Public Health Modernization Southwest Regional Health Collaborative
Health Equity Action Plan

Background

The Southwest Regional Health Collaborative is a group consisting of the local health departments from Coos, Curry, and Douglas Counties, and partner agencies including the Coquille Indian Tribe, the Cow Creek Band of the Umpqua Indians, and the Coordinated Care Organizations: Advanced Health, and the Umpqua Health Alliance. The LHDs obtained project funding from the Oregon Health Authority for a regional (multi-county) effort on public health modernization. A health equity action plan is a deliverable as part of the Public Health Modernization Program requirements for FY 2017-2019. To create a health equity action plan, our region performed two Bay Area Regional Health Inequities Initiative (BARHII) surveys from August to October 2018. The first survey was of local health department staff in each county. The second survey was of the health collaborative's community partners. The results of the survey were shared with OHA. The health equity assessments' results are being used to create this health equity action plan.

Health Equity Survey Results

Analysis of the health equity surveys indicated that there are sixty action (Appendix B) that need to be taken. The actions fell into several categories:

- Addressing leading public health issues, such as substance abuse, behavioral health, etc.;
- Addressing social determinants of health, such as housing, poverty, education, etc.;
- Addressing LHD staff issues, such as the importance of health equity, specific needs of their community, work to be done on health equity, etc.; and
- Addressing community partner needs, such as inclusion in community health work, understanding social determinants of health, etc.

Leadership Input

In February 2019, the Public Health Administrators and regional modernization staff reviewed the results of the survey to begin the health equity action plan. Because our regional program is not able to take on all sixty identified actions at once, the regional leadership team prioritized what we would like to do (Appendix A). The leadership chose to create a plan that has a short-term (before the end of FY19), a medium-term (through the 2019-2021 biennium), and long-term (3-plus years) approach to addressing the sixty action items.

Plan Components (see Logic Model on next page)

We will begin short-term objectives by training leadership in health equity issues. We will expand this to public health staff. This will be through a combination of seminars, conferences, self-study, and other methods. For example, Douglas Public Health Network has been hosting a "book club" approach to the NACCHO publication, "Advancing Public Narrative for Health Equity and Social Justice". We have identified conferences and other resources to support these actions. Additional resources and activities may include:

- Unnatural Causes, a documentary exploring racial and socioeconomic inequalities in health;
- Raising of America, a documentary series about early child health and development;

- GARE – the governmental alliance for racial equity is an initiative that provides information and technical assistance for state and local governments. Their resource guide and toolkit are quite helpful; and,
- The Coalition of Communities of Color racial equity assessment protocol.

We will begin medium-term objectives in the new fiscal year. The medium-term objectives will include conducting community listening sessions. Using a grant from CLHO, we will host meetings in Douglas County (Coos and Curry did public health assessment recently) to gain a more thorough understanding of health issues and inequities in the county, and what community members most desire from Douglas Public Health Network's health equity work. These efforts can be expanded to Coos and Curry in the next biennium.

Additionally, we will work with the United Community Action Team and their Health Families Program to identify trusted leaders in the Hispanic community. The Hispanic community is the largest minority group in Douglas County. Working through trusted leaders, we can gain insight and input from their community. Healthy Families has a grant to create leadership in that community. We will combine our efforts with theirs. We will continue to work with our Tribal partners, as well.

The long-term objectives will be based on the results of the community listening sessions, the health equity surveys, and the public health assessments. We will begin to address the leading health issues and social determinants of health inequities.

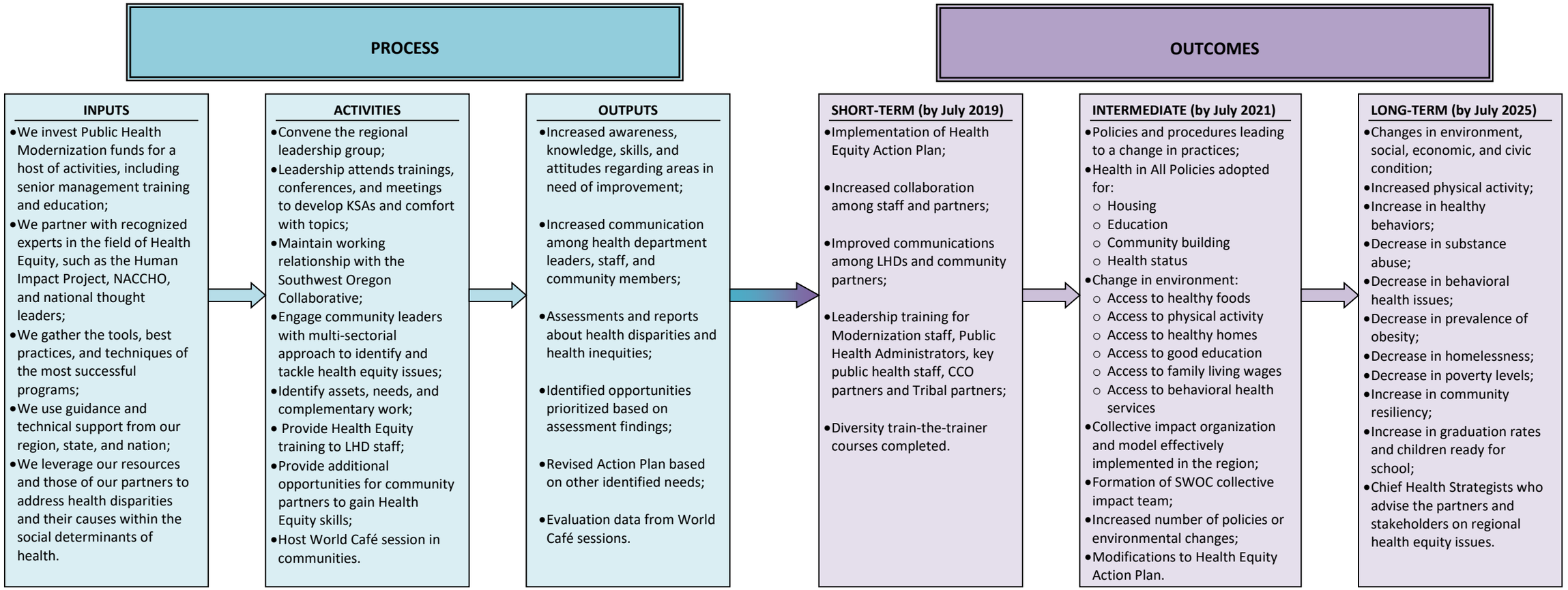
In anticipation of our short-, medium-, and long-term objectives, we have begun working with a new multi-agency health equity advocacy group: The Collaborative of Southwest Oregon. The CSO has been meeting monthly. All counties in the region are represented, and two additional counties as well: Jackson and Josephine. The CSO is composed of staff from agencies that address housing, health, education, and community building. Together over the next 5 to 10 years, our efforts will be to develop a community impact model to change existing policies that create and sustain the social structure that creates health inequities.

Impacts on Plan Activities

Environmental conditions may affect the timing and content of the plan depending on positive or negative conditions (funding, state decisions, partnerships, etc.). The plan will be reviewed with those conditions in mind over the next 2 to 3 years. This action plan emphasizes that it is the short-term goals (by the end of June 2019) that are going to be worked on first. Once there is funding, a budget, and authority to continue, we will continue with the longer-term goals.

SWRHC Health Equity Action Plan Logic Model

Situation: Coos, Curry, and Douglas Counties must lead the region in Public Health 3.0 and develop Chief Health Strategists, which will require high-achieving health organizations with the skills and capabilities to drive collective impact and improve population health through the social determinants of health.



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Action Planning Worksheet (for short-term outcomes)

Selected Opportunity: Indicate which Opportunities from the Spectrum will be pursued.
Action Steps: List the activities required to pursue each opportunity.
Materials, Resources, and Personnel: List the individuals who will do the work & the resources and tools they need to get the job done.
Time Frame: When will implementation begin? How long will it take to finish?
Evaluation Method: How will you measure whether you are successful?

Selected Opportunity	Action Steps	Materials, Resources, and Personnel	Time Frame	Evaluation Method	Comments
1. Leadership Training for LHDs, tribes, and community partners: Three staff from each county attend one conference by June 30, 2019.	**1.1 Register for conferences and trainings. Delve into 2 nationally available resources.**	**Funds, reservations, staff time**	**April to June 30, 2019**	**Numbers of staff who register for conferences and trainings; Number of resources used to augment health equity training.**	**DPHN has a list of upcoming national conferences on health equity/disparities, and a list of recommended alternative resources.**
	1.2 Attend conferences and trainings.	**Funds, reservations, staff time**	**April to June 30, 2019**	**Numbers of staff who attended conferences, trainings and use other resources**	**Open to LPHA leaders, staff, tribes, and community partners**
	1.3 Bring lessons learned back to share with colleagues.	**Notes, pictures, publications, contacts**	**April to June 30, 2019**	**Materials, contacts, ideas, and new insights brought back**	**Share during monthly calls and quarterly meetings**
Selected Opportunity	**Action Steps**	**Materials, Resources, and Personnel**	**Time Frame**	**Evaluation Method**	**Comments**
2. County listening sessions: Gather community data for each county from data sources, such as community health assessments and community listening sessions.	**2.1 Chose locations for listening sessions and review community health assessments.**	**Contacts with information on venues; CHAs**	**April to June 30, 2019**	**Number of locations identified**	**Some funds come from CLHO grant, others from Modernization grant; Coos and Curry CHAs were completed recently; Douglas CHA will be published in June 2019.**
	2.2 Advertise listening sessions	**Contacts with the community, social media presences, other media (radio, newspaper)**	**April to June 30, 2019**	**Number of news releases, "hits" on websites, shares on social media, publication**	

				spots, and radio spots	
	2.3 Host 5 community listening sessions and gather primary data	Recording materials, notes, pictures, scribes	April to June 30, 2019	Number of sessions; number of participants; diversity of representation from the communities	Purpose is to get from communities their input to the health equity action plan
	2.4 Identify sources of secondary data	Access to various websites: Census Bureau, OPHAT, Office of Rural Health, etc.	April to June 30, 2019	Number of data sets and sources	Purpose is to understand health and equity issues on a granular level in communities
	2.5 Gather health data based on localized areas and populations	Epidemiologists	April to June 30, 2019	Number and kinds of data sets that are parsed to give health perspectives of localized areas and populations	Purpose is to understand health and equity issues on a granular level in communities
Selected Opportunity	**Action Steps**	**Materials, Resources, and Personnel**	**Time Frame**	**Evaluation Method**	**Comments**
3. Continue engagement with multi-sectorial health equity collaborative partners: Collective of Southwest Oregon; health equity organizations and professionals	3.1 Provide strategic guidance, vision and oversight for the CSO	Modernization staff	Begun in January 2019 and will continue through the years	Formative: developed vision, mission, and goals; Process: meetings, diversity of membership; Outputs: agendas, proposals, action steps; Outcome: improved health	Led by the backbone organization, Neighborworks Umpqua, that provides most of the funding for the Collective's activities
	3.2 Provide leadership by serving as a vocal champion	Modernization staff	Begun in January 2019 and will continue through the years	Contribution and participation by members in the Collective	
	3.3 Read materials provided by CSO members, and provide data and reading materials for the group	Online Base Camp shared files; data on health, health disparities, and inequities	Begun in January 2019 and will continue through the years	Contribution and participation by members in the Base Camp shared site	

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Appendix A:

Health Equity Action Plan Table of Priorities

Actions	Opportunities for Action	Priority: high, medium, or low	Regional, local or decline	Lead, participate, decline	Time: short, medium, long-term, ongoing	Notes
Action 5	Address SDOH causes of disparities: housing	medium	regional	participate	ongoing	Collective of Southwest Oregon
Action 6	Address SDOH causes of disparities: poverty	medium	regional	participate	ongoing	Collective of Southwest Oregon
Action 12	Address staff issue: informed and involved with the importance of health equity	high	regional	lead	ongoing	training
Action 18	Address staff issue: informed of the Ten Essential Services of Public Health and how their work ties in	high	regional	lead	short	training

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Appendix B:

Table of Actions from Survey Assessment

Action No.	Action
Action 1	Address leading public health issue: substance abuse
Action 2	Address leading health public issue: behavioral/mental health
Action 3	Address leading public health issue: lack of providers
Action 4	Address leading public health issue: obesity/nutrition outcomes
Action 5	Address SDOH causes of disparities: housing
Action 6	Address SDOH causes of disparities: poverty
Action 7	Address SDOH causes of disparities: education
Action 8	Address SDOH causes of disparities: employment
Action 9	Address SDOH causes of disparities: rural isolation
Action 10	Address SDOH causes of disparities: access to care
Action 11	Address SDOH causes of disparities: transportation
Action 12	Address staff issue: informed and involved with the importance of health equity
Action 13	Address staff issue: informed and involved in the specific needs of their community
Action 14	Address staff issue: informed of the specific needs of their community
Action 15	Address staff issues: informed and involved with the work of the health department on health inequities
Action 16	Address staff issues: informed and involved in the creation and implementation of LHD mission, vision and values statements on health equity
Action 17	Address staff issue: informed and involved with written commitment, policies, strategies, and plans for health equity
Action 18	Address staff issue: informed of the Ten Essential Services of Public Health and how their work ties in

Action 19	**Address staff issue: informed and involved in the role outside partners and community leaders play in strategizing and directing work to address health inequities**
Action 20	**Address staff issue: collaborate within the LHD on SDOH root causes of health inequities**
Action 21	**Address staff issue: informed of why decisions that affect programs and department are made**
Action 22	**Address staff issue: given a chance to provide input on decisions that affect programs and department**
Action 23	**Address staff issue: given encouragement to be creative in approaches to challenges of addressing DHOH and health inequities**
Action 24	**Address staff issue: given opportunities to learn from other staff or other sources about SDOH and health inequities**
Action 25	**Address staff issue: given opportunities to collaborate with external public agencies on conditions that impact health inequities**
Action 26	**Address staff issue: given opportunities to collaborate with community-bases organizations on conditions that impact health inequalities**
Action 27	**Address staff issues: ability to resolve conflicts**
Action 28	**Address staff issue: ability to bring resources to the community**
Action 29	**Address staff issue: ability to voice community concerns to the health department**
Action 30	**Address staff issue: minimize barriers and work with more community groups to address SDOH and health inequities**
Action 31	**Address staff issue: ability to build capacity of community leaders to address SDOH and health inequities**
Action 32	**Address staff issue: provide training and other opportunities for planning, policy development, assessment, and advocacy aimed at SDOH and health inequities**
Action 33	**Address staff issue: inform about management practices to seek, and keep a diverse workforce**

Action 34	**Address staff issue: ability to learn on the job through online discussion, group discussion, and with supervisor about SDOH and health inequities**
Action 35	**Address staff issue: use culturally appropriate methods which are assessed when program delivery is planned or implemented**
Action 36	**Address staff issue: provide opportunities to learn more about management and personnel practices, cultural diversity, racism, and cultural competency**
Action 37	**Address community partner needs: include them in LHD work**
Action 38	**Address community partner needs: assist them in their work**
Action 39	**Address community partner needs: private business, research and academic partners to work with LHD**
Action 40	**Address community partner needs: work collaboratively with LHDs**
Action 41	**Address leading community health issue: mental/behavioral health**
Action 42	**Address leading community health issue: chronic illness**
Action 43	**Address leading community health issue: substance abuse**
Action 44	**Address leading community health issue: access to care**
Action 45	**Address leading community health issue: obesity and nutrition**
Action 46	**Address SDOH causes of disparities: poverty**
Action 47	**Address SDOH causes of disparities: housing**
Action 48	**Address SDOH causes of disparities: transportation**
Action 49	**Address SDOH causes of disparities: access to care**

Action 50	**Address SDOH causes of disparities: lack of mental health services**
Action 51	**Address community partner needs: educate community partners on SDOH and their impact on health inequities**
Action 52	**Address community partner needs: increase number and variety of community partners that collaborate with LHD, and on an increasing variety of health inequity issues**
Action 53	**Address community partner needs: increase methods and rate of communications between LHD and community partners**
Action 54	**Address community partner needs: increase transparency and inclusion of community partners in all phases of program planning**
Action 55	**Address community partner needs: support community leaders and partner organizations ability to advocate for themselves**
Action 56	**Address community partner needs: hold convenient, comfortable community meetings to gather and share information**
Action 57	**Address community partner needs: improve content of communications regarding program decisions based on input from community members**
Action 58	**Address community partner needs: increase the involvement and input from community members in the entire planning process**
Action 59	**Address community partner needs: provide more roles for community members in the entire planning process**
Action 60	**Address community partner needs: provide more leadership roles for community members in advocating on SDOH and health inequities, materials distributed, and data shared with the community**

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This document is the result of regional collaboration among the local health departments of Coos (Coos Health and Wellness), Curry (Curry Community Health), and Douglas (Douglas Public Health Network) Counties, and with support from Tribes (Cow Creek Band of the Umpqua Indians, Coquille Indian Tribe, and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians) and the Coordinated Care Organizations (Umpqua Health Alliance and Advanced Health).

This Health Equity Action Plan is submitted as a deliverable in the Public Health Modernization grant, PE 51.

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