

Health Department

March 23, 2021

House Committee on Rules
900 Court St. NE - Remote 170
Salem, Oregon 97301

Re: HB 2337 - Declaring racism a public health issue

Chair Smith Warner, Vice-Chairs Drazan and Holvey, and members of the committee, my name is Jessica Guernsey, I am the Public Health Director and Local Public Health Administrator for Multnomah County. I am happy to be here today in support of HB 2337 and the vision to declare racism a public health crisis in Oregon.

We cannot begin to address the impacts of racism and the healing needed from generations of racism until we call them out. This focused, statutory commitment, HB 2337, will help move the entire State toward ending health disparities for Oregon's BIPOC communities (Black, Indigneous, and People of Color).

The naming of Oregon's systemic acts of violence is important. Oregon was built on the stolen and occupied land of many Indigenous sovereign nations. Oregon continued to be developed and grew with the exploitation of kidnapped and enslaved African peoples who have been subject to continued policies, laws, and discrimination in our institutions within Oregon and this country. Oregon's current policies, laws, and practices continue to disproportionately impact the health and wellbeing of BIPOC communities.

Our BIPOC communities are not a monolith. Each community under the umbrella of BIPOC is unique with its own culture, language, spirituality, healing and healthcare practices, and lived experiences. These nuances matter when it comes to the ways in which racism has impacted each of these communities in specific and unique ways. This bill specifically allows for BIPOC communities to demonstrate the nuances between and among their own identities groups allowing for cultural context, social determinants of health, and protect factors that exist within the community. This type of data collection allows for those with multiple targeted identities to be more fully understood to the systems and institutions that govern our lives and impact our health and wellbeing. Capturing the intersectionality of a person's lived experience allows for a more robust understanding of how these oppressive systems interact with people. This in turn provides us the opportunity to shift institutional laws, policies, and practices to address these disparities and reduce barriers to care.

Disrupting policies and laws from maintaining racist outcomes is imperative. A new Health Equity Policy Analyst for the Legislature is a step to help inform and shift perspectives in policy

design and implementation to reduce racial inequities across social, economic and political systems statewide. Additionally, having a new Equity Coordinator for the Legislature that will elevate community voice, bridging the gap between those most affected and the legislative process is crucial.

Furthermore, Oregon Health Authority creating an oversight body to ensure language access compliance to increase high-quality culturally and linguistically appropriate care statewide is vital. This is a step towards increasing health equity through language access.

Let me share an example of how implementing the collection of race, ethnicity, language, and disability (REAL-D) data informs where targeted interventions are necessary and how best to create programmatic practices that ensure language access compliance to increase high-quality culturally and linguistically appropriate services. When Multnomah County began Tobacco Retail Licensing in 2016, we issued our application form in seven languages and designed the application to ask for retail owners to voluntarily supply their race, ethnicity and preferred language. Almost 10% of our licensed tobacco retailers indicated Korean was their preferred language. To this day, Korean remains the top preferred language after English across our tobacco retailers. To better serve these operators, the tobacco licensing program has a telephone system with a message in Korean, provides education materials in Korean, and translates correspondence into Korean.

Meaningfully and intentionally investing in community engagement to identify future strategies is a must. Oregon Advocacy Commission's commitment to hosting racial affinity groups to ensure community voice informs and directs institutional racism and health equity strategies is a critical step. We fail communities and much needed change when community voices are not heard. Your commitment and accountability to investing in meaningful community engagement is needed now more than ever.

Last but not least, removing barriers to increase access and quality of care in BIPOC communities by creating a pilot mobile health program will create a sustainable, culturally responsive model to increase access to care, informing a collaboratively-developed statewide plan.

We strongly urge you to support HB 2337 and take the critical concrete steps toward dismantling structural racism and promoting health equity. We appreciate your attention and immediate action on this crisis.

Thank you for the opportunity to testify today and I am happy to answer any questions you may have.

Jessica Guernsey, MPH
Public Health Director
Multnomah County Health Department