



Changing healthcare to work for you.

Chair Patterson, Vice-Chair Knopp
900 Court St. NE, H-485
Salem, Oregon 97301
Senate Health Care Committee

February 2, 2021

Re: Letter of support of SB 70 & its House counterpart HB 2760

AllCare Health is writing this letter to support SB 70 and its House counterpart, HB 2760, two bills that will offer support for Regional Health Equity Coalitions (RHECs) to grow and develop their capacity to support statewide health equity efforts.

Regional Health Equity Coalitions (RHECs) are 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. Without local control and accountability, the CCO model does not work.

The importance of codifying the definition of RHECs is central to this bill. The model of RHECs was designed intentionally to ensure that communities most affected 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 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.

By working with Southern Oregon Health Equity Coalition (Southern Oregon's RHEC). AllCare has provided trainings for Implicit Bias, Health Literacy, Pronouns, and Cultural Agility to over 10,000 individuals. The region has seen growth from two (2) interpreters locally, to 148 as of 2/2/2021. Along with multiple strategic initiatives, that would not have been possible without community wisdom provided by our Southern Oregon Coalition. To ensure that all communities are included in our decision making process.

Regional Health Equity Coalitions are completely independent of coordinated care organizations and government agencies and backbone organizations may be a federally recognized Indian Tribe in Oregon or a community based non-profit organization.

Under our impression, 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.



An Oregon Benefit Company

1701 NE 7th St.
Grants Pass, OR 97526
Phone (541) 471-4106
Fax (541) 471-3784
Toll free (888) 460-0185
TTY 711
AllCareHealth.com



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We support the model of RHECs that includes 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.

Respectfully,
Stick Crosby
Network & Health Equity Director
AllCare Health
Pronouns: He/Him/His
Stick.Crosby@AllCareHealth.com



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