



To: House Committee on Human Services and Housing
From: Alicia Temple, Deputy Director, Coalition of Community Health Clinics
Date: March 1, 2017
Re: Testimony in Support of HB 2004

Central City
Concern/
Old Town Clinic

Children's
Community Clinic

Health Centers of
University of
Western States

Mercy & Wisdom
Community Health
Clinic

NARA Indian
Health Clinic

National University
of Natural Medicine
Community Clinics

North by Northeast
Community Health
Center

OHSU Family
Medicine at
Richmond

Oregon College of
Oriental Medicine

Outside In

PACS Family
Health Clinic

Rosewood Family
Health Center

SW Community
Health Center

The Wallace
Medical Concern

Chair Keny-Guyer and the members of the Committee:

My name is Alicia Temple and I am the Deputy Director of the Coalition of Community Health Clinics. I am testifying to ask the committee to protect renters from no cause evictions and extreme rent increases and support HB 2004.

The Coalition of Community Health Clinics is made up of 14 clinics in 37 locations across the tri-county area. Our mission is to improve healthcare for vulnerable populations. We achieve this mission by strengthening community health clinics, promoting health equity, and fostering collaboration across the safety-net delivery system. Our clinics provide high quality, culturally appropriate healthcare to low-income children and adults who are uninsured, on OHP or under-insured.

Community health centers serve populations struggling with poverty, language barriers, abuse, addictions, homelessness, and mental health issues. This past fiscal year member clinics saw over 54,000 patients and had over 280,000 visits. Of those patients, 93% had incomes below 200% of the federal poverty level, 51% of patients were covered by OHP, and another 24% were uninsured.

Our clinics know that when a patient comes through their doors their health is not the only thing on their mind. The Coalition of Community Health Clinics supports HB 2004 because too many patients are worried about where they are going to sleep at night or how they are going to pay the rent if they see an exorbitant rent increase like their neighbors just did.

The reality is that often an individual's health and housing are dependent on each other. Stable housing is a key element in improving the health of our communities. Managing complex health conditions can be challenging for low-income individuals struggling to make ends meet but it can feel impossible for those who find themselves without a home due to no-cause evictions or rent increases. Being housed makes treatment more likely to be successful.

No cause evictions and the inaccessibility of affordable housing options means more people end up homeless. Clinics see every day how living on the streets or in crowded shelters can exacerbate existing conditions and can also result in new health problems stemming from chronic stress, injury, exposure to elements, and living in unsanitary conditions. Not only does this have severe consequences for people's health, but it is costly. Research shows that stable, affordable housing lowers the cost to the healthcare system¹. Patients who are able to stay housed are more likely to continue seeing primary care providers as opposed to depending on Emergency Departments.

¹ Center for Outcomes Research and Education (CORE) and Enterprise Community Partners. (2016). Health in Housing: Exploring the Intersection Between Housing and Health Care.



Housing instability can also have an impact on a person's continuity of insurance coverage. As you know, the OHP application process is difficult to navigate and information about coverage—including renewal notices—are sent by mail. If a patient has changing addresses or periods of homelessness it makes it that much harder to renew their coverage and continue to access care.

Stable housing is critical to an individual's health and it is clear that the current housing crisis is a threat to the health of our communities. I urge you to support HB 2004.

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