

February 7, 2017

Senator Steiner Hayward:

It gives me great pleasure to support SB397, calling for the creation of a task force to evaluate sharing of state aid agency data. As you know, every year our state spends approximately the same amount as our current \$1.8 billion deficit treating the downstream effects of food insecurity. This figure is independent of health costs related to homelessness, unemployment and other effects of poverty and adds a significant financial burden to all Oregon taxpayers. Of families qualifying for Oregon's Medicaid programs, over 70% were food insecure. This is higher than the rates of diabetes, depression and ischemic heart disease combined, and an independent risk factor for each.

These data are more than statistics; they are my patients. As a primary care physician practicing in a federally-qualified health center (FQHC) I work daily to treat the effects of poverty and food insecurity. Medical therapies only do so much to blunt the devastation of diet- and poverty-related diseases, and do nothing to control their cause. The sense of powerlessness I feel can be overwhelming, knowing that there are resources available to families in need, and that these resources are underutilized by families that qualify for them. It is ironic that I can refer my pregnant patient to a high-risk obstetrician once she develops diabetes but, due to electronic siloes, cannot provide an easy referral to SNAP or WIC to *prevent* her from developing diabetes in the first place. The same holds true for my young, homeless family whose son suffers from asthma. I can hospitalize the child when he catches a respiratory virus in one of the overcrowded shelters, but cannot enroll them in housing assistance programs or evaluate them for earned-income or child tax credits despite the fact that our electronic medical system contains all the requisite financial data.

Social service organizations that provide food, housing and other forms of support to impoverished Oregon families are crucial to population health, and are badly underutilized, in part due to an inability for individual systems to communicate. SB397 is an important first step in improving the care of Oregonians and reducing the financial burden to taxpayers caused by the effects of *preventable* chronic disease.

Sincerely,

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Department of Family Medicine  
OHSU

The beliefs expressed in this letter are mine alone and do not represent the views or policies of Oregon Health and Science University.