

HOUSE BILL 4052 (2022) ADDRESSING RACISM AS A PUBLIC HEALTH CRISIS

FINAL REPORT



Project Timeline

2021

[House Resolution 6](#) passes, declaring racism a public health crisis.



2022

[HB 4052](#) passes to fund a task force to explore racism as a public health crisis and funds mobile health unit pilot program.



2023

[House Bill 2925](#) passes, extending the timeline for OACO to work with task force members from June 2023 to June 2026 and revising language of the bill based on consultation with the Nine Federally Recognized Tribes in Oregon.



2023

OACO hired new team of staff working under House Bill 4052; staff presented the interim report to the legislature.



2025

Focus groups convened to develop recommendations into full legislative concepts; staff met with state agencies and community-based organizations to introduce relevant recommendations.



Index

Project Timeline	02
<hr/>	
1. Report Summary	04
<hr/>	
2. Background	05
<hr/>	
3. Refining Recommendations	07
<hr/>	
4. Project Analysis	12
<hr/>	
5. Conclusion	13
<hr/>	
References	16
<hr/>	
Appendix	17
<hr/>	



1 Report Summary

This report summarizes four years of work to gather recommendations to address racism as a public health crisis from Oregonians of color across the state and advance solutions to address problems related to the social determinants of health. It is mandated by House Bill 2925 (2023), which amended House Bill 4052 (2022), and tasked the Oregon Advocacy Commissions Office and the Oregon Health Authority to jointly work to advance health equity in Oregon. Over 200 people impacted by health inequities were involved in generating and refining more than 100 recommendations.

Key Findings

Black, indigenous, and other Oregonians of color are disproportionately negatively impacted by inequitable access to economic stability, education, healthcare, and housing. The members of these communities know both the problems they face and how to address them. They are the experts who, given the appropriate resources, can resolve the problems they face.

Long-term engagement with community members builds trust when done in a transparent and consistent way. It damages trust and harms community members when engagement is extractive.

There is an opportunity to bring decision-makers from key agencies together to work collaboratively to address racism as a public health crisis; without such a forum, it is necessary to address each issue in a patchwork approach and hope to gain buy-in from leaders to prioritize the work.

Recommendation

It is a challenge for any one state agency to make progress towards addressing racism as a public health crisis. Legislation to address racism as a public health crisis should be developed in close collaboration with community members and state agency stakeholders. The social determinants of health are impacted by numerous state agencies, and a coordinated effort will be needed to address them. The Oregon Advocacy Commissions Office is well-situated to convene ongoing cross-agency collaboration with Commissioners and community members.

Next Steps

During Legislative Committee Days in September of 2026, the Oregon Advocacy Commission Office will be holding their annual joint meeting. This is an opportunity for commissioners to meet with legislators and advocate for legislation to address the concerns that impact their communities. The recommendations are formatted to easily be adapted into legislative concepts for legislators to submit.

This report was prepared by Kaj Jensen, Project Facilitator with the Oregon Advocacy Commissions Office. Any questions can be directed to the Oregon Advocacy Commissions Executive Director Jeff Selby at jeff.selby@oac.oregon.gov.



2 Background

Legislative History

House Resolution 6 (2021): Oregon declared racism a public health crisis, acknowledging that the state's founding was rooted in racist ideals and that these harmful legacies continue to impact present-day policies and systems. [Community members continued to advocate](#) for additional legislation and investment to address the problem.

House Bill 4052 (2022): Passed to take concrete action on HR 6 by:

- Funding mobile health unit pilot programs through Oregon Health Authority
- Establishing Affinity Group Task Forces supported by the Oregon Advocacy Commissions Office (OACO)
- Requiring recommendations for anti-racist strategies and investments
- House Bill 2925 (2023): Amended HB 4052 to:
- Extend the project timeline from June 2023 to June 2026
- Correct mistakes regarding Tribal relations and sovereignty
- Ensure proper consultation with Oregon's nine federally recognized Tribes

House Bill 2925 (2023): Amended HB 4052 to:

- Extend the project timeline from June 2023 to June 2026
- Correct mistakes regarding Tribal relations and sovereignty
- Ensure proper consultation with Oregon's nine federally recognized Tribes

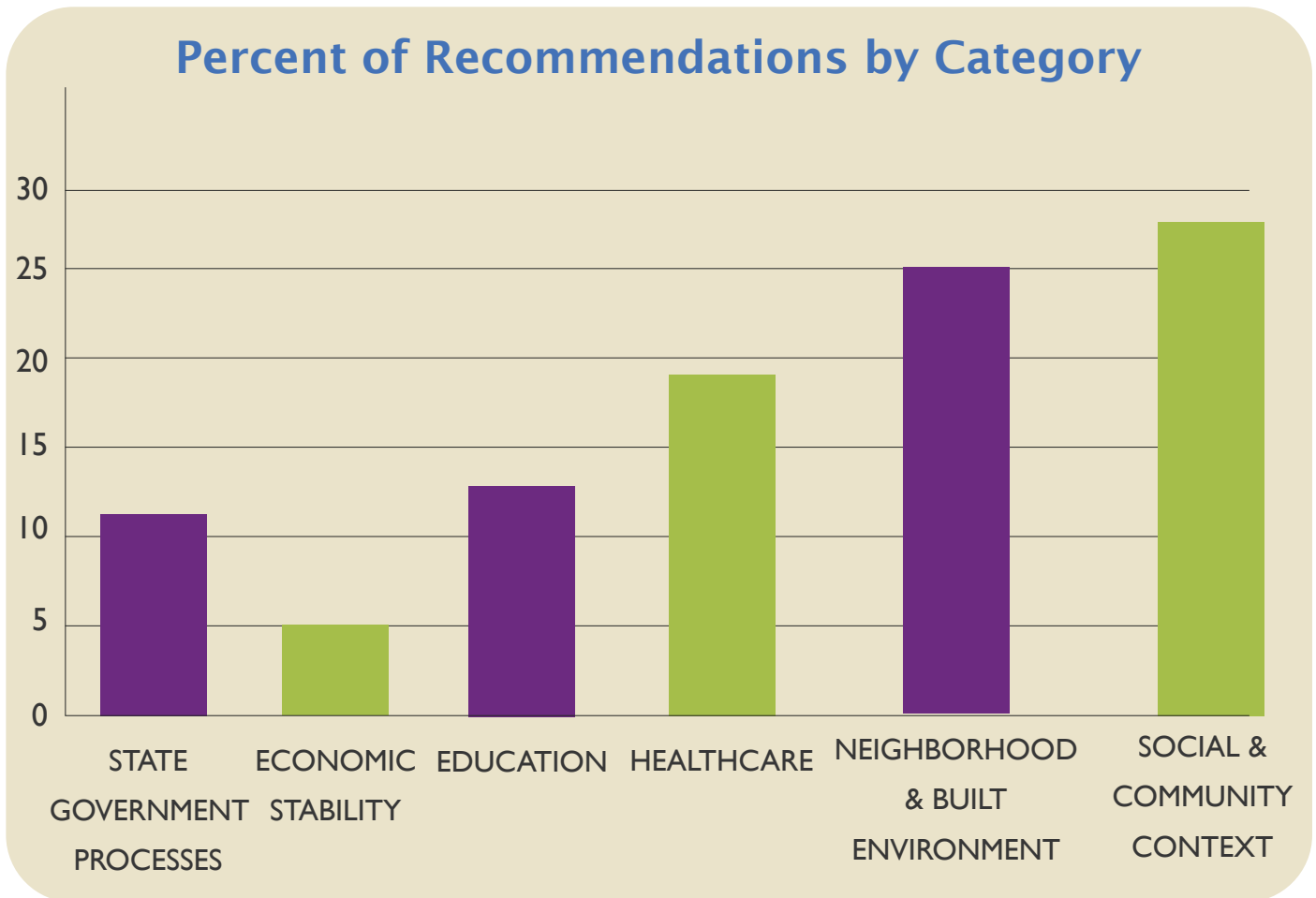
Priority Populations

The bill focuses on communities experiencing the greatest health disparities:

- American Indian and Alaska Native, including members of Oregon's nine federally recognized tribes and their descendants
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian
- Middle Eastern
- North African
- Mixed race and other people of color
- Including
 - Immigrants and refugees
 - Migrant farm workers
 - Low-income individuals and families
 - Persons with disabilities
 - Lesbian, gay, bisexual, transgender, queer, intersex, two-spirit, and other gender-nonconforming people

Recommendations: Social Determinants of Health

Over 100 recommendations were generated across six categories related to the social determinants of health.



With the exception of “State Government Processes,” the categories align with social determinants of health as outlined by the [Office of Disease Prevention and Health Promotion](#). Social determinants of health are “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

For a full report on the initial phase of the work, please see our [interim report](#), which was presented to the legislature in December 2023.

3 Refining Recommendations

In order to gain clarity on how solutions can be implemented to address racism as a public health crisis, the team continued to collaborate with community members while coordinating conversations with relevant state agencies and tracking implications from legislative work at the state and federal levels.



Community

The team worked with the Equity Action Group, Commissioners, focus group members, and community-based organizations to further develop recommendations.



State Agencies

Recommendations overlapped with the work of a large number of state agencies. The team presented to 15 different teams including the Oregon Health Authority, and the Oregon Department of Education.



Oregon Legislature

A number of legislative concepts were introduced during the 2025 & 2026 Oregon Legislative sessions.



Federal Impacts

Cuts in federal funding relating to HR 1, or the “Big Beautiful Bill” had a significant impact in funding available for existing and new programs.

Community

Recommendation Analysis

The Phase 2 team compiled a [spreadsheet with all of the recommendations](#) in order to analyze the status of the 100+ recommendations received in the initial phase of the project. An initial review of recommendations was conducted. Many of the recommendations (59%) gathered in Phase 1 had little other than a problem statement and some quotes identifying the source of the recommendation with no proposed solution or other relevant information compiled. Only 11%, or 14 of the recommendations, were relatively complete.

The team was able to add information in order to fill out some areas of the recommendations. The most important part that was missing from many of the recommendations, however, is a solution to the problem identified. Solutions need to be developed in collaboration with community.

Equity Action Group

When the second team was hired to work on HB 4052 in November of 2023, the three new staff members were introduced to many people who worked to get the legislation passed, provided recommendations during the initial phase of the work, and otherwise contributed to the project. One of these groups of people was the Equity Action Group (EAG), formed of people from Health Equity Advocacy Leaders (HEAL) and the Indigenous Health Equity Action Council (IHEAC) who were interested in working towards action on the recommendations gathered prior to the interim report. The goal was to have members of this group collaborate on solutions to a targeted set of recommendations.

Despite a warm handoff from Dr. Kyl Myers, project lead for the first phase of the project, the relationships built during the first phase of the project did not transfer to the new team. This is one of the largest hurdles the team faced, as it significantly disrupted the group dynamics.

After trying a variety of methods to engage with this group over the course of several months, the team determined that more focused, structured work on a subset of recommendations was the best way to continue the work.

We invited all members of the Equity Action Group to participate in the three focus groups that we formed. In order to keep these community stakeholders updated, we provided newsletter updates throughout the 2025 legislative session regarding bills related to the recommendations.

Focus Groups

The team identified three focus areas based on extensive conversations with community members, state agency staff, and other stakeholders: community safety, health, and education. We then solicited applications for 10-15 people to join each one and discuss three or four specific recommendations. The EAG members, Commissioners from the four Oregon Advocacy Commissions, members of community-based organizations, and other stakeholders relevant to each area were invited to apply to be a member of one of those groups, based on their indicated interest in a particular subject area. This allowed the team to facilitate deeper conversations and develop specific recommendations more fully. Participants were paid via gift cards for meetings they attended to compensate them for their lived experience and offset any costs that may be associated with participating, like childcare.

Focus Group Recruitment

Emails were sent to the EAG members, Commissioners from the Oregon Advocacy Commissions, and targeted individuals working at community-based organizations relevant to each focus group asking interested potential participants to complete a survey. Demographic information, geographic location, connections to community organizations, and information about relevant lived experience was collected in order to ensure each focus group had a broad mix of identities present. We received 103 responses from individuals with 42 unique racial and ethnic identities excluding those of Western European heritage. We invited 46 people to participate, representing 47 community-based organizations from diverse geographic areas of the state, 93% of whom identified as people of color.

Focus Group Meetings

Meetings of each focus group lasted between one and one and a half hours, and occurred over the course of six or more sessions. Each group decided on unique community agreements, agenda structures, and scheduling to best suit the needs of those participating.

Focus Group Details



Community Safety

The twelve members of the community safety group discussed four recommendations over the course of 6 meetings. This group was made up of people from organizations like Lionjevity, the Confederated Tribes of Grande Ronde, the Multnomah County Justice Fellowship, Multnomah County Local Public Safety Coordinating Council, and the City of Portland.

- Violence Prevention & Community Restoration
- Re-Entry & In-Reach Services to Institutions
- Advocating for Underserved Communities in Court
- Law Enforcement Liability Account Program (LEMLA) Expansion



Education

The seventeen members of the education group discussed four recommendations over the course of 6 meetings. This group was made up of representatives from organizations like the Oregon Commission for Women, Oregon Commission on Black Affairs, Oregon Commission on Hispanic Affairs, Juntos at Oregon State, Oregon Child Development Coalition, NAACP, Ebony Collective, Oregon Educators Association, Salem City Council, Latino/a/x Student Success Advisory Committee, American Indian/ Alaska Native Student Success Advisory Committee, Oregon Alliance of Black School Educators (ORABSE), FITCOG, Multnomah Education Service District, and the African American Health Coalition.

- Diversity in School Educators and Staff
- Inclusive, Linguistically Accessible Materials in Schools
- Data Disaggregation & Decolonization
- End School to Prison Pipeline



Healthcare

The thirteen members of the healthcare discussed three recommendations over the course of 5 meetings. This group was made up of representatives from organizations like the Oregon Commission on Asian and Pacific Islander Affairs, Oregon Health Authority's REALD SOGI Community Workgroup, Oregon Public Health Association, Oregon Community Health Workers Association, Passport to Languages, Moda Health and the Oregon Latino Health Coalition.

- Linguistically, Culturally Specific Healthcare Services
- Address Maternal Mortality and Morbidity for Black Birthing People in Oregon
- Screen for Racial Trauma

Community-Based Organizations

The team had over 100 meetings with various community-based organizations to introduce them to recommendations relevant to their missions and priorities. We maintained a newsletter to advise those interested about legislation related to the recommendations during the 2025 legislative session and received feedback that it was very helpful in keeping informed about legislation related to addressing racism and social determinants of health. The team presented at the 2025 Rural Health Conference and attended others, like Familias en Acción's annual Latiné Health Equity Conference, in order to discuss relevant recommendations with potential partners at culturally specific organizations.

State Agencies

The team provided fifteen presentations to agency executives and stakeholders, outlining HB 4052 recommendations relevant to their work in order to strengthen existing programs aligned with the Governor's priorities and highlighting problems community members raised that fall under their agency's purview. These included various teams at the Oregon Health Authority, the Oregon Department of Education, the Oregon Youth Authority, the Oregon Department of Human Services, and the Oregon Department of Motor Vehicles (DMV).

While the Oregon DMV might be a surprising addition to this list, this collaboration is a great example of a recommendation that the team has been able to address. Members of the community-based organization The Next Door made us aware of the difficulty faced by people taking the written test to gain a driver's license in a language other than English. They [presented at the August 8, 2024 OCHA meeting](#) to outline the issues that community members were facing, and [shared a handout highlighting issues](#). Community members taking the test in Spanish were only passing 23% of the time, while those taking the test in English passed at 51% in 2023, following a new translation of the test being implemented, per the [Oregon Department of Transportation's Class C Knowledge Testing data](#). Following this meeting, we facilitated additional conversations between the DMV, Next Door, and OCHA commissioners to address concerns regarding the high failure rates for people taking driving tests in a language other than English. Spanish language test-takers in 2024 and 2025 only passing 21% of the time, and English. Materials related to their presentation are included in the appendix of this report. It will be important to continue to monitor pass-fail rates for this test to see if the changes result in more successful testing in Spanish.



Legislative Sessions

The Oregon legislature met for the 2025 “long session” and the 2026 “short session,” during which a number of legislative concepts were introduced that address racism as public health crisis. Our team tracked relevant legislation, supported Oregon Advocacy Commission members in submitting testimony on proposed legislation, and elevated information from recommendations to stakeholders working on related legislation.

2025 Legislative Session

During the [2025 regular legislative session](#), there were 3,952 bills introduced into the legislature, and more than 80% of those bills “died”, and 640 were [sent to the governor’s desk to be signed](#) into law. Despite an optimistic budget forecast in March, the final budget released in May had “[around \\$500 million less](#)” than lawmakers expected. Coupled with uncertainty about federal funding for essential services, any bills that had a new fiscal impact had a very narrow chance of passing into law this session.

The Oregon Advocacy Commissions Office [provided training on how to testify](#) for a bill for commissioners and community members. People unfamiliar with engaging in the legislative process had some challenges following changes in bill hearings & being able to provide testimony.

Despite this preparation and outreach, community members reported difficulties engaging in the legislative process. The system is not very accessible for many working-class folks trying to participate. Lawmakers frequently indicate during committee hearings that hearing in-person testimony is important to them. This is difficult for people to arrange and challenging to change on the short notice the legislature often provides.

The Oregon Advocacy Commissions staff met and identified 389 bills upon initial scan of bills published on January 28, 2025 related to racial equity. Of those, 37 were related to recommendations that the HB 4052 team received. Eleven of those bills passed, or just short of 30%, compared to less than 20% of the overall bills during the session passing. Given the challenging legislative conditions during the session, this may be a positive indication of an ongoing commitment to equity work in Oregon.

During this session, 37 bills were introduced that related to recommendations. Of those, 11 bills were signed into law related to recommendations received during the project. We identified several opportunities to uplift community feedback from our work gathering recommendations. Our team met with Senator Reynolds to share feedback from the community gathered from Health Equity Advocacy Leaders (HEAL) and the work done in the first phase of the project related to her [M omnibus](#)

[package](#) to highlight concerns related to Black infant and birthparent mortality. We also met with the Oregon Community Health Workers Association to determine the largest hurdles to training and employing community health workers.

Federal Impacts

When [H.R. 1](#) passed in 2025 in the federal legislature, Oregon’s legislators needed to balance a state budget with [over \\$1 billion less funding](#) from the federal government than years past.

When HB 4052 was passed in 2022 on the heels of the nation-wide Black Lives Matter Movement and a global pandemic that disproportionately impacted communities of color, there was a sense that progress could be made towards addressing racial inequities. However, in 2025 the second Trump administration has cut funding to critical social safety nets like SNAP and added additional burdens to those receiving social support including Medicaid and Medicare. Additionally, Democrat-governed states, including Oregon, have been the target of threats of additional funding cuts that have further destabilized the state budget. Grant funding at the federal level has also been restricted to programs that do not address diversity, equity, and inclusion in their funding applications.

These simultaneous financial pressures have resulted in challenges to existing programs and organizations, and fewer opportunities for new programs and organizations to be developed and implemented. [Agencies across the state enterprise were asked to present 2.5% and 5% budget cut scenarios to the state legislature](#) as part of an effort to address the funding shortfall during the 2025 legislative session. Community members and Commissioners were still able to advocate for meaningful legislation related to the recommendations and social determinants of health more broadly that were signed into law despite the financial challenges.

2026 Legislative Session

During the 2026 legislative session, there were [599 proposed legislative concepts](#), 224 measures received a public hearing in a policy committee, 139 of which were signed into law according to the [2026 Summary of Legislation Dashboard](#).

In this session the legislature introduced six bills related to recommendations from the initial phase of the project, five of which passed. In addition to the bills related to prior recommendations, a [package of legislation was introduced to protect immigrants](#) and other Oregonians from the impacts of the federal surge in immigration-related detentions and deportations ([also available in other languages](#)).

4 Project Analysis

Strengths

- Community-focused and community-led
 - Paid for lived experience & time
 - Participation from across the state, many identities represented across the focus groups
- Connected with Oregonians across the state through in-person and virtual means
- Break down silos, highlight pathways to meaningful change

Opportunities

- Greater integration between the Commissions and community-based organizations
- Staff at OACO are well situated to liaise between state agencies and Oregonians/CBOs/ Commissions to coordinate solutions

Weaknesses

- Staff turn-over
 - 4 different acting managers/agency heads over the course of the project
 - Limited-duration positions, with no guarantee for renewed funding led to staff finding alternative roles after a few years
 - * Trust & relationships with community members are non-transferable
 - * Staff need financial security to plan for their futures
 - * 3 project leads over the course of the project with no overlapping/ overarching plan developed
 - Segmentation of the work, stops and starts between each part of the project b/c of uncertainty
- Recommendations developed from conversations but not championed by originator or other stakeholders
- While the IHEAC represented some populations of Native Americans in Oregon, the group lacked representation and buy-in from the nine federally recognized tribes; because of this and the short timelines for teams to build relationships and engage meaningfully in tribal consultation, these recommendations remain some of the least developed in subsequent phases of this project. While HB 4052 included indigenous people in the named populations, the Oregon Advocacy Commissions Office is not as well situated to engage with those communities as the other priority populations.

Threats

- State and federal budget cuts to existing programs, no money for expansion or new programs
- Attacks on DEI from federal government
- Research fatigue in priority population communities
 - ***“If similar experiences are repeated across a range of individuals and projects, research fatigue may also lead to the suggestion that particular groups of interest are being ‘over-researched’. Indeed, such claims are an overt expression from communities that they are tired of participating and no longer value the experience or any of the associated outcomes.” (Clark, 2008, p. 956)***
- Biennial funding structure and uncertainty regarding job security created staff turnover and resulted in lack of consistent, clearly communicated goals
- Related: mistrust of government employees who can be viewed as a stand-in for bureaucratic systems that have historically harmed and continue to harm underserved communities, regardless of their role or agency

5 Conclusion

What will happen to the intimate stories shared by Oregonians about the problems that impact them throughout this project? The ongoing impacts and uncertainty created by the federal government creates a difficult environment in which to do community-led health equity work. This also results in people experiencing disruptions in their lives that have negative impacts on social determinants of health.

While there isn't currently money to fund some of the more ambitious recommendations, that is likely to change in the years to come. In the meantime, there are still opportunities to advance solutions to recommendations and create innovative, community-lead progress towards addressing racism as a public health crisis. The Oregon Commission on Black Affairs, Oregon Commission on Hispanic Affairs, and the Oregon Commission on Asian and Pacific Islander Affairs are well positioned to continue to build on the efforts to address the problems outlined in the recommendations gathered during this project, as well as emerging new ones, with the support of agency staff. Historically each advocacy commission had dedicated staff to support their work. In response to fiscal pressures in 2005, the Oregon Advocacy Commissions Office was created with a director and executive support specialist. In 2010 one operations and policy analyst was added to support the 44 commissioners. The limited duration positions created under HB 4052 were able to further support the commissioners with research and collaboration around priorities that overlap with social determinants of health. Expanding the number of operation and policy analyst positions would expand the amount of work that can be undertaken at a given time.

This project report documents one way of advancing health equity work with templates for developing legislative concepts, a database of community-based organizations with whom to collaborate, and additional resources to support those efforts that has been added by the HB 4052 team. The work we did in the focus groups illustrates one way of developing targeted solutions that address specific problems. However, the disjointed funding for this work led to damaged community relationships and potentially contributed to ongoing harm, including research fatigue within communities of color. As indigenous researcher Linda Tuhiwai Smith (2012) notes "[Research] told us things already known, suggested things that would not work, and made careers for people who already had jobs" (p. 3). Rather than new or additional research, a focus should be on funding community-led solutions.

For Oregon Advocacy Commissioners & Community Members

We acknowledge that many of the recommendations relate to problems that have been raised before and are ongoing. In order to continue to honor the time and concerns shared by communities of color over the course of this work, and make progress in addressing social determinants of health, Commissioners can continue to work directly with agency staff, community leaders, and community-based organizations to develop solutions. When necessary, they can continue to work with legislators to bring forward legislation, and utilize a [targeted universalism](#) approach to addressing each specific problem. Targeted universalism involves setting universal goals and creating targeted strategies to ensure populations can successfully meet them. The community organizations that Commissioners engage with should ideally have the ability to help mobilize support for any legislation that may be introduced and should be part of the legislative concept development process as early as possible.

To facilitate this, we created a [spreadsheet of community-based organizations](#) that have services related to the social determinants of health and serve Oregonians of color with filters for populations served & types of support the nonprofit provides in community. This includes cross-referenced information regarding which organizations have registered lobbyists affiliated with their nonprofit during the 2025 regular legislative session. This information will need to be updated from time to time, but the spreadsheet can serve as a template for mapping potential stakeholders and collaborators for each recommendation.

In addition to partnering with existing community-based organizations who have experience with the legislative process, it's important for community members to collaborate with state employees to understand how systems work and where changes could best be implemented. This is one of the crucial roles of the Oregon Advocacy Commissions Office—to help Commissioners and community members connect with the best experts within the state enterprise to gain a clear understanding of current systems and how the problem can best be addressed.

For example, the Data Modernization Task Force bill that was developed through a subcommittee started by OCAPIA with participation from OCHA and OCBA. This bill was related to a problem identified by both the HEAL and IHEAC members. The bill was drafted to require all state agencies to participate in the taskforce—this involves more than 80 agencies varying in size from more than 10,000 at ODHS to one like OACO with 4 permanent positions. Commissioners had difficulty narrowing down who should be part of the solution to the problem and were not able to get the drafted language to a feasible place for a successful legislative concept during the legislative session. This proposed bill did not receive a hearing during the session.

In contrast, the Domestic Violence and Sexual Assault (DVSA) subcommittee involved Commissioners from all four of the commissions, community leaders, and relevant folks within state agencies to gain a clear understanding of the landscape in which the problem was situated, then worked together to identify solutions to problems that were actionable and achievable. They identified six legislative concepts to support, three of which passed and were signed into law ([HB 2456](#), [SB 180](#), and [SB 710](#)). A fourth, meant to address a funding gap in the Victims of Crime Act (VOCA) Assistance Fund was introduced but did not pass out of the Ways and Means committee. While [HB 3196](#) was ultimately unsuccessful, it did get passed out of the initial committee hearing with a do pass recommendation and received 96 letters in support of the legislation with only four written testimonies opposed to the bill. It is possible this funding could be restored, pending the resolution of a [lawsuit](#) introduced by a number of State Attorney Generals including Oregon's.

How to Find a Legislator to Introduce Your Legislative Concept

- Talk to [your legislators](#)
- Find legislators with interest/subject matter expertise/who sit on [relevant committees](#)
- Connect with the members of the [BIPOC Caucus](#)

Preparing for Legislative Session

- Identify your allies (community-based organizations, etc.)
 - Non-profit organizations are required to register with the state, and the Oregon Secretary of State provides a downloadable and searchable [list of those registered](#). Similarly, lobbyists are required to register with the Oregon Government Ethics Commission and they provide a downloadable list of those individuals and the organization(s) whom they represent. These two data sets can help those who wish to advocate for a particular legislative change to identify allies across the state with similar priorities. An example of how this information can be compiled to identify potential partners is the [spreadsheet of community-based organizations](#) developed by the House Bill 4052 team.
- Identify what state agency or agencies would be impacted by your bill; having discussions with relevant agencies as early as possible can help shape workable legislation
 - The [Oregon Blue Book](#) is published in odd-numbered years and includes a full list of Oregon's more than 80 agencies.
 - Staff at the Oregon Advocacy Commissions Office can help to identify the appropriate contact person within a given agency who works in the relevant department.
- Familiarize yourself with the Oregon Legislative Information System (OLIS)
 - [This video has a helpful walkthrough of OLIS](#)
 - [This video shows how to read a bill](#)
- During initial bill readings, as much supportive testimony as possible gives a bill a better chance of moving out of committee, although the fiscal impact is also an important factor in passage of legislation, particularly in the current fiscal climate.

- Legislative chief sponsors need to identify 2-3 people who can provide leading testimony on the bill if the chief sponsor asks
 - * It is best if folks have some flexibility in their schedule as hearing dates can change frequently/ be posted with short notice
 - * In-person testimony is valued by legislators; being in the capitol building can also give you opportunities to have important conversations with other supporters and legislators.
 - * Remote video testimony can be effective as well; treat it like you are in person at the capitol as much as possible (address the committee chair(s) and members at the start of your testimony & state your name; silence your phone & make sure if you're watching the hearing you mute the sound; testify from a quiet place with strong signal where you can have your video on during your testimony if possible -- otherwise stay off camera & on mute)
 - * Sign-up for email alerts in OLIS for committee updates to be alerted when your bill is scheduled for a public hearing or work session
 - * Work sessions don't have space for public testimony, but someone could be called on for expert testimony related to any questions legislators have about the bill
- Be prepared to play the long game. Many pieces of legislation that don't pass in the first session in which they are introduced. That doesn't mean that the legislative concept will never pass, but it may need some changes to be workable or more voices in support to motivate legislators to move the legislation forward. A number of factors can prevent legislation from moving out of committee, including the fiscal impact which is also an important factor, particularly in the current fiscal climate.



References

- 119th Congress. (2025, July 4). H.R. 1: An act to provide for reconciliation pursuant to title II of H. Con. Res. 14. <https://www.congress.gov/index.php/bill/119th-congress/house-bill/1>
- Clark, T. (2008). "We're over-researched here!": Exploring accounts of research fatigue within qualitative research engagements. *Sociology*, 42(5), 953–970. <http://www.jstor.org/stable/42857198>
- Department of Administrative Services. (2025, August 11). Estimated Impacts of H.R. 1. <https://www.oregon.gov/das/Financial/Documents/Federal-Impact-HR1-Initial-Analysis.pdf>
- Legislative Policy and Research Office. (2025). 2025 legislative session summary. <https://www.oregonlegislature.gov/lpro/Publications/2025%20Session%20Summary%20Infographic.pdf>
- Legislative Policy and Research Office. (2026). 2026 legislative session summary. <https://tinyurl.com/2tcaw9e2>
- Legislative Policy and Research Office. (2026). Summary of legislation. Oregon State Legislature. <https://www.oregonlegislature.gov/lpro/Pages/summary-of-legislation.aspx>
- Lugo, D. & Mason, A. (2025, November 22). Medicaid cuts, prison closure among potential Oregon budget impacts. *Statesman Journal*. <https://www.statesmanjournal.com/story/news/politics/2025/11/22/oregon-lawmakers-hear-dire-impacts-of-budget-deficit-to-state-agencies/87279016007/>
- Oregon Department of Justice. (2025, October 1). Use restriction on grants for victims and survivors of crime (New York v U.S. Dept. Of Justice, D.R.I., 1:25-cv-00490). <https://www.doj.state.or.us/oregon-department-of-justice/federal-oversight/federal-litigation-tracker/use-restriction-on-grants-for-victims-and-survivors-of-crime-new-york-v-u-s-dept-of-justice-d-r-i-125-cv-00499/>
- Oregon Department of Transportation. (n.d.) Class C Knowledge Testing. https://www.oregon.gov/ODOT/DMV/pages/news/driver_stats.aspx
- Oregon Legislative BIPOC Caucus. (2026). 2026 policy agenda. <https://www.oregonlegislature.gov/ruiz/bipoccaucusagendas/2026%20BIPOC%20Caucus%20Agenda%20One%20Pager.pdf>
- Oregon State Legislature. (2025). Governor signed bills – 2025 regular session. <https://olis.oregonlegislature.gov/liz/2025R1/Measures/GovernorSignedBills>
- powell, j. a., Menendian, S., & Ake, W. (2019). *Targeted universalism: Policy & practice*. Othering & Belonging Institute at UC Berkeley. <https://belonging.berkeley.edu/targeted-universalism>
- Reynolds, L. (2024). Momnibus. Oregon State Legislature. <https://www.oregonlegislature.gov/reynolds/Pages/momnibus.aspx>
- Smith, L.T. (2012). *Decolonizing methodologies: Research and indigenous methodologies*. Zed Books.
- U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. (n.d.) Social determinants of health. Healthy People 2030. Retrieved May 25, 2026. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>
- VanderHart, D. (2025, May 14). Oregon lawmakers have \$500 million less to spend, as economic uncertainty reigns. *Oregon Public Broadcasting*. <https://www.opb.org/article/2025/05/14/oregon-revenue-forecast-500-million-less-for-lawmakers-state-budget/>

Further Research

Further relevant research, grouped by topic area, can be found in the appendix.

Appendix

Resources

- [2025 Legislative Session 101 slides from Oregon Advocacy Commissions Office](#)
- [Spreadsheet of community-based organizations](#)
- [Research grouped by social determinant of health](#)

Frameworks & Strategies

Community-led frameworks

- [Beyond 2025 Action Hub](#)
- [Co-Governance Tool for a Multiracial Democracy](#)
- [Doughnut 3.0 is here | Doughnut Economics Action Lab](#)
- [Equity-Centered Community Design: Field Guide \(2018\) | Creative Reaction Lab](#)
- [Our Structural Racism and Health Messaging Guide](#)
- [Popular Education: Principles & Practices for a Thriving Culture of Participation](#)
- [Spectrum of Community Engagement to Ownership](#)
- [Spectrum of Public Participation](#)
- [Targeted Universalism](#)
- [Tuck, E. \(2009\). Suspending damage: A letter to communities. *Harvard Educational Review*, 79\(3\), 409-427.](#)

Planning for Uncertain Times

- [10 Strategies for Leading in Uncertain Times](#)
- [Focusing on the future in uncertain times](#)
- [How to Strategize in an Out-of-Control World](#)
- [How Do You Build for an Unpredictable Future?](#)
- [Strategic Planning for Uncertain Times](#)
- [The Overlooked Key to Leading Through Chaos](#)

Diversity, Equity & Inclusion

- [2025 DEI State Legislative Wrap Up | American Pride Rises](#)
- [Government Agency DEI Strategy 2025](#)
- [How to Future Proof your 2025 DEI Strategy](#)
- [Is DEI Still Relevant in 2025? Here's Why the Answer is Yes](#)

Anti-Racism & Decolonialism

- [How to Be a Good Relative: Calling People into the Circle \(zine\)](#)
- [On Antiracism, Author Beverly Tatum Says 'If We Wait for Perfection, We'll Never Get Started'](#)
- [Under the Blacklight | African American Policy Forum](#)

Books

Bobo, K., Kendall, J., & Max, S. (2010). *Organizing for social change: Midwest Academy manual for activists*. The Forum Press.

brown, a. m. (2017). *Emergent strategy: Shaping change, changing worlds*. AK Press.

D'Ignazio, C., & Klein, L. F. (2020). *Data feminism*. MIT Press.

Lorde, A. (2020). *The selected works of Audre Lorde* (R. Gay, Ed.). Norton & Company.

Nelson, K. E. (2012). *A disability history of the United States: ReVisioning American History*. Beacon Press.

Róisín, F. (2022). *Who is wellness for?: An examination of wellness culture and who it leaves behind*. Harper Collins.

Wall Kimmerer, R. (2024). *The Serviceberry: Abundance and Reciprocity in the Natural World*. Scribner.