|  |  |  |
| --- | --- | --- |
| SSeal_647C | PUBLIC HEALTH DIVISIONOffice of the State Public Health Director  |  |
| Kate Brown, Governor |

**Plan Template--Health Equity and Cultural Responsiveness**

**Public Health Modernization 2017-2019 Grant**

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 or Tribal partners). Guidance for the required Health Equity and Cultural Responsiveness Plan and Assessment can be found here: [http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/RegionalPartnershipGrantees.aspx](https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/RegionalPartnershipGrantees.aspx)

1. **Foster health equity**

|  |
| --- |
| 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 communicable disease disparities.

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

|  |
| --- |
| 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 communicable disease 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 communicable disease health disparities

|  |
| --- |
| 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 communicable disease control programs.

|  |
| --- |
| 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)**

A5. All strategies should include measurable objectives. and specified outcomes.

Note: This element of the guidance should be shown in responses to elements A1 thru A4 and B1 thru B3.

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.

|  |
| --- |
| 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)**

|  |
| --- |
| 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 communicable disease health inequities, improvements being made in those policies and priority health issues not yet being adequately addressed.

|  |
| --- |
| 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)