

Report for House Bill 4052 (2022)

Oregon Health Authority's Response to Oregon Advocacy Commissioner's Office Final Report on HB 4052: Addressing Racism as a Public Health Crisis

[HB 4052 Section 2:](#)

September 15, 2026 | Health Systems Division

Executive summary

In addition to other legislative reporting deliverables related to health equity and the Mobile Health Unit Pilot Program, [House Bill \(HB\) 4052 \(2022\)](#), Section 2, directs the Oregon Advocacy Commissions Office (OACO) to convene affinity group task forces to gather health equity recommendations related to social determinants of health. Based on the research and recommendations of these affinity group task forces, Oregon Health Authority (OHA) is directed to develop recommendations on how to fund robust, culturally and linguistically specific intervention programs across relevant state agencies.

In June of 2026, OACO presented their [final report to OHA with findings and recommendations](#) that include specific interventions related to social determinants of health and priority populations. These recommendations include advocating for legislation, partnering with community-based organizations, collaborating with state employees and community members, and offering helpful ways to engage the legislative process. OHA affirms OACO's outlined research, recommendations and findings to address racism as a public health crisis. OHA believes we cannot do this work without those directly impacted and remains committed to integrating these results into policy and legislative work.

Legislative background

2021-2022

In summer of 2020, the Oregon Public Health Association (OPHA) began convening the [Oregon Health Equity Task Force \(HETF\)](#) and advocated for the passing of [House Resolution 6](#) in the 2021 legislative session, declaring racism a public health crisis in Oregon. In 2022, [House Bill \(HB\) 4052](#) passed and identified specific strategies and deliverables for OACO and OHA and provided funds for a mobile health unit pilot program.

Priority populations

The bill focuses on communities experiencing the greatest health disparities:

- American Indian;
- Mixed race, and other people of color;

- Alaska Native;
- Hispanic or Latino;
- Asian;
- Native Hawaiian;
- Pacific Islander;
- Black or African American;
- Middle Eastern;
- North African;
- Tribes and tribal communities;
- Immigrants;
- Refugees;
- Migrant and seasonal farmworkers;
- Low-income individuals and families;
- Persons with disabilities; and
- Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity

2023

In 2023, [HB 2925](#) passed to amend HB 4052 (2022) 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. OACO collaborated with culturally specific community-based organizations and convened affinity group task forces consisting of leaders of Black and indigenous communities, people of color and members of the Nine Federally Recognized Tribes in Oregon. On December 21, 2023, OACO submitted its [Interim Report on the Work of the Affinity Group Task Forces Created by House Bill 4052 \(2022\)](#) to the Oregon Legislative Assembly.

2024

In July of 2024, OHA submitted an interim report for [House Bill 4052 \(2022\): Development of Recommendations to Fund Robust Culturally and Linguistically Specific Intervention Programs](#) to the Oregon legislature. The interim report provided an overview of the HB 4052 goals, actions, deliverables and presented two key recommendations on how to operationalize robust culturally and linguistically specific intervention programs including:

1. Explore the feasibility of establishing a collaborative decision-making body consisting of state and community partners to analyze, prioritize, and develop community-gathered health equity recommendations.
2. Extend pathways for community engagement and participation to continually gather input and consultation on health equity recommendation development, centering community voice while also being aware of the burden on communities repeatedly asked to contribute research.

2025

Based on input and insight from the 2023 affinity group task forces, OACO convened three subsequent focus groups to develop recommendations into full legislative concepts; staff met with state agencies and community-based organizations to introduce relevant recommendations.

OACO Final Report, summary and key findings

In June 2026, OACO submitted their [House Bill 4052: Addressing Racism as a Public Health Crisis Final Report](#). This report summarizes four years of work to gather recommendations to address racism as a public health crisis from Oregonians across the state and advance solutions to address problems related to the social determinants of health. Over 200 people impacted by health inequities were involved in generating and refining more than 100 recommendations.

In order to gain clarity on how solutions can be implemented to address racism as a public health crisis, OACO collaborated with community members while coordinating conversations with relevant state

agencies and tracking implications from legislative work at the state and federal level. Four main levers of change were identified:

- **Community:** OACO worked with the Equity Action Group, Commissioners, focus group members, and community-based organizations to further develop recommendations.
- **Oregon Legislature:** A number of legislative concepts were introduced during the 2025 and 2026 Oregon Legislative sessions.
- **State Agencies:** Recommendations overlapped with the work of a large number of state agencies and teams.
- **Federal:** Cuts in federal funding relating to House Resolution 1 (119th Congress) significantly reduced funding available for existing and new programs.

OACO project analysis

OACO used a SWOT analysis tool, and identified key “Strengths, Weaknesses, Opportunities, and Threats” related to the overall project research, recommendations, and findings. Their report documents multiple ways 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.

OACO’s recommendations

OACO’s work with focus groups and dozens of Oregonians illustrates one way of developing targeted solutions that address specific problems. Their report describes ways of advancing health equity work for various groups including Oregon Advocacy commissioners, state agencies, and community members. However, due to the reasons described by OACO, including disjointed funding, challenges with staffing, and mindfulness around research fatigue within communities of color, they assert that rather than doing new or additional research, a strategic focus should be on funding community-led solutions. OACO recommends that commissioners continue to work directly with agency staff, community leaders, and community-based organizations to develop long-term solutions.

OACO conclusion

OACO honors the time and concerns shared by communities of color over the course of this work to advance progress in addressing social determinants of health in Oregon. They outlined ongoing uncertainty related to funding availability and sustainability for the identified recommendations. OACO advocates for commissioners to bring forward legislation in support of these efforts and to utilize a [targeted universalism](#) approach to addressing each specific problem. They offer a spreadsheet of community-based organizations and also call for community members to collaborate with state employees to understand how systems work and where changes could best be implemented.

OHA recommendation

OHA affirms OACO’s position in their report and supports their outlined research, recommendations, and findings. OACO provides an excellent resource for legislators, commissioners, and community members. Their efforts were built from a community led process, instead of a top down or policy led approach, and their findings have been documented for future reference and action. OHA and other state agencies have opportunities to replicate OACO’s model of co-creation and co-ownership of solutions with the

communities most impacted by racism through intentional community engagement and participation in the ongoing evaluation, planning, and implementation of recommendations made to address health inequity in Oregon through 2030 and beyond. As legislative concepts and bills are introduced toward these aims, OHA remains committed to providing policy and program context and expertise to support legislative decision-making.

OHA today

The report and recommendations produced by OHA, in accordance with HB 4052, reflects the contributions of many people in our state. With the current shift in federal-state relationships affecting policy, funding and people served, keeping members of the community informed as well as engaged will be essential to meeting the agency's 2030 goal while adhering to new federal guidelines. Currently, many of OACO's recommendations lack identified funding sources or inclusion in legislative budgets. Nonetheless, limitations in funding and policy changes do not mitigate the responsibility to remain responsive to the diverse needs of communities and inequities that arise related to social determinants of health.

Examples of initiatives created in alignment with [OHA's Strategic Plan to eliminate health inequities in Oregon by 2030](#) and with the goals and efforts of HB 4052 include:

Healthier Together Oregon (HTO): State Health Improvement Plan (2020-2024): identified population-wide priorities and strategies for improving the health of people in Oregon and served as the basis for taking collective action on key health issues in Oregon.

Oregon PartnerSHIP: The OHA Public Health Division (PHD) convened the PartnerSHIP to develop and oversee implementation of Healthier Together Oregon to address structural racism and was made up of representatives of priority populations and implementers of the plan.

Community Health Worker (CHW): the PHD supported connections and provided funding between public health partners and community health worker certification programs resulting in increased access to community health workers across Oregon, including Black, Indigenous, people of color and individuals in rural and frontier areas.

Conclusion

OHA recognizes community-engaged health improvement is a long-term and dynamic process and strives to engage with communities through recommended practices and processes. Health and well-being can not only be measured in health care settings, but across all social determinants of health. While OHA is not an advocacy body, we are committed to building upon these strengths and strategies identified in OACO's report. While improving health is the work of OHA, it is not our work alone, and we look to strengthen partnerships with others who are already doing this work and with those directly impacted. OHA is committed to integrating the OACO report findings and recommendations into program, policy, and legislative action, to promote alignment across state agencies.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact nicole.l.thompson@oha.oregon.gov or (971) 446-9246(voice and text). We accept all relay calls.