LPHA Health Equity Assessment and Plan

Demonstration of Fulfillment of PE 51 Deliverable Requirements

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| Local Public Health Authority (LPHA): |  |
| Person responsible for plan: |  |
| Title: |  |
| Email: |  |
| Title(s) of document(s) submitted: |  |
| Date submitted: |  |

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| To demonstrate fulfillment of PE 51 requirements for the LPHA Health Equity Plan, each LPHA must compete and submit this form along with the LPHA’s health equity plan document(s) via email to [lpha.tribes@oha.oregon.gov](mailto:lpha.tribes@oha.oregon.gov) or upload as part of the LPHA’s PE 51 Progress Reporting. For more information, refer to Health Equity Assessment and Plan Guidance, posted on OHA’s [PH Modernization for LPHAs and Tribes webpage](https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/PHModernization_LPHAs_Tribes.aspx). |

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| 1. Type of document(s) submitted (check all that apply)   LPHA stand-alone Health equity assessment  LPHA stand-alone Health equity plan  LPHA combined health equity plan and assessment  LPHA health equity plan integrated within a broader document, such as an LPHA strategic plan.  Regional LPHA health equity assessment  Regional LPHA health equity plan  Other (describe): |
| **2. May OHA post this plan or a link to the plan?**  OHA may post a pdf of the plan on OHA’s website.  OHA may post a link to the LPHA’s plan. Link where posted on LPHA’s website:  LPHA requests that OHA not publicly post the health equity assessment/plan. Please explain: |
| **The following section of this form will serve as the LPHA’s attestation that its health equity assessment and plan meets PE 51 requirements. At this time, OHA is not planning to formally approve LPHA health equity plans but may request revision if an incomplete plan is submitted.** |
| **Health Equity Assessment**  Please check the box next to each element to confirm that it is included in your submission:  LPHA provided evidence of:  **A. Foster health equity**  A1. Collection and use of qualitative and quantitative data that reveal inequities in the distribution of disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.  A2. Collection and use of local or regional data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic well-being and environmental quality) through local partnerships, or other sources.  A3. Identification of population subgroups or geographic areas characterized by:   1. An excess burden of adverse health or socioeconomic outcomes; 2. An excess burden of environmental health threats; 3. Inadequate health resources that affect health (e.g., quality parks and schools).   A4. An assessment of staff knowledge and capabilities related to health equity.  **B. Communicate and engage inclusively**  B1. A stakeholder assessment conducted to identify community members and other partners (ex. community based organization) to be engaged in addressing health inequities.  B2. Engagement of community members and groups impacted by health inequities in a dialogue about how to support health.  B3. Identification, with community, of root causes of health inequities (examples include systems of oppression like racism and social determinants of health such as housing, and education). |
| **Health Equity Plan**  Please check the box next to each element to confirm that it is included in your submission:  **All strategies include measurable objectives and specified outcomes.**  **A. Foster health equity**  A1. Strategies co-created with community members and other stakeholders to address the root causes of health inequities.  A2. Strategies to ensure that public health programs are effective, equitable, understandable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.  A3. Strategies to establish and/or maintain partnerships to:   1. Enhance multidisciplinary and multi-sector capacity to forward health equity 2. Tackle the root causes of health inequity   A4. Strategies to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs.  **B. Communicate and engage inclusively**  B1. Strategies to regularly communicate with community members and stakeholders about the health of their community, especially on strategies and decisions relating to health equity priorities.  B2. Strategies to engage communities impacted by health disparities in recruitment efforts for public health jobs.  B3. Strategies to engage in dialogue with people, governing bodies, and elected officials about governmental policies responsible for health inequities, improvements being made in those policies and priority health issues not yet being adequately addressed. |
| **If any of the elements listed above were not included in the LPHA’s submission, please explain:** |

**Thank you for submitting your health equity plan!**