

Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 (2022) Addressing Racism as a Public Health Crisis

PREPARED IN PARTNERSHIP WITH

The Affinity Group Task Forces:
Health Equity Advisory Leaders (**HEAL**) &
Indigenous Health Equity Action Council (**IHEAC**);
and the Oregon Advocacy Commissions Office

PRESENTED TO

The Oregon Legislative Assembly

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Summary of this Report

Thanks to the community advocates who worked together for years as the Health Equity Task Force convened by the Oregon Public Health Association, the Oregon State Legislature *Declared Racism a Public Health Crisis* in 2021 through House Resolution 6. The next year, in 2022, House Bill 4052 passed, *Addressing Racism as a Public Health Crisis* and funding a mobile health unit pilot program through Oregon Health Authority and establishing the Affinity Group Task Forces supported by the Oregon Advocacy Commissions Office. Through HB 4052, people of color are guiding community-government partnerships focused on dismantling systemic racism and advancing the health and wellbeing of Black, Indigenous, and other people of color (BIPOC) across the state through recommendations for anti-racist strategies and investments.



This interim report provides an update on House Bill 4052 (2022) and House Bill 2925 (2023) which extended the original timeline of the work and addressed mistakes that were made regarding Tribal relations.

To date, **hundreds of community members have volunteered thousands of hours to collaborate on implementing HB4052**; naming how racism shows up in their communities, their families, their daily lives, and bodies — and what can be done about it. Over the past year and a half, **the task forces and community partners have generated more than 100 recommendations** (and counting) for legislative concepts and state agency program improvements, shared in the list at the end of this report. Most importantly, though, is the **call-to-action** for legislators and the state-government enterprise as a whole, **to name and interrogate how government systems are rooted in white supremacy, colonialism, and racism** and have always harmed people of color. **Addressing racism as a public health crisis means urgently investing funds directly into communities of color with Black, Indigenous, and other people of color as decision makers.**

The first half of this report provides information on HB 4052 and HB 2925 and descriptions of the work done so far in collaborating with the community to develop recommendations related to social determinants of health, decolonizing public health, and dismantling systemic racism at a government level. The second half of the report lists recommendations generated by the HB 4052 collaborative and affinity group task forces.

This community-government partnership is a work in progress. The HB 4052 Equity Action Group is made up of thought leaders, policy advocates, community members and government staff, committed to creating an Oregon that explicitly acknowledges how colonization, racism, and white supremacy harms all Oregonians, especially Black, Indigenous, and people of color, and how ending racism is a responsibility of the legislative body and state government.

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The Oregon Health Equity Task Force



In 2020, The Oregon Public Health Association began convening a group of leaders as the Oregon Health Equity Task Force. The Oregon Health Equity Task Force is composed of leaders and community-based organizations representing BIPOC, Mixed Race, Urban dwelling Indians/Urban Indians, Immigrant and Refugee, and white communities.



Oregon Public
Health Association

The "Task Force" came together to ask the state of Oregon to declare racism a public health crisis, develop short and long term recommendations to address the issue, and seek state funds to implement the strategies and opportunities for larger statewide efforts for equity.

"Black and brown people are dying because of white supremacy, structural racism, and a lack of investment to address the issues that perpetuate racist policies, practices, programs, and education... communities of color need action... racism is the problem and legislators can help fix it."

Health Equity Task Force Member

Timeline

This timeline represents key efforts of the HB 4052 Collaborative, including Oregon Health Equity Task Force, the OACO, Affinity Group Task Forces, HB 4052 implementation partners, and legislative activities.

2020 - 2021

The Oregon Health Equity Task Force developed HB 2337 for the 2021 legislative session with chief sponsor, Representative Andrea Salinas. Racism causes harm, trauma, illness, and death to Black, Indigenous, and people of color (BIPOC) Oregonians. HB 2337 acknowledges that Oregon's very founding as a state was rooted in racist ideals, and while the Black exclusionary laws are no longer on the books, the perpetuating and damaging impact of these and other racist policies continue to exist within our present-day policies and systems. Further, this bill signals the need for accelerated, intentional actions to heal these injustices and articulates strategies and investments to address health inequities.

While HB 2337 passed out of the House Committee On Health Care with bipartisan support, it did not make it out of the Ways and Means Committee, thus not making it to the floor for a vote by the full House. However, the Task Force, with the leadership of Representative Salinas, did succeed in passing House Resolution 6, which declares racism a public health crisis.

2022 - 2023

In the short 2022 legislative session, the Oregon Health Equity Task Force again worked with Representative Salinas to develop a new bill, HB 4052 which would take strategic actions to support the declaration made with HR 6. HB 4052 called for accelerated, intentional actions to heal these injustices and articulates strategies and investments to address health inequities, including a mobile health unit pilot program administered by the Oregon Health Authority and recommendation making from affinity group task forces supported by the Oregon Advocacy Commissions Office.

2022 - 2023

HB 4052 passed and was signed into law effective March 23, 2022.

OACO and OHA immediately started collaborating with the HB 4052 thought leaders to implement the bill. See the Implementation Meetings and Equity Action Group section on page 16.

OACO seeks guidance from the Department of Justice (DOJ) to ensure affinity group task force members are eligible for compensation under HB 2992 (2021). See the section on page 63.

The first affinity group task force, The Health Equity Advisory Leaders (HEAL), is established in November 2022 and begins meeting monthly.

The Oregon Advocacy Commissions support HB 4052 and provide commission-led recommendations, and have a representative from each commission serve on HEAL.

OACO learns that the Nine Federally Recognized Tribes of Oregon were included in HB 4052 without consultation and approval. The OACO creates its first Tribal Relations Policy; attends the government-to-government summit; starts attending Health Cluster meetings; shares at the Legislative Commission on Indian Services meeting (November 2022); works with Representative Nelson and his office to formally consult with the nine Tribes to amend HB 4052 and introduce HB 2925. OACO sends Dear Tribal Leader letters in March 2023, extending an invitation for formal consultation and engagement to each of the nine federally recognized Tribes in Oregon: Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua & Siuslaw; Confederated Tribes of the Warm Springs Reservation; Coquille Indian Tribe; Klamath Tribes; Cow Creek Band of Umpqua Tribe of Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz Indians

OACO staff attend multiple culturally-specific conferences and events and include existing, community-led recommendations into this report.

2022 - 2023

OACO staff and leaders of community-based organizations have one or multiple conversations to create a recommendation for this report.

In 2023, House Bill 2918 and House Bill 2925 were introduced to secure more funds and time needed to fully implement the Oregon Health Equity Task Force's vision for HB 4052. HB 2918, requesting more funding for the mobile health units, did not pass. HB 2925 did pass, extending the timeline for OACO staff and the task force to continue their work until June 2026, instead of ending June 2023; and revising the language of the bill based on consultation with the Nine Federally Recognized Tribes in Oregon. Funding supports OACO staff and compensation for eligible collaborators.

The Health Equity Advisory Leaders (HEAL) meet monthly from January through June to discuss and make recommendations related to social determinants of health.

The second affinity group task force, The Indigenous Health Equity Action Council, is created as a container for Indigenous voices to convene and center decolonization in this work.

In November 2023, OACO's interim report is presented to the Oregon Legislative Assembly and the agency hires three new limited duration staff to support the implementation of HB 4052 and community recommendations in the next phase of the project.

2024 - 2026

Community members will be supported by the OACO and other government partners and legislators to develop their recommendations into legislative concepts, state agency programs, investments and enterprise-wide solutions.

In June, 2026, OACO will share a final report to the Oregon Legislature.



HB 4052 - Communities & Priority Populations

The goal of House Bill 4052 is to address racism as a public health crisis and fund and start programs, including mobile health units, to improve the health and social outcomes of communities of color and Tribal communities.

The communities & priority populations who are the focus of this bill are: People in Oregon who are

- American Indian and Alaska Native;
- Black or African American;
- Hispanic or Latino;
- Asian;
- Native Hawaiian;
- Middle Eastern;
- North African;
- Mixed race, and other people of color;
- Tribes and tribal communities;
- Immigrants and refugees;
- People who travel to the US to work on farms;
- Low-income individuals and families;
- Persons with disabilities;
- Individuals who are lesbian, gay, bisexual, transgender, queer, or who are questioning their gender or sexuality.

House Bill 4052 (2022) requires The Oregon Advocacy Commissions Office to collaborate with community-based organizations to convene affinity group task forces consisting of leaders of Black and Indigenous communities and people of color. The task forces discuss and research the specific needs of the communities they represent and develop recommendations for specific allocations of resources to address the communities' needs. An interim report of the recommendations is due to the legislature Nov 1, 2023. A final report is due June 30, 2026.



Oregon Advocacy Commissions Office

The Oregon Advocacy Commissions Office (OACO) is a small state agency dedicated to advancing the lives of people of color, women, and gender expansive people across the state of Oregon and supporting four independent commissions: the Oregon Commission on Asian and Pacific Islander Affairs ([OCAPIA](#)); The Oregon Commission on Black Affairs ([OCBA](#)); The Oregon Commission on Hispanic Affairs ([OCHA](#)); and The Oregon Commission for Women ([OCFW](#)).

HB 4052 “Addressing Racism as a Public Health Crisis” is the first bill that OACO has been required to implement in addition to its duties supporting the commissions. Three limited duration staff were hired to co-create spaces and provide support for BIPOC community to gather, as affinity group task forces, to discuss, research, and make health-equity recommendations to be shared with the legislature and state agencies.

Learn more about the OACO at [**oregonadvocacy.org**](https://oregonadvocacy.org) and connect with the HB 4052 staff at [**health.equity@oac.oregon.gov**](mailto:health.equity@oac.oregon.gov)

A close-up photograph of blueberry branches. The branches are covered with small, oval-shaped green leaves. Several berries are visible, some in green and others in a deep blue color, indicating different stages of ripeness. The background is a soft, out-of-focus green.

House Bill 2925 Project Amendments

House Bill 2925 (2023) was developed and sponsored by Representative Travis Nelson to provide necessary technical fixes to the original House Bill 4052. The bill passed, facilitating important amendments regarding the Project Timeline and Tribal Sovereignty.



Project Timeline Extension

HB 4052 originally gave the OACO **13 months** to convene and complete the work of the affinity group task forces. Community-engaged work and relationship building takes time and doing anti-racism work is difficult in systems that benefit, are complicit, and also ignorant of racism.

HB 2925 extended the timeline of the affinity group task forces and OACO support staff to June 30, 2026

From the outset of HB 4052's passage, everyone involved in implementing the bill believed 13 months was not an appropriate timeline. The relationship building, spaces, and trust necessary to facilitate these discussions did not exist prior. A sense of false urgency determined by a legislative timeline was counterproductive to the intent of the bill. As community members share recommendations, being intentional about keeping them involved in guiding the design and implementation of that specific recommendation plays an essential part in decision-making that is led by community voices.

Community should see action from their recommendations. This community-government partnership centers BIPOC Oregonians in developing recommendations as anti-racist legislative concepts and system-level changes.

Tribal Sovereignty

The nine federally recognized Tribes in Oregon were named in HB 4052 without any consultation. This included being listed as a priority population in the bill; and as participants in the affinity group task forces OACO is mandated to convene.

Representative Nelson engaged in formal consultation with the Tribes during the 2023 session and amended the law through HB 2925 according to decisions made by the Tribes, including:

- Removing the language “members of the nine federally recognized Tribes in Oregon” from the list of task force participants.
- Adding that state agencies must consult with the nine federally recognized Tribes in Oregon as the recommendations are developed, according to the requirements of Senate Bill 770 (2001).

Engagement with the Tribes is expanded upon on pages 19-20.



Recommendation Sources

The recommendations in this interim report are curated by a collective of residents from across the state of Oregon, including BIPOC community members representing those who experience racism, as well as supportive and engaged white allies. Recommendations are born or shared through varied collaborative pathways—from informal conversations and organized meetings, to conferences and gatherings, through long walks, phone conversations, storytelling, and amplifying solutions that already exist in community. These recommendations are the seeds of relationship building and a shared, continuous commitment to shine a light on disparities caused by racism and offer solutions. Below, we provide a bit more context of the different groups and voices of the collective.

Recommendation Sources

1 Thought Leaders who designed House Bill 4052

2 Oregon Advocacy Commissions: Black Affairs; Hispanic Affairs; Asian & Pacific Islander Affairs; Commission for Women

3 Community Based Organizations, Coalitions and Service Providers

4 Tribal Governments, Leaders, Citizens, and Communities

5 State Agencies, Departments, Commissions, Boards, and Programs

6 Affinity Group Task Forces:

- Health Equity Advisory Leaders (HEAL)
- Indigenous Health Equity Action Council (IHEAC)

Thought Leaders of House Bill 4052

HB 4052 was designed by the Oregon Health Equity Task Force, which was convened by the Oregon Public Health Association between 2020 and 2022.

Since the passage of the bill, OPHA's Executive Director and several Health Equity Task Force members have been influential in the implementation of HB 4052. They have been guiding the work and making recommendations as members of the task forces HEAL and IEAC convened by OACO, and the mobile health unit advisory committee convened by OHA. Several thought leaders are also part of the collective impact collaborative, the HB 4052 Equity Action Group, which focuses on developing the recommendations.

81st OREGON LEGISLATIVE ASSEMBLY--2022 Regular Session

Enrolled House Bill 4052

Sponsored by Representatives SALINAS, PRUSAK, NOSSE, NELSON, REYNOLDS; Representatives ALONSO LEON, BYNUM, CAMPOS, DEXTER, GRAYBER, HOY, NERON, RUIZ, SCHOUTEN, SOSA, VALDERRAMA, Senators LIEBER, PATTERSON, SOLLMAN (Presession filed.)

CHAPTER

AN ACT

Relating to equity; and declaring an emergency.



Oregon Advocacy Commissions

The thought leaders and sponsors of HB 4052 wanted task forces convened and supported by the Oregon Advocacy Commissions Office. The OACO supports four independent advocacy commissions who each meet every other month to conduct their business and share subcommittee updates. The commissions frequently host guest speakers from government and community and have discussions about state-level issues and solutions affecting the populations they represent and communities they are a part of. A member of each commission participated in HEAL to embed the work of HB 4052 within the broader mission and work of the agency and commissions. Several commissioners have been involved in the HB 4052 Equity Action Group and led the development of specific recommendations found in the list below.

Community members who joined HEAL have been inspired and encouraged to become governor-appointed commissioners over the past year. Commissioners have become government staff. Bill thought leaders have become state representatives. Community members have been introduced to government staff and are influencing culturally and linguistically responsive improvements. There has been incredible growth and connection among individuals and groups involved in HB 4052, and the OACO and commissions are deeply committed to keeping the momentum going.



To learn more about each commission, check out their annual reports.

- [Oregon Commission on Asian & Pacific Islander Affairs \(OCAPIA\)](#)
- [Oregon Commission on Black Affairs \(OCBA\)](#)
- [Oregon Commission on Hispanic Affairs \(OCHA\)](#)
- [Oregon Commission for Women \(OCFW\)](#)



Community Based Organizations, Coalitions, Task Forces and Service Providers

There are thousands of groups across Oregon who are doing anti-racist work, service provision, education and advocacy and caring for their community. The collaborative of folks implementing HB 4052 hoped to find a balance between establishing the affinity group task forces required of the bill and also honoring the reality that anti-racist recommendations and solutions have already been identified in the community. In addition to HEAL and IEAC being established as new containers to intentionally create a path for BIPOC community voices to be amplified in government spaces, members of the HB 4052 collaborative also spend time in existing spaces and building relationships with folks to co-create recommendations or elevate existing solutions in the report in ways that work well for them. The community sources are cited in the individual recommendations so they can be contacted to guide the development and implementation of recommendations if/when they become legislative concepts or state-agency or enterprise-level initiatives.

Recommendations in this report come from:

- Conversations with leaders and staff of community based organizations (CBOs)
- Engagement and listening at conferences and gatherings hosted by CBOs
- Seeking existing programs and calls-for-action shared by CBOs in reports

Tribal Governments, Leaders, Citizens and Communities

The thought leaders of HB 4052 and the collaborative implementing the bill care deeply about engaging with leaders and members of the nine federally recognized Tribes in Oregon and including Tribal recommendations in the reports to the legislative assembly and developing them in partnership with the Tribes. The nine federally recognized Tribes in Oregon are sovereign nations and there are specific protocols that must be followed in respect of Tribal-State relations.

In 2001, the Oregon State Legislature passed Senate Bill 770 which created law ORS 182.162-168 mandating state agencies to understand and respect the sovereignty (authority to govern itself) of federally recognized Tribes in Oregon. Many state agencies have a designated individual or team who is responsible for identifying agency programs that affect Tribes; communicating with Tribes on behalf of the agency; and promoting positive government-to-government relations between the state and Tribes.

Unfortunately, there does not seem to be appropriate, standardized checks and balances in the process of legislative concept drafting to ensure Tribal consultation. Tribes are often written into legislation without their consent, which is a violation of their sovereignty. As described in the section about HB 2925 above, Representative Travis Nelson formally consulted with Tribes to make amendments about how the Tribes are mentioned in HB 4052.

OACO did not have a history of formally engaging with Tribes prior to HB 4052's passage. OACO staff are grateful to Julie Johnson, Patrick Flanagan, Dustin Buehler, and Adam Becenti for their education about Tribal-State relations, guiding OACO in establishing a Tribal Relations Policy for the agency, sharing information to the LCIS Tribal Leaders and drafting the first of many Dear Tribal Leader letters to continuously offer opportunities for consultation and engagement with Tribes while implementing this bill and developing the recommendations.

OACO staff sent a Dear Tribal Leader letter to each of the nine federally recognized Tribes in Oregon in March, 2023. The letter shared information about HB 4052 and extended an invitation for consultation and engagement. The Confederated Tribes of Grand Ronde and The Confederated Tribes of Siletz responded to the request for consultation. OACO staff traveled to Siletz for consultation in June 2023. Other consultations may be scheduled in the future. OACO will send another Dear Tribal Leader letter in early 2024 to share updates on HB 4052 and offer consultation regarding designing and implementing recommendations that would affect the Tribes.



Oregon State Agencies, Commissions, Boards, and Programs

HB 4052 has been a catalyst for many inter-agency and enterprise-wide conversations and collaborations regarding naming structural racism and working on anti-racist solutions. There are many individuals and groups in the state enterprise doing anti-racist work. Much of the work is siloed, and unfortunately in some cases, also duplicated, inefficient, and disconnected from Oregonians the programs serve. The HB 4052 implementation collaborative has been identifying as many equity partners within the state as possible, to understand the scope of anti-racist work happening at a state-level and leverage existing infrastructure and power. This includes attending commission and workgroup meetings, like OHA's Traditional Health Worker Commission and Subcommittee and the Black COVID-19 Strategy Workgroup. This also includes learning about resources like the DOJ's Civil Rights Unit's Bias Response Hotline and the Department of Human Services Vocational Rehabilitation program, to name a few.

The collective helps connect community members to government services administrators to share their concerns and ideas for improvement and also support inter-agency community engagement.

The HB 4052 Equity Action Group will continue building relationships with Oregon state government agencies, departments, divisions, commissions, boards and programs to invite them into the collective, develop recommendations, and dismantle systemic racism and inequities.

AFFINITY GROUP TASK FORCES

The HB 4052 thought leaders guided the OACO in their vision for the affinity group task forces. Two groups were co-created with community to convene BIPOC Oregonians to discuss issues they are witnessing or experiencing in their communities and make state-level recommendations for solutions, strategies, and investments that center the communities' needs.

Health Equity Advisory Leaders (HEAL)

The Health Equity Advisory Leaders (HEAL) has 32 BIPOC members. Recruitment for HEAL happened on a rolling basis over the course of several months starting in September 2022. Recruitment fliers and nomination forms in English and Spanish were sent out to community-based organizations and educational groups in Oregon to share. Other languages were available upon request. OACO staff shared about the task forces with community leaders and liaisons and invited folks to join. People could nominate themselves or nominate someone else to be considered for HEAL. OACO staff had informal conversations with nominees to ensure they belonged to a priority group outlined in the bill. HEAL members invited others to the conversations and active recruitment paused in March 2023.

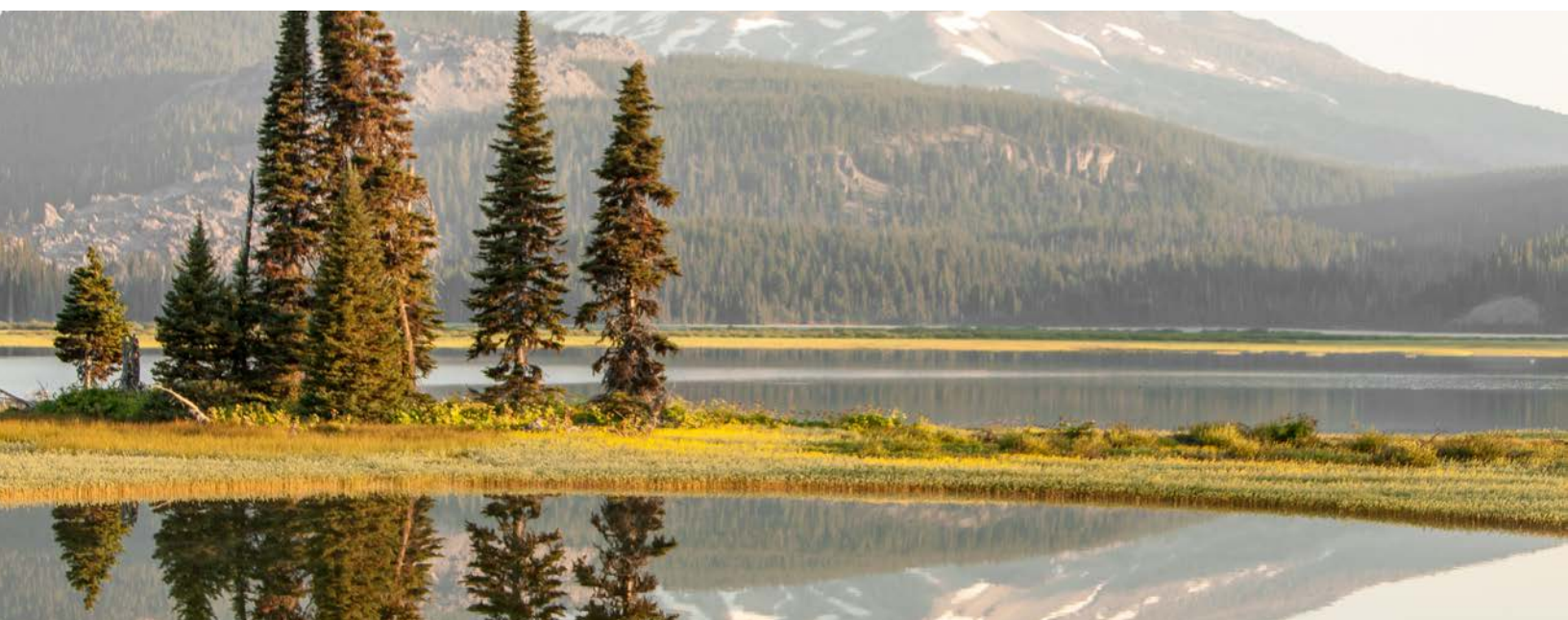
HEAL meetings were held monthly from November 2022 to June 2023. Starting in March, 2023, OACO hosted two virtual monthly meetings to accommodate diverse schedules and availability (one on a weekday morning and one on a weekday evening). HEAL members could attend whichever meeting fit their schedule and both meetings had simultaneous Spanish interpretation. A representative from each of the four Advocacy Commissions served on HEAL as a way to connect the HB 4052 work to the broader mission of OCBA, OCFW, OCHA, and OCAPIA.

The OACO served as a convener of the work and staff provided administrative support for the meetings, including scheduling and hosting the Zoom meetings, arranging interpretation services, helping set the agenda and taking notes during the meetings.



HEAL members guided the conversations, shared stories and ideas, and discussed needs and recommendations related to anti-racism and social determinants of health. One month they focused a conversation about recommendations related to Economic Stability, and another month around Neighborhood and Built Environment. The conversations could go wherever the HEAL members wanted. OACO staff coded the meeting minutes to identify themes and shared the findings with HEAL members to add, edit, and collaborate on expanding.

OACO staff also supported HEAL members in recommendation discussions and development outside of HEAL meetings, through phone/zoom calls and conversations with other community members they wanted to give voice to. OACO staff and HEAL members collaborated to design a shared system on Google Drive where recommendations each have their own document and are developed further with community members, policy advocates and state government staff and legislators. See the list of recommendations starting on page 39.



Indigenous Health Equity Action Council

This Summary, is offered by the Indigenous Health Equity Action Council (hereinafter “Indigenous Action Council”), a collective of Native-led and Native-serving organizations, and Native people who reside across the state of Oregon.



A Pathway of Justice that is Life Affirming & Generative

On unceded Multnomah, Kathlamet, Clackamas, Chinook, Tualatin Kalapuya & Molalla territory | Portland, Oregon



The Indigenous Action Council was convened by the Indigenous Health Equity Institute in partnership with the NAYA Action Fund. As stewards of these lands and of our Native nations; as descendants of miracle survivors of the state and federal-sponsored genocidal policies; and as those experiencing profound health disparities as a result of colonization, racism and erasure – we are uniquely situated to offer the following recommendations. Explicitly, the Indigenous Action Council does not represent or speak on behalf of Oregon’s nine federally recognized Tribes.

The Indigenous Action Council is dedicated to advancing health equity through pathways rooted in decolonizing. Our recommendations seek to build stronger self-determination and collective actions at the policy, program, education, and practice levels rooted in anti-racist, community-strengths and wisdom, and healing-justice orientations. Collectively these strength-based and anti-oppressive frameworks offer new opportunities to address upstream factors that seek to address the lasting, harmful impacts of colonization, replace systems of Indigenous erasure, and dismantle institutional racism for health justice.

As Indigenous peoples, we take seriously our responsibility to honor the love and resilience inspired into us by those before us and after us. In this way, we seek to uphold radical Indigenous resistance that open decolonizing pathways and Indigenous values, to heal the lasting impacts of colonization for the betterment of all.

We offer recommendations that focus on the world we desire because we know that what we focus on grows, and colonialism, racism, and oppression are not life affirming nor life generative. As we move toward actions of justice our contribution to this interim report is to acknowledge and find solutions within the true historical context of conquest and ongoing settler colonialism. We understand and accept that while these recommendations are incomplete, we believe in the promises they hold to guide us collectively to help make Oregon a better place to call home by all.

These recommendations are informed by Indigenous values, methodologies and science embedded within the leadership of Indigenous communities and Indigenous scholars. The recommendations draw on the empirically established concept of Indigenous social determinants of health, which names colonization and the interplay of racism as the drivers of inequities experienced by Indigenous peoples. In using this framework, IHEAC's recommendations address gaps that occur from frameworks of health, anti-racism, and equity drawn from ideologies of colonial institutions. In this way, IHEAC rejects frameworks that uphold and are complicit to undermining racial and Indigenous-equity, justice, and futures.



Background

The ongoing existence of racial and ethnic health disparities is evidence that the current features of public health systems, including education, medicine, methodologies, and policies are inadequate to meet the needs of the populations that experience these disparities. A one-size-fits-all approach, as utilized by an equality, upholds the status quo and reinforces binary thinking that shapes meaning-making and solutions. These are by knowledge and meaning-making systems rooted in western-based ideologies (AKA: settler colonial logics), patriarchy, capitalism, white superiority and supremacy. These knowledge systems ultimately actively undermines equity and social justice.

Moreover, while racism is experienced across populations of color, colonization and settler colonialism are unique to the experiences of Indigenous peoples and their subsequent health. More researchers are beginning to show that health disparities for Indigenous peoples are anchored in colonization and fueled across the generations from the interplay of colonialism and racism. Institutions that fail to acknowledge colonization and colonialism, as well as to reveal the ways it is produced and upheld through racism, are complicit in undermining processes for racial health equities.



Indigenous Health Equity Action Council

Indigenous Science-Based Driven Recommendations

ANTI-INDIGENOUS RACISM is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within the United States, including Oregon. It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in the United States.

ANTI-OPPRESSION is a framework that aims to eradicate oppression by examining and challenging power dynamics while empowering those who experience oppression.

ANTI-RACISM is a process that acknowledges the existence of systemic racism and, through policies and practices, seeks to actively identify, challenge and end systemic racism in all its various forms.

Institutional anti-Indigenous racism is evident in discriminatory federal policies such as the Indian Act and the residential school system. It is also manifested in the overrepresentation of Indigenous peoples in provincial criminal justice and child welfare systems, as well as inequitable outcomes in education, well-being, and health. Individual lived experiences of anti-Indigenous racism can be seen as ongoing acts of hostility and violence, Indigenous erasure and genocide.

ENVIRONMENTAL SCAN

An environmental scan was undertaken to support the work of the Planning and Implementation committee and the Action Council. The scan gathered and summarized background research related to declarations of racism as a public health crisis in other states and jurisdictions, as well as highlighted examples of governmental efforts specific to Indigenous health and Social Determinants of Health which centered Indigenous values, priorities of Native communities, and naming colonialism (or related terminology).



our review found that an overwhelming majority of declarations included limited reference to Indigenous peoples, and acknowledgement of the harms of colonization were few and far between.

Indigenous Health Equity Action Council

Indigenous Science-Based Driven Recommendations

INDIGENOUS Health EQUITY

Indigenous (in)Equity situates the health & social inequities experienced by Indigenous people as profoundly shaped by colonization, ongoing settler colonialism, and white settler colonial logics. Healing and/or replacing these systems can be achieved by integrating Indigenous values and science because they are inherently life affirming and generative.

– Indigenous Health Equity Institute

COLONIALISM refers to “the five centuries in which most of the non-European world was claimed by Europeans. The original frame used for the subjugation of non-Europeans began “under the directive of The Pope, who was believed to be the supreme (divine) legal authority by Catholic Europeans. This directive specifically sanctioned and promoted the conquest, colonization, and exploitation of non-Christian nations

and their territories, to enslave or destroy those who would not convert.” This served as the basis of the Doctrine of Discovery as defined by the Supreme Court through “conquest, colonialism established domination and exploitation of natural resources and human labor on foreign lands” (McKay, Vinyeta, and Norgaard, 2020)

DECOLONIZATION is a “movement that seeks to address the ongoing influence of colonial legacies. The definition of ‘decolonizing’ is varied and contested in both academia and in practice [however] many agree that it is about critically examining how colonial power structures continue to produce inequalities today and the changes we can make to address those inequalities.” Coloniality has its “roots in ongoing historical processes, and is not only about the violent acquisition of land, but also the cultural and physiological impact of centering European and Western ways of viewing the world both past, and present.” (McKay, Vinyeta, and Norgaard, 2020)

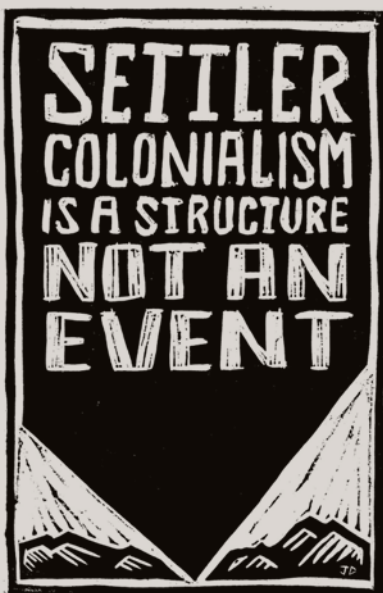
Source: McKay, Dwanna L., Kirsten Vinyeta, and Kari Marie Norgaard. 2020. “Theorizing Race and Settler Colonialism Within U.S. Sociology.” *Sociology Compass* 14(9) and Indigenous-equity.com.

Indigenous Health Equity Action Council

Indigenous Science-Based Driven Recommendations

SETTLER COLONIALISM describes the “logic and operation of power when colonizers arrive and settle on lands already inhabited by another group which operates through a logic and actions of elimination, seeking to eradicate the original inhabitants through violence or other genocidal acts and to replace the existing spiritual, epistemological (knowledge system), political, social, and ecological systems in those of the settler society. In settler colonialism, the colonial empire itself and the colonial territory are located in the same physical space [and thus] function as a structure of society rather than a past event (McKay, Vinyeta, and Norgaard, 2020) .

SETTLER COLONIALISM IS A UNIQUE AND DISTINCT FORM OF COLONIALISM. “Settler colonialism is more than conquest or domination. Whereas the objective of non-settler colonies is the temporary or intermittent extraction of natural resources through the enslavement or labor exploitation of indigenous populations. *Settler colonies* are premised on displacing indigenes from (or replacing them on) the land. Because settlement is permanent, the character of this form of colonial relation centers around the acquisition of land rather than labor or extractable resources. In order for settlers to claim the land as their own and establish autonomous rule, Indigenous peoples must be displaced and/or eliminated and Indigenous sovereignty must be erased (McKay, Vinyeta, and Norgaard, 2020).



“[S]ettler colonial logics rooted in capitalism, individualism, racial superiority, ownership, and possession will always position Indigenous people and the environment as inherently less-than and disposable. Settler colonialism uses its own meanings or logics, along with those of White supremacy, capitalism, and heteropatriarchy to justify the destruction of the Earth, the extraction of its resources, and the exploitation of humans and all beings indiscriminately. Within such frameworks, equity is unimaginable and justice is impossible because they are void of values central to Indigenous peoples, including love, humility, generosity, and respect— each of which holds the promise of a good life, that is in balance and harmony with all things seen and unseen, including the Mother Earth” – Gonzales, Et. al ^5

Key Drivers of Health Inequities

Colonization introduced foreign structures and systems

- Federalism
- Capitalism
- U.S. government paternalism
- Structural discrimination
- Euro-centric concepts of race



Colonialist aims separated AI/ANs from community, identity, and culture

- Genocide
- Taking of lands
- Forced relocation to reservations
- Forced assimilation policies
- Federal Indian boarding schools



As a direct result, colonization produced:

- Historical and inter-generational trauma
- Erasure of AI/ANs from mainstream American society
- Barriers to Tribal self-governance
- Distrust between Tribes and state/federal governments
- Governance structures that limit meaningful Tribal participation
- Generational poverty
- Tension between majority American cultures and Native cultures
- Diminished population size of AI/ANs

Leading to Self-perpetuating problems for AI/ANs

- Historical and inter-generational trauma
- Erasure of AI/ANs from mainstream American society
- Barriers to Tribal self-governance
- Distrust between Tribes and state/federal governments
- Governance structures that limit meaningful Tribal participation
- Generational poverty
- Tension between majority American cultures and Native cultures
- Diminished population size of AI/ANs



AI/ANs are then further separated from communities and culture

- Tribes have limited resources to address these systemic problems
- AI/ANs must leave their homes and communities to access resources, meet needs, and pursue opportunities

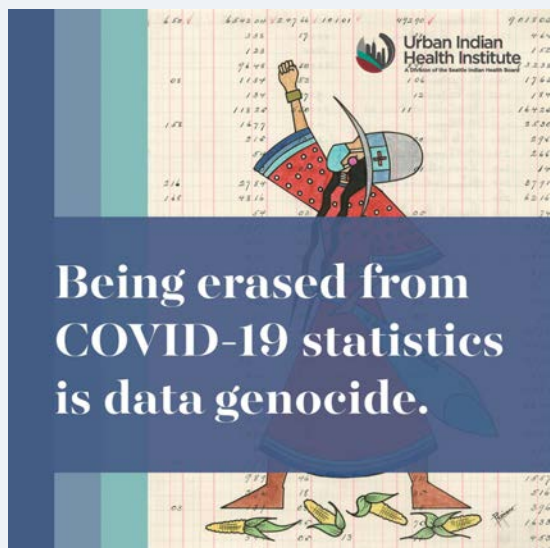


The Outcome: severe health inequities for American Indians and Alaska Natives

Because of these systemic injustices, AI/ANs face lower life expectancies and higher rates of preventable disease, disability, and death

State of Science Guiding IHEAC's Work

Zambrana and Williams (2022) offer a comprehensive, chronological assessment of scholarly research and indicate that the use of the term racism and its use as a variable/determinant of health is relatively a recent occurrence. They cite that racism as a determinant of health continues to be an unwelcome idea in health science and systems, because it was at odds with the then dominant scientific paradigm. They remind us that medicine, public health and health fields excluded knowledge, science and methodologies of Black, Indigenous peoples and historically oppressed populations until the affirmative action policies in the 1970s.



During the 1990's researchers increasingly recognized racism as a multi-level construct, encompassing institutional, structural, and individual discrimination; racial prejudice and stereotypes, and internalized racism. Within a structural framework, racism is well known as a driving factor of the political, social and economic context that subsequently shapes health and opportunities for health. The World Health Organization's Committee on the Social Determinants of Health indicates that the "most upstream structural factors are the social, economic and political context, which include

governance, economic and social policies (e.g., housing, land), public policies (e.g., education, health, social protection), and cultural and societal values. These structural, upstream determinants shape the conditions from which health and opportunities for health are constructed and emerge.



State of Science Guiding IHEAC's Work

There is a growing scientific focus on investigating the roles of racism, with an increasing emphasis on measuring and conceptualizing racism to comprehend its impact on health. With regard to structural factors of health, there is growing attention among the scientific community to consider the ways in which the health of populations is affected by larger institutional and policy context.

Within this line of inquiry, institutional deficiencies emerge from racism embedded within the system and structures that shape health, policies, data, research, education, and overall knowledge making.

As a result of this work, there is an increasing recognition that institutional racism is a fundamental but neglected upstream driver of health inequities,

premature mortality and excess morbidity. Research and interventions into racism are not mainstream, and growth in this line of inquiry is hindered at the macro and micro levels of socio-political and economic systems and by ongoing opposition in the field to “dilute the evidence linking racism to health”. Racism continues to be missing as a determinant of health in the medical research, federal documents and reports into the nation and population health.



Endeavors to explore the presence and health impacts of racism were supported by few newly established, national funding mechanisms intended to grow the body of scientific evidence into these issues. They indicate that in spite of the growth in the research on racism and health in more recent decades, “there remains a tenacious resistance in many scientific circles to research on racism and health,” with “this resistance especially unyielding to the explicit use of the term racism.” They conclude that “dismantling racism is an indispensable component of policies and interventions to achieve racial equity in health.”

State of Science Guiding IHEAC's Work

The Indigenous Action Council stipulates that naming, exploring, and addressing colonialism within public health and its impact on health is necessary for justice and community health. However, institutional structures rooted in the interplay of ongoing colonialism and racism, produce an ill-informed, and unprepared public health and medical workforce with the capacity to safeguard, consider, and meet the needs of Indigenous peoples. Subsequently, this lack of knowledge becomes institutionalized as the cadre of “students” become professionals within public health and medical structures. The cycle of oppression and Indigenous erasure remains uninterrupted by design and through upholding status quo. This is similar across intersecting sectors and disciplines within western-based frameworks that fail to name and address the lasting harmful impacts of colonization and the interplay of racism, as primary drivers of Indigenous and racial health inequities. We advocate to re-root equity frameworks to 1492, or prior, to promote decolonial, anti-racist frameworks for equity.

Uprooting from 1619 and re-rooting in 1492 (or before)...

“As the 1619 Project “challenge[s us] to reframe U.S. history by marking the year when the first enslaved Africans arrived on Virginia soil as our nation’s foundation date,” pulling back to 1492 asks us to expand our frame of reference to understand the first settlement on Native lands as the “foundational date” of the US nation-state.”

Source: [Indigenous-equity.com](https://indigenous-equity.com)



“If we understand the settler colonial lens, including ideas about colonization of the intimate spaces of our lives, we can understand the willingness and inability of systems to bring about sustainable positive change. Therefore, we argue that healing the land and restoring the health of Indigenous peoples are inseparable goals. We must turn to Indigenous values and cultural teachings for meaningful solutions.” – Kelly Gonzales, et al.

Indigenous Health Equity Action Council

Values-Driven Recommendations

The values identified by the Indigenous Action Council that inspire these recommendations include:

- 1 Naming colonialism and anti-Indigenous racism as determinants of health
- 2 Connecting movements- weaving past-present-future
- 3 Culturally connected and culturally rich communities
- 4 Importance of lived experience and community wisdom
- 5 Healing centered and generative
- 6 Prioritizes Black liberation and Indigenous sovereignty
- 7 Center on Indigenous experiences, voices, needs, and solutions and leadership
- 8 Growing stronger self-determination as an indicator of health equity
- 9 Resist assimilative practices, policies, methodologies
- 10 Root in the strengths and resilience of Indigenous peoples



A Pathway of Justice that is Life Affirming & Generative
On unceded Multnomah, Kathlamet, Clackamas, Chinook, Tualatin Kalapuya & Molalla territory | Portland, Oregon



Indigenous Action Council Recommendations

AIANS EXPERIENCE STAGGERING HEALTH DISPARITIES



A healthy community is
rooted in Indigenous values

- Indigenous Health Equity Institute

These recommendations formalize a call for collective action by Native and non-Native collaborators to acknowledge and address the lasting harms of colonialism, including racism, and to emphasize decolonizing strategies in equity and anti-racism efforts for health and wellness. The recommendations also call for long-term, sustainable financial investment by the Oregon legislature to create a Division of Decolonizing Public Health to build and mobilize a movement for dismantling racism and decolonization — a

worthy and ambitious north star — to lead capacity building for new skills sets, collaborations, and visioning needed to end dismantle institutional racism and replace systems of colonialism. This includes Indigenous erasure, Indigenous epistemicide, and practices that lead to ongoing and new contemporary forms of Indigenous genocide within the field and practice of public health, medicine, and intersecting disciplines. Such investments are necessary to create conditions that build Indigenous self-determination, create opportunities for integrating Indigenous values and wisdom, and rich cultured communities.

The following domains are the areas of priority identified by the Indigenous Health Equity Action Council to replace systems of colonial harm, including anti-Indigenous racism:

- Education, primary and secondary
- Healthcare & Cultural Safety
- Environmental Resilience
- Workforce development
- Indigenous values in public health
- Food
- Housing
- Data Justice
- Statewide truth and reconciliation
- Division of Decolonizing Public Health

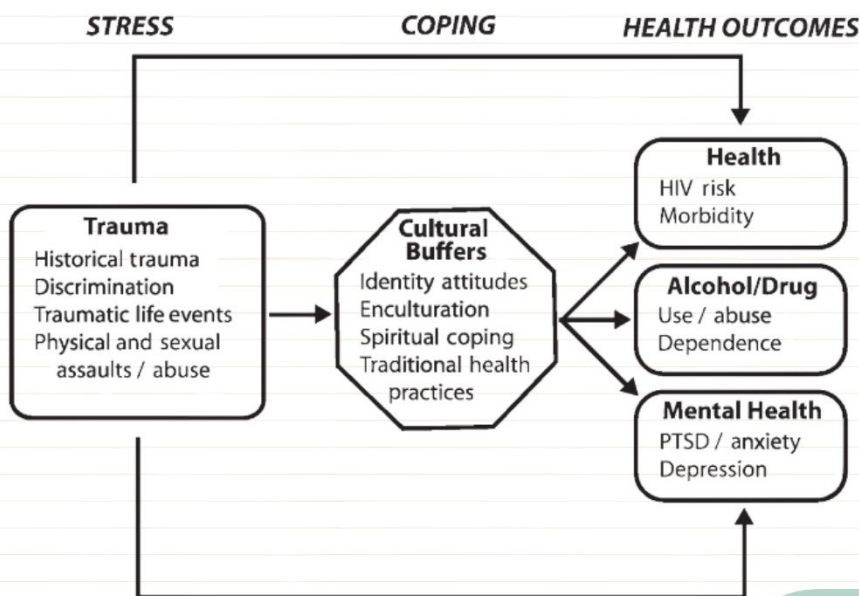
Indigenous Action Council Recommendations continued...

State Legislators and the Oregon Health Authority:

Adopt anti-colonial frameworks rooted in decolonization and Indigenous science, name culture as preventative factor against the lasting impacts of colonization and Indigenous racism;

Build workforce capacity to understand and address the interplay between colonialism and racism, diversifying workforce, and shaping public health and behavioral health efforts, incorporate equity endeavors that build stronger self-determination;

Prioritize institutional transformation to dismantle racism and address the lasting impacts of colonization — can't do one without the other.



Note. PTSD = posttraumatic stress disorder

FIGURE 1—Indigenist model of trauma, coping, and health outcomes for American Indian women.

Cultural connection as a protective factor and remedy

Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing Native women's health: an "indigenist" stress-coping model. *American Journal of Public Health*, 92(4), 520–524. <https://doi.org/10.2105/ajph.92.4.520>



Indigenous Action Council Recommendations

These recommendations are offered by the Indigenous Health Equity Action Council, an Affinity Group Task Force of HB 4052. See the framework and background and values on Pages 24-36. *These recommendations affect Tribes and require formal consultation.



Legislators Adopt Anti-Colonial Frameworks

Relating to Anti-Indigenous Racism and systems change to replace systems of Indigenous erasure and genocide; and healing the lasting impacts of colonization.



Focus on Thriving Indigenous Futures

Relating to health and health care and Indigenous ways of knowing, science and methodologies; land back; Indigenous values; community cohesion.



Allocate Resources to Culturally-Specific Housing

Relating to Culturally-Affirming and Community-Centered Housing.

Centering Indigenous Knowledge

Relating to diversifying the workforce in public health, medicine and STEM fields; adopting practices of cultural safety; and building a public health and medical workforce to drive decolonizing frameworks for systems change.

Food Sovereignty

Relating to climate justice and climate resilience; connecting health-land frameworks and solutions; building stronger self-determination and sustainable community-driven food economies.

Data Justice & Decolonizing Data

Relating to building sustainable investments for data justice through decolonizing pathways; replacing systems that result in data genocide, epistemicide, occupation, and ongoing health inequities rooted in white supremacy and settler colonial methodologies.



Social Determinants of Health



HB 4052 requires recommendations to be related to Social Determinants of Health. Social Determinants of Health (SDOH) are the things in someone's life that can affect their health, like where they live, how much money they have, what kind of food they eat, their education, who they spend time with, and whether or not they have health insurance, and more. The environment around them and the social norms in their community can play a role in how healthy someone is, too.

The 5 major categories of SDOH:

1. Economic Stability
2. Education Access & Quality
3. Healthcare Access & Quality
4. Neighborhood and Built Environment
5. Social and Community Context

Racism is intrinsically linked to Black, Indigenous and people of color's experiences and outcomes related to Social Determinants of Health.

Additionally, intersectionality is the way people's social identities can overlap to exacerbate inequality, such as race, gender, class, sexuality, immigrant status and disability (Crenshaw, 1991). For example, in the context of Economic Stability, different variables factor into someone's earnings. The gender wage gap highlights sexism in income inequality with women earning on average 82% of what men earn. However, Black women's earnings are affected by compounded effects of sexism and racism. In 2021, Black women earned 63% of what non-Hispanic white men were paid.

Recommendations

While learning about and developing the recommendations shared by HB 4052 collaborators, it is critical to center the individuals and groups who experience racism in solutions, strategies and investments, and include, and compensate BIPOC folks doing the work.

In addition to Social Determinants of Health categories, there is also a category for recommendations related to broader State Government Processes, which identify systemic issues and solutions.

Of course many recommendations are related to two or more Social Determinants of Health, but we have included them in a primary SDOH category.

The following list includes recommendations from the sources described starting on page 14. There may already be programs or efforts that exist related to the recommendations, and in those cases we encourage community involvement to ensure the program is known about and optimized for anti-racist equity and accessibility. The recommendations will continue to evolve over the duration of the HB 4052 project.

Click on the Recommendation Titles below to learn more about a specific topic or get involved in researching and developing the recommendation into a legislative concept or state program, and contact the OACO team: **health.equity@oac.oregon.gov**

**See all the recommendations at
tinyurl.com/HB4052recs**

STATE GOVERNMENT PROCESSES

Recommendations related to dismantling systemic racism and creating a state government that explicitly names and interrogates white supremacy and invests unprecedented funding and urgency to make Oregon an anti-racist state where BIPOC communities are centered and thrive.

Invest Unprecedented Funds, Resources, and Urgency into Anti-Racist Solutions

Relating to explicitly addressing racism as an emergency and expediting solutions on the scale seen during the response to the COVID-19 pandemic.

Equitable and Accessible Communication and Marketing of Information, Resources, and Opportunities

Relating to ensuring communications about new funding opportunities and programs reach communities in accessible and equitable ways.

Collaborative Governance Process in Oregon

Relating to growing participation in local, regional, and state governance. Calls for the creation of Human Rights and Equity Commissions at the county level and equitable practices for all public meetings.



Getting Legislators Into the Community

Relating to improving community-centered engagement with elected officials.



Tribal Sovereignty Protocols in Bill Drafting

Relating to ensuring the nine federally recognized Tribes in Oregon's sovereignty are respected and they are only included in bills they have been formally consulted on. *This recommendation affects Tribes and requires Tribal Consultation



Advocating for Minorities in Court

Relating to improving the judicial system for immigrants and minority groups.



Tribe-Centered Grants and Programs

Relating to the current structure of many state grants and programs that affect Tribes have significant issues regarding cultural sensitivity and Tribal protocols. *This recommendation affects Tribes and requires Tribal Consultation



Data Disaggregation

Relating to ensuring racial and ethnic data are collected in a way that most accurately distinguishes communities and experiences.



Address Compensation Inequities in HB 2992 (2021)

Relating to ensuring community members involved in government-community partnerships are compensated equitably.



ECONOMIC STABILITY

Recommendations related to ending racial economic inequality and ensuring people are financially comfortable and can build intergenerational wealth; find and keep jobs; afford things like healthy foods, health care, and housing; access high-quality childcare; and have financial resources and public benefits that reduce poverty and improve health and well-being.

Universal Basic Income

Relating to individuals and families having the money they need to thrive.

Funding to Make the Necessities More Affordable

Relating to supporting low-income Oregonian families with funds for basic necessities such as health insurance, food, housing, and utilities.

Increase the Minimum Wage

Relating to increasing minimum wage to a liveable wage.

End Medical Bankruptcy in Oregon

Relating to preventing medical bankruptcy for Oregonians due to insufficient medical insurance coverage.

Services for Seniors Without Immigration Documents

Relating to ensuring there are accessible services for undocumented immigrant seniors struggling to meet their needs.

Provide Middle- to Low-Income Families Income for Food

Relating to providing financial support for groceries for middle to low-income families who exceed income requirements for programs like SNAP but are struggling to pay for basic necessities.

Lower Prices of Environment Saving Devices

Relating to providing environmentally-friendly light bulbs and other devices at a more affordable rate to empower BIPOC Oregonians to combat climate change.





EDUCATION ACCESS AND QUALITY

Recommendations related to people being able to access high-quality and diverse educational experiences from Pre-K-12; higher education, and vocational training; and learn in spaces, with representational and inclusive, trauma-informed, anti-racist educators and curriculum.

End School to Prison Pipeline

Related to disrupting the school to prison pipeline by training all personnel and students in social-emotional skills in Oregon school districts.

Funding to Make Going Into Healthcare Field Affordable

Relating to making education in healthcare fields affordable for residents.

Promotion of Opportunities and Resources for Teens

Relating to making resources and opportunities for teens more accessible.

Safe Schools

Relating to schools being a safe space for student success.



Alternative Learning Programs

Relating to the importance of having supportive learning environments, especially for those with learning differences, that are culturally relevant so all students can excel.



Training on Historical Trauma & Impacts of Colonialism

Relating to awareness and education of bias-related historical traumas in order to create an environment of justice and equality.



Language Access in Schools

Relating to the impact on students and families of having better language access in schools.



Diversity in School Educators and Staff

Relating to increasing hiring, retention and promotion of BIPOC school administrators and teachers.



Safe Routes to School

Relating to increasing safe routes to and from school for children



Financial Literacy Classes

Relating to how financial literacy is a skill that should be taught in school and in adulthood.



Workforce Training In Schools

Relating to ensuring young people, who are the future workforce, are well-prepared to thrive in a dynamic job market.



Accessible Education for Communities of Color in Need

Relating to increased funding and resources dedicated to students in under-recognized communities to ensure that all students have a fair chance to succeed in their academic pursuits and future careers.



Student Loan Forgiveness

Relating to how offering student loan forgiveness can promote economic growth, empower financial stability, and encourage educational pursuits.



Art Funding in Schools

Relating to how investing in arts education ensures a more comprehensive curriculum, fostering well-rounded and innovative students.



After School Cooking Classes

Relating to how teaching students how to cook food will help them develop skills to use in their present and future life.



Legislative Classes in Schools

Relating to empowering youth civic engagement through education.



HEALTHCARE ACCESS AND QUALITY

Recommendations related to ending racial health disparities, and ensuring Oregonians have access to high-quality, affordable health care where they live and BIPOC patients, providers, and communities are treated with respect and dignity and their intersectional experiences and needs are affirmed and met.

BIPOC Community Health Workers

Relating to a lack of community health workers that represent Oregon's diverse communities. There could be more Black, Indigenous, Latino/a/e, and transgender community health workers. There is also an issue with the wages of community health workers and the inclusivity of diversity

Bilingual Provider Salary Increase

Relating to incentivizing bilingual and multilingual health care providers to improve language equity for patients who speak languages other than English, compensate workers for their skills, and improve provider-patient relationships.

Emergency Response

Relating to how emergency response operation costs are not sustained from a constant source; they rely on voters approving levy revenue. Rural and frontier communities feel the burden of inequitable revenues resources to support equal emergency response times.



Affordable Counseling Services

Relating to providing more affordable counseling services to Oregonians.

Mental Health Education

Relating to providing mental health education.



Healthcare Sanctuary

Relating to the distrust of medical facilities and providers due to anti-immigrant rhetoric and relating to how immigrants deserve feeling and being safe when it comes to receiving healthcare. Including immigration status in the state list of protected personal health information (PHI).



Healthcare Education & Advocates

Relating to supporting Oregonians in finding healthcare services. A healthcare advocate could help people find better options to help them live a happier and healthier life.



Mobile Health Unit

Relating to increasing accessibility to health care.



Increased Healthcare Access

Related to increasing the accessibility of vital healthcare services to Oregonian families.



Linguistically and Culturally Specific Healthcare Services

Relating to the need for more healthcare workers speaking the same language as patients and medical forms being provided in patients' native languages.



Nutrition Education

Relating to providing information and teaching about nutrition in schools and in the community.



Tribal Health Care Workforce

Relating to addressing health care workforce shortages among Tribal communities.



Mental Health Services for the LGBTQ2SIA+ Community

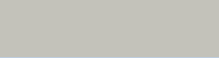
Relating to the need for more mental health services for the LGBTQ2SIA+ community.






Wildfire Emergency Planning

Relating to community-wide emergency planning that is easily accessible to all Oregonians, including those with limited access to technology and those who speak languages other than English.




Addiction Recovery

Relating to the pressing need for addiction recovery support, which plays a vital role in helping individuals achieve stability and contribute to a healthier, more resilient society.




Youth Disability Assistance

Relating to ensuring youth disability assistance is accessible to help young people with disabilities get the support they need for education, work, and community participation.



Community Health Promotion

Relating to ensuring people are aware of programs to support healthier lives and that there is culturally-specific training for things like CPR and AED usage.



Culturally Specific Dental Services

Relating to providing culturally specific education on dental health to immigrant families and children, especially around Halloween.



NEIGHBORHOOD AND BUILT ENVIRONMENT

Recommendations related to ensuring every Oregonian lives in a safe home and neighborhood, and repairing the effects of racist policies in housing, zoning, policing, food access, and infrastructure.

Action for Houseless Individuals

Relating to providing resources like storage facilities, day centers, and parking for Oregonians struggling with houselessness.

Better Working Conditions For Outdoor Workers

Relating to providing better and safer working conditions for outdoor workers in Oregon as climate change increases dangerous conditions.

Housing for Black-African TQN2SI+ Oregonians

Relating to providing funding to supports the specific needs of Black-African transgender, queer, nonbinary, two-spirit, and intersex (TQN2SI+) Oregonians as it relates to housing assistance.

Increased Housing for Tribal Members & Non-Tribal Staff

Relating to Tribal-State collaboration for making housing and home ownership more affordable and accessible for Tribal members who earn above qualifying income for housing assistance.



Communities Where Residents Feel Comfortable and Safe

Relating to how people are not feeling safe using public spaces or attending events in their communities.



Consistent Funding for Resources on Reservations

Relating to consistent funding for resources on reservations.

*This recommendation affects Tribes and requires Tribal Consultation



Creating Housing from Existing Vacant Buildings

Relating to using vacant buildings as housing solutions for people with health issues and frequent hospital usage and medical bills. for housing.



Disabled Muralist Fund

Relating to increasing awareness of disability and providing income for artists.



Medical Emergency Housing Funds

Relating to providing rent and mortgage assistance to families facing burdensome medical expenses in order to prevent homelessness.



Education About Ceded Lands

Relating to the increasing education about ceded lands and Indigenous peoples' use of lands.

*This recommendation affects Tribes and formal consultation is required.



Friendly Driver Training For All

Related to increasing commuter education on pedestrians and cycling rights with the goal of providing safe roads for all Oregonians.

Funding for Rural Families

Relating to providing accessible financial services for rural Oregonian families.

Funding for Rural Produce Access

Relating to providing access to affordable fresh produce for rural Oregonians where they live.

Oregon Electric Vehicles

Relating to creating a public option for electric vehicles as a new industry and education path for youth and a solid reinvestment into Oregon's future.

Change SNAP to Debit Card

Relating to reducing discrimination towards those receiving nutritional assistance by changing to a debit card.



Railroad and Community Safety

Relating to the creation of a governing body for Oregon's railroad system with the authority and responsibility for the control of all the activities related to transportation on Oregon railroads system.



Recycling Education

Relating to improving recycling education and resources for adults.



Reintroduce "Food for All"

Relating to reintroducing 'Food for All' in order for Oregon residents who need nutrition assistance can access it.



Tenant Unions & Landlord Rights Education

Relating to ensuring tenants and landlords rights are understood and equitably advocated for in order to increase tenant justice.



Advocate for BIPOC Business

Relating to advocating for BIPOC businesses to increase their awareness and support the BIPOC population.



Internet Access for All Oregonians

Relating to ensuring all Oregonians have internet access in their homes.



Housing Funding For Low-Income Families

Relating to financial solutions for low-income Oregon families struggling to pay rent resulting in houselessness.

Language Equity and Access at the Department of Motor Vehicles (DMV)

Relating to ensuring Class C knowledge tests are equitably accessible in all languages.

Accessible Transportation in All Places

Relating to ensuring public transportation reaches all communities and is accessible.

Road Safety Maintenance

Relating to how road safety maintenance is a critical aspect of transportation infrastructure management, focusing on the ongoing upkeep and improvements needed to prevent accidents and allow the flow of traffic.

Creating & Protecting Green Spaces

Relating to how having green spaces is important to helping prevent the effects of climate change.

Increase Income Cap for Food Stamps

Relating to how raising the income eligibility criteria for food stamps, can expand the number of families who can benefit from this valuable resource.

Childcare at Workplaces

Relating to how having childcare at workplaces could help parents dealing with lack of childcare options and can help them work and make money to provide for their family.

Change Police Appearance in Communities

Relating to how disarming officers and changing police uniforms can make the community more comfortable and safer for all.





SOCIAL AND COMMUNITY CONTEXT

Recommendations related to people being able to gather and build community and relationships, where they are affirmed and celebrated for their identities and experiences and their individual needs are met.

Multicultural Centers

Relating to cultural community organization plans to form multicultural centers to provide a vast amount of resources and information.

Multicultural Celebrations

Relating to forming informational and commemorative multi-cultural events for all individuals.

Free Public Spaces

Relating to creating an opportunity for individuals to have free access to communal spaces, rather than parks or libraries.

Hire Staff to Help Elderly People With Challenges/Activities

Relating to forming health care advocates and volunteer programs to lend a hand to elderly individuals with needs.



Childcare for State Volunteers

Relating to ensuring that members of state boards and commissions can be fully present in meetings by providing the on-site child care, as well as providing options for advance payments and reimbursements for child-care expense.



Mentoring Programs for Students

Relating to the need of mentorship programs for students to help lead them to a better future.



More BIPOC Healthcare Workers and in Justice System

Relating to a need for more BIPOC healthcare and Justice system workers and the need for staff that represents the community.



BIPOC & LGBTQ2SIA+ Outdoor Spaces & Retreats

Relating to the necessity of establishing more BIPOC & LGBTQ+ retreats.



Toxic Culture Prevention

Relating to the need for a space of accountability and education of the situation.



Reparation as a Public Health Crisis

Relating to the need to declare reparations as a public health crisis and prioritizing the need for supporting community members through trauma informed care and public accountability of racist systems.



Rapid Response to Support Immigrants

Relating to community-based organizations helping immigrant families impacted by Immigration and Customs Enforcement (ICE) and the Department of Human Services (DHS).

Community Restoration

Relating to the need for creating strong communities by building recreational areas to find connections with one another.

Screen for Racial Trauma

Relating to how racial trauma has lasting impacts on an individual and the support one can have in regard to the trauma.

Person-Centered Interpretation Services

Relating to improving language equity by making interpretation services person/family-specific as opposed to location specific.

Trauma and Equity-Informed Community

Relating to the impact on the community if there were more trauma and equity informed individuals.



Keep County Commissioners Accountable

Relating to having new rules regarding commissioners' responsibilities in times of social crisis to improve access for people to the government.



Reducing Ageism in Employment

Relating to addressing the ageism experienced by many Oregonians their workplaces and raising awareness surrounding this issue.



Adequate Funding and Staffing the Civil Rights Unit at ODOJ

Relating to the need of consistent funding to support Oregon Department of Justice (ODOJ) to do work surrounding civil rights.



Diversity Training For School Employees

Relating to providing diversity training for school employees to create a more inclusive and fair school environment where everyone can learn and grow together regardless of their background.



Increased Community Service

Relating to how community service helps people come together to solve local problems and make our community a better place.



Increased Childcare Options

Relating to how more childcare options are essential to help parents work while making sure kids have a safe and nurturing place to grow.

Funding School Sports

Relating to the impact of more funding for school sports, especially for people of color, means more chances for everyone to play and succeed in sports. It can also help young athletes get scholarships for college and build skills.



A photograph of two people, a Black woman and a white woman, working in a garden. They are both wearing white long-sleeved shirts and are focused on their task. The woman on the left is wearing gloves and is using a tool to work on the plants. The woman on the right is also wearing gloves and is holding a basket. There are various plants and flowers in the background, including red flowers. The image is partially covered by a semi-transparent white box containing the title.

HB 4052 Implementation Meetings & Equity Action Group

The implementation of HB 4052 has been a community-driven and transparent initiative since its passage. Immediately after HB 4052 passed in the 2022 session, OACO and OHA staff invited the HB 4052 thought leaders, policy advocates, and community members to engage in implementation meetings. The implementation team met weekly, as frequent communication and collaborative problem solving was necessary in the early stages. As the project progressed and many community members were participating either on the affinity group task forces with OACO or the mobile health unit advisory committee with OHA, the meetings shifted to monthly.

In August 2023, the collaborative made the decision to meet bi-weekly and shift to an action-oriented format related to the recommendations. Community members set the agenda and led discussions about specific recommendations and the group brainstorms potential next steps, such as connecting with a government program, legislative staffer, or community-based organization that is leading a public policy campaign. The format of the HB 4052 Equity Action Group evolves as the collaborative needs it to. However, in its current capacity, it is an excellent forum for discussing and developing the recommendations. The meeting is conducted in English with simultaneous Spanish interpretation. Oregon residents interested in learning about and guiding policy implementation related to addressing racism as a public health crisis are always welcome.

Contact health.equity@oac.oregon.gov
to get the most up-to-date schedule and Zoom link.

House Bill 2992

Compensation for State Boards and Commissions

House Bill 2992 was a bill passed in 2021 and essentially makes it possible for a state board or commission member to be compensated \$155/day for their work and be reimbursed for reasonable expenses related to their position (mileage, accommodations, etc.). To be eligible for compensation, a member must make less than \$50,000 as an individual or \$100,000 as a couple (based on previous years' taxes) and they cannot be a full-time public service employee.



One goal of HB 2992 was to make board and commission participation more accessible to Oregonians with lower incomes who have not traditionally been involved in state-level decision making.

Unfortunately, **there are many unintended consequences of HB 2992 when it comes to being able to compensate community members who participate on state boards and commissions.** For example, under HB 2992, a state agency cannot compensate a task force member who is an undocumented immigrant because payment requires the ability to complete tax documents with a social security number. In HB 4052, there is an explicit requirement that migrant farmworkers should be represented on the affinity group task forces, however HB 2992 makes it impossible to compensate a migrant farmworker who may be undocumented, for their lived experience and time on the task force.



Additionally, if a task force member receives public benefits, such as Medicaid, or food or housing assistance, those benefits have income-eligibility limits. Providing a payment for participating on a state board or commission could push someone's income above the monthly income threshold and they could potentially lose important benefits, like health care.

Employment as a public servant also excludes someone from compensation eligibility, regardless of their income being within the eligible limits. For example, if someone works as custodian at a public elementary school, and they earn less than \$50,000, they are ineligible for compensation due to their job at a school, even though participation on a task force is outside of the scope of their job duties.

There have been several inter-agency conversations among staff about HB 2992 (2021). **It is recommended that an official workgroup, including community voices, be established to address the issues of HB 2992 so that it serves its intended vision of increasing participation on state boards and commissions among people who the government has often been inaccessible and exclusionary of.**





NEXT STEPS

This interim report concludes Phase 1 of the collaborative work the OACO is responsible for facilitating.

Phase 2 November 2023 - June 2026 brings:

- A new Health Equity team at the OACO made up of a Health Equity Team Lead and two Project Facilitators
- Continued relationship building within our state agencies, community-based organizations and community members
- Commitment from the collective to develop the recommendations by finding legislative champions and state enterprise partners
- Commitment to create and foster the necessary relationships, connections and collaboration to move values forward

References

Below you can find entire links from the sections in the Interim Report as well as other citations.

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Oregon Public Health Association

<https://www.oregonpublichealth.org/>

OPHA's Health Equity Task Force

<https://www.oregonpublichealth.org/oregon-health-equity-task-force>

House Resolution 6 (2021)

<https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HR6/Enrolled>

House Bill 4052 (2022)

<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4052/Enrolled>

House Bill 2925 (2023)

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The Oregon Health Equity Task Force5

Oregon Health Equity Task Force

<https://www.oregonpublichealth.org/oregon-health-equity-task-force>

Task Force Members

<https://www.oregonpublichealth.org/assets/Oregon%20Health%20Equity%20Task%20Force%20Members%20HB%202337.pdf>

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Confederated Tribes of Coos Lower Umpqua & Siuslaw

<https://ctclusi.org/>

Confederated Tribes of the Warm Springs Reservation

<https://warmsprings-nsn.gov>

Coquille Indian Tribe

<https://www.coquilletribe.org>

Klamath Tribes

<https://klamathtribes.org/>

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<https://www.cowcreek-nsn.gov/>

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<https://www.grandronde.org/>

Confederated Tribes of Siletz Indians

<https://www.ctsi.nsn.us/>

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House Bill 2925

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB2925>

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<https://www.oregon.gov/OAC/Pages/index.aspx>

The Oregon Commission on Asian and Pacific Affairs

<https://www.oregon.gov/oac/ocapia/Pages/index.aspx>

The Oregon Commission on Black Affairs

<https://www.oregon.gov/oac/ocba/Pages/index.aspx>

The Oregon Commission on Hispanic Affairs

<https://www.oregon.gov/oac/ocha/Pages/index.aspx>

The Oregon Commission for Women

<https://www.oregon.gov/oac/ocfw/Pages/index.aspx>

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Oregon State Agencies, Depts, Divisions, Commissions, Boards, and Programs21

OHA's Traditional Health Worker Commission and Subcommittee

<https://www.oregon.gov/oha/ei/pages/thw-commission-subcommittee.aspx>

DOJ's Civil Rights Unit's Bias Response Hotline

<https://www.doj.state.or.us/oregon-department-of-justice/civil-rights/bias-and-hate/>

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