

Submitter: Laura De la Torre

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2918

Thank you, Chair Nosse, Vice-Chairs Goodwin and Nelson, and members of the committee.

For the record, my name is Laura De la Torre, lead outreach community health worker at One Community Health in the Columbia River Gorge.

One Community Health is the largest provider of primary care targeting low-income families and individuals in its four-county service area in 2 states. As part of our mission to advance health and social justice for all members of our community, our organization is part of the Mobile Unit Committee.

The four counties we serve include many small, rural communities. People who live in these communities are much farther away from vital services like medical, dental, and behavioral health care. Many people within these communities face barriers like inadequate childcare, working multiple jobs, and having unreliable transportation. There are community members living in locations like Native American 'in-lieu' fishing sites, migrant farmworker housing, and houseless shelters that have never had services come directly to them. As a result, these communities experience poorer health outcomes due to systemic inequities.

The pandemic was a huge indicator that marginalized communities needed more support to access healthcare. Hood River County has the highest vaccination rate in the state of Oregon, and One Community Health has provided over 27,000 COVID vaccine doses. Of the people receiving those vaccines from One Community Health, over 50% identify as BIPOC. While the national rate for vaccination of people identifying as Hispanic is 67%, OCH has vaccinated 76% of our Hispanic patients. This could not have been accomplished without mobile services.

In April of 2021, we hosted our largest COVID vaccine event where we vaccinated over 600 individuals at a Hood River packinghouse. To register people for this event, our community health workers, including myself, went door to door in farm-working housing, small communities, and in-lieu sites, and provided on-site registration, insurance enrollment, and transportation to the vaccine site. To ensure true equity, we provided a team of bilingual and bicultural doctors, nurses, and community health workers who could understand the cultural background of our community members. Culturally-tailored teams with lived experience have allowed our organization to create these innovative solutions. Bringing health services to marginalized communities requires these extra steps and resources. As one participant, a Latina

packinghouse worker, said, "Thank you for having this event. Normally we would be last or not have a vaccine at all, and now we're first."

We understand that transportation can be a barrier to accessing health care services. We understand that financial hardships exist. And we recognize that many cannot leave their work to access health services. Mobile clinics reduce those barriers by providing access where people live and work. Health is a human right, regardless of race, ethnicity, gender, or socioeconomic status.

I urge your support for House Bill 2918 and House Bill 2925.