

JOSEPH GALLEGOS
STATE REPRESENTATIVE
DISTRICT 30

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HOUSE OF REPRESENTATIVES

Chair Greenlick and members of the House Committee on Health Care,

Thank you for this opportunity to testify on House Bill 2611, also known as Cultural Competency. First, I want to thank Representative Lew Frederick, Alissa Keny-Guyer, and the many other Representatives and Senators who have worked hard to make this Bill a reality. Thanks to all the non-profit organizations that helped the legislators and to the countless citizens who picked up their phones and urge us to vote yes.

Some of you may know that before becoming a member of the legislature, I was a professor at the University of Portland in the department of social and behavioral science with an area of specialization in Ph.D. in cross-cultural mental health. Through my work, I have long researched the concept of cultural competency in healthcare and the effects it has on both patient and provider. I am actually credited in the literature as having initiated the concept of cultural competence in a 1982 article published while I was on the faculty at the University of Washington. In academic circles, I would be considered an expert on this topic. My research, along with the research of many qualified people, has found that when health-care providers understand the culture of those they serve, the health of their patients improves and long-term health-care costs are reduced. Cultural competency is essential for assuring health-care quality, decreasing medical costs by enhancing patient-provider communication, increasing the rate of accurate diagnosis and patient compliance, and decreasing the duplication of services as well as unnecessary emergency room visits. Research shows that culturally-competent training of health providers leads to improved patient outcomes. Currently, there are no standards for cultural competence training requirements for continuing education of licensed health-care providers. Health-care providers should be trained in the provision of culturally-competent services in order to begin to reduce health-care costs and build a healthier Oregon. To achieve a healthier Oregon, we need to address racial disparities in chronic-health conditions and provide routine health services in a culturally-competent manner. Establishing cultural-competency standards in health-care training is an element needed for improving patient care and health outcomes and reducing health care costs for all Oregonians. House Bill 261 provides another important step towards a truly patient-centered and cost effective health-care system.

Chair Greenlick and members of the House Committee on Health Care, I urge you to support House Bill 2611, and again I thank you for this moment to speak to the committee.

Representative Joseph Gallegos

