

Chair Patterson, Vice-Chair Hayden, and members of the committee, For the record, my name is Mica Contreras and I am the director of the Linn Benton Health Equity Alliance, which serves Linn and Benton Counties.

SB 564, would fund the second phase of expansion of the Regional Health Equity Coalitions, which began in 2021 through SB 70. Specifically, SB 564 would expand the program and add five new coalitions, ensure the existing RHECs are adequately funded and enable coalitions to increase the number of staff to sustain their crucial work.

Regional Health Equity Coalitions are autonomous, cross-sector, community-led, groups that build on the strengths of local communities and ensure that those most impacted by health disparities are the ones identifying and helping to implement and evaluate long-term policy and systems solutions to increase health equity.

Efforts focus on issues impacting priority populations, including Oregon's nine federally recognized Tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, people with disabilities, the LGBTQIA2S+ community, with Black, Indigenous and communities of color as the leading priority.

This is because racism continues to be a primary driver of the social determinants of health. It makes it more difficult for communities of color to access quality education, housing, employment, food security, healthcare, and equal treatment in the criminal justice system, all of which directly impact short- and long-term health.

These disparities were highlighted by the covid pandemic and laid bare to all as we witnessed communities of color disproportionately impacted. For example, Latines represented nearly 40% of COVID-19 cases in Oregon, even though they are only 13% of the population.

Even when controlling for education and income levels, communities of color experience higher rates of health inequities.

These outcomes are preventable, and SB 564 is a direct investment in addressing the persistent causes of health disparities, including those injustices associated with structural racism, because that is precisely the work of the RHECs.

There are so many examples I would like to share but I will highlight just some of the current work of the Linn Benton Health Equity Alliance:

In 2022 we offered a free Health Care Interpreter Training which filled to capacity, Increasing language access in Spanish, Cantonese, Farsi and Dari in our region. Interest was so high- that we will be offering another free Health care interpreter training this Spring

We support a Team of family advocates and liaisons fluent in Spanish and Arabic, in our schools who connect families to basic needs, such as food, shelter, and clothing, so students have the opportunity to be successful.

We support healthcare navigation, outreach, and interpretation services provided by multicultural Community Health Workers and outreach workers to the Latine and Indigenous communities in Spanish and Mam languages

We are working with Latine families to advise the Linn-Benton Food Share on how to stock emergency food pantries and are also supporting community forums to discuss the 2022 Latine family food security assessment findings and prioritize issues with community members,

We have supported community based organizations to update their forms to be bilingual, so that families are not required to sign documentation in languages they cannot read.

We support and sustain bilingual Rural outreach workers who provide financial literacy and coaching in English and Spanish to improve overall financial health and who also provide oral healthcare services through a dental van.

In addition, due to their nature, Regional Health Equity Coalitions are inherently nimble and able to quickly mobilize and pivot during times of emergency such as the Covid-19 pandemic.

For example, during the public health emergency LBHEA:

Worked closely with the 8j school district to ensure that equity and racial equity were central to their Covid-19 response

Convened and led a Reproductive Health Workgroup to ensure that Linn County residents would continue to have access to reproductive health services even though the county had suspended those services in September 2020.

Presented a COVID-19 vaccine event "Community Immunity" with community partners specifically focused on supporting the Black/African American community.

Worked with and continue to support community partners to contribute to addressing emergency needs in the local Latine community.

And while the magnitude and complexity of the work of RHECs has increased through the years, funding has not increased since 2014. For example LBHEA covers 2 large, diverse counties, but current funding only supports 1 full-time staff person. Original grant awards were intended to support 1 full-time staff per coalition, all of which cover multiple counties, but at least 3 full-time staff are needed to support the average scope of work for RHECs. Sustainability has also become more difficult as inflation rises. Additional resources are required to bring funding to levels appropriate for the current times and advance the RHEC program toward serving the entire state.

SB 564 offers a path forward in the form of a renewed commitment to transforming the conditions resulting from centuries of structural racism and discrimination and is in alignment with OHA's strategic goal of eliminating health inequities in Oregon by 2030. Thank you for considering this bill.