Policy and Systems Change Recommendations 2024

	Reccomendations	EOHEA Cohort 1	EOHEA Cohort 2	Health Equity Coalition of Marion Polk and Yamhill	Linn Benton Lincoln Health Equity Alliance	Mid-Columbia Health Equity Advocates	Oregon Health Equity Alliance	RISE of Umpqua and Willamette Valley	SO Health-E	South Coast Equity Coalition
1	Deepening transparency practices between organizations and government, along with building intentional relationship with community-based organizations that are priority population; specific to inform implementation of new legislature.	☐	☐	☐	☐	☐	☐	☐	☐	☑
2	Enhanced equity education: Implement mandatory equity training for educators and administrators to ensure they are equipped to foster inclusive environments.	☑	☑	☐	☐	☐	☐	☐	☐	☐
3	Improved stakeholder engagement: Develop systems to facilitate consistent engagement from parents, students and community members in school district decisions.	☑	☑	☐	☐	☐	☐	☐	☐	☐
4	Safety net program access: Streamline the application processes for safety net programs to make them more accessible and user-friendly.	☑	☑	☐	☐	☐	☐	☐	☐	☐
5	Language accessibility: Mandate that all city and county communications are translated into multiple languages and simplified to ensure clarity and accessibility for all residents.	☑	☑	☐	☐	☐	☐	☐	☐	☐
6	School and community workshops: Organize workshops in schools and communities to teach people about identifying contamination and maintaining safe water sources. a) Grant programs for filtration systems: Develop grant programs to help homeowners install water filtration systems if contamination is detected. b) Advocacy for enhanced access to direct water resources, particularly in areas where homes have been identified as having contaminated water.	☐	☑	☐	☐	☐	☐	☐	☐	☐
7	Enhanced funding and staffing for Regional Health Equity Coalitions- Increase funding adjusted for inflation to support Regional Health Equity Coalitions, enabling them to hire more full-time staff. This ensures they can effectively continue their critical work in addressing health disparities across Oregon.	☐	☐	☐	☑	☑	☑	☐	☑	☐
8	Linguistic accessibility at DMV offices- Implement a statewide policy requiring all DMV offices to have bilingual staff and offer access to interpreters. This is crucial to address the language barriers faced by Latin and Indigenous Mesoamerican communities, ensuring equitable access to DMV services.	☐	☐	☐	☑	☑	☐	☐	☐	☐
9	Improvements in DMV website accessibility- Enhance the accessibility of the DMV website to ensure consistency and reliability of services, particularly in offering take-home tests and other online functionalities. This prevents frustration and facilitates easier access for all community members.	☐	☐	☐	☑	☑	☐	☐	☐	☐
10	Inclusion of adolescent parents as a priority population- Integrate adolescent parents as a priority population across government sectors, especially within the Oregon Department of Education (ODE). This acknowledges their diverse cultural backgrounds and addresses the disparities they face.	☐	☐	☐	☑	☐	☐	☐	☐	☐
11	Adjustment of poverty threshold- Raise the poverty threshold to expand eligibility for services, ensuring more community members can access necessary support.	☐	☐	☐	☑	☐	☐	☐	☐	☐
12	Co-placed health navigators in Title 1 schools- Foster collaboration between the Oregon Health Authority (OHA) and ODE to support co-placed health navigators in all Title 1 schools, enhancing access to healthcare services for vulnerable students.	☐	☐	☐	☑	☐	☐	☐	☐	☐
13	English language acquisition as public benefit- Secure consistent funding at local and state levels for English language learning programs. This supports equitable engagement in healthcare, employment, housing, education, and community participation.	☐	☐	☐	☑	☐	☐	☐	☐	☐
14	Enhanced mental health support in Spanish and Mam- Increase access to mental health resources and support in Spanish and Mam languages for youth and their families, addressing language barriers in accessing critical services.	☐	☐	☐	☑	☐	☐	☐	☐	☐
15	Expansion of ERDC and childcare subsidy programs- Expand ERDC and other flexible childcare subsidy programs to increase affordability and accessibility for families across Oregon.	☐	☐	☐	☑	☐	☐	☐	☐	☐
16	Funding for public transportation- Allocate funding to improve and increase rural to city public transportation options, particularly between Corvallis and Philomath, enhancing mobility for residents in these areas.	☐	☐	☐	☑	☐	☐	☐	☐	☐
17	Language access improvement initiatives- Dedicate funding for cities to provide interpretation and translation services, ensure mandatory translation of ballots into multiple languages, and increase pathways for interpreters in schools and medical facilities.	☐	☐	☐	☑	☐	☐	☐	☐	☐
18	Support for culturally appropriate mental health care- Increase funding and support pathways for mental health care providers from historically marginalized identities to deliver culturally appropriate care statewide.	☐	☐	☐	☑	☐	☐	☑	☐	☐
19	Investment in Early Childhood Education and elder care- Increase funding and development for early childhood education supports and elder care services, addressing critical needs across these age groups.	☐	☐	☐	☑	☐	☐	☐	☐	☐
20	Land access policies for indigenous and BIPOC communities- Implement policies offering and prioritizing land access for Indigenous and BIPOC communities, such as creating community garden spaces and increasing affinity spaces in city parks.	☐	☐	☐	☑	☐	☐	☐	☐	☐
21	State-mandated inclusive curriculum- Introduce a state-mandated curriculum that includes the racist and exclusionary history of Oregon, ensuring comprehensive education on these topics in schools statewide.	☐	☐	☐	☑	☐	☐	☐	☐	☐
22	Reparations task force- Establish a reparations task force to explore scenarios for restitution African Americans, addressing historical injustices and promoting equity.	☐	☐	☐	☑	☐	☐	☐	☐	☐
23	Access to clean water at in-lieu Native American sites and other sites	☐	☐	☐	☐	☑	☐	☐	☐	☐
24	More trainings available (in other languages besides English) for community members: ex: how to use fire extinguisher, proper food storage preservation, health workshops	☐	☐	☐	☐	☑	☐	☐	☐	☐
25	Home weatherization programs at free or at a very low-cost	☐	☐	☐	☐	☑	☐	☐	☐	☐
26	Affordable housing not just locally but statewide	☐	☐	☐	☐	☑	☐	☐	☐	☐
27	Culturally specific food items in food banks	☐	☐	☐	☐	☑	☐	☐	☐	☐
28	Health coverage for all	☐	☐	☐	☐	☑	☐	☑	☑	☐
29	Closely monitor racial and ethnic disparities in drug recriminalization, access to treatment, and investments in community -based prevention and treatment options and immediately address disparities.	☐	☐	☐	☐	☐	☐	☐	☑	☐
30	Increase access to healthcare services	☐	☐	☐	☐	☐	☐	☑	☐	☐
31	Increase the availability of physical and mental healthcare providers who share similar identities with communities they serve	☑	☐	☐	☐	☐	☐	☑	☐	☐
32	Increase gender affirming services	☑	☐	☐	☐	☐	☐	☑	☐	☐

	Reccomendations	EOHEA Cohort 1	EOHEA Cohort 2	Health Equity Coalition of Marion Polk and Yamhill	Linn Benton Lincoln Health Equity Alliance	Mid-Columbia Health Equity Advocates	Oregon Health Equity Alliance	RISE of Umpqua and Willamette Valley	SO Health-E	South Coast Equity Coalition
33	Explore opportunities in mobile health care	☑	☐	☐	☐	☐	☐	☑	☐	☐
34	Enhance support for unhoused ocmmunities	☑	☐	☐	☐	☐	☐	☑	☐	☐
35	Increase culturally competent care	☑	☐	☐	☐	☐	☐	☑	☐	☐
36	Focus on efforts to support all community members in maintaining a livable wage	☑	☐	☐	☐	☐	☐	☑	☐	☐
37	Increase access to healthy food	☑	☐	☐	☐	☐	☐	☑	☐	☐
38	Increase support in addressing the barriers to access to OHP and WIC	☐	☐	☐	☐	☐	☐	☑	☐	☐
39	Continuing to protect access to reproductive justice and gender affirming care and DEI from the nationwide bans passing across the country	☐	☐	☐	☐	☐	☑	☐	☐	☐

RHEC: Priority Areas 2024

	Primary	RHEC Name	Currently Involved	Area of interest
1	Behavioral Health	Eastern Oregon Health Equity Alliance	☑	☐
2	Built environment (increase places where people can walk or	Eastern Oregon Health Equity Alliance	☐	☐
3	Breastfeeding (support policies and programs)	Eastern Oregon Health Equity Alliance	☐	☐
4	Corrections/Criminal Justice Reform	Eastern Oregon Health Equity Alliance	☐	☐
5	Cultural competence	Eastern Oregon Health Equity Alliance	☐	☑
6	Data systems (identify and/or address equity gaps)	Eastern Oregon Health Equity Alliance	☐	☑
7	Dental/oral health	Eastern Oregon Health Equity Alliance	☐	☐
8	Disability	Eastern Oregon Health Equity Alliance	☐	☐
9	Education	Eastern Oregon Health Equity Alliance	☑	☐
10	Elder rights	Eastern Oregon Health Equity Alliance	☐	☐
11	Employment	Eastern Oregon Health Equity Alliance	☐	☐
12	Food insecurity	Eastern Oregon Health Equity Alliance	☑	☐
13	Health care	Eastern Oregon Health Equity Alliance	☑	☐
14	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	Eastern Oregon Health Equity Alliance	☑	☐
15	Higher education	Eastern Oregon Health Equity Alliance	☑	☐
16	Housing	Eastern Oregon Health Equity Alliance	☑	☐
17	Immigration	Eastern Oregon Health Equity Alliance	☑	☐
18	Language access	Eastern Oregon Health Equity Alliance	☑	☐
19	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	Eastern Oregon Health Equity Alliance	☑	☐
20	Self-management programs (deliver and promote referrals for communities that experience disparities)	Eastern Oregon Health Equity Alliance	☐	☐
21	Tobacco use disparities (prevent and/or eliminate)	Eastern Oregon Health Equity Alliance	☑	☐
22	Traditional health workers (support integration into health systems)	Eastern Oregon Health Equity Alliance	☐	☐
23	Transportation	Eastern Oregon Health Equity Alliance	☑	☐
24	Workforce development	Eastern Oregon Health Equity Alliance	☐	☐
25	Worksite wellness policies & programs (develop and/or implement)	Eastern Oregon Health Equity Alliance	☑	☐

	Primary	RHEC Name	Currently Involved	Area of interest
26	Youth Rights	Eastern Oregon Health Equity Alliance	☐	☐
27	Behavioral Health	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
28	Built environment (increase places where people can walk or	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
29	Breastfeeding (support policies and programs)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
30	Corrections/Criminal Justice Reform	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
31	Cultural competence	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
32	Data systems (identify and/or address equity gaps)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
33	Dental/oral health	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
34	Disability	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
35	Education	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
36	Elder rights	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
37	Employment	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
38	Food insecurity	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
39	Health care	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
40	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
41	Higher education	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
42	Housing	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
43	Immigration	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
44	Language access	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
45	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
46	Self-management programs (deliver and promote referrals for communities that experience disparities)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
47	Tobacco use disparities (prevent and/or eliminate)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
48	Traditional health workers (support integration into health systems)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
49	Transportation	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
50	Workforce development	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
51	Worksite wellness policies & programs (develop and/or implement)	Health Equity Coalition of Marion Polk and Yamhill	☑	☑

	Primary	RHEC Name	Currently Involved	Area of interest
52	Youth Rights	Health Equity Coalition of Marion Polk and Yamhill	☑	☑
53	Behavioral Health	Linn Benton Lincoln Health Equity Alliance	☐	☑
54	Built environment (increase places where people can walk or	Linn Benton Lincoln Health Equity Alliance	☐	☑
55	Breastfeeding (support policies and programs)	Linn Benton Lincoln Health Equity Alliance	☐	☑
56	Corrections/Criminal Justice Reform	Linn Benton Lincoln Health Equity Alliance	☑	☐
57	Cultural competence	Linn Benton Lincoln Health Equity Alliance	☑	☐
58	Data systems (identify and/or address equity gaps)	Linn Benton Lincoln Health Equity Alliance	☑	☐
59	Dental/oral health	Linn Benton Lincoln Health Equity Alliance	☐	☑
60	Disability	Linn Benton Lincoln Health Equity Alliance	☑	☐
61	Education	Linn Benton Lincoln Health Equity Alliance	☑	☐
62	Elder rights	Linn Benton Lincoln Health Equity Alliance	☐	☑
63	Employment	Linn Benton Lincoln Health Equity Alliance	☐	☑
64	Food insecurity	Linn Benton Lincoln Health Equity Alliance	☑	☐
65	Health care	Linn Benton Lincoln Health Equity Alliance	☑	☐
66	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	Linn Benton Lincoln Health Equity Alliance	☑	☐
67	Higher education	Linn Benton Lincoln Health Equity Alliance	☑	☐
68	Housing	Linn Benton Lincoln Health Equity Alliance	☑	☐
69	Immigration	Linn Benton Lincoln Health Equity Alliance	☑	☐
70	Language access	Linn Benton Lincoln Health Equity Alliance	☑	☐
71	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	Linn Benton Lincoln Health Equity Alliance	☑	☐
72	Self-management programs (deliver and promote referrals for communities that experience disparities)	Linn Benton Lincoln Health Equity Alliance	☐	☑
73	Tobacco use disparities (prevent and/or eliminate)	Linn Benton Lincoln Health Equity Alliance	☑	☐
74	Traditional health workers (support integration into health systems)	Linn Benton Lincoln Health Equity Alliance	☑	☐
75	Transportation	Linn Benton Lincoln Health Equity Alliance	☑	☐
76	Workforce development	Linn Benton Lincoln Health Equity Alliance	☑	☐
77	Worksite wellness policies & programs (develop and/or implement)	Linn Benton Lincoln Health Equity Alliance	☑	☐

	Primary	RHEC Name	Currently Involved	Area of interest
78	Youth Rights	Linn Benton Lincoln Health Equity Alliance	☑	☐
79	Behavioral Health	Mid-Columbia Health Equity Advocates	☑	☐
80	Built environment (increase places where people can walk or	Mid-Columbia Health Equity Advocates	☐	☑
81	Breastfeeding (support policies and programs)	Mid-Columbia Health Equity Advocates	☐	☐
82	Corrections/Criminal Justice Reform	Mid-Columbia Health Equity Advocates	☐	☐
83	Cultural competence	Mid-Columbia Health Equity Advocates	☑	☐
84	Data systems (identify and/or address equity gaps)	Mid-Columbia Health Equity Advocates	☐	☑
85	Dental/oral health	Mid-Columbia Health Equity Advocates	☐	☐
86	Disability	Mid-Columbia Health Equity Advocates	☐	☑
87	Education	Mid-Columbia Health Equity Advocates	☑	☐
88	Elder rights	Mid-Columbia Health Equity Advocates	☐	☑
89	Employment	Mid-Columbia Health Equity Advocates	☐	☑
90	Food insecurity	Mid-Columbia Health Equity Advocates	☑	☐
91	Health care	Mid-Columbia Health Equity Advocates	☑	☐
92	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	Mid-Columbia Health Equity Advocates	☑	☐
93	Higher education	Mid-Columbia Health Equity Advocates	☐	☑
94	Housing	Mid-Columbia Health Equity Advocates	☑	☐
95	Immigration	Mid-Columbia Health Equity Advocates	☐	☐
96	Language access	Mid-Columbia Health Equity Advocates	☐	☐
97	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	Mid-Columbia Health Equity Advocates	☐	☐
98	Self-management programs (deliver and promote referrals for communities that experience disparities)	Mid-Columbia Health Equity Advocates	☐	☐
99	Tobacco use disparities (prevent and/or eliminate)	Mid-Columbia Health Equity Advocates	☐	☐
100	Traditional health workers (support integration into health systems)	Mid-Columbia Health Equity Advocates	☐	☐
101	Transportation	Mid-Columbia Health Equity Advocates	☑	☐
102	Workforce development	Mid-Columbia Health Equity Advocates	☐	☑
103	Worksite wellness policies & programs (develop and/or implement)	Mid-Columbia Health Equity Advocates	☐	☐

	Primary	RHEC Name	Currently Involved	Area of interest
104	Youth Rights	Mid-Columbia Health Equity Advocates	☐	☑
105	Other: Cultural/Traditional preservation in language, land and crafts	Mid-Columbia Health Equity Advocates	☐	☐
106	Behavioral Health	Oregon Health Equity Alliance	☑	☑
107	Built environment (increase places where people can walk or	Oregon Health Equity Alliance	☐	☐
108	Breastfeeding (support policies and programs)	Oregon Health Equity Alliance	☐	☐
109	Corrections/Criminal Justice Reform	Oregon Health Equity Alliance	☑	☑
110	Cultural competence	Oregon Health Equity Alliance	☑	☑
111	Data systems (identify and/or address equity gaps)	Oregon Health Equity Alliance	☑	☑
112	Dental/oral health	Oregon Health Equity Alliance	☑	☐
113	Disability	Oregon Health Equity Alliance	☑	☑
114	Education	Oregon Health Equity Alliance	☑	☑
115	Elder rights	Oregon Health Equity Alliance	☐	☑
116	Employment	Oregon Health Equity Alliance	☐	☑
117	Food insecurity	Oregon Health Equity Alliance	☐	☑
118	Health care	Oregon Health Equity Alliance	☑	☑
119	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	Oregon Health Equity Alliance	☑	☑
120	Higher education	Oregon Health Equity Alliance	☐	☑
121	Housing	Oregon Health Equity Alliance	☐	☑
122	Immigration	Oregon Health Equity Alliance	☑	☑
123	Language access	Oregon Health Equity Alliance	☑	☑
124	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	Oregon Health Equity Alliance	☑	☑
125	Self-management programs (deliver and promote referrals for communities that experience disparities)	Oregon Health Equity Alliance	☐	☑
126	Tobacco use disparities (prevent and/or eliminate)	Oregon Health Equity Alliance	☑	☑
127	Traditional health workers (support integration into health systems)	Oregon Health Equity Alliance	☐	☑
128	Transportation	Oregon Health Equity Alliance	☐	☑
129	Workforce development	Oregon Health Equity Alliance	☐	☐

	Primary	RHEC Name	Currently Involved	Area of interest
130	Worksite wellness policies & programs (develop and/or implement)	Oregon Health Equity Alliance	☑	☑
131	Youth Rights	Oregon Health Equity Alliance	☑	☑
132	Other: Reproductive, justice and gender affirming care, climate change, environmental justice, COVID-19, and long COVID	Oregon Health Equity Alliance	☑	☑
133	Behavioral Health	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
134	Built environment (increase places where people can walk or exercise)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
135	Breastfeeding (support policies and programs)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
136	Corrections/Criminal Justice Reform	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
137	Cultural competence	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
138	Data systems (identify and/or address equity gaps)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☑	☐
139	Dental/oral health	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
140	Disability	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
141	Education	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☑	☐
142	Elder rights	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
143	Employment	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
144	Food insecurity	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
145	Health care	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
146	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
147	Higher education	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑

	Primary	RHEC Name	Currently Involved	Area of interest
148	Housing	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
149	Immigration	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
150	Language access	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
151	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
152	Policy and systems work (legislative process, policy endorsement process, workgroups, etc.)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
153	Self-management programs (deliver and promote referrals for communities that experience disparities)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
154	Tobacco use disparities (prevent and/or eliminate)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
155	Traditional health workers (support integration into health systems)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
156	Transportation	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
157	Workforce development	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
158	Worksite wellness policies & programs (develop and/or implement)	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
159	Youth Rights	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☐
160	Other: Addressing biases in healthcare	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
161	Other: Expansion of services to rural areas	RISE (Regional Intersectional System-Change for Equity), of the Umpqua and Willamette Valleys.	☐	☑
162	Behavioral Health	South Coast Health Equity Coalition	☑	☐
163	Built environment (increase places where people can walk or	South Coast Health Equity Coalition	☐	☐
164	Breastfeeding (support policies and programs)	South Coast Health Equity Coalition	☐	☐
165	Corrections/Criminal Justice Reform	South Coast Health Equity Coalition	☐	☐
166	Cultural competence	South Coast Health Equity Coalition	☑	☐

	Primary	RHEC Name	Currently Involved	Area of interest
167	Data systems (identify and/or address equity gaps)	South Coast Health Equity Coalition	☑	☐
168	Dental/oral health	South Coast Health Equity Coalition	☐	☐
169	Disability	South Coast Health Equity Coalition	☑	☐
170	Education	South Coast Health Equity Coalition	☑	☐
171	Elder rights	South Coast Health Equity Coalition	☑	☐
172	Employment	South Coast Health Equity Coalition	☑	☐
173	Food insecurity	South Coast Health Equity Coalition	☑	☐
174	Health care	South Coast Health Equity Coalition	☑	☐
175	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	South Coast Health Equity Coalition	☑	☐
176	Higher education	South Coast Health Equity Coalition	☑	☐
177	Housing	South Coast Health Equity Coalition	☑	☐
178	Immigration	South Coast Health Equity Coalition	☑	☐
179	Language access	South Coast Health Equity Coalition	☑	☐
180	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	South Coast Health Equity Coalition	☑	☐
181	Self-management programs (deliver and promote referrals for communities that experience disparities)	South Coast Health Equity Coalition	☐	☐
182	Tobacco use disparities (prevent and/or eliminate)	South Coast Health Equity Coalition	☑	☐
183	Transportation	South Coast Health Equity Coalition	☐	☐
184	Workforce development	South Coast Health Equity Coalition	☐	☐
185	Worksite wellness policies & programs (develop and/or implement)	South Coast Health Equity Coalition	☐	☐
186	Youth Rights	South Coast Health Equity Coalition	☑	☐
187	Behavioral Health	South Oregon Health Equity Coalition	☐	☑
188	Built environment (increase places where people can walk or	South Oregon Health Equity Coalition	☐	☑
189	Breastfeeding (support policies and programs)	South Oregon Health Equity Coalition	☐	☐
190	Corrections/Criminal Justice Reform	South Oregon Health Equity Coalition	☑	☐
191	Cultural competence	South Oregon Health Equity Coalition	☑	☐
192	Data systems (identify and/or address equity gaps)	South Oregon Health Equity Coalition	☑	☐
193	Dental/oral health	South Oregon Health Equity Coalition	☐	☐

	Primary	RHEC Name	Currently Involved	Area of interest
194	Disability	South Oregon Health Equity Coalition	☐	☑
195	Education	South Oregon Health Equity Coalition	☐	☑
196	Elder rights	South Oregon Health Equity Coalition	☐	☑
197	Employment	South Oregon Health Equity Coalition	☑	☐
198	Food insecurity	South Oregon Health Equity Coalition	☐	☐
199	Health care	South Oregon Health Equity Coalition	☑	☐
200	Health communications (efforts that increase awareness of chronic disease risk factors and the social determinants of health)	South Oregon Health Equity Coalition	☑	☐
201	Higher education	South Oregon Health Equity Coalition	☐	☑
202	Housing	South Oregon Health Equity Coalition	☑	☐
203	Immigration	South Oregon Health Equity Coalition	☐	☐
204	Language access	South Oregon Health Equity Coalition	☑	☐
205	Nutrition and physical activity (develop standards for health systems, government or community-based organizations)	South Oregon Health Equity Coalition	☐	☐
206	Self-management programs (deliver and promote referrals for communities that experience disparities)	South Oregon Health Equity Coalition	☐	☐
207	Tobacco use disparities (prevent and/or eliminate)	South Oregon Health Equity Coalition	☑	☐
208	Traditional health workers (support integration into health systems)	South Oregon Health Equity Coalition	☐	☐
209	Training (providing trainings, workshops, webinars)	South Oregon Health Equity Coalition	☐	☑
210	Transportation	South Oregon Health Equity Coalition	☑	☐
211	Workforce development	South Oregon Health Equity Coalition	☐	☐
212	Worksite wellness policies & programs (develop and/or implement)	South Oregon Health Equity Coalition	☐	☐
213	Youth Rights	South Oregon Health Equity Coalition	☑	☐