

Submitter: Galia Peleg
On Behalf Of:
Committee: House Committee On Health Care
Measure: HB4052
TO: House Committee On Health Care
FROM: Galia Peleg, MPH student
DATE: February 2 2022
RE: House Bill 4052

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

I request that you support HB 4052.

This bill provides a health equity framework that address systemic racism in public health by targeting accessibility and lingual barriers to health, specifically for the Black, Indigenous and People on color (BIPOC) communities that have been ostracized by historically rooted structures, processes, and practices that often get in the way of accessing health services.

During the pandemic, the Oregon Health Authority (OHA) engaged with Community Based Organizations (CBO) to provide relevant information and wraparound services which included financial and social assistance in a culturally- and linguistically-specified manner for members of the community that were affected by COVID 19 [1]. From my experience as a wraparound consultant in a CBO that provided these services, I was able to see firsthand how utilization of COBs helped in overcoming some health equity barriers, predominantly financial support during quarantine periods and accessibility to testing and vaccination sites for members of the community.

HB 4052 can build upon the foundation that was set by the CBO initiative within the OHA as a way to approach marginalized communities in a more equitable and accessible manner.

HB 4052 is providing a mechanism to address systemic racism. The disproportionate mortality and morbidity rates among communities of color during the pandemic is only one example of how racism has dire health outcomes on those communities. Another health disparity that manifests inequities that have existed for generations are heat related illnesses' due to extreme heat events, especially in urban settings.

"Heath Island Effect" occurs in an urban environment where the ambient temperature in those areas is higher than the surrounding neighborhoods. This phenomenon is

exacerbated during extreme heat waves. Ethnic groups with lower socioeconomic status are more likely to live in high density urban neighborhoods with minimal greenspace, resulting in greater exposure to heat and a lack of compensatory resources [2]. Higher heat-related morbidity and mortality have been reported among African Americans, who have limited access both to immediate medical care and climate-controlled housing. In addition, the prevalence of chronic diseases that are exacerbated by heat, including kidney disease, diabetes mellitus, cardiovascular and cerebrovascular diseases are higher in African Americans. [2] The vulnerability of this population and their health disparities is rooted in historical redistricting policies that promoted class-based segregation [3], resulting in concentration of racial/ethnic minority groups into densely populated neighborhoods, particularly in larger cities, which in turn, are likely to have fewer trees and more impervious surfaces that increase ambient temperature. The increase in extreme heat events due to climate change only exacerbates already existing disparities. [4]

HB 4052 provides a mechanism that can be used in future barriers to health that stem from structural racism such as the Heat Island Effect.

In conclusion, please support HB 4052. Thank you for your consideration.

Galia Peleg

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1. Oregon health authority : COVID-19 funding for Community-Based organizations : About the public health division: State of Oregon. (2022). COVID-19 Funding for Community-Based Organizations : Oregon Health Authority. <https://www.oregon.gov/oha/PH/ABOUT/Pages/Community-Engagement.aspx>
2. Kravchenko, J., Abernethy, A. P., Fawzy, M., & Lyerly, H. K. (2013). Minimization of Heatwave Morbidity and Mortality. *American Journal of Preventive Medicine*, 44(3), 274–282. <https://doi.org/10.1016/j.amepre.2012.11>