

OPHA Bill HB2337 Info Sheet

Racism is a Public Health Crisis

Purpose

- Declare racism as a public health crisis in Oregon.
- Acknowledge Oregon's racist history and its current day impact on policies and systems that perpetuate institutional racism which causes harm, trauma, illness and death to Black, Indigenous, and people of color (BIPOC) Oregonians, and the need to heal these injustices through accelerated intentional actions.
- Articulate investments and strategies needed to address health inequities among BIPOC Oregonians and Oregon Tribes:

Invest in the following key strategies:

1. The collection of race, ethnicity, language, and disability (REAL-D) data is critical for better understanding population health by systematically measuring more granular level data to reveal the unique inequities faced by specific communities across the state. In turn, this data informs future investments in addressing health inequities to focus efforts specifically where they are needed most and thereby more effectively and efficiently use and save state resources.
 - a. Expands the collection of REAL-D data to all state agencies, subcontractors and vendors as practicable.
 - b. Clarifies representation on advisory committees that informs updates to data collection standards are diverse and include at minimum: BIPOC community members, the nine federally recognized Oregon Tribes (if there is interest in participating), people with disabilities, and people with limited English proficiency.
2. Local public health authorities provide data to Oregon Health Authority (OHA) to develop a statewide mobile health unit plan. These units will focus on providing basic health, behavioral health, oral health, and connection to other wraparound services specifically for BIPOC communities. Mobile unit staff will be culturally and linguistically diverse and reflective of the communities they serve. A pilot program will also be developed in an effort to elicit lessons learned that will inform OHA's statewide plan.
3. Oregon Advocacy Commission staffs population specific affinity groups by race with statewide membership to identify future strategies and investments needed to address institutional racism and health equity. Community involvement will be supported with stipends.
4. Creates an oversight body in Oregon Health Authority to assess language access compliance for all health systems across the state. Technical assistance will be provided to facilitate compliance.
5. Adds staff to the Legislature who will develop racial health equity analysis criteria, analyze all future legislation for health equity considerations, and report findings back to respective committees.
6. Creates an Equity Coordinator for the Legislature to address and coordinate ADA and language accessibility barriers for better public participation in the legislative process. The Equity Coordinator will also form partnerships with diverse communities to develop a needs assessment and program efficacy plan. Community involvement will be supported with stipends. Also allocate resources to support these efforts. Without hearing from people with lived experience, the opportunity to address unintended consequences is lost. We will have more equitable policies, and ultimately more opportunities to address institutional racism when more people have the supports they need to be able to participate in the legislative process. Better policies supporting the health of all people will equate to increased health and wellness in communities when negative consequences are addressed prior to becoming law.

[OARs 943-070-0000 thru 943-070-007](#): These Oregon Administrative Rules establish uniform standards and practices for the collection of data on race, ethnicity, preferred spoken or signed and preferred written language, and disability status by the Oregon Health Authority and DHS.

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