

**Vision: Ensuring kids are successful in school and life.**

- Families are healthy and stable
- All kids enter kindergarten ready to learn
- Students are successful in elementary school
- Youth gain a pathway to productivity



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We are writing this letter in support of SB 70 & HB 2760, two bills that will offer support for Regional Health Equity Coalitions (RHECs) to expand statewide and develop their capacity to support health equity efforts across Oregon. Specifically, this will standardize the Regional Health Equity Coalition model; expand this program to fully fund the existing six RHECs; add four new coalitions; and increase staffing to sufficiently support this important program.

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.

We recognize that addressing health disparities requires multiple sectors work together. Thus, we convene the Lane Equity Coalition (established in 2016), a table of diverse community voices, who works to reduce health disparities across Lane County. Guided by Lane County's Community Health Improvement Plan (CHP), to-date, the LEC has focused on providing health education. If SB 70 and HB 2760 pass, and the LEC becomes a RHEC, the Coalition will be able to make better traction on addressing health disparities in our region by such actions as increasing cultural humility/responsiveness and authentic engagement (e.g., providing more regular trainings on the history of racism, bias, and cultural humility), and advocating to redirect resources to address racism and support Black, Indigenous, and People of Color (BIPOC) communities (e.g., obtaining better data to tell a richer story of BIPOC experiences).

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

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 know that extensive work needs to be done to correct the historical and current injustices that lead to different health outcomes for many members of our community. A RHEC in Lane County has the potential to leverage the work of our existing equity coalition, and as a community, we can better care for each other, and ultimately better address health disparities.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Dunnells", written in a cursive style.

Noreen J. Dunnells  
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