

Health Equity Roadmap, Phase 2:

Nothing About Us Without Us

Bureau of Community
Partnerships and Health Equity



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Overview

The Health Equity Roadmap Phase 2 is a continuation of the Department's first Health Equity Roadmap. It was originally written in 2020 as the Health Equity Plan and updated as the Health Equity Roadmap in 2021. The Health Equity Roadmap Phase 1 (Roadmap) served as the department's first department-wide health equity strategy. The Roadmap guides and operationalizes health equity practices and protocol affecting all LDH agencies, offices and bureaus. It provided guidance on how to roll out health equity initiatives throughout the department, most notably through the development of agency Health Equity Action Teams (HEATs). It also provided a Community Engagement Framework as an addendum to the Roadmap and encouraged implementation of specific community engagement initiatives and action items.

The Roadmap guides and operationalizes health equity practices and protocol affecting all LDH agencies, offices and bureaus.

The Phase 1 Roadmap promised that Phase 2 would be developed to build on elements from Phase 1. This document is the culmination of that promise and describes the next chapter in LDH's journey to incorporate health equity throughout its programs, policies and procedures. The Roadmap Phases 1 and 2 were both spearheaded by the Bureau of Community Partnerships and Health Equity (BCPHE) in conjunction with department leadership.

The Health Equity Roadmap Phase 2 utilizes lessons, successes and challenges from Phase 1 to further detail how LDH will entrench health equity practices into its organizational practices and provides useful resources to assist LDH practitioners in their implementation of these practices.

BUREAU OF COMMUNITY PARTNERSHIPS AND HEALTH EQUITY

The Louisiana Department of Health (LDH) first established its Bureau of Community Partnerships and Health Equity (BCPHE) in January of 2019, then titled the Office of Community Partnerships and Health Equity. BCPHE focuses on promoting health equity in LDH and ensuring that LDH's services are equitably accessible and informed by the people, populations and communities served. BCPHE does this by working with LDH Offices, Bureaus, Programs and Sections to promote and implement health equity and community engagement principles and action items and develops relationships with external organizations to foster cooperation and connections between LDH and the broader Louisiana community.

To promote health equity within each offices' programs and services, the Roadmap Phase 2 includes continued support and enhanced guidance for the Health Equity Action Teams (HEATs) in LDH's major offices and Health Equity Ambassadors (Ambassadors) in LDH offices and bureaus without HEATs. The Roadmap Phase 2 will also include additional processes to enhance technical assistance and bring other tools to LDH leadership and team members to apply a health equity lens to departmental policies, practices and emerging issues. BCPHE was intentional about building Phase 2 on the foundation and principles laid out in Phase 1 and will further operationalize health equity practices within the fabric of LDH's policies, programs and culture through this next generation of health equity activities.

Phase I Recap

In January 2019, the Louisiana Department of Health created the Office of Community Partnerships and Health Equity (OCPHE) under the direction of Dr. Earl Benjamin-Robinson, with the goal of operationalizing community engagement and health equity best practices and standards agency-wide. This goal led to the creation of the development of LDH's first agency-wide health equity plan and health equity action team (HEAT). Phase 1 of the Health Equity Plan and Community Engagement Framework were developed by OCPHE and distributed throughout LDH. As part of the Phase 1 directives, LDH agencies began to develop their own HEATs, supported by office leadership and OCPHE.

In early 2020 many efforts across LDH shifted to help address COVID-19, which had been declared a pandemic and a national public health emergency, and there was an evident pause in the health equity work done. One major change in how the Health Equity Plan was implemented was in the scaling back of the expectations around the Community Engagement Framework. The Community Engagement Framework contains a list of action steps LDH offices could undertake to promote and increase community engagement activities in their offices [See Appendix A for the full list of activities]. Offices were originally requested to complete 4 mandatory activities and choose 7 additional activities from the list, for a total of 11 community

Community Engagement Framework- Mandatory Action Steps

3.1a) Develop a programming strategy/strategies that recognize the long-term role of leveraging BTH approaches that support all PPC in achieving their best physical and mental health.

3.2a) Establish (at least 6 annually) communicative activities (press releases, social media blast, radio/TV interview, etc.)

3.2b) Document at least 20 percent or more of office team members/contractors attend and complete 1 or more of BCPHE trainings

3.2c) Explore the opportunity of working with the Louisiana Association of Community Health Outreach Network

engagement activities. To accommodate offices needing to restructure to respond to the declared public health emergency, OCPHE scaled back from 11 total action steps to just requiring the 4 mandatory steps.

However, as the COVID-19 crisis unfolded in Louisiana and LDH studied its impacts on our population, it became evident that impacts were being felt inequitably throughout the state. This undeniable realization led to the creation of the Louisiana COVID-19 Health Equity Task Force, which convened at the behest of the Governor and included participants from LDH including OCPHE, to assess the depth of the inequities being faced by marginalized communities in Louisiana. These data along with a broader national reckoning with racism shone a bright spotlight back on issues of inequities faced by marginalized communities and how those inequities impact morbidity and mortality. These events galvanized many individuals and offices within LDH to learn more about how health equity impacts their work and inspired some HEATs to double-down on their health equity plans even more.

In the summer of 2021, OCPHE became BCPHE, the Bureau of Community Partnerships and Health Equity and Davondra Brown assumed the role of Director. Since then, BCPHE has worked to make revisions and updates to Phase 1 of the Health Equity Plan, including renaming the document to the LDH Health Equity Roadmap, and began to lay the groundwork for the development of a Phase 2. These updates are described below in the section titled “Updates to Phase 1 Roadmap” and in Appendix B.

The illustration below demonstrates how each action in the evolution of LDH’s health equity strategy has built upon each previous action. With continued support, BCPHE looks forward to continuing to taking steps toward a more equitable Louisiana.



Phase 1 Evaluation

In order to begin developing plans for our next phase of health equity implementation in the department, we first needed to evaluate the outcomes from Phase 1. To conduct our evaluation, we looked at the following:

- Monthly, quarterly and annual reports submitted to BCPHE;
- Periodic attendance at office HEAT meetings;
- Responses from a survey sent to HEAT members in the fall of 2021;
- An internal assessment of completed Phase 1 actions compared to expectations; and
- Experiential and anecdotal feedback from HEAT members, BCPHE team members and leadership.

Feedback Sources

Reports Submitted to BCPHE

There were three primary documents offices were expected to submit to BCPHE on a regular basis:

1. Annual Workplan
2. Quarterly Community Engagement Framework Reporting Tool
3. Monthly HEAT Meeting Agendas with Meeting Minutes

Annual Workplan- This document was to be used as a planning tool for HEATs to describe month by month their proposed health equity and community engagement activities for the upcoming year. HEAT chairs were provided an annual report template to fill out and return to BCPHE at the start of the year, and to update and resubmit at the 6-month and 12-month marks. Most HEATs used this template and submitted plans accordingly.

Quarterly Community Engagement Framework Reporting Tool- This document was created to provide space for the ambassadors to list their office's community engagement activities for each quarter, and to track each office's progress on implementing the mandatory community engagement action steps detailed in the Community Engagement Framework.

HEAT Meeting Agendas with Minutes- This template was provided to capture each HEAT's proposed meeting agenda items, along with the date and time of that month's meeting. The minutes were also expected to include a list of attendees, absent HEAT members, status updates on their HEAT projects, discussion topics and action items from each meeting.

HEAT Meeting Observations

BCPHE team members requested to be invited to office HEAT meetings and attended as many meetings as schedules permitted. Most meetings were well-attended and had varying levels of participation from HEAT membership. Most meetings had agendas and minutes or notes were taken. BCPHE noted differences in how HEATs functioned in the different offices, and often noted differences in how chairs and ambassador roles were implemented. BCPHE also observed differing levels of dialogue and collaboration within the meetings amongst HEAT members.

HEAT Survey

In the fall of 2021, BCPHE sent a survey to HEAT members throughout LDH to gauge participation in the HEATs so far and to gain feedback into how the HEATs were operating to date and where they could use more guidance and assistance. The survey results indicated that most respondents rated their experience with participating in their office's HEAT highly. Most respondents felt that their HEAT collaborated well internally, but had yet to collaborate with HEATs outside of their office.

In terms of technical assistance, the top items respondents indicated they would like more assistance with included:

- Collaboration opportunities with other HEATs;
- Equity Training;
- Transparency of how reports are used; and
- Clarity of HEAT vision/goals.

Survey respondents also indicated they would like additional resources in the following:




- Quarterly meetings;
- Data sharing/ Dedicated google drive;
- Dedicated time to speak with chairs to see if they are on the right path; and
- Connections to community resources and/or entities that can help with the advancement of HEAT agendas.

Internal Assessment




BCPHE also leaned on feedback from leadership as well as anecdotal conversations with LDH team members and HEAT members to inform the internal assessment. Using all of these sources, BCPHE conducted an internal assessment to gage how well LDH met the intent and expectations of Phase 1. The original Health Equity Roadmap included several action items that were expected to be completed as part of Phase 1. These items included:

- Establish and maintain a HEAT
- Appoint Ambassador(s)
- CEF action steps
- Diversity & Inclusion Statement
- Review Community Engagement Framework (CEF)
- CLAS Standards Assessment
- Prepare a Data/ Needs Assessment
- Community Based Participatory Research (CBPR)
- Health Equity related trainings
- Including HE in annual reviews (HR)

Out of this list of expectations we assigned varying degrees of success using a rating system of:

	Done
	In progress/partially done
	Minimally addressed, or not at all

Applying this rating system to the original list of Phase 1 expectations, we assigned the following ratings:

		
<ul style="list-style-type: none"> • Establish and maintain a HEAT • Diversity & Inclusion Statement • Appoint Ambassador(s) 	<ul style="list-style-type: none"> • Review Community Engagement Framework (CEF) • CEF action steps • CLAS Standards Assessment 	<ul style="list-style-type: none"> • Prepare a Data/ Needs Assessment • Community Based Participatory Research • Health Equity related trainings • Including HE in annual reviews (HR)

This reflects the most up-to-date assessment as of the time of the publication of this document.

Explanation of the Ratings



The department successfully launched 6 inner-agency HEATs over the course of the Phase 1 implementation. Those HEATs have been meeting regularly and have initiated health equity projects within their respective agencies. The Diversity and Inclusion statement has been created and can be found on the LDH website at <https://ldh.la.gov/page/4157>. All offices have now appointed Ambassadors.



Several items have been partially implemented, including Reviewing the Community Engagement Framework (CEF), CEF Action Steps, and CLAS Standards Assessment. The Community Engagement Framework (CEF) section of the original health equity plan has been shared with all offices, but has had varying degrees of utilization. No office was able to fulfill all four mandatory requirements under the CEF Action Steps, in part due to unanticipated challenges in negotiating and funding a department-wide health equity training program, which was one of the requirements.



The items in this column had more difficulty getting off the ground. For the items Preparing a Data/Needs Assessment and Community Based Participatory Research, it is unclear which offices conducted needs assessments before developing their health equity plans or used CBPR principles in their research. For Health Equity related trainings, our office was unsuccessful in procuring a standard training curriculum that could be provided throughout LDH. It was determined that more guidance would be needed to incorporate health equity into annual reviews.

Lessons Learned

This rating system gave us insight into things we need to focus on and improve for our next phase, namely improving guidance and providing more resources around how to implement some of the suggested activities, and improving our reporting structure to capture more information around office's health equity and community engagement activities, to name a few.

Updates to Phase 1 Document

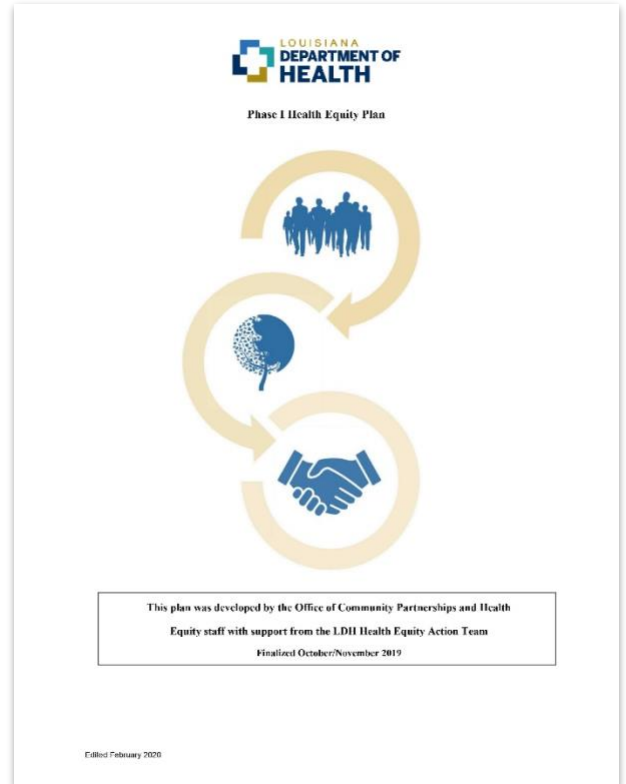
The following describes changes and updates made to the original Health Equity Plan document. The updates and changes were made by BCPHE to make the content of the original document more clear, concise and user-friendly. For the full list of updates and changes, see Appendix B.

Document Updates

- Updating name to “Health Equity Roadmap”
- CEF Ambassadors’ name change to “Health Equity Ambassadors”
- Clarifying the three organizational elements
- Edits and updates to make the document more user-friendly and cohesive.

Updates to Phase 1 Organizational Elements

As mentioned in the Roadmap document changes, BCPHE updated the three organizational elements pictured on the cover of the original health equity plan to clarify their intent and application.



▶ **Organizational Behaviors- External**

- Organizational Behaviors refers to how LDH presents itself to the community.

▶ **Organizational Culture- Internal**

- Organizational Culture is about internal communications and engagement.

▶ **Organizational Systems- Codification**

- Organizational Systems references measures taken by the Department as a whole that cause systemic change in how LDH operates.

These updates clarify the concepts and organizational structure that the Roadmap and Community Engagement Framework are built within.

Carryover of Phase 1 Activities

Several action items from Phase 1 will be carried forward into Phase 2, in varying degrees. The items implemented in Phase 1 that will continue as-is in Phase 2 include:

- Maintain and support HEATs in existing program offices;
- Maintain the requirement to complete the four specified community engagement framework activities; and
- Maintain the use of the Diversity and Inclusion Statement throughout LDH.

Some action items from Phase 1 will be carried over and augmented in Phase 2 with additional resources to provide clarification or support their optimal execution. These will include but not be limited to:

- CLAS Standards;
- Community Based Participatory Research;
- Data/Needs Assessment;
- Health Equity-related Trainings;
- Guidance for Ambassadors in offices without HEATs; and
- Guidance for HEAT Chairs and Members, and Ambassadors in offices with HEATs.

BCPHE will make these additional resources available after the Phase 2 Roadmap is released.

Phase 2

Phase 2 Philosophy

“Nothing About Us Without Us”

The original Health Equity Roadmap and Community Engagement Framework was inspired by Valerie Billingham’s words, “Nothing About Me without Me.” As mentioned in the Health Equity Roadmap Phase 1 document, Phase 2 of LDH’s health equity journey will be heavily focused on being more intentional in the ways we engage with our communities. External LDH relationships and community activities play major roles in the success of LDH programs and services. The Community Engagement Framework was created with the intent to build more agency-wide team member capacity to engage people, populations, and communities by establishing equitable community engagement practices. Phase 2 will continue with this intention by providing more practical guidance to LDH team members and agencies to implement and operationalize these practices.

Moving into Phase 2 signifies the deepening of LDH’s commitment to health equity and community engagement. This is evidenced in the Fiscal Year 2022 [LDH Business Plan](#) in Commitment 3: *Enhance Customer Service, Partnerships, and Community Relations*, and more specifically in Initiative 11: *Leverage Community Partnerships to Improve Participation in LDH Programs and Improve Program Design*. This is also evidenced by the creation of a new role in the LDH Office of the Secretary focused on community engagement. LDH’s commitment to health equity and community engagement is further emphasized in the current development of the new State Health Assessment (SHA) and State Health Improvement Plan (SHIP), which is conducted every 5 years by the LDH Office of Public Health, Bureau of Planning and Performance and coincided with the development of the Phase 2 Roadmap.

“Nothing About Us Without Us” represents a shift in our thinking- from focusing on what the department thinks are the needs of the community to actually asking the community what their needs are directly and incorporating their stated needs into the department’s policies and programs. This phrase is a reminder to the department leadership and team members that in order for our programs and services to be effective, they need to be more reflective of the communities they are designed to serve.

SHA/SHIP

The State Health Assessment (SHA) presents an analysis of the health needs across the state, detailing health-related challenges and opportunities both statewide and by region. The SHA Dashboard makes data on health and health inequities easily accessible and can be a helpful resource for LDH offices looking to expand their health equity and community engagement activities. The data from the SHA dashboard will be the foundation for the creation of the State Health Improvement Plan (SHIP) and a companion SHIP Dashboard in 2022. The SHA Dashboard can be found here: www.LouisianaSHA.com

Phase 2 will also emphasize being more intentional about how we engage with each other- whether as individuals promoting a more equitable workplace, or as sister-agencies reaching beyond our programmatic silos to share best practices, collaborate and improve how we support all of our constituencies better through equitable policies and practices.

Phase 2 Emphasis on Community Engagement Aims

The original Community Engagement Framework described 3 AIMS that stemmed from key themes unearthed during the beginning of the department-wide exploration into health equity work. The three aims are:

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

AIM 2: Work to ensure LDH team members/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

We will continue to promote these themes through the implementation of Phase 2 and through the new Community Engagement Toolkit that was created as a part of the Business Plan Initiative 11.

As mentioned, BCPHE will maintain the requirement that offices complete the same mandatory four community engagement framework activities from Phase 1 (see the “*Community Engagement Framework- Mandatory Action Steps*” box on page 3) in order to achieve 100% compliance for the first fiscal year. We note that the four required Community Engagement Framework Action Steps all fell under the Organizational Systems element as part of AIM 3. For Phase 2, we are hoping to see offices opt to engage in activities connected to the first two AIMS as their capacity allows. Offices are encouraged, but not required, to explore the full list of community engagement framework activities in Appendix A to discover other activities they could pursue or that they are already implementing but not documenting as such.

As the department continues to transition out of the public health emergency, the number of mandatory community engagement items may increase for the next fiscal year. Offices will receive notice well in advance in order to incorporate any additional activities into their workplans.

Phase 2 Priority Themes & Activities

The following section details the priority areas and activities that will make up the bulk of LDH’s Phase 2 Health Equity Roadmap activities. The activities fall under four main priority themes: Community Engagement & Partnerships, Communication, Collaboration and Support. These themes emerged from the evaluation of the Phase 1 activities and from the feedback and suggestions received by BCPHE from HEATs and LDH leadership. Note that several activities fall under more than one theme.



COMMUNITY
ENGAGEMENT &
PARTNERSHIPS



COMMUNICATION



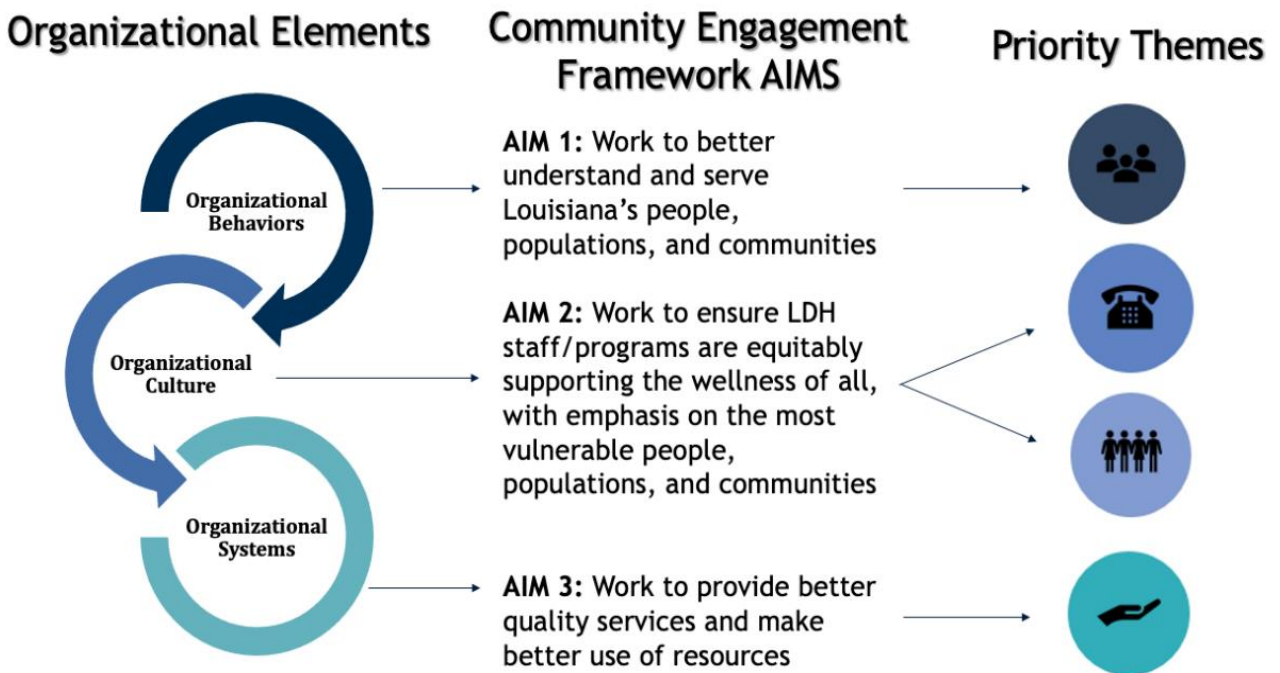
COLLABORATION



SUPPORT

Each of these Phase 2 Priority Themes was derived from or inspired by the Organizational Elements reflected above and the original 3 AIMS of the Community Engagement Framework.

- Phase 2 Priority Theme: Community Engagement and Partnerships arose from **Organizational Behaviors** and **AIM 1**
- Phase 2 Priority Theme: Communication and Phase 2 Priority Theme: Collaboration branched from **Organizational Culture** and **AIM 2**
- Phase 2 Priority Theme: Support stemmed from **Organizational Systems** and **AIM 3**



Community Engagement & Partnerships



This theme covers how LDH will increase community engagement practices across the department by reaching out and interacting with community stakeholders. Our primary activities that will help increase our community partnerships will include but not be limited to:

1. **Establish a Review, Advise and Inform Board (RAIB).** In anticipation of Phase 2, BCPHE established a Review, Advise and Inform Board (RAIB) and held its first meeting in June of 2021. RAIB is comprised of community members representing all nine regions of the state as well as various races and ethnicities, genders, orientations, ages, and other characteristics like educational background, profession and expertise. RAIB is tasked with providing LDH with expertise from their respective lived experiences and the experiences of the communities they serve. RAIB is also tasked with providing input and guidance from a community perspective into LDH's State Health Assessment and State Health Improvement Plan (SHA/SHIP), spearheaded by the LDH Office of Public Health, Bureau of Planning and Performance.
2. **Leverage the RAIB** to provide community input into LDH's health equity plans and to help LDH make more meaningful connections with local communities. RAIB was launched earlier than the rest of the Phase 2 activities in order to involve the RAIB members in the development of the rest of the Phase 2 plans. RAIB members were asked to review BCPHE's preliminary Phase 2 plans and provided valuable input and perspective that has helped shape the rest of the Phase 2 plans. BCPHE will continue to keep RAIB abreast of the Phase 2 implementation.
3. **Partner with the LDH Community Engagement Officer** to provide guidance and tools for LDH agencies looking to strengthen their community partnerships. BCPHE will work with the Community Engagement Officer to:
 - a. **Develop Community Engagement Policies and Procedures.** BCPHE will draft policies and procedures to educate LDH team members on how to equitably engage and partner with the community we serve. LDH agencies currently engage in varying degrees of community engagement. These policies and procedures will codify LDH's expectations around working with and uplifting members of the public in true public service fashion, and provide guidance to agencies.
 - b. **Provide Community Engagement Trainings and Tools.** Leaning on the Community Engagement Framework from Phase 1, BCPHE and the Community Engagement Officer will develop trainings and tools to prepare LDH agencies for increased community engagement from an equitable perspective.

Communication



This theme covers how LDH will share health equity resources and concepts across the department. Our primary activities that will help increase our communication around health equity will include but not be limited to:

1. **Establish internal communication** of health equity opportunities, achievements and best practices through use of the LDH newsletter and the BCPHE list serv.
2. **Create a new online HEAT HUB** open to all LDH HEAT members to foster communication between BCPHE, the HEATs and Ambassadors and to serve as a data repository for project plans, health equity tools and resources, and to share best practices. Many innovations are happening within individual agency HEATs. A new HEAT HUB will provide a landing place for HEAT members and teams to share these innovations with each other.
3. **Standardize our monitoring and reporting** to capture the full range of health equity activities at LDH. Many agencies in LDH engage in varying levels of health equity and community engagement activities already, but some of that work happens outside of the HEATs' projects. To ensure that LDH leadership stays abreast of all of the health equity activities happening throughout the department, in and outside of the HEATs, BCPHE will revamp the reporting tools that HEATs and Ambassadors' use in order to capture more information about these additional activities.
4. **Establish regular All-HEAT meetings.** In December of 2021 BCPHE hosted the first department-wide All-HEAT meeting open to HEAT members from each program office, and any other interested LDH team members. Each HEAT had the opportunity to share their HEAT's activities and hear about each other's successes and challenges so far. The meeting was received well. BCPHE looks to establish a regular schedule of All-HEAT meetings during Phase 2. These meetings will provide more opportunities for HEATs and Ambassadors to come together to hear about each other's work and offer an additional opportunity for BCPHE to share information, guidance and resources with the HEATs and Ambassadors.

Community Partnerships versus Community Engagement? Which is which?

For the purpose of this report, LDH will distinguish between *Community Partnerships* and *Community Engagement*. *Community Engagement* refers to engaging with individual members of the public and individual members of particular communities. *Community Partnerships* refers to LDH's relationships with organizations and entities in the community with which we have developed or seek to develop formal or informal partnerships or relationships. *Community engagement* is broader, *community partnerships* is more narrowly focused on community-based organizations and semi-organized entities like religious institutions, Greek-letter organizations, etc.

Collaboration



This theme will address how LDH agencies work together to advance health equity across the state. Our primary activities that will help increase our collaboration around health equity activities will include but not be limited to:

1. **Establish regular All-HEAT meetings.** As mentioned in the *Communication* theme above, the first All-HEAT meeting was an opportunity for HEAT members in agencies throughout the department to hear about the great work happening in other HEATs. Establishing regular All-HEAT meetings at least annually will provide HEAT members additional opportunities to identify overlaps in their respective HEATs activities, work together toward shared goals, ask questions of other HEATs, and learn from each other's experiences.
2. **Sharing HEAT member contact information across HEATs.** To help foster more collaboration amongst HEAT members in different agencies, BCPHE will facilitate the sharing of contact information of the HEAT leadership in the various offices so that HEAT leadership and members can reach out to one another to foster collaborative relationships with each other. To do this, BCPHE will ask HEATs to maintain an active roster of chairs, ambassadors and members, and will be requested to keep the rosters updated.
3. **Facilitate regular Health Equity Ambassador Meetings.** Facilitating meetings between the ambassadors will provide a dedicated time for the ambassadors to come together to discuss their health equity and community engagement work in and outside of their office's HEAT, share best practices and resources, and assist each other in working through challenges. HEAT chairs can be invited to participate in these meetings as well.
4. **Create a new online HEAT HUB** open to all LDH HEAT members. As mentioned above in the *Communication* theme, this will help facilitate easier collaboration between the HEATs by serving as a data repository for items like team rosters, project plans, and health equity tools and resources. The HEAT HUB will also house submitted activity reports and workplans from each of the participating offices. HEAT members across offices can use the documents and reports uploaded to the HEAT HUB to identify potential opportunities for collaboration where their workplans and activities may overlap.

Support



This theme will address how BCPHE will assist LDH offices in reaching their health equity and community partnership goals. The primary activities that BCPHE will undertake to increase support around implementation of health equity and community partnership activities within the department will include but not be limited to:

1. **Create a technical assistance request process.** BCPHE will develop a clear process to be used to request technical assistance or other support for HEATs or any other LDH entities needing assistance in incorporating health equity activities into their day-to-day work. Creating a clearer process will allow BCPHE to provide more targeted technical assistance in a timely manner.

2. **Standardize monitoring and reporting** to capture the full range of health equity and community engagement activities at LDH. As mentioned in the *Communication* theme above, many agencies in LDH engage in varying levels of health equity and community engagement activities. BCPHE will systematically review the submitted HEAT reports and meeting minutes to proactively identify opportunities to offer assistance to the HEATs in executing their plans. BCPHE will also revamp the reporting tools that HEATs and Ambassadors' use to be more useful and intuitive. Lastly, BCPHE will ensure that reporting processes, including timeframes and expectations around the content of the reports, will be made clearer.

3. **Leverage the RAIB** to provide guidance to LDH offices on their reported health equity and community engagement activities. As mentioned, RAIB is comprised of community members who represent varying geographic areas across the state

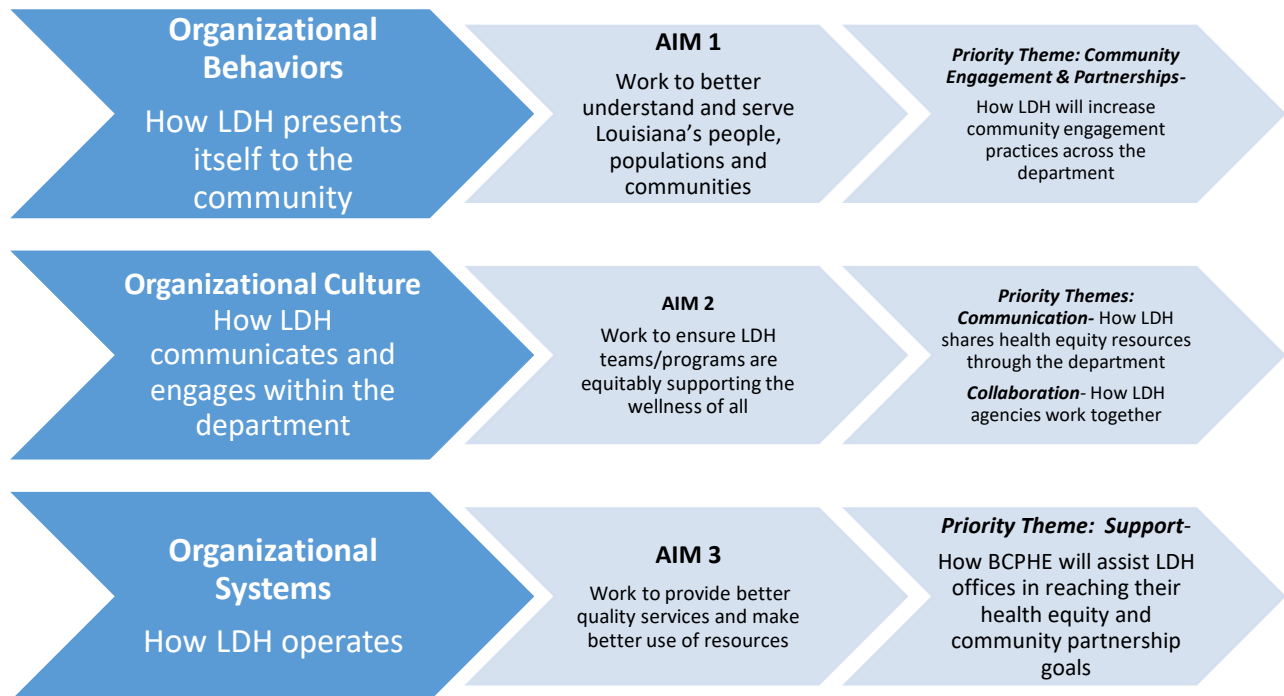
Proposed Phase 2 BCPHE Activities	Priority Theme Addressed
Establish Review, Advise and Inform Board (RAIB)	
Partner with LDH Community Engagement Officer to Develop Community Engagement Policies and Procedures	
Partner with LDH Community Engagement Officer to Provide Community Engagement Trainings and Tools	
Establish internal communication of health equity opportunities, achievements and best practices	
Create a new online HEAT HUB open to all LDH HEAT members	
Standardize monitoring and reporting to capture the full range of health equity activities at LDH	
Establish regular All-HEAT meetings	
Share HEAT member contact information across HEATs	
Facilitate regular Health Equity Ambassador Meetings	
Create a technical assistance request process	
Leverage RAIB to provide community input and guidance	
Identify trainings on health equity and other relevant topics	

and a variety of demographic, professional and cultural backgrounds. BCPHE will share workplans, quarterly activity reports and other health equity and community engagement activities with RAIB members in order to gather feedback and suggestions from the members to share back with the LDH HEAT teams and Ambassadors.

4. **Identify trainings on health equity** and other relevant topics. A holdover from Phase 1, BCPHE will work with LDH leadership to commission an LDH-wide training on health equity-related topics. Since community engagement is an essential component of health equity, BCPHE will also release the LDH Community Engagement Toolkit to LDH team members along with a training session for the toolkit. BCPHE will also seek out and share information about available health equity and community engagement trainings from credible third-party sources.

Conclusion

The Phase 2 Health Equity Roadmap detailed above continues and deepens our commitment to health equity and is part of the department’s vision for continuing to creating equitable opportunities for optimal health for all Louisianans. We recognize that our department’s Organizational Behaviors, Organizational Culture, and Organizational Systems all must reflect this vision in order for the vision to come to fruition. We will connect equity to these elements through our Community Engagement Framework AIMs and by executing the Priority Themes outlined above.



The Priority Themes- Community Engagement & Partnerships, Communication, Collaboration and Support- will guide our Phase 2 activities. The action items we will undertake within these themes will further enable us to infuse equity into our daily operations and activities throughout the department.

These action items will be carried out by BCPHE in conjunction with LDH leadership and team members. BCPHE commits to making guidance and tools that are clear and actionable for practitioners to use. BCPHE will remain open to suggestions and modifications of any required tasks, reporting tools, etc. that improve everyone's understanding and utility while still yielding the required information. We will also consistently seek feedback on any proposed changes or updates to any reporting processes or policies from the people who would be affected by those changes whenever possible.

BCPHE is excited to present this next phase of LDH's health equity journey and looks forward to assisting all LDH offices and entities in the execution of this phase.

HEALTH EQUITY ROADMAP, PHASE 2

Appendix A: Community Engagement Action Steps

Community Engagement Framework AIMS and Action Steps		
AIM	LDH will do this by...	Action Steps
AIM 1: Work to better understand and serve Louisiana's people, populations, and communities	1.1 LDH team members and programs will maximize opportunities to build capacities to improve health and health outcomes, by leveraging barriers to health (BTH) tactics, interventions (utilizing the Barriers to Health Factsheet and workshops) to increase team member awareness and thus better inform LDH offices' internal and external practices and approaches (i.e. programming, services, messaging and collaboration): <ul style="list-style-type: none"> • Align LDH services to community programming and services that help to meet immediate needs (i.e. GED, job training, employment) • Work with the respective Louisiana Healthy Community Coalitions (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 (e.g. Breast and Colorectal), HIV, HEP-C, and Mental/Behavioral Health • Development of LDH's Statewide Review, Advise and Inform Board 	1.1a Secure long-term partnership funding for community development work in communities and for vulnerable populations around the state.
		1.1b Support the development of community anchors-- key people, coalitions, and/or organizations
		1.1c 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
		1.1d Participate in the Bureau of Community Partnerships and Health Equity's (BCPHE) or other LDH program or partner's health district meetings, community meetings and/or townhalls, where citizens can ask LDH office leaders questions, provide feedback and hear about the respective offices programming and/or future planning
	1.2 Providing individuals and communities with the information, advice and support they need to develop their skills, knowledge and ability to:	1.2a Develop and/or have team members and contractors attend a cross-sector training on how to achieve high-quality community engagement and how to leverage BTH and ACEs protective factors

	<ul style="list-style-type: none"> • Affect (i.e. change for the better) their BTH • Utilize and increase awareness of Adverse Childhood Experiences (ACEs)/Trauma protective factors in communities, sectors, systems, and organizations • Efficient utilization of LDH services, resources across offices' services (e.g. utilizing Well-Ahead/Well Spots, Own Your Own Health, and other offices resources- eliminating siloed activities, when applicable) • Engage local and/or statewide coalitions, planning bodies, health and non-health related 	<p>1.2b Include community engagement and health equity skills, knowledge and experience in job descriptions and assess these factors annually (via HR processes)</p> <ul style="list-style-type: none"> • BCPHE will provide additional guidance and resources to execute this (and will also work with HR to execute these efforts)
<p>AIM 2:</p> <p>Work to ensure LDH team members/ programs are equitably supporting the wellness of all, with emphasis on the most vulnerable people, populations, and communities</p>	<p>2.1 Promoting and supporting processes for effective representation of communities on local coalitions and statewide LDH strategic planning and decision-making</p>	<p>2.1a Reward entities and organizations that incorporate inclusion and implement diverse community engagement practices</p>
		<p>2.1b Build LDH's internal and community partners' understanding of the importance of representation, diversity</p>
		<p>2.1c 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</p>
<p>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</p>	<p>2.2a Explore the possibility of providing funding for groups to hold informal events that bring people, populations and communities (PPC) together building individuals and communities awareness of office program and services, in relationship with BTH (i.e., social determinants of health)</p>	

		<p>2.2b 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</p>
		<p>2.2c 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.</p>
		<p>2.2d 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, Own Your Own Health, WellSpots, U=U, WIC, etc.)</p>
		<p>2.2e 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.</p>
<p>AIM 3:</p>	<p>3.1 Improving collaboration between vulnerable populations, stakeholders,</p>	<p>3.1 a (Required) Develop a programming strategy/strategies that</p>

<p>Work to provide better quality services and make better use of resources</p>	<p>organizations, and community groups, to share and learn about health-related issues and best practices – ensuring issues and priorities are identified and action taken</p>	<p>recognize the long-term role of leveraging BTH approaches that support all PPC in achieving their best physical and mental health.</p>
		<p>3.1 b Execute an equity impact assessment (within a 12-month time frame) for an office or office program</p>
	<p>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</p>	<p>3.2 a (Required) 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</p>
		<p>3.2 b (Required) By the end of the fiscal year (June 30), the office will document that at least 20 percent or more of its team members/contractors attend and complete OCPHE trainings (or other trainings/workshops identified by OCPHE)</p>
		<p>3.2 c (Required) 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</p>
		<p>3.2 d When an LDH office develops a planning body (committee, task force, coalition, etc.) that has a purpose of informing products or services created and/or implemented for Louisiana residents (i.e., layperson), 25-percent</p>

		(or more) of the planning bodies must be composed of the laypersons the product or service is for
	<p>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)</p>	<p>3.3 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</p>

Appendix B: Health Equity Plan Phase 1- Document Update and Summary of Changes

The following describes changes and updates made to the original Health Equity Plan Phase 1 document, which was transitioned into the Health Equity Roadmap Phase 1 in December 2021. The updates and changes were made by BCPHE to make the content of the original document more clear, concise and user-friendly. The intent is to make this document easier for the practitioners at LDH to understand and implement the measures included therein. Brief rationales are included below for some of the changes that warrant additional explanation. The content and format of the updated document served as the foundation for the Health Equity Roadmap Phase 2.

Summary of Changes

Some of the high-level changes include:

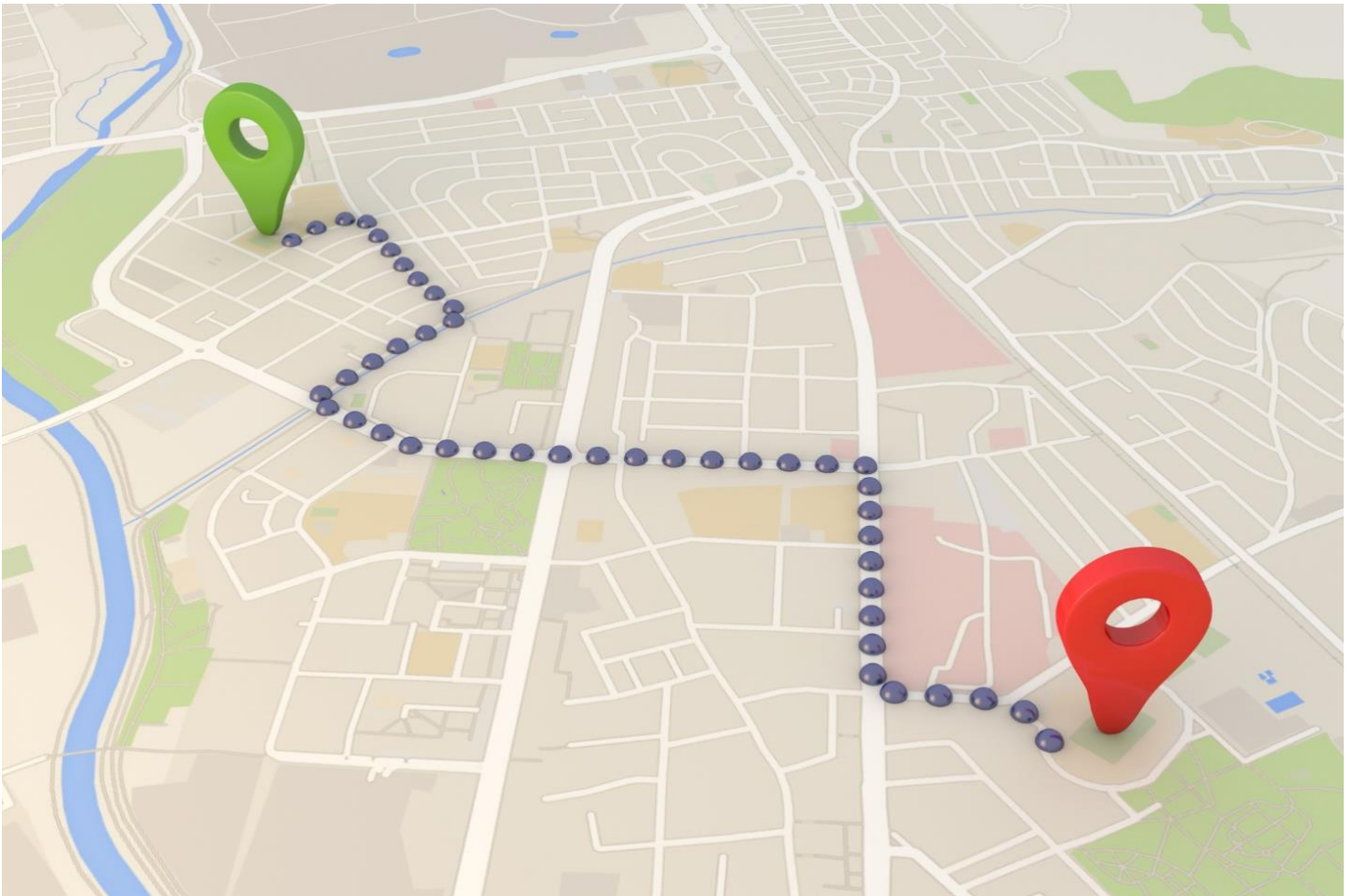
- Updating nomenclature/terminology throughout the document to be distinctive and to cut down on confusion from having multiple documents with similar-sounding names
- Abbreviating verbiage
- Rearranging sections to group like-concepts together.
- Spelling out roles and responsibilities for the HEAT team chairs, ambassadors and members.

Most sources and citations have been either moved to footnotes, moved to the back of the document or removed altogether where redundant or unneeded, in order to maximize space for the substantive content.

Breakdown of Changes

Edit	Original Document	Updated Document
1	Original Document Title: Phase I Health Equity Plan	New Document Title: Roadmap for Health Equity: Phase 1. <i>Rationale: The name was changed to "Roadmap" to distinguish from the health equity plans used by HEAT chairs</i>
2	Preface	Edited for clarity and conciseness. Switched to new office name of "Bureau of Community Partnerships and Health Equity." Sources moved to the end of the document.
3	2019 Health Equity Assessment Summary Report	Moved to the appendix.
4	Health Equity Plan Overview	Title changed to Health Equity Roadmap Overview . Verbiage abbreviated to be more concise and clear. Changed phrase "Public Health Professionalism" to "Organizational Behaviors". <i>Rationale: The phrase "Public Health Professionalism" is more challenging to</i>

		<i>explain and does not quite convey what we believe is the intent of the concepts under that term.</i>
5	Health Equity Resource Tools text box	Removed.
6	Rubric initial concept illustration (figure 2)	Removed.
7	LDH Phase 1 Health Equity Plan STRATEGIES- The How	Removed. The bulk of the substantive content in this section was consolidated and reorganized into the newly added sections below. <i>Rationale: Reorganizing the information along the lines of roles and offices should make expectations and responsibilities more clear.</i>
8		New Section added: Health Equity Roadmap Roles and Responsibilities. <i>Rationale: This section pulls together descriptions and directions for the various newly created roles within LDH to support the department’s health equity roadmap. Much of the descriptions and directions were scattered throughout the document. Putting them in one section should make it easier for any LDH personnel designated to those roles to understand their responsibilities.</i>
9	Community Engagement Framework Ambassadors	New name: Health Equity Ambassadors (Ambassadors). <i>Rationale: This provides a more direct reference to the Ambassadors’ roles in supporting their offices’ HEAT teams and reporting on both community engagement and health equity activities. We also clarified that all offices, even those without HEATs are still expected to designate an Ambassador for health equity related activities. We distinguished ambassador duties for offices with HEATs and offices without HEATs.</i>
10		New Section added: Office-Specific Responsibilities. <i>Rationale: This section pulls together descriptions and directions for the offices within LDH to support the department’s health equity roadmap. Putting them in one succinct section should make it easier for leaders in LDH offices to understand their health equity expectations and responsibilities.</i>
11	Community Engagement Framework	Edited for clarity: CEF Action steps were moved up to directly follow the explanation of the 3 AIMs.
12	Barriers to Health Fact Sheet	Removed; Link to Fact sheet added to resources page



For questions about this document,
please contact LDH_OCPHE@LA.Gov

Bureau of Community
Partnerships and Health Equity

