



Office of Representative Alonso Leon

HB 4161 - Expanding Regional Health Coalitions Coverage in Oregon

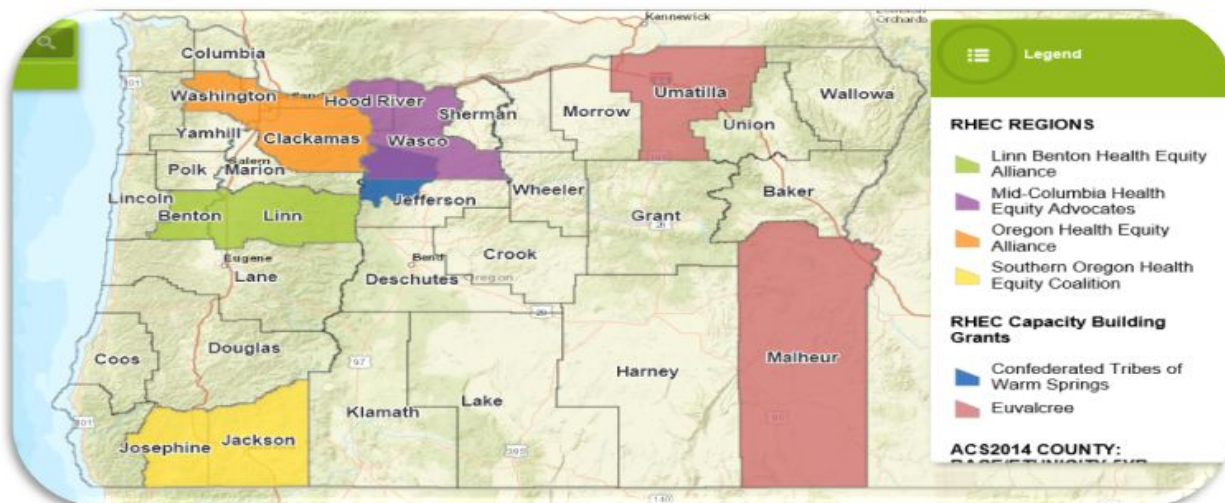
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Background:

- **Regional Health Equity Coalitions (RHECs)** are autonomous, community-driven, cross-sector groups whose backbone organizations are non-governmental in nature. 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.
- This model supports regional, community-driven, culturally specific, cross-sector strategies aimed at reducing local health disparities and promoting equity by:
 - Helping diverse communities build their capacity to work with policy and decision-makers, coordinated care organizations (CCOs), and other health systems to address systemic inequities that are barriers to communities realizing their full health potential.
 - Serving as a bridge to historically underserved and underrepresented communities
 - Empowering diverse groups to become involved in developing unique, culturally appropriate and sustainable solutions to pervasive issues of inequity that impact the health outcomes and wellbeing of Oregonians.

Issue:

- There are currently four RHECs and two capacity building grantees piloting the RHEC model in Oregon. They represent 11 Oregon counties and the Confederated Tribes of Warm Springs, including urban, rural and frontier regions. While the existing coalitions continue to significantly impact the most underserved and underrepresented populations in the state to promote greater equity across systems, there are still 25 counties in the state that could benefit from a Regional Health Equity Coalition.
 - RHECs and capacity-building grants collectively represent regions that comprise 57.4% of Oregon's total population.



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Solution:

- HB 4161:
 - Establishes a definition of Regional Health Equity Coalitions in statute and describes the model. This will clarify RHECs purpose and support model fidelity.
 - RHEC Model Definition: Regional Health Equity Coalition model means utilizing meaningful community engagement, strengthening organizational capacity, and social norm and environment change to promote policy, system and environmental change to increase health equity across the social determinants of health. These efforts shall focus on issues impacting underserved communities of color, Oregon's nine federally recognized Indian tribes, 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. Communities of color mean members of racial, ethnic minority communities including American Indian or Alaska Native, Hispanic or Latino, Asian, Native Hawaiian or Pacific Islander, Black or African American, Middle Eastern, and immigrant and refugee populations. The Regional Health Equity Coalition model shall use an approach that: a. Recognizes the impact of structural, institutional, and interpersonal racism on the health and well-being of communities of color; b. Meaningfully engages impacted communities to lead efforts and c. Honors community wisdom by ensuring policy and system change solutions build upon community strengths.
 - Funding be prioritized to include the two current capacity building grantees (and be fully adopted into the RHEC program)
 - Adding three new RHECs (covering their respective regions) to capacity.
 - Fully fund all six existing programs and fully fund the three new RHECs (Current funding would increase from current levels (\$100,000 - \$122,000) to \$150,000 annually.
 - Staffing will be increased by 1.0 FTE to ensure adequate support to grantees through continued technical assistance, sufficient time for contract administration activities, daily operations, and future program planning.