

# CBO Health Equity Funding Program: Theory of Change



The Public Health Equity Fund is an investment in communities to improve health equity in Oregon. OHA partners with CBOs, who center community strengths, needs, and wisdom. CBOs work to ensure that groups impacted by past and current harms and injustices can fully access and utilize public health services to live happier and healthier lives.

## Strategies

Build capacity for community partnerships at OHA

Identify & assess community priorities

Implement program improvements

Provide culturally & community-specific education & communication

Provide culturally & community-specific programs, services, resources, & support

Mobilize communities to participate in & inform policy & systems change

## Intermediate Outcomes

Increased resources & support for CBOs

Improved collaboration across OHA, CBOs, & other partners

Improved access to public health programs & services for Oregonians

Increased utilization of public health programs & services for Oregonians

Increased presence of historically marginalized communities at decision-making tables

## Long-term Outcomes

Communities have increased power to influence policy & systems change to address social determinants of health

A transformed public health system that centers community-identified needs

Communities experience equitable distribution of & access to information, resources, & services that promote health & well-being

## Program Goal

Eliminate health inequities driven by historical & contemporary injustices & improve health & well-being for Oregonians.



## Definitions

### Social determinants of health

The social determinants of health (SDOH) are the conditions in the environment that affect our overall health and quality of life.<sup>1</sup>

### Health Equity

The equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices.<sup>2</sup>

### Culturally-specific & Community-specific

Led by individuals from the community served, using language, structures and settings familiar to the members of the community.<sup>3</sup>

### Health inequities

Differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.<sup>4</sup>

### Equitable distribution

The equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices.<sup>5</sup>

### Historically marginalized communities

Can include people of color, women, LGBTQ+, low-income individuals, prisoners, the disabled, senior citizens, and many more. Many of these communities were ignored or misrepresented in traditional historical sources.<sup>6</sup>

### Root Causes

Differences in health that are not only unnecessary and avoidable but, in addition, are unfair and unjust.<sup>7</sup>

1. [Healthy People 2030](#), U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
2. [The Health Equity Committee \(HEC\)](#). OHA and OHPB Health Equity Definition.
3. [ORS 413.256](#). Regional health equity coalitions.
4. [The Health Equity Committee \(HEC\)](#). Health Equity Definition. Slide 3.
5. [The Health Equity Committee \(HEC\)](#). OHA and OHPB Health Equity Definition.
6. [Researching Historically Marginalized Communities](#). Oregon Heritage Bulletin #34. 2018. Oregon Heritage.
7. [Advancing Health Equity in Oregon: Building a Foundation](#). Julie Bataille and Caitlin Hodes, GMMB. 2021.