

Regional Health Equity Coalitions (RHECs) are autonomous, community-led, groups whose backbone organizations are non-governmental in nature. They work to identify the most pressing health equity issues in the state and find creative solutions to address root causes of barriers to health and wellness through policy, system and environment changes. The RHEC model works by building on the inherent strengths of local communities to build capacity and 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-led, culturally specific, cross-sector strategies aimed at reducing local health inequities and promotes equity by: helping diverse communities build their capacity to work with decision-makers, coordinated care organizations (CCOs), and other health systems to address systemic inequities that are barriers to communities achieving their full health potential; acting as a bridge to historically underserved and underrepresented communities; and empowering diverse groups to become involved in developing unique, culturally appropriate and sustainable solutions to pervasive issues of inequity that impact the health and wellbeing of Oregonians.

There are six RHECs in Oregon that 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 populations experiencing the deepest health inequities in the state to promote greater equity across systems, there are still 25 counties that could benefit from a Regional Health Equity Coalition.

SB 70: Establishes a definition of Regional Health Equity Coalitions in statute and describes the model. This will clarify RHECs purpose and support model fidelity. Fully funds existing six RHECs, adds four new RHECs, and increases staff for program administration and coalition support.

RHEC Model: The RHEC model uses meaningful community engagement, strengthens 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 focus on issues impacting communities of color, Oregon’s nine federally recognized Tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, people with disabilities and LGBTQ communities in rural and urban areas, with communities of color as the leading priority. The RHEC model uses an approach that: 1) Recognizes the impact of structural, institutional, and interpersonal racism on the health and well-being of communities of color; 2) Meaningfully engages impacted communities to lead efforts and; 3) Honors community wisdom by ensuring policy and system change solutions build upon community strengths.

