Oregon's Trends: National Core Indicators 2020 to 2023

Snapshot: Trends Since 2020 in Oregon vs the US

Health and Wellness

Technology and Safety

Community Developmental Disability Programs (CDDP) and Brokerage Services

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Snapshot: Trends Since 2020 in Oregon vs the US

To compare how Oregon adults with intellectual and developmental disabilities (I/DD) are doing relative to their peers across the United States, this snapshot presents trends in National Core Indicators (NCI) from 2020 to 2023. NCI is a national collaborative effort to collect and report data from people receiving services from state human services systems. The goal of NCI is to hear directly from people receiving services, and their families, and to use their input in improving service delivery to better enhance individuals' lives.

Data in this section come from NCI national reports across three survey years: 2020-21, 2021-22, and 2022-23. These publicly available reports present national averages as well as results from each state that participates in NCI. Here, we highlight only those indicators on which Oregon differed from national outcomes in a statistically significant or approaching statistically significant way.

For these statistics, significance above or below the national average was determined by NCI's analytic methods. The authors of this report also added a category for "approaching" statistical significance if the published estimate for Oregon was within one percentage point of the value of the apparent significance threshold. It should be noted that this is not a standard scientific definition of approaching significance. It is an estimate devised to provide some additional potentially useful information about trends across time in Oregon. In text, findings that are approaching significance are clearly marked as such.

Findings in this section are presented two ways, in bullet-pointed text and in data tables. Definitions specific to the bullet points include the following:

> **Consistent:** Oregon differed statistically significantly from the nation across all three years of data;
>
> **Fairly Consistent:** Oregon differed statistically significantly from the nation in two of the three years of data;
>
> **New:** The result for 22-23 is statistically significantly different from one or both of the two prior years of data; or
>
> **Needs Monitoring:** Oregon was below or nearly below the national average in at least two of the last three years.

In the tables, results are labeled according to the following legend:

> * - difference is statistically significant, as reported by NCI
> **a** - difference approaches statistical significance, as defined by the authors
> **q** – the question differs slightly from later years

The snapshot of trends since 2020 is divided into two parts. The first part celebrates the assessment areas where Oregon shines with above-average results, compared to other states. The second part includes opportunities for Oregon to improve, as it currently falls below national averages. Later sections include a deeper look into some of the variables where Oregon lags, so as to illuminate potential pathways to strengthen and improve.

Part 1: Oregon Shines

Employment

- Consistent Across Years
  - Compared to national respondents, Oregon respondents are more likely to have community employment as a goal in their service plan

- New in 2022-23
  - Oregon respondents are more likely than the national average to have a paid job in the community
  - They are no longer more likely than the national average not to have a job and to want a paid job in the community
  - Among respondents with jobs in the community, there is a trend toward being more likely to choose where they want to work

Table 1. Oregon shines: Employment

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Has community employment as a goal in service plan	50	25	*	47	25	*	52	27	*
Has a paid job in the community	22	17	*	21	16	a	19	15	
Does not have but wants a paid job in the community	45	44		56	47		63	50	*
Chooses or helps choose where they work	93	86	a	90	90		95	93	

* statistically significant; [a] approaching statistical significance

Choice and Decision-Making

- Fairly Consistent Across Years
  - Oregon respondents are more likely than the national average to be able to change their case manager or service coordinator if they want to

- New in 2022-23: Oregon respondents are more likely than the national average to:
  - Choose their staff or know they can request to change staff
  - Choose or have some input in choosing their housemates
  - Choose or have help deciding how to spend their free time
  - Choose or have input in choosing their regular daily activities or day program
  - Choose or have help deciding how to use their spending money

Table 2. Oregon shines: Choice and decision-making

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Able to change case manager / service coordinator	81	76	*	80	74	*	87	88	
Choose staff or know they can request to change staff	68	59	*	63	63		58	66	
Choose or help to choose their housemates	63	43	*	48	44		40	45	
Choose or help to decide how to spend free time	97	93	*	88	88		93	94	
Choose or help to choose regular daily activities	90	83	*	89	86		86	88	q
Choose or get help deciding use of spending money	95	89	*	93	90	a	90	90	

* statistically significant; [a] approaching statistical significance; [q] question differs slightly from later years

Community Inclusion and Participation

- Consistent Across Years
  - Oregon respondents are more likely than the national average to have ever voted or to have had the opportunity to vote and chosen not to

- Fairly Consistent Across Years
  - Oregon respondents are more likely than the national average to have gone out on errands at least once in the last month

- New in 2022-23
  - Oregon respondents are no longer less likely than the national average to have gone out to restaurants or coffee shops in the last month
  - They are no longer less likely than the national average to participate in self-advocacy groups or meetings, or to have the opportunity and choose not to
  - They are more likely than the national average to take part in groups, organizations and communities online or in-person

Table 3. Oregon shines: Community inclusion and participation

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Votes or has opportunity to vote	64	48	*	67	54	*	58	40	*
Has gone out on errands in the last month	86	81	*	86	81	*	73	72	
Has gone out to restaurants and coffee shops	81	82		66	77	*	45	58	*
Participates in self-advocacy groups or meetings	30	29		25	34	*	18	25	*
Takes part in groups, organizations, or communities	33	25	*	27	26		26	27	Q

* statistically significant; [a] approaching statistical significance; [q] question differs slightly from later years

Relationships

- Consistent Across Years
  - Oregon respondents are more likely than the national average to be able to go on a date, be married, or live with a partner

- New in 2022-23
    - Oregon respondents are no longer below the national average on having friends they can meet in person when they want
    - Oregon respondents are no longer above the national average on loneliness

Table 4. Oregon shines: Relationships

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Go on dates, be married, or live with partner	88	78	*	88	77	*	84	73	*
Have friends and able to meet when wanted	63	68		58	68	*	53	69	*
Often feels lonely	16	13		22	11	*	14	11	

* statistically significant

Service Coordination

- Fairly Consistent Across Years
    - In Oregon, service plans are more likely than the national average to include goals to increase independence among respondents who want to complete activities of daily living more independently

- New in 2022-23
    - Oregon respondents are more likely than the national average to have had the people they want present at their last service meeting
    - Oregon is no longer below the national average on respondents helping to make their service plan
    - Oregon is no longer below the national average on case managers / service coordinators reviewing service plans with the respondent throughout the year

Table 5. Oregon shines: Service coordination

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Service plan includes goals to increase independence	88	77	*	--	--		88	76	*
Had the people they wanted at last service meeting	97	93	*	92	94		91	93	
Helped to make their service plan	71	75		66	75	*	--	--	
Case managers / service coordinators review plans	85	87		81	88	*	--	--	

Notes: no data on first indicator for 2021-22; no data on last two indicators for 2020-21
* statistically significant

Technology

- Fairly Consistent Across Years
    - Oregon is above the national average in respondents' use of videoconferencing technology to talk with their case manager / service coordinator
    - Oregon respondents are more likely than the national average to have a cell phone or smart phone

Table 6. Oregon shines: Technology

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Uses videoconferencing to talk with case managers	64	50	*	73	59	*	--	--	
Has a cell phone or smartphone	79	69	*	81	66	*	70	65	

Note: no data on first indicator for 2020-21
* statistically significant

Health

- New in 2022-23
    - Oregon respondents are no longer less likely than the national average to have had a complete physical in the last year

Table 7. Oregon shines: Health

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Had a complete physical in the past year	80	83		64	85	*	71	79	*

* statistically significant

Part 2: Opportunities to Improve

Health

- Consistent Across Years
    - Oregon respondents are less likely than the national average to have had a routine dental exam in the past year
    - Oregon respondents are less likely than the national average to have had a hearing test in the last 5 years

- Fairly Consistent Across Years
    - Oregon respondents are less likely than the national average to have had a flu vaccine in the last 12 months

- Needs Monitoring
    - Oregon respondents are below or nearly below the national average on receipt of an eye exam or vision screening in the past year
    - Oregon women ages 21 and older are below or nearly below the national average on receipt of a Pap test in the last 3 years

Table 8. Opportunities to improve: Health

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Had a routine dental exam in the past year	70	76	*	62	75	*	59	69	*
Had a hearing test in the past 5 years	21	47	*	28	51	*	36	49	*
Had a flu vaccine in the past 12 months	61	71	*	57	73	*	66	72	
Had an eye exam in the past year	47	53	a	44	56	*	43	49	
Had a Pap test in the past 3 years	45	49	a	43	55	a	37	52	*

* statistically significant; [a] approaching statistical significance

Technology

- Fairly Consistent Across Years
    - Oregon respondents are less likely than the national average to say their internet always works at home

- New in 2022-23
    - Oregon is below the national average on respondents' use of technology to access supports and services (not including case management / service coordination or telehealth)

Table 9. Opportunities to improve: Technology

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Internet always works at home	70	86	*	72	85	*	67	83	q
Uses technology to access supports and services	21	29	*	28	32	a	--	--	

Note: no data for 2020-21 on using technology to access supports and services

* statistically significant; [a] approaching statistical significance; [q] question differs slightly from later years

Safety

- Consistent Across Years
    - Oregon respondents are more likely than the national average to feel afraid in their home, neighborhood, transport, workplace, day program / daily activity, or other places

Table 10. Opportunities to improve: Safety

	2022-23			2021-22			2020-21		
	OR	US		OR	US		OR	US	
	%			%			%		
Feels afraid at home, in neighborhood, or other locale	30	21	*	30	20	*	29	20	*

* statistically significant

Introduction to New Data Analyses

Information for new analyses in this report came from Oregon participants in the 2020-21, 2021-22, and 2022-23 National Core Indicators (NCI) surveys. We combined three years of data to increase the sample sizes available for analysis. Whereas the Snapshot section above draws from findings in the NCI national reports, this section comprises original data analyses. The next pages describe findings related to health and wellness, healthcare receipt, and barriers to healthcare among adults with I/DD. We provide weighted results for the overall NCI Oregon sample, as well as among demographic subgroups.

For the subgroup comparisons, only those that were statistically significant or approaching statistical significance are highlighted. Statistical significance refers to the probability that an event or difference did not occur by chance alone. For this report, we considered differences to be statistically significant if there was less than a 5% probability ($p < 0.05$) that weighted computations of the observed difference happened by chance. We considered differences to be approaching statistical significance if the probability that they happened by chance was greater than 5% but less than 10% ($p < 0.10$).

Where possible, we also include results from the Oregon Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is an annual telephone survey that asks about health, behaviors that affect health, and access to healthcare. The survey is random, meaning that any Oregon adult might be called. However, some groups of people are excluded. Children under age 18 and people who are in an institution, such as a jail or nursing home, are not included in the survey. People who are homeless, have no telephone, or do not speak English or Spanish are not included. Some people with disabilities may not be included because they do not understand the questions, cannot get to the phone in time, or use a special telephone that sounds to the caller like a fax machine. In the BRFSS survey, people are considered to have a disability if they answer "yes" to one or more of the following:

1. Are you deaf or do you have serious difficulty hearing?
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4. Do you have serious difficulty walking or climbing stairs?
5. Do you have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

When similar health questions were used on both the BRFSS and the NCI survey, we report weighted data for NCI respondents as well as BRFSS respondents with and without disabilities. While no statistical comparisons could be calculated to directly compare NCI with BRFSS results, BRFSS data provide some context for understanding the health of adults with I/DD relative to Oregon adults with and without other types of disabilities.

Health and Wellness

Overall Health Status

Among Oregon adults with I/DD, 18% have excellent overall health, 31% have very good health, 37% have good health, 11% have fair health, and 3% have poor health. Comparing NCI with BRFSS data on the same indicator, results suggest that the perceived health of people with I/DD more closely resembles the Oregon adult population without disabilities than the population of Oregon adults with other types of disabilities.

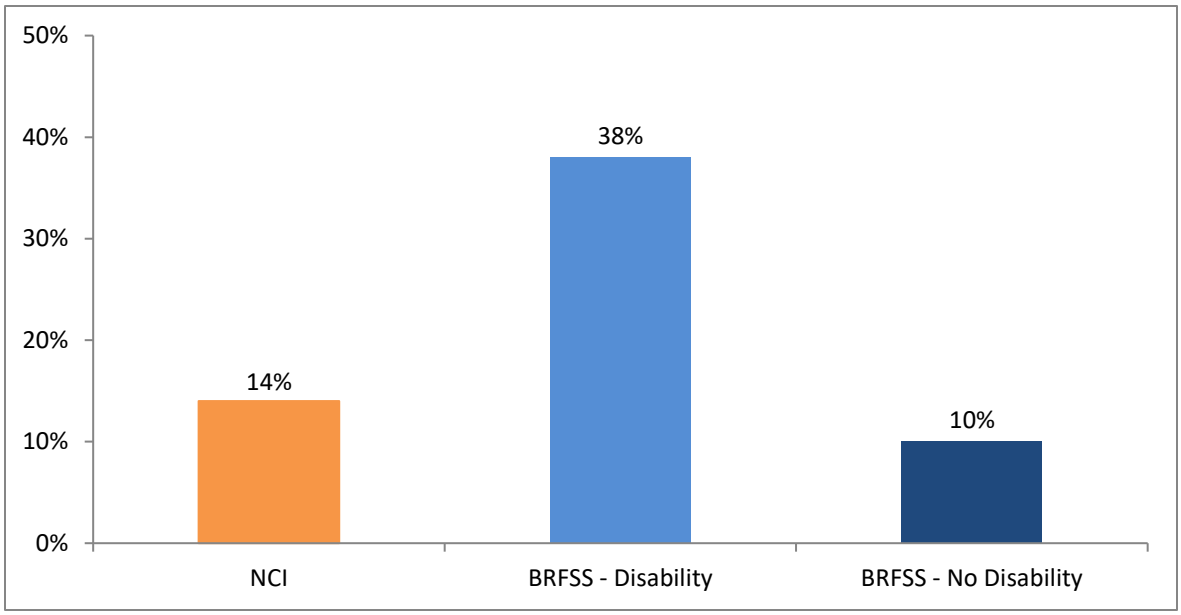

Figure 1. Oregon adults with fair or poor health, NCI (2020-23) and BRFSS (2022)

Among adults with I/DD, women (20%) were more likely than men (11%) to experience fair or poor health (p = 0.004). There were no geographical differences (metropolitan vs. non-metropolitan areas) in Oregon adults' likelihood of experiencing fair or poor health. (Non-metropolitan includes micropolitan areas, small towns, and rural areas.)

Oregon adults with I/DD who reported "any other" race were more likely (39%) than adults of other races or ethnicities to experience fair or poor health (p < .001). See Table 11. (Estimates from sample sizes less than n = 30 are suppressed.)

Table 11. Oregon adults with fair or poor health by race and ethnicity, NCI (2020-23)

White Only, NH	Any AIAN, NH	Any Asian, NH	Any Black, NH	Any NHPI, NH	Hisp or Latino	Any Other, NH
n = 548	n = 20	n = 34	n = 46	n = 10	n = 94	n = 37
13%	--	9%	14%	--	15%	39%*

Oregon adults with mild ID (15%) were significantly more likely than adults with moderate, severe, or profound ID (6%) to experience fair or poor health (p = 0.01).

Physical Activity

Among Oregon adults with I/DD, 84% engaged at least once a week in physical activities for at least 10 minutes at a time. This is higher than the percentage of BRFSS respondents with disabilities who reported exercising (Figure 3), especially given that BRFSS asks about any exercise in the past 30 days rather than weekly exercise.

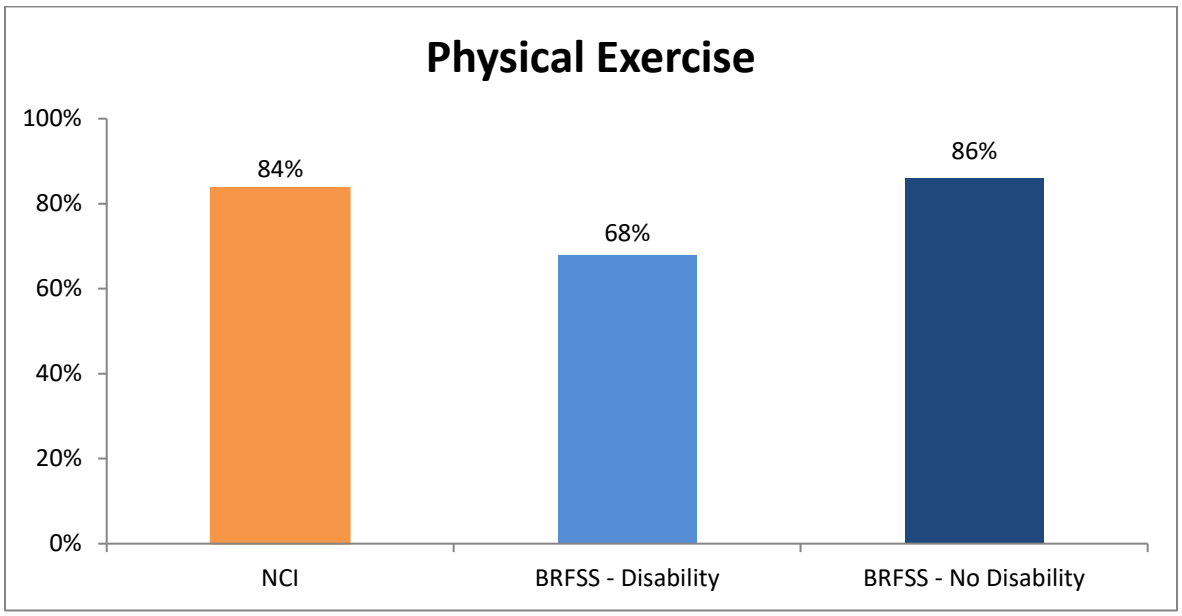

Figure 2. Participation in physical activity, NCI (2020-23) and BRFSS (2022)

Men (83%) were more likely than women (78%) to exercise at least once a week (p = 0.02) and exercised significantly more times per week (p = 0.04). See Table 12.

Table 12. Number of times exercised per week, NCI (2020-23)

	None	1-2	3-4	5 or more
		%		
Male	14	17	19	51
Female	21	14	22	42

There were no significant differences in physical activity among racial or ethnic groups, nor among metropolitan vs non-metropolitan adults with I/DD. However, adults with more severe ID were less likely to exercise than individuals with less severe ID (p < 0.001).

Table 13. Exercised each week by ID level, NCI (2020-23)

	Mild	Moderate	Severe	Profound
		%		
Exercised	82	90	64	61

Tobacco Use

Only 10% of Oregon adults with I/DD used nicotine or tobacco products. This is considerably lower than the percentage of BRFSS respondents with and without disabilities who currently smoke every day or some days (Figure 3).

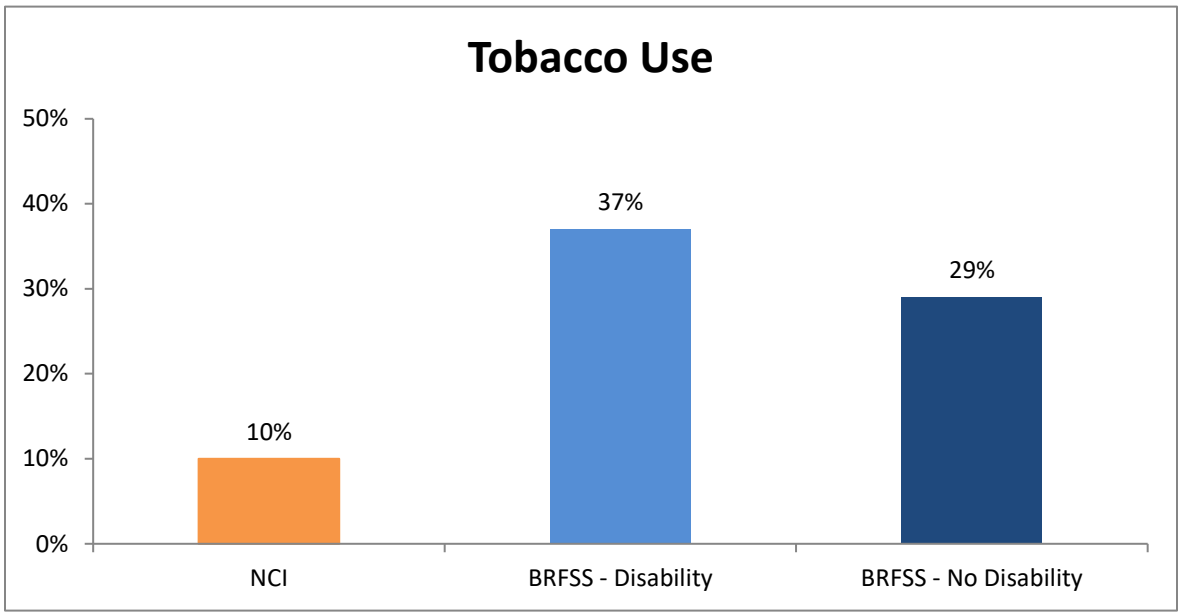

Figure 3. Nicotine or tobacco use, NCI (2020-23) and BRFSS (2022)

In NCI data, there was no significant difference between men and women on tobacco use.

Because smoking rates were relatively low, sample sizes were too small to detect any race- or ethnicity-related differences in tobacco use among Oregon adults with I/DD.

Non-metropolitan respondents (16%) were significantly more likely than metropolitan respondents (8%) to use nicotine or tobacco ($p < 0.001$). Respondents with mild ID (14%) were significantly more likely than people with moderate to profound ID (5%) to use tobacco ($p < 0.001$).

Routine Physical Exams, Dental Visits, and Flu Vaccination

The majority of Oregon adults with I/DD received a routine physical exam within the past year (70%), visited a dentist within the past year (64%), and received a flu vaccine in the past year (61%). Compared to people with other types of disabilities, as measured by BRFSS, physical exam rates were lower, while dental visits and flu vaccinations were more common for NCI respondents (Figure 4).

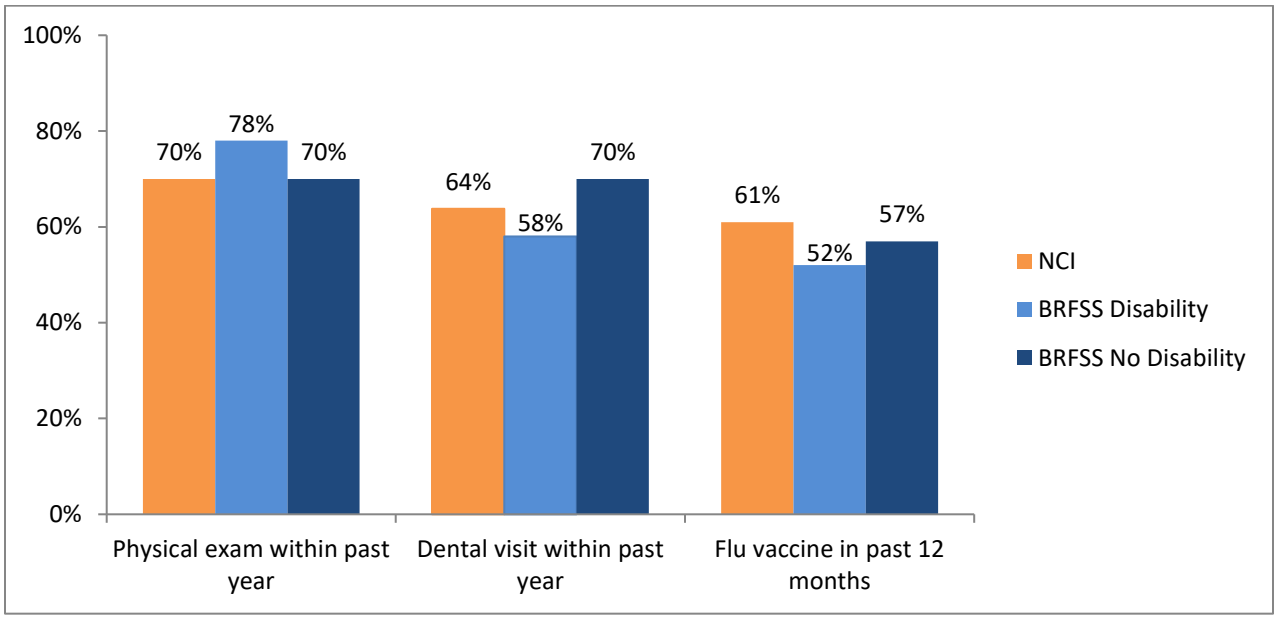

Figure 4. Physical exam, dental visit, and flu vaccine, NCI (2020-23) and BRFSS (2022)

In NCI data, there were no statistically significant differences between men and women in receipt of a physical exam, dental visit, or flu vaccine in the past year.

There were no significant differences in receipt of routine physical exams, dental visits, or flu vaccinations by race or ethnicity.

Approaching statistical significance, respondents from non-metropolitan areas (68%) were more likely than metropolitan residents (62%) to have seen a dentist in the last year (p = 0.07). Respondents from non-metropolitan areas (55%) were significantly less likely than metropolitan respondents (63%) to have received a flu vaccine in the past 12 months (p = 0.01).

Respondents with mild or moderate ID (67%) were significantly more likely than individuals with severe or profound ID (47%) to have seen a dentist within the past year ($p < 0.001$). Approaching statistical significance, respondents with mild or moderate ID (61%) were less likely than those with severe or profound ID (72%) to have received a flu vaccine (p = 0.07).

Eye Exams and Hearing Tests

The NCI asks about eye exams and hearing tests, while BRFSS does not include data on these types of health checks. Among Oregon adults with I/DD, 44% received an eye exam within the past year. An additional 16% had received an eye exam between 1 and 2 years ago.

There was no statistically significant gender-related difference in the likelihood of receiving an eye exam within the past year. Similarly, there were no significant differences by race, ethnicity, geography, or level of ID.

Only 28% of Oregon adults with I/DD received a hearing test within the past 5 years; however, it should be noted that 27% of respondents did not know whether or how long it had been since they had received a hearing test.

There were no statistically significant differences in receipt of hearing tests within the past 5 years by gender, race or ethnicity, geography, or level of ID.

Breast and Cervical Cancer Screening

The U.S. Preventive Services Task Force (USPSTF) recommends a breast cancer-screening mammogram every 2 years for women ages 50-75 years. For women ages 40-49 and women over 75, the choice to screen is an individual one, based on risk factors. The NCI survey in 2020-21 asked about mammograms for women ages 40 and up, while the 2021-22 and 2022-23 surveys asked about mammograms for women ages 50 and up. In Oregon, 73% of women with I/DD had a mammogram in the last 2 years, which is higher than women with other types of disabilities, as estimated by the BRFSS. See Figure 5.

The USPSTF recommends that women ages 21-64 receive a Pap test every 3 years to screen for cervical cancer. According to NCI data, 44% of women ages 21-64 with I/DD had a Pap test within the last 3 years. The proportion is similar to that of Oregon women with other disabilities, estimated with BRFSS data (Figure 5).

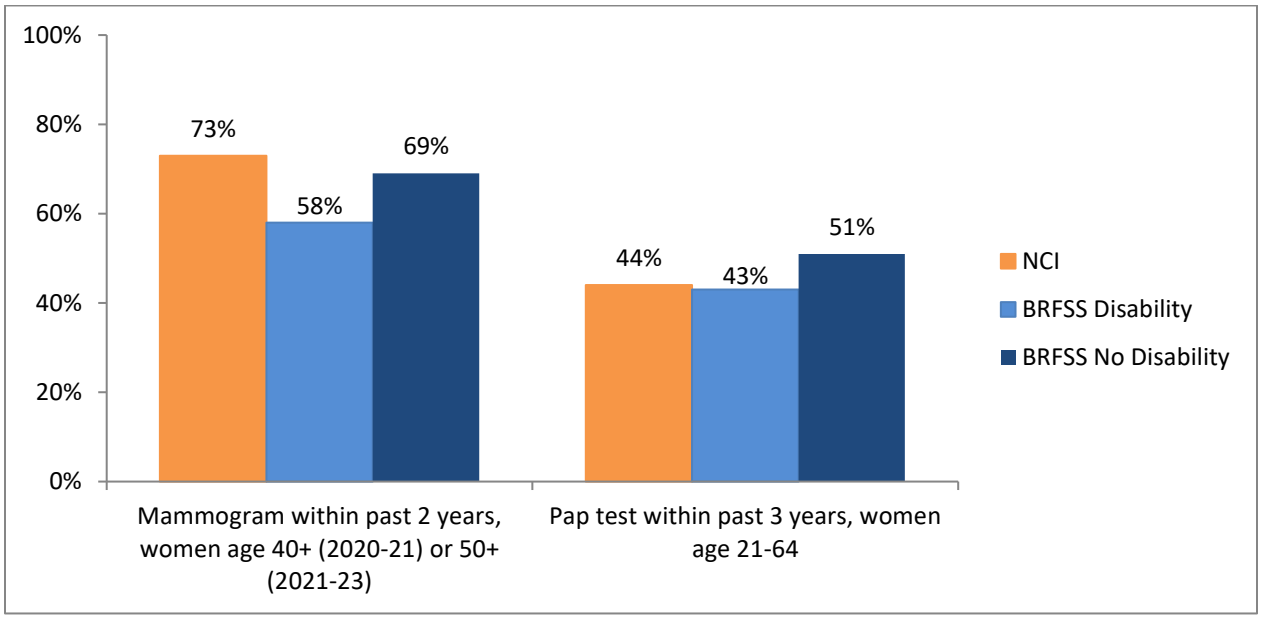

Figure 5. Breast and cervical cancer screening, NCI (2020-23) and BRFSS (2022)

Among Oregon women with I/DD, no statistically significant differences in breast cancer screening or Pap tests were detectable where the population size was sufficient, except by level of ID. There were too few female respondents in the specified age ranges to draw conclusions about possible race or ethnic differences.

For both types of screening, there were statistically significant differences by level of ID; women with milder ID were more likely to have had a timely mammogram ($p < 0.001$) and to have had a Pap test in the last 3 years ($p = 0.001$). See Table 14.

Table 14. Mammogram and Pap test by ID level, NCI (2020-23)

	Mild	Moderate	Severe	Profound
		%		
Mammogram last 2 years	89	65	38	39
Pap test last 3 years	54	36	23	14

Colorectal Cancer Screening

For adults ages 50-75 years, the USPSTF recommends a blood stool test every year, sigmoidoscopy every 5 years, or colonoscopy every 10 years to screen for colorectal cancer. The NCI survey in 2020-21 asked about colorectal cancer screening for individuals ages 50 and up, while the 2021-22 and 2022-23 surveys asked about colorectal cancer screening for individuals ages 45 and up.

Among those ages 45 and up, Oregon adults with I/DD were not as likely as Oregon adults with other types of disabilities to have been screened for colon cancer. As illustrated in Figure 6, NCI data showed that 32% of Oregon adults with I/DD ever had a colonoscopy or sigmoidoscopy, while BRFSS data showed that 73% Oregon adults with other types of disabilities ever had a colonoscopy or sigmoidoscopy. Similarly, Oregon adults with I/DD (11%) were less likely than adults with other types of disabilities (18%) to have had some other type of colorectal cancer screening if they never had a colon- or sigmoidoscopy.

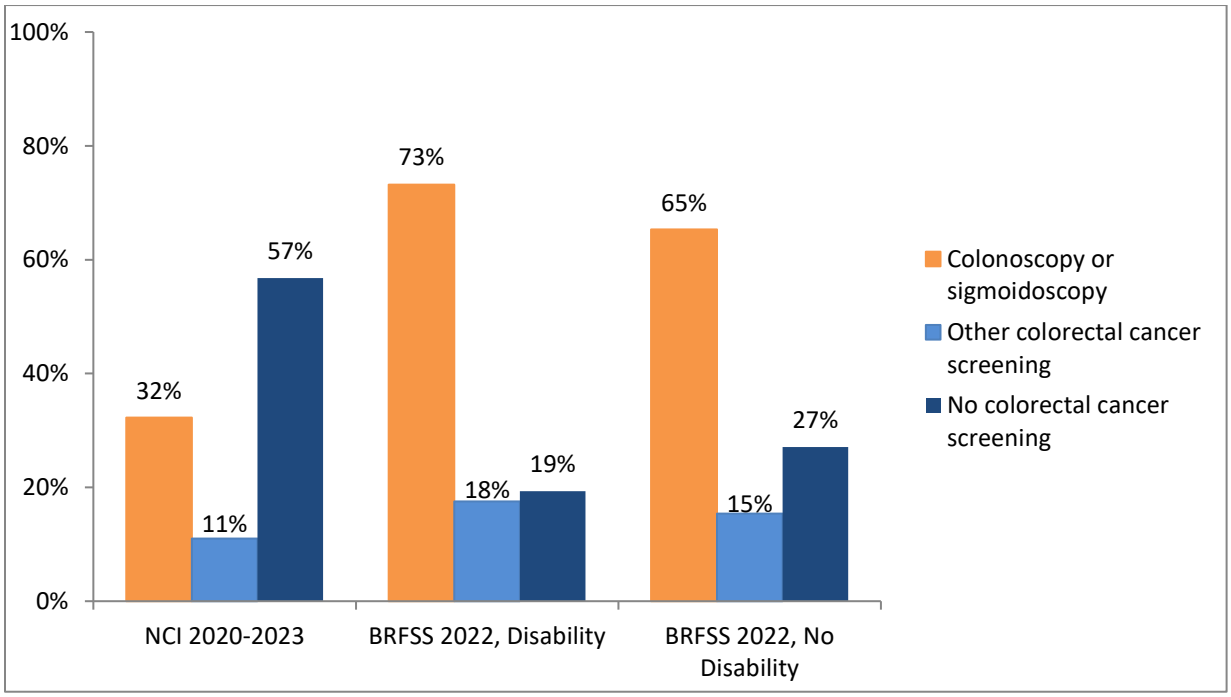

Figure 6. Colorectal cancer screening, NCI (2020-23) and BRFSS (2022)

Among adults with I/DD, women (37%) were less likely than men (48%) to have had any colorectal cancer screening (p = 0.01). With regard to specific tests, women (22%) were less likely than men (39%) to have a colonoscopy or sigmoidoscopy, and women (15%) were more likely than men (8%) to have had any other type of colon cancer screening if they had not had a colon- or sigmoidoscopy. There were no statistically significant differences in screening rates by race or ethnicity, or metropolitan or non-metropolitan residence.

Compared to adults with severe or profound ID, adults with mild or moderate ID were more likely to have ever had a colonoscopy or sigmoidoscopy (35% vs 16%) and less likely to have had some other type of colon cancer screening test (9% vs 31%; p < 0.001).

Access and Satisfaction with Health Care

According to NCI data, most Oregon adults with I/DD have a primary care health professional, and the majority do not need to delay seeking medical care when needed. See Figure 7. (Health insurance coverage was not assessed in 2021-22 or 2022-23, so instead this section includes satisfaction with health care received in the last year. This question is not asked in the BRFSS survey.)

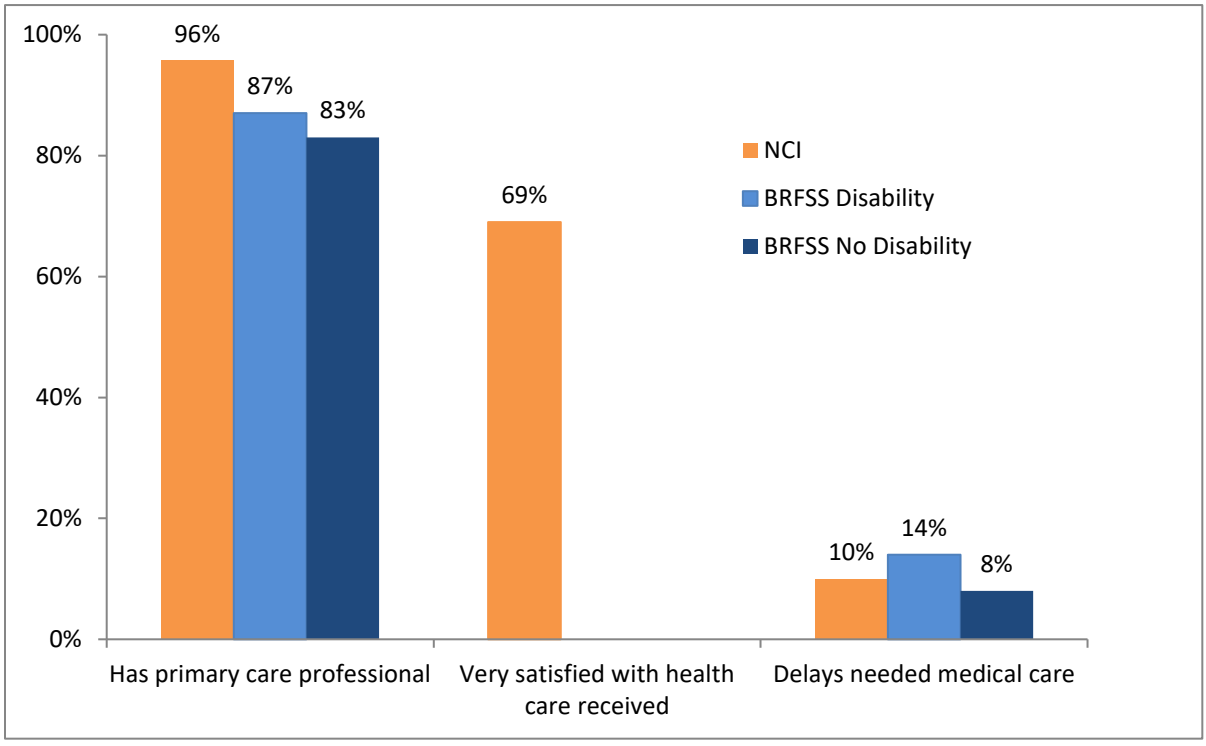

Figure 7. Primary care, satisfaction with care, and delays in care, NCI (2020-23) and BRFSS (2022)

Compared to Oregon adults with and without other types of disabilities (BRFSS data), adults with I/DD are even more likely to have a primary care professional (96%).

Approaching statistical significance, women with I/DD (97%) are slightly more likely than men with I/DD (95%) to have a primary care professional (p = 0.09). There were no statistically significant differences in the likelihood of having a primary care professional by gender, race, ethnicity, geography, or level of ID.

Among people who accessed health care services in the past year, most (69%) Oregon adults with I/DD were very satisfied with the care they received; 27% reported that they were somewhat satisfied, and 4% were not at all satisfied with the health care they received in the last year. Men (72%) were more likely than women (62%) to be very satisfied, while women (32%) were more likely than men (25%) to be only somewhat satisfied with care received (p = 0.05). There were no significant differences by gender, race, ethnicity, metropolitan or non-metropolitan residence, or level of ID in satisfaction with health care received in the last year.

Regarding delayed care, NCI asks respondents whether they needed to delay getting medical care in the last year for any of a list of reasons, including lack of transportation, building inaccessibility, providers not accepting their health insurance, providers not understanding their health needs, not be able to get an appointment soon enough, not being able to reach the provider on the phone, having to wait in the doctor's office too long to be seen, for COVID-related reasons, or for some other reason. Among Oregon adults with I/DD, 8% delayed needed medical care in the past year for **any** reason.

The BRFSS survey only asks about delaying care due to **cost**. According to BRFSS (2022), 14% of adults with disabilities and 8% of adults without disabilities delayed needed medical care due to cost in the past 12 months. Based on NCI data, fewer than 1% of Oregon adults with I/DD delayed medical care due to cost. Accordingly, Figure 7 shows delayed care for <u>any reason</u> among NCI respondents and delayed care due to <u>cost only</u> among BRFSS respondents.

Table 15 shows the most common reasons for delayed care among Oregon adults with disabilities.

Table 15. Top reasons for delaying needed medical care in the past 12 Months, NCI (2020-23) and BRFSS (2022)

	Oregon adults with I/DD (Source: NCI)	Oregon adults with other disabilities (Source: BRFSS)
	%	
Unable to get an appointment soon enough	5	--
Health professional doesn't understand individual's health needs	2	--
Heath professional doesn't accept individual's health insurance	2	--
Cost	<1	14
Other	10	--

There were no significant differences by gender, race, ethnicity, or geography in delayed care among Oregon adults with I/DD. Approaching statistical significance, Oregon adults with mild ID (5%) were less likely than adults with moderate, severe, or profound ID (8%) to delay needed medical care for any reason in the last 12 months (p = 0.08).

Access to Mental Health Services

In the 2021-22 and 2022-23 survey years, NCI asked Oregon adults with I/DD whether they needed support with finding behavioral or mental health services, and 15% said yes. There were no statistically significant differences related to gender, race, ethnicity, geography, or level of ID.

Recommendations: Health and Wellness

Findings in the health and wellness section suggest some areas for possible action to improve the health of adults receiving developmental disabilities services in Oregon.

Physical activity. Among Oregon adults with I/DD, women exercise less frequently than men. Women may need more opportunities for physical activity as well as additional support and encouragement to be physically active.

Tobacco use. Overall, relatively few NCI participants use tobacco. However, 14% of adults with mild ID use tobacco. In listening sessions about tobacco use, the OHSU UCEDD and the Oregon Office on Disability and Health (OODH) have learned that adults with I/DD who currently smoke or are former smokers often started smoking very early in life – as young as 12 years old. Thus, efforts are needed to educate children and youth with I/DD about the dangers of smoking and provide skills to help them resist starting tobacco use. We also learned that people with I/DD are heavily influenced by their caregivers' tobacco use, even if their caregivers do not smoke in front of them. Helping caregivers quit smoking would therefore have significant health impacts, both for them and for the individuals with I/DD they support. These efforts are particularly important in more rural areas, as adults with I/DD in more rural areas are more likely to smoke than adults in metropolitan areas.

Routine preventive health care. The receipt of some routine preventive health care was lacking among Oregon adults with I/DD. Fewer than two-thirds of adults received flu vaccines, and individuals from metropolitan areas were less likely to get flu vaccines than individuals from more rural locales. Fewer than half (44%) of adults with I/DD had an eye exam within the past year, and only 28% were certain they had had a hearing check within the past five years. Routine vision and hearing checks are important to assess needs for appropriate treatment or assistive technology (e.g., glasses, hearing aids). Failure to identify and treat eye problems and hearing loss may result in reduced functioning and quality of life.

Dental visits. Adults with I/DD from non-metropolitan areas were more likely to see the dentist than individuals in metropolitan areas. Still, regardless of geography, fewer than two-thirds of adults with I/DD visited a dentist within the past year. In a 2022 survey of case management entity professionals, OODH heard from personal agents and service coordinators about common barriers to preventive health care that Oregon adults with I/DD face. A general lack of available dental providers and lack of insurance to cover dental care were among the top barriers. Many (25%) survey respondents cited barriers to oral health care, including that dental providers lacked knowledge about disability, willingness to work with people with I/DD, and skill to provide person-centered, disability-competent care. Anxiety and fear of going to the dentist among people with I/DD was noted as a barrier by 15% of respondents. To address these barriers, dental health professionals need training and resources to dispel misunderstandings and stigma about people with I/DD and increase access to care. People with I/DD also need dental health information and resources, like the Taking Charge of My Health Care toolkit for self-advocates, to

understand the importance of routine oral health care and perhaps make dental services less daunting.

Cervical cancer screening. Fewer than half of female NCI participants in the eligible age range received cervical cancer screening within the past three years. Prevalence of screening declined as level of ID increased. Health care providers and others may assume that women with I/DD are not sexually active and therefore not at risk of cervical cancer. However, people with I/DD may be sexually active even if their caregivers are not aware of it. Further, people with I/DD are at very high risk of sexual abuse.[1] Thus, cervical cancer screening may be relevant for more women than are currently receiving screening.

Colorectal cancer screening. Rates of colorectal cancer screening among adults with I/DD in the eligible age range were low compared to rates among people with other types of disabilities and people without disabilities (as measured by BRFSS). Women were less likely than men to have received a colonoscopy or sigmoidoscopy (but more likely than men to have had another type of colorectal cancer screening). Screening was least likely among people with more severe ID. As noninvasive types of colorectal cancer screening become more available, people with I/DD and their families can be educated about these options. Adults with I/DD and their families should be encouraged to talk with their health care professionals about the importance and timing of these preventive measures.

[1] Shapiro, J. (2018). *The sexual assault epidemic no one talks about* . NPR. https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about

A Closer Look at Technology and Safety

As above, this section comprises original data analyses. The next pages take a closer look at findings related to technology and safety, two areas in which Oregon falls below average on some measures compared to other NCI states (see the report's opening Snapshot section Part 2: Opportunities to Improve). To look more closely at these two areas, we share weighted results for the overall NCI Oregon sample, as well as comparisons among demographic subgroups. For the subgroup comparisons, only those that were statistically significant or approaching statistical significance are highlighted.

Statistical significance refers to the probability that an event or difference did not occur by chance alone. For this report, we considered differences to be statistically significant if there was less than a 5% probability ($p < 0.05$) that weighted computations of the observed difference happened by chance. We considered differences to be approaching statistical significance if the probability that they happened by chance was greater than 5% but less than 10% ($p < 0.10$). It is important to note that due to differences in weighting procedures for the national versus state samples, results shared here using weighted Oregon survey data may differ slightly from results published in the NCI national reports.

Technology

The Technology section of the NCI survey was new in 2021-22. Results in this section come from two combined survey years: 2021-22 and 2022-23.

Compared to other states, Oregon is above the national average in some measures of technology use and below the national average on other measures of technology use among adults with I/DD. For example, according to the NCI national report for 2022-23, Oregon adults with I/DD are more likely than the national average to have cell phones or smartphones, and they are more likely than the national average to use videoconferencing to talk with their case managers / service coordinators.

At the same time, the NCI national report for 2022-23 indicates that 21% of Oregon adults with I/DD use technology to access supports and services (other than case management / service coordination and telehealth), compared to 29% of adults with I/DD nationally. Moreover, 70% of Oregon NCI participants report that the internet "always" works at home, compared to 86% nationally. To better understand differences in technology access and use, we looked more closely at Oregon responses to other questions in the survey's Technology section. Next, we present the results related to overall access and use of the internet and applications, telehealth, and videoconferencing.

<u>Internet and application use</u>
Asked if they have access to the internet at home or any place they spend time during the day, most Oregon adults with I/DD (86%) said yes. Among those with access, most (86%) use the internet daily or several times a week. A few (4%) use it less frequently (several times a month or year), and 10% never use the internet. Among adults with I/DD who use

it, most (although significantly fewer than the national average) said the internet "always" works at home.

Far fewer Oregon adults with I/DD (37%) say they use technology in their everyday lives to increase their independence. This includes using applications to help get places, give reminders to take medications, or learn to do things like prepare meals. Only 28% of respondents said that their case manager or service coordinator had talked to them about technology that might help them do more things on their own in their everyday life.

Telehealth

A little more than half (57%) of Oregon adults with I/DD have used telehealth (phone, computer, or videoconference) to talk with a doctor, therapist, or other health care professional. Of these adults, about half (52%) said they liked using telehealth; 24% said they did not like it, and 24% were "in-between."

Services by videoconference

More than two-thirds (69%) of Oregon adults with I/DD have talked with their case manager / service coordinator using videoconference. Asked whether they liked talking with their case manager / service coordinator using videoconference, just over half (52%) said yes; 23% said no, and 25% were "in-between."

NCI participants were asked whether they used videoconferencing for any other services, such as job coaching, attending a day program, or other provider activities. Fewer than one-third (29%) said yes.

Group differences in the use of technology

There were no significant gender-related differences in technology access or use among Oregon adults with I/DD.

Asian adults with I/DD (58%) were significantly more likely than White adults with I/DD (34%) to use technology in their everyday lives to help them do things on their own. No other statistically significant differences by race or ethnicity were detectable. This may indicate that no differences exist in the population, but in several cases sample sizes were too small to draw this conclusion with confidence.

Although internet access and frequency of use did not differ by geography, Oregon adults with I/DD from metropolitan areas (40%) were more likely (to a degree approaching statistical significance) than adults with I/DD from non-metropolitan areas (33%) to use technology in their everyday lives ($p = 0.08$). Adults with I/DD from metropolitan areas (76%) were significantly more likely than adults with I/DD from more rural areas (65%) to use videoconferencing for case management / service coordination, telehealth, or other supports and services ($p = 0.04$).

Among Oregon adults, internet and technology use differed significantly by level of ID. Adults with mild or moderate ID were more likely than adults with severe or profound ID to have access to the internet ($p < 0.001$), use the internet daily or weekly ($p < 0.001$), and

use applications to increase independence in everyday life ($p < 0.001$). While there was no difference by level of ID in the likelihood of using videoconferencing for case management / service coordination, telehealth, or other services and supports, adults with mild, moderate, or severe ID were more likely than adults with profound ID to say they liked using videoconferencing for case management or telehealth ($p = 0.03$). See Table 16.

Table 16. Technology access and use by ID level, NCI (2021-23)

	Mild	Moderate	Severe	Profound
		%		
Has access to internet	85	81	76	69
Uses internet daily or weekly	90	80	41	56
Uses apps in everyday life	38	24	4	10
Likes using videoconference for case management or telehealth	58	61	41	14

There were significant differences in access to and use of the internet and technology by age group. Younger adults with I/DD were more likely than older adults with I/DD to have access to the internet ($p < 0.001$), use technology daily or weekly ($p < 0.001$), use applications to do more things on their own in everyday life ($p < 0.001$), and use videoconferencing for case management / service coordination, telehealth, or other services and supports (approaching statistical significance; $p = 0.07$). Table 17 shows details. There was no age-related difference in the proportion of adults with I/DD who liked using videoconferencing for case management / service coordination or telehealth.

Table 17. Technology access and use by age category, NCI (2021-23)

	18-25 years	26-35 years	36-50 years	51 and older
		%		
Has access to internet	95	90	79	69
Uses internet daily or weekly	96	93	79	67
Uses apps in everyday life	47	45	36	13
Uses videoconference for case management or telehealth	83	69	71	65

Recommendations: Technology

Oregon adults with I/DD use videoconferencing and technology to access services and care. Consistent with the national average, more than half of NCI participants in Oregon used technology to connect with their case manager / service coordinator, and almost 70% used telehealth to talk with a health care professional. Regarding videoconferencing for other services (e.g., job coaching), Oregon falls below the national average. The data above suggest a few opportunities to address this.

Fewer than half (37%) of Oregon adults with I/DD use technology applications in their everyday lives, and relatively few (28%) say that their case managers / service coordinators talk with them about doing so. Case managers / service coordinators can talk more with the individuals and families they serve about using technology, preferably as part of the annual service planning process. While personal preferences may vary, national trends in technology use continue to grow. For example, Healthy People 2030 includes objectives to increase the use of online health records and expand the use of telehealth in the US. Among NCI participants who received virtual health care and services, only about half said they liked it (about a quarter did not). Oregon DD services may wish to support a technology assessment for adults with I/DD to better understand what they like and don't like about telehealth, for example, and then use the findings to develop or harness resources to make technology more accessible. Increasing comfort with the use of technology among adults with I/DD could offer them more choices and new opportunities to maximize their independence and well-being.

Safety

The proportion of adults with I/DD who feel fearful in their homes, neighborhoods, workplaces, day programs, or other daily locales, is higher in Oregon than the national average. The NCI national report for 2022-23 indicated that 30% of Oregon adults with I/DD felt scared in at least one of the places they were asked about, compared to the national average of adults with I/DD at 20%. The purpose of these next analyses is to examine subgroup differences among NCI respondents in Oregon who feel fearful and to explore factors that may help address participant concerns.

The NCI survey asks participants "Are there any places where you feel afraid or scared?" In response, 27% of Oregon adults with I/DD said yes; 63% said no; and the remaining 10% were not sure. The NCI national report aggregates the six settings asked about into a single outcome. To better understand where Oregon adults with I/DD are most likely to feel afraid, we first considered the responses to each setting separately. See Table 18.

Table 18. Places where Oregon adults with I/DD feel afraid or scared, NCI (2020-23)

	Oregon adults with I/DD %
Home	4.5
Day program	<1
Work	<1
Walking in your neighborhood	9.2
In transport (on the bus, van, etc)	8.1
Other	13

Respondents who answered yes to "other" were prompted to specify where they felt scared or afraid. Nearly everyone (99.5%) who was prompted gave some kind of open-ended answer. The answers were reviewed and categorized into similar themes. Among

people who gave a response, several main categories were mentioned:

- In public places, among crowds, or in stores – 24%
- In a specific place (e.g., downtown, a certain part of town, a bus stop) – 18%
- Outside of their home, around strangers, or in new or unfamiliar places – 16%
- At a specific relative's house -9%
- At the hospital, medical or dental care office – 7%
- Other – 26%

The 26% of open-ended responses that remained in the "other" category were too varied and too few to group together. Examples include fears related to animals or barking, fear of falling, fear of train tracks, and fear of smoke.

Of those who reported fears, most Oregon adults with I/DD (93%) indicated that they had someone they could talk to if they ever felt afraid. Another 3% said they were not sure, and 4% said they did not have someone to talk to if they felt scared.

Group differences in feeling afraid

Adults with I/DD who were over age 50 were less likely than adults ages 50 and under to feel afraid in any setting (p = 0.004). See Table 19.

Table 19. Feeling afraid or scared by age category, NCI (2020-23)

	18-25 years	26-35 years	36-50 years	51 and older
			%	
Yes	28	29	33	15
No	72	71	67	85

Women with I/DD (32%) were more likely than men with I/DD (24%) to feel afraid in any setting (p = 0.02). No statistically significant differences were detected by race, ethnicity, metropolitan vs non-metropolitan residence, or level of ID.

There were no statistically significant differences by demographic group in the likelihood of having someone to talk to if the adult felt afraid or scared.

Recommendations: Safety

Oregon adults with I/DD who feel scared and afraid are most likely to feel this way when they are in public places, among crowds, on public transportation, or in busy buildings. Depending on the depth of their fears and individual triggers and experiences, some desensitizing activities may be useful to mitigate discomfort. Case managers / service coordinators can help by addressing this in the annual service planning meeting, working with the adults they serve to make a safety plan to mitigate feeling fearful.

Community Developmental Disabilities Programs (CDDP) and Brokerage Services

Exploratory analysis originally completed in an earlier report, using two years of NCI data (2017-18 and 2018-19), were repeated to uncover possible changes in participants' utilization or satisfaction with services received through Community Developmental Disabilities Programs (CDDPs) versus Brokerages. The analyses in this section used three years of combined NCI data (2020-21, 2021-22, and 2022-23). Consistent with other sections, differences were considered statistically significant if there was less than a 5% probability ($p < 0.05$) that the observed difference happened by chance. We considered differences to be approaching statistical significance if the probability that they happened by chance was greater than 5% but less than 10%.

Just under two-thirds (61%) of Oregon adults with I/DD received services through a CDDP, while the remaining 39% received services through a Brokerage.

Group differences in who is more likely to receive CDDP vs Brokerage services:

- Gender – Approaching statistical significance, women (66%) were more likely to receive services through CDDPs than men (59%, $p = 0.07$).

- Race and ethnicity – Oregon adults who reported their race or ethnicity as something "other" than American Indian, Alaska Native, Asian, Black, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, or White were less likely to receive services through CDDPs (42%) than Brokerages (58%; $p = 0.032$). Note that the sample size of American Indians or Alaska Natives was too small to determine a reliable statistic for that group.

- Geography – Approaching statistical significance ($p = 0.094$), the difference in receiving services from CDDPs versus Brokerages was larger in non-metropolitan areas (67% vs 33%) than in metropolitan areas (59% vs 41%).

- Level of ID – Adults with mild or moderate ID (59%) were less likely than adults with severe or profound ID (83%) to receive services through CDDPs ($p < 0.001$).

- Age – The youngest and oldest age groups were significantly more likely than other age groups to receive services through CDDPs ($p < 0.001$). See Table 20.

Table 20. CDDP vs Brokerage services by age category, NCI (2020-23)

	18-25 years	26-35 years	36-50 years	51 and older
		%		
CDDP	71	47	58	78
Brokerage	29	53	42	22

Case management / service coordination differences

There were no statistically significant differences between adults receiving services through CCDPs and adults receiving services through Brokerages on any of the following questions:

- Have you met your case manager/service coordinator?
- Does your case manager/service coordinator know what is important to you?
- Do you talk with your case manager/service coordinator when you want to?
- Were you at the last planning meeting?
- At the service planning meeting, did you know what was being talked about?
- Does your service plan include things that are important to you?
- Are staff respectful of your culture?
- Do your staff treat you with respect?
- Do staff come and leave when they are supposed to?
- If you want to change something about your services, do you know whom to ask?
- Were you able to choose the services that you get as part of your service plan? (2020-21 only)
- Does your case manager review your service plan with you throughout the year? (2021-22 and 2022-23 only)
- Do you have a way to get places you need to go?
- Are you able to get places when you want to do something outside your home?
- Do you feel that your staff have the right training to meet your needs?
- Who makes decisions about the services that are self-directed?
- Do you have enough help deciding how to direct your services?
- Can you make changes to the services and supports you self-direct if you need to?
- Do you have the amount of control you want with the services you self-direct? (2021-22 and 2022-23 only)
- Do you get information about your budget and services from your financial management service (FMS)?
- Is the information you get from the FMS easy to understand?
- How often do you get the information about your budget and services from your FMS?

In the following areas, there were statistically significant differences between Oregon adults with I/DD receiving services from CDDPs versus Brokerages:

- Most adults with I/DD attended their last service planning meeting; however individuals served by CDDPs were significantly less likely (96%) than those served by Brokerages (98%) to say that the planning meeting included the people they wanted to be there ($p = 0.05$).
- Though most adults with I/DD have a service plan, adults receiving services from CDDPs were significantly more likely (8%) than adults served by Brokerages (2%) NOT to have a service plan ($p = 0.03$).
- Adults served by CDDPs were significantly more likely (84%) than those served by Brokerages (72%) to have staff who help them ($p = 0.002$).
- Adults with I/DD receiving services from CDDPs were significantly more likely (18%) than adults served by Brokerages (8%) to say that their case manager / service coordinator did NOT review their service plan with them throughout the year ($p = 0.02$).
- Adults served by CDDPs were significantly more likely (12%) than adults served by Brokerages (5%) to say that they could NOT change their case manager / service coordinator if they wanted to ($p < 0.001$).
- Adults with I/DD receiving services from CDDPs were significantly less likely (32%) than adults served by Brokerages (50%) to choose their own staff ($p = 0.01$).

Comparison with previous results

In June 2021, a report on Oregon National Core Indicators prepared for the Oregon Office of Developmental Disability Services by the OHSU University Center for Excellence in Developmental Disabilities used 2017-19 NCI data to first examine differences in NCI participants' service indicators by CDDP versus Brokerage. Table 21 looks back at significant differences from 2021 to see what may have changed since the previous report.

Some NCI survey questions have changed since the 2021 report. When more recent questions are similar but not exactly the same, comparisons between the current and prior report are included. Some CDDP and Brokerage service differences highlighted in the previous report do not correspond with any questions in the most recent surveys, and those topics are not reexamined here.

Table 21 shows that, unlike in 2017-19, in 2021-23 there was no significant difference between CDDPs and Brokerages in the likelihood that Oregon adults with I/DD:

- Were at their service planning meeting;
- Knew what was being talked about at their last service planning meeting;
- Knew whom to ask if they wanted to change something about the services;
- Could talk to their case manager / service coordinator when they wanted to;
- Were treated with respect by their staff;

- Could choose the services they got as part of their service plan;
- Found information about their services and budget easy to understand; and
- Made decision, with or without help, about using their budget for services.

Table 21. CDDP vs Brokerage service indicators: Review of significant differences from 2017-19, NCI (2017-19 and 2021-23)

	2017-19			2021-23		
	CDDP	Brok-erage		CDDP	Brok-erage	
	%			%		
Was at the last service planning meeting	92	97	*	96	97	
At the service planning meeting, knew what was being talked about	75	87	*	78	82	
Service planning meeting included the people they wanted to be there	92	97	*	88	96	*
Chooses own staff	20	59	*	32	50	*
Has staff who help them	94	83	*	84	72	*
Can change case manager / service coordinator if they want to	86	93	*	88	95	*
Knows whom to ask to change something about services	76	92	*	85	81	
Can talk with case manager/service coordinator when they want to	89	96	*	84	84	
Staff treats them with respect	89	94	a	90	91	
Can choose the services they get as part of their service plan	74	83	*	77	76	
Finds the information they get about how much is left in their budget easy to understand[1]	76	86	*	80	83	
Makes own decisions with or without help about how their budget for services is used[2]	25	40	*	51	62	

[1] Current: Has the control they want with the services they self-direct
[2] Current: Makes own decisions with or without help about their self-directed services
* Statistically significant difference; [a] approaching statistical significance

The fact that many previously significant differences in service indicators were no longer statistically significant in the most recent survey data could signify changes or updates to how services were provided or delivered through CDDPs and Brokerages. A few scenarios are possible: one type of service provider improved their practices while the other stayed the same; both improved; one slipped while the other stayed the same, and so on.

Some significant differences between service providers persisted from the previous reporting period to the present:

- Oregon adults with I/DD served by CDDPs were less likely to have the people they wanted at their service planning meeting,

- Adults with I/DD receiving services through Brokerages were less likely to have staff who helped them,
- Adults with I/DD served by CDDPs were less likely to choose their own staff, and
- Adults with I/DD served by CDDPs were less likely to be able to change their case manager / service coordinator if they wanted to.

Continuing to repeat these analyses in future years will facilitate the monitoring of trends over time. While the magnitude of some of the differences is modest, areas of statistical significance can still highlight opportunities for future staff training and professional development, as well as informing modifications to processes and procedures to maximize the participation, choice, and well-being of Oregon adults with I/DD who receive state services.