
REALD Training Part 2




Worksheet updates and changes to OVERS

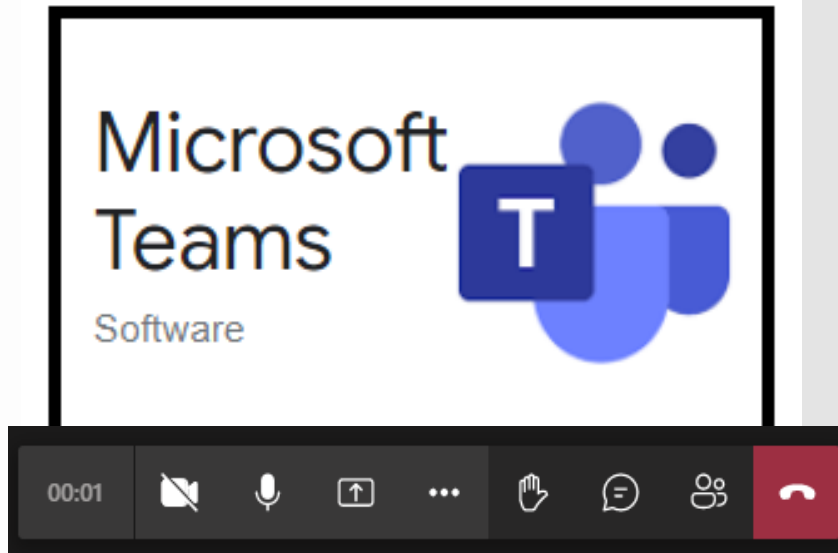
Center for Health Statistics

December 2021



MS Teams Basics

- Having a camera is not required for the meeting. To turn on/off the camera click on the  icon.
- If you have a question, you can raise your hand,  or type in the chat. 
- The presentation will have video recording that can only be heard if you are using your computer audio.



Today's Agenda

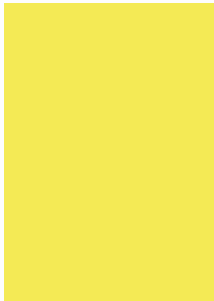
- **REALD Review**
- **Parent Worksheet**
- **OVERS changes**
- **Reminders**

3



REALD (Race, Ethnicity, and Language, Disability)

- REALD is a standard for data collection that introduces new demographic questions.
- The new questions will cover race/ethnicity, language(s) and functional limitations.
- Asking helps ensure access and equity in services, processes and outcomes. It provides consistency in data collection.



REALD Review continued

- In 2013 House Bill (HB) 2134 passed and required data collection standards in all programs that collect, record, or report demographic data.
- In 2014, these standards were codified in Oregon Administrative Rules.
- An email was sent with a link to the new birth worksheet.
- REALD data collection for birth records will begin on January 1, 2022.

5



Parent Worksheet Changes

6



New Sections Added

- **Racial or Ethnic Identity**
 - Text Box
 - Checkboxes
 - Primary Racial Identity
- **Language(s)**
 - Spoken at home
 - Communicating/Written preference
 - How well speak English
- **Functional Limitations**
 - Nine questions covering functional limitations
 - If Yes, when began
- **Attributes section now called Demographics**

Racial or Ethnic Identity

Race or Ethnicity:

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Write your answer here. _____

Which of the following describes your racial or ethnic identity? Please check ALL that apply.

Hispanic and Latino/a/x:

- Central American
- Mexican
- South American
- Cuban
- Puerto Rican
- Other Hispanic or Latino/a/x
Specify _____

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander
Specify _____

White:

- Eastern European
- Slavic
- Western European
- Other White
Specify _____

American Indian and Alaska Native:

- American Indian
- Alaska Native
- Canadian-Inuit, Metis, or First Nation
- Indigenous Mexican, Central American,
or South American
Specify Tribe(s) _____

Black and African American:

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
Specify _____
- Other Black
Specify _____

Middle Eastern/North African:

- Middle Eastern
- North Africa

Asian:

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
Specify _____

Not listed please specify:

Opt out options:

- Don't know
- Don't want to answer

7

Primary Racial Identity

Which of the following describes your racial or ethnic identity? Please check ALL that apply.

Hispanic and Latino/a/x:

- Central American
- Mexican
- South American
- Cuban
- Puerto Rican
- Other Hispanic or Latino/a/x
Specify _____

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander
Specify _____

White:

- Eastern European
- Slavic
- Western European
- Other White
Specify _____

American Indian and Alaska Native:

- American Indian
- Alaska Native
- Canadian-Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American
- Specify Tribe(s) _____

Black and African American:

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
Specify _____
- Other Black
Specify _____

Middle Eastern/North African:

- Middle Eastern
- North Africa

Asian:

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian
Specify _____

Not listed please specify:

Opt out options:

- Don't know
- Don't want to answer

If you checked more than one category for racial or ethnic identity, is there one you think of as your primary racial or ethnic identity?

8

- Yes: If Yes, Please circle your primary racial or ethnic identity from the choices listed on page 1 of the worksheet.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category.
- Don't know.
- Don't want to answer.

Language(s)

Language:

What language or languages do you use at home? _____

If the language or languages used at home are only English, American Sign Language, or sign language, skip the following questions and go to the MOTHER FUNCTIONAL LIMITATIONS Section.

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information? _____

What language would you prefer to use to read important written information such as medical, legal, or health information?

How well do you speak English? Very well Well Not well Not at all Don't know Don't want to answer

9

Functional Limitations

MOTHER FUNCTIONAL LIMITATIONS						
Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.	Yes	*If yes, at what age did this condition begin? Write in "0" if since birth to age 1.	No	Don't know	Don't want to answer	Don't know what this question is asking.
Are you deaf or have serious difficulty hearing ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you blind or have serious difficulty seeing , even when wearing glasses?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have serious difficulty walking or climbing stairs ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have difficulty dressing or bathing ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have serious difficulty learning how to do things most people your age can learn ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using your usual (customary) language , do you have serious difficulty communicating (for example understanding or being understood by others)?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer only if age 15 years and older.</i> Because of a physical, mental, or emotional condition , do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Answer only if age 15 years and older.</i> Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations ?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10

OVERS Changes

- Mother and Father Attributes page will be called Mother and Father/2nd Parent Demographics.
- New REALD fields added.
- New pages added for Mother Disability/Father Disability
- The Parent Worksheet will mirror OVERS.
- Twin, Triplet etc. births. will not copy over REALD information.
- Use Internet Explorer to enter birth records.

The State of Oregon - Oregon Health Authority

OVERS Assistance Contact: 971-673-0279

Username:

Password:

Version #: 21.1.3.68654

Login

[Forgot your password?](#)

11

Birth Registration Menu

Birth Registration Menu	
Parent Information	
Child	
Mother	
Mother Address	
Mother Demographics	
Mother Disability	
Mother Health	
Marital Status	
Father	
Father/2nd Parent Demographics	
Father/2nd Parent Disability	
Informant	

- Mother Attributes page changed to Mother Demographics
- Mother Disability page added (Functional Limitations section of worksheet)
- Father Attributes page changed to Father/2nd Parent Demographics
- Father/2nd Parent Disability page added (Functional Limitations section of worksheet)

Racial and Ethnic Identity questions

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The State of Oregon - Oregon Health Authority
OVERS TEST

Main Life Events Queues Reports Forms Help

Birth Registration Menu

- Parent Information
 - Child
 - Mother
 - Mother Address
- Mother Demographics**
 - Mother Disability
 - Mother Health
 - Marital Status
 - Father
 - Father/2nd Parent Demographics
 - Father/2nd Parent Disability Informant
- Facility Information**
 - Place of Birth
 - Prenatal
 - Pregnancy Factors
 - Labor
 - Delivery
 - Newborn
 - Newborn Factors
 - Attendant/Certifier
- Other Registries**
 - Immunization
- Other Links**
 - Print Forms
 - Comments
 - Validate Registration

7323282 :Dottie Test NOV-03-2021
/Legal Invalid/Medical Valid/Uncertified/Not Registered/Legal Pending

Mother Demographics

Education
Education Associate's degree

Mother Race and Ethnicity

How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry? Did not answer

Which of the following describes your racial or ethnic identity? Please check ALL that apply:

- Hispanic and Latino/a/x**
 - Central American
 - Mexican
 - South American
 - Cuban
 - Puerto Rican
 - Other Hispanic or Latino/a/x (Specify)
- Native Hawaiian and Pacific Islander**
 - CHamoru (Chamorro)
 - Marshallese
 - Communities of the Micronesia Region
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander (Specify)
- White**

Primary Racial or Ethnic Identity question

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Main Life Events Queues Reports Forms Help

- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian (Specify)

Not listed, please specify:

Opt Out Options

If you checked more than one category above, is there one you think as your primary racial or ethnic identity?

Mother Language

What language or languages do you use at home?

Did not answer

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?

Did not answer

What language would you prefer to use to read important written information such as medical, legal, or health information?

Language(s) questions

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The State of Oregon - Oregon Health Authority
OVERS TEST

[Main](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Help](#)

Korean
 Laotian
 South Asian
 Vietnamese
 Other Asian (Specify)

Not listed, please specify:

Opt Out Options

If you checked more than one category above, is there one you think as your primary racial or ethnic identity?

Mother Language

What language or languages do you use at home?
 Did not answer

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?
 Did not answer

What language would you prefer to use to read important written information such as medical, legal, or health information?
 Did not answer

How well do you speak English?

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Functional Limitations questions

- Birth Registration Menu
 - Parent Information
 - Child
 - Mother
 - Mother Address
 - Mother Demographics
 - Mother Disability
 - Mother Health
 - Marital Status
 - Father
 - Father/2nd Parent Demographics
 - Father/2nd Parent Disability
 - Informant
- Facility Information
 - Place of Birth
 - Prenatal
 - Pregnancy Factors
 - Labor
 - Delivery
 - Newborn
 - Newborn Factors
 - Attendant/Certifier
- Other Registries
- Immunization
- Other Links
 - Print Forms
 - Comments
 - Validate Registration

7323282 :Dottie Test NOV-03-2021
/Legal Invalid/Medical Valid/Uncertified/Not Registered/Legal Pending

Mother Disability

Are you deaf or have serious difficulty hearing?

Are you blind or have serious difficulty seeing, even when wearing glasses? No

Do you have serious difficulty walking or climbing stairs? No

Because of physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? No

Do you have difficulty dressing or bathing? No

Do you have serious difficulty learning how to do things most people your age can learn? No

Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)? Don't know what this question is asking

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? No

Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations? Don't know what this question is asking

Validate Page Next Clear Save Return

Reminders

- Use Internet Explorer to enter birth records
- Any REALD question left blank will be a red edit
- If languages spoken at home are English, American Sign Language or Sign Language then the remaining language questions can be skipped.
- Use the correct worksheet.
 - Must use new worksheet for births starting Jan 1, 2022.



17

REALD Resources

- REALD Handout for parents
 - [English](#)
 - [Spanish](#)
- REALD Video
 - [English](#)
 - [Spanish](#)
- REALD Responses Matrix
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721b.pdf>
- OHA website for REALD
<https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>
- CHS website for REALD
<https://bit.ly/vr-read>



18

Contact Information

Kathy Ellis Vital Records Trainer

503-943-0405

Kathy.Ellis@dhsoha.state.or.us

- Take survey for today's training

19

**We appreciate your
participation**

thank you!

20