

DATE: March 1, 2023
TO: House Committee on Behavioral Health and Health Care
FROM: Sammi Teo, Public Policy Advocate
RE: Support for HB 2918 and HB 2925



Chair Nosse, Vice-Chairs Goodwin and Nelson, and Members of the Committee,

Oregon Food Bank's mission is to eliminate hunger and its root causes. We pursue this goal in two key ways: we foster community connections to help people access nutritious food today; and we advocate to change policies that drive hunger and poverty.

Institutionalized racist systems contribute to health disparities amongst communities of color, which has economic consequences that exacerbate poverty and food insecurity.

For communities of color in Oregon, health disparities have been long-existent and largely tied to downstream impacts of systemic and institutional racism. In Oregon, Black Americans, Pacific Islanders, Indigenous folks, and Latines are more likely to experience high blood pressure. Black women are three to four times more likely to die from pregnancy-related complications. Latine persons are 1.8 times more likely to be hospitalized due to COVID-19, and 1.7 times more likely to die due to COVID-19.¹ Despite these disparities, Black, Indigenous, People of Color (BIPOC) Oregonians are less likely to have access to quality healthcare due to economic, geographical, linguistic, and other systemic barriers.

The health of our communities directly impacts rates of poverty and food insecurity. Adverse health impacts have a wide range of economic consequences, such as increased medical costs and debt, or chronic health conditions that escalate barriers to work opportunities and affect one's long-term earning potential. According to an [Oregon Health Authority report](#) (2019), personal spending on health care is higher in Oregon than the national average. High health care costs jeopardize the financial stability of people in Oregon. The OHA report found that at least 60% of Chapter 7 and Chapter 12 bankruptcy filings in Oregon included medical debt. The report also found that Native Hawaiian or Pacific Islander Oregonians were three times as likely to report using up their savings on medical bills as white Oregonians. Poor health has economic consequences that make it more difficult to disrupt cycles of poverty and food insecurity.

We need to fund key strategies to provide communities of color the preventative care that they have long been denied.

HB 2918 will provide funds to implement the pilot mobile health unit that received one year of funding, but is intended to be a five-year pilot. These mobile units are intended to be part of the public health approach of preventing illness, disease, injury, and death. They remove barriers enabling increased access and quality of care in BIPOC communities through culturally and linguistically appropriate mobile health units.

HB 2925 extends the timeline for Oregon Health Authority (OHA) to develop recommendations on how to fund intervention programs designed to prevent or intervene in the health conditions that result in inequitable and negative outcomes. This will allow for more meaningful investment in community engagement to identify future strategies.

We urge you to support HB 2918 and HB 2925. Thank you very much.

¹ Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity. [Centers for Disease Control](#). Dec. 28, 2022.

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