

Date: March 23, 2021

**RE: HB 2337 Declaring Racism as a Public Health Crisis in Oregon.**

Chair Smith Warner and Members of the Committee,

Thank you for the opportunity to provide testimony. My name is Annie Valtierra-Sanchez, I work with, and provide this testimony on behalf of, SO Health-E, the Southern Oregon Health Equity Coalition serving Josephine and Jackson Counties. I am writing to request your support for **HB 2337**.

HB 2337 declares racism as a public health crisis in Oregon. Racism causes harm, trauma, illness, and death to Oregon Tribes as well as 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.

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. Our organization's grassroots level community engagement with BIPOC individuals and families in Southern Oregon finds that the community overwhelmingly wants racism addressed because of the cumulative effect and legacy of trauma from one generation to the next that impacts physical and mental health for Oregon Tribes and BIPOC communities. Racism continues to perpetuate disparities in social, health, economic, legal, and academic outcomes, in other words, what we know as social determinants of health. It is no surprise that in Southern Oregon the Latino/a/x community has been greatly impacted by COVID and the wildfires, which cracked opened a box to expose the many systemic inequities, just to mention a couple, language and mental health services – the need for bicultural bilingual mental health therapists highlight a public health crisis.

This bill further signals the need for accelerated intentional actions articulating six initial strategies and investments to address health inequities. Racism didn't happen with one action or overnight, and dismantling systemic racism will take many years, multiple policies and legislative actions, community push, and committed efforts by leaders. This effort may look like others out there with shared goals, such as the Cover all People bill (HB 2164), the Regional Health Equity Coalition bill (HB 2670/SB70), or the Tribal Traditional Health Worker bill (HB 2088), which address the need for culturally and linguistically appropriate health services. You see, health inequities are not just related to healthcare access, it is about quality of services, it is taking into account social determinants of health and removing long standing

barriers. Because racism is pervasive it will take many initiatives, these initiatives are not in competition but rather they mutually reinforce new systems that support individuals and populations of color, which is long overdue. HB 2337 will help establish a framework that will support ongoing specific efforts addressing issues of embedded racism within systems in order to improve the health and quality of life for all Oregonians.

As community advocates who study social determinants of health who are rooted in health equity, we assert that this issue is not about politics. We seek systems change guided by community voice, to address the issue 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. 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). 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) 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 at the root level 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.

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.

SO Health-E has participated in this task force throughout the creation and development of this bill and would like to note the importance of the multipronged efforts of this bill to combat systemic racism. As mentioned, racism cannot be undone in one bill but it also cannot be combated in a patchwork of policy. Below are these six strategies developed by the task force to combat racism in Oregon.

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,

A handwritten signature in black ink that reads "Annie Valtierra-Sanchez". The signature is written in a cursive, flowing style.

Annie Valtierra-Sanchez

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Equity Coalition Director, SO Health-E (Southern Oregon Health Equity Coalition)