



Health Equity Assessment and Plan Guidance
LPHA Deliverable for PE 51 Public Health Modernization
Updated July 2024

Background

As required by PE 51 under LPHA requirements for increasing capacity for foundational capabilities, for the capability of health equity and cultural responsiveness, each LPHA must complete a local or regional health equity plan by June 30, 2025, if the LPHA has not completed a plan within the past five years. The health equity plan should be developed based on results of an assessment of the LPHA's health equity capacity completed within the previous five years. For the purposes of this PE 51 deliverable, the health equity assessment and plan should focus on the LPHA's capacity to address health equity and cultural responsiveness; it is not intended to be a report solely focusing on health disparities within the local or regional area, which would typically be the focus of other documents such as a community health assessment or a community health improvement plan.

This PE 51 requirement is based on the following deliverables in the Health Equity and Cultural Responsiveness section of [Oregon's Public Health Modernization Manual](#):

- Internal assessment, completed within the previous five years, of the LPHA's overall capacity to apply a health equity lens to programs and services, provide culturally responsive programming and services, and status of the LPHA's structure and culture as a barrier or facilitator for achieving health equity.
- Action plan that addresses key findings from the internal assessment and includes organizational changes that support a health equity lens and cultural responsiveness. Action plan includes metrics and an accountability structure that identifies responsible work units, tasks, timelines and performance measures.

Health Equity Definition

In October 2019, the Oregon Health Policy Board (OHPB) and OHA adopted the following definition of health equity, as defined by OHPB's Health Equity Committee:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

- *Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:*
- *The equitable distribution or redistribution of resources and power; and*
- *Recognizing, reconciling, and rectifying historical and contemporary injustices.*

Health Equity Assessment and Plan Guidance

The health equity plan may be a stand-alone LPHA or regional plan or may be incorporated into a broader document such as an LPHA strategic plan, as long as the LPHA can demonstrate that it meets all the required components in this guidance document. As noted above, the LPHA health equity assessment and plan is different than a community health improvement assessment and plan. LPHAs may use the optional OHA-provided health equity assessment and plan templates or may use their own format. (Optional templates are posted on the [PH Modernization for LPHAs and Tribes webpage](#).)

To meet PE 51 requirements, the health equity plan submission must include evidence of a health equity assessment conducted within the past five years, including the elements listed within the health equity assessment guidance in the table below.

LPHAs should engage community partners as participants early in the process of conducting the health equity assessment and developing the health equity plan, to ensure the process centers community strengths and needs while supporting the cultural responsiveness portion of this foundational capability. The health equity plan should be developed based on what is learned through the health equity assessment.

Some LPHAs have used the Bay Area Regional Health Inequities Initiative (BARHII) [Local Health Department Organizational Self-Assessment for Addressing Health Inequities](#) to guide their assessment and action plan development. The BARHII and other relevant resources are listed below.

The table below is based on guidance developed during the 2017-2019 biennium when the initial public health modernization funding supported regional work focused on communicable disease and health equity. Regional LPHA partnerships were asked to address the healthy equity assessment and plan within the context of addressing communicable disease disparities and advancing health equity through work in the two health equity and cultural responsiveness domains from the [Public Health Modernization Manual](#): (1) Foster Health Equity and (2) Communicate and Engage Inclusively. The guidance is based on local roles and deliverables included in the Public Health Modernization Manual.

In subsequent years, LPHA public health modernization work funded through PE 51 has expanded beyond communicable disease. For the purposes of the health equity assessment and plan, LPHAs should look broadly at their capacity for health equity across all their public health work. The initial 2017-2019 guidance listed local roles from the modernization manual with language focusing on work related communicable disease; the language in this updated guidance focuses more broadly on health inequities beyond just communicable disease. In preparation for developing the health equity assessment and plan, it is recommended that LPHAs review the complete list of local roles and deliverables in the health equity and cultural responsiveness section of the manual. At a minimum, healthy equity assessments and plans must include the items listed under guidance in the table below. The items do not all need to be included in a stand-alone LPHA health equity plan; some or all of the items listed below may be incorporated into a broader LPHA document such as an LPHA strategic plan. If applicable, LPHAs may choose to reference their CHA for evidence of A1, A2, and A3 in the health equity assessment guidance, and may reference their CHIP for A1 in the health equity plan guidance.

Health Equity Assessment Guidance	Health Equity Plan Guidance
<p>A. Foster health equity LPHA shall provide evidence of:</p> <p>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.</p> <p>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.</p> <p>A3. Identification of population subgroups or geographic areas characterized by:</p> <ul style="list-style-type: none"> i. An excess burden of adverse health or socioeconomic outcomes; 	<p>All strategies should include measurable objectives and specified outcomes.</p> <p>A. Foster Health Equity The plan shall include the following:</p> <p>A1. Strategies co-created with community members and other stakeholders to address the root causes of health inequities.</p> <p>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.</p> <p>A3. Strategies to establish and/or maintain partnerships to:</p> <ul style="list-style-type: none"> i. Enhance multidisciplinary and multi-sector capacity to forward health equity ii. Tackle the root causes of health inequity

<p>ii. An excess burden of environmental health threats;</p> <p>iii. Inadequate health resources that affect health (e.g., quality parks and schools).</p> <p>A4. An assessment of staff knowledge and capabilities related to health equity.</p> <p>Related resources: (Content removed due to nonfunctional links resulting from restructuring of the Health Equity Guide. The revised guide is available at https://healthequityguide.org/. See below for links to other tools and resources.)</p> <p>HealthEquityGuide.org</p> <ul style="list-style-type: none"> ● Strategic Practice: Mobilize Data, Research, and Evaluation https://healthequityguide.org/strategic-practices/mobilize-data-research-evaluation/ ● Strategic Practice: Confront the Root Causes https://healthequityguide.org/strategic-practices/confront-the-root-causes/ 	<p>A4. Strategies to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs.</p> <p>Related resources: (Content removed due to nonfunctional links resulting from restructuring of the Health Equity Guide. The revised guide is available at https://healthequityguide.org/. See below for links to other tools and resources.)</p> <p>HealthEquityGuide.org</p> <ul style="list-style-type: none"> ● Strategic Practice: Share Power with Communities https://healthequityguide.org/strategic-practices/share-power-with-communities/ ● Strategic Practice: Build Government Alliances https://healthequityguide.org/strategic-practices/build-government-alliances/ ● Strategic Practice: Change Internal Practices and Processes https://healthequityguide.org/strategic-practices/change-internal-practices-and-processes/ ● Strategic Practice: Build Organizational Capacity https://healthequityguide.org/strategic-practices/build-organizational-capacity/
<p>B. Communicate and engage inclusively LPHA shall provide evidence of:</p> <p>B1. A stakeholder assessment conducted to identify community members and other partners (ex. community based organization) to be engaged in addressing health inequities.</p>	<p>B. Communicate and engage inclusively The plan shall include the following:</p> <p>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.</p>

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).

Related resources: (Content removed due to nonfunctional links resulting from restructuring of the Health Equity Guide. The revised guide is available at <https://theequityguide.org/>. See below for links to other tools and resources.)

~~HealthEquityGuide.org~~

~~Strategic Practice: Share Power with Communities~~

~~<https://theequityguide.org/strategic-practices/share-power-with-communities/>~~

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.

Related resources: (Content removed due to nonfunctional links resulting from restructuring of the Health Equity Guide. The revised guide is available at <https://theequityguide.org/>. See below for links to other tools and resources.)

~~HealthEquityGuide.org~~

~~• Strategic Practice: Build Community Alliances~~

~~<https://theequityguide.org/strategic-practices/build-community-alliances/>~~

~~• Strategic Practice: Prioritize Upstream Policy Change~~

~~<https://theequityguide.org/strategic-practices/prioritize-upstream-policy-change/>~~

~~• Strategic Practice: Change the Conversation~~

~~<https://theequityguide.org/strategic-practices/change-the-conversation/>~~

Health Equity Tools and Resources:

Resource	Focus	Authoring Organization(s)	URL
Equity and Empowerment Lens	Quality improvement and decision-making focused on racial equity	Multnomah County, Oregon	https://multco.us/diversity-equity/equity-and-empowerment-lens
Bay Area Regional Health Inequities Initiative	Health equity self-assessment for local public health departments	Bay Area Regional Health Inequities Initiative (BARHII) is a coalition of the San Francisco Bay Area’s eleven public health departments	https://barhii.org/resource-library
HealthEquityGuide.org	Broad resource for local public health departments around health equity	Health Impact Partners	https://healthequityguide.org/
Health Equity in Action, Health Equity Solutions	Framework, resources, training and services to assist in health equity planning	Stratis Health	https://stratishealth.org/health-equity/
National Institutes of Health	Broad resources including definitions, data assessment tools, publications	NIH National Institute on Minority Health and Health Disparities	https://www.nimhd.nih.gov
Framework for Improving Health Equity	Framework for prioritizing , planning for and improving health equity	Institute for Healthcare improvement	https://www.ihl.org/resources/publications/framework-improving-health-equity
CDC Office of Health Equity	Broad resources for public health and health equity work	Centers for Disease Control	https://www.cdc.gov/healthequity/index.html
NACCHO Health Equity Program	Broad resources for public health and health equity work	National Association of County and City Health Officials	https://www.naccho.org/programs/public-health-infrastructure/health-equity
Area Deprivation Index-Neighborhood Atlas	Uses HRSA tool and census block group level data to understand which neighborhoods have	Center for Health Disparities Research, University of Wisconsin	https://www.neighborhoodatlas.medicine.wisc.edu https://www.neighborhoodatlas.medicine.wisc.edu/mapping

	socioeconomic disadvantages tied to poorer health outcomes		
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LPHA Health Equity Assessment and Plan – Demonstration of fulfillment of PE 51 deliverable requirements

Note: This page is for reference only. Please submit fillable version of this form, available on the [PH Modernization for LPHAs and Tribes webpage](#).

LPHA:

Person responsible for plan:

Title:

Email:

Title (s) of document(s) submitted:

Date submitted:

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 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](#).

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 _____

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 revisions 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:
 - i. An excess burden of adverse health or socioeconomic outcomes;
 - ii. An excess burden of environmental health threats;
 - iii. 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:
 - i. Enhance multidisciplinary and multi-sector capacity to forward health equity
 - ii. 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!