

Oregon's Regional Health Equity Coalitions: Collaborative Governance for Equity

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RHEC BACKGROUND





What RHECs Do



Advance Policy

Advocate for policies and systems that promote health equity



Build Trust

Foster community leadership and engagement



Strengthen Partnerships

Collaborate with diverse sectors and organizations



Achieve Impact

Advance collective goals for equity and health

RHECs Do **NOT** Provide Direct Service



RHECs do not provide direct services such as medical care, counseling, or social services.

Regional Health Equity Coalitions

- Who are priority populations?
 - Communities of color
 - Immigrants
 - Refugees
 - Migrant & seasonal farmworkers
 - Low-income populations
 - People with disabilities
 - LGBTQ populations

Who do they partner with?

- Culturally specific CBOs
- Health systems & CCOs
- Government agencies
- Governor's Office
- Legislators
- Regionally based elected officials
- Labor unions



RHEC Program: Objectives & Goals

- Support community-led coalitions advancing policy, systems, and environmental change to improve health equity statewide.
- Center communities most harmed by inequities in setting regional priorities.
- Build sustainable local infrastructure for long-term policy and systems change.



RHEC: Intended Impacts & Outcomes

- Increased community power, leadership, and influence in public policy and institutional decision-making.
- Policy and systems changes to lessen barriers to health equity across social determinants of health, (i.e., housing, food, transportation, safety, access to care, etc.)
- Strengthened trust and accountability between communities and state systems, advancing OHA's goal to eliminate health inequities by 2030.

RHEC Model

Four components of the model:



Increased and
authentic
community
engagement



Strengthened
infrastructure and
organizational
capacity

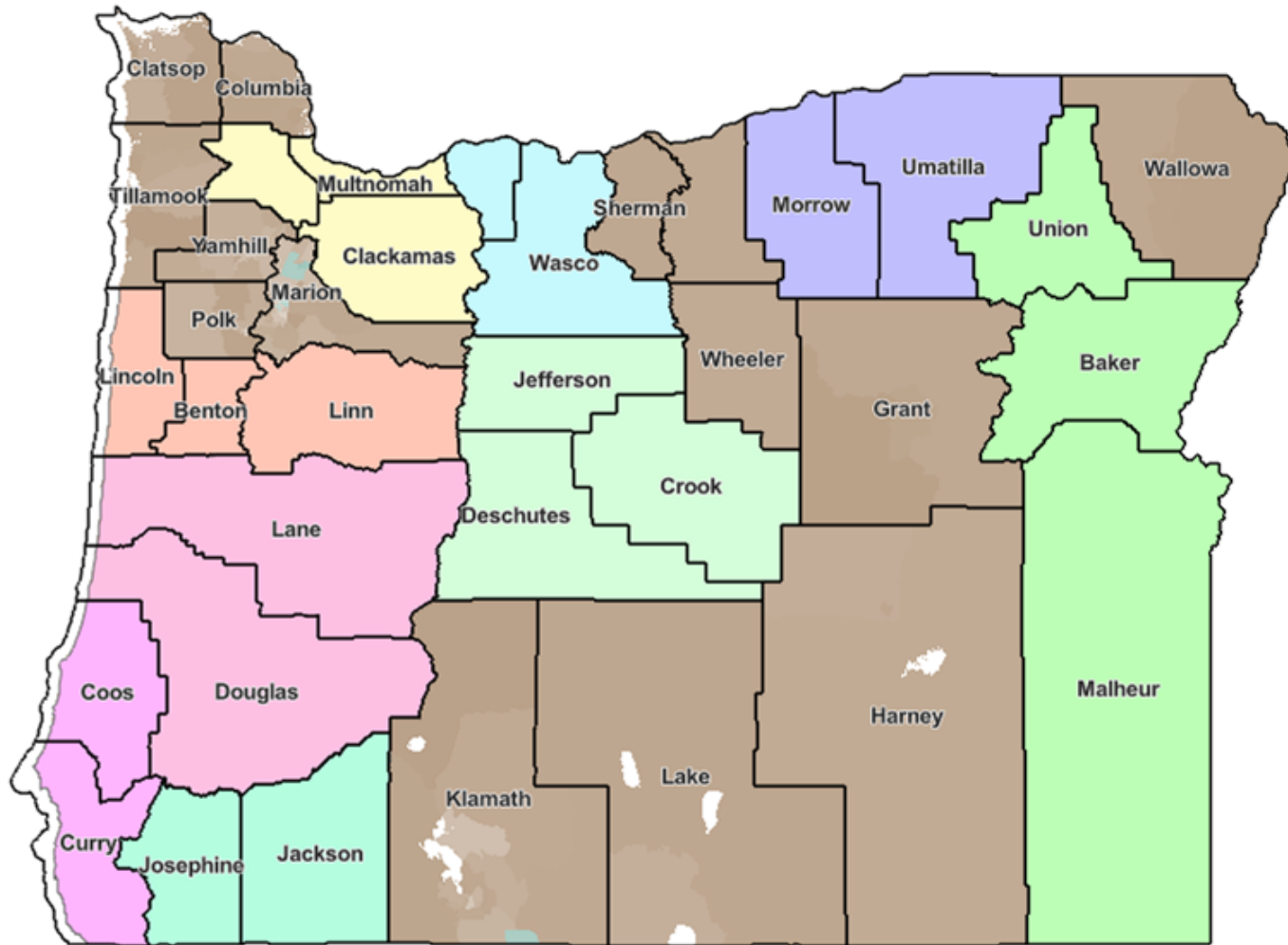


Social norm and
environment
change



Policy and
system change

RHEC Regions



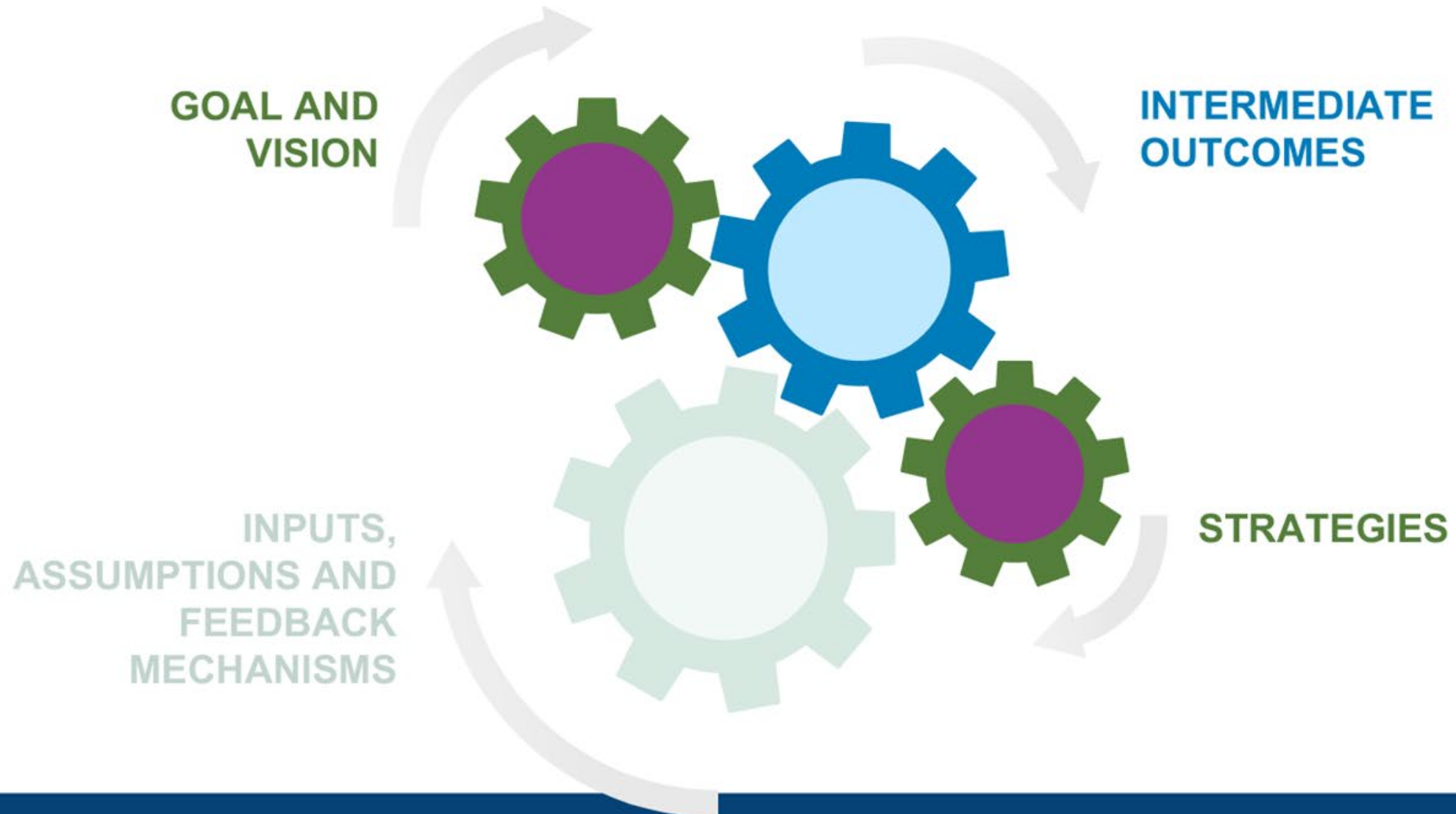
RHEC Region

-  Central Oregon Two Spirit Coalition
-  Eastern Oregon Health Equity Alliance of Morrow and Umatilla
-  Eastern Oregon Health Equity Alliance of Union, Baker and Malheur
-  Linn Benton Lincoln Health Equity Alliance
-  Mid-Columbia Health Equity Advocates
-  Oregon Health Equity Alliance
-  Regional Intersectional System-Change for Equity
-  South Coast Health Equity Coalition
-  Southern Oregon Health Equity Coalition

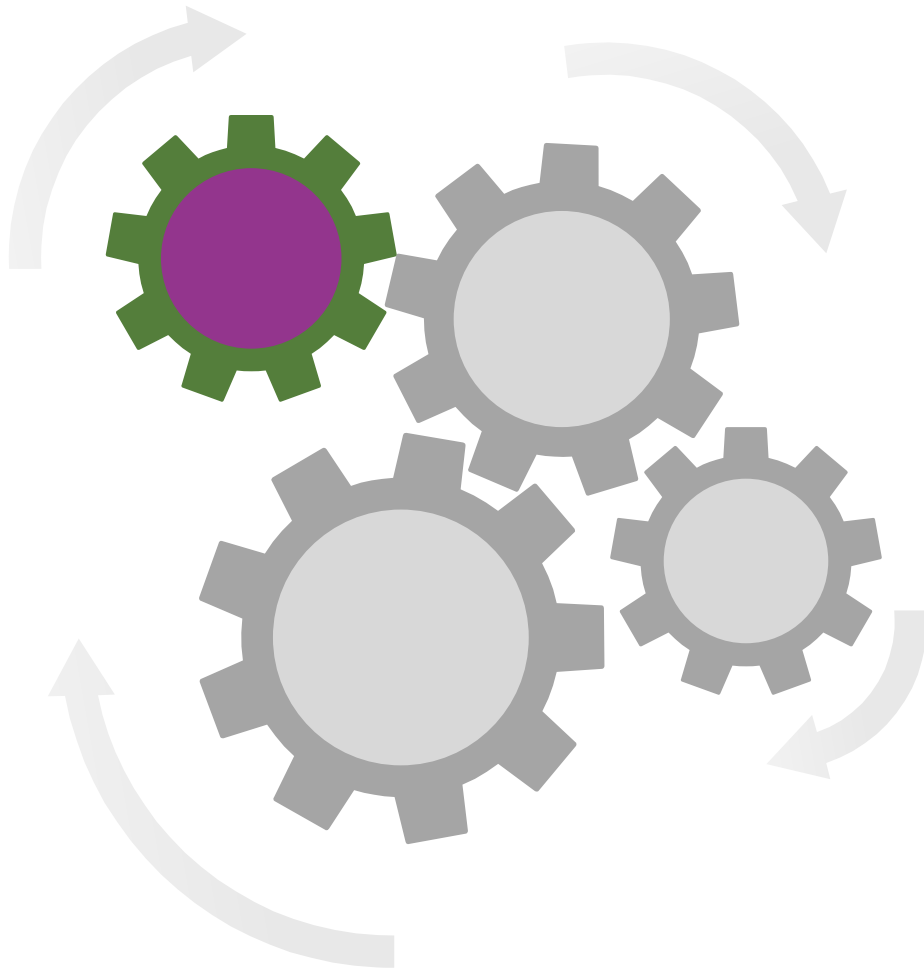


RHEC THEORY OF CHANGE

RHEC THEORY OF CHANGE



RHEC THEORY OF CHANGE



GOAL:

Eliminate health inequities across Oregon

VISION:

Create more equitable social determinants of health systems that supports all people having the opportunities needed to be healthy and well.



RESEARCH FINDINGS

Collaboration as a Tool for Equity?

Reducing Racial and Ethnic Disparities in Healthcare Access

- **Jiho Kim**

- Assistant Professor
- School of Public Affairs,
Arizona State University

- **Tina Nabatchi**

- Joseph A. Strasser
Endowed Professor in
Public Administration
- Director, Program for the
Advancement of Research
on Conflict and
Collaboration (PARCC)
- Maxwell School of
Citizenship and Public
Affairs, Syracuse University

PUBLIC ADMINISTRATION REVIEW



Data

- **Behavioral Risk Factor Surveillance System (BRFSS)**
 - Annual survey data from adult respondents in Oregon, 2006-2020
 - Largest ongoing healthcare survey in the world
 - Telephone interview
 - Restricted data access for the county variable: Federal Statistical Research Data Center

Variables

- **Healthcare access survey questions (yes/no): *In the past 12 months,***
 - Health insurance: *Did you have any kind of health care coverage?*
 - Annual checkup: *Did you visit a doctor for a routine checkup?*
 - **Personal doctor:** *Did you have one person you think of as your personal doctor?*
 - **No financial barrier:** *Was there a time when you needed to see a doctor but could not because of cost? (reverse coded)*

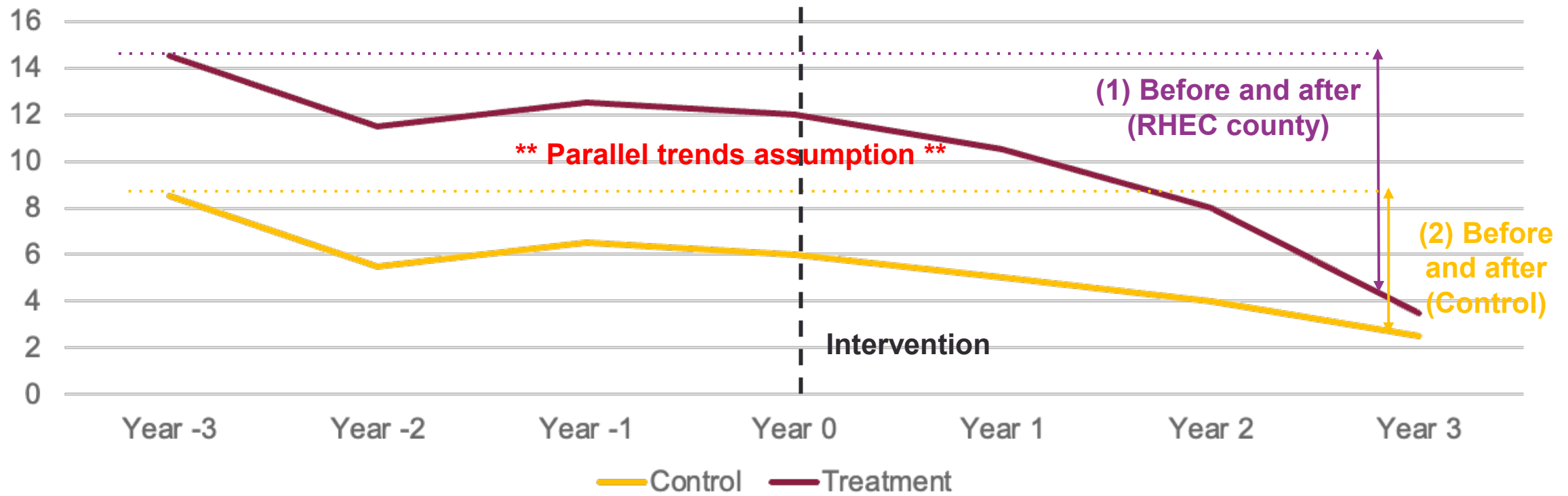
Variables

- **Overall disparity at the county level: difference-in-differences**
 - (% of non-Hispanic whites with healthcare access - % of the others with access) in each county and year
 - ex) Hood River county in 2017: (70% of non-Hispanic whites with personal doctor) - (50% of the others with personal doctor) = 20%p
- **Subgroup access at the individual level: pooled logistic regression**
 - Binary variable of whether an individual has healthcare access in a given year (1,0)

Methods: Difference-in-Differences (DiD)

- Impact measurement: before-and-after comparison with a control

(1) - (2) = Difference-in-Differences



Takeaways on ROI

- **No financial barrier: 14.12%p ↓ after 3 years, 44.99%p ↓ after 4 years**
 - Collaboration can reduce disparities, but **only in the long run**
 - These equitable outcomes can **grow stronger over time** → **sustainable support is needed**
- **Personal doctor: greatest effect for the least advantaged (Hispanic)**
 - RHECs focused on lowering linguistic and cultural obstacles to healthcare
 - We need more **careful diagnosis** on who lacks which type of healthcare, as well as **evidence-based impact analysis** of whether and how collaboration delivers

Limitations and Future Research

- **No cross-RHEC variations analyzed due to limited data availability**
 - ex) “Do RHECs achieve better outcomes with greater participant diversity?”
- **Possible bias in the DiD estimation**
 - Natural experiment settings?
- **Healthcare access rather than health status**
 - More qualitative/quantitative data needed for additional analyses



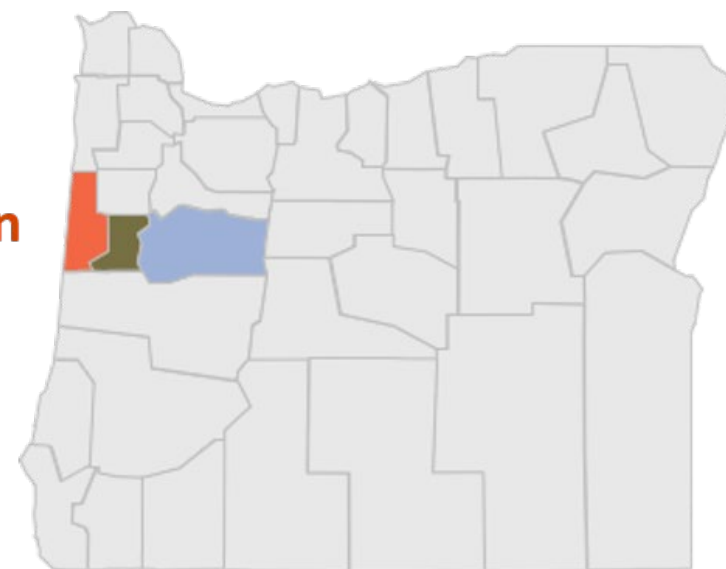
COMMUNITY CASE STUDY



Linn Benton Lincoln Health Equity Alliance (LBLHEA)



Linn, Benton, Lincoln



Black, Indigenous, Latine, and Non-binary led • One of Oregon's nine RHECs

Moving power and information in both directions

Our role in the region and state:

Convener

Advocate

Connector

**Equity
Steward**

**Capacity
Builder**



Governing Together: Where Community Shares Power

MEANINGFUL COMMUNITY ENGAGEMENT

**Leadership
Council**

**12 Grassroots
Partner
Organizations**

Policy Committee

**Data
Improvement
Task Force**

**Youth-led
Nicotine
Prevention
Council**

**Emergency
Preparedness
Council**

And we equip people to engage in public systems, testify on legislation, serve on boards, and to run for office.



Moving power and information in both directions

POLICY AND SYSTEMS CHANGE

CHIP

RHA

SHA

**Tobacco Free
School Policy**

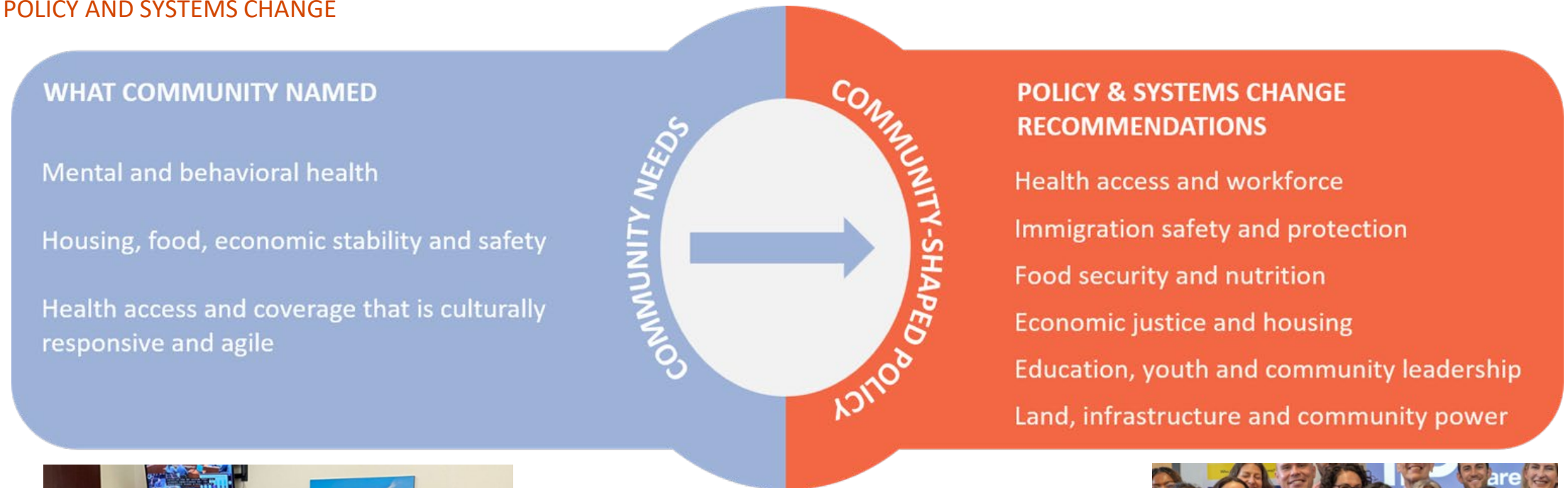
**LBLHEA
CHNA**

Lived experience informs and holds systems accountable.



Community Needs to Community Shaped Policy

POLICY AND SYSTEMS CHANGE



*HB 4088 — Matched, advocated,
translated, mobilized*



Expanding Language Access and Culturally Responsive Care

POLICY AND SYSTEMS CHANGE

**Healthcare
Interpreter Trainings**

**Language Access
Advocacy**

**Culturally Responsive
Care**

**Healing Centered
Engagement**

"LBLHEA helped us build a community health worker team in a very poor rural county. Their commitment, kindness, and passion encourage me to bring my best self to this difficult work every day."

-LBLHEA Partner

"We are really grateful to LBLHEA because it is often really difficult for Latino families in rural communities to have a voice. This collaboration gives power to people who really need it, so that they can not just survive, but thrive."

-LBLHEA Partner

Changing the Norms

ENVIRONMENT AND NORMS CHANGE

Who belongs in the room

Día de los Muertos · Pride · Disability Justice
Storytelling · Black Women's Health Workshop ·
African American Youth Leadership Conference ·
Soccer Tournament Health fair

Who and what belongs in the data

Making Culture Count — REALD & SOGI trainings ·
Data Equity, Justice & Decolonization training · Data
Improvement Task Force

*“LBLHEA is bringing a lot of energy out [to the coast] and it's giving all of us out here
a real sense of belonging in the larger region.”*

-LBLHEA Data Improvement Task Force Member



Organizational Capacity Building

12

organizations
funded and
convened



330+ students in school gardens · 73+ weekly free food boxes · 8 youth in active mentoring · Financial education classes in Spanish · Healing and Anti-burnout Workshop · Strategic planning retreat · Regular peer learning sessions & support for emerging groups

“Without LBLHEA, the gap would be profound. We’d lose not only critical funding but also a regional connector that weaves together organizations doing frontline equity work. “

-LBLHEA Partner

Our Reach & Impact

8,652

People Reached last
year in a region of
~276,785

*When our communities are healthy and thriving, the
entire region benefits.*

Our work is local, but the impact is generational.



WHY EXPANSION MATTERS

The Gap and What It Costs

9

Regional Health Equity
Coalitions statewide

22

of Oregon's 36 counties
have RHEC representation

14

counties have no
coalition at all

Access to this model depends on where you live.

The Opportunity

- Coalitions in all 36 Oregon counties, so every community has a pathway into the decisions that shape their health.
- Sustained, multi-year funding. The research shows these outcomes strengthen the longer coalitions are in place.
- Existing coalitions have not seen significant increases to their awards in several years. Funding has not kept pace with inflation while the cost of doing this work has risen.
 - ★ RHEC bill coming this session!

Where We Go From Here

- Communities have done this work for generations. The model reflects what they already know works.
- The research shows measurable reductions in disparities, and the effects grow stronger over time.
- Access to this model still depends on where you live in Oregon.

We have a model that works. The question now is whether we make it sustainable and available to every community in Oregon.

Questions?



Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Regional Health Equity Coalition Program at rhecprogram@oha.oregon.gov or 503-979-6983 (voice/text). We accept all relay calls.

[Danielle Droppers](#) (she/her), RHEC Program Manager



OHA RHEC Website: <http://www.oregon.gov/oha/oei/Pages/rhec.aspx>

RHEC Request Form: <https://survey.alchemer.com/s3/7026583/RHEC-Requests>