



Health Department

February 3, 2020

House Committee on Education
900 Court St. NE - HR F
Salem, Oregon 97301

Re: HB 4132 - Requires Oregon Health Authority to administer and collect data from student health surveys

Chair Doherty, Vice-Chairs Alonso Leon, Helt, and members of the Committee, my name is Dr. Jason Thompson and I am the Senior Epidemiologist for Community Epidemiology Services for Multnomah County Health Department. Thank you for the opportunity to provide testimony in support of HB 4132.

We support the health of adolescents in our community and understand that the collection of survey data on adolescents that captures the multiple facets of their physical, psychological, and socio-emotional well-being is critical to developing robust policies and programs to support their health. Epidemiologists and research analysts at the County regularly use data from statewide surveys such as the Oregon Healthy Teen and Student Wellness Surveys to document the prevalence of health issues and social behaviors, as well as understand the social determinants of health that promote risk and health in adolescent populations. Moreover, these surveys are also instrumental in developing our understanding of racial and ethnic health inequities among adolescents and youth in our communities.

While we support HB4132, we would like to see two amendments that would increase the validity of the survey and increase the utility of the data to promote and support the health of adolescents in the state. The first amendment requires that the survey collect demographic data in accordance with the Race, Ethnicity, Language, and Disability (REALD) demographic data collection standards. Based on the passage of HB2134¹ during the 2013 legislative session and Oregon Administrative Rules, REALD must be collected in Oregon Health Authority and Department of Human Services datasets. REALD allows for the granular collection of race and ethnicity data, as well as language and disability data that enables for the accurate identification of health disparities

¹ <https://www.oregon.gov/oha/OEI/REALD%20Documents/REAL-D%20rules.pdf>
<https://www.oregon.gov/oha/OEI/REALD%20Documents/HB2134.pdf>

among smaller subpopulations, disparities that would oftentimes go unmeasured and unrecognized. Collection of this information is particularly imperative for Oregon youth. Approximately 35% of Oregon youth between the ages of 10-19 years old are youth of color and 20.4% speak another language other than English at home.² It is critical that we are able to capture disaggregated data on this population so that we can understand their health needs and develop and implement appropriate interventions.

The second amendment we are suggesting is that it be required that the survey be offered in alternate formats for non-English speaking persons, limited English proficient (LEP) persons, blind, deaf, and hard of hearing persons and or that these persons be provided with interpreters and/or translations. This ensures that the survey is accessible to all adolescents and youth, including those who may not speak, read or write English as their first language as well as adolescents with disabilities.

We appreciate your consideration of these two suggested amendments and appreciate the opportunity to testify today. Thank you for your time and I am happy to answer any questions you may have.

Thank you,

Dr. Jason Thompson
Senior Epidemiologist, Community Epidemiology Services
Multnomah County Health Department

² US Census Bureau, American Community Survey (2013-2017 5-year PUMS data) as cited in the OHA REALD Implementation Guide, page 10.