What are RHECs?

Regional Health Equity Coalitions (RHECs) are autonomous, community-led, groups. The RHEC model builds on the inherent strengths of local communities to increase capacity and meaningfully partner with communities to identify sustainable, long-term, policy, system and environmental solutions to increase health equity. These efforts focus on issues impacting priority populations including communities of color, Tribal communities including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people, immigrants, refugees, migrant and seasonal farmworkers, individuals and families with low income, people with disabilities, and LGBTQ communities, with communities of color as the leading priority.

How many RHECs are there now?

There are four new RHECS for a total of 10 RHECs in Oregon. These 10 RHECs represent 19 counties and the Confederated Tribes of Warm Springs. OHA is working to secure additional resources for another five RHECs in the 2023 – 2025 biennium, which if successful would result in 15 RHECs.

Current RHECs and their regions

An illustration of RHEC regions can be found here.

- Confederated Tribes of Warm Springs
- Eastern Oregon Health Equity Alliance (Malheur and Umatilla Counties)
- <u>Linn Benton Health Equity Alliance</u> (Linn and Benton Counties)
- Mid-Columbia Health Equity Advocates (Hood River and Wasco Counties)
- Oregon Health Equity Alliance (Clackamas, Multnomah, and Washington Counties)
- <u>SO Health-E</u> (Jackson and Josephine Counties)
- Eastern Oregon Health Equity Alliance (Morrow and Union Counties)
- Mid-Willamette Valley Health Equity Coalition (Marion and Polk Counties)
- South Coast Equity Coalition (Coos and Curry Counties)
- Transponder (Lane and Douglas Counties)

