The Oregon Coalition of Local Health Officials

Testimony on HB 4052
House Health Care Committee
February 2, 2022

The Oregon Coalition of Local Health Officials (CLHO) is supportive of HB 4052 because racism IS a public health crisis. Declaring racism a public health crisis, however, is not enough. We must put action behind those potent words. The Covid-19 pandemic has put a glaring spotlight on the health inequities in our systems, including in our healthcare system. We all see clearly now how Black, Indigenous, and People of Color (BIPOC) are carrying more than their share of society's burdens – with public facing service jobs, a lack of access to upward mobility and to safe places to live, work, and play with their kids.

HB 4052 puts action and money behind the statement that racism is a public health crisis and takes evidence-based steps to improve health outcomes for Black, Indigenous, and People of Color (BIPOC) in our state. It would:

- Remove barriers to increase access and quality of care in BIPOC communities. Histories of discrimination have negatively influenced the health outcomes of BIPOC individuals and their likelihood to seek out healthcare. Through a pilot mobile health program, Oregon will be able to increase the accessibility of healthcare for underserved communities. Current research shows the efficacy of mobile health units, highlighting their successful and cost-effective model for improving health outcomes in BIPOC communities.

- Meaningfully invest in community engagement to identify future strategies. As health professionals and public health advocates, we acknowledge that the lived experiences of racism can cause adverse mental and physical health outcomes.

- Develop recommendations to fund culturally specific programs. Establish a funding strategy to support intervention programs designed to prevent health conditions that result in inequitable outcomes for BIPOC communities.

HB 4052 is a vital and important step forward. However, the Conference of Local Health Officials (representing all 32 Local Public Health Authorities (LPHAs) in Oregon) has adopted the following definition of health equity:

> Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:
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> - The equitable distribution or redistribution of resources and power; and
> - Recognizing, reconciling and rectifying historical and contemporary injustices resulting from race, ethnicity, language, disability, gender, gender identity, sexual.

As such, we would be remiss if we did not mention that focusing only on BIPOC communities is in itself exclusionary. It neglects to include other folks who have also been discriminated against by the system – specifically LGBTQIA2S+ and people living with disabilities. It is our hope that this project move forward and expand in the next round of funding to be more inclusive.

That stated, HB 4052 is a vital step toward correcting grave health inequities due to the corrosive effects of racism. We urge you to support its passage and look forward to further efforts to correct health inequities.

Sincerely,
Sarah Lochner
Executive Director
Oregon Coalition of Local Health Officials
www.oregonclho.org

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