## Written testimony for SB 564, 2023

Chair Patterson and Vice-Chair Hayden,

For the record, our names are Elizur Bello, Liliana Lachino, and Nik Portela and we are 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, crosssector 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.

Community led and driven solutions are important because they build community capacity and can have a bigger impact addressing and eliminating local community barriers and inequities by empowering the community to advocate for their health and their needs. This has been the case in the Columbia River Gorge, and were critical in our ability to respond to COVID-19 related needs. Our RHEC, Mid-Columbia Health Equity Advocates (MCHEA) were critical in supporting our local response.

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, lowincome 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. Mid-Columbia Health Equity Advocates (MCHEA) is one of the ten Regional Health Equity Coalitions in Hood River and Northern Wasco counties. MCHEA is a community driven coalition who listens to our Latino and Native American community leadership groups and support their ideas. MCHEA is composed of three diverse set of groups who primarily include Latino and Native American Mid-Columbia residents. All three community leadership groups meet monthly, after work hours, and child care, food and a small stipend is provided for their time. The following are a couple work examples that MCHEA has worked on.

- Native American weatherization project to support families with environmental changes
- Mobile COVID-19 outreach events (providing testing, education, COVID-19 vaccines, and outreach through community partner collaboration for Native Americans)
- Continued health education / awareness on COVID-19 and mental health (recording and airing PSAs in cultural specific, native community members language)
- Latino and Native American presence in steering committee to provide input in developing new parks design
- Advocacy on Driver's License written exam language inequities. Equity work and meetings have been held with Oregon Department of Transportation to listen to community barriers and follow-up on solutions identified as community barriers. Ideally, it would be great if DMV knowledge test and Oregon Driver Manual would get plain language not only in Spanish, but also in other languages so everyone could have a better comprehension.
- Participated in the Statewide Health Equity Taskforce who developed and helped pass HB4052 declaring Racism as a Public Health Crisis.

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 every community in Oregon should also have the opportunity to advocate and help develop solutions to address their community barriers and inequities with the support of a Regional Health Equity Coalition. Program costs are sometimes an issue and this bill will alleviate program expenses such as paying for food and child care and being able to provide a thank you stipend for community members time.

Thank you for your time in reading this letter.

Sincerely,

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