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Subject: Hearing on SB 543 to authorize formation of children's service districts

Dear Chair Keny-Guyer, Vice-Chair Noble, Vice-Chair Sanchez, and Representatives Helt, Meek, Mitchell, Schouten, Williams and Zika:

For more than 10 years, The Center for Healthy Communities at OHSU has conducted research and outreach to improve positive youth development programs serving American Indian youth in Oregon (<https://oregonprc.org>). We are dedicated to learning about the best practices for providing adolescents with the necessary skills and opportunities to live healthy and meaningful lives, and reducing disparities that exist among young people. The Center for Health Communities at OHSU is funded by the Centers for Disease Control & Prevention (the CDC), and while we cannot support specific legislation our Center feels it is critically important to speak to the need to support Oregon's youth-serving community.

Recently, we have trained 48 health educators to deliver a prevention program called Native STAND – Students Against Negative Decisions – to American Indian and Alaska Native youth. These educators are working with teens in their home communities in 15 states, in a wide variety of settings, including rural and urban, schools, after-school programs, juvenile justice, and community organizations and more. A primary focus of our research is to characterize the community and organizational factors which act as facilitators and barriers to the delivery of Native STAND. ***Without exception, access to funding is reported as one of the primary barriers faced by public health educators who want to provide positive youth development programs in their communities. The establishment of children's service districts would create a community resource for health educators and community organizations to deliver preventive programs to teens.***

While all youth in our State are in need of knowledge and skills to lead healthy lives, teens from less advantaged situations, including those of tribal heritage, are at increased risk. We have worked with eight communities in Oregon and they have delivered the Native STAND program 14 times to a total of 173 middle and high-school age students. Participating youth report positive shifts in knowledge, attitudes and behaviors around self-esteem and cultural identity, mental health, substance abuse, healthy relationships, sexual health, and violence/bullying.

The health and well-being of Native American youth in Oregon, like their non-tribal counterparts, have great need for effective programs. Our data for Oregon Native American youth show:

1. **Bullying** - 40% said they had bullied in the past 12 months. This is slightly higher than our participants in other states (36%).
2. **Abuse** – 13% said they had been physically abused by a partner, and 19% said they had been emotionally abused (this is a statistically significant difference, and is higher than the what youth in other states disclosed (11%).
3. **Suicide** – 19% of Oregon youth said that they had ever attempted suicide. Of those youth who had ever attempted suicide, 10% of them reported that they had attempted suicide in the past 12 months.
4. **Drug Use** – Oregon Native youth have similar rates of drug use to Native youth in other States. Differences are in cigarette smoking (26% Oregon vs. 36% other states) and abuse of Over-The-Counter drugs (17% of Oregon vs. 12% other states).
5. **Sexual Health Knowledge** – Only 46% of Oregon Native youth said they were definitely sure they knew how to correctly use a condom, and only 43% said they were definitely sure they could get a condom.
6. **Sexual Activity** – Slightly higher proportions of Oregon Native youth report being sexually active than Native youth in other states (30% vs. 27%, respectively).

These are alarming statistics for our State's youth of Native heritage. Fortunately, there are multiple evidence-based programs like Native STAND available, and our Center's work demonstrates the considerable capacity within our communities to deliver these programs.

Like any other action to protect public health, we know what to do and we know how to do it. We simply need to make it happen and keep the programs going. The formation of children's services districts has great potential to provide essential resources to support local initiatives to improve the health and well-being our State's children and youth.

Thank you for your consideration of our data and perspectives. I commend your efforts to address the area of need.

Sincerely,



William E. Lambert, PhD
PI and Project Director, Native STAND