



February 3rd, 2021

Dear Chair Patterson, Vice-Chair Knopp, and members of the Senate Health Committee,

We are writing this letter in support of SB 70 & its House counterpart 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; and add four new coalitions.

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.

Because of the relationships SO Health-E holds with communities of color and low income communities in Southern Oregon, we have been able to play an effective and critical role in Jackson and Josephine Counties in leading covid-19 and Almeda fire response, focused on these hardest hit communities that experience barriers to traditional aid.

In the last 12 months we have:

- Raised and distributed \$220,000 in direct aid to communities of color and low income families who don't qualify for other traditional supports like unemployment insurance.
- This responsive work kept more than 100 families who didn't qualify for stimulus checks or unemployment insurance in stable housing during the pandemic, and has helped 40 displaced families impacted by the Almeda Fires who do not qualify for FEMA aid get back into safe and stable housing in our community
- Worked with local partners to support 800 Almeda fire impacted families access resources, up-to-date covid information, and support on a weekly basis through the Phoenix-Talent Fire Mutual Aid Site Sept 9th - present
- Partnered with AllCare CCO to provide medical interpreter training and certification locally to expand language access to our rural communities,
- Worked to ensure that urgent covid-19 health updates reached Spanish speaking families in Southern Oregon by developing plain language, visual, bilingual materials and doing targeted distribution,
- Engaging in community outreach to make advocacy training accessible to families of color to advocate for their needs within their local school districts and at city council

RHECs serve as a bridge to historically underserved and underrepresented communities, who have been hardest hit by both Covid-19 and recent wildfires. RHECs connect and empower diverse communities to build community members and partners' capacity to work with policy and decision-makers, coordinated care organizations (CCOs), and other health systems to address systemic inequities that are barriers to communities realizing their full health potential by pursuing community-driven, sustainable solutions to pervasive issues of inequity that impact the health outcomes and wellbeing of Oregonians.

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.

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.

We support this bill because we know RHECs have been doing meaningful community engagement on the local level to support members of our community who have historically experienced health inequity and who have been disengaged from our political processes. By building coalitions with public health, CCOs, local nonprofits, and community members, RHECs are critical towards pursuing health equity on the local level

Sincerely,

A handwritten signature in black ink that reads "Annie Valtierra-Sanchez". The signature is written in a cursive, flowing style.

Annie Valtierra-Sanchez
Health Equity Director, SO Health-E