



Advancing Health Equity: Insights from PH WINS



Paula Kett, PhD, PH, RN
Research Scientist
University of Washington



Dany Zimmel, MPH
Training and Engagement
Manager
Region V Public Health
Training Center



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)

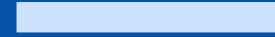
PH WINS: Taking a Second Look



Survey Says: Results and Findings



Looking Ahead



PH WINS: Taking a Second Look



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

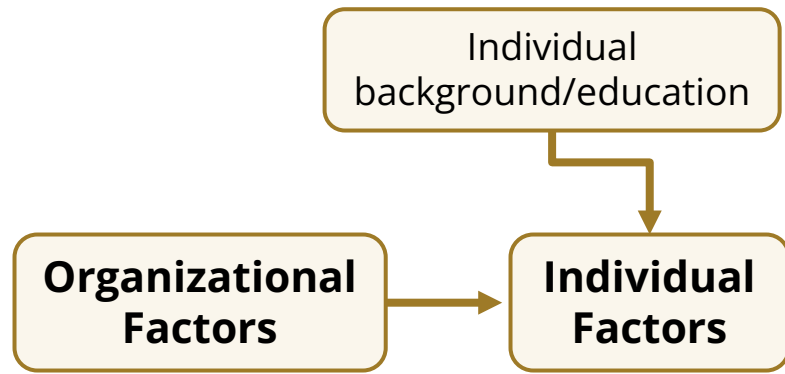


To see how certain factors relate to key health equity competencies, beliefs, and activities.

Why we were able to explore this question

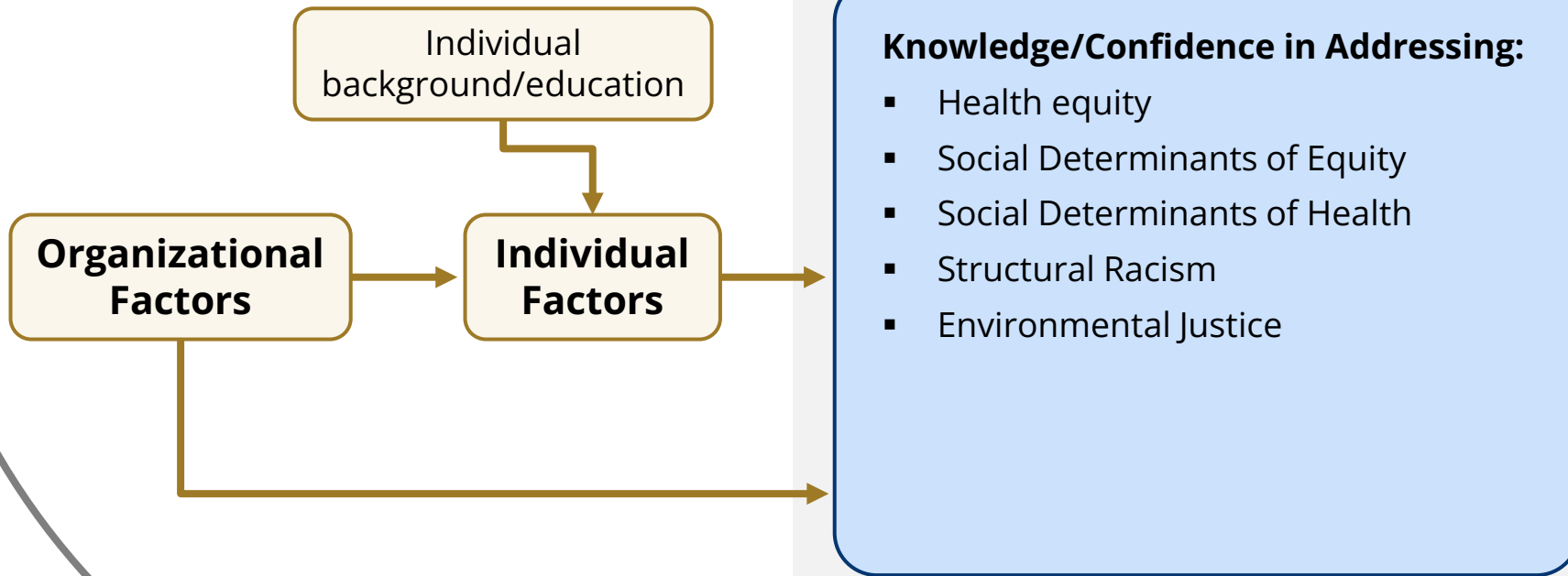
1. 2021 Public Health Workforce Interests and Needs Survey—questions regarding knowledge, confidence and beliefs regarding health equity concepts
2. Racial Justice Competency Model for Public Health Professionals (RJCM)—provides guidance and support for development of racial justice learning
3. Past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

Model



**Social/Structural
Context**

Outcomes



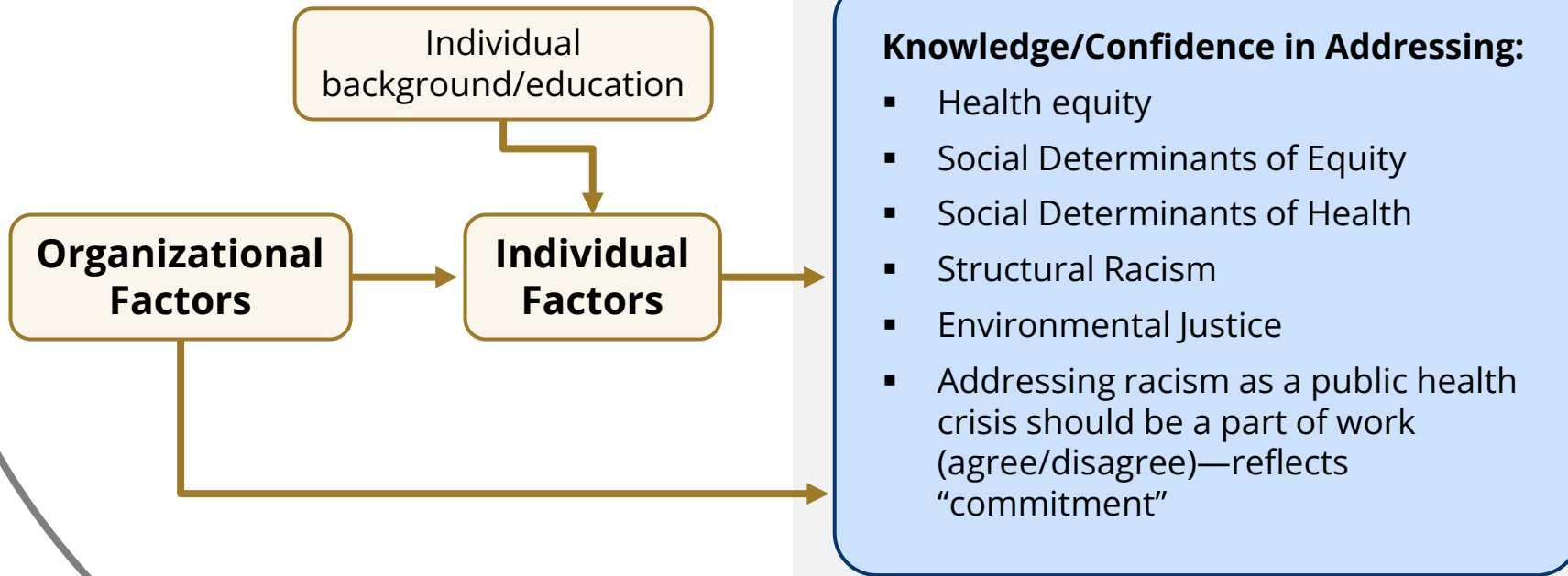
Health Equity Competencies

Knowledge/Confidence in Addressing:

- Health equity
- Social Determinants of Equity
- Social Determinants of Health
- Structural Racism
- Environmental Justice

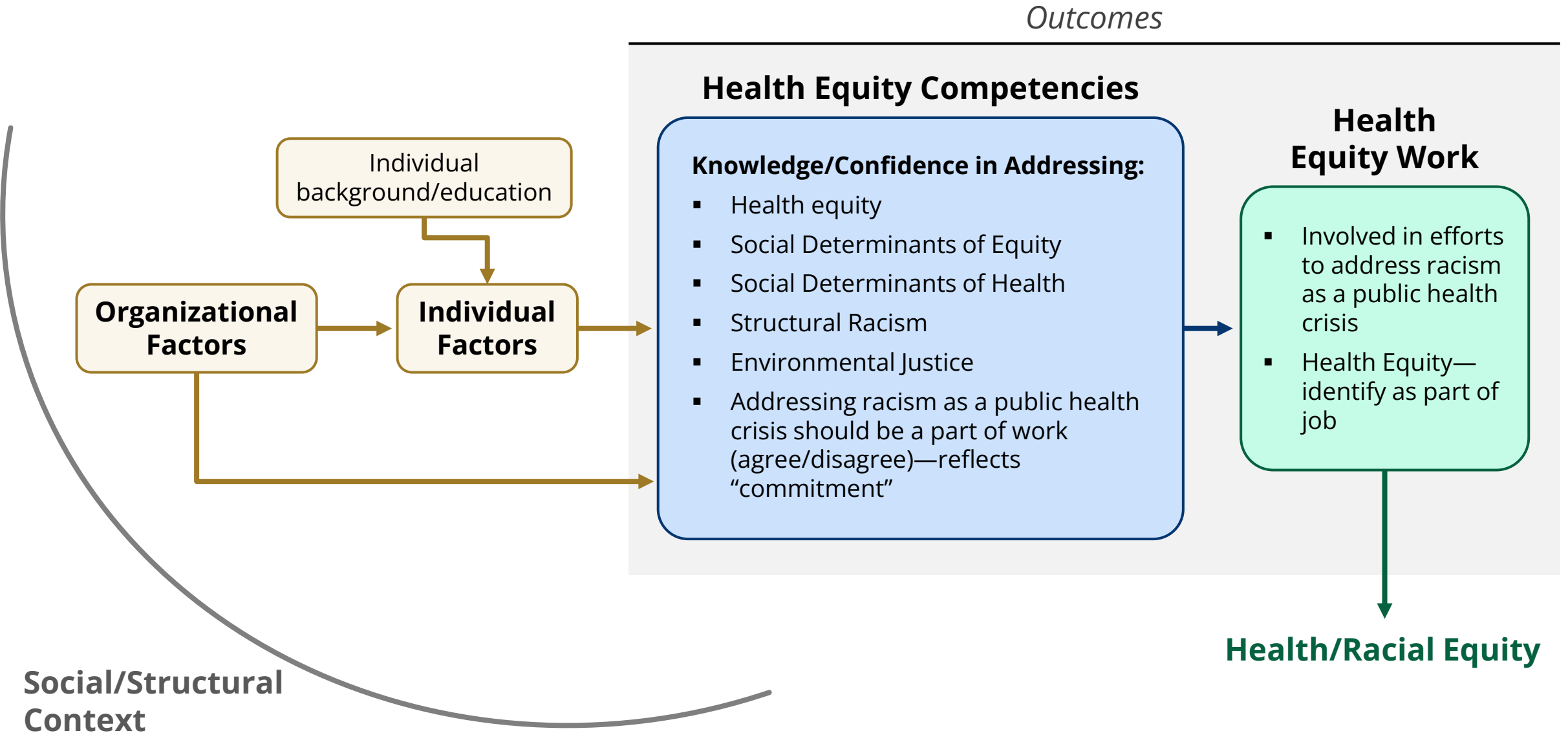
**Social/Structural
Context**

Outcomes



**Social/Structural
Context**

Model





- 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)

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)

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

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



Health Equity Competencies

- Knowledge/Confidence in:
 - Structural Racism
 - Health Equity
 - Social Determinants of Health
 - Social Determinants of Equity
 - Environmental Justice
- Addressing racism should be a part of the work (Yes/No)
- Involved in activities to address racism (Yes/No)

Survey Says: Results and Findings



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%



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

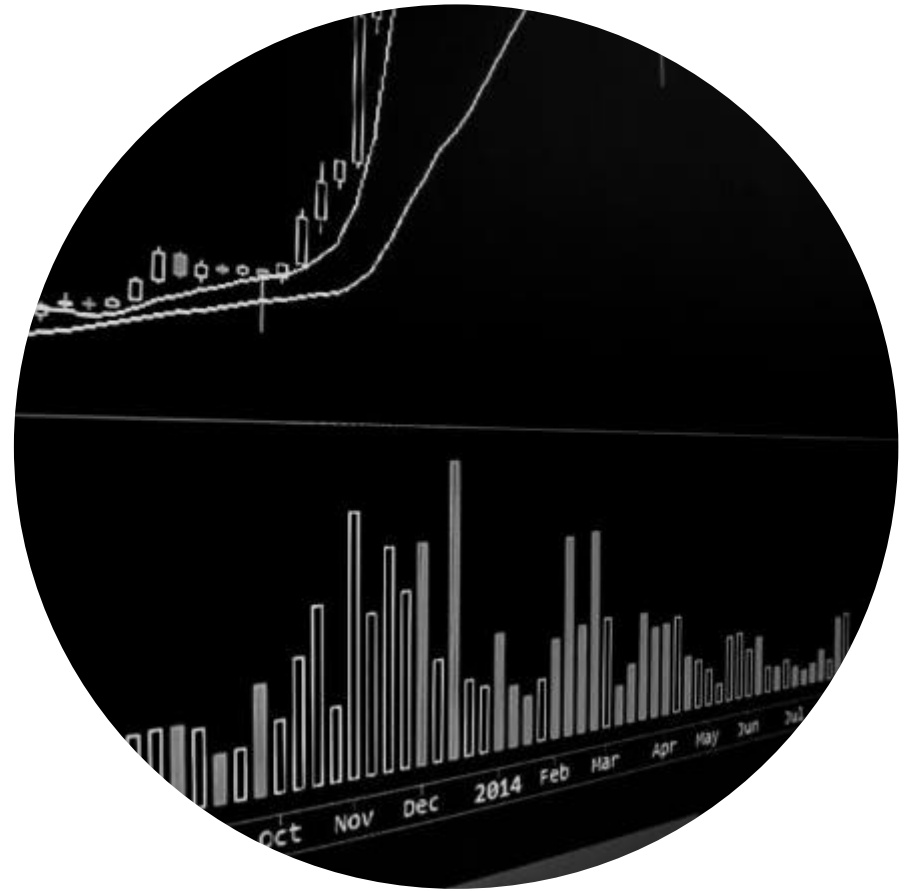
Tenure longer than 5 years

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



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

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



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

Question for the Viewers



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)

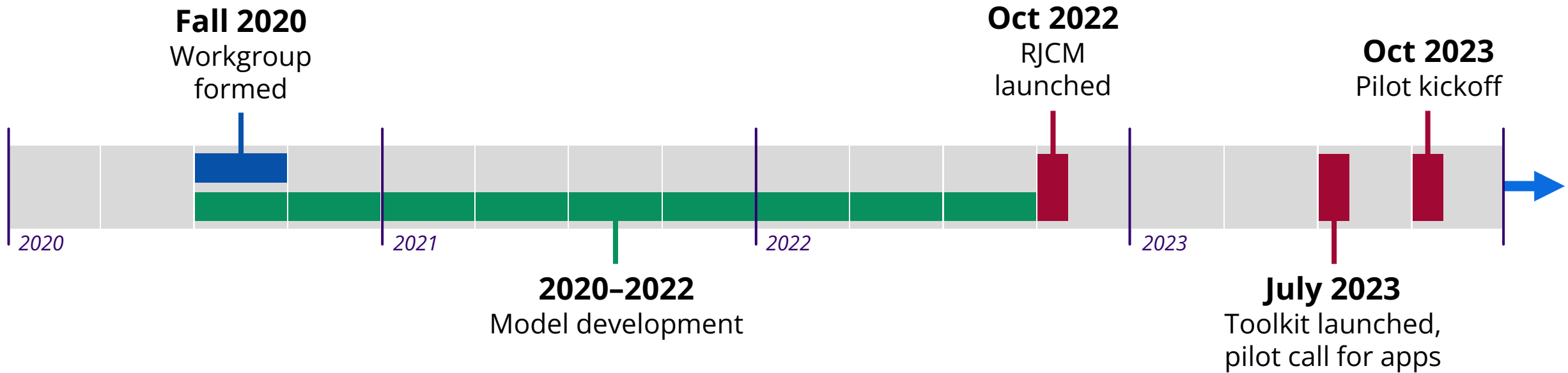
Looking Ahead



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

Development of the Racial Justice Competency Model



Racial Justice Competency Model Pilot

Organizations

- Local Health Departments (6)
- Community-based orgs. (3)
- University-housed centers (3)
- State PH association (1)
- State PH institute (1)
- State primary care assoc. (1)
- Regional Public Health Training Center (1)

Project types, in progress through 2024

- Create and use job descriptions or performance reviews (2)
- Create/update organizational policy assessment (1)
- Create/update organizational strategic planning (3)
- Develop a competency-based training (6)
- Map/audit an existing training (1)
- Other novel idea (3)
 - Conduct pledge
 - Align policies to org's strategic plan to develop a RJCM-based tool
 - Survey/Progress Report

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

Thank you to our study team!

Paula Kett

Shahida Shahrir

Betty Bekemeier

Kay Schaffer

Dany Zimmel

Davis Patterson

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$543,300 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.

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



Feel free to reach out with further questions.

Paula Kett

pmk@uw.edu

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

A Chat with Paula Kett and Dany Zimmel



Sue Grinnell



Paula Kett



Dany Zimmel

QUESTIONS?

To ask a question, please click the



icon in the Zoom toolbar to open your Q&A Pod.

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://phtcn.org/>

BARHII Framework

Bay Area Regional Health

<https://barhii.org/framework/>

Publications:

Furtado, K. S., Brownson, C., Fershteyn, Z., Macchi, M., Eyler, 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>