

Native American Youth and Family Center

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To the Honorable Members of the House Committee on Healthcare:

The Native American Youth and Family Center (NAYA) supports HB 4161, a bill that will offer support for Regional Health Equity Coalitions (RHECs) to grow and develop their capacity to support statewide health equity efforts.

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. At NAYA, we know the importance of allowing our community to identify the solutions to the challenges we face. NAYA prides itself on being youth centered, family driven, and elder guided.

The importance of codifying the definition of RHECs is central to this bill. The model of RHECs 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 Indian 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.

Regional Health Equity Coalitions are completely independent of coordinated care organizations and government agencies and backbone organizations may be a federally recognized Indian Tribe in Oregon or a community based non-profit organization. NAYA has been a core member of the Oregon Health Equity Alliance (OHEA) as both an active member and a steering committee leader. We have found

NAYA 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.

NAYA supports this bill because we know the value that RHECs have for the public health issues facing communities of color and other under-represented communities. NAYA has seen positive health equity impacts for the community we serve as a result of our own participation in a RHEC and NAYA supports other communities having similar impact.

Sincerely,

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Babtist Paul Lumley Executive Director