

Chair Prusak, Vice Chairs Hayden and Salinas, and Members of the Committee,

My name is Danielle Droppers and I am the immediate past president of Oregon Public Health Association (OPHA). I am writing to share strong support for **HB 4052**, and to request your support as well. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians.

With the passage of [House Resolution \(HR\) 6](#) in the 2021 session, the Legislature has declared racism a public health crisis, but we need to go beyond a declaration and identify and fund specific strategies to begin addressing the crisis. In the 2021 session, the Oregon Health Equity Task Force composed of leaders and community-based organizations representing BIPOC, Tribal, and Immigrant and Refugee communities, worked with Rep. Salinas and many supporters to attempt to get HB 2337 passed, but in the final days of the session it wasn't possible to move forward funding allocations. However, the House did pass HR 6 declaring racism a public health crisis.

The Oregon Health Equity Task Force worked with Rep. Salinas to come back in the 2022 session to identify and fund two initial strategies through HB 4052 that begin to address both immediate needs of their communities to reduce racial and ethnic health inequities, as well as creating a pathway for future strategies to address structural racism in the future

HB 4052 intends to do the following:

1. Remove barriers to increase access and quality of care in BIPOC communities through culturally and linguistically appropriate mobile health units.
  - a. The Oregon Health Authority (OHA) will offer grants to one or more entities to pilot two mobile health units using a culturally and linguistically appropriate model to specifically serve BIPOC communities. Lessons learned from these pilots will be integrated into future plans to assess the feasibility of developing a statewide mobile health unit system, which will be developed by the Oregon Health Authority (OHA).
  - b. The Oregon Health Authority (OHA) will explore the feasibility of expansion of a statewide mobile health system through several assessments.
  - c. An advisory committee will be convened and staffed by OHA to help guide these plans and ensure a focus on addressing structural racism.
2. Meaningfully invest in community engagement to identify future strategies through support of statewide affinity groups: This would include funding to support the Oregon Advocacy Commissions (OACs) in convening BIPOC leaders to recommend future strategies to continue working to address structural racism through policy and systems change, long-term.

This effort is urgent and critical because 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). Additionally, 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). **These inequities are unjust and preventable**, and inaction is complicity.

While the most important intent of this bill is to begin addressing inequities to improve health and wellness among BIPOC communities, there is also the potential for substantial cost savings to health and other social determinants of health related systems. For example, **the average return on investment for mobile health is 12:1** (i.e., for every \$1 spent, \$12 are saved). Nationally it's estimated that on average each mobile health clinic **saves 65 quality-adjusted life years every year of operation, which results in saving an average of \$1,600 due to this prevention.** Mobile health units have the potential to provide culturally and linguistically accessible care at a cheaper cost to the healthcare system than emergency department visits. **It is estimated that each mobile clinic results in 600 fewer Emergency Department visits every year. This means that each visit to a mobile clinic saves on average \$200** (this is approximately one fifth of an emergency visit). (Mobile Health Map, Impact Report, <https://www.mobilehealthmap.org/impact-report>)

Racism didn't happen overnight and dismantling systematic racism will take many years, multiple legislative concepts, policies, and champions to address this preventable crisis.

Thank you for the consideration and for your service to ensure all Oregonians have what they need to be healthy and well. I urge you to support HB 4052.

Sincerely,

Danielle Droppers ([she/her](#))  
Immediate Past President  
[Oregon Public Health Association](#)



"Working together to make health happen."