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TO: The Honorable Senator Patterson, Chair
The Senate Committee on Health Care

FROM: Leann Johnson, Director
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SUBJECT: SB 70

- Chair Patterson, Vice-Chair Knopp, and members of the committee; I am Leann Johnson, Director of the Office of Equity and Inclusion, a division of the Oregon Health Authority. I'm here today to reiterate some background information about the Oregon Health Authority (OHA) Regional Health Equity Coalition (RHEC) program and address any questions you may have.
- In July 2011, the Oregon Health Authority (OHA) Office of Equity and Inclusion (OEI) developed the Regional Health Equity Coalition (RHECs) program. RHECs are autonomous, community-driven, cross-sector groups whose backbone organizations are non-governmental in nature. 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 color¹, and those living at the intersection of race/ethnicity and other identities subjected to longstanding oppression.
- The RHEC model is unique in that it:
 - Recognizes the impact of structural racism on the health and well-being of communities of color,
 - Meaningfully engages impacted communities to lead the work, and
 - Honors community wisdom by ensuring policy and system change solutions build upon community strengths.

¹ Communities of Color: Members of racial/ethnic minority communities including American Indian or Alaska Native, Hispanic or Latino/a, Asian, Native Hawaiian or Pacific Islander, Black or African American, Middle Eastern, and immigrant and refugee populations.

- There are currently six Regional Health Equity Coalitions in Oregon. They represent 11 Oregon counties and the Confederated Tribes of Warm Springs, including urban, rural and frontier regions. There are still 25 counties in the state that could benefit from a Regional Health Equity Coalition.
- We recognize the prospect of the legislature’s interest in addressing health inequities for all populations in the state subjected to longstanding conditions of racism and oppression. Expanding the RHEC program through SB 70 is a unique opportunity to provide more representation across Oregon to address barriers and the policy, system and environment change level.
- This bill seeks to expand the RHEC program to add four new coalitions for a total of ten fully funded Regional Health Equity Coalitions. This is significant because there needs to be greater capacity to lead critical health equity efforts in regions across the state, especially because Oregon’s population is diversifying. Every Oregon county has continued to become more diverse since 2013.²
- While there are several benefits to expanding this program, due to time constraints I will only highlight a few key benefits which includes:
 - Increasing opportunities for coordinated care organizations (CCOs) to partner with RHECs, offer technical assistance and training to build CCO’s capacity around health equity and the social determinants of health; and
 - Creating additional opportunities to sustainably address issues related to avoidable policy and system barriers which help to lessen health inequities, and in return, lower costs to health and other related systems;
 - Developing a statewide infrastructure of culturally specific coalitions that can be mobilized during times of emergency and crisis. The RHECs have proved to be invaluable partners during the pandemic and with wildfire recovery support, ensuring that communities receive critical information and resources while sharing back additional needs to OHA in real time; and lastly
 - Expanding an effective engagement strategy and structure to help achieve OHA’s 10-year goal to eliminate health inequities in Oregon by 2030.
- I would like to add that expansion of the RHEC program is included in the Governor’s Recommended Budget, and supported by the Governor’s Racial Justice Council.
- I’m glad to provide any additional information. Thank you to the Committee for the opportunity to testify.

²National Center for Health Statistics (2016). Available from: <https://www.cdc.gov/nchs/pressroom/states/oregon/oregon.htm>

OHA's Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.