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| SSeal_647C | PUBLIC HEALTH DIVISIONOffice of the State Public Health Director  |  |
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**Plan Template for LPHAs – Health Equity and Cultural Responsiveness**

**PE 51 Public Health Modernization**

Updated July 2024

***LPHAs may use optional OHA-provided templates or their own format for the health equity assessment and plan.***

Please provide all strategies developed or implemented for each element of the plan. The boxes provided should be expanded as needed. Strategies should include measurable objectives and specified outcomes. Because of the importance of community engagement in forwarding health equity, space has been provided so that co-authors of or participants in the strategy development process can be included. These participants may be specific individuals or groups (ex. Regional Health Equity Coalition, CBOs or Tribal partners). Guidance for the required Health Equity and Cultural Responsiveness Plan and Assessment can be found on OHA’s [PH Modernization for LPHAs and Tribes webpage](https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Pages/PHModernization_LPHAs_Tribes.aspx).

**\*\*\*All strategies should include measurable objectives and specified outcomes.\*\*\***

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| LPHA Name and Date of Plan |
| **Local Public Health Authority (LPHA):** | Add text here. |
| **Date of Plan:**  | Add text here. |

1. **Foster health equity**

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| A1 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. | **Root cause(s) being addressed:** | Add text here. |

A1. Strategies co-created with community members and other stakeholders to address the root causes[[1]](#footnote-1) of health inequities.

**(Insert additional tables until all strategies, objectives, desired outcomes, and root causes have been included)**

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| A2 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

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.

**(Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

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 inequities

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| A3 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

**(Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

A4. Strategies to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs.

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| A4 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

**Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

1. **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.

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| B1 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

**(Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

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| B2 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

B2. Strategies to engage communities impacted by health disparities in recruitment efforts for public health jobs.

 **(Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

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.

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| B3 Strategy (1): Add text here. |
| **Participants (briefly describe):** | Add text here. |
| **Measurable Objective:** | Add text here. |
| **Desired Outcome(s):** | Add text here. |

 **(Insert additional tables until all strategies, objectives, and desired outcomes have been included)**

1. Note: The term “root causes” in this document describes the underlying causes of health inequities. These underlying causes include systems of oppression (ex. racism, ableism, homophobia, and sexism) and social determinants of health (ex. housing, education, economic stability, health care system). Health disparities are differences in the presence of disease, health outcomes, or access to health care between population groups. Health inequities are differences in health that are not only unnecessary and avoidable, but also unfair and unjust. Working with community to identify the root causes for health differences experienced by some communities can highlight how health disparities seen in data are health inequities. Making the connection between root causes and health outcomes can support the adoption of strategies that improves health outcomes and forward health equity. (Modified from the Boston Public Health Commission) [↑](#footnote-ref-1)