



Doulas Latinas International is writing this letter in support of SB 70 & HB 2760, two bills that will offer support for Regional Health Equity Coalitions (RHECs) to expand statewide and develop their capacity to support health equity efforts across Oregon. Specifically, this will standardize the Regional Health Equity Coalition model; expand this program to fully fund the existing six RHECs; add four new coalitions; and increase staffing to sufficiently support this important program.

Beyond that we at Doulas Latinas International seek to create a formal RHEC that can support Maternal Child Health Equity. During the COVID-19 pandemic as we could demonstrate pregnant mothers and babies were left to their own resources and capacity to give birth at hospitals settings without proper support of a culturally and linguistically professional doula such as Doulas Latinas. We then, began to question our role as public health professionals already recognized by the Oregon health System. We only could see the next round of 10 to 20 years of higher levels of chronic diseases supported by traumas and mental health issues among our vulnerable communities.

Doulas Latinas International has two recent experiences with the OHA Equity Fund as a result of a strong collective advocacy work with over 100 Community Based Organizations (CBOs). The creation of ACHE', Alliance for Collective & Childbearing Health Equity and ORCDA, Oregon Community Doulas Association with 8 Latino, Indigenous, Black and faith partner organizations to face together the COVID-19 health disparities. Pregnant persons and babies of immigrants, blacks and indigenous people became the center of this work in rural and suburban Oregon throughout 9 counties. Doulas Latinas expertise is based on 11 years building and sustaining diverse coalitions. In 2010 we created the first ever Health Equity collaborative in Oregon with 4 partners and engaged another 20 partners to give birth to the currently RHECs, one of them known as OHEA, Oregon health Equity Alliance (former POCHEC).

Since then, the Oregon Health Authority (OHA) /Office of Equity and Inclusion has supported the creation of Regional Health Equity Coalitions (RHECs) to be autonomous, community-driven, cross-sector groups. The RHEC model works by building on the inherent strengths of local communities to meaningfully involve them in identifying sustainable, long-term, policy, system and environmental solutions to increase health equity for communities of color, and those living at the intersection of race/ethnicity and other marginalized identities.

The 2020 unique approach by the OHA to face COVID-19 to fund and work together with over 240 CBOs is been sought nationwide. That is because we have proven, once more that community led and driven solutions are the best strategy to enhance our Public Health capacity

to be trusted by the public. Culturally and linguistically initiatives supported by the OHA Equity Fund has become the way around at this moment during a pandemic!

Nevertheless, the importance of codifying the definition of RHECs is central to this bill. The RHEC model was designed intentionally to ensure that communities most impacted by health inequities were at the forefront of policy, systems and environment change work that impact their communities. These communities include; Oregon's nine federally recognized 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.

Douglas Latinas International supports the model of RHECs that includes uplifting and centering the impact of structural, institutional, and interpersonal racism on the health and well-being of immigrants, indigenous, farmworkers, and 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.

At Douglas Latinas International we support this bill because: 1- immediate and systemic support for a Maternal Child Health Equity coalition such as ACHE' to improve the health of everyone is needed. Only by supporting the birthing mother, baby and family we will prevent trauma and chronic diseases that is taking over all of our Oregon populations; and 2 – collaborative work performed by several CBOs, representing our diverse communities with strong structures and in alignment with the Oregon Health Authority is the strategy to prevent and or treat illnesses and prepare our state to face future public health issues.

Sandra H. Hernandez  
Executive & Programs Director, Douglas Latinas International  
Director of ACHE', Alliance for Collective & Childbearing Health Equity  
Representative of ORCDA, Oregon Community Doulas Association  
620 NW 8<sup>th</sup> Street, Gresham, OR 97030  
[douglaslatinas@gmail.com](mailto:douglaslatinas@gmail.com)  
(503) 901-6285