



House Bill 4052 (2022) Update

Addressing Racism as a Public Health Crisis in Oregon

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Purpose of Meeting

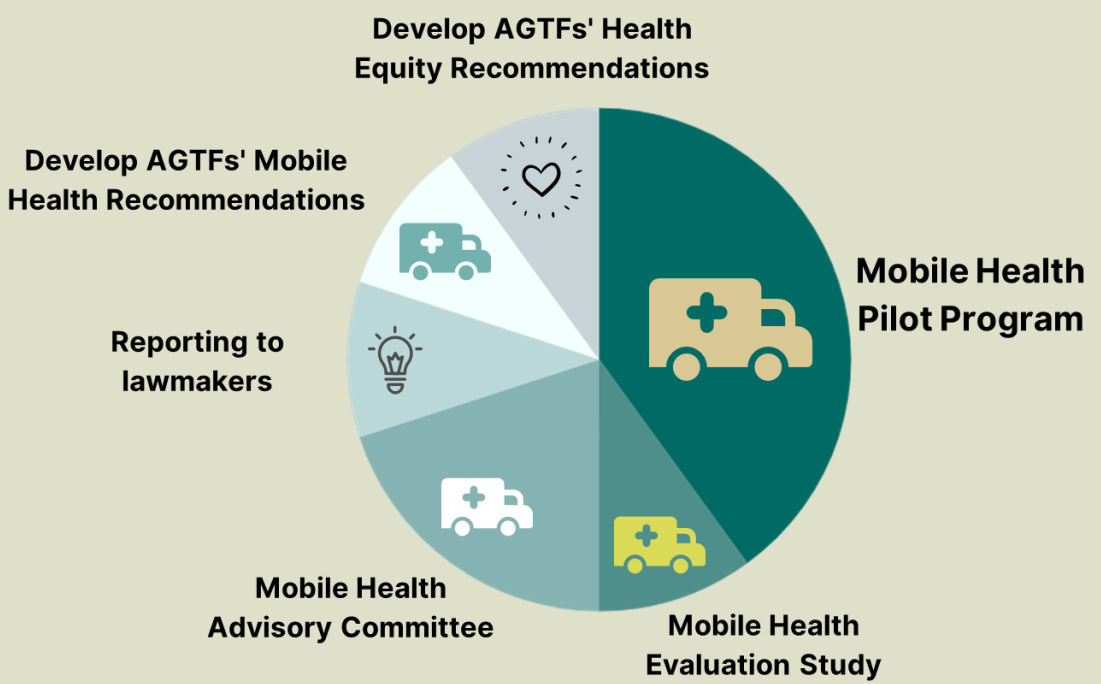
Objectives:

- Share background information on House Bill 4052 and the OACO Health Equity Team
- Identify areas of overlap & uplift current programs and initiatives that align with community-based health equity recommendations
- Build connection points between HB 4052 and the Universal Health Plan Governance Boards Community Engagement & Communications Committee

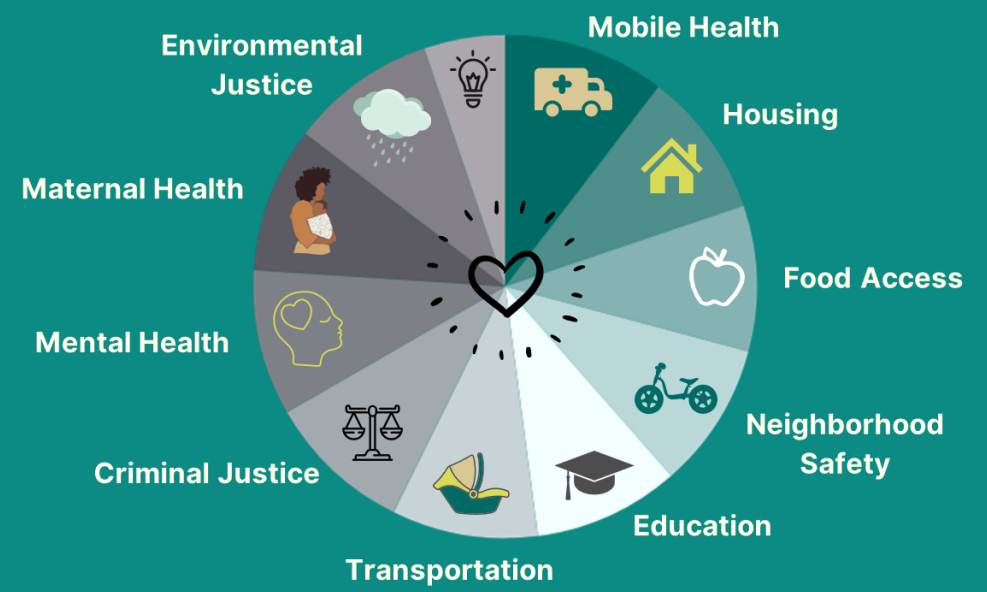
House Bill 4052



Focus: Mobile Health Unit Pilot Program



Focus: Community-Led Recommendations Social Determinants of Health



Affinity Group Task Forces



Health Equity Advisory Leaders (HEAL)

HEAL members guided conversations, shared stories and ideas, and discussed needs and recommendations related to anti-racism and social determinants of health during their monthly meetings

Indigenous Health Equity Action Council (IHEAC)



Community-Led, Community-Informed

Community-based organizations, service providers, coalitions, and task forces



Tribal leaders, citizens, and communities

Thought leaders who designed HB 4052

Interim Report

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

December 2023



View the [HB 4052 Interim Report](#) to learn more about the process for collaboration and delve further into specific community-led recommendations



SCAN QR CODE

Areas of Focus



Healthcare Access and Quality



Social and Community Context



Neighborhood and Built Environment



Education Access and Quality



Economic Stability



Government Processes

Recommendation Process



Identify collaboration opportunities and areas of overlapping work related to recommendations



Developing racial health equity-centered programs related to community recommendations



Implementing and elevating those programs with continued accountability to community

Tribal Sovereignty

With any policy recommendation that affects Tribes, formal Tribal Consultation must be done to honor Tribal Sovereignty and their unique political autonomy. Legislative Concepts and programs shall not be developed without proper Tribal engagement, according to the state statute ORS 182.162-168

- HOUSE BILL 4052 -

Behavioral Health Recommendations

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Screen for
Racial Trauma

Linguistically and
Culturally Specific
Healthcare

Healthcare Education
and Advocates

These recommendations were formed in community with affinity group task forces convened by House Bill 4052 at the OACO.

RECOMMENDATION #1

Screen for Racial Trauma

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Problem:

Racial trauma has lasting impacts on a person and their lifelong health outcomes. Racial discrimination can cause symptoms of trauma, yet few tools for its measurement and collection exist at the State level.

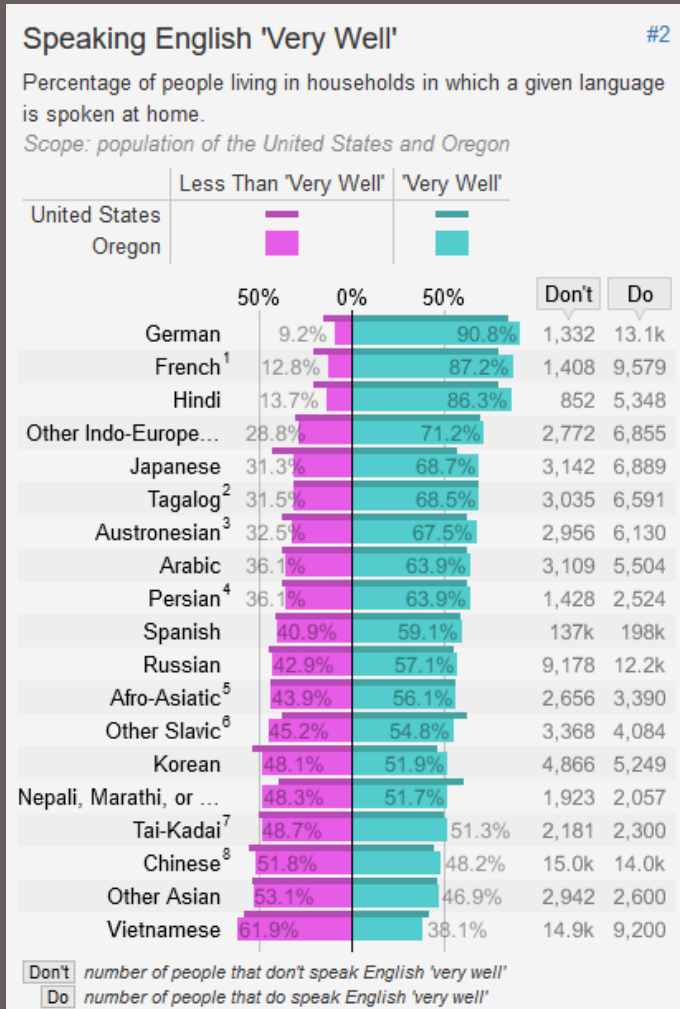
Solution:

When individuals first undergo an initial Behavioral Health assessment, it is crucial to acknowledge their experiences and screen for racial trauma early in the assessment process. This ensures they are connected promptly to behavioral health services to address the systemic racism they may have encountered.

- Add a requirement for [ORS309-019-0135 \(3\)\(d\)](#) to include racial trauma.
 - (3) At the time of entry, the assessment process must begin, be updated, or completed and signed by a qualified program staff, provided individual presentation and circumstances allow
 - (d) Assessments conducted in less than 90 days are considered comprehensively complete when the following information has also been documented as part of an assessment within 90 days of the initial service date

RECOMMENDATION #2

Linguistically and Culturally Specific Healthcare Services



<https://statisticalatlas.com/state/Oregon/Languages>

Problem:

Need for more healthcare workers that speak the same language as patients and medical forms in patients' languages.

Community quote:

“People struggle to find adequate interpretation. Sometimes three languages spoken (I.e., English to Spanish to Indigenous language), this is a huge problem in the health care navigation system to lose meaning. [Patients] need people who can interpret directly. I.e., patient is with the surgeon, and the husband speaks Arabic & English. Two chairs at the door – husband is at door, surgeon would ask question – interpret question to husband, husband asks question to wife, wife responds in native language, then respond in Arabic and back to husband in English. Surgery took 8 hours but was supposed to be 1 hour. Medical interpretation can't always be in the room. Especially from rural areas, interpretation over video could be a solution.”

RECOMMENDATION #3

Healthcare Education and Advocates

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Problem:

Many people struggle with figuring out their needs and how to find services that are not going to treat them differently due to their ethnicity or orientation, having a healthcare advocate could help people find better options to help them live a happier and healthier life.

Community quote:

“Having a healthcare advocate, if you can’t advocate for yourself, instead of a person struggling trying to figure out their needs and where to get them met. For example, someone having medical trauma, anxiety, neurodivergence – an advocate who knows to direct a person towards services they need and access to those services.”

Thank you!

View the OACO's [HB 4052 Interim Report](#) to learn more about our process for collaboration and delve further into specific recommendations



- Contact the Health Equity Team -
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QUESTIONS?