

January 31st, 2023

RE: SB 564, 2023

Chair Patterson and Vice-Chair Hayden,

For the record, my name is Renee Yandel and I am writing this letter in support of SB 564, a bill that will offer support for Regional Health Equity Coalitions (RHECs) to enter into the second phase of expansion which began in 2021 through SB 70. This expansion is working toward statewide representation to develop RHEC capacity to support health equity efforts across Oregon. Specifically, this will expand this program to fully fund the existing ten RHECs; add five new coalitions aimed at achieving statewide coverage; and increase staffing to sufficiently support this important program.

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.

Solutions that are community led and driven by individuals and organizations within those communities are important for several reasons. Those organizations and individuals know their communities best, have a clearer understanding of the challenges that communities of color and those living at the intersection of race/ethnicity and other marginalized identities are facing, and are better equipped to identify and implement solutions to those challenges. Community led solutions also work to build trust more quickly among individuals who experience barriers to care, with many organizations having networks and relationships with the communities and individuals that will benefit from RHECs work around creating health equity.

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.

It is incredibly important to address disparities in our communities in order to support people living with HIV and prevent new HIV infections. People who are most marginalized are at a higher risk for HIV and experience the most barriers to care. We are partnering with TransPonder to create more equitable access to HIV care and prevention resources and are just now beginning our work in Lane and Douglas counties in earnest.

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 it reduces barriers to care, creates equitable pathways to accessing HIV prevention resources, and works to reduce disparate health outcomes for communities of color and those living at the intersection of race/ethnicity and other marginalized identities.

Sincerely,

Renee Yandel
Executive Director
HIV Alliance