OHEA
Oregon Health Equity Alliance

2/3/2021
Attn: Senate Committee on Health Care

Good afternoon Chair Patterson, vice-Chair Knopp, and members of the committee. For the record, my name is Dr. Zeenia Junkeer, and I am the Director at the Oregon Health Equity Alliance (OHEA), one of six regional health equity coalitions, representing Multnomah, Clackamas and Washington counties. I am here today to talk with you about the powerful work of the Regional Health Equity Coalitions (RHECs), in support of SB 70. Thank you for having me.

Recent events, including but not limited to the pandemic, the wildfires, and the movement for Black Lives have forced our communities to take a long, hard look at how our current systems, practices, and policies have been complicit in furthering the divide in communities, regarding the health and well being of all Oregonians, and centering the experiences of Black, Indigenous and people of color. **If some of our communities are unwell, are unable to attain their full and optimal selves (as they define this), then we are all unwell and unable to attain our full and optimal selves, families and communmities** . At OHEA, we believe health equity will be achieved when our communities have the opportunities, resources, power, and autonomy to make decisions for themselves and their families.

One of the key factors in communities **having the autonomy to make decisions for themselves** and their families lies in their ability to be in spaces where they can be decision-makers, influencers of policies, and deciders of how resources are allocated for those most in need, due to the many systems of oppression at play every day. Communities have the knowledge and wisdom, we support capacity building so that folks CAN engage meaningfully, with access to the information necessary to participate and creating foundations for meaningful power-sharing. RHECs offer a model for community led and driven policy, systems and environment change--however we do not have RHEC representation in all counties.

Regional Health Equity Coalitions are **regional alliances, collaboratives, and coalitions** that are integrally connected to work that has already been happening in communities, to support racial justice and health equity. An example of this work is the connection of RHECs to CCOs, through paid partnerships and advisory council alignment, which allows opportunity to ensure that regionally offered health care services and social determinants of health supports can be grounded in the actual needs of communities most impacted, BIPOC, immigrant and refugee, LGBTQ folks, disabilities communities and those living in rural and frontier areas, given the role of RHECs and the connections and relationships we have with communtiy members. **We can serve as partners and accountability bodies, we can help ensure that large systems don't forget about communities and further existing inequities and we can support**

engagement of broader communities--an example of this is the work OHEA is doing to lead the CHNA community engagement efforts for the HCWC.

As an RJC HEC member, I was thrilled to see this policy concept make it's way to the Governor's recommended budget. It was no small feat and it was in part due to the long history of the work of Regional health Equity Coalitons, the relationships we have built, and the power of community led and driven policy, systems, and environment change work. It is clear that investments IN communities most impacted by health inequities is the strongest way towards solutions. Communities know, and have been telling us. RHECs are one vehicle to ensuring that work is as community centered as possible and that it is grounded in racial justice, health equity princples. **This is not just about health, it is about health equity.** An example of this that I would like to share, is from our colleagues at Linn Benton Health Equity Alliance's report to the Office of Equity of Inclusion:

"While the Linn Benton Health Equity Alliance has been in existence for over a decade, it was only recently that we became known as a voice for equity in our region, and not just health equity. For a long time, the local perception is that our work was focused on health and a narrow definition of health at that. Through the hard work of our partners in multiple boards, committees, and public arenas, we have been able to shift that perspective. It is now not unusual for us to get invited to participate in decision making regarding policy that affects K-12 education, colleges, policing, housing, city and county funding decisions, public health, and many other fields. Furthermore, we have become known as a coalition that is closely connected with communities of color and that can offer insight not only into the needs and priorities of communities of color but also offer technical assistance and training on how to engage with communities of color in a meaningful, respectful, trust-building manner."

Thank you for your time today. I hope that testimony, in addition to the powerful testimonies of colleagues, Representative Alonso Leon and leaders within OHA, allows you all to see the importance of passing this bill, in order to continue to build on the work that RHECs have been doing for the last decade. I ask you all to support us in ensuring BIPOC communities have the resources necessary to continue this important work.

In health,
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