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**Ohio Senate Health, Human Services and Medicaid Committee
Proponent Testimony
Senate Bill 16- Cultural Competency for Health Care Professionals
June 5, 2018
Presented by: Simone Crawley
Executive Director- Multiethnic Advocates for Cultural Competence, Inc.**

Good morning Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid 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 16, requiring certain health professionals to be trained in cultural competency.

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 and has been providing cultural competence trainings to these professionals for 15 years.

Revisions from Senate Bill 332

Senate Bill 16 repeals provisions of the recently enacted by Senate Bill 332, recommendations from the Ohio Commission on Infant Mortality. Specifically, the provisions requiring licensing boards to make certain considerations and provide information cultural competency training to

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licensees. Senate Bill 16 replaces those provisions with requirements that certain health care professionals obtain instruction in cultural competency to receive or renew a professional license. This provision would further underscore Ohio's commitment to producing well informed, culturally competent health professionals. Far too often MACC fields requests from hospital systems, local health departments, and individual health professionals underscoring the critical need for training that allows them to more effectively engage with patients and clients. This provision ensures professionals will receive timely information regarding best practices on an annual basis.

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 across racial/ethnic and socioeconomic lines are the result of failing to provide such tools. Infant mortality rates across Ohio continue to be sharply divided across racial and ethnic lines with African American infants and mothers faring the worst. This disparity, as with many others, crosses socioeconomic lines and is the direct result of a lack of culturally appropriate care.

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.

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- As we are aware, Ohio continues to be home to second largest concentration of Somali Americans in the nation and Ohio is second only to Pennsylvania for the resettled population of Bhutanese refugees. These communities continue to face unique challenges navigating our health system.

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 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 credible 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.

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Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee, thank you for your time and consideration of my testimony today. I urge adoption of this legislation. As a result, Ohio will move closer to the elimination of health disparities such as our abysmal 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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