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Chair Patterson and Vice-Chair Hayden,

For the record, my name is Kyle Rodriguez-Hudson and 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. 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.

Working with marginalized populations, it's important to understand their health disparities and the struggles they face obtaining basic healthcare. Community-led organizations, like TransPonder, know how to address the barriers affecting their communities because their employees are members of these communities and experience these struggles firsthand.

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 queer (LGBTQ) communities in rural and urban areas, with communities of color as the leading priority.

The Lane and Douglas Counties RHEC has provided an excellent opportunity for cohesive collaboration with different agencies across both counties expanding on the work that has been done over the years.

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 are built upon community strengths.

We support this bill because it reduces the barriers that underserved and underrepresented communities face on a daily basis, such as having adequate and equitable access to health care. In addition, it gives the opportunity for community voices to be heard and not ignored.

Sincerely,
Kyle Rodriguez-Hudson, MBA, LPC
Executive Director

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