



Mission: *To seek systems change by creating community partnerships and together promoting health equity that centers the voices of impacted community members.*

February 10, 2020

Chair Salinas, Vince Chair Hayden, Committee Members,

On behalf of the Southern Oregon Health Equity Coalition, SO Health-E, I am writing to urge your support of House Bill 4161. This bill will strengthen the critical work of Regional Health Equity Coalitions (RHECs) to grow and develop our capacity to advance health equity in our own communities and to leverage community knowledge to participate in statewide policy.

We are **collaborative, community-driven, cross-sector groups** organized regionally to identify **policy, system, and environmental solutions** that increase **health equity** for underserved and underrepresented communities experiencing **health disparities**. In Southern Oregon we have more than 30 organizations participating including community-based groups, impacted community members, and representation from education, healthcare, and law enforcement partners. We use the collective impact model to convene 7 workgroups to move health equity work related to community engagement, reproductive and sexual health, housing and transit, policy, equity, diversity, and inclusion, and LGBTQ+ equity in Josephine and Jackson Counties.

The importance of codifying the definition and independence of RHECs is central to this bill. Regional Health Equity Coalitions are completely independent of coordinated care organizations and government agencies. In fact, our model was intentionally designed to ensure that **communities most impacted by health inequities were at the forefront of policy, systems and environment change work that impact our communities**. These communities include; Oregon's nine federally recognized Indian tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, persons with disabilities and lesbian, gay, bisexual, transgender and questioning communities in rural and urban areas, with communities of color as the leading priority.

The RHEC model is powerful because it focuses on uplifting and centering the impact of structural, institutional, and interpersonal racism on the health and well-being of communities of color. The model also prioritizes meaningful engagement of communities most impacted to lead efforts; and honors community wisdom by ensuring policy and system change solutions build upon community strengths.

We urge your support House Bill 4161 so that meaningful, community-driven health equity work can continue and expand for the benefit of all Oregon communities. Thank you for your consideration of this written testimony.

Sincerely,

Annie Valtierra-Sanchez
Director, SO Health-E