

Date: February 24, 2021

Chair Prusak and Members of the Committee,

My name is Carol Dodson and I am a nurse educator and the nurse administrator for the Clackamas Community College nursing program. I am writing to request your support for **HB2337**.

HB 2337 declares racism as a public health crisis in Oregon and this has been so evident this last year. We know that the Social Determinants of Health are greatly impacted by what race/ethnicity a citizen is and the robust evidence of COVID having a far more prevalent impact on people of color supports this. In the past week I have attended two webinars whose topics addressed the impact racism has on healthcare in general, but mental health care in particular.

Our communities have become more diverse and I am happy to report that this diversity is reflected in our nursing students. To be accepted into a nursing program in Oregon is quite a feat, but for those students of color, their journeys have often been more challenging. They share stories of personal experiences where racism (and religious phobias) have been upsetting at best, and traumatizing at worst.

To have healthy communities and a healthy state, all citizens, no matter race, ethnicity, religious affiliation, sexual preferences need to feel safe. They need equal access to all amenities, opportunities and basic rights. This bill signals the need for accelerated, intentional actions to heal these injustices and articulates six initial strategies and investments to address health inequities. Research shows that racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color

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,

Carol Dodson RN, MS  
Portland, Oregon

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