

Chair Patterson, Vice-Chair Hayden, and members of the Senate Health Care Committee,

I'm 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 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, age, language, disability, sexual orientation, gender identity, and other marginalized identities.

Community-led and driven solutions are vital to addressing key factors of Social Determinants of Health and Equity, through a collaborative and collective process with the community. Communities are empowered to affect change, to create truly meaningful outcomes. Using evidence-based practices to allocate resources to those who know their community best, equips these communities to lead in this work.

We at AllCare Health have been fortunate enough to work with a local RHEC since the beginning of the program. Our RHEC has become a vital partner in meeting base civil rights laws and protections, along with developing incentives, policies, and systems that serve our Members no matter who they are, or their background. This ensures that our healthcare, and social services system helps **ALL** Southern Oregonians. An example of this partnership in action is the efforts on culturally and linguistically responsive education for our provider network and community.

We support this HB 564 because at AllCare Health we recognize that in order to improve the health of the community, it must start with the community first and foremost. The RHEC model, in tandem with the Coordinated Care Organization (CCO) model of care, moves the needle in the right direction to addressing the state's most difficult, and complex issues around Social



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Determinants of Health and Equity. It is through these relationships where much of this work will continue to flourish, and thrive.

Sincerely,

David Hansen, Community Advisory Council Coordinator, AllCare Health

In addition to several other AllCare Health Community Advisory Council Members:

Leah Swanson, Josephine County Community Advisory Council Member, AllCare Health
Leslie McIntyre, Josephine County Community Advisory Council Member, AllCare Health
Vic Van Sickle, Jackson County Community Advisory Council Member, AllCare Health
Andrea Davis, Curry County Community Advisory Council Member, AllCare Health
Kevin Roeckl, Curry County Community Advisory Council Member, AllCare Health



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