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The Oregon Health Equity Alliance (OHEA) is one of six regional health equity coalitions across the state. Our work centers racial justice informed health equity policy, systems and environment change.

Subsequent to the passage of HB 2134, over six years ago, OHEA has worked hard to advocate for REaL-D compliant data collection, and as a member of the REaL-D Data Governance Committee, we have worked hard to ensure the decisions the group make are rooted in an understanding of how Equity is impacted by the decisions around exceptions and exemptions are made. We are in full support of LC 45 and language around collection of Race and Ethnicity data that is REaL-D compliant.

What has become clear is that HB 2134 was a powerful policy win for our Black, Indigenous and people of color communities (BIPOC) and, without resource allocation for data collection efforts and no framework for providers themselves having to collect these data in this format, we are still lacking the disaggregated data our communities had advocated for years ago. An additional consideration is that up until now, there has been no release of the Language or Disability data (from REaL-D) regarding COVID-19 cases, hospitalizations and deaths. We would advocate for not just a release of race and ethnicity data, and also the other important data collected through REaL-D. OHEA has heard from our communities that they also want to make sure that sexual orientation and gender identity data is available, which is not currently collected via REaL-D.

In the midst of COVID-19, what we are seeing is that not all counties are collecting REaL-D compliant data, and in addition, we are seeing data that is missing when it comes to the counties, which happens when labs do not receive disaggregated data from the providers who requested testing. One way to ensure quality disaggregated data is to ensure providers are collecting these data during visits with their patients. We know issues with timing, capacity and limitations to resources necessary to ensure REaL-D compliant data is collected are real, and we would welcome opportunities to work with the legislature, and with providers to ensure these data are collected.

In health,

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