



Hello Chair Patterson, Vice-Chair Hayden, Members of the committee,

My name is Michelle Glass and I speaking with you today on behalf of the Regional Health Equity Coalition of Southern Oregon, serving Jackson and Josephine Counties.

I'm speaking to you today about the impact of the RHEC program and urging your strong support of Senate Bill 564.

**I'm going to talk through and then share 2 examples, of 5 main reasons we need this critical bill:**

- On a normal day, RHECs form a vital link between communities and health systems— increasing authentic community engagement, providing support and leadership to communities across the state, and ensuring that community voices are represented in important Policy, Systems, and Environmental Change processes in the state, the SHIP is an example.
- I started with trust, because trust is the foundation of a healthy community, a functioning democracy, and an effective public health system.
- RHECs actively maintain relationships with communities most harmed by decades of systemic racism and economic inequality by showing up consistently year after year, and prioritizing the needs our communities identify as most important. This is resource intensive work that must be consistent over time to be effective.
- That role is critical during times of crises, ensuring those already struggling the most don't fall through the cracks. RHECs and the communities we serve know our communities well, and can effectively address barriers.
- RHECs have seen demand and costs grow exponentially since 2014, but no increased funding to meet those needs and costs. This is unsustainable.
- Now is the time to invest in capacity building and resilience, well ahead of the next public health emergency or disaster.

**RHECs are defined as:** autonomous, community-led groups that are non-governmental in nature. Community members come together to identify the most pressing health equity issues in their local communities and develop solutions through policy and systems changes.

These efforts focus on issues impacting priority populations which are communities of color, Tribal communities including the nine federally recognized Tribes of Oregon and other American Indian and Alaska Native persons, immigrants, refugees, migrant and seasonal farmworkers, low-income individuals and families, people with disabilities and LGBTQIA2S+ communities, with communities of color as the leading priority.

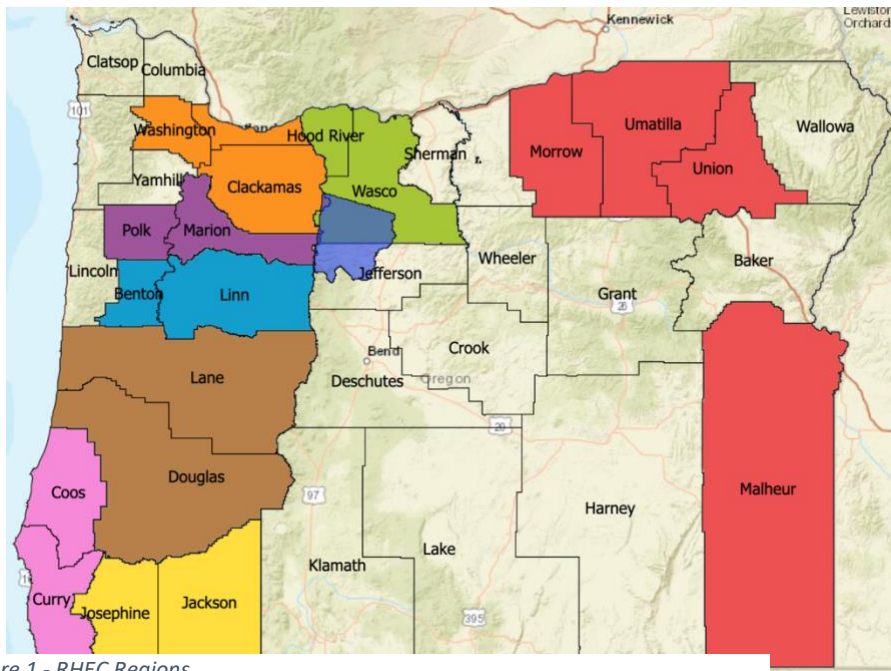


Figure 1 - RHEC Regions

You can see on the map the (figure 1) the current regions served by a Regional Health Equity Coalition (in bright colors). This map includes the new RHEC regions created by funding from SB 70, passed in the 2021 legislative session.

Senate bill 70 also brought the RHECs back up to 2014 funding levels after some budget cuts and officially defined the RHEC model to ensure consistency across the program.

As you can see in figure 2, there is significant overlap between the RHEC regions and areas of unmet health care need, as well as important gaps that SB 564 could provide an opportunity to close.

### Current RHECs and Their Regions

- Confederated Tribes of Warm Springs
- Eastern Oregon Health Equity Alliance (Malheur and Umatilla Counties)
- Linn Benton Health Equity Alliance (Linn and Benton Counties)
- Mid-Columbia Health Equity Advocates (Hood River and Wasco Counties)
- Oregon Health Equity Alliance (Clackamas, Multnomah, and Washington Counties)
- SO Health-E (Jackson and Josephine Counties)
- Eastern Oregon Health Equity Alliance (Morrow and Union Counties)
- Mid-Willamette Valley Health Equity Coalition (Marion and Polk Counties)
- South Coast Equity Coalition (Coos and Curry Counties)
- Transponder (Lane and Douglas Counties)

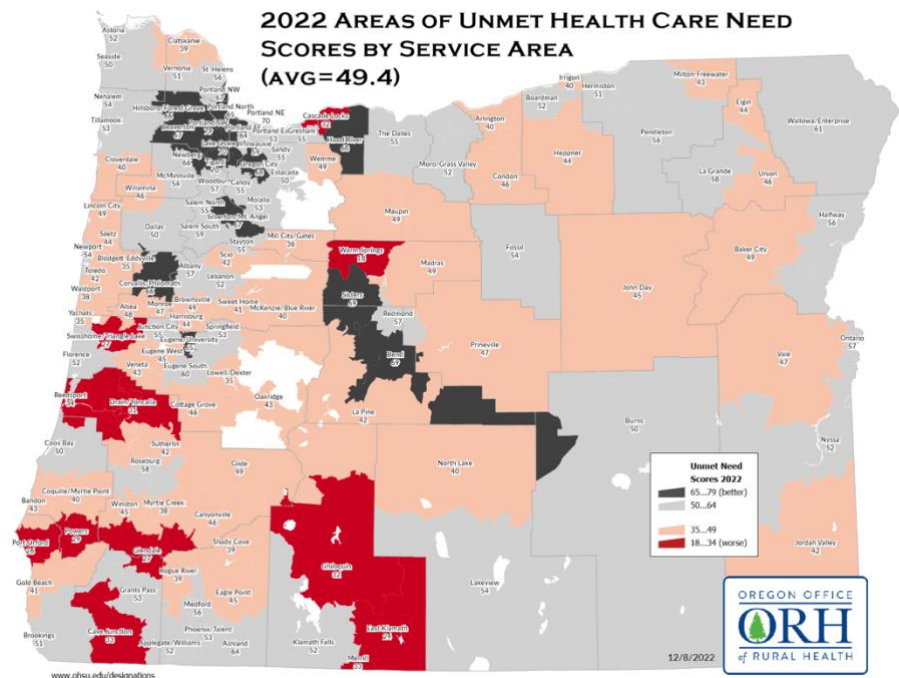


Figure 2 - Areas of Unmet Health Care Need

## **Recent Examples of SO Health-E's Impact:**

**Coronavirus Response:** Since March 2020, SO Health-E has been on ground listening to community needs and questions, and meeting urgent needs during the Coronavirus global pandemic.

From ensuring that the confusing barrage of covid-19 updates were available in plain language, visual format, and in English and Spanish, to ensuring everyone in our community knows where to find Covid testing, PPE, and vaccine resources, to addressing the economic impacts of the pandemic for families who would otherwise fall through the cracks, our work primarily focused on Latino/a/x communities, farmworkers, displaced wildfire survivors who were at elevated risk, and low-income families and seniors.

**Responding to the Almeda and Obenchain Fires:** The Almeda Fire destroyed more than 2,600 homes between Ashland, Talent, Phoenix and Medford. It was the most destructive wildfire in Oregon's recorded history. The South Obenchain Fire, near Eagle Point and Butte in Jackson County, burned another 33 homes and dozens of other buildings. With local partners, we had relief operations up and running within 24 hours of the Almeda and Obenchain fires that displaced more than 3,000 families in our region.

We focused our relief efforts on about 850 families who faced significant barriers to accessing shelter, getting back into stable housing, and participating in recovery conversations due to language barriers, immigration status, mobility challenges, and general distrust of dominant institutions based on their life experiences.

**Why we need SB 564:** Thanks to legislative action in 2021, SB 70 restored funding to original (pre-budget cut) 2014 levels, but that does not adequately capacitate the RHEC program in 2023. RHECs have seen demand and costs grow, but no increased funding to meet those needs.

SB 564 will adequately capacitate the state's RHEC Program by funding additional staff positions, allowing RHECs to keep up with growing costs such as facilities, and ensure that we can honor the time and lived experience expertise of community members serving on committees and workgroups. This helps to ensure more representative participation in our work.

SB 564 will also proactively invest in expanding the RHEC program to new counties not currently served. The bill would fund 5 new coalitions, opening up the opportunity for new communities to respond to the Request for Grant Proposals and apply to become a new RHEC. We just successfully went through this process in 2022, adding 4 new RHECs to the program, collectively representing 8 new counties (Morrow, Union, Marion, Polk, Lane, Douglas, Coos, and Curry).

I urge your aye vote for this important work. Thank you for your time and consideration.

Michelle Glass



On behalf of SO Health-E, the Regional Health Equity Coalition of Southern Oregon