



SO Health-E

Advocating for Health Equity

May 2, 2023

Re: Support for SB 564 to Fully Fund Regional Health Equity Coalitions (RHECs)

Dear Co-Chair Steiner, Co-Chair Sanchez, Vice-Chairs Girod, Gomberg, and Smith, and members of the Joint Ways and Means Committee,

Making progress on health equity requires sustained efforts and enough resources. But the funding RHECs receive to support this work has stayed the same since 2014, even though it has become more expensive due to rising prices. Grants were meant to support 1 full-time staff member per RHEC, each covering multiple counties. This is not sustainable.

About the RHEC Program: RHECs are defined as autonomous, community-led groups that are non-governmental in nature. Community members come together to identify the most pressing health equity issues in their local communities and develop solutions through policy and systems changes.

These efforts focus on issues impacting priority populations which are communities of color, Tribal communities including the nine federally recognized Tribes of Oregon and other American Indian and Alaska Native persons, immigrants, refugees, migrant and seasonal farmworkers, low-income individuals and families, people with disabilities and LGBTQIA2S+ communities, with communities of color as the leading priority.

Why we need SB 564: Thanks to legislative action in 2021, SB 70 restored funding to original (pre-budget cut) 2014 levels, but that does not adequately capacitate the RHEC program in 2023. RHECs have seen demand and costs grow, but no increased funding to meet urgent community needs, especially during times of crisis such as a global pandemic or wildfires.

SB 564 will provide enough resources for the state's RHEC Program by funding necessary staff and ensuring RHECs can cover their growing costs.

SB 564 will also proactively invest in expanding the RHEC program to new counties not currently served. The bill would fund 5 new coalitions, opening up the opportunity for new communities to respond to the Request for Grant Proposals and apply to become a new RHEC. We just successfully went through this process in 2022, adding 4 new RHECs to the program, collectively representing 8 new counties (Morrow, Union, Marion, Polk, Lane, Douglas, Coos, and Curry).

You can see on the map the (figure 1) the current regions served by a Regional Health

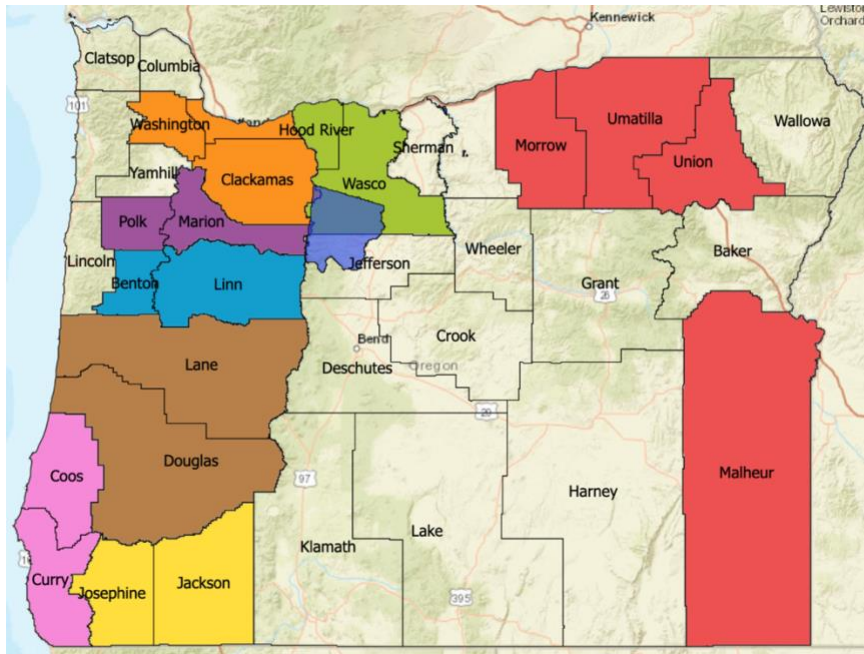


Figure 1 - RHEC Regions

Equity Coalition (in bright colors). This map includes the new RHEC regions created by funding from SB 70, passed in the 2021 legislative session.

Senate bill 70 also brought the RHECs back up to 2014 funding levels after some budget cuts and officially defined the RHEC model to ensure consistency across the program.

As you can see in figure 2, there is significant overlap between the RHEC regions and areas of unmet health care need, as well as important gaps that SB 564 could provide an opportunity to close.

Current RHECs and Their Regions

- Confederated Tribes of Warm Springs
- Eastern Oregon Health Equity Alliance (Malheur and Umatilla Counties)
- Linn Benton Health Equity Alliance (Linn and Benton Counties)
- Mid-Columbia Health Equity Advocates (Hood River and Wasco Counties)
- Oregon Health Equity Alliance (Clackamas, Multnomah, and Washington Counties)
- SO Health-E (Jackson and Josephine Counties)
- Eastern Oregon Health Equity Alliance (Morrow and Union Counties)
- Mid-Willamette Valley Health Equity Coalition (Marion and Polk Counties)
- South Coast Equity Coalition (Coos and Curry Counties)
- Transponder (Lane and Douglas Counties)

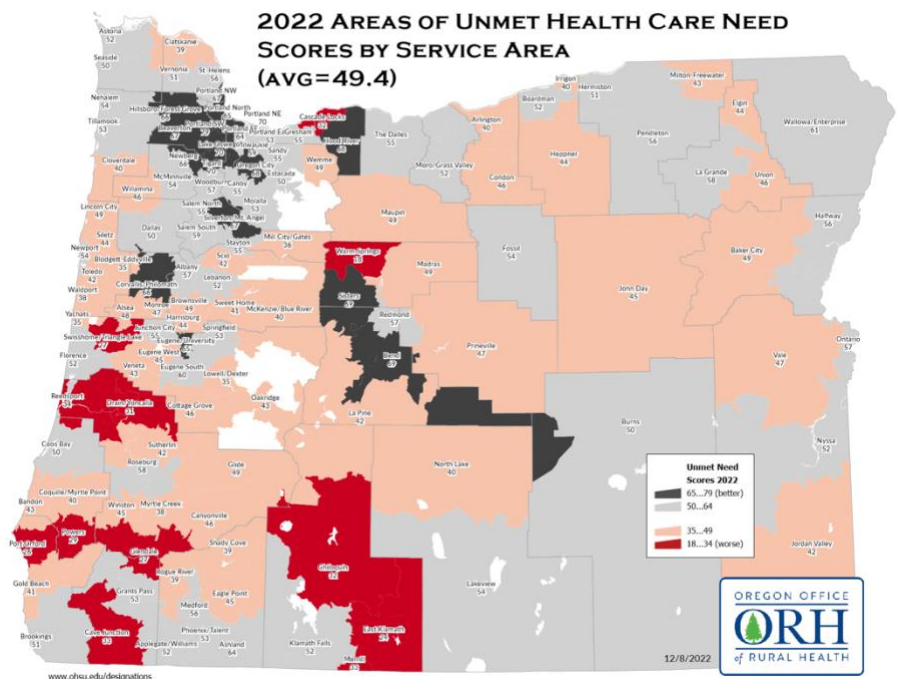


Figure 2 - Areas of Unmet Health Care Need



12/8/2022

Recent Examples of SO Health-E's Impact in Jackson and Josephine Counties:

Coronavirus Response: Since March 2020, SO Health-E has been on ground listening to community needs and questions, and meeting urgent needs during the Coronavirus global pandemic. From ensuring that the confusing barrage of covid-19 updates were available in plain language, visual format, and in English and Spanish, to ensuring everyone in our community knows where to find Covid testing, PPE, and vaccine resources, to addressing the economic impacts of the pandemic for families who would otherwise fall through the cracks, our work primarily focused on Latino/a/x communities, farmworkers, displaced wildfire survivors who were at elevated risk, and low-income families and seniors.

Responding to the Almeda and Obenchain Fires: The Almeda Fire destroyed more than 2,600 homes between Ashland, Talent, Phoenix and Medford. It was the most destructive wildfire in Oregon's recorded history. The South Obenchain Fire, near Eagle Point and Butte in Jackson County, burned another 33 homes and dozens of other buildings. With local partners, we had relief operations up and running within 24 hours of these fires that displaced more than 3,000 families in our region.

We focused our relief efforts on about 850 families who faced barriers to accessing shelter, getting back into stable housing, and participating in recovery conversations due to language barriers, immigration status, mobility challenges, and general distrust of dominant institutions based on their life experiences.

We urge you to support SB 564. Thank you for your service to Oregon communities.

Michelle Glass,



Policy + Advocacy Coordinator,
SO Health-E

SB 564

Fully Fund Regional Health Equity Coalitions (RHECs)

Making progress on health equity requires sustained efforts and enough resources. **But the funding RHECs receive to support this work has stayed the same since 2014, even though it has become more expensive due to rising prices.** Grants were meant to support 1 full-time staff member per RHEC, each covering multiple counties. But, realistically, each RHEC needs at least three full-time staff members to manage the workload.

What are RHECs?

Regional Health Equity Coalitions are grassroots community members who come together to form a coalition and identify the most important health equity issues impacting priority populations in their region and create solutions to barriers through policy and systems change.

What is unique about RHECs?

RHECs have expertise based on lived experience to identify the most critical and regionally-specific health equity issues, while crafting policy, system and environment solutions. Meaningfully impacting health inequities requires sustained, long-term efforts with dedicated fiscal investment

How many RHECs are there?

In total, Oregon has 10 RHECs, which represent 19 counties and the Confederated Tribes of Warm Springs. SB 564 would fund 5 new coalitions that will aid in expanding the RHEC program's reach to underserved counties.

Why the bill is needed:

1. Lowers Costs



By addressing health inequities, health systems and other systems connected to the social determinants of health can considerably reduce costs.

2. Reduces Harm



Reversing the structures, policies, and practices that historically and currently contribute to health inequities in marginalized communities requires significant and ongoing resources.

3. RHECs Are Crucial



Despite inflation, the scope of work and need for RHECs has grown over time, but funding has not increased since 2014.

4. Long-Term Changes



The links between communities and health systems are strengthened by enhancing community engagement, mobilizing during public health emergencies, and supporting initiatives for health equity.

5. Everyone Benefits



Tackling health disparities enhances the wellbeing and standard of living of all Oregonians.

What the bill would do:

SB 564 will provide enough resources for the state's RHEC Program by funding necessary staff and ensuring RHECs can cover their growing costs. SB 564 will also offer funding to expand the RHEC Program by adding five new coalitions to reach underserved counties.

Fully Funding SB 564 is supported by the following partners:

