



Date: March 1, 2023  
To: House Committee on Behavioral Health and Health Care  
From: Stephanie Phillips Bridges, Policy Analyst for the Urban League of Portland  
Re: Support for Funding for Mobile Health Units, HB 2918

Chair Nosse, Vice-Chair Goodwin, Vice-Chair Nelson, and Members of the Committee:

My name is Stephanie Phillips Bridges, and I am a Policy Analyst with the Urban League of Portland and I respectfully submit this testimony in support of House Bill 2918. The Urban League of Portland is one of Oregon's oldest civil rights and social service organizations, empowering African Americans and others to achieve equality in education, employment, health, economic security, and quality of life across Oregon and SW Washington.

Per the "Oregon Areas of Unmet Health Care Need Report" released in 2021 by the Oregon Office of Rural Health, "9 variables are used to calculate unmet need scores for each of Oregon's 128 primary care service areas. The lowest and worst score possible is 0. The highest and best score possible is 90. A lower score means greater unmet need. For 2021, scores in Oregon ranged from 24 (worst) to 79 (best). In 2020, it ranged from 25 to 79. The mean (average) score for Oregon overall is 49.4, which is just about the same as last year's average of 49.3. 60 of the 128 service areas fall below that score."<sup>1</sup> The Oregon Office of Rural Health report also states "the average travel time in Oregon to the nearest Patient-Centered Primary Care Home (PCPCH) is 13.1 minutes. 22 service areas (all rural or frontier) do not have a PCPCH and the drive times for these areas average 28 minutes."<sup>2</sup> Over the last few years, Oregonians in urban, rural, and frontier areas have had unmet health care needs.

When health care needs are unmet, this means preventable diseases or manageable diseases can become severe or lead to death. The "Health Equity Analysis" report released by the Oregon Health Authority in 2018 states, "in Oregon, African Americans, American Indians, and Alaska Natives had higher Years of Potential Life Lost than did Whites."<sup>3</sup> When we factor in public health emergencies like the COVID-19 pandemic, we know that the Years of Potential Life Lost rates increase. Per the Oregon Health Authority's "2020-2024 State Health Improvement Plan," "COVID-19 has shined a bright spotlight on the impacts of structural racism in our society. Black, Indigenous, people of color, and American Indian/Alaska Native people have lived with the effects of discrimination, bias, and oppression for centuries. Their disproportionate experience of disease and death during the COVID-19 pandemic is a painful reminder of institutional failure to address historical and current racism."<sup>4</sup> We know racism while seeking health care services is harmful to people in need of care. During the pandemic, we saw efforts to address health care access inequities with mobile testing and vaccine sites. The mobile health care

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<sup>1</sup> Oregon Office of Rural Health, Oregon Areas of Unmet Health Care Need Report, 2021, pg. 4-5.

<sup>2</sup> Oregon Office of Rural Health, Oregon Areas of Unmet Health Care Need Report, 2021, pg. 5.

<sup>3</sup> Oregon Health Authority, Health Equity Analysis, 2018, pg. 161.

<sup>4</sup> Oregon Health Authority, 2020-2024 State Health Improvement Plan, 2020, pg. 3.

services offered were able to meet the needs of communities, particularly lower income, and communities of color.

Efforts to acknowledge health disparities and racism have been underway, as the two intersect. The Oregon Health Equity Task Force writes “racism causes harm, trauma, illness, and death to Black, Indigenous, and People of Color (BIPOC) Oregonians. While HR 6, which declared Racism a Public Health Crisis, passed during the 2021 legislative session we must take strategic actions to support this declaration. HB 4052, like HR 6, acknowledges that Oregon’s very founding as a state was rooted in racist ideals, and while the Black exclusionary laws are no longer on the books, the damaging impact of these and other racist policies continues to exist within our present-day policies and systems perpetuating health disparities. HB 4052 calls for accelerated, intentional actions to heal these injustices and articulates strategies and investments to address health inequities.”<sup>5</sup> Legislators passed HB 4052 in 2022 and with HB 2918, we can continue to address health inequities. HB 2918 will appropriate funds for the Oregon Health Authority to use to continue the pilot program providing grants to entities to operate mobile health units. These funds will support making health care accessible and equitable. Mobile health units support community members who may struggle to get to doctor’s offices or clinics due to travel barriers, availability, and finances. Mobile health care services have proven their effectiveness during the pandemic, especially for communities of color. If we do not fund mobile health units, communities will continue to have health care needs go unmet due to lack of accessibility.

Please pass HB 2819 to ensure that we continue to support health care options. Oregonians trust you to see the value in their health, particularly the Black communities in Oregon who are underserved in the health care industry.

Respectfully,



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<sup>5</sup> Oregon Public Health Association, Oregon Health Equity Task Force website, 2023.