March 24, 2021

Chair Smith Warner, Vice-Chair Drazen and Members of the Committee,

We write today to express our strong support for HB 2337, declaring racism as a public health emergency.

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As pediatricians and child health professionals, we recognize that social determinants of health have inordinate impact on the health and well-being of children, families, and communities. We bear witness every day to the devastating impacts of disparity and inequity. Social determinants of health are defined as "the conditions in which people are born, grow, live, work, and age." These impactors are driven by economic, political, and social factors that are linked to health inequities. Racism is a primary driver of those inequities. The American Academy of Pediatrics has acknowledged this in their groundbreaking Policy Statement, "The Impact of Racism on Child and Adolescent Health."[1]

We know that racism has been linked to disparities in maternal and child health, including risk of prematurity, and mental health problems in children and adolescents.[2,3] The effects of racism include toxic stress, which results in increased and prolonged levels of exposure to stress hormones and oxidative stress at the cellular level. This can further result in repeated, chronic inflammatory reactions that predispose individuals to chronic disease.[4] Nelson Mandela said "Poverty is not an accident. Like slavery and apartheid it is man-made and can be removed by the action of human beings." It is essential that we advance that process now, and this bill is a step in the right direction.

As a country, we have seen that investments in policies to address social determinants of health, such as poverty, have improved the health of children. Child nutrition programs, including WIC and SNAP The Food Stamp Program are associated with improved birth outcomes.[5] Efforts in to improve education, housing, and child health insurance have yielded significant declines in such problems as lead poisoning, injuries, and asthma.[6,7] Expansion of child health insurance coverage has improved access to health care services for children, resulting in significant improvements in the health status of children from BIPOC communities.[8] While we should celebrate those improvements, we still have a long way to go. African American, Hispanic, and American Indian/Alaska Native families continue to face higher risks of parental unemployment and to experience greater economic poverty than white families in the United States.
Racial inequity continues to plague the juvenile justice system. Although the overall rates of youth incarceration have decreased, African American, Hispanic, and American Indian/Alaska Native youth continue to be disproportionately represented. This type of modern racism must be recognized and addressed if the United States seeks to attain health equity.[9]

We believe that the following strategies put forth in HB 2337 will begin to address some of the impacts of systemic racism on children and families in Oregon:

1. The collection of race, ethnicity, language, and disability (REAL-D) data is critical for better understanding population health by systematically measuring more granular level data to reveal the unique inequities faced by specific communities across the state. In turn, this data informs future investments in addressing health inequities to focus efforts specifically where they are needed most and thereby more effectively and efficiently use and save state resources.

    a. Expands the collection of REAL-D data to all state agencies, subcontractors and vendors as practical.

    b. Clarifies representation on advisory committees that informs updates to data collection standards are diverse and include at minimum: BIPOC community members, the nine federally recognized Oregon Tribes (if there is interest in participating), people with disabilities, and people with limited English proficiency.

2. Local public health authorities provide data to Oregon Health Authority (OHA) to develop a statewide mobile health unit plan. These units will focus on providing basic health, behavioral health, oral health, and connection to other wraparound services specifically for BIPOC communities. Mobile unit staff will be culturally and linguistically diverse and reflective of the communities they serve. A pilot program will also be developed in an effort to elicit lessons learned that will inform OHA's statewide plan.

3. Oregon Advocacy Commission staffs population specific affinity groups by race with statewide membership to identify future strategies and investments needed to address institutional racism and health equity. Community involvement will be supported with stipends.

4. Creates an oversight body in Oregon Health Authority to assess language access compliance for all health systems across the state. Technical assistance will be provided to facilitate compliance.

5. Adds staff to the Legislature who will develop racial health equity analysis criteria, analyze all future legislation for health equity considerations, and report findings back to respective committees.

6. Creates an Equity Coordinator for the Legislature to address and coordinate ADA and language accessibility barriers for better public participation in the legislative process. The Equity Coordinator will also form partnerships with diverse communities to develop a needs assessment and program efficacy plan. Community involvement will be supported with stipends. Also allocate resources to support these efforts. Without hearing from people with lived experience, the opportunity to address unintended consequences is lost. We will have more equitable policies, and ultimately more opportunities to address institutional racism when more people have the supports they need to be able to participate in the legislative process. Better policies supporting the health of all people will equate to increased health and wellness in communities when negative consequences are addressed prior to becoming law.

We strongly urge you to support HB 2337 as we work together to address the health impacts of systemic racism.

Sincerely,

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