

Universal Healthcare Task Force
Public Testimony by:
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September 29, 2020

My name is Mary Hennrich and I am a Board Member of Healthcare for All Oregon. Some of you know me from our years of working together on many aspects of health and healthcare. I am a retired nurse with 51 years experience working in both Public Health and Healthcare. After 20+ years working for Multnomah County Health Department in many staff and management roles, I became the founding CEO of CareOregon. Your Task Force Chair, Bruce Goldberg, was in fact, CareOregon's Medical Director during those early years, working with me and others laying the essential groundwork that ultimately resulted in CareOregon becoming Oregon's largest OHP Managed Care Plan/CCO.

You and I know—HEALTH MATTERS!

Access to high quality healthcare is an important component that supports individual, family, and ultimately the community's health. Yes, accessible, affordable, high quality, person-centered HEALTHCARE MATTERS, too.

As you Task Force members embark on your very high stakes work, I want to direct your attention to SB 770's first two stated purposes listed in the law.

SB 770 Purpose:

- 1) Improving the health status of individuals, families and *communities* (italics added)
- 2) Defending against threats to the health of residents of this state

Working to improve the health of individuals and communities for over 50 years, I learned that the health of individuals, families and the communities they live in are inextricably interwoven. The inequity and injustices that your Task Force will work diligently to eradicate are not only individually based, but **environmentally and community based** as well. Research has proven beyond a doubt that *where* you live is predictive of your individual health and longevity. Your Zip code is more predictive of your length of life than many "individual medical" markers.

When I began my public health career in 1969, we realized that people living in "poor" communities had shorter life spans and more chronic diseases, low birth weight newborns, etc. Why this was so, wasn't as clearly understood as it is today. We have learned without a doubt that many environmental factors including poor air quality, fewer parks and green spaces, dense poor housing, "food deserts," racism, lack of family wage jobs in neighborhoods, etc., etc., etc. are what we now call **the social determinants of health and directly affect the health of those who live and work there.**

So, as you proceed in the next months to design and recommend a reformed, more just, publicly

funded, **individually-focused** healthcare system, we urge you to also focus on SB 770 purposes #1 and #2..."**improving the health status of...communities and defending against threats to the health of residents...**"

Public funding aimed at eradicating **community-based disparities**, and ultimately **PREVENTING these negative health determinants**, must go hand in hand with the task of developing individually focused reform.

We are all familiar with the age old adage, "**an ounce of prevention is worth a pound of cure!**" An ounce is 6.25% of a pound. As you develop your financing recommendations needed to cover the costs of Oregon's reformed publicly funded, single payer, universal healthcare system, we urge you to **be sure to include a minimum of 6.25% for Prevention and public health measures focused on essential community Social Determinants of Health. We may need much more.** Only then can we move toward more just, equitable and sustainable healthcare and ultimately **HEALTH** for Oregonians.

Thank you for taking on this vital challenge over the next months. HCAO and I stand ready to assist in any ways you might request.