



To: Members of the Senate Healthcare and Human Services Committee
From: Mario Parker-Milligan
Re: HB 2611 Cultural Competency Continuing Education Requirements
Date: May 7, 2013

Good afternoon Chair Monnes-Anderson, Vice Chair Kruse, and members of the committee. For the record my name is Mario Parker-Milligan. Today I'm speaking on behalf of the Oregon Student Association. OSA represents over 100,000 students statewide from public universities and community colleges. This bill matters to us because we have healthcare centers on our college and university campuses and a lot of us are the future doctors, nurses, and dentists of this great state.

I've been working with LGBT college students and students of color all across the state for the better part of a year now on addressing issues of cultural incompetence. Specifically, healthcare providers on our campuses and in our communities do not always have the tools they need to adequately provide safe and supportive healthcare. Students from marginalized communities often choose not to visit doctors and other healthcare professionals because they are afraid of being mistreated and sometimes forced to explain our identities or educate their providers. Health is a necessity for academic success; when students have access to quality healthcare, they are less likely to miss class and more likely to achieve their educational goals. All of the Oregon University System schools provide some form of health insurance and access to licensed healthcare providers. Unfortunately, those healthcare providers don't have access to any sort of cultural competency trainings.

Our college campuses are becoming hubs of diversity in our state, as we take on more out of state students, international students, and encouraging safety and inclusion of LGBT students and students of color for recruitment and retention purposes we have to be able to provide good and accessible healthcare to everyone. We need our campus doctors and nurses to be culturally competent so we don't have to take 2 buses to a doctor we can trust or avoid preventative screenings until we can get back home to a doctor who we trust.

As I have learned more about this issue one student's statement really stuck out to me, Marco a young LGBT identified latino once told me, "I, along with my family, have moved many times throughout my life and as a result have had to change doctors. I have been in several situations with nurses where they have assumed because of my appearance and my family that I was with that I was a non-English speaker. This assumption made me feel uncomfortable, mad, and unwelcome. You may think this was a simple mistake but simple mistakes often have complex ramifications, some that can be prevented by asking the right questions and not making

assumptions based on preconceived perceptions.” Marco goes on to explain that his healthcare is improved when his doctors start with a clean slate and communicate with him despite their assumptions. Students of color face language and cultural barriers, and LGBT students are often expected to educate their doctors about their identities and needs.

If our health professionals in Oregon are not being offered basic cultural competency trainings they will be ill equipped to serve the growing diversity of Oregon’s population. More importantly professionals will not be as competitive in the 21st century work place – which is trending to be more inclusive and more accepting of a culturally competent work environment. It is time for cultural competency to be embedded into all basic medical trainings in our state because it’s a proven way to improve health outcomes. This legislation is good for students and health professionals alike, this legislation is good for our state. I ask you to vote yes on HB 2611, culturally competency is just good healthcare.

Thank you for your time.