



Date: April 2, 2019

To: House Committee on Health Care

From: Mary Rita Hurley, Executive Director of Our House of Portland

RE: Position statement on HB 2011, Culturally Competent Care

Chair Salinas, Vice Chairs Nosse and Hayden, and Members of the Committee,

Our House has been part of the Portland community since 1988. We started as an organization devoted to serving populations with HIV. Our services have expanded but our commitment to people living with HIV has remained the same. HIV is a complex and challenging disease that can often be overwhelming. The Our House team of expert clinicians works with people with HIV who are having difficulty managing independent living. We tailor services for each individual that defines what “living well” means to them.

One of the reasons that our organization has been so successful in what we do is that we have embraced the changing culture around HIV and the other ailments and communities we treat. In practice that looks like adhering to shifting language, recognition of cultural differences and acceptance of all identities. These practices, however, are not inherent. Cultural Competency is a learned skill that workers, and all people for that matter have to be taught in order to use. In fact, this is something Our House of Portland has been doing before the term Cultural Competency existed.

The care we provide is intimate and can frequently span long periods of time. For these reasons, trust is key. The clients that come to us rely on our ability to provide a safe space and a clinician that understands the specific challenges, cultural strengths and individualized needs of people of color, members of the LGBTQIA2+ community, people of lower economic status, and people with disabilities. If we didn't prioritize Cultural Competency we would fail both our clinicians' ability to do their jobs and our clients ability to succeed. That's because it's an essential workplace skill, particularly in the healthcare field, not unlike to ability to use a computer or drive a car.

That's why we're supportive of HB 2011. It validates the work that organizations like ours have been doing for decades and it sheds a light on a need that the healthcare industry has had for

sometime. Health care workers should be given every possible tool to do their jobs, likewise patients should be given every opportunity for the best possible care. Today, we have the data to prove that understanding bias, and providing culturally and linguistically appropriate care leads to better outcomes for patients.

Please support HB 2011. What benefits people of color, low income communities, people with disabilities, and LGBTQIA2+ communities benefits *all* Oregonians. Thank you.

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