

Senate Committee on Human Services, Mental Health and Recovery

Testimony in Support of HB 4150

February 18, 2022

Chair Gelser Blouin, Vice-Chair Robinson, and Members of the Senate Committee on Human Services, Mental Health and Recovery,

My name is May Saechao and I am a Commissioner on the Oregon Commission for Women. I am here to represent OCFW and I am also here to share with you, my lived experience growing up in a marginalized community, and the adversities I have seen as an advocate. I am a member of the IU Mien community and I represent many in the underserved and underrepresented communities who face the same issue as mine.

1. OCFW works toward economic, social, political, and legal equity for the women of Oregon with particular focus on marginalized and underrepresented women of color. We do this through advocacy, public policy research, leadership development, and partnerships.
2. In our statutory role of bringing equity focus and community voice into Oregon policy making, OCFW strongly supports HB 4150.

HB 4150, instructing Oregon Health Authority's Health Information Technology Oversight Council to convene the Community Information Exchange (CIE) Workgroup, has many key components to help create an effective and efficient infrastructure to provide the best outcomes for the constituents of Oregon and its healthcare providers. One of the more

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notable parts of this bill is the community centered approach and the focus on aggregation of data. These two methods, alone, will help provide a roadmap to solution- oriented conversations that may have been historically limited due to a lack of awareness or knowledge.

Mobilizing a collective group of stakeholders to include community-based organizations in government conversations is a move that many in the community have been longing for. Many groups will have the opportunity to be their own content expert, as well as providing guidance in helping develop best practices for their people, that can be shared statewide on many levels. In today's society data drives much of the work in many industries, in particular, the healthcare field. In order to identify gaps in services, the reliability and accuracy of data is critical to public health knowledge on who and how to better serve all. When it comes time to pinpoint the issues and find resources for communities like mine there is a lack of data. HB 4150 opens the door to raising awareness about my community and how to best serve them, through data collection and disaggregation.

This bill is also about language and improving communication. For groups like mine, unseen and unheard has become a norm that has severely impacted the livelihood of many in my community. As an indigenous hilltribe from a lesser-known community of SE Asians, we share a trait common with other indigenous folks where isolation from others is a safeguard to protecting ourselves and our culture. Our mistrust and lack of engagement has led to many reasons why, despite 40+ years of resettlement within the United States, many people in Oregon, including key decision makers, remain unaware of our who we are.

In my time working with other BIPOC communities, we share many commonalities in the experiences our families have encountered and are continuing to struggle with. For far too long, youth as young as ten years old have taken on the burden of translation/interpretation duties for their extended families. Many adults in my community and other communities are monolingual, and they are not literate in their own native languages. They rely on audio and verbal communication, and have been forced to read translated material from offices providing health and social services, in which they are not literate in. A lot of older people



who can translate are not well-versed in speaking English. The younger generation does not speak their own native language well enough to be a reliable translator for their elders. This gap in sharing information leads to doubt, misinformation, and distrust.

In regards to information about health care, services, and the pandemic, misinformation leads to serious consequences, and perpetuates health disparities. When COVID was raging there was no clear communication within my community about even the basic safety precautions for people to follow to protect themselves from the virus. People were left in the dark. From lack of being able to communicate what is important has really impacted the well-being of individuals. Funds for translation are an ongoing issue, and there has not been much innovation in this area for translating materials and providing them in an audio format. The innovations generated by communities of color, for communities of color, through the CIE Workgroup may bridge the gap in making vital information more accessible to marginalized groups in Oregon.

HB 4150 offers hope of improving communication, sharing accurate information and guidelines, and healthier people statewide with more access to needed resources, opportunities, and services. I urge you to vote yes on HB 4150.

Sincerely,



May Saechao, Commissioner

The Oregon Commission for Women

