

The Inquire Group

Where data meets action

March 23, 2021

Attn: House Committee on Rules, Chair Smith Warner, Vice Chairs Drazen and Holvey, and Members of the Committee

From: Kari Greene, The Inquire Group

Re: Written testimony in support of HB 2337

Greetings Chair Smith Warner, Vice Chairs Drazen and Holvey, and Members of the Committee. For the record, my name is Kari Greene and I am a public health evaluator with The Inquire Group in Portland. I am writing to request your support for **HB2337**.

HB 2337 declares racism a public health crisis in Oregon – a long overdue declaration. 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.

I grew up in Oregon and have been working in public health here for nearly 20 years doing research and evaluation. In that position, I am often asked to provide the data – offer “facts” to show that communities, families and youth are disproportionately harmed by policies and initiatives and actions throughout our state. Without critical demographic data provided by REAL-D, entire communities and their experiences are rendered invisible by a racist system.

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. We need to be able to disaggregate data on race and ethnicity and monitor health status using language and disability data to ensure that all Oregonians are able to live in safety and health. But currently that is not the case and instead, we know that:

- In Oregon African Americans and American Indians and Alaska Natives experienced more years of potential life lost (YPLL) than any other race and ethnicity in the state (Oregon Death Certificate Data, 2016).
- 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).

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,
Kari Greene
Portland / The Inquire Group