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Representative Mitch Greenlick, Chair; Representative Alissa Keny-Guyer, Vice-Chair
Representative Jim Thompson, Vice-Chair; House Health Care Committee
Oregon Legislative Assembly

Re: HB 3407

Dear Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson, and Members of the Committee:

I've traveled from Hood River to Salem to testify to you today in support of HB 3407. Some of you know me, but please allow me to introduce myself to the committee as a whole. I am a recently retired physician, and a current consultant and affiliate faculty member at one of our two state centers for bioethics. I practiced family medicine at our federally qualified community and migrant health center in Hood River and The Dalles for 25 years. That center has been known as La Clínica del Cariño, and was recently renamed One Community Health by the Board of Directors, on which I'm honored to serve. I also practiced until late last year as a hospice and palliative medicine physician and medical director. I was among the original members of the Oregon Health Services Commission that helped to launch the Oregon Health Plan and have served on many state task forces and work groups over the years since. I am also the current Board chair of the Northwest Health Foundation.

My reason for coming all this way to testify is my passion for the subject of community health workers. In the Mid-Columbia, we have long used the term "health promoters" for these vital community liaisons, educators, navigators, outreach workers, advocates, and care coordinators. But we are easily becoming accustomed to the new terms of art. I very much like the proposed refinement unite community health workers with their close colleagues under the term "traditional" rather than "non-traditional" health workers. The history of this grassroots, culturally appropriate, community-building workforce is indeed a traditional one all over the globe. It's just a newer concept to many people here in the United States. Or perhaps for some time our nation had forgotten such traditions, but we are now wisely returning to them. It's important, too, to note that the track record of successes of community health workers even in the USA is extremely rich and impressive.

I've worked directly and personally with community health workers since 1988, when I first directed a program called "The Healthy Child." Our program's seven lay community health workers provided outstanding direct clinical medical and dental service and screenings to over 2,000 children and their family members in the field.

Since then, our health center has offered community health worker services continually, including a perinatal care coordination project, a chronic disease management and educational program, three wellness and physical activity and nutrition programs, many outreach campaigns, and much more. After the privilege of working so consistently in primary care teams that included community health workers, I was dismayed that they weren't a part of the hospice team I later joined as well. We soon remedied that by recruiting and utilizing two community health workers to assess population needs and provide education around end-of-life care. I also sit on the advisory committee of Nuestra Comunidad Sana, a health promotion program sponsored by the Mid-Columbia's extraordinary umbrella social service agency known as The Next Door. Nuestra Comunidad Sana – "Our Healthy Community" in English -- centers around creative and broad utilization of lay community health workers among Latinos and farmworkers. There isn't enough time for me to share with you all that they do. Suffice to say theirs is a remarkable range of services, and their successes are likewise remarkable.

As a contracted consultant for the federal Health Resources and Services Administration (HRSA), I have been a site visitor or technical assistance provider to over 60 federally qualified health centers and migrant programs nationwide. I've been gratified by the wise deployment of community health workers at many of these, but also sorry to see that others have not yet had the opportunity to utilize them. This could be said of several Oregon health centers as well, and also of various hospitals, cancer centers, private clinics and others who have contacted our health promoter programs in the Gorge for support and resources over the past 25 years.

Thus it is thrilling to me to see the recent emergence of greater interest in Community Health Workers within our healthcare and public health systems. This is an idea whose time has definitely arrived. It would be more correct to say that the community health worker model has already proven its enormous value, and the new attention being paid to it is long overdue.

In the mid-Columbia we are very serious about deploying more Community Health Workers than ever before in order to achieve the Triple Aim goals and the Oregon Health Care Transformation objectives we all care deeply about. I share with many colleagues the conviction that all the Traditional Health Workers are crucial in achieving lower costs of care, better health status, and more satisfactory and culturally competent health service. I also join my many fellow advocates of this workforce in supporting the principle that Traditional Health Workers, just like doctors, nurses, social workers and other disciplines, must be central participants in shaping policy and oversight of their own profession. Formalization and institutionalization of several structures are key steps to making this possible, and HB 3407's provisions are thoughtful, well-crafted, and budget-neutral. Please vote YES on HB 3407 and support the advancement of Traditional Health Workers and their meaningful participation in creating policy for their own profession. Thank you for your consideration,

Sincerely,