
- ✓ Welding Technology
- ✓ Wine and Food Dynamics
- ✓ Medical Unit Secretary
- ✓ Pharmacy Technician
- ✓ Phlebotomy
- ✓ Public Safety Dispatcher (9-1-1)
- ✓ Radiologic Technology
- ✓ Tractor Trailer Operator
- ✓ Veterinary Technician

Source: http://www.linnbenton.edu/

Educational Levels of Adult Population

According to the 2000 Census, 47.4% of the population in Benton County has a bachelor's degree or higher, compared to the state average of 25.1%.

Benton County high school drop out rates (percent)

1995	2000	2001	2002	2003
4.9	3.1	2.4	2.8	NA

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Percent of adults (25 years and older) who have completed high school (or GED) or more (2000)

Region	Percent	County Rank
Benton County	93.1	1
Oregon	85.1	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Percent of adults (25 years and older) who have completed a Baccalaureate degree or more (2000)

Region	Percent	County Rank
Benton County	47.4	1
Oregon	25.1	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

HEALTH CARE AND SOCIAL SERVICES

Number and Percentage of Residents on the Oregon Health Plan

Percentage of Benton County population enrolled in the Oregon Health Plan

1995	2000	2001	2002	2003
NA	NA	NA	11.4%	NA

Source: Oregon housing and community services
http://www.ohcs.oregon.gov/OHCS/docs/PovRpt/Benton.pdf

Number and Percentage of Population with Disabilities, Substance Abuse Problems, Domestic Violence Issues, Mobility Limitations, or Other Special Needs

Number and percentage of Benton County population with disabilities (5+ years of age)

Age	Number	Percent
5 to 15 years	582	5.5
16 to 20 years	822	8.5
21 to 64 years	5,378	11.7
65 to 74 years	882	22.5
75+ years	1,857	49.2
Total	8,939	12.1

Source: 2000 U.S. Census

Substance abuse (percent)

Region	No Use	Some Use	Abuse
Oregon	7.3	77.8	15.0
Benton County	7.0	77.6	15.3

Source: Benton Co. 2002 Comprehensive Plan
http://www.co.benton.or.us/ccf/documents/compplan/bentoncomprehensiveplanII.htm

Data from the 1999 United States Census indicates at least 19.03% of the adult population in Benton County abuse or depend on drugs.

1999 adults with a substance abuse problem (Census Data)

Region	Percent	Number
Oregon	15.28	382,101
Benton County	19.03	11,235

Source: Benton Co. 2002 Comprehensive Plan
http://www.co.benton.or.us/ccf/documents/compplan/bentoncomprehensiveplanII.htm

Benton County experienced an increase of those adults who are entering alcohol and other drug treatment for the year 2000-2001. The unduplicated total of adult county residents enrolled in treatment for 2001 was 1,462.

1999 estimated need for alcohol or other drug treatment

Region	Adults	Youth	Percent Adults	Percent Youth	Total	Total Percent
Oregon	369,641	6,895	10.8	0.2	376,536	11
Benton County	9,243	141	11.9	0.2	9,384	12

Source: Benton Co. 2002 Comprehensive Plan
http://www.co.benton.or.us/ccf/documents/compplan/bentoncomprehensiveplanII.htm

2004 Oregon Healthy Teen Survey and Focus Groups

- The survey indicates that 43% of 11th-graders report drinking alcohol in the past 30 days. Focus groups of local students generally confirmed these results, indicating that percentages are probably even higher after or during some types of events (e.g., football games or other sporting events).
- The survey indicates that 29% of students participated in binge drinking during the last 30 days. Focus group participants noted that they would expect the percentage to be lower most of the time but higher soon after certain events (see above).
- The survey indicates that 18% of students smoked marijuana during the last 30 days. Focus group participants noted that they would expect the percentage to be potentially much higher (e.g., around 30%).
- The survey indicates that 5% of students are using methamphetamines. Focus group participants confirmed that meth use is not a significant problem in high school but that many young people are affected by use of meth among adult family members or acquaintances.

2005 Oregon Healthy Teen Survey

- The survey indicates that 34% of 11th-graders and 31% of 8th graders report drinking alcohol in the past 30 days. The number of 11th graders that reported drinking in 2005 has decreased since the 2004 survey (43%), while the number of 8th graders has increased (19%).
- The survey indicates that 16% of 11th graders and 7% of 8th graders participated in binge drinking during the last 30 days. The number of 11th graders that reported binge drinking in 2005 has decreased since the 2004 survey (29%), while the number of 8th graders has increased (6%).
- The survey indicates that 12% of 11th graders and 5% of 8th graders used marijuana during the last 30 days. The number of 11th graders that reported using marijuana in 2005 has decreased since the 2004 survey (18%), while the number of 8th graders has remained the same (5%).
- The survey indicates that 0-1% of students are using methamphetamines. The number of 11th graders (5%) and the number of 8th graders (3%) that reported using methamphetamines in 2005 has decreased since the 2004 survey.

Source: Youth Focus Group Report for 2005, Benton County Commission on Children and Families

Reported cases of domestic abuse

Region	1994	1995	1996	1997	1998	1999
Oregon	1	6	8	6	5	5
Benton County	1	10	41	3	3	3

Source: Benton Co. 2002 Comprehensive Plan
http://www.co.benton.or.us/ccf/documents/compplan/bentoncomprehensiveplanII.htm

Number of children per 1,000 persons under 18, who are abused or neglected or who are at risk of abuse or neglect (2002)

Region	Percent	County Rank
Benton County	4.7	2
Oregon	9.7	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Estimated need for mental health treatment services in Benton County

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
5,826	1,293	4,533	2,903	663	2,240	2,923	630	2,293

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Number of Recipients of County Services such as Mental Health Services, Clinics, and Women, Infants and Children Program

Benton County mental health consumers

	Male	Female
Adult	559	757
Youth	277	155

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Benton County mental health consumers by service type

	Male	Female
Outpatient	771	886
Hospital	41	20
24-Hour Community Care	24	6

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Estimated number of people receiving treatment for alcohol or other drugs during FY 01-02 in Benton County

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
1,079	167	912	758	112	646	321	55	266

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Estimated number of people receiving treatment for mental health during FY 2001 in Benton County

Total Population			Male Population			Female Population		
All Ages	10-17	18 and Older	All Ages	10-17	18 and Older	All Ages	10-17	18 and Older
1,781	448	1,333	855	287	568	926	161	765

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Health Care Providers' Programs, Facilities, Services and Clients Served

Health Care Providers' Programs and Services

- Assistance League of Corvallis Community Dental Care
- Benton County Health Dept., Community Health Division, Communicable Disease Program
- Benton County Health Dept., Community Health Division, Family Planning Program
- Benton County Health Dept., Community Health Division, Maternal Child Health Program
- Benton County Health Dept., Community Health Division, Med-Link Physician Referral
- Benton County Health Dept., Community Health Division, School Based Health Programs
- Benton County Health Dept., Community Health Division, WIC Program
- Benton Hospice Service, Inc.
- Community Outreach, Inc., Dental Clinic
- Community Outreach, Inc., Medical Clinics
- Addiction Counseling and Education Services, Inc. (ACES)
- Benton County Health Dept., Mental Health Division, Alcohol & Drug Treatment Program
- Benton County Health Dept., Mental Health Division, Family Outpatient Program
- Community Outreach, Inc., Alcohol and Drug Recovery Program
- Community Outreach, Inc., Counseling Services
- Community Outreach, Inc., Crisis Intervention & Information & Referral
- Healthy Start of Benton county
- Milestones Family Recovery Program
- Pastoral Counseling Center Valley AIDS Information Network, Inc.

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

2005 Clients Served by Benton County Health Department (BCHD) between (as of September 30)

- BCHD has served 3,740 clients in 2005, 723 of which were Hispanic.
- The Public Services Building Medical Center has served 2,417 clients, 451 of which were Hispanic. The majority of client visits were for primary care (39%), family planning (29%) or immunization (10%) services.
- The Mental Health Division has served 510 clients of which 15 were Hispanic.
- The Lincoln School-Based Health Center served 344 clients of which 220 were Hispanic. The Monroe School Based Health Center served 156 clients, 69 of which were Hispanic.
- BHCD provided dental services to 208 clients, 117 were Hispanic.
- The Adult Treatment Court served 105 clients, 54 of which were Hispanic.

Access to Transportation Services for People with Special Mobility Needs

- A survey of transportation providers and social service administrators in Benton, Lincoln, and Linn counties for the Tri-County Special Transportation Network Planning Project in 2002 reported the following regarding access to transportation services for people with special mobility needs:
  - ✓ 79% of respondents from Benton County felt that the Tri-County area met *only a small part* of the transportation needs of persons 60 and over and those with disabilities in the tri-county area

- ✓ Dial-a-ride service (68% in Benton County), companion transportation (57% in Tri-County area) and routes connecting cities and rural areas (50% in Tri County area) were cited as the specific services most needed or in need of improvement
- ✓ Respondents in Benton County felt Evening trips (58%), medical trips (58%) and weekend trips (58%) were the most difficult trips on public transportation.
- ✓ The public transportation service improvements deemed most needed for senior and disabled persons were make *services easier to use* (57%), make *increased number of door-to-door rides available* (55%), provide *longer hours of operation* (53%), and provide *more days of operation* (50%)

- A telephone survey of Tri-County residents 60 and over, persons with disabilities and special transportation users for the Tri-County Special Transportation Network Planning Project in 2002 reported the following regarding access to transportation services for people with special mobility needs:
  - ✓ 13% of seniors and persons with disabilities in Benton County stated that they have had difficulty finding transportation to places around the county
  - ✓ The most frequently given reason for difficulty finding transportation among both seniors and persons with disabilities and special transportation users was *no bus service, bus stop too far away* (33% for seniors/disabilities and 25% for special transportation users)
  - ✓ The reason senior and disabled persons gave most frequently for not using dial-a-ride was *have alternatives* (51%) or *no need* (24%), but 8% cited system problems, the most common specific one being *don't know the system or how it operates* (3%)
  - ✓ Only 7% of senior and disabled persons and 20% of special transportation users surveyed said they had used fixed route public transit service in the past 90 days. The most frequently given reason for not using fixed route service was *have alternatives* (61%) or *no need* (28%), but 6% cited system problems, the most common being *doesn't run when needed* (3%)
  - ✓ Only 12% of seniors and persons with disabilities and 23% of special transportation users rated themselves *very likely* to use regularly scheduled van or mini-bus service between counties were the service offered
  - ✓ Respondents were most likely to rate themselves *very interested* in mileage reimbursement programs for volunteer drivers (37%), scheduled shuttles between residential areas and major medical, work, and shopping locations (36%), improved regular fixed route service for the general public (35%), discounts for taxis and private bus service (35%), improved dial-a-ride service (32%), regularly scheduled routes between cities and rural communities (25%)

Using statistics from the above survey of seniors and persons with disabilities in the tri-county area in combination with census parameters, it is possible to estimate the total number of tri-county residents 60 and older and/or with disabilities who have unmet transportation needs.

Data from the 2000 census indicates a total of 225,701 residents in the tri-county population. Of these, a total of 67,083 are 60 or older and/or have disabilities.

Unmet Transportation Need Projections in Benton County

Unmet Transportation Need Projections					
Segment	Total county population*	Percentage of county pop. in segment**	Number of persons in segment	Percentage of segment with unmet needs***	**Number of persons in segment with unmet needs**
60+ Benton (no disability)	78153	11.5%	9005	7.1%	**639**
Disabled 60+ Benton	78153	1.8%	1390	17.7%	**246**
Disabled Benton <60	78153	7.4%	5783	20.0%	**1157**

* From April 2000 US Census Bureau data.
** From adjusted 1996 US Census Bureau data, based on a liberal definition of disability that includes work disability, mobility limitation, or self-care limitation.
*** Weighted statistics from random sample survey (question 10B) of tri-county residents 60 and older and those with disabilities. "Unmet need" means that lack of transportation prevents travel to one or more communities in the tri-county area.

In Benton County, there are a total of approximately 2,042 persons 60 and older and persons with disabilities who have unmet transportation needs. The category containing the greatest number of persons with unmet needs is disabled under 60 years of age. There are 1,157 such persons with unmet needs in Benton County.

- A qualitative questionnaire distributed in the tri-county area that serve seniors and persons with disabilities to gather additional input from various stakeholders regarding transportation issues that affect senior and disabled persons for the Tri-County Special Transportation Network Planning Project found that:
  - ✓ Respondents felt the biggest transportation challenges for those 60 and older and those with disabilities were related to days and hours of operation of public transportation (47%), routes of operation (42%), and cost (19%). To improve service, they most frequently suggested improved schedules of operation, especially for weekend and evening service, both in general (31%) and to improve transportation for themselves personally (61%)
  - ✓ If additional funding were made available, respondents would be most likely to favor augmented dial-a-ride services (42%) or fixed-route services available to the general public (33%)

Small-scale surveys were given to three special populations to gather their opinions about transportation needs of those 60 and older and those with disabilities in the tri-county area for the Tri-County Special Transportation Network Planning Project.

- Interviews with County health department caseworkers using an abbreviated version of the questionnaire for transportation provider-social service administrator survey found that:
  - ✓ Eighty-three percent (83%) of caseworkers rated current public transportation as meeting only a *small part* of the needs of those 60 and over and those with disabilities
  - ✓ They thought access to public transportation for such persons is limited primarily because service does not run to and from destinations needed (83%) or because service does not run when rides are needed (72%)
  - ✓ The types of trips seen as most difficult on public transportation include evening trips (89%), weekend trips (89%), and trips for personal business--such as banking and haircuts (89%)

- ✓ They thought the most needed improvement to public transportation service is routes to connect cities and rural communities (78%)
- ✓ The improvements receiving the highest importance rating were make available a *greater number of door-to-door rides* (72%), offer *more days of operation* (72%), and offer *printed schedules that are easier to understand* (72%)

- Interviews with adult foster home operators in the tri-county area using an abbreviated version of the qualitative questionnaire found that if additional funding were made available, foster home operators would be most likely to favor augmented dial-a-ride services (53%)
- Interviews of medical clients who were 60 or over and/or with disabilities using an abbreviated version of the questionnaire for the telephone survey of senior, disabled, and special transportation riders found that:
  - ✓ 25% of medical facility clients said they have difficulty finding transportation to places around the tri-county area.
  - ✓ The most frequently given reason for transportation difficulty was *no bus service, stop is too far away* (83%).
  - ✓ Only 13% of those surveyed said they would be *very likely* to use public transportation between Benton, Linn, and Lincoln counties, with the majority (75%) rating themselves *not very likely* to use the service if it were offered.

Source: Tri-County Special Transportation Planning Project, 2002

OPPORTUNITIES FOR HEALTHY LIFESTYLES

Recreational Opportunities and Facilities

Within Benton County there are over 45 parks and recreational areas. The amenities of these areas range from hiking trails to fully developed areas that have camping, picnicking, gas grills, electricity, ball fields, boat ramps, and more.

These areas are managed by city, county, state and federal governments as shown in the following.

Benton County parks and park ownership

Park	Owner	Park	Owner
Adair County Park	Benton County	Marys Peak Viewpoint	SNF
Alpine	Alpine	Marys Peak Wayside	SNF
Alsea Falls Recreational Site	BLM	Mary's River Park	Philomath
Alsea Hatchery	ODFW	McCartney	Linn County
Aquathusiasts Boat Ramp	Corvallis	McDonald Forest	OSU
Avery Park	Corvallis	Mill Creek County Park	Benton County
Bellfountain County Park	Benton County	Missouri Bend Recreation Site	BLM
Bowman	Albany	Monteith Riverpark	Albany
Bruce Starker Arts Park	Corvallis	North Albany County Park	Benton County
Bryant	Albany	Fitton Green Natural Area	Benton County

Park	Owner	Park	Owner
Campbell County Park	Benton County	Peavy Arboretum Lodge	OSU
Chip Ross	Corvallis	Peoria	Linn County
Clemens County Park	Benton County	Riveredge Group Camp	SNF
Conner's Camp	SNF	Salmonberry County Park	Benton County
E E Wilson	ODFW	Sunset Park	Corvallis
Ellmaker	OSP	Takena Landing	Albany
Fairgrounds	Benton County	Traux Island	OSP
Fitton Green Natural Area	Benton County	Village Green	Corvallis
Fort Hoskins Historical Park	Benton County	Walnut Park	Corvallis
Hyak County Park	Benton County	Washburne Wayside	OSP
Irish Bend County Park	Benton County	Willamette Park	Corvallis
Jackson Frazier County Park	Benton County	William Finley N.W.R.	NWR
Marys Peak Campground	SNF		

BLM = Bureau of Land Management
NWR = National Wildlife Refuge
OSP = Oregon State Parks
OSU = Oregon State University
SNF = Siuslaw National Forest

Source: Benton County Web site; http://www.co.benton.or.us/parks/benton.htm

Miles of Paved or Other Trails, Bike Lanes, Etc.

Natural Areas and Parks Size

Site	Size
Adair Park/Clubhouse	123.05
Beazell Memorial Forest	586.1
Bellfountain Park	10
Campbell Boat Landing*	0.97
Clemens Park	37.58
Fitton Green Open Space Natural Area	307.96
Fort Hoskins	128.36
Hyak Park	5.04
Irish Bend Park	7.95
Jackson-Frazier Wetland	144.28
Mill Creek Boat Landing/Robinson Grove	4
North Albany Park	21.59
Salmonberry Park	10.2

*Belongs to Oregon State Fish and Wildlife Department and is managed by Benton County

Source: Benton County Web site; http://www.co.benton.or.us/parks/benton.htm

The Corvallis Parks and Recreation Department provides over 2,000 acres in parks, trails, open space and beautification areas.

Source: Consolidated Plan for the Corvallis Community Development Block Grant and Home Investment Partnerships Programs, 2003

Air and Water Quality Conditions

Air Quality

- The Oregon Department of Environmental Quality through its Air Quality Surveillance Network monitors air quality throughout Oregon, and air sampling is conducted at a monitoring station in Corvallis located at Corvallis Fire Station #3. Benton County currently meets all federal ambient air quality standards and is less at risk than a number of other Oregon cities.
- In 2000, Corvallis had the second lowest Particulate Matter levels out of 21 cities. The highest level was in November, likely from wood stoves.
- Industrial pollution is less significant in Benton County due to the amount and type of industry, but individual actions such as driving cars, using woodstoves, gas-powered lawn mowers and motorboats, and outdoor burning are major causes of most of the local air pollution.
- Benton County is located in the Willamette Valley air shed, and because of geologic features, pollution generated in the valley often becomes trapped. Pollution from automobile emissions and industry in the metropolitan areas and from field burning, slash burning, and other agricultural and forestry practices in rural areas combine in the atmosphere and are dispersed the entire length of the valley.
- In 2004, Corvallis had an Air Quality Index (AQI) of "Good" 333 days of the year and "Moderate" for 22 days. The remaining 11 days did not receive a score. There were no days with an AQI of "Unhealthy for Sensitive Groups" or "Unhealthy."

Sources: Oregon Department of Environmental Quality; Benton County Environmental Health Division; Benton County Environmental Health Assessment Priority List-2002.

Water Quality

- Corvallis drinking water supply comes from two surface water sources: water from three creeks on Rock Creek Watershed on the east side of Marys Peak, and the Willamette River. The City of Corvallis tests for microbiological contamination within the water distributions system and in the raw water sources that supply the water treatment plants. Neither *coliform* bacteria nor *E. coli* were detected. *Giardia lamblia* and *cryptospoidium* was found in low concentrations in the creeks and river, but not in the finished water supply.

Source: Corvallis Public Works Department 2004 Water Quality Report.

- The "Benton County Environmental Health Assessment Priority List" includes eight areas in the county with on-site sewage problems, seven drinking water problem areas, and other environmental problem areas including watersheds.
- The DEQ is required by the federal Clean Water Act to maintain a list of stream segments that do not meet water quality standards. This list is called the 303(d) List because of the section of the Clean Water Act that makes the requirements. These Benton County rivers and streams are on the List: Alsea River, Lobster Creek, Long Tom River, Luckiamute River, Marys River, Muddy Creek, and the Willamette River.
- Water quality has improved in the Willamette Valley as point sources have come under regulation in the past 30 years. However, recent studies have found that much of the Willamette River main stem is still water quality limited for bacteria, fish deformities,

temperature, and dissolved oxygen (Leland et. al. 1997). With an increasing population, more industry, and a trend toward more intensive agriculture, non-point source pollution has become the major challenge.

- Groundwater supplies 90% of rural residential drinking water in Oregon and 2,500 public water systems obtain water exclusively from ground water.
- Oregon DEQ is preparing Total Maximum Daily Load (TMDL) allocations for the Willamette Basin for mercury, bacteria, and temperature. This will likely require Benton County to develop methods to limit additions of these pollutants to streams in the county.

Sources: Benton County Environmental Health Assessment Priority List-2002; Oregon Department of Environmental Quality; Restoring the Willamette Basin Willamette Restoration Initiative, 1999; Oregon Department of Water Resources, 2003.

Benton County Domestic Well Testing Data

Wells Tested	Wells with Nitrate Detected	Average Detected Nitrate Concentration (mg/L)	Maximum Nitrate Concentration (mg/L)	NPDW MCL (mg/L)	Number of Wells Over MCL
238	174	1.64	11.8	10	1
Number of Wells => 7 mg/L Nitrate	Wells with Positive Bacteria	No. of Wells with Nitrate NDs	% Wells => 7 mg/L Nitrate	% Wells Over MCL	% Wells with Positive Bacteria
5	5	64	2%	0%	2%

Source: Oregon Department of Environmental Quality, 2004.

- Groundwater in the Willamette Valley shows signs of contamination by human activities, with early assessments showing a high percentage of wells with a high concentration of nitrate in the water, which poses a health risk. Potential nitrate sources include septic systems, agricultural amendments, confined animal feeding operations, fertilizers for lawns and golf courses, and bulk fertilizer facilities. The DEQ is in the process of declaring the area between Eugene and Albany a "Groundwater Management Area" because of contamination. The area in Benton County is bounded by Highway 99W on the west between Monroe and Corvallis.

Land Quality

- DEQ's Underground Storage Tank Cleanup List includes approximately 226 underground storage and home heating tanks with reported releases of petroleum products in Benton County. Locations are predominantly in the Corvallis area, with sites also in Adair Village, Alsea, Monroe, and Philomath.
- Five Corvallis cleanup sites are listed on the DEQ Environmental Cleanup Program "Active Site List." They include an electric power plant site, a fiber manufacturing plant, an industrial chrome plating company, and two dry cleaners.
- Land use decisions at the Coffin Butte Sanitary Landfill have provided another 43 years of capacity to the site, continuing to serve as a regional landfill servicing Linn, Polk, Lincoln, and Benton Counties.
- The Coffin Butte Landfill is currently in compliance with permits and is heavily monitored by the County. Leachate is collected and treated. A leak detection system is in place to monitor the bottom liner of the landfill for leaks. Monitoring wells surround the perimeter of the landfill.

Sources: Oregon Department of Environmental Quality; Benton County Environmental Health Department.

OPPORTUNITIES FOR COMMUNITY INTERACTION, INVOLVEMENT AND DIVERSITY

Ethnic and Age Distribution of Residents

Age distribution in Benton County

Male		Female		Total
Age	Number	Age	Number	
Under 1 year	394	Under 1 year	396	790
1 year	487	1 year	354	841
2 years	346	2 years	303	649
3 years	411	3 years	438	849
4 years	342	4 years	400	742
5 years	491	5 years	305	796
6 years	479	6 years	342	821
7 years	466	7 years	533	999
8 years	602	8 years	408	1,010
9 years	459	9 years	479	938
10 years	517	10 years	487	1,004
11 years	428	11 years	554	982
12 years	543	12 years	432	975
13 years	603	13 years	613	1,216
14 years	453	14 years	436	889
15 years	574	15 years	470	1,044
16 years	596	16 years	541	1,137
17 years	494	17 years	518	1,012
18 years	776	18 years	1,149	1,925
19 years	1,349	19 years	1,369	2,718
20 years	1,452	20 years	1,441	2,893
21 years	1,500	21 years	1,234	2,734
22 to 24 years	3,029	22 to 24 years	2,402	5,431
25 to 29 years	2,867	25 to 29 years	2,406	5,273
30 to 34 years	2,386	30 to 34 years	2,316	4,702
35 to 39 years	2,480	35 to 39 years	2,548	5,028
40 to 44 years	2,700	40 to 44 years	3,173	5,873
45 to 49 years	3,134	45 to 49 years	3,104	6,238
50 to 54 years	2,534	50 to 54 years	2,452	4,986
55 to 59 years	1,559	55 to 59 years	1,706	3,265
60 and 61 years	563	60 and 61 years	488	1,051
62 to 64 years	638	62 to 64 years	752	1,390
65 and 66 years	386	65 and 66 years	428	814
67 to 69 years	606	67 to 69 years	611	1,217
70 to 74 years	813	70 to 74 years	1,102	1,915
75 to 79 years	755	75 to 79 years	1,048	1,803
80 to 84 years	435	80 to 84 years	662	1,097
85 years and over	355	85 years and over	751	1,106
Total	39,002	Total	39,151	78,153

Source: 2000 U.S. Census

Age distribution summary for Benton County

Age	Number	Percent
15 and under	14,545	18.6
16 – 24	17,850	22.8
25 – 44	20,876	26.7
45 – 64	16,930	21.7
65+	7,952	10.2
Total	78,153	100.0

Source: 2000 U.S. Census

Race distribution in Benton County

Race	Number	Percent
White alone	69,561	89.0
Black or African American alone	761	1.0
American Indian and Alaska Native alone	538	0.7
Asian alone	3,331	4.3
Native Hawaiian and Other Pacific Islander alone	73	0.1
Some other race alone	1,395	1.8
Two or more races	2,494	3.2

Source: 2000 U.S. Census

Information about Level of or Opportunities for Volunteerism or Community Service

Benton County has many opportunities for volunteerism and community service. A Web site (www.lbvision.org) was designed by the Linn-Benton Retired and Senior Volunteer Program (RSVP) to promote volunteerism in Linn and Benton Counties by connecting nonprofit organizations with volunteers. The site lists 28 categories of nonprofit agencies and more than 1,000 volunteer opportunities ranging from arts and crafts to data entry to tutoring.

PUBLIC SAFETY

Crime Statistics, Including Comparison to Statewide and Other County Data

2000 crimes reported in Benton County

Crime	Number	Percent
Murder	0	0
Rape	23	0.6
Robbery	25	0.7
Aggravated Assault	142	3.9
Burglary	638	17.6
Larceny - theft	2,639	72.9
Motor vehicle thefts	134	3.7
Crime Number Total	3,620	100

Source: Federal Bureau of Investigation

2000 arrests in Benton County

Crime	Number	Percent
Murder	0	0.0
Rape	12	0.4
Robbery	14	0.4
Aggravated Assault	27	0.9
Burglary	86	2.7
Larceny – theft	319	10.1
Motor vehicle thefts	55	1.7
Arson	5	0.2
Other assaults	259	8.2
Forgery & counterfeiting	71	2.2
Fraud	51	1.6
Embezzlement	5	0.2
Have stolen property	36	1.1
Vandalism	133	4.2
Weapons violations	40	1.3
Prostitution and commercial vice	1	0.0
Sex offenses	38	1.2
Total drug violations	321	10.1
Gambling	0	0.0
Offenses against family & child	17	0.5
Driving under influence	282	8.9
Liquor law violations	662	20.9
Drunkenness	0	0.0
Disorderly conduct	70	2.2
Vagrancy	0	0.0
All other offenses except traffic	607	19.1
Total	3,172	100

Source: Federal Bureau of Investigation

2003 reported offenses per 10,000 population

Crime	Benton County Number	Benton County Rate	Rank (of 36 Oregon Counties)	Oregon Number	Oregon Rate
Willful Murder	0	0.0	1	78	0.2
Negligent Homicide	0	0.0	1	5	0.0
Rape	13	1.7	11	1,286	3.6
Other Sex Crimes	83	10.3	6	5,867	16.6
Kidnapping	16	2.0	24	691	2.0
Robbery	31	3.9	24	2.891	8.2
Aggravated Assault	71	8.8	19	6,620	18.7
Simple Assault	360	44.7	10	23,677	66.9
Burglary	650	80.8	24	29,261	82.6
Larceny	2,287	284.1	26	125,055	353.1
Motor Vehicle Theft	191	23.7	18	19,435	54.9
Arson	32	4.0	21	1,609	4.5

Crime	Benton County Number	Benton County Rate	Rank (of 36 Oregon Counties)	Oregon Number	Oregon Rate
Forgery	158	19.6	23	11,232	31.7
Fraud	367	45.6	31	13,812	39.0
Embezzlement	6	0.8	24	587	1.7
Stolen Property	21	2.6	24	850	2.4
Vandalism	701	87.1	13	44,170	124.7
Weapons	97	12.1	25	3,474	9.8
Prostitution	0	0.0	1	521	1.5
Drugs	475	59.0	14	24,425	69.0
Gambling	0	0.0	1	16	0.1
Crimes Against Family	78	9.7	18	3,123	8.8
D.U.I.I.	453	56.3	5	24.949	70.5
Liquor	830	103.1	35	13,789	28.9
Disorderly Conduct	731	91.5	28	18,314	56.3
Other Behavior	1,633	202.9	20	60,782	171.6
Curfew	19	2.4	9	3,016	8.5
Runaway	174	21.6	19	11,066	31.3

Source: Oregon Criminal Justice Commission
http://www.ocjc.state.or.us/CrimeData/Comparestatsindex.htm#totalsummary

2003 crime statistics (arrests per 10,000 population)

Crime	Benton County Total	Benton County Rate	Ranking (of 36 Counties)	State Total	State Rate
Willful Murder	0	0.0	1	103	0.3
Negligent Homicide	1	0.1	31	12	0.0
Rape	2	0.3	6	331	0.9
Other Sex Crimes	32	4.0	14	1,620	4.6
Kidnapping	10	1.2	35	132	0.4
Robbery	12	1.5	18	1,137	3.2
Aggravated Assault	34	4.2	12	2,440	6.9
Simple Assault	206	25.6	4	15,555	43.9
Burglary	44	5.5	4	3,564	10.1
Larceny	316	39.3	16	23,628	66.7
Motor Vehicle Theft	35	4.3	11	2,933	8.3
Arson	14	1.7	18	536	1.5
Forgery	36	4.5	19	2,559	7.2
Fraud	94	11.7	35	1,727	4.9
Embezzlement	4	0.5	32	70	0.2
Stolen Property	19	2.4	26	595	1.7
Vandalism	162	20.1	30	5,220	14.7
Weapons	52	6.5	17	2,201	6.2
Prostitution	0	0.0	1	388	1.1
Drugs	377	46.8	12	20,968	59.2
Gambling	0	0.0	1	4	0.0

Crime	Benton County Total	Benton County Rate	Ranking (of 36 Counties)	State Total	State Rate
Crimes Against Family	16	2.0	6	1,126	3.2
D.U.I.I.	436	54.2	6	21,762	61.5
Liquor	1,189	147.7	36	18,167	51.3
Disorderly Conduct	387	48.1	31	7,760	20.7
Other Behavior	682	84.7	17	24,802	70.0
Curfew	15	1.9	7	2,429	6.9
Runaway	66	8.2	22	2,638	7.5

Source: Oregon Criminal Justice Commission
http://www.ocjc.state.or.us/CrimeData/Comparestatsindex.htm#totalsummary

Overall crimes reported per 1,000 Oregonians (2002)

Region	Rate	County Rank
Benton County	108.1	18
Oregon	124.2	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Reported crimes against persons per 1,000 population (2002)

Region	Rate	County Rank
Benton County	8.2	14
Oregon	11.7	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Reported property crimes per 1,000 Oregonians (2002)

Region	Rate	County Rank
Benton County	49.5	23
Oregon	67.5	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Reported behavioral crimes per 1,000 Oregonians (2002)

Region	Rate	County Rank
Benton County	50.4	19
Oregon	45.1	X

Source: Oregon Benchmarks County Data Book, 2003
http://egov.oregon.gov/DAS/OPB/docs/CoData/03CoData/03CoDaBk.pdf

Appendix D

Benton County Community Needs Assessment
Service Provider Survey Summary

December, 2005

Overview

United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services has retained Cogan Owens Cogan (COC) to assist in preparing its current needs assessment. This is the fourth such needs assessment, which is updated every three to five years. The project team is undertaking the following activities:

- Conducting stakeholder interviews with community leaders
- Designing and conducting a random-sample, telephone survey of County residents
- Conducting secondary, empirical research into conditions and goals related to healthy communities
- Distributing and summarizing results of an informal written questionnaire of service providers
- Facilitating focus groups of community service recipients and others
- Informing community members about the results of the study

This report summarizes the results of the fourth of these tasks. United Way distributed a survey via email to 47 people representing nonprofit, faith-based, local government and other service providers. Participants were asked to identify important problems in Benton County, significant characteristics of a healthy community, and the most effective methods for disseminating information. The results of the surveys will be used to supplement and complement data from other research tasks described above. Results will be incorporated in the final community needs assessment report. As of December 7, 19 surveys were returned. A summary follows.

General Observations

Overall results of the survey include the following:

- The most common problem identified by service providers is a lack of funding for various social services.
- Service providers indicate that the most important characteristics of a healthy community are physical and mental health care services and facilities; quality k-12 education; the provision of food, shelter and clothing for residents in need; and services for the elderly and those with disabilities or other special needs.
- According to service providers, the most significant problems facing Benton County are not enough money for housing for people with limited incomes, and domestic violence/abuse. Housing discrimination and discrimination based on sexual orientation or race are seen as the least significant problems.
- A common suggestion to help create or support a healthy community in Benton County is for service providers to work together to advertise and education the public about available services, improve service delivery, and to advocate for increased funding for social services.

- The most effective methods to inform the citizens of Benton County about the local needs and issues are presentations to community groups and newspaper features. Less effective are email, radio and public meetings.

A detailed summary follows.

Responses

Following is a summary of answers to each question. Interview questions are shown in *italics*.

1. With what type of organization are you affiliated?

A majority of survey responses came from nonprofit organizations (17). Local government agencies submitted the other two survey responses.

2. Which of the following does your organization serve?

Respondents serve a wide variety of populations. Many providers serve multiple populations. The population most served by survey respondents is "children and/or teenagers" (13).

People with disabilities	11
Elderly	10
Children and/or teenagers	13
General public	7
People with substance abuse problems	9
Low or moderate income households	12
College students	6
Other: Terminally ill and families	1
Other: Family practice care	1

3. In your opinion, what is the most important problem facing Benton County today?

The most common element of responses involved a poor economy or lack of funding for various social services. Other problems identified more than once are poverty/hunger, lack of affordable housing, and a lack of funding for child abuse services, child care and drug abuse. A summary of identified problems includes:

- Economy/funding
- Poverty/hunger
- Lack of affordable housing
- Lack of funding for child abuse treatment
- Lack of affordable child care
- Drug/Meth abuse
- Lack of support for homeless/mentally ill
- No clear vision for the County
- No safety net for seniors and adults with disabilities
- Poor youth values

4. ***Please rate the relative importance to you of each of the following potential characteristics of a healthy community (very important, somewhat important, not too important, or not at all important).***

- All but one of the 19 service providers who completed the written questionnaire identified physical and mental health care services and facilities, quality k-12 education and the provision of food, shelter and clothing for residents in need as very important elements of a healthy community. All but two service providers indicated that services for the elderly and those with disabilities or other special needs as "very important."
- Several service providers (about 15%) noted issues related to mental or physical health as the most important issue related to achieving a healthy community in Benton County.

Element	*Very important*	*Somewhat important*	*Not too important*	*Not at all important*	*Don't know*
Food, shelter, and clothing provided for residents in need	95%**(1)**	5%	0%	0%	0%
Quality K-12 education	95%**(1)**	0%	5%	0%	0%
Services for the elderly and those with disabilities or other special needs	89%**(4)**	11%	0%	0%	0%
Mental and physical health care services and facilities	95%**(1)**	5%	0%	0%	0%
Recreational facilities and opportunities	47%**(9)**	47%	0%	0%	6%
Healthy economy	63%**(8)**	32%	5%	0%	0%
Safe environment, free from crime	74%**(7)**	21%	5%	0%	0%
Clean air, water and other environmental conditions	79%**(6)**	16%	5%	0%	0%
Arts, culture, and theatre	16%**(11)**	74%	5%	0%	5%
Community gathering places	32%**(10)**	58%	10%	0%	0%
Cultural and ethnic diversity	47%**(9)**	47%	6%	0%	0%
People who work together to solve community problems	78%**(5)**	22%	0%	0%	0%

5. ***Please identify your perception of the relative significance (in comparison to other problems on the list) of the following problems in Benton County.***

- Service providers indicate that not enough money for housing for people with limited incomes (1.35 avg. score) and domestic violence/abuse (1.38) are the most significant problems for Benton County residents. Housing discrimination (2.57), and discrimination based on sexual orientation (2.31) or race (2.19) are seen as less significant problems.
- 100% of service providers indicated that problems related to drug abuse and violence in the home are very significant or somewhat significant problems in Benton County.
- 50% of service providers indicate that children or teenagers experiencing serious behavioral or emotional problems is a very significant problem for residents of Benton County.

Problem/Issue	*Very significant*	*Somewhat significant*	*Not too significant*	*Not at all significant*	*Don't know*
Not enough money for housing for people with limited incomes	67%	22%	6%	0%	6%
Assistance for elderly people who need help with routine activities, such as household chores, cooking, or shopping	26%	53%	21%	0%	0%
Not enough money for food for people with limited incomes	42%	42%	16%	0%	0%
Cost of utilities for people with limited incomes	35%	53%	12%	0%	0%
Not enough money for child care for people with limited incomes	42%	53%	5%	0%	0%
People experiencing anxiety, stress, or depression	11%	79%	5%	0%	5%
Children or teenagers experiencing serious behavioral or emotional problems	50%	44%	6%	0%	0%
Not enough money for clothing or shoes for people with limited incomes	19%	50%	31%	0%	0%
Racial or ethnic discrimination	19%	44%	38%	0%	0%
Problems related to alcohol or drinking	31%	38%	31%	0%	0%
Assistance to people with disabilities or serious illness to meet routine needs, such as everyday household chores, cooking, or shopping	31%	50%	19%	0%	0%
Problems related to drug use	50%	50%	0%	0%	0%
Abuse or violence in the home	63%	38%	0%	0%	0%
Discrimination based on sexual orientation	6%	56%	38%	0%	0%
Underage drinking	47%	40%	13%	0%	0%
Lack of housing that meets the needs of persons with disabilities	31%	56%	13%	0%	0%
Lack of housing that meets the needs of the elderly	25%	63%	13%	0%	0%
Lack of access to medical care	25%	56%	19%	0%	0%
Lack of access to mental health care	47%	37%	16%	0%	0%
Lack of access to dental care	42%	47%	11%	0%	0%
Housing discrimination	0%	41%	35%	6%	18%

6. *What are the three most important actions local government, non-profit organizations, businesses, and other community organizations can take to create or support a healthy community?*

A common theme among suggested actions to create or support a healthy community is for service providers to work together to improve advertisement, education and delivery of services, and to advocate for increased funding for social services. Other suggestions made more than once are to

help all residents to meet basic needs; provide safe and affordable housing; improve access to healthcare; support the local economy and increase educational choice. A summary of suggestions includes:

- Collaborative efforts to improve service advertisement, education, funding and delivery
- Help all residents to meet basic needs
- Provide safe and affordable housing
- Improve access to healthcare, including mental health and drug abuse treatment
- Economy: support local economy; economic development strategy, including urban renewal districts
- Increase educational choice
- Provide quality infrastructure (transportation, water, etc.)
- Child abuse prevention/education
- Improve services/awareness for seniors and those with disabilities
- Focus on youth
- Provide activities for youth and adults

7. *Please rate the effectiveness of the following potential methods to inform citizens about the needs and issues you have identified in this survey.*

Service providers indicate that presentations to community groups (1.47 avg. score) and newspaper features (1.58) are the most effective methods to inform citizens about the needs and issues identified in this survey. Email (2.18), radio (2.06) and public meetings (2.05) are less effective methods.

Technique	*Very effective*	*Somewhat effective*	*Not too effective*	*Not at all effective*	*Don't know*
Newspaper features and news	9	9	1	0	0
Radio	3	12	2	1	0
Direct mail	5	9	3	0	1
E-mail lists or listservs	2	10	5	0	1
Presentations to community groups	11	7	1	0	0
Organizational newsletters	3	14	1	0	0
Public meetings	7	4	8	0	0
Other					

8. *Do you have any other comments about these issues?*

A summary of other comments:

- Funding for services is inadequate to meet the needs.
- Service providers need to define a healthy community with high standards and then work in cooperation to meet those standards.
- General labels for groups of people may affect the importance a respondent places on the need. A better way to phrase questions might be, 'Do you think the population of Corvallis should care for the sick?'
- Education and training are important components of preventing the perpetual cycle of poverty.
- Concern that services may not be reaching those in need or that the services are inadequate to meet the need.

- The first step towards meeting these needs should be to raise awareness and sharing local needs.

Appendix E

Benton County Community Needs Assessment
Focus Group Discussion Summaries
on Health Care and Substance Abuse Issues

December 6, 2005

United Way of Benton County Offices

Health Care Issues Summary

Introduction

United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services has retained Cogan Owens Cogan (COC) to assist in preparing its current needs assessment. Davis, Hibbitts and Midghall, a survey research firm, is a subcontractor to COC. This is the fourth such needs assessment, which is updated every three to five years.

As part of the needs assessment, COC facilitated two focus group discussions. One group was assembled to discuss health care issues, the other to discuss substance abuse issues. Each reviewed and discussed research and survey results to date and possible strategies to address their respective issues, including ways to engage community members in implementing solutions.

This report summarizes the results of the discussion of health care issues. Six people participated in the discussion. They included non-profit service providers, health educators, a family medicine practitioner, the Benton County Health Department and a small business owner. A list of participants follows this summary.

Matt Hastie, COC, began the discussion by providing an overview of selected results from the needs assessment process to date and described the objectives of the focus group discussions. Participants then introduced themselves, describing their involvement in addressing health care issues within Benton County.

General Conclusions

Summary observations include the following:

- Several participants raised issues related to the methodologies used for the telephone survey and written questionnaires used with the general public and service providers, respectively. They questioned whether each effort captured opinions of all elements of the population (e.g., people without telephones, low income or transient households) and if questions were worded specifically enough to ensure valid survey results.

- Participants agree that physical and mental health are very important elements of a healthy community and affect many other aspects of citizens' quality of life.
- Participants note a variety of issues that impact ability to obtain medical and dental care, including cost, transportation access, language barriers, childcare issues, and the way in which services are provided and funded.
- Some participants say that more detailed study of these issues is needed before solutions can be identified and implements. Others recommended a variety of possible strategies to improve access to health care in Benton County, including the following:
  - ✓ Create a mechanism to cover minimum co-pays for people receiving services at federally qualified health clinics.
  - ✓ Create a county-wide or regional health care commission to allocate funding and services among different providers.
  - ✓ Adequately fund and administer the Oregon Health Plan.
  - ✓ Look at successful models used in other regions of the United States, emulating and tailoring them to conditions and needs in Benton County.

The following section describes the results of the discussion in more detail.

Summary of Discussion

Matt Hastie presented selected findings related to health care from a random sample telephone survey, written questionnaires completed by service providers, and other research conducted as part of the needs assessment. He asked participants a series of questions, which are listed below (in ***bold italics***) along with a summary of responses.

What is your general reaction to the survey and research findings?

- Who responded to the survey of service providers? Was the sample large enough and representative of a variety of types of providers?
- What populations may have been missed in the phone survey?
- Did the phone survey utilize only land lines?
- Did the phone survey account for non-English speakers?

- How was "trouble" defined in terms of obtaining access to medical care?
- The wording of some questions seems imprecise or open to interpretation. Does that affect the quality of the results?
- How clearly defined was the difference between "often," "sometimes" and similar phrases? Do you think all respondents defined those terms in the same way?
- Tools are available that can target specific populations and may result in different responses.

- Residents in rural portions of Benton County are underserved in terms of health care. I don't see a mechanism to collect data on transient populations, which constitute a significant proportion of people in this area.
- People with no source of income are harder to track and unlikely to be captured in a phone survey.

- Mental health and dental coverage are huge issues in these more transient populations. Their definition of "trouble obtaining health care" may differ from that of others. For example, one person may define difficulty in getting medical service as not being able to see a doctor immediately. Another may define it as having to wait several months.
- I recommend contacting social agencies who work with these populations; consider conducting on-site interviews at these facilities. If you cannot do that as part of this study, consider missed populations in the next community needs assessment. Look at organizations with non-insured clients, 100% of the participants are likely to have problems.
- Compare small organizations to large ones. We have different perspectives on what the issues are, including reimbursement, federal and Oregon Health Plan (OHP) cuts, and workforce shortages.
- What was the intent of the question about stress and anxiety? Will the results of that question be discussed in relation to mental or physical health-related questions?

How do you rank access to physical and mental health services and facilities as important elements of a health community?

All said it ranks very high.

- In one sense, physical health is less critical than mental health, because physical health services will almost always be administered when needed. The same is not true for mental health services.

Why?

- Good health has a ripple effect; it impacts many aspects of life. Someone with poor mental or physical health will see adverse impacts on other aspects of their life — their job, family, other relationships and their potential to be a productive member of society.

What do you think people mean when they say they have trouble getting health care in Benton County?

- Cost can be a significant issue for many.
- Quality and appropriateness of care. Patients seem to assume these are a given. They should be a part of the equation, although we often don't discuss them. Access alone is not an adequate indicator.
- Some services are very limited.
- Transportation, affordability and language are key to access for many.
- Cultural competency and language also are tied to appropriateness and quality. The number and types of cultural groups vary by county. For example, Linn County has many Russian residents. When a patient already faces cultural obstacles, issues like transportation become even more significant.

What would you say are the top three obstacles to health care?

- Economic status and access to affordable insurance.
- Bureaucracy--federal program requirements and funding, which are used to determine grants
- Political decisions about the use of tax money or other public funds.
- Cost (mentioned twice).
- Cost and political decisions are intertwined.

- A parochial attitude of maintaining the status quo (e.g., turf issues). Lack of communication, coordination and willingness to look at the big picture. Not looking at issues from a system-oriented perspective but instead focusing on individual pieces of the puzzle.
- Absence of a safety net, in contrast to what other developed countries provide.
- Employees often have to choose between a salary increase or access to publicly-funded health care insurance (e.g. Medicare or the OHP).
- Money, bureaucracy and the ability to get to facilities (e.g., for working parents).

What are obstacles specific to access?

- The lack of communication of evening hours in clinics.
- It is a self-esteem issue for some people. Loss of insurance and need to use the OHP is seen as a stigma that creates a barrier.
- People often choose to pay for medicine, which is less expensive, over office visits.
- Cuts in health care facility and program funding by the federal government (e.g. decreases in Community Development Block Grant funding).
- Childcare costs.

What local strategies can be undertaken to address these issues?

- First, we need to understand the specifics of the issues, e.g. within the context of access, affordability, etc. A complete and detailed understanding is needed before we can craft appropriate solutions. More study is needed.
- Pool resources to utilize multiple survey tools. Surveys should focus on multiple situations.
- Do not look to the federal government for solutions. Change needs to start at the local level.
- Gather key stakeholders representing payment/delivery systems, employers, patient groups, etc. to discuss issues faced by the community at large.
- Help people access federally qualified community health centers by assisting with co-payments. Consider using vouchers to cover these costs.
- Address senior dental needs; provide transportation services to help patients get to facilities. Children's issues seem to get much more attention than the needs of seniors.
- Create a public health commission, consisting of representatives from cities, the county, health department, Samaritan Health Services, Oregon State University, the Corvallis Clinic, etc. Major roles would be to oversee/administer programs and disperse funds in the most cost-effective and efficient way possible.
- Involve elected officials, to look at use of discretionary funds to resolve these issues.

- Adequately fund and continue to administer the OHP. The plan will have a better chance of continued implementation if it does not need to take on more people.
- Start small. Create short-term successes to encourage support for larger initiatives.
- Set up a tax district for health care in the area and an organization to obtain and pool resources. Provide a safety net for our citizens. Establish a system that can be a good model beyond Benton County.

- Review and build on best-practice models developed in other areas, tailoring them to needs and conditions here. For example, Maricopa County in Arizona has developed an equitable system to pool and administer resources and services at a regional level without compromising the

ability of local organizations to serve their clients. It was the result of a detailed needs assessment that took many years to refine and implement.

- Key stakeholders need to understand the ripple effect--how their investments in good health care for all community members will enhance overall community health and prosperity. Making them more aware should be a goal in order to involve them. Provide as much data and examples as possible.

- It takes political will. The OHP is still here and provides a good framework. It may not be a perfect system but we are much better off with it than without it.
- Identify people invested in the community; encourage them to provide the leadership needed to address these needs.
- Provide examples of successes. Pool resources; provide a social safety net and reasons to support the program.
- People in this county are highly educated and motivated. If any county can solve these problems, this one can.
- There need to be simultaneous efforts--many smaller activities related to the opportunities listed above, at different levels, along with addressing the larger system. People will see this and become involved.

Is there anything you would like to add about this focus group process?

- It would have been good to have received more detail and information about the survey results so we knew what we were critiquing, e.g. the methodology.
- There could have been more diversity within this group.

Substance Abuse Issues Summary

Introduction

United Way of Benton County, in partnership with the County, the City of Corvallis, the Corvallis Clinic, Oregon State University and Samaritan Health Services has retained Cogan Owens Cogan (COC) to assist in preparing its current needs assessment. Davis, Hibbitts and Midghall, a survey research firm, is a subcontractor to COC. This is the fourth such needs assessment, which are updated every three to five years.

As part of the needs assessment, COC facilitated two focus group discussions. One group was assembled to discuss health care issues, the other to discuss substance abuse issues. Each reviewed and discussed research and survey results to date and possible strategies to address their respective issues, including ways to engage community members in implementing solutions.

This report summarizes the results of the discussion of substance abuse issues. Eight people participated in the discussion. They included law enforcement officials, school counselors and non-profit service providers. A list of participants follows this summary.

Matt Hastie, COC, began the discussion by providing an overview of selected results from the needs assessment process to date and described the objectives of the focus group discussions. Participants then introduced themselves, describing their involvement in addressing substance abuse issues within Benton County.

General Conclusions

Summary observations include the following:

- Participants believe that survey and other data underestimate the extent of substance abuse problems in Benton County. They indicate that the percentage of people who have substance abuse problems may as much as double the percentage indicated by Census data and significantly higher than indicated by telephone survey results. Differences in reported and actually incidences of substance abuse may be related to denial, fear of prosecution or other factors.
- Law enforcement officials in the group indicate that a significant percentage of criminal activity in the County (80% or more) is directly or indirectly related to drug or alcohol abuse.
- Participants agree that substance abuse is a significant problem in Benton County and greatly affects the overall health of the community.
- Participants cite a variety of factors that contribute to substance abuse, particularly among young people, including poor parenting skills; lack of resources devoted to prevention, treatment and enforcement; a culture of alcohol use and abuse; and widespread availability of alcohol and drugs.
- Participants recommend a variety of possible strategies to address substance abuse issues in Benton County, including the following:
  - ✓ Increase funding for enforcement, prevention and treatment efforts.
  - ✓ Convince decision-makers and the general public of the seriousness of this issue and the need to devote more resources to addressing it.

- ✓ Teach better parenting skills to children at an early age and throughout their life to improve their ability to raise their kids once they become adults.
- ✓ Provide funding to reinstate drug and alcohol prevention specialists and resource officers in schools.
- ✓ Collaborate with Oregon State University to address alcohol abuse among university students.
- ✓ Use advertising and other means to educate people about problems associated with substance abuse and the need to change societal attitudes about it.
- ✓ Facilitate community forums to discuss this issue and potential solutions; spread the word through community group meetings and communications, as well as the local media (newspaper, radio, television).

The following section describes the results of the discussion in more detail.

Summary of Discussion

Matt Hastie presented selected findings related to substance abuse from a random sample telephone survey, written questionnaires completed by service providers, and other research conducted as part of the needs assessment. He asked participants a series of questions, which are listed below (in ***bold italics***) along with a summary of responses.

What is your general reaction to the survey and research findings?

- Did you consider that many people do not have a phone? I'm concerned that key populations such as the homeless may have been missed.
- Methamphetamine (meth) use may have decreased among youth during the past year, but alcohol use rates appear to be the same.
- The high percentage of those reporting a need for treatment in the census data, compared to the lower percentage of those reporting it in the phone survey, is interesting. This is probably because people suspect their identities are known during the phone survey, and are reluctant to admit a problem or illegal activity.
- It may also be because they do not recognize they have a problem.
- Many adults do not see how they contribute to the problem. For example, they'll identify a problem in their teenage children, but not consider removing or locking up the alcohol they keep in their homes.
- There is denial of substance abuse problems among people in every walk of life. The issue cuts across socioeconomic lines.

Census data indicates that 12% of Benton County residents report a substance abuse problem. Do you think that percentage is low?

- Yes. It probably is double that. Statistics tend to underestimate this problem.

How significant of a problem do you feel substance abuse is, compared to other problems in the County?

- Participants agreed that it is highly significant.
- Kids have tremendously easy access to drugs and alcohol.

Do you think a higher percentage of people in the County have this problem than the survey seems to indicate?

- Drugs are perceived as a bigger problem, although alcohol abuse is probably more prevalent. Alcohol is socially acceptable. There has been more publicity in the last few years related to drugs and their connection to other crime, particularly meth use. The connection between alcohol and crime is less publicized.
- Eighty percent of law enforcement issues are related to alcohol or drugs, either directly or indirectly. During the graveyard shift, 85-90% of incidents are probably alcohol-related.
- We live in a culture of drinking. Kids see parents consuming it socially. It is readily available in homes.
- OSU football games are advertised as family-friendly, yet there is heavy consumption of alcohol there and a culture of drinking.
- How recent was the question about meth asked in the teen survey cited in your handout? Meth use and meth-related incidents among youth seem to have increased every year.

- The problem often starts during the teen years. Parents often deny the possibility that their kids are using drugs.
- The community needs to recognize the problem before much can be done.
- High school dropouts account for a percentage of users; they are not in school taking the (teen) survey. That may indicate underestimating of the problem in that survey. There often is a relationship between dropping out of school and substance abuse.
- Painkillers are a problem in high school. Usage has increased faster than that of other substances in the last few years for both youth and adults. They are very easy to obtain.

Can you identify ways to get more information on this topic?

- Interview those with higher tendencies toward substance abuse.
- Consult service providers in fields such as community outreach and mental health, and people in treatment centers or getting treatment.

What local initiatives or solutions can be undertaken to address and reduce alcohol and drug abuse in Benton County?

- There is very little funding to address this issue. People are being cut from the Oregon Health Plan. There is only one organization in the County that provides free residential treatment services for youth with substance abuse issues and they only have space for one or two kids from this county (they serve the Portland area as well).
- Resources are needed on all levels. Law enforcement agencies are under-staffed and under funded. This sometimes leads to the inability to implement some programs at all. For example, we do not have dedicated narcotics officers. We only catch people with meth labs when we run across them as part of other investigations.

- There needs to be more focus on prevention. It needs to start with community awareness.
- OSU should be at the front of awareness and prevention efforts, particularly related to alcohol abuse. OSU should partner with others in Benton County on this issue.

- OSU's efforts have improved in recent years. They have one full-time prevention person. Alcohol use is a significant problem there; it is evident in all parking lots and open spaces on football game days. There seems to be little enforcement during those events.
- Early intervention and treatment for youth is practically nonexistent. Follow-up also is important because relapse is a huge issue.
- It is a problem that insurance does not pay for residential treatment.
- There need to be designated drug/alcohol counselors or outreach staff in schools. Such people can build relationships with students and provide consistency. They also should be skilled at working with parents.

- Inadequate parenting skills are a big part of the problem. Poor parenting is passed on through generations.
- Many parents seem too enabling of bad behavior. Their desire to be friends with their children overrides needed discipline and they are too lenient. This is especially a problem among single parent households, which are an increasing percentage of all families. School attendance is an example of this; parents are increasingly lenient about it.
- Society has contributed to this by making parents afraid to punish their children. They have passed this responsibility on to others outside the home. Teaching good parenting skills needs to start very early in life.
- Parenting classes exist for families with problems. Perhaps they should be offered for more of the population. However, many people do not take advantage of these classes.
- In the past, there were more counselors in schools and they worked with parents.

- Head Start is a program that works. Early action is key.
- There is little federal funding.
- Elementary schools have completely cut counselors.
- No longer having police in the schools is a big problem. Funding continues to be unavailable.
- Law enforcement agencies can barely cover basic enforcement, much less education and prevention. We are typically in a reactive mode.
- Building relationships between law enforcement officers and teens in schools is effective. The officers become a familiar face and are seen as providing valid information.
- It would be good to see how our area compares to others and learn from those that are doing better.
- Here, we face issues associated with being a college town (e.g., a high rate of alcohol use) and people with many different backgrounds and attitudes.
- The DARE program promotes relationships among education, parenting and law enforcement to address substance abuse issues. In Corvallis, we often are missing the parenting and enforcement elements, leaving only the schools component. It would be interesting to hear from students who have participated in the program about how it has influenced their substance use problems.
- Solutions need to start with educating the community and include funding.

How should community leaders or others inform and engage residents, business owners, or others in helping solve these problems?

- Provide statistics and other information on the effects of substance abuse.
- Utilize advertising, which has been effective in dealing with issues such as pollution and smoking.
- Fundraising to rebuild Reser Stadium was an example of the community contributing money for a common goal. We need people to decide that substance abuse is just as important and convince people to focus their resources on addressing it.
- Tangible results are needed to capture and maintain public interest.
- There is a lack of emphasis and seriousness in the press about these issues. Newspapers often treat criminal activity as humorous.
- About a year ago, the United Way gathered partners to discuss issues such as meth use. A relatively small number of people attended but it was a step in the right direction. It could be done again with more advertising and an expanded program and focus. Attendees could spread the word to other community members.

- As long as people have the perception that this is someone else's problem, they will not participate.
- There is a small-town mentality here that people want to protect. This contributes to denial.
- The public needs to see that enforcement is needed to be willing to fund it. We need to educate the community about resources that exist and do not exist. We also need to show how resources have made a difference.
- Our street crimes unit is a good program that has been mandated but not funded, and therefore, not staffed. Corvallis has a relatively low ratio of law enforcement officers per capita compared to other communities and the state.
- Neither city nor county law enforcement needs are communicated to the public.
- Schools have the same problem.
- The fire department on the other hand, does not have this problem. People feel a stronger connection to fire services and have been willing to fund them.

- Hewlett Packard and OSU are the largest employers in the area. They contribute to the issue and should contribute to a solution. For example, parents could be allowed more flexible shifts to enable them to spend more time with their kids.
- Funding and partnerships could help.
- OSU representatives have recently participated in various task forces.
- Oregon's strong constitutional protections of freedom of speech can create an obstacle, e.g., public drunkenness is not a crime, nor is having an illegal substance in the body. This differs from other states' laws.

What could be some short-term successes to build on?

- The Downtown Corvallis Association (DCA) once assisted with an enhanced bike officers program that focused on education, enforcement and prevention. The press was invited to events. It had tangible successes. Unfortunately, we couldn't continue to fund the program without outside support.

- Currently, there are not enough stories in the media aimed at substance abuse. The local newspaper could publish success stories about substance abuse and mental health issues or creative programs.
- Consider public pressure from community and business leaders.

- The school district could provide information on indicators of substance abuse or related problems such as attendance, dropout rates and student skills. However, there often is a disincentive to report such data if it does not shed a good light on the schools.

Who could help with these solutions?

- County and city leaders.
- The citizens, if they are educated about the extent of problems and potential solutions.
- Albany's newspaper provides much more exposure on the issue and funding is supported by that community.
- There is considerable support here for schools, but it is not enough.

Is there anything else you would like to add?

- Start with getting the word out about problems. Use the media (print, radio), public forums, informational flyers, utility bill inserts, the Corvallis city newsletter, and community organizations like the United Way, which could host community forums.
- OSU needs to help by discouraging drinking.
- Look at drunk driving; attitudes have changed and there have been more arrests. This is an example of a change in society's attitudes.
- More punishment is needed for substance abuse-related offenses. It is made more difficult by lack of jail space.
- National attitudes on many aspects are an issue. Until they change, addressing substance abuse issues will be very difficult.