

2/4/2020

We are writing this letter in support of 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.

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.

Community led and driven solutions are critical in comprehensively addressing local issues. We understand that some of the best ideas do not come from policy centers or the government offices, they come from a broad diverse network of community partners, residents, agency partners and community-based organizations as they work to make improvements in the communities they live, work and serve. It is critical that community voices are represented, collectively identifying issues that affect the overall health and well being of individuals, including education, economic stability, food insecurity, homelessness and housing, and other social determinants of health. Community led and driven solutions allow for the development of comprehensive strategy that leverages strengths of those involved to positively impact change in community-wide improvement efforts.

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.

SO Health-E, Southern Oregon's Regional Health Equity Coalition has been instrumental in providing trainings that address health disparities for underrepresented populations in our community. Additionally, SO Health-E's cross-sector workgroups have been instrumental in providing community voice to issues surrounding equity, diversity and inclusion, community engagement, housing and transit, reproductive and sexual health equity, and reducing barriers faced by members of our local community. Specifically, for Jackson Care Connect as a health plan, the information and tools provided by So Health-E allow us to have a better understanding of the barriers faced by our community in accessing care and improving their overall health. This information helps inform how we develop and implement programming through an equity lens, ensuring health equity among marginalized communities in Jackson County.

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.

We support 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.

We support this bill because the work of So Health-E and other RHECs is critical to ensuring that systems continue to work to address the equitable distribution and redistribution of resources and power, and recognize, reconcile and work to rectify injustices faced by marginalized communities. SO Health-E has laid the foundational framework to ensure sustainable solutions that increase health equity among marginalized members of our community. The ongoing support provided by HB 4161 will undoubtedly help sustain SO Health-E, improving health outcomes for our community. We look forward to our continued partnership with SO Health-E and are grateful for their efforts to meaningful address health inequities in our communities while creating institutional accountability to communities experiencing these inequities.

Sincerely,



Samantha Watson
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Jackson Care Connect