



**February 15, 2018**

Steve Coen, President and CEO  
Kansas Health Foundation

***Testimony for Senate Education Committee on SB 389***

Chair Molly Baumgardner and members of the committee:

Thank you for the opportunity to present testimony on SB 389, to change requirements for student surveys under the Student Data Privacy Act. We appreciate your willingness to receive testimony and to express our support of the proposed language that encourages greater participation and higher quality data on surveys like the Youth Risk Behavior Survey (YRBS).

The YRBS is a Centers for Disease Control and Prevention (CDC) program to monitor priority health risk behaviors that contribute to the leading causes of death, disability and social problems among America's youth. YRBS remains the most effective way to gather health data about Kansas youth, and having the best data possible is based on a qualifying number of schools participating in the data collection.

This bi-annual, school-based survey is funded by the CDC, and is used to determine the prevalence of health risk behaviors among different age groups and geographic regions. The results help determine whether the health behaviors of young Kansans change over time, identify emerging health problems, establish and track health objectives and evaluate public health policies and programs. In Kansas, the CDC works with the Kansas State Department of Education to administer the survey. Many groups across the state benefit from the results.

YRBS results are only reported back at the state level. Students are never required to complete the survey, personally identifiable information is never collected or obtained, and the data is not reported back to the school or district. Early survey practice was to allow for parents or legal guardians of students to "opt out" of the survey.

YRBS was developed in 1990 and is conducted in odd-numbered years. Kansas began participating in 1993, but did not achieve statewide data until 2005. To achieve "weighted," or statistically significant statewide data, 60 percent of schools on the CDC list must participate. In the five collection years between 2005 and 2013, Kansas met this minimum requirement.

However, reaching this number of schools has been an ongoing challenge in Kansas. KSDE found the leading challenge was that schools did not see a benefit from allowing the surveys to be conducted, thus giving them little, if any, motivation to provide class time for survey administration.

To help encourage schools to participate, the Kansas Health Foundation (KHF) began providing incentive grants to schools that completed the survey. These \$500 incentives are to help schools with wellness programs – items for nutrition education, equipment for physical activities, the purchase of healthy alternative vending machines or other materials/strategies to promote proper nutrition and increased physical activity.

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However, in 2015, Kansas did not have enough participating schools to obtain statistically sufficient data, following the passage of the Student Data Privacy Act of 2014. With the passage of this Act, the previous “opt out” student survey participation was changed to “opt in.” Partly due to misinformation and misperception, some schools rejected all survey requests, stating they were no longer allowed to conduct surveys. This misconception was due in large part to the new required consent, or “opt in.”

Due to immense efforts by KHF’s partners to encourage schools to participate, “weighted data” was obtained in 2017. However, there’s no certainty this level will be reached in the coming years, due to the requirements of the Student Data Privacy Act. This likelihood of inconsistent data collection, such as in 2015, makes tracking long-term health trends nearly impossible.

KHF’s mission is “to improve the health of all Kansans,” and we support efforts to allow and encourage greater survey participation to gather critical health data. The health challenges our children face today are much different and more complex than in the past. For example, the YRBS could allow for valuable data collection on youth mental health issues and opioid use – two critical health issues affecting our children that we all need to understand and work to address.

Having robust, statewide data on the health needs of youth will help many organizations, including schools, find ways to immediately address these issues today, and minimize long-term health problems.

### **Background on the Kansas Health Foundation**

The Kansas Health Foundation is based in Wichita, but statewide in its focus. With a mission to improve the health of all Kansans, KHF envisions a culture in which every Kansan can make healthy choices where they live, work and play. To achieve this, KHF focuses its work in four impact areas: access to affordable health care, healthy behaviors, civic and community engagement and educational attainment. During its 30-year history, KHF has provided more than \$500 million in grants to Kansas communities and organizations, and looks forward to working toward its mission and vision for many years to come.