

Submitter: Deidre Greene
On Behalf Of: Linn Benton Health Equity Alliance
Committee: Senate Committee On Health Care
Measure: SB564

Written testimony template: SB 564, 2023

Chair Patterson and Vice-Chair Hayden,

For the record, my name is Deidre Greene I am an adult nurse practitioner and chair of the Health and Wellness Committee of NAACP Linn Benton County. I am writing this letter in support of SB 564, a bill that will offer support for Regional Health Equity Coalitions (RHECs) to enter into the second phase of expansion which began in 2021 through SB 70. This expansion is working toward statewide representation to develop RHEC capacity to support health equity efforts across Oregon. Specifically, this will expand this program to fully fund the existing ten RHECs; add five new coalitions aimed at achieving statewide coverage; and increase staffing to sufficiently support this important program.

Regional Health Equity Coalitions (RHECs) are autonomous, community-driven, cross-sector groups. TRHEC 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 important because these solutions come as a result of culturally specific collaborative efforts that give a collective voice to many organizations in our community. These solutions focus on systems change approach to address the health disparities concerns of our communities. They address the social determinants of health where we live, work, educate, sleep, play and age in other words our communities that contribute to such a large part of our health much more so than what happens in a 15-minute doctor's appointment. We know that as minority members of the community that benchmarks cannot be reached, disparity gaps cannot be closed, and every person cannot attain their full health potential without community led and driven solutions. RHECs must be supported so they continue as advocates who promote change in health care outcomes and lessen the glaring disparities that now exist in our health care systems.

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.

Some examples of Linn Benton Health Equity Alliance promotion of community health are funding of cultural art projects, organization capacity building and systems change grants, youth outreach science, technology, engineering and mathematics summer camp, sponsoring health forums and contributing to health fairs.

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 it will allow the continued building of community networks, youth development and development of community leaders all of which will have impact in achieving a healthy whole community.

Sincerely,

Deidre Greene Adult Nurse Practitioner
NAACP Linn Benton
Chair Health and Wellness Committee