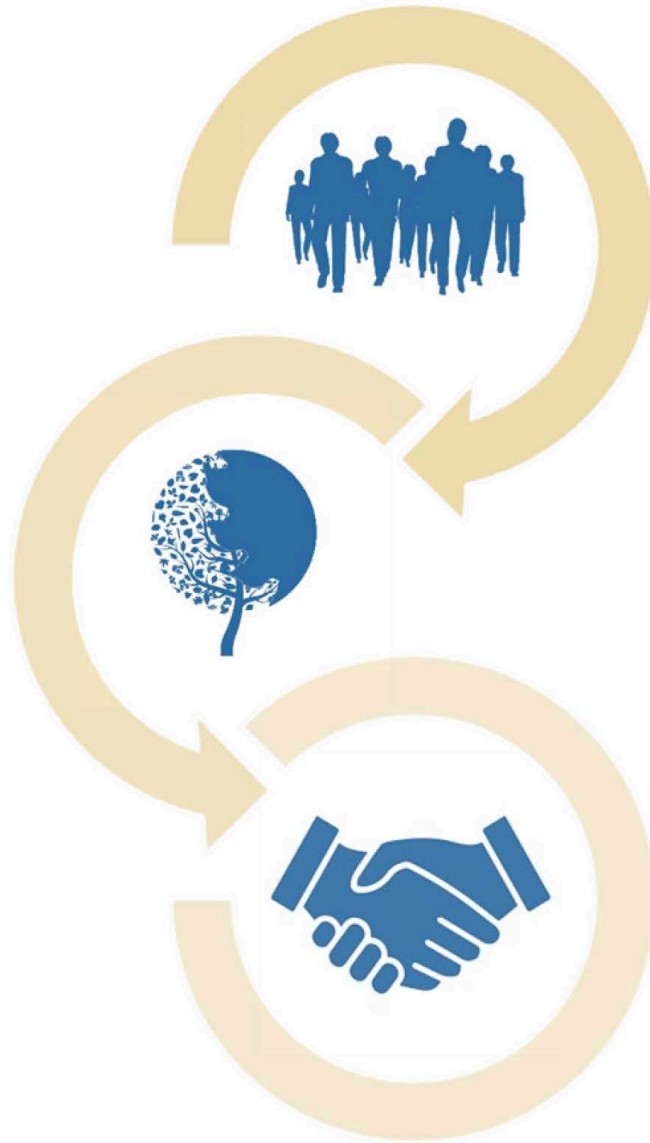




Phase I Health Equity Plan



This plan was developed by the Office of Community Partnerships and Health

Equity staff with support from the LDH Health Equity Action Team

Finalized October/November 2019

Preface

Health equity practices are the building blocks that support people, populations, and communities to grow, thrive, and sustain positive wellness and well-being. Thus, it is paramount that policies, programming, and measures—centered in intentionality—be used to improve the health and health outcomes of all citizens, while also closing the health gaps of Louisiana’s most vulnerable people, populations, and communities.



The Louisiana Department of Health’s (LDH) Office of Community Partnerships and Health Equity, in partnership with LDH agencies, is working to assess, understand, and improve existing practices and policies, as well as deliver intentional strategies that will build health equity and be informed by (i.e., leverage) Louisiana’s health disparities and inequities. LDH’s mission of protecting and promoting health and ensuring access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana cannot be carried out in silos, with bias, prejudice, or without thinking about the real-time and real-life experiences of Louisiana’s diverse citizens. By building models of change within LDH’s agencies, health outcomes will be improved, and citizens will receive the human services they deserve at the point of their specific need, eliminating blanketed “majority” benchmarks that hinder attainability.

This document serves as the road map that will guide the first phase of implementation, practices/protocols, and resources used to support LDH and its staff in better supporting all Louisiana citizens—using or benefiting from LDH services—to achieve their best wellness and/or well-being potential. With the commitment of all Agencies' leads, staff, and external teams, LDH leadership is confident that its health equity plans and respective resources will initiate a sustainable movement and culture that will continue to grow and offer positive change for all.

Many factors and resources informed the development of this process and plans; however, the following resources were most pertinent to the effort:

- ✓ Centers for Disease Control and Prevention. (2016). Paving the Road to Health Equity - https://www.cdc.gov/minorityhealth/publications/health_equity/index.html
- ✓ Community Planning Toolkit. (2012). Community Planning - <https://www.communityplanningtoolkit.org/>
- ✓ Minnesota Department of Health. (2014). Advancing health equity in Minnesota: Report to the legislature - https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf
- ✓ O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374501/>
- ✓ U.S. Department of Health and Human Services. (ND). National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care - <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- ✓ Williams D.R. & Purdie-Vaughns V. (2016). Needed Interventions to Reduce Racial/Ethnic Disparities in Health. J Health Polit Policy Law. 2016 Aug;41(4):627-51. - [http://www.columbia.edu/cu/psychology/vpvaughns/assets/pdfs/Needed%20Interventions\(2016\).pdf](http://www.columbia.edu/cu/psychology/vpvaughns/assets/pdfs/Needed%20Interventions(2016).pdf)

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This executive summary is taken from the full 2019 Community Partnerships Health Equity Assessment Summary Report. The report was used to inform the strategies, action-steps, and recommendations outlined in LDH's Phase I Health Equity Plan (i.e., The Rubric).



2019 Community Partnerships Health Equity Assessment

Summary Report

Executive Summary

Introduction

This document serves as the Executive Summary, which outlines the specific findings from the Division of Community Partnerships' Health Equity Assessment Summary Report.

Issue/Need

An assessment of all Office-level (i.e., offices, bureaus, divisions) LDH leaders' knowledge and operationalization of health equity concepts to evaluate the fairness and reach of programming, policies, and measures within the Department.

The Process

Via the Centers for Disease Control and Prevention's health equity "Paving the Road" resources and René Dubos Professor of Behavioral Sciences - Rutgers University's Dr. David Mechanic's insight, assessment tools were created to execute key informant interviews with 19 LDH Office-level leaders.

Results

From the responses during the key informant interviews, the following questions/responses were recorded and used to develop strategies, action steps, and recommendations to be outlined in the Phase-I & Phase II Health Equity Plans:

Advancement Opportunities identified:

1. Familiarity with the term "health equity": 22% indicated a solid understanding
2. Familiarity with the term "social determinants of health": 39% indicated a solid understanding
3. How Offices' (i.e., offices, bureaus, divisions) work are advancing health equity: 50% tackling health equity (via voluntary training); 23% using resilience tactics & interventions; 46% enhancing capacity; 15% executing all tactics, interventions that address inequalities
4. Data collection: six agencies did not indicate racial demographic data were a priority or that it was collected or assessed
5. Community Outreach and follow-up: 20% indicated they either: never or rarely conduct follow up with community after services/resources are delivered
6. 47% of the Offices did not provide a clear indication of how they used demographic data to inform their work

This document was prepared by the Division of Community Partnerships' Dr. Earl N. Benjamin-Robinson and Joynetta Kelly. It is a 1-page summary of the 2019 Community Partnerships Health Equity Assessments.

September 2019

Health Equity Plan Overview

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner. In order to fulfill its mission, the Louisiana Department of Health intends to 1) Provide quality services; 2) Protect and promote health; 3) Develop and stimulate services by others; and 4) Utilize available resources in the most effective manner. Thus, LDH's health equity plan serves to activate practices, protocols, and resources that equitably and effectively support the wellness and well-being of all the people, populations, and communities LDH serves.

Health Equity Plan's Purpose and Goals

LDH's health equity plans will adopt and support a new "business as usual" approach by operationalizing health equity practices and protocols, which affect all LDH offices, divisions, and bureaus. The plans serve to improve *Public Health Professionalism; Organizational Structure; and Organizational Systems* (see *Figure 1.*). The plans are informed by LDH's successes, barriers and challenges, and national-researched health equity best practices. Additionally, the plans serve to evoke action and thinking regarding how LDH responds to health matters and develop programming and services for all Louisiana citizens, especially the most vulnerable. "*Nothing about me, without me*" is a theme that has and continues to guide the development of the plans. The phrase is also the subtitle of LDH Phase I Health Equity Plan's Community Engagement Framework.



Figure 1.

Phase I Health Equity Plan

Phase I of the health equity plan centers on providing specific guidance, support, and resources to each LDH office. Strategies, action steps, and recommendations (SAR) make up the plan's content (i.e., The Rubric). The plan's SAR informs LDH programming and services. Overall, the plan serves to activate specific practices, protocols, and resources that work to equitably and effectively support the wellness and well-being of all the people, populations, and communities LDH serves. Some key action steps of the plan are for each office to develop its individual ***Health Equity Action Team***; identify an ***Ambassador*** to document-monitor *Community Engagement Framework* requirements (see pages 15 – 30 of this document); utilize community-based participatory research principles; and implement practices that are a part of the Culturally and Linguistically Appropriate Services Standard.

Phase II Health Equity Plan

Phase II of the health equity plan is presently in development. This phase focuses on organizing regional advisory boards consisting of organizational and community stakeholders. These *Review, Advise, & Inform Boards* (to be known as "RAI Boards") will serve as an additional layer of accountability regarding LDH's implementation of health equity practices and protocols.

Health Equity Resource Tools

- Health Equity Executive Summary
- Health Equity Plan
 - Rubric outlining strategies, action steps, and recommendations
- Appendix
 - Barriers to Health Factsheet
 - Community Engagement Framework
 - Diversity & Inclusion (D&I) Statement & Clause
 - Glossary
 - Other developing resources

Phase II embodies the “Nothing about me, without me” theme and further supports and expands culture change within LDH that prioritizes community engagement and partnerships.



LDH Health Equity Plan - The Rubric: Strategies, Action-steps and Recommendations

The next six pages (i.e., The Rubric) is the actual LDH Phase I Health Equity Plan.



Figure 2.

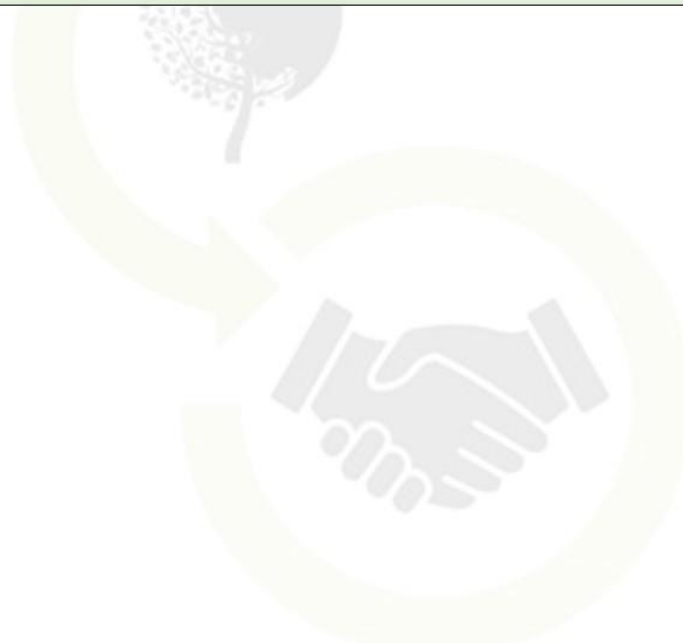
Figure 2. The initial concept illustration used to formalize LDH's health equity plans and planning processes

Phase I Health Equity Plan - The Rubric: Strategies, Action-steps & Recommendations

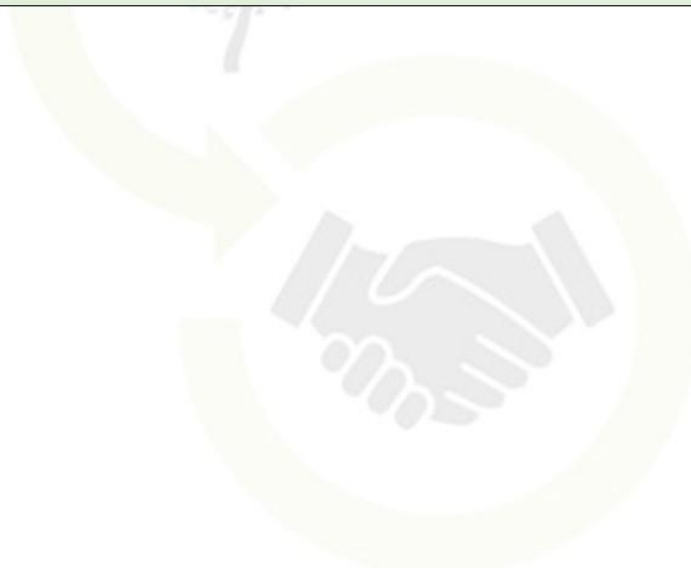
LDH Phase I Health Equity Plan <i>STRATEGIES</i> – The How		
<ol style="list-style-type: none"> 1. Develop a formal plan to operationalize health equity-specific public health best practices throughout LDH 2. Create, share, support, and sustain health equity communication and professional development protocols, opportunities, and resources within LDH 3. Monitor and evaluate LDH's health equity plan's activities and outcomes 		
Offices, Bureaus, & Sections	ACTION	STEPS – What, Who, When
<i>Note: Community Partnerships staff will work closely with Offices' HEAT Co-chairs and Ambassadors to monitor the execution of these activities and their outcomes.</i>		
OPH (BPPP, BON, Vital Records, BFH, BCP, Health Informatics, BRPH, BEMS, BID)	<ol style="list-style-type: none"> 1. Health Equity Action Team (HEAT) 2. Data/Needs Assessment: Reporting, Coordination, & Repository 3. Community Engagement Framework – The Framework 4. Community-Based Participatory Research (CBPR) 	HEAT <ol style="list-style-type: none"> 1. HEAT: <ol style="list-style-type: none"> a. Each office will develop a HEAT – the HEAT will be responsible for: <ol style="list-style-type: none"> i. Complete health equity tasks that are assigned by office leadership ii. Reviewing data and needs assessment results to inform office policy, programming, and measures (PPM) - related to health equity iii. Create a HEAT data repository – specific to the respective office iv. Share insight (from data/needs assessment) with office leadership – inform office PPM v. Execute monthly meetings - 1 hour/1 hour and 30 mins vi. Support the monitoring and execution of LDH Phase-I efforts within the office [a 12-month HEAT workplan will be provided to the office/HEAT] 2. Office leadership will appoint co-chair (no more than 2 co-chairs needed) and select no less than 5 and no more than 8/10 members for its HEAT
OBH	<ol style="list-style-type: none"> 5. National Standards for Culturally and Linguistically Appropriate Services Standard (CLASS)-Communication and Language Access 6. Inclusion and Diversity Statement/Clause 	

		<ul style="list-style-type: none"> a. Satellite office staff (medical directors, health unit, rural staff, etc.) must hold at least one to positions on the HEAT b. See “The Framework” (pages 15 - 16) for information regarding the <i>Ambassador</i> <p>3. Time commitment (includes HEAT meeting time) – monthly:</p> <ul style="list-style-type: none"> a. Co-chair – 3 to 4 hours a month b. Members – 1 hour and 30 mins to 2 hours a month <div style="background-color: black; color: white; padding: 10px; margin: 10px 0;"> <p>NOTE: This time is not inclusive of initial or ongoing professional developed related to the plan.</p> </div> <p>Data/ Needs Assessment</p> <ul style="list-style-type: none"> 1. Identify service and public data (epi., service quality, quality improvement, etc.) and needs assessments findings that speak to the populations, their health/health outcomes, and their experiences – in community/society (including interactions with the office) 2. If the office has no needs assessment (NA) tool that it presently uses (or has ever used), Community Partnerships will provide an NA template and guidance for the office to start executing an annual NA 3. The HEAT will develop a repository (SharePoint, Google, etc.) to house this data [The office may already have a place to house this data] <ul style="list-style-type: none"> a. The importance of this repository helps ensure readily access
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		information to the HEAT – informed recommendations or provide feedback to office leadership regarding PPM
OCDD		The (Community Engagement Framework) Framework – <i>review document</i>
OAAS		
Medicaid		CBPR
State Facilities		<ol style="list-style-type: none"> 1. All research done by or on behalf of LDH, regarding programming and service to or in the care of people will utilize CBPR principles - https://www.policylink.org/sites/default/files/ CBPR.pdf 2. The Office's HEAT and Ambassador/s should be informed about any research done within the office



		<p>CLASS</p> <ol style="list-style-type: none"> 1. Each office has (no more than) 12-months from January 2020 to develop its office CLASS statement and place the statement on their respective website, entrances, and office/program communications (newsletters, emails, press releases, etc.) 2. Execute one to two annual trainings that support respective office staff's awareness of their role and responsibilities in relation to the office meeting CLASS standards 3. The office will assess (i.e., annual review, contract deliverables) its receptionist, security guards, and other frontline staff's ability to meet CLASS standards <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>NOTE: Trainings will be developed, shared by Community Partnerships.</p> </div>
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Health Standards	<ol style="list-style-type: none"> 1. Health Equity (HE) related training/workshops 2. CLASS Assessment 	<ol style="list-style-type: none"> 1. By December 31, 2020, work with Community Partnerships staff to assess how CLASS standards are to be monitored at sites 2. No HEAT Required
BMAC	<ol style="list-style-type: none"> 1) The Frameworks' AIMS/ACTIONSTEPS 2) HE-related training/workshops 	<ol style="list-style-type: none"> 1. HE training – professional develop 2. No HEAT Required

Administrative Offices	ACTION	STEPS
Note: Community Partnerships staff will work closely with offices to support and monitor the execution of these activities and their outcomes.		
Emergency Preparedness	HE-related training/workshops	Comply with The Frameworks' 3.2.b.i. a) Appoint a person to manage documentation; this person will be Community Partnerships' point of contacting regarding quarterly reporting
Legal Counsel	➤ HE-related training/workshops ➤ HE clause in LDH contracts	➤ Comply with The Frameworks' 3.2.b.i. a) Appoint a person to manage documentation; this person will be Community Partnerships' point of contacting regarding quarterly reporting ➤ Between January 1 through July 31 (of 2020), Community Partnerships staff will work with Legal's leadership to assess and advise the implementation of a <i>Diversity & Inclusion Clause</i> in LDH contracts
HR	➤ HE-related training/workshops ➤ One (or more) HE question in annual reviews	➤ Comply with The Frameworks 3.2.b.i. a) Appoint a person to manage documentation; this person will be Community Partnerships' point of contacting regarding quarterly reporting ➤ Between January 1 through July 31 (of 2020), Community Partnerships staff will work with HR's leadership to assess and advise the

		implementation of a health equity assessment question (e.g., how has the employee demonstrated health equity approaches in their work?) within annual reviews
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Recommendations – Review	
Office of the Secretary	<i>These recommendations were only shared with respective leadership</i>

Appendix

Resources and information within this appendix are tools and guidance that will help to support the operationalization of this plan. Further, initial professional development opportunities (e.g., workshop, trainings, webinars) related to the plan will center on the plan and the resources within this appendix.

Barriers to Health Fact Sheet

In the Louisiana Department of Health (LDH), *barriers to health* (BTH), are seen as those factors that prevent an individual, population, and/or community from acquiring a) access to health services and/or b) achieving their best health.¹ LDH also recognizes that barriers to health can be systems (i.e. structural determinants) that offer health care and services; these systems are shaped by a wider set of forces: economics, social policies/social norms, and politics.² Further, it is also important to note that what may be a barrier to one person, population, and/or community may be an asset to others, based on social and cultural factors. Thus, all people, populations, and communities are not all the same and there must be intentionality in ensuring that all whom LDH serve are treated and provided services in a manner that take into consideration-programmatically respond to the environments and circumstances of people, populations, and communities—supporting them in achieving their fullest, best health.

⇒ **Systems Can Be Barriers!** Many of us understand that "... [a]ll social and political mechanisms that generate ... social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources... cause and operate through ... housing, physical work environment, social support, stress, nutrition and physical activity—to shape health."³ Thus, given what programs within departments of health do and how they are funded and supported, it is very important that these health entities not operate in a manner that contributes to the negative health outcomes of the people it serves.

⇒ **Operate from a Health Equity lens!** Operationalizing health equity protocol and practices that support and ensure its programs and services are being provided in a manner that take into consideration - leverage, BTH to reduce and eliminate health inequities, thereby supporting and creating health equity.

LDH is Dedicated to Protecting and Promoting Health By:

- Ensuring access to medical, preventive, and rehabilitative services for all citizens of Louisiana
- Providing quality services
- Making resources available to those in need utilization of available resources
- Developing an agency-wide health equity plan, which will support the operationalizing of health equity protocols and practices agency-wide in LDH

LDH's Five Priority Health Areas Which Inform the Office of the Secretary's Health Equity Plan:

Priorities	Shared BTH	BTH
Maternal Health	<ul style="list-style-type: none"> Poverty, lack of access to healthcare and/or insurance, poor communities, poor educational opportunity, racism, stigma, discrimination 	<ul style="list-style-type: none"> Lack—stable housing, social support
Cancer	<ul style="list-style-type: none"> Structural determinant factors: no or very limited resources to improve or leverage BTH or support agencies that can reduce or elimination health inequalities 	<ul style="list-style-type: none"> Neighborhood and built environment Social and community context Lack of stable housing Exposure—crime, violence, substance use Lack of stable housing
HIV		<ul style="list-style-type: none"> Exposure—incarceration, substance use Poverty level—lack of safe places to play/be, food security
HEPATITIS C		
Mental/Behavioral health		

*BTH shared within this table are factors that contribute to health inequities, respective to the outlined priority/ies.

Improving LDH's Public Health Professionalism – In the rubric above we see many BTH. These barriers prevent people, populations, and communities from achieving their best, fullest health outcomes. Given this, health department staff—their planning, programming, and services, need to be informed by these barriers, particularly as it relates to improving population health. We must—to eliminate or greatly reduce health inequalities, draw on the perspectives and resources (i.e. leveraging barriers) of all, diverse communities.⁴ Drawing on and/or leveraging people, populations, and communities' BTH means we should align, intertwine, and/or implement some of the following activities, resources, and/or best practices into our approaches, programming and/or services, particularly as it relates to our five priorities:

- Partnering, working with stakeholders doing Place-Based Interventions (PBI)
 - Improved economic opportunity with better access to good jobs;
 - Higher quality schools at the kindergarten through to 12th grade level that enhance access to college;
 - More open green space, maintained sidewalks, and effective community policing;
 - Local businesses promoting healthier food options; and
 - Available health care that addresses risk behaviors, acute illness, preventive measures, and management of chronic diseases.
- Improve program collaboration and service integration of:
 - Sustainable housing efforts: housing resources (Louisiana Housing Council, HUD, etc.)
 - Food security efforts, food resources, etc.
 - Job employment efforts, JobCore, career training programs, etc.
 - GED/Adult Learning programs, educational resources, working with HBCUs, etc.
- Develop policy approaches that change the context for prevention; shifting prevention programming to encompass a more diverse portfolio of prevention approaches that includes individual-, network-, and community-level interventions
 - Also, ensuring LDH programming, services' resources are not unnecessarily siloed – example: making sure all programming, services (as appropriate, needed) leverage available LDH resources within their respective program, services
 - Leveraging "Own Your Own Health", "Well-spots", "U+U" and "1800-QuitWithUS" (and other campaigns, efforts) across LDH agency-wide
 - Develop/implement community health workers (CHW) into pertinent programming, services
- Increase staff (and contractors, stakeholders) and the community's (i.e. lay people, persons using, benefiting from LDH services) understanding of and their capacity to address barriers to disease prevention and control.
 - Undoing Racism Training
 - Undoing Transphobia Training
 - Poverty Training
 - Cultural Capacity—Competency Training.
 - BTH, etc.
- Work more with community stakeholders and partners that a) work to improve the daily living conditions b) that tackle the inequitable distribution of power, money, and resources and c) that measure and understand the problem and assess the impact of action
- Create and/or work with stakeholders that create safe-spaces for marginalized, vulnerable populations, to build resiliency
 - Vulnerable, poor children
 - African American pregnant women
 - Persons with mental/behavioral health issues
 - African-American youth/young adults
 - LGBT
- Implement Prevention Institute's Community Center Health Home model/components (implications for CHW)
 - or Health Lead's Essential Needs Roadmap framework (implications for CHW)
- Use an assets-based approach and engage the community as an equal partner—listen to the community's health priorities and share the responsibility for developing strategies to address those priorities^{5,6,7,8, and 9}

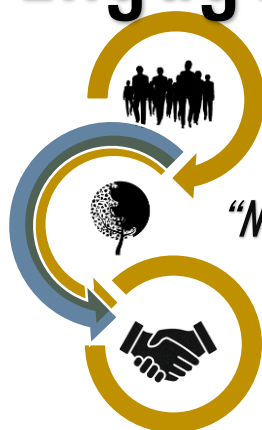
This list represents some of what can be done to counter—leverage, BTH.

Lastly, it is important for those developing, planning, and/or delivering prevention and health care services to be informed about and leverage BTH. For this reason, this document, LDH Phase I & II Health Equity Plans and the plans' tools—Health Equity Communication Plan & Community Engagement Framework, have been created to support the operationalizing of health equity practices and approaches agency-wide.

"Improving public health professionalism, services and health/health outcomes."

- HWB, Unit 1—Health, Social Services and Children Services; Access and Barriers, United Kingdom, ND. https://resources.hwb.wales.gov.uk/VT/C/2012-13/2020313/hsc/eng/unit_1/u1-a-and-b/u1-a-and-b1.htm
- Centers for Disease Control, NCHSTP Social Determinants of Health, United States, 2014. <https://www.cdc.gov/nchstp/social-determinants>. Accessed May 8, 2019
- Treatment Action Group, Structural and Social Determinants of Health, United States. http://www.treatmentactiongroup.org/sites/default/files/Structural%20Social%20Determinants_0.pdf. Accessed May 8, 2019
- World Health Organization, World Conference on Social Determinants of Health, United States, 2010. https://www.who.int/sdhconference/resources/ConceptualframeworkforactionSDH_eng.pdf. Accessed May 8, 2019
- Institute of Medicine. (2002). The Future of the Public's Health in the 21st Century. Washington, DC: The National Academies Press.
- <https://healthleadsusa.org/resource-library/roadmap/social-health-team-workflow/>
- <https://doi.upenn.edu/healthpolicyse/community-partnerships-address-social-determinants-health>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882957/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4816016/>

Community Engagement Framework



“Nothing About Me Without Me”



"There is solid evidence that community engagement [has] a positive impact on a range of health outcomes across various conditions."

~ O'Mara-Eves, et al.

Community Engagement Framework



Figure 1.

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. Thus, this Community Engagement Framework "The Framework" equitably supports LDH in achieving its mission and serves as a tool that will support the organizational and cultural components in The Framework. Further, The Framework has been designed with insight from Valerie Billingham's words, "Nothing about Me without Me". Thus, this framework is focused on building (agency wide) LDH staff's capacity to engage people, populations, and communities by establishing equitable community engagement practices that support LDH in promoting health, while ensuring access to medical, preventive and rehabilitative services.

What is Community Engagement?

LDH staff must have and operate a common understanding of community engagement. Thus, for the purpose of this framework, LDH's community engagement practices and protocols will be centered in providing information to, empowering action, and creating opportunities – collaborations and partnerships, for the sake of supporting people, populations and communities to achieve their best health/health outcomes.

The framework is both a policy document and a practical resource. This practical resource will provide a clear definition of community engagement and set specific standards for community engagement all LDH staff should observe and use to inform their engagement behaviors. This plan outlines actions, that support effective activation of community engagement efforts.

External LDH relationships and community activities play major roles in the success of LDH programs and services' success and are a value-add to an individual, community, and population's health and health outcomes. Thus, The Framework is a practical tool that supports the achievement of 2017-2022 strategic planning goals:

- Provide quality services
- Protect and promote health practices
- Develop and stimulate services by others
- Utilize available resources in the most effective manner

This plan has taken into consideration LDH's past community engagement efforts. Further, there is excitement regarding the diverse group of LDH staff and leadership that worked together to produce this department-wide approach to community engagement (via the LDH Health Equity Action Team – the 33-member workgroup that is working with the Office of the Secretary's Division Community Partnerships to support the development of the LDH health equity plan and its tools). The aim of The Framework is to improve LDH's efforts of community engagement.

To produce the framework, we listened to LDH staff, reflected on previous and current community engagement in LDH, and considered research and best practices. As a starting point, the framework

is one of our first steps taken to support LDH and its staff in building better relationships between, and a stronger understanding of, communities in Louisiana.

Community engagement is not a single activity. Thus, the framework informs the ways in which we work with the people it serves; the communities in which it operates; and the stakeholders it supports and with whom they collaborate.

LDH Community Engagement Framework

- Establishes a common understanding of and commitment to community engagement across LDH (and with its partnerships)
- Sets clear and specific standards for community engagement within LDH
- Identifies priority actions that moves LDH towards achieving the aims of the Community Engagement Framework



“Nothing About Me Without Me.”

What are the AIMs of the Community Engagement Framework?

The following key themes have emerged:

- Investment in the development of people in both LDH and communities
- Improvements in information and communication, particularly providing feedback
- Better coordination and use of resources
- Long-term, resourced, commitment to improving community engagement
- Creation of opportunities to inform the decision-making or service delivery of a community, program, or service developing more creative ways to engage with people and communities to ensure that everyone has a voice

Given these themes, three AIMs were developed. Each aim has objectives.

All three AIMs are important and the achievement of each will influence the other AIMs:

AIM 1: Work to better understand and serve Louisiana’s people, populations, and communities

AIM 2: Work to ensure LDH staff/programs are equitably supporting the wellness of all, with emphasis on the most vulnerable people, populations, and communities

AIM 3: Work to provide better quality services and make better use of resources



Community Engagement – The What

Community

Per this framework, the term community describes Louisiana’s villages, neighborhoods, and municipalities (rural and urban); it also comprises people living in, praying in, working in, and/or visiting Louisiana. This definition is further inclusive of the facts that different people identify themselves in different ways and that we should be sensitive to this when carrying out any type of engagement.

The communities in which Louisianans live, pray, work, play, etc., includes the people they share their lives, interests and backgrounds with – *social norms*. Along with social norms – across Louisiana, some people define themselves in addition to where they live (or come from). They may define themselves by shared interest, identity, and/or experience. Louisiana groups with shared interest, identity, and/or experience include:

- People who often identify themselves or are identified by society, by demographic characteristics (i.e. people living with disabilities; elderly; children and young people; faith groups; Native Americans; African-American/Black; Asian-American; Latino/Hispanics; Caucasian; Low Socioeconomic Status; Lesbian, Gay/Same-gender loving, Bisexual and Transgender, Homeless, etc.)
- People with a shared or similar interest (i.e. communities who address climate change; social justice; art; educational initiatives; local environmental concerns, etc.).
- People with a similar or the same profession or place of work (i.e. business leaders, council workers, police officers, doctors, teachers, etc.).

Engagement

The LDH framework defines community engagement as the execution of the following array of action:

- Informing
- Consulting
- Involving
- Collaborating
- Empowering

Four points vital to LDH for community engagement:

1. The success of any engagement activity is related to the level of information, support and training that individuals and communities can access – **community, stakeholder capacity-building is important**
2. No single type of activity is more or less important than another – **it’s all important**
3. It is important that all engagement is linked to decision-making – **people need to see the importance of their efforts**
4. Any barriers that prevent people from getting information and giving information (i.e. resources/services and people’s views, experiences, and feedback) must be considered and addressed – **people must be heard**

Community Engagement – The Range

Informing

To provide the community with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.

- For example: Hosting or participating in press conferences; Hosting or speaking during public conferences; Creating blogs; Creating content for LDH website, newsletter, and social media, and referring to other internal health equity resource tools, specifically the strategies, action-steps, and recommendations created following the LDH Phase I Health Equity Plan's Office Lead Assessment (Survey Monkey Assessment)

Consulting

To listen to community and individual analysis feedback by considering input, which will help guide the development of policies, programs, etc.

- For example: Actively supporting and creating planning bodies; participating in and/or hosting community town hall or listening sessions; participating in coalition meetings and workgroups, etc.

Involving

To work directly with the community throughout a process to ensure concerns and aspirations are consistently understood and taken into consideration (and use of community-based participatory research when applicable)

- For example: Creating Focus Groups; Delivering Key Informant Interviews; Administering Surveys; State Health Assessment/State Health Improvement Plan; PHAB Accreditation, etc.

Collaborating

To partner with the community and its partners in pertinent aspects of the decision, including the development of alternatives and the identification and delivery of the preferred solution or services.

- For example: Develop or participate in existing community advisory boards for LDH offices' health equity planning and programming; Work with community coalitions to tackle issues related to public health issues, disparities; Strengthen LDH programming by eliminating siloed work

Empowering

To place appropriate decision-making in the hands of the community. This action happens as a result of intentional and increased engagement between communities and public bodies or as a result of communities and individuals taking action.

- For example: Support coalitions and other groups' community activities, through resource sharing or funding to improve health/health outcomes

Community Engagement--The Commitment

The development of LDH's community engagement framework is an example of the Office of the Secretary's (and other LDH leadership's) commitment to community engagement. The Framework standards serve as one of the catalysts for culture change in LDH, while also providing a foundation for LDH's future community engagement activity standards.

LDH commits to:

- Ensure all community engagement activities have clarity of purpose and makes a difference
- Work together to improve the quality of community engagement
- Foster a transparent environment of openness and integrity
- Remain flexible and ensure community engagement is tailored to the community's needs
- Ensure that resources are well-targeted and use local knowledge and intelligence to plan and deliver community engagement
- Treat people, populations, communities (LDH stakeholders), with respect and ensure feedback is provided and made publicly available
- Ensure that processes are reviewed
- Learn from experiences and improve practice

Community Engagement – The Standards

All LDH staff, contract workers, and external partners working in and/or with Louisiana's people, populations, and communities will work to execute the following detailed standards:

Community Engagement Standards

1. Planning and Resources

Clarity of Purpose

Before beginning any engagement activity, there will be clear instruction regarding why the activity is happening; achievement goals; engagement activity tools, specific audience to engage; what can and cannot be influenced; how LDH will use the information gathered through the engagement activity; and what the benefit of being involved will be.

Evidence-Based

LDH will use all available research, knowledge and community information to help plan engagement activities. In order to reduce redundancy, LDH will not carry out engagement activities if the information or effort is readily available and/or acted upon.

Timing

Enough time to design and carry out engagement activities that are inclusive and encourage participation from all affected communities will be allotted. Enough time will be allotted to ensure that the results of engagement activities can shape policies, plans and services. In addition, time will also be allotted to "test back" communication and results with communities.

Resources

Engagement activities will be planned in accordance with what the activity seeks to achieve and in the context of available resources and will communicate any constraints clearly. We will recognize the need to resource practical support that helps people to be involved.

2. Communication and Partnership Working

Communication

There will always be open, honest, and accountable interaction when sharing information and responding to contributions from all participants. All communication will be free of jargon and vague and hedging language and must be relevant to the intended audience. A wide range of communication methods to maximize the opportunity for communication between communities and partners are always to be used. Duplication of community engagement efforts will be eliminated by practicing active partner communication.

Identification

We will proactively identify communities in which concentrated and deliberate collaboration is essential to success. In addition to natural partners such as existing community health agencies, we will develop and implement strategies to address the concerns of communities impacted by our decisions. These will include disadvantaged communities that are face with environmental health challenges, advocacy organizations that typically view the Department as an adversary and other groups that have expressed concerns about how this agency has, in the past, interacted with them.

Partnership

We will work in partnership with other partners, organizations when and where they have additional or greater expertise, knowledge or experience about engaging with specific communities, with recognition of the knowledge and expertise of the voluntary and community sector.

Quality

We will work to ensure that LDH staff and contractors responsible for engagement have the skills and capacity to achieve high quality engagement. Equally, we will work to ensure that communities can develop their skills and capacity to engage.

Accessibility

We will support a variety of engagement activities to reflect the diversity of the people, populations, and communities of Louisiana. We will be flexible and responsive to the ways that the community engages with LDH. We will recognize the need to make engagement both formal and informal at different times and for different people and purposes. We will provide practical support to help overcome barriers that some individuals and communities may face to engagement, particularly vulnerable and seldom-heard groups in order that they are represented in all community engagement activity and not just single-issue activity, but lead from a barriers to health (BTH) lens (see BTH Factsheet inside LDH Phase I Health Equity Plan).

3. Feedback and Learning

Feedback

We will provide feedback to the community about the engagement activities we carry out and will explain how the community's input contributed to the decision-making process. We will explain

how and when we will provide feedback to the community at the same time as we carry out the community engagement exercise. We will also make the feedback as widely available as possible.

Monitoring & Review

In partnership with stakeholders, we will monitor and review the engagement activities we carry out to ensure that all sections of the community can engage, particularly those whose voices are often not heard, and change our practices accordingly. We will learn from our own practice.



**How are you - your office - communicating
or partnering with the people,
populations, and/or communities you
serve, and if you are not, why is that**



Community Engagement, Our Action Steps – The Doing

The Doing

This framework outlines key Action Steps essential to improving LDH's community engagement. These Action Steps were developed by the Office of Community Partnerships and Health Equity's (OCPHE) leadership and informed by the initial LDH HEAT. OCPHE is developing a checklist to aid the operationalization and monitoring of LDH's community engagement (agency-wide). The checklist will consist of a reporting document and outline the who, what, and when, of certain community engagement activities in the respective LDH offices.

AIM 1: Work to better understand and serve Louisiana's people, populations, and communities

LDH offices will do this by:

1.1 LDH staff/programs will maximize opportunities to build capacities to improve health/health outcomes, by leveraging barriers to health tactics, interventions (utilize the BTH Factsheet (and workshops) to increase staff awareness and thus better inform LDH offices' internal and external practices and approaches (i.e. programming, services, messaging, and collaboration):

- Align LDH services to community programming, services (or LDH services) that help to meet immediate needs (i.e. GED, job training, employment)
- Work with the respective LHCC and/or other identified-important coalitions in the communities to build community capacity to understand and affect positive health producing change in the community, particularly those dealing with BTH of Maternal Health, Cancers (i.e. Breast and Colorectal), HIV, HEP-C, and Mental/Behavioral Health – BTH Factsheet
- Development of LDH's Statewide Community Partnership Advisory Council



Action Steps

- a. Secure long-term partnership funding for community development work in communities and for vulnerable populations around the state.
- b. Support the development of community anchors – key people, coalitions, and/or organizations.
- c. Support the Louisiana Healthy Community Coalitions (LHCC) or other pertinent coalitions with resources and/or funding to building community capacity to leverage tactics, interventions outlined in the BTH fact sheet.
- d. Participate in Office of Community Partnerships and Health Equity's (or other LDH program or partners') health district meetings, community meetings and/or town halls, where citizens can ask LDH office leaders questions, provide feedback and hear about the respective offices' programming and/or future planning.

LDH offices will do this by:

1.2 Providing individuals and communities with the information, advice and support they need to develop their skills, knowledge and ability to:

- Affect (i.e. change for the better) their BTH
- Utilize and increase awareness of Adverse Childhood Experiences (ACE)/Trauma protective factors in communities, sectors, systems, and organizations
- Efficient utilization of LDH services, resources across offices' services (e.g., utilizing Well-Ahead/WellSpots, Own You Own Health (OYOH), and other offices' resources - ending siloed resources, when applicable)
- Engage local and/or statewide coalitions, planning bodies – health and non-health related

Action Steps

- a. Develop and/or have staff attend a cross sector training on how to achieve high quality community engagement and how to leverage BTH and ACE protector factors or for LDH staff/contractors
- b. Include community engagement and health equity skills, knowledge and experience in job descriptions and assess these factors annually (via HR processes)
 - The Office of Community Partnerships and Health Equity will provide additional guidance and resources to execute this (and will also work with HR to execute this efforts)
- c. Share timely community engagement information and resources on office web page (and social media outlets) – detailing of how people can get involved in local communities and/or statewide offices events
 - Note: The health equity communications plan will create an LDH Communication Advisory Board (made up of LDH communication staff that work across various offices) which will aid LDH (agency wide) in better communicating information, resources with the people, populations, and communities LDH serves



AIM 2: Work to ensure LDH staff/programs are equitably supporting the wellness of all and the most vulnerable of this state.

We will do this by:

2.1 Promoting and supporting processes for effective representation of communities on local coalitions and statewide LDH strategic planning and decision-making

Action Steps

- a. Reward entities and organizations that incorporate inclusion and implement diverse community engagement practices
- b. Build LDH's internal and community partners understanding of the importance representation, diversity
- c. Recognize and provide resources where necessary, new or alternative engagement approaches, and support representation of new communities, where this is better than using the usual or more formal routes available

We will do this by:

2.2 Develop and execute a) more creative, tailored approaches, and/or b) equitable use of resources (ensuring health promotion/resources are getting to vulnerable population and communities) that support engagement opportunities for all sections of the community

Action Steps

- a. Explore the possibility of providing funding for groups to hold informal events that bring PPC together – building individuals and communities awareness of office program and services, in relationship with BTH (i.e., social determinants of health)
- b. Support, execute, collaborate with external partners, organizations that deal with BTH (i.e., social determinants of health) to ensure office community engagement events and interventions are leveraging approaches-best practices outlined on Page 2 of the BTH Factsheet
 - **Note: LDH Phase I Health Equity Plan's needs assessment requirements will prove useful in informing this work as well**
- c. Explore the opportunities for more innovative ways to share holistic health/wellness information with historically disadvantaged/vulnerable populations – Disabled, Elderly, poor populations, African Americans, Native Americans, Latino/Hispanic, Vietnamese, Lesbian, Gay, Bisexual, Trans-gender/Same-gender loving.
- d. Promote office services, resources more equitably in Rural/poorer communities and with Latino/Hispanic, Vietnamese, Native-American, African-American, and LGBTQ PPC - build a better understanding (in these identified communities) of services, resources, initiatives (Governors Games, OYOH, WellSpots, U=U, WIC, etc.)
- e. Participate and create health equity outreach at Louisiana-based events and/or activities such as: Essence Festival; Bayou Classic; obesity, disparities, special population conferences; LDH-hosted conferences; HIV; Housing; Criminal Justice; LGBT: Native American (Tribal); Latino; Vietnamese; and/or priority issues events, summits, etc.

AIM 3: Work to provide better quality services and make better use of resources

We will do this by:

3.1 Improving collaboration between vulnerable populations, stakeholders, organizations, and community groups, to share and learn about health-related issues and best practices – ensuring issues and priorities are identified and action taken

Action Steps

- ★ a. Develop a programming strategy/ies that recognize the long-term role of leveraging BTH approaches that support all PPC in achieving their best physical and mental health.
[All offices are required to choose AIM 3's 3.1 a, must be 1 of the selected 11]
- b. Execute equity impact assessment (within a 12-month time frame) for office or office program
 - Note: OCPHE will provide guidance and resource

We will do this by:

3.2 Improving coordination between all partners to ensure more effective planning and implementation of engagement activities which takes into account existing knowledge, BTH of vulnerable populations

★ [All offices are required to choose AIM 3's 3.2 a, b, and c, must be 3 of the selected 11]

Action Steps

- a. Office will establish (at least 6 annually) communicative activities (press releases, social media blast, radio/tv interview, etc.) with the Bureau of Media and Communication (BMAC) to establish targeted communicative activities focused on populations burden with disparities – ensuring populations are informed about office services, resources, program update/changes
- b. By December 31st, 2020, the office will i). document that at least 20 percent or more of its staff/contractors attend and complete OCPHE trainings (or other trainings/workshops identified by OCPHE) and when ii). an LDH office develops a planning bodies (committee, task force, coalition, etc.) that has a purpose of informing products or services created and/or implemented for Louisiana citizens (i.e., layperson) to utilize, 25-percent (or more) of the planning bodies must be composed of the laypersons the product or service is for
- c. Explore the opportunity of working with Louisiana Association of Community Health Outreach Network (LACHON) to support Louisiana's community health workers network with responsibility around community engagement, sharing of information and learning, and support their annual conference

We will do this by:

3.3 Develop internship opportunities for Louisiana's diverse student populations (i.e., reflective of Louisiana's citizens - Disabled, Elderly, Poor populations, African Americans, Native Americans, Latino/Hispanic, Vietnamese, Lesbian, Gay, Bisexual, Trans-gender/Same-gender loving)

Action Steps

- a. Develop and coordinate formal internship opportunities for social work, nursing, counseling, public policy, and public health students at Southern University Systems, Grambling State University, and Louisiana State University, Universities of Louisiana Systems (and other schools) – ensuring diverse demographics reflective Louisiana's PPC

How will the framework be implemented and monitored?

LDH's Office of the Secretary (OS) wants to ensure that the framework makes a difference. Thus, the Office of Community Partnerships and Health Equity (OCPHE) will be responsible for overseeing the implementation and monitoring-reporting of LDH's framework's processes and impact. Leadership inside LDH's offices and/or programs are asked to identify personnel to be a OCPHE Ambassador (offices can have more than one ambassador). This person is to be chosen by the respective office's leadership, to help monitor and report (i.e., documents) the offices prioritized community engagement activities in its office. OCPHE request Ambassadors in the following offices:

- **Office of Public Health** (Given OPH's scope and the health equity expertise of some of their bureaus, its leadership may want two or more Ambassadors (i.e., per certain bureaus))
- **Office of Aging and Adult Services**
- **Office for Citizens with Developmental Disabilities**
- **Office of Behavioral Health**
- **State Facilities**
- **Medicaid**

Further, OCPHE will execute face-to-face and webinar workshops to prepare LDH for the implementation and use of LDH Phase I Health Equity Plan and its tools. OCPHE will also provide individual technical assistance to aid Ambassadors' capacity to help support the implementation-monitoring of the framework in their respective areas (reporting instructions and checklist tool will be provided between December 2019 - January 2020). Further, Ambassadors will have a position on their office's health equity action team (HEAT). As a member of their office's HEAT, Ambassadors will share (at the monthly one-hour to one-hour and 30 minutes HEAT meeting) the office's prioritized community engagement activities – who, what, when, why (and possible feedback-insight learned from the office's individual community activities). The Ambassadors' monthly report out will also help to inform activities and priorities of its office HEAT, particularly as it relates to feedback and insight learned from community.

OCPHE is setting up logistical processes and finalizing reporting tools between November 2019 thru January 2019. This prep period will help to ensure Ambassadors only spend three to four hours (or less) a month working on the framework's monitoring and reporting activities. Each office will have their own formal Action Steps selection meeting. This meeting will consist of OCPHE staff, the office's leader/s (or office point person/s) and the office's selected Ambassador/s. At this meeting the office will identify 11 Action Steps (see pages 11 -14 and below) and review The Framework reporting instructions and checklist tool:

- | | |
|----------|---------------------|
| 1. 1.1a | 12. 2.2b |
| 2. 1.1b | 13. 2.2c |
| 3. 1.1c | 14. 2.2d |
| 4. 1.1d | 15. 2.2e |
| 5. 1.2a | 16. 3.1a (Required) |
| 6. 1.2b | 17. 3.1b |
| 7. 1.2c | 18. 3.2a (Required) |
| 8. 2.1a | 19. 3.2b (Required) |
| 9. 2.1b | 20. 3.2c (Required) |
| 10. 2.1c | 21. 3.3a |
| 11. 2.2a | |

Again, each office is expected to select 11 Action Steps (four Action Steps are required) and the office's Ambassador/s will have a responsibility to monitor and report on the framework's activities at its office's monthly HEAT meeting and in its quarterly reporting. This requirement is aligned and had ready been updated (May 2019) within LDH's 2017 – 2022 Strategic Plan. OCPHE staff will compile the framework's report every six months and present report/summaries-findings to OS leadership and the future LDH Community Partnership Advisory Board – LDH Phase II Health Equity Plan. The OS leadership and Community Partnership Advisory Board's review of the framework's reports will provide another level of accountability for adherence to LDH's health equity strategic plans and the plans' activities.

Reporting and Tracking

A complete guide for recording and tracking these activities will be provided (i.e., reporting instructions and checklist tool) within 60 – 90 days

Diversity & Inclusion (D&I) Statement & Clause

D&I Statement

The Louisiana Department of Health (LDH) characterizes diversity as representing the differences and similarities of all of us that include, for example, individual characteristics (e.g., disability, age, education level, poverty status, rural/urban setting, race, ethnicity, and sexual orientation), values, beliefs, experiences and backgrounds. LDH also characterizes inclusion as creating a work environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the work of our agency. This is inclusive of LDH also building its capacity to create, support and/or fund (i.e., via programming projects and contracts) efforts that do not discriminate against people, populations, and/or communities due to disability, age, education level, poverty status, rural/urban setting, race, ethnicity, and sexual orientation. LDH believes that diversity and inclusion aid in more equitably achieving its mission – “...protect and promote health and to ensure access to medical, preventive and rehabilitative services for citizens of the State of Louisiana.”.

As result of LDH’s commitment and encouragement of diversity and inclusion, it is doing the following:

- LDH’s is operationalizing health equity practices and protocols that activate and serve to sustain diversity and inclusion efforts agency wide
- Via training/workshop, LDH is supporting cultural humility at all levels with the agency
- LDH supports having a diverse and inclusive workforce – one representative of Louisiana’s demographics
- Via the LDH Diversity & Inclusion Clause, LDH encourages its partners, collaborators, and contractors to align with LDH’s diversity and inclusion practices

D&I Clause

The Louisiana Department of Health values diversity in our workforce, vendor network, customers, and communities. As a state agency, we believe that diversity contributes to the success of Louisiana and society. We value the unique contributions of individuals with wide-ranging backgrounds and experiences. We believe an inclusive culture allows our employees to contribute their best. LDH is committed to equal opportunity and fair treatment for all. The agency prohibits discrimination on the basis of age, race, gender, religion, ethnicity, disability, marital or family status, national origin, sexual orientation, veteran status, genetic information, gender identity, medical condition or any other characteristics. This principle extends to all decisions relating to recruitment, hiring, training, placement, advancement, compensation, benefits, and termination. All contractors and/or vendors are subject to this policy in concerning any actions related to the execution and/or fulfillment of contracts with the Louisiana Department of Health and/or any of the auxiliaries, offices, and entities under its auspices.

I, _____ (print name of certifier), am the officer or employee responsible for the authorization/sanction of this contract and hereby certify that, I have read and understand the above written Diversity and Inclusion Clause. I agree that, if awarded a contract with Louisiana Department of Health and/or any of the auxiliaries, offices, and entities under its auspices, all related actions shall be maintained in accordance with this provision.

(Signature)

(Date)

Glossary of Terms Used throughout the Health Equity Plan

Community Engagement: Process of co-creating solutions in partnership with people, who through their own experiences, know the barriers to opportunity best. It is grounded in building relationships based on mutual respect and that acknowledge each person's added value to the developing solutions.

Culturally and Linguistically Appropriate Services Standards (CLASS): The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations - Principal Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Community-based Participatory Research (CBPR): A collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. <https://www.policylink.org/sites/default/files/CBPR.pdf>

Health Disparity: Difference in health that is closely linked with social, economic, or environmental disadvantage. Health disparities impact groups that systematically experience greater obstacles including communities of color, American Indians, and persons with disabilities.

Health Equity: Achieved when every person in a community has the opportunity to reach their full health potential and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Health Inequity: Differences in outcomes that are a result of systematic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.¹

Social Determinants of Health: Structural determinants and conditions in which people are born, grow, live, work and age. They include interconnected factors like socioeconomic status, education, physical environment, employment, and social support networks, as well as access to health care – not all determinants are barriers. <http://kff.org/disparities-policy/issuebrief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Social Justice: the equitable distribution of social, economic, and political resources, opportunities, and responsibilities and their consequences.²

¹ "Definitions," Virginia Department of Health, accessed August 14, 2020, <https://www.vdh.virginia.gov/health-equity/definitions/>.

² Ibid.

Office of Community Partnerships and Health Equity (OCPHE) Tools/Resources

OCPHE has developed these tools to support Louisiana Department of Health (LDH) staff's operationalization of health equity practices and protocols:

- LDH Community Engagement Framework (The Framework) Report Doc and Instructions – will be provided to Ambassadors January 2020
 - The Framework monitoring tool and instructions
- LDH Health Equity Planning Apparatus; in final stages of development – will be provided as requested or suggested by OCPHE Director
 - The Health Equity Planning Apparatus is a tool intended to assess a program, project, or policy's impact on a certain, vulnerable, or prioritized population and/or community. Specifically, users (via the tool) will do the following:
 - Assess the potential impact on various communities or populations before making decisions.
 - Better understand the different impacts of proposals.
 - Identify ways to modify proposed policies or projects to ensure they will reduce health inequities, not make them worse.
 - Strengthen or initiate relationships and collaborations.