



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.

Solutions derived from community-led efforts are of major significance when developing the social capacity of local communities. When community voices are heard, and those members know they have created or enacted change, empowerment can be seen forming. Only community members know the obstacles and barriers they are faced with, so only they know the solutions.

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.

EASTERN OREGON HEALTH EQUITY ALLIANCE, the Eastern Oregon RHEC, demonstrated the many ways we can work together to close health inequities. RHEC's encourage people from various cultures, professions, ages, etc., to voice the disparities their respective communities face. Once identified, RHEC's work to find solutions that will benefit all communities affected.

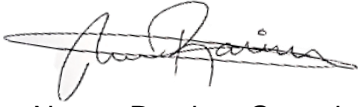
Regional Health Equity Coalitions are completely independent of coordinated care organizations and government agencies and backbone organizations may be a federally recognized Indian Tribe in Oregon or a community based non-profit organization.

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 we believe it to be crucial in allowing RHEC's to achieve their full potential. Health disparities exist across the state. The time is now to act to ensure all

communities in Oregon are at their best health, with little to no barriers. RHEC's aim to do just that.

Sincerely,

A handwritten signature in black ink, appearing to read "Norma Ramirez-Gonzalez". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Norma Ramirez-Gonzalez
RHEC Manager- EOHEA
Programs Manager- EUVALCREE