

Date: 03/23/21

Chair Smith Warner and Members of the Committee,

For the record, my name is Sarah Grantham. I am a resident of Salem. I am writing to request your support for **HB2337**.

HB 2337 declares racism a public health crisis in Oregon. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians. HB 2337 acknowledges that Oregon's very founding as a state was rooted in racist ideals, and the damaging impact of these and other racist policies continue to exist within our present-day policies and systems. Further, this bill signals the need for accelerated, intentional actions to heal these injustices and articulates six initial strategies and investments to address health inequities.

Racism has impacted my family directly. My child and a friend were racially profiled and then held at gunpoint by a Police officer while riding their bikes home from school. This incident has uprooted my views of authority in Oregon. How can a parent support a child who has had their life flash before their eyes? The challenge faced by us and many families is finding support in both health care and education system to support children who've experience racism and trauma. I urge you to declare racism a public health crisis. This is an opportunity for a meaningfully invest in community engagement to support the most venerable communities in Oregon.

- Racism is pervasive and is integrated into every institution and system that is connected to the social determinants of health, and ultimately impacts Oregonian's ability to be healthy and well to the fullest potential.
- Incidents of racism consistently experienced by Black, Indigenous, and people of color (BIPOC) communities and Tribes create racial disparities in social, health, economic, legal, and academic outcomes
- Racial justice requires the formation and purposeful reinforcement of policies, practices, ideologies and behaviors that create equitable power, access, opportunity, treatment, and outcomes for all people regardless of race and redistribute resources to invest where inequities are greatest
- Racism in Oregon and nationwide has created a situation that is untenable and where immediate action must be taken to mitigate further harm and violence against BIPOC Oregonians and Tribes.
- Chronic illness is greater for many communities of color. For example, African Americans (38.9%), Pacific Islanders (36.1%), American Indians and Alaska Natives (33.4%), and Latinos (29.1%) are more likely to experience high blood pressure in this state. (Oregon Behavioral Risk Factor Surveillance System, Preliminary race reporting data file, 2015 – 2016).
- African American women are three to four times more likely to die from pregnancy-related complications, and people in rural areas of the U.S. are 64% more likely (Amnesty International, 2010).
- Racism is the reason that even when you control for educational attainment and

income inequality that people of color still experience higher rates of health inequities and average years of life lost. (Colen, Ramey, Cooksey, Williams. (2018)

- Black and brown people are stopped, searched, arrested, prosecuted, and experience more force and are killed by police at higher rates nationally. (APHA, 2018, Addressing law enforcement violence as a public health issue).
- Health inequities are preventable issues that when addressed provide significant cost savings not only to health systems, but also other systems related to the social determinants of health. More importantly, addressing these issues of racism improves the health and quality of life for all Oregonians.

HB 2337 was developed by the Oregon Health Equity Task Force which is composed of leaders and community-based organizations representing BIPOC, Tribal, and Immigrant and Refugee communities and includes six initial strategies that are responsive to the specific needs of their communities to reduce racial and ethnic health disparities.

1. Expand and support the collection of REAL-D data
2. Meaningfully invest in community engagement to identify future strategies
3. Health Equity Policy Analyst to disrupt policy from maintaining racist outcomes
4. Increase health equity through language access
5. Increase community voice in the legislative process
6. Remove barriers to increase access and quality of care in BIPOC communities

Thank you for the consideration and for your service. I urge you to support HB 2337.

Sincerely,  
Sarah Grantham  
Salem / Concerned Citizen