

**Advancing Health Equity:  
Insights from PH WINS**

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**Question for the Viewers**

As a member of the public health workforce, how would you rate your confidence as it relates to advancing health equity?

- A. I am well-equipped and committed to advancing health equity
- B. I am committed, but need more support/tools to effectively advance health equity
- C. I do not currently feel adequately equipped to effectively advance health equity
- D. Other (please type in chat)

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**PH WINS: Taking a Second Look**

**Survey Says: Results and Findings**

**Looking Ahead**

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**Background**

- Advancing health equity—core responsibility of local health departments (LHDs)
- LHDs ability to do this → need staff with the capacity to do health equity work
- Increased attention to “health equity work” and “health equity competencies”
- Lack understanding of what may facilitate/support such competencies

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**Study Aim**



To see how certain factors relate to key health equity competencies, beliefs, and activities.

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Why we were able to explore this question

1. 2021 Public Health Workforce Interests and Needs Survey—questions regarding knowledge, confidence and beliefs regarding health equity concepts
2. Racial Justice Competency Model for Public Health Professionals (R/CM)—provides guidance and support for development of racial justice learning
3. Past qualitative research identifying potential facilitators

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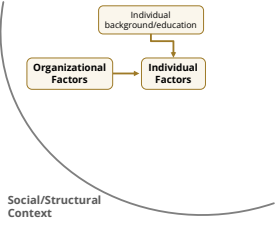
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Model



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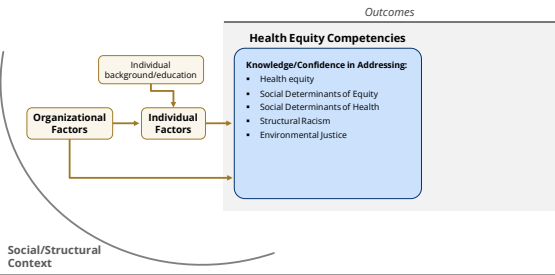
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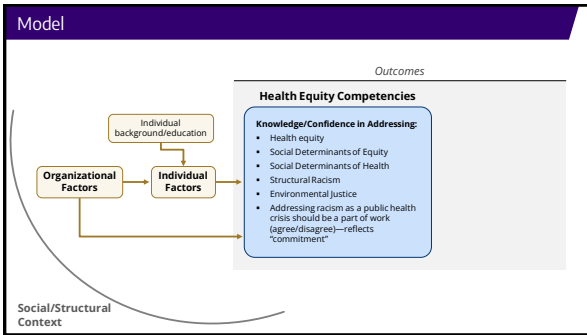
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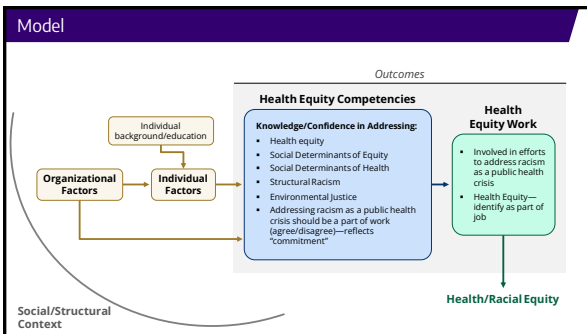
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**The Data**

- Compiled a national data set, restricted to local health departments (LHDs)
- **Individual level staff variables** (PHWINS 2021)
- **Organizational level variables** (2019 National Profile of Local Health Departments)
- **Community characteristics** (2020 Area Health Resource File)

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Study sample and approach

- Participants included 29,751 non-supervisors, supervisors, and executives
- Outcomes were staff reported competencies related to certain health equity concepts:
  - Knowledge of/Confidence in addressing (4-point Likert scale):
    - Structural Racism
    - Health Equity
    - Social Determinants of Health
    - Social Determinants of Equity
    - Environmental Justice
  - Agree that addressing racism as a public health crisis should be a part of the work (Yes/No)
  - Involved in efforts to address racism as a public health crisis (Yes/No)

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Approach

- Individual Factors**
  - Tenure in public health
  - Highest Degree
  - Racial/Ethnic identity
  - Primary program area
  - Proficiency in certain skills
    - Communication
    - Cross-sector collaboration
    - Advocacy for services
    - Community engagement
    - Health equity programming
    - Data use
    - Policy development/advocacy
- Organizational Factors**
  - Clinician-led LHD
  - Accreditation status
- Community Factors**
  - Rural/Urban location

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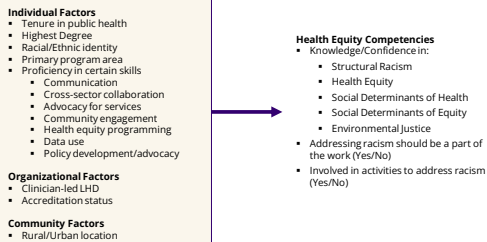
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Approach




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**Demographics**

Gender - Female	79%
Age - 31-50 years	44%
Race/ethnicity, n (%)	
American Indian or Alaska Native	1%
Asian	6%
Black or African American	15%
Hispanic or Latino	19%
Native Hawaiian or other Pacific Islander	0.3%
White	52%
Two or more races	4%
Supervisory status - Nonsupervisor	75%
Education level - Bachelor's degree or lower	69%
Public Health Tenure > 5 years	58%
LHD is accredited	59%
LHD is in an urban location	84%

17

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**Individual Staff Factors - Education**



**Master's degree or higher**

More likely to report:

- Knowledge of all concepts
- Confidence in addressing structural racism, SDOH, and health equity
- Involvement in activities to address racism
- Agreement that these activities should be a part of their work

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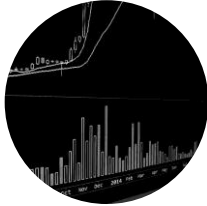
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Individual Staff Factors - Tenure

Tenure longer than 5 years

- More likely to:
- Report knowledge of health equity and SDOH
  - Report involvement in activities to address racism
- Less likely to:
- Report confidence in addressing structural racism
  - Agree that addressing racism should be a part of their work




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Individual Staff Factors – Racial or Ethnic Identity

Staff who identified as Black or African-American\*

- More likely to:
- Report confidence in addressing all concepts of interest
  - Agree that addressing racism should be a part of their work

Staff who identified as Hispanic\*

- More likely to:
- Report confidence in addressing structural racism

Less likely to report being involved in efforts to address racism

\*Compared to White

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Individual Factors – Proficiencies in Other Skills

Staff with skill proficiencies related to **policy advocacy, community engagement, cross-sector collaboration** were more likely to:

- Report confidence in addressing most concepts
- Agree that addressing racism should be a part of their job
- Be involved in such efforts




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**Organizational and Community Factors**



Staff in **urban areas** compared to rural

More likely to:

- Report confidence in addressing structural racism, health equity, SDoE, and SDOH
- Agree that addressing racism should be a part of their work

Staff in **clinician-led LHDs** compared to non-clinician led

More likely to:

- Report knowledge of structural racism
- Report confidence in addressing health equity and social determinants of equity

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**Question for the Viewers**

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*Given the findings just presented, what actions do you think your organization could take to more effectively advance health equity?*

- A. Hire more diverse staff
- B. Provide training related to policy advocacy, community engagement, and cross-sector collaboration
- C. Expanded staff training on concepts related to health equity
- D. Other (please type in chat)

23

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**Looking Ahead**



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### Implications and Future Opportunities

- Findings support nuanced understanding of factors **positively associated** with a public health workforce **equipped to advance health equity**.
- Speaks to the **value of diverse workforce** and **highlights concerns**
  - staff of color less likely to report involvement in efforts to address racism
  - may reflect lack of opportunity or lack of support
- On-the-job training that includes **application** of concepts, a **"package of skills"** and **explicit naming of the effects of racism**
- Identified **modifiable factors** positively associated with **beliefs** → **inform workforce development** along with needed structural and organizational changes

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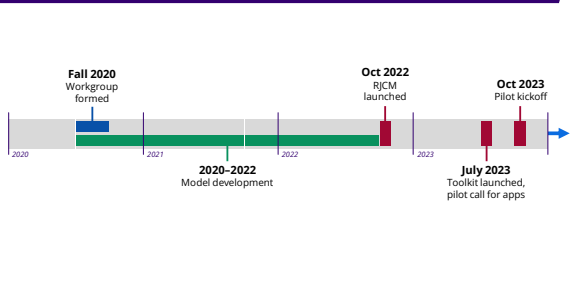
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### Development of the Racial Justice Competency Model



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### Racial Justice Competency Model Pilot

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| <p><b>Organizations</b></p> <ul style="list-style-type: none"> <li>Local Health Departments (6)</li> <li>Community-based orgs. (3)</li> <li>University-housed centers (3)</li> <li>State PH association (1)</li> <li>State PH institute (1)</li> <li>State primary care assoc. (1)</li> <li>Regional Public Health Training Center (1)</li> </ul> | <p><b>Project types, in progress through 2024</b></p> <ul style="list-style-type: none"> <li>Create and use job descriptions or performance reviews (2)</li> <li>Create/update organizational policy assessment (1)</li> <li>Create/update organizational strategic planning (3)</li> <li>Develop a competency-based training (6)</li> <li>Map/audit an existing training (1)</li> <li>Other novel idea (3)             <ul style="list-style-type: none"> <li>Conduct pledge</li> <li>Align policies to org's strategic plan to develop a RJCM-based tool</li> <li>Survey/Progress Report</li> </ul> </li> </ul> |
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How to use this information

- ✓ Develop trainings which include application of health equity concepts
- ✓ Incorporate evaluation and accountability components - going beyond stating that racism is a public health crisis
- ✓ Developing complementary skills
- ✓ Incorporate health equity concepts into organizational strategic planning
- ✓ Remembering that the common goal is to ensure all people have the opportunity to thrive

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Thank you to our study team!

Paula Kett	Kay Schaffer
Shahida Shahrir	Dany Zimmel
Betty Bekemeier	Davis Patterson

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<https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding>

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Feel free to reach out with further questions.

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<https://familymedicine.uw.edu/chws/>

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A Chat with Paula Kett and Dany Zimmel



Sue Grinnell



Paula Kett



Dany Zimmel

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QUESTIONS?



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Resources

**What is PH WINS?**

de Beaumont

<https://debeaumont.org/phwins/what-is-phwins/>

**PH WINS 2021 Findings**

de Beaumont

<https://debeaumont.org/phwins/2021-findings/>

<https://debeaumont.org/phwins/2021-findings/ph-wins-2021-addressing-racism-as-a-public-health-crisis/>

**Racial Justice Competency Model Toolkit**

Public Health Training Center Network & NNPHI

<https://rjcmph.org/>

**Public Health Training Center Network**

<https://phtcp.org/>

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Resources

**BARHII Framework**

Bay Area Regional Health  
<https://barhii.org/framework/>

**Publications:**

Furtado, K. S., Brownson, C., Fershteyn, Z., Macchi, M., Eyles, A., Valko, C., & Brownson, R. C. (2018). Health departments with a commitment To health equity: A more skilled workforce and higher-quality collaborations. *Health Affairs*, 37(1), 38-46. <https://doi.org/10.1377/hlthaff.2017.1173>

Kett, P. M., Bekemeier, B., Patterson, D. G., & Schaffer, K. (2023). Competencies, training needs, and turnover among rural compared with urban local public health practitioners: 2021 public health workforce interests and needs survey. *American Journal of Public Health*, 113(6), 689-699. <https://doi.org/10.2105/ajph.2023.307273>

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