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

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

**Public Health Modernization 2017-2019 Grant**

**Assessment**

Please provide evidence for each element of the assessment. The box provided can be expanded as needed. Evidence can consist of a narrative explanation, bullet points, pictures from an event, slides, and links to substantiating documentation. Supplemental questions are provided to assist you in responding to each element of the Health Equity and Cultural Responsiveness Guidance. 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>

**Please describe any health equity assessment tools that you used as part of your process. Include a brief description of any modifications that you made to the tool and the process that you used to conduct your assessment. Providing a timeline can be an easy way to organize your response.**

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| Add text here. |

**Please describe how this health equity and cultural responsiveness work connects with past, current, or future health equity initiatives in your health department and/or region.**

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| Add text here. |

**Please describe the communities and populations that were included in your assessment. Describe how they were included in your process.**

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| Add text here. |

The remainder of this template is structured around the elements included in the [Guidance for the Health Equity Assessment and Plan](https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Pages/RegionalPartnershipGrantees.aspx).

1. **Foster health equity**

**A1.** Collection and use of qualitative and quantitative data that reveal inequities in the distribution of communicable disease. Focus on the social conditions (including strengths, assets and protective factors) that influence health.

Supplemental questions:

What data did you collect? Who did you collect data from? How did you collect it? What did you learn from your data?

**A1 Evidence:**

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| Add evidence here. |

**A2**. Collection and use of 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.

Supplemental questions:

What data did you collect? Who did you collect data from? How did you collect it? What did you learn from your data? How did you use the data?

**A2 Evidence:**

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| Add evidence here. |

**A3**. Identification of population subgroups or geographic areas characterized by:

1. An excess burden of adverse health or socioeconomic outcomes;
2. Inadequate health resources that affect health (e.g., quality parks and schools).

Supplemental questions:

Describe, in detail, the population subgroups that experience an excess burden of adverse health or socioeconomic outcomes and/or have inadequate resources that effect health. How did you identify these populations? How do members of the population subgroup describe themselves?

**A3 Evidence:**

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| Add evidence here. |

**A4**. An assessment of staff knowledge and capabilities related to health equity.

Supplemental questions:

What groups of staff were included in this part of the assessment? What did you learn about the knowledge, skills, and capacity of your workforce to advance health equity and cultural responsiveness?

**A4 Evidence:**

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| Add evidence here. |

1. **Communicate and engage inclusively**

**B1**. A stakeholder assessment conducted to identify community members and other stakeholders (ex. community based organization) to be engaged in addressing communicable disparities.

Supplemental questions:

How did you conduct a stakeholder assessment? What did you learn from your stakeholder assessment?

**B1 Evidence:**

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| Add evidence here. |

**B2**. Engagement of community members and groups impacted by communicable disease disparities in a dialogue about how to support health.

Supplemental questions:

How did you engage community members and groups impacted by communicable disease disparities? What did the people who you engaged tell you about their health priorities and concerns? What did you learn?

**B2 Evidence:**

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| Add evidence here. |

**B3**. Identification, with community, of root causes[[1]](#endnote-1) of communicable disease disparities (examples include systems of oppression like racism and social determinants of health such as housing, and education).

Supplemental questions:

What did community members tell you about their challenges? How do these challenges impact their health? How do these challenges relate to communicable disease disparities?

**B3 Evidence:**

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| Add evidence here. |

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) [↑](#endnote-ref-1)