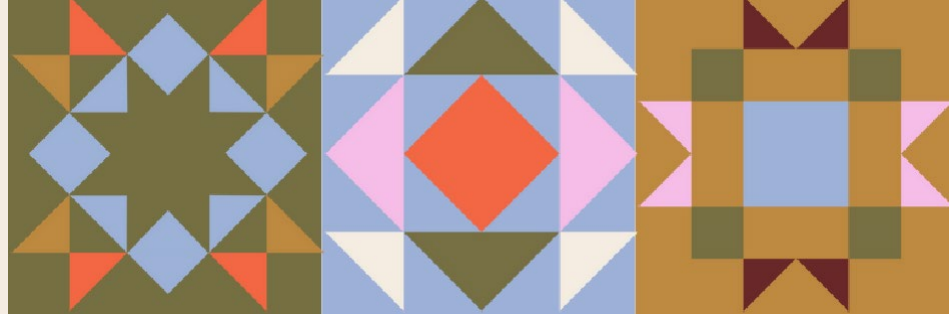




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2/28/2025

Dear Chair Patterson, Vice-Chair Hayden, and Members of the Committee,

Thank you for the opportunity to testify in support of Senate Bill 528. My name is Mica Contreras, and I serve as the executive director of the Linn Benton Lincoln Health Equity Alliance (LBLHEA). We are one of nine regional health equity coalitions (RHECs) working across 21 counties in Oregon.

RHECs are community-led groups that address local health needs through grassroots engagement, driving meaningful policy and systems change. Senate Bill 528 will provide critical funding to expand this essential network by creating three additional RHECs and strengthening existing ones to better serve their communities and meet evolving health needs.

RHECs are particularly vital in rural areas, where health disparities are most pronounced. In fact, counties without a RHEC currently report some of the worst health outcomes in Oregon, including higher rates of chronic illness and limited access to care. Expanding RHECs will directly address these challenges.

We know that 10 out of 15 counties currently not covered by a RHEC including Clatsop, Columbia, Crook, Deschutes, Grant, Jefferson, Lake, Sherman, Tillamook, and Wheeler have already expressed interest in forming a RHEC in their area. This growing interest from rural communities underscores the urgent need for expanded RHEC coverage to tackle disparities and ensure these areas have the tools they need to improve health outcomes.

Senate Bill 528 will allow communities to implement localized health strategies and build resilience, ensuring that solutions meet each community's unique needs. It directly aligns with the Governor's recommended budget, which recognizes the essential role RHECs play in advancing health equity across the state.

I would like to share a few examples of the impactful work being done by our RHEC. At the Linn Benton Lincoln Health Equity Alliance, our efforts are focused on fostering collaboration and improving systems through

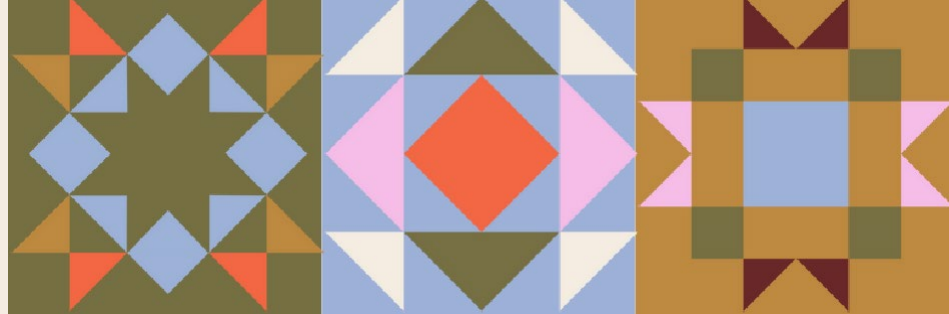




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community-driven partnerships. For example, recently we brought together a diverse group of participants from various sectors for training on Data Equity, Data Justice, and Decolonization. This included healthcare systems like Samaritan and IHN-CCO, public health departments from Linn, Benton, and Lincoln counties, research organizations, and the OSU College of Public Health.

These trainings provided leaders with tools to develop data systems that are more inclusive and representative of the community, and help track health inequities more effectively. We're also co-leading a Data Quality Improvement Initiative across the three counties, working together to build more equitable and inclusive data systems that serve all community members.

LBLHEA is instrumental in driving systemic change across the region. Through collaboration, we've built stronger relationships among community leaders, service providers, and grassroots organizations, ultimately increasing the capacity of our regional workforce to address health equity. One example of this is our *Weaving Wisdom: Community Conversations* series, where we've created spaces for coalition members, service providers, and the public to engage in open dialogues on health equity topics identified by priority communities. These conversations have focused on issues such as food security, education justice, and overall health equity. They've empowered participants to define what good health means to them and advocate for changes that are necessary to improve health across the social determinants. The events, offered in both Spanish and English, also helped community members connect with resources they might not have been aware of, increasing access to essential services.

The LBLHEA Partner Program has played a key role in supporting grassroots organizations that address the social determinants of health. Through this program, we've enabled organizations to implement impactful projects, such as GED courses for adolescent parents, housing stability programs for young families, and food security needs assessments. The Partner Program has fostered stronger regional due to regular participation in LBLHEA meetings and training sessions to exchange knowledge, resources, and strategies. This approach has allowed organizations to amplify their efforts, coordinate solutions, and tackle health disparities together.

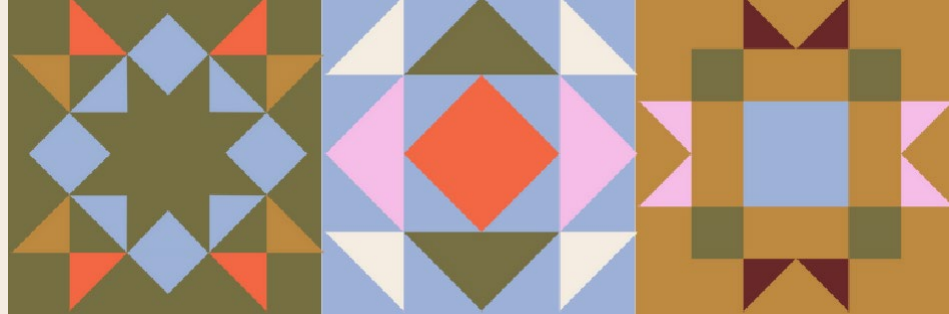




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We've also seen positive changes in local systems thanks to our advocacy and partnerships. For example, our advocacy in Corvallis helped reshape city processes to ensure funding for a new food hub better served underserved communities.

Our commitment to improving health equity is also reflected in our involvement with the 2022-2026 Regional Community Health Improvement Plan. LBLHEA played a key role in this process by participating as a steering committee member and co-leading a workgroup focused on Inclusion, Diversity, Antiracism, and Equity (IDARE). We've been actively involved in ensuring that underrepresented voices are included in the development of this comprehensive plan. LBLHEA has helped create a plan that prioritizes the needs of underserved populations.

As part of our ongoing efforts to address systemic health disparities, LBLHEA has also contributed sixteen community-developed policy change suggestions to the Oregon Health Authority (OHA). These policy suggestions were developed with LBLHEA partners and address key issues such as improving healthcare access, food justice, data systems, and expanding language access. Our work ensures that the voices of communities affected by inequities are heard in decision-making processes and that policies are aligned with their needs.

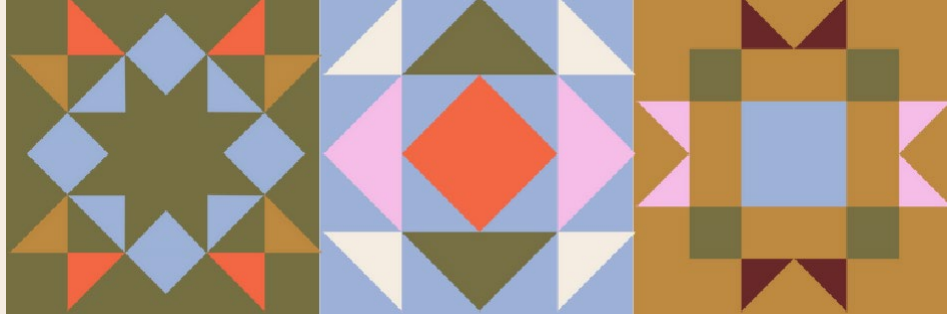
Throughout all these efforts, building strong, collaborative partnerships has been essential and our partners have reported increased capacity to collaborate, advocate, and implement sustainable solutions. Additionally, the shared understanding resulting from our training and coalition-building efforts has helped improve local health systems to better meet the needs of historically marginalized communities. These collaborations, particularly in the areas of data justice, food justice, and language access, are laying the foundation for long-term policy changes that will continue benefiting our region for years to come.

I hope these examples clearly demonstrate the importance of LBLHEA and RHEC's collaborative work and show how we are addressing the root causes of health disparities. Thank you for considering this important bill. I respectfully





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ask that you vote yes.

Sincerely,

A handwritten signature in black ink, appearing to read "Mica Contreras". The signature is fluid and cursive, with the first name being the most prominent.

Mica Contreras  
Executive Director  
Linn Benton Lincoln Health Equity Alliance

