

Oregon Public Health Association

818 SW 3rd Ave. #1201 Portland OR 97204 www.OregonPublicHealth.org

March 23, 2021

Chair Barbara Smith Warner and Committee Members House Committee on Rules

Dear Chair Smith Warner and Committee Members:

On behalf of the more than 560 OPHA members, I would like to express our strong support for HB 2337, which declares racism a public health crisis.

Public health as a profession has been talking about racial and ethnic health disparities for decades. We talk about the social determinants of health and how health is determined not by what happens when we visit a healthcare provider, but by where we live, work, and play. Where and how we live, work, and play are in turn shaped by how our society is designed.

As part of public health higher education, all students are required to take courses on biostatistics and epidemiology. In those courses, we hear a constant refrain that we need to "control" for race and ethnicity in our analysis so that we can truly examine our hypothesis. Race and ethnicity are "confounders" that cloud our analysis. Why do we always control for race and ethnicity? Because these factors have such a powerful influence on health. No matter the health metric or question, when the data is parsed by race and ethnicity, differences will be revealed.

HB 2337 creates an opportunity for our state to move past faceless data analysis requirements and consider that those disparities are occurring for real people. HB 2337 lays out a set of strategies that will make real and meaningful change. This bill was developed by Black, Indigenous, People of Color and Tribal community leaders whose experience, knowledge, and expertise shaped the strategies.

Words matter. This bill builds on the state's efforts to collect high quality race, ethnicity, and disability data by ensuring that the words chosen in the data collection method are informed by the people they apply to.

Representation matters. This bill asks that our state consistently work with culturally specific community-based organizations in recognition that racism is not a problem to be solved with one bill, one program, or one temporary group organized in a time of crisis. HB 2337 also recognizes that convening a group regularly requires resources and that community members should be compensated for their time, reflecting their value.

Meeting is one thing, but it is important to institutionalize methods of taking action on recommendations. HB 2337 also provides a strategy for taking action on those recommendations to create programs that focus on specific social determinants of health.

Oregon Public Health Association urges you to support this bill and begin dismantling the systems that have created persistent health disparities and poor health for so many of our fellow community members.

On behalf of our membership,

Jessica Nischik-Long, MPH

Executive Director

Oregon Public Health Association

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