

**DATE:** February 27, 2025

**TO:** The Honorable, Chair Patterson and Vice Chair Hayden  
Senate Committee on Health Care

**FROM:** Alfonso Ramirez  
Interim Division Director  
Equity and Inclusion Division  
Oregon Health Authority

**SUBJECT:** OHA Supports SB 528, Regional Health Equity Coalition Expansion

Chair Patterson, Vice Chair Hayden, and members of the committee; I am Alfonso Ramirez, Interim Division Director for the OHA Equity and Inclusion Division. I am here to express OHA's support for SB 528 and to talk about the impact related to this bill.

In July 2011 the Oregon Health Authority established the Regional Health Equity Coalition (RHEC) program to address health inequities in Oregon through policy and systems change.

These coalitions have been receiving grant funding to work on coalition building that engages local community members for the purpose of identifying what the most pressing health equity issues are in their regions. The coalitions create 3-5 year strategic plans based on their community needs assessments to improve laws and systems so that their impacts do not create undue harm or barriers to health for people in Oregon.

It is important to note that SB 70 made the Regional Health Equity Coalition program legislatively mandated in 2021. This bill began the first phase of expansion with the long-term goal of statewide representation. At the time it increased the number of coalitions from 6 to 10. This is unfinished business which has been brought back to

the legislature for consideration through SB 256 (2023), SB 564 (2024), and now in the '25 session through POP #411 which aligns with the Regional Health Equity Coalition bill SB 528.

Phase 2 of this expansion is the bill before you today. This expansion would move the Regional Health Equity Coalition program closer to fulfilling the goal of representing communities statewide. There is funding in the Governor's budget to support three additional coalitions for a total of 13. The funding in the Governor's budget would also allow each coalition to hire two additional full-time staff and includes funding to support increased programmatic costs. This would also include two new OHA staff to ensure sufficient capacity for contract administration and technical assistance supports to grantees.

OHA supports this request because coalitions have been able to establish networks of partners that are addressing health inequities collectively in their communities by doing meaningful community engagement, building and strengthening organizational capacity, creating social norm and environment change, and conducting policy and systems change. All of these efforts work together in concert to address health equity in our state in a way that no other program can.

The Regional Health Equity Coalitions have driven key legislative changes including HB 4052 (2022), HR 6 (2021), SB 60 (2020) and support for equity bills by advocating for policies like Driver's Licenses for All, the Reproductive Health Equity Act, and Ban the Box. They have also advocated for and facilitated language access supports which has resulted in an increase of interpretation, translation and certification for bicultural and bilingual supports in Oregon.

Because of Regional Health Equity Coalitions, we have safer drivers on the road. Because of Regional Health Equity Coalitions, we have more supports for people who speak languages other than English. Because of Regional Health Equity Coalitions, people who have been justice involved have more options to become productive members of society by finding employment. Because of Regional Health Equity Coalitions, OHA is better informed to improve health equity across the state.

In addition to the impacts mentioned above, these coalitions have also facilitated trainings across the state to improve health equity, reaching 287 organizations and over 67,000 community members during the past biennium. They have also been mobilized in crisis situations such as COVID-19 and wildfires to deliver essential resources such as vaccines, PPE, food, and housing supports which has worked to safeguard health and save lives- especially in rural areas.

Because of their success supporting local communities they have also provided consultation with OHA to work toward reaching more communities across the state during these critical events.

An important goal of the Regional Health Equity Coalition program is to provide more of these supports statewide- particularly in rural areas. Currently there are fifteen counties that are not yet represented by RHECs. This includes Clatsop, Columbia, Tillamook, Sherman, Gilliam, Jefferson, Wheeler, Deschutes, Crook, Klamath, Lake, Grant, Harney, Baker and Wallowa Counties.

The RHEC program is essential to provide the necessary supports to communities throughout Oregon to improve health equity.

Thank you for the opportunity to share this information with you.

