



Oregon Public Health Association

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www.OregonPublicHealth.org

March 1, 2023

Good afternoon Chair Nosse, Vice Chairs Goodwin and Nelson, and Members of the Committee:

For the record, my name is Jessica Nischik-Long. I am the Executive Director of the Oregon Public Health Association. On behalf OPHA and its members, I would like to express our strong support for HB 2918. Last year, HB 4052 passed out of this committee with unanimous support and was signed into law. It was developed collaboratively by the Oregon Health Equity Task Force, which was composed of leaders and community-based organizations from around the state representing Black, Indigenous, people of color, Tribal, white, immigrant and refugee communities. Task Force members are healthcare providers, public health professionals, and community leaders whose experience, knowledge, and expertise shaped the strategies.

One of the primary strategies in last year's HB 4052 was a five-year pilot of a mobile health unit program. The bill before you today, HB 2918, will continue funding the pilot program that the Legislature committed to with HB 4052. The funds provided in 2022 were through the end of that biennium. HB 2918 will continue funding the program with the amount needed to ensure success through the next biennium.

HB 2918 also honors work done so far by the 17 community members currently serving on the OHA advisory committee working to implement HB 4052 who have committed 204 hours of service to date. This does not include the 1,000 plus hours of community effort to draft and advocate for the bill itself.

Place matters and representation matters. In discussing mobile units with Leslie Gregory, a physician assistant who helped shape this bill and championed mobile units, I referred to them as "convenient." Leslie replied to me, "white folks say convenient, Black folks say, 'safe.'" This exchange really struck me. If even a hospital or clinic does not feel safe to some community members, leaders like yourselves must take steps to create alternative spaces that do feel safe and where community members will seek the care we all deserve and access to the larger healthcare system.

OPHA has long supported the efforts to ensure that all people in Oregon have access to high quality clinical care. A July 2022 article in the New England Journal of Medicine, one of America's oldest and most prestigious medical journals, discusses what a serious issue racism in healthcare still is today stating that 48.7% of U.S. medical students surveyed reported having been exposed to negative comments about Black patients by attending or resident physicians, and those students demonstrated significantly greater implicit racial bias in year 4 than they had in

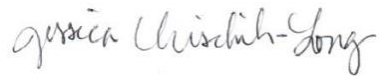
1. Janice A. Sabin, Ph.D., M.S.W. Tackling Implicit Bias in Health Care, July 14, 2022, N Engl J Med 2022; 387:105-107

year 1 (1). Meaning medical students are actually increasing their racial bias as a result of their training.

HB 2918 offers Oregon an opportunity to continue countering this entrenched problem by creating a place for care to be delivered by clinicians that offer culturally and linguistically appropriate care to members of our community that have been marginalized for far too long.

OPHA asks for your support for HB 2918 to honor the commitment that the legislature made last year to support community vetted strategies aimed at making lasting and meaningful improvement on persistent racial health disparities.

On behalf of our membership,

A handwritten signature in cursive script that reads "Jessica Nischik-Long".

Jessica Nischik-Long, MPH
Executive Director
Oregon Public Health Association

1. Janice A. Sabin, Ph.D., M.S.W. Tackling Implicit Bias in Health Care, July 14, 2022, N Engl J Med 2022; 387:105-107