

Safe Medication for All Requires Translation (SMART)  
Stick Crosby House Testimony

Good Afternoon,

My name is Stick Crosby and I am the Network and Health Equity manager for AllCare Health, Inc. I would like to thank Chair Salinas and the rest of the committee for taking the time to read my testimony.

The majority of my professional work is associated with our Coordinated Care Organization (AllCare CCO). For the purposes of this testimony, I am representing So Health-E. So Health-E is one of four (4) Regional Health Equity Coalitions. Regional Health Equity Coalitions (RHECs) are collaborative, community-led, cross-sector groups organized regionally to identify and address health equity issues. The RHEC model works by building on the inherent strengths of local communities so they can lead identifying sustainable, long-term, policy, system and environmental (PSE) solutions to increase health equity in Oregon. Coalitions prioritize communities of color as primary populations of focus.

This program is funded by the Office of Equity and Inclusion (OEI) and Health Promotion Chronic Disease Prevention (HPCDP) in addition to other funding sources RHECs receive.

The mission of SO Health-E is:

*Establish a cross-jurisdictional Regional Health Equity Coalition to advance policy, systems, and environmental changes that promote equity and address social determinants of health. The Coalition shall prioritize health disparities for underrepresented populations, with the strongest and most particular focus on racially and ethnically diverse communities, and how this intersects with people with disabilities, gender and sexual minorities (GSM), and income level.*

Senate Bill 698 is very “SMART” legislation, which can ensure the majority of Limited English Speakers (LEP) in Oregon all have equal opportunity to live healthy and fulfilling lives. Health equity cannot be solved by health care systems alone. It requires that different institutions in our community look at unfair challenges that we commonly face in our day to day life, that keep us from being completely healthy and thriving. This bill helps to address these challenges.

Access to healthcare to improve healthcare outcomes is not just how many providers are available in your neighborhood. It is the Availability, Accessibility, Accommodation, Acceptability, and Affordability (Adopted from: CMS. (2017) *Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability*) of those services.

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This bill greatly increases the Accessibility and Accommodation of the Oregon Health Plan members in Southern Oregon. You can also see with the attached charts from AllCare CCO, Inc. that by focusing on interpreter access in Southern Oregon, we have increased Limited English Proficiency member's utilization of services. Requiring translations on prescription bottle's, removes additional access barriers that could occur for Limited English Proficiency Oregonians.

The first dimension of the triple aim is *"Improving the patient experience of care (including quality and satisfaction)"* This is legislation that does that and makes sense for ALL Oregonians.

Thank you so much for your time Chair Salinas and committee.

Stick Crosby

Network & Health Equity Manager

AllCare Health

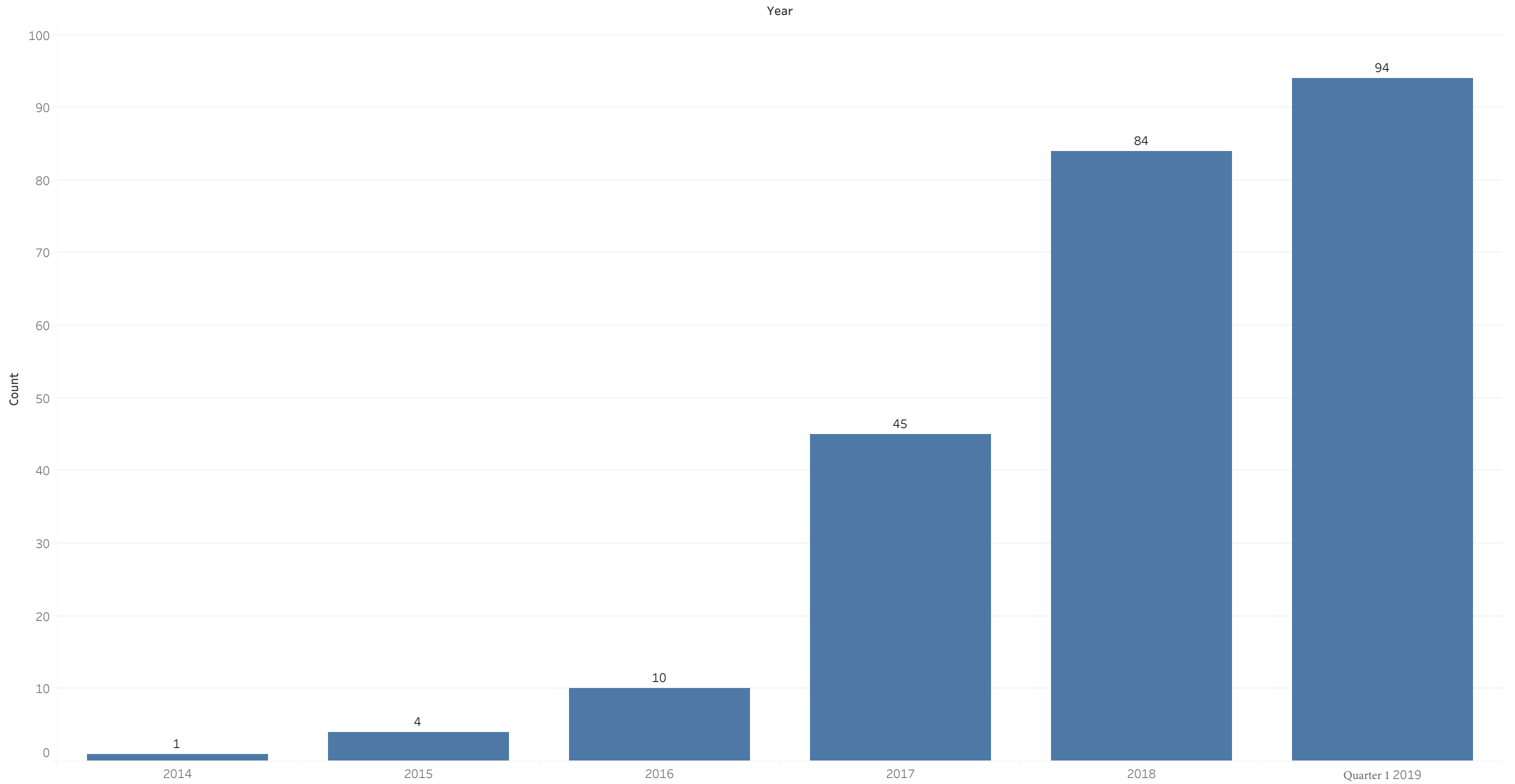
Pronouns: He/Him/His

Phone: +1 (541) 471-4106

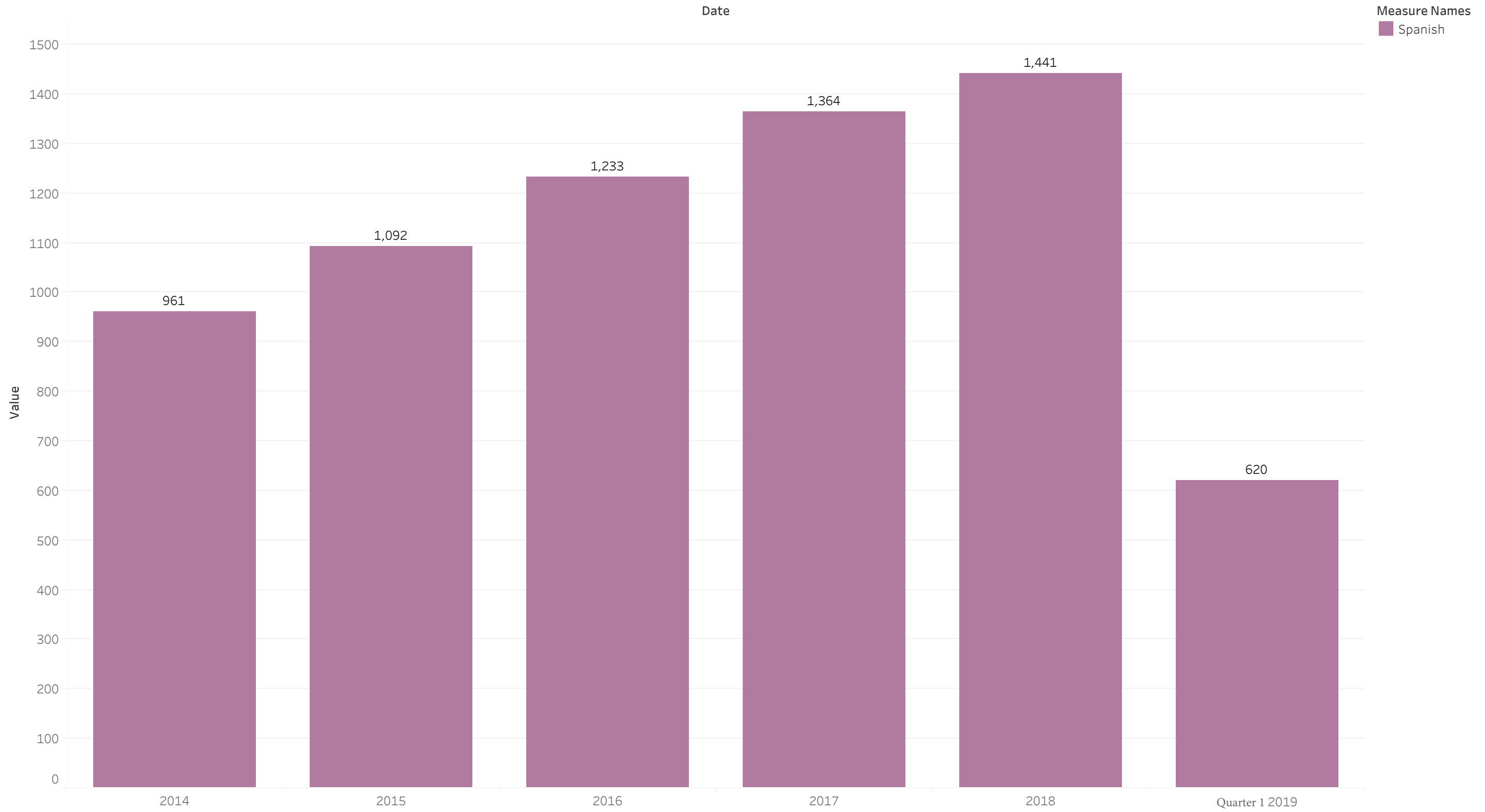
Email:Stick.Crosby@allcarehealth.com



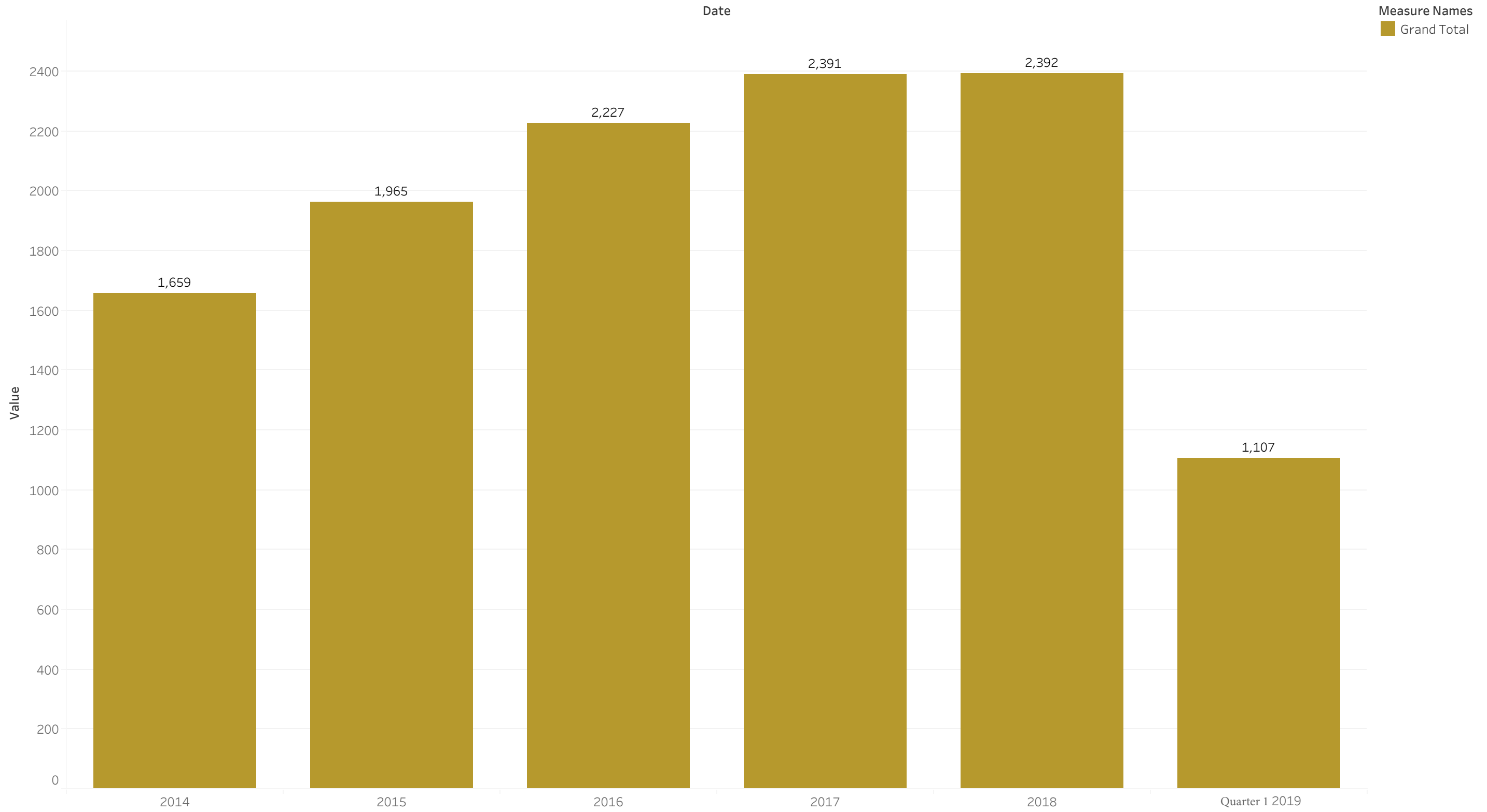
# Rolling count of interpreters Jackson, Josephine, and Curry County



# Unique members seen identified with Limited English Proficiency (Spanish Only)



# All unique members seen identified with Limited English Proficiency



Unique members seen identified with Limited English Proficiency (Spanish Removed)

