

Date: 3/23/2021

Chair Smith Warner and Members of the Committee,

For the record, my name is Rebecca Amantia. I am a public health professional in Corvallis. 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 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. For example, 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 why COVID-19 has hit communities of color harder. In Oregon, Latinos represent nearly 40% of COVID-19 cases, despite the fact that they only comprise about 13% of the population. (Oregon Health Authority, 2020. COVID-19 Weekly Report: October 14, 2020).

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.

As public health professionals, we assert that this issue is not about politics. This issue is about people's lives and their health, and the fact that people are dying far earlier than they should, and that we must do a much better job of preventing that. 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.

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,  
Rebecca Amantia, MPH  
Corvallis, OR