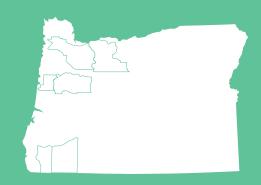




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The Regional Health Equity Coalitions have made great strides in a short period of time to begin addressing several social determinants of health that have persisted for generations. Ultimately, the RHECs are improving the overall state of health equity in Oregon—making this work a nominal investment for substantial, long-term improvements among the state's most vulnerable populations.



There are 4 coalitions serving 9 counties in Oregon. Visit our website for an interactive map with specific RHEC regions and county, race, ethnicity, and language information.

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Current Coalitions:

Linn Benton Health Equity Alliance Linn and Benton Counties Linn Benton Health Equity Alliance

Mid-Columbia Health Equity Coalition Hood River County and the Dalles http://www.nextdoorinc.org

Oregon Health Equity Alliance Clackamas, Multnomah, and Washington Counties www.oregonhealthequity.org

Southern Oregon Health Equity Advocates Jackson and Josephine Counties www.hccso.org



Regional Health Equity Coalitions





The Regional Health Equity Coalitions (RHECs) are collaborative, community-driven, cross-sectoral groups organized at a regional level to identify policy, system, and environmental solutions that increase health equity for underserved and underrepresented communities experiencing health disparities. Coalitions build on the inherent strengths of their local communities to craft and implement sustainable, long-term solutions.

DEFINITIONS

Health equity: People reaching their highest level of health and wellness regardless of social position or other socially determined factors such as race, ethnicity, language, disability, sexual orientation, gender, immigration status, or socioeconomic status, etc.

The primary goal of health equity work is to close avoidable health gaps related to health outcomes. Health inequities do not happen by chance, but result from historical injustice and institutional barriers experienced across various social determinants of health.

Social determinants of health: The situations and environment in which people are born, grow up, live, work, and age, and the systems people interact with that impact their health. These situations are shaped by factors such as housing, food, economics, education, employment, transportation, and social policies.



RHEC PURPOSE

The Regional Health Equity Coalitions help diverse communities build their capacity to work with policy and decision makers, Coordinated Care Organizations, and other health systems to address systemic inequities which are barriers to communities realizing their full health potential. The Regional Health Equity Coalitions serve as a bridge to historically underserved and underrepresented communities to empower diverse groups to become involved in developing unique, culturally appropriate solutions to pervasive issues of inequity that impact the health outcomes and wellbeing of Oregonians.



RHEC STRATEGY MAP

Increased & Authentic Community Engagement

STRATEGY 1: Regional Health Equity

Coalition Model

STRATEGY 2: Policy, System, & **Environmental**

Framework

- -Equitable coalition structures and processes
- -Equitable funding
- priority populations
- health systems
- Council participant
- -Data-driven strategic planning
- —Community needs assessments
- & community leaders
- —Common agenda

Interim Steps of Change

- Organizational Capacity
- -Communities of color &
- —Cross-sector partners —Coordination with CCOs &
- -CCO Community Advisory
- —Health equity trainings
- —Engage policy decision-makers

Strengthened

System Change

HEALTH

EQUITY

ocial Norm & **Environmental Change** In 2016, the RHECs held 140 community education and training event, reaching over 900 organizations and more than 6,000 individuals.



RHEC PRIORITY AREAS

- Behavioral health
- Corrections
- Cultural competence
- Education
- **Employment**
- Health care
- Healthy lifestyle
- Housing
- **Immigration**
- Improved data systems
- Oral health
- Transportation
- Workforce development

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English. To request this publication in another format or language, call 971-673-3391 or 711 (TTY).

Policy Change