

Racism is a Public Health Crisis (HB 4052)

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January 29, 2022

Chair Prusak, Vice Chairs Hayden and Salinas, and Members of the Committee,

For the record, my name is Dana Merrill. I am a public health professional and non-profit employee at Oregon Public Health Association in Clackamas, OR. I am writing to request your support for **HB 4052**. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians.

With the passage of [House Resolution \(HR\) 6](#) in the 2021 session, the Legislature has declared racism a public health crisis, but we need to go beyond a declaration and identify and fund specific strategies to begin addressing the crisis. In the 2021 session, the Oregon Health Equity Task Force, composed of leaders and community-based organizations representing BIPOC, Tribal, and Immigrant and Refugee communities, worked with Rep. Salinas and many supporters to attempt to get HB 2337 passed, but in the final days of the session it wasn't possible to move forward funding allocations. However, the House did pass HR 6 declaring racism a public health crisis.

The Oregon Health Equity Task Force worked with Rep. Salinas to come back in the 2022 session to identify and fund two initial strategies through HB 4052 that begin to address both immediate needs of their communities to reduce racial and ethnic health inequities, as well as creating a pathway for future strategies to address structural racism in the future.

1. Remove barriers to increase access and quality of care in BIPOC communities through culturally and linguistically appropriate mobile health units.
 - a. The Oregon Health Authority (OHA) will offer grants to one or more entities to pilot two mobile health units using a culturally and linguistically appropriate model to specifically serve BIPOC communities. Lessons learned from these pilots will be integrated into future plans to assess the feasibility of developing a statewide mobile health unit system, which will be developed by the Oregon Health Authority (OHA).
 - b. The Oregon Health Authority (OHA) will explore the feasibility of expansion of a statewide mobile health system through several assessments.
 - c. An advisory committee will be convened and staffed by OHA to help guide these plans and ensure a focus on addressing structural racism.

2. Meaningfully invest in community engagement to identify future strategies through support of statewide affinity groups: This would include funding to support the Oregon Advocacy Commissions (OACs) in convening BIPOC leaders to recommend future strategies to continue working to address structural racism through policy and systems change, long-term.

As a public health advocate, my goal is to improve our community by reducing injury, illness and improving quality of life for Oregonians. If our BIPOC friends and neighbors are sharing how racism impacts their daily life and has for generations, we need to listen. This is our opportunity to listen to our friends, families, colleagues and leaders in our communities and find a way to combat the harm racism has done in our communities. While it may be a hard pill to swallow, it is years and years overdue. This is no longer about our pride or dismissing the idea by attempting to implement other public health measures without looking at the ROOT of so much harm in our community. 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. As someone who appreciates hard data, I'd like to share some numbers:

- 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).
- Communities of color are more likely to be uninsured (Oregon Health Insurance Survey, 2016).
- 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.

This effort will look like many similar ones out there. Racism didn't happen overnight and with one action and dismantling systematic racism will take many years, multiple legislative concepts, policies, and community pushes.

Thank you for the consideration and for your service. I urge you to support H 4052

Sincerely,

Dana Merrill
Clackamas, OR