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**Ohio Senate Health and Human Services Committee
Proponent Testimony
Senate Bill 332- Commission on Infant Mortality Recommendations
May 25, 2016
Presented by: Simone Crawley
Executive Director- Multiethnic Advocates for Cultural Competence, Inc.**

Good morning Chairwoman Jones, Vice Chair Lehner, Ranking Member Tavares and members of the Senate Health and Human Services Committee. My name is Simone Crawley and I am the Executive Director of the Multiethnic Advocates for Cultural Competence, Inc. (MACC) Thank you for allowing me to present proponent testimony on Senate Bill 332, the critical recommendations made by the Ohio Infant Mortality Commission. Although MACC strongly supports the implementation of all components of the bill, my testimony will focus primarily on the cultural competency requirements for health care professionals.

MACC is the only statewide organization solely focused on enhancing the quality of care in Ohio's health systems by incorporating culturally competent practices. In collaboration with the state departments, our agency created the endorsed statewide definition of cultural competence in 2010.

Cultural Competency Requirement for Licensure

The Ohio Infant Mortality Commission has included in its recommendations the adoption of Senate Bill 33, originally a standalone bill introduced by Senator Tavares, to require certain

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To enhance the quality of care, in Ohio's health care system and to incorporate culturally competent models of practice into the systems and organizations that provide services to Ohio's diverse populations.

health professionals to be trained in cultural competency. MACC has been providing cultural competence trainings to these professionals for over 13 years.

It is critically important that we equip our health professionals with the tools to recognize and consider the impact of cultural manifestations in health and wellness. Vast health disparities are the result of failing to provide such tools. Although our overall infant mortality rate has slightly improved over the past few years, Ohio continues to rank 49th in the nation for the deaths of African American babies. This disparity, as with many others, crosses socioeconomic lines and is the direct result of care that is not culturally competent.

The 2014 United States Census Projections underscored the need to implement changes to our systems before disparities become more widespread.

- The United States is projected to become a majority-minority nation for the first time by 2050 when the non-Hispanic white population falls to 44%.
- To the same token, 64% of those 18 years and younger are projected to belong to a minority race or ethnic group by 2020.
- As we are aware, Ohio continues to be home to second largest concentration of Somali Americans in the nation.

Waiver

The waiver provision of this legislation provides licensing boards with some discretion. It is not the intent of the bill to impose duplicated efforts of current health professionals, many of whom have taken the initiative to be trained in cultural competence with agencies such as

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MACC. Boards can develop criteria for exempting such professionals from the requirement should they provide sufficient evidence that they have attained adequate experience.

Board Rules for Cultural Competency

Additional discretion is provided to licensing boards in determining the number of instruction hours. To ensure the formation of effective rules, boards are required to consider disparities in race and gender as they relate to health care decisions. This provision guarantees that proper consideration will be given to prevalent health disparities in Ohio. Requiring licensing boards to consult with a creditable agency familiar with these disparities and the scope of the professions will ensure that effective curriculum is used.

The financial implications of services that are not considerate of culture are staggering. Costs continue to rise due to longer hospital stays, preventable emergency room visits, and misdiagnoses. Health disparities place an overwhelming burden on the state and can devastate our workforce.

Chairman Jones, Vice Chair Lehner, Ranking Member Tavares and members of the Senate Health and Human Services Committee, thank you for your time and consideration of my testimony today. I urge adoption of this and all other recommendations made by the Ohio Infant Mortality Commission. As a result, Ohio will move closer to the elimination of health disparities such as our appalling infant mortality rate by ensuring that all Ohioans receive equitable, culturally competent care. I am happy to answer any questions at this time.

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