



April 2, 2019

Re: Support for HB 2011

HOUSE OF REPRESENTATIVES
900 COURT ST NE
SALEM, OR 97301

Dear Chair Salinas, Vice-Chairs Nosse and Hayden, and fellow committee members,

While I am proud of the many bills we have passed to improve health care for Oregonians since I first joined this committee in 2011, *we still have much to do in closing disparities for Oregonians of color*. One in five Oregonians identifies as a person of color; and Spanish, Vietnamese, Chinese and Russian are the most common languages spoken by people at home after English. I represent a district with one of the most diverse census tracts in Oregon. In one of the elementary schools alone, over 30 different languages are spoken by students and their families.

In 2013, I worked with Oregon Health Equity Alliance (OHEA), which represents communities of color, immigrants, refugees, and diverse populations, and with co-chief sponsor Sen. Jackie Winters, to pass *HB 2611, Culturally Competent Health Care*. We introduced this evidenced based practice because of national standards that demonstrate the importance and effectiveness of culturally competent care. The *Agency for Health Care Research and Quality* lists culturally appropriate provider training as a core strategy to reduce negative impacts on patient experience with care and health outcomes and to improve health literacy.

HB 2611 addressed significant cultural and communication barriers faced by non-native English speakers and diverse populations in our health care system, which leads to lower quality of care and increased costs. The bill encouraged health care licensing boards to work with OHA's Office of Equity and Inclusion to identify cultural competency education for their workforces and required that the licensing agencies report back to the Legislature the results of how many of their licensees were taking Continuing Ed classes in Culturally Competent Care.

I had high hopes that these entities would voluntarily pursue Cultural Competency Continuing Education. Unfortunately, after nearly 6 years of the bill passing, the data referenced in the CCCE Report from Oregon Health Authority shows that there are variances in prioritizing among health care regulatory boards and provider types. The recent health care provider workforce survey showed there are counties in eastern and southern Oregon where the majority population is Latino and not a single practitioner speaks dual languages.

We have an opportunity this session to *strengthen cultural competency through HB 2011*, which will require that all health licensing boards adopt standard for continued education credits. We must invest in every opportunity to ensure providers have every tool available to bridge experiences and support culturally and linguistically appropriate care. Building on the groundwork in earlier sessions, HB 2011 stands on a solid foundation of research and practice to improve health outcomes for all Oregonians.

Sincerely,

Rep. Alissa Keny-Guyer

