



DA: May 1, 2019

TO: Senate Committee on Health Care

FR: Cascade AIDS Project, Prism Health

RE: In support of House Bill 2011A

Chair Monnes Anderson, Vice-Chair Linthicum, and Members of the Committee,

For the record my name is Peter Parisot, I am the Deputy Executive Director of the Cascade AIDS Project and Prism Health and we encourage this committee's support for House Bill 2011A.

Cascade AIDS Project, Oregon's largest and oldest AIDS Service organization, has been providing services to individuals living with or affected by HIV for 35 years. Prism Health is our LGBTQ+ focused primary care clinic that provides the community with the safe and affirming health care that they need and deserve.

Collectively our mission is to support and empower all people with or affected by HIV, reduce stigma, and provide the LGBTQ+ community with compassionate healthcare. Prism Health currently serves approximately 1000 LGBTQ+ individuals with the capacity to serve up to 6000 patients. Cascade AIDS Project provides services and outreach to nearly 7000 Oregonians impacted by HIV every year.

The key to the success of both organizations lies in our commitment to providing services in a culturally relevant and responsive manner. Both Cascade AIDS Project and Prism strive to meet our clients where they are by ensuring that our staff — everyone from the front desk person to case managers and medical providers — are trained to understand that our clients can have many overlapping identities (such as sexual orientation, gender identity, race, economic status, educational attainment, etc.) that can create unique barriers to seeking and receiving care — all of which need to be considered when engaging with that individual.

In a medical setting that can mean providing intake forms that allow for and validate a wide range of gender identities or ensuring that our medical staff understand what questions to ask and, perhaps more importantly, what questions NOT to ask to our patients when conducting a medical history interview. These efforts are significant as they signal to the person receiving services that they are more than a name or body, but that we see them as a person.

Studies have shown that people who feel understood, respected, and valued are more likely to stay in care.¹ We see this play out every day in our work — we know that patients whose identities are validated will return for services and those who don't feel validated will drop out of care and simply go without often to their personal detriment.

¹ Dickert NW, Kass NE. Understanding respect: learning from patients. J Med Ethics. 2009; 35:419–423



PRISM



HEALTH

This is why continued cultural competency education is critical to address ways that clinics and health care providers can identify and address bias to improve communication with diverse clients.

HB 2011A will help create a healthier Oregon by working to reduce health provider bias, improve health literacy, and support provider-patient relationships through providing essential tools to all licensed health professionals by:

- Requiring all health licensing boards to adopt standards for continued education credits specific to cultural competency (CCCE) as a condition of licensure or renewal
- Supports existing efforts by requiring that CCCE meet the Oregon Health Authority's standards
- Builds on existing investments in Traditional Health Workers by further bridging the gap between patient and provider experiences.

Thank you for your consideration and I urge your support for HB 2011A.

With Gratitude,

Peter Parisot