

## **Written testimony:**

**To the members of the Oregon Legislature Senate Committee on Early Childhood and Behavioral Health, other members of the Legislature and fellow Oregonians**

**From Dr J Gaudino in Support of SB691, SB 692, SB693 f, 2025-27 biennium.**

**Thank you, distinguished Co-Chairs Senator Reynolds and Senator Anderson), Senator Gorsek, Senator Linthicum, and Senator Patterson**

**I am Dr James A. Gaudino MD, MS MPH FACPM-- a Preventive Medicine-Public Health Specialist Physician & Epidemiologist and an Affiliate Professor with the OHSU-PSU School of Public Health. I bring ~40 plus years experience in my fields of expertise and much compassion for communities I have served as I have practiced on the frontlines of public health at the Federal (CDC), state, tribal and local levels.**

**Nearly forty years ago, as I was completing my training specializing in medicine, prevention medicine/public health and epidemiology and first working to address the first wave of the HIV epidemic at a local public health department, I listened to and answered by my soon-to-be mentors at the CDC to turn my efforts to understanding and addressing the health issues (and threats) of women, infants, children, adolescents and families in communities I serve.**

**My mentors recognized how few on-the-ground programs/interventions by public health departments were available to help communities understand and address the maternal, infant, child and family health (MCH) issues (and threats to) for the large but vulnerable groups of community members and families.**

**I joined an entire movement at the CDC and other federal, state, tribal, and local public health agencies working with community, academic, and other partners from many disciplines to better understand and find-study and make the cases for, implement and evaluate the most effective interventions to address maternal, infant, child and family health (MCH). We ultimately strive to help communities become healthier, safer, achieve healthy reproductive, infant, child and family outcomes, and enable its members to be self-determined and able to thrive to their potentials in life. Since then, I have worked for years on-the-ground at state, local and tribal public health agencies and communities, including with the regional tribal Northwest Portland Area Indian Health Board working on these issues.**

**Key examples, such as *community-level immunization* efforts, already demonstrate the power of effective community-level (public health) interventions, that include individual-level healthcare *but go well beyond to* informing and mobilizing communities to take action, to protect and enhance community health and wellbeing collectively. In fact, the US Task Force on Community Preventive Services for over 25+ years have demonstrated in studies time and time again that the most effective community-level interventions ARE those that have sustained, multiple well-coordinated interventions rather than time-limited single “component” efforts.**

**Even with chronic underfunding, public health working with our community partners and members have achieved positive impacts on MCH within our communities.**

**Yet, as we all know, there is MUCH work left to do and MANY people in our communities, from birth to adulthood and later in life, are suffering from being “left behind”, missing important elements of support and nurturing, especially during their early years, which we know scientifically MORE NOW can stifle ones ability to thrive and achieve ones own life potential. We also know that, with effective community- and individual-level interventions communities can make meaningful impacts that improve the lives, health and wellbeing of those who might be at-risk. We know that early interventions work and SAVE communities from suffering, poorer outcomes and costs down the road.**

**The bills before you today SB 691, SB 692, and SB 693 and others coming soon in this session, as part of the well thought-out, collaborative “Momibus 2025 Initiative”, ask *YOU as policy makers* to FURTHER step up and invest in THIS MUCH NEEDED well-coordinated, “multi-component” set of policy actions that WILL help**

**Oregon communities systematically address currently unaddressed issues facing our children, their parents, and our families ---in many different Oregon community settings with their current “checkboxboard” of service resources and their specific deficits of resources needed to be successful.**

**Others in their live and written testimony and other submitted documents have clearly laid out the barriers many parents-caretakers and the their newborns may encounter which delay and disrupt early “relational health” during critical periods of their newborn’s-children’s development. My fellow supporters have also provided data-statistics and shared their lived experiences describing the adverse, but preventable impacts on their/the lives of those affected, on our community health, wellbeing and even safety as a whole AND, hopefully, on costs incurred when communities are force to invest in mitigating the downstream adverse impacts when early healthy relationship are impeded and remain unaddressed early on.**

**As an expert, advocate and a compassionate fellow community and family member, I strongly and wholeheartedly urge your support for Senate Bills 691, 692, and 693 and for other bills part of the “Momibus 2025 Initiative.” Each bill is carefully designed to address a ket component of the collective set of interventions that enable these efforts to be successful.**

**By design, passage and implementation of ALL these bills collectively would:**

- **Give Oregon communities THE BEST OPPORTUNITIES to benefit from the BIGGEST positive outcomes, AND**
- **Help avoid leaving out key actions needed for successful development and implementation going forward of ALL the essential elements of effective interventions, AND**
- **Help avoid inadvertently weakening some communities’ being able to move forward, AND**
- **Help avoid leaving out specific groups of people in communities, in need but somehow encounter unintended to accessing services, especially those most vulnerable and less able.**

**Also, as a senior-level public health-preventive medicine expert, let me strongly urge Legislators and policy makers, as these bills are further shaped this session and being implemented, TO PLEASE intentionally and specifically work to engage and fund the expertise of Oregon’s public health (PH) system/ Infrastructure (specifically at the State OHA Health Division, Local and Tribal public health departments/organizations) IN EACH community to help plan and deliver these services.**

**Specifically our public health practitioners at state, local and tribal public health have the expertise to help measure and monitor community outcomes, help deliver, track how well services are delivered and health and other outcomes, and help with quality improvement efforts as hopefully these Mominbus bills are implemented.**

**Finally, let me share a personal memory that I will never forget from my early career days with the CDC in Atlanta that has impacted and motivated me in my practice of public health and prevention work.**

**Then, our CDC division invited a celebrated senior-level maternal and child health epidemiologist - scientist from France to visit with us, provide lectures on his and his team’s cutting-edge research and talk with us about projects of mutual interest and the implementation of policies that show evidence supporting positive impacts on pregnancy, child, and family outcomes**

**As we were talking about pre-conceptional health care, maternal and paternal leave policies of France and the USA and the importance of parent-caretaker and newborn-child relationships and all their long-term impacts on the health and wellbeing of families and society, this mature scientist became quite adamant saying most bluntly,**

**“How could you treat your families so cruelly in the United States? We would never think of doing that in our country.”**

**(He may actually have said, “the women in your country” back then. )**

**I and my colleagues will NEVER forget his powerful rebuke of our “cruel” US policies towards post-partum women (people) & young families, especially women who literally carry majority of the physical and social burdens before and after pregnancy to raise our families and who invest in the futures of their (our) children and the future successes of our communities.**

**We NEED to do BETTER!**

**I believe that Senate Bills 691, 692, and 693 and for other bills part of the “Momibus 2025 Initiative” will help Oregon DO better and make meaningful and lasting positive futures for our families, communities and collective our future!**

**These Investments are smart, community investments yielding long-lasting and short-term returns, esp for our most underserved and vulnerable communities.**

**PLEASE ACT on FOR the future of all Oregonians UP to our Seventh generations, as Indigenous leaders and community partners have wisely done for centuries AND again ADVISE us now.**

**THANK YOU**