March 13, 2023

To: House Committee on Business and Labor

From: Anne Tan Piazza, Executive Director, Oregon Nurses Association

Re: Support for HB 2921

Chair Holvey, Vice-Chairs Elmer and Sosa, and members of the committee,

My name is Anne Tan Piazza, and I am the executive director of the Oregon Nurses Association. ONA is a nurses union and professional association representing over 15,000 health care workers and providers, including registered nurses, advanced practice nurses, and allied health workers. Our members work in urban and rural hospitals, clinics, school-based health centers, home health, and county health departments across Oregon. Thank you for this opportunity to submit testimony in favor of HB 2921.

HB 2921 would provide transparency in the racial makeup of hospital staff. Having this data for each hospital would allow for a deeper conversation around racial equity in Oregon's health care provider workforce, and give us the information needed to build a better, more diverse system.

Data collected by Oregon's 2022 nursing workforce survey found that 76.8% of RNs in Oregon are White. Asian, African American, and especially Latinx communities are overrepresented compared to Oregon's population in nurse assistant roles, are but underrepresented as registered nurses and nurse practitioners.[1]

This data aligns with information collected by the American Nurses Association. In June of 2021, ANA released a summary report of listening sessions they held to hear the experiences of BIPOC nurses.[2] Nurses of color reported being denied opportunities for advancement. They described having their professional experience and knowledge minimized, and described being viewed by colleagues and their managers as too assertive or too aggressive, especially when describing the racist comments and incidents they endured at work. Additionally, many nurses of color reported that they were given the highest acuity patients, including patients who carried the most risk of getting others sick, such as those with Covid-19 and Tuberculosis. In short, the report found that nurses of color faced significant barriers to career advancement, and many struggled to stay in the nursing profession.

These disparities are important to address, because patients are better served when their healthcare professionals can offer linguistically and culturally appropriate care. Research shows that when physicians and patients share a race or ethnicity, providers spend more time with the

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[1] Bates, T., Shen, E., Spetz, J., Bitton, J. Allgeyer, R. (2022). *The Future of Oregon's Nursing Workforce: Analysis and Recommendations.* Oregon Center for Nursing.

[2] National Commission to Address Racism in Nursing (2021). *Summary Report: Listening Sessions on Racism in Nursing*

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patient, and the patient reports higher satisfaction with their care.[3] For African American and native Spanish-speaking patients, provider race and language concordance improves adherence to medication directives.[4] And, critically, non-white patients experience less racial bias when treated by a provider who is also non-white.[5] The bottom line is that in order to ensure that all Oregonians can access high-quality healthcare we must ensure that there are diverse providers to serve them.

At ONA, we strive to create safe and health workplace for all our members. We also support their work to provide every Oregonian with the best possible health care regardless of race, language, or national origin. Neither creating healthy workplaces nor increasing access to quality health care is possible without a diverse provider population. ONA urges a yes vote on HB 2921. Thank you.

Sincerely,

Anne Tan Piazza

[3] Cooper LA, Roter DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003 Dec 2;139(11):907-15. doi: 10.7326/0003-4819-139-11-200312020-00009. PMID: 14644893.

[4] Cooper LA, Roter DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003 Dec 2;139(11):907-15. doi: 10.7326/0003-4819-139-11-200312020-00009. PMID: 14644893.

[5] Hagiwara N, Slatcher RB, Eggly S, Penner LA. Physician Racial Bias and Word Use during Racially Discordant Medical Interactions. Health Commun. 2017 Apr;32(4):401-408. doi: 10.1080/10410236.2016.1138389. Epub 2016 Jun 16. PMID: 27309596; PMCID: PMC5161737.

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