



Oregon Public Health Association

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www.OregonPublicHealth.org

February 1, 2022

Good afternoon Chair Prusak, Vice Chairs Hayden and Salinas, and Committee Members:

For the record, my name is Jessica Nischik-Long. I am the Executive Director of the Oregon Public Health Association. On behalf of the more than 560 OPHA members, I would like to express our strong support for HB 4052, which proposes community developed strategies to begin addressing a key driving factor in nearly all health disparities: racism.

Public health as a profession has been talking about racial and ethnic health disparities for decades. We talk about the social determinants of health and how health is determined not by what happens when we visit a healthcare provider, but by where we live, work, and play. Where and how we live, work, and play are in turn shaped by how our society is designed.

As part of public health higher education, all students are required to take courses on biostatistics and epidemiology. In those courses, we hear a constant refrain that we need to “control” for race and ethnicity in our analysis so that we can truly examine our hypothesis. Race and ethnicity are “confounders” that cloud our analysis. Why do we always control for race and ethnicity? Because these factors have such a powerful influence on health. No matter the health metric or question, when the data is parsed by race and ethnicity, differences will be revealed.

HB 4052 creates an opportunity for our state to move past faceless data analysis and consider that those disparities are occurring for real people. HB 4052 lays out two strategies that will make real and meaningful change, both immediate and long term. This bill was developed by Black, Indigenous, People of Color and Tribal healthcare providers, public health professionals, and community leaders whose experience, knowledge, and expertise shaped the strategies.

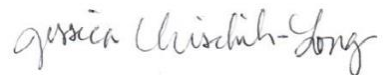
Place matters and representation matters. This bill would begin a pilot program of mobile health units staffed by BIPOC clinicians. In discussing these with Leslie Gregory, a physician assistant who helped shape this bill and championed mobile units, I referred to them as “convenient.” Leslie replied to me, “white folks say convenient, Black folks say, ‘safe.’” This exchange really struck me. If even a hospital or clinic does not feel safe to some community members, leaders like yourselves must take steps to create alternative spaces that do feel safe and where community members will seek the care we all deserve and access to the larger healthcare system.

HB 4052 also creates a mechanism through our existing Oregon Advocacy Commissions Office to continue bringing forward community-based solutions to racial health disparities. Racism is not a problem that can be solved with one bill, one program, or one temporary group organized in a time of crisis. HB 4052 also recognizes that convening a group regularly requires resources and that community members should be compensated for their time, reflecting their value.

Meeting is one thing, but it is important to institutionalize taking action on recommendations. HB 4052 provides a strategy for taking action on those recommendations to create programs that focus on specific social determinants of health.

Oregon Public Health Association urges you to support this bill and begin dismantling the systems that have created persistent health disparities and poor health for so many of our fellow community members.

On behalf of our membership,

A handwritten signature in cursive script that reads "Jessica Nischik-Long".

Jessica Nischik-Long, MPH
Executive Director
Oregon Public Health Association