

Submitter: Maureen Hinman
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: SB528
Chair Patterson and Members of the Committee:

My name is Maureen Hinman and I am writing to express the Oregon School-Based Health Alliance's support of SB 528 to support Regional Health Equity Coalitions (RHECs) capacity to support health equity efforts across Oregon.

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.

Community involvement is a core value of our organization as well, because we believe that school-based health systems and services need to be driven by the local community in order to be effective and equitable. We work statewide, and observe varying focal points of need in different communities, and then adjust the way that school health services are delivered. The one consistency we see is the communities with the greatest health disparities: tribal members, 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. This simply must be addressed by all of us.

We have worked with several RHECs and they have been very helpful in connecting us to culturally-specific community-based organizations to better inform our community engagement as we work to develop school-based health systems in different communities. We have received organizational support from one of them, the Oregon Health Equity Alliance, as we've shifted our programming to be more equity focused. We have also worked in communities where there was no RHEC available, or where it was a very small part of someone's job due to limited funding, and their absence was regrettable. Where they exist, it is easier for other organizations to better carry out equity-focused processes and for marginalized communities to become a part of developing better health systems.

We support this bill because we believe that developing systems in conjunction with people who will be using them leads to better utilization, better outcomes, and overall cost savings. Further, systems that center our most vulnerable communities are better systems for everybody. RHECs help ensure that organizations across regions

have the support they need to do both of those things, and will increase the capacity of all communities to thrive.

Maureen Hinman,
Executive Director
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