

To: Chair Patterson and Vice-Chair Hayden  
From: Gabriel Parra, Chief Strategy Officer, IHN-CCO  
Date: February 1, 2023  
Re: SB 564 Letter of Support

My name is Gabriel Parra, and I am writing on behalf of InterCommunity Health Network Coordinated Care Organization (IHN-CCO), 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.

Since 1994, InterCommunity Health Plans has been committed to improving the health of our communities and providing better care while lowering or containing the cost of care. InterCommunity Health Network Coordinated Care Organization (IHN-CCO) was formed in 2012 by local public, private, and non-profit partners to unify health services and systems of Oregon Health Plan members in Benton, Lincoln, and Linn counties.

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.

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, disabled people/people with disabilities, and lesbian, gay, bisexual, transgender and questioning communities in rural and urban areas, with communities of color as the leading priority.

Our regional RHEC, Linn Benton Health Equity Alliance (LBHEA), has been an innovative leader and supporter at the institutional level. In addition to building a

robust, collaborative, and reciprocal relationship, LBHEA worked with IHN-CCO in the development process of our first Health Equity Strategic Plan in 2016, long before health equity plans were a CCO requirement. Feedback and collaboration with LBHEA has been integral to the continued meaningful integration and implementation of health equity principles at IHN-CCO, which in turn directly impacts our ability to better support and serve the diverse communities across our region.

IHN-CCO supports 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.

SB 564 is critical to ensure additional support through staffing and other resources in order for our RHECs that will translate to increased capacity to bridge into other rural parts of our region that are not currently integrated into a RHEC, such as Lincoln County, foster enhanced integration and alliance between RHECs and CCOs in their shared endeavor to improve health outcomes for our communities, and expand support for addressing Social Determinants of Health and health disparities, institutional and structural racism.

Please share in our backing for RHECs and SB 564 with your supportive vote.

Sincerely,

*Gabriel Parra*

Gabriel Parra  
Chief Strategy Officer  
InterCommunity Health Network CCO/Samaritan Health Plans