A Model for Addressing Racism and Belonging

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Question for the Viewers

What does belonging mean to you?

Please share your response in the chat box.

Dying to Belong: Exploring Racism as a Public Health Crisis
NCCPHT: Who We Are

"NCCPHT supports lifelong learning and knowledge sharing among public health professionals to help address complex issues and serves as the national voice of the 10 HRSA-funded Regional Public Health Training Centers."
Belonging and Our Hierarchy of Needs

- Physiological Needs
- Safety Needs
- Belonging
- Esteem
- Self Actualization
“...one moment we are Americans, and the next we are all foreigners who brought the virus here.”

- John Cho

... an absence
According to the Washington Post, depression and anxiety spiked among African Americans after George Floyd’s death.

Asians and African Americans show sharp increases in mental health problems amid protests, while white Americans were relatively untouched, Census Bureau finds...


Whether it is police-involved killings or disparate health outcomes where [Black American] patients can’t get treatment because they are not seen as being sick, or financial redlining in certain ZIP codes, food deserts, or people of color getting hit by cars more often because their communities aren’t walkable -- it’s all ultimately due to racism.

Will Jawando, Montgomery County (MD) Councilmember

According to the Los Angeles Times, in June 2020, an Ohio lawmaker and ER doctor asked if hygiene is why ‘colored’ people get COVID-19.

A Republican lawmaker questioned on the Ohio Senate floor if “the colored population” is contracting coronavirus at disproportionate rates because they do not wash their hands “as well as other groups”...

A child who is not embraced by the village will burn it down to feel its worth.

-African Proverb

Belonging and the Public Health Workforce

First, I see a workforce that can work across disciplines and sectors to address the social determinants of health, including racism and bias in our workforce.

Second, I see a workforce that is competent in applying health and racial equity principles across public health policies and practice.
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Third, I see a workforce that is prepared to serve as advocates for public health.

Belonging and the Public Health Workforce

- Our interests, motivation, happiness, and health are tied to the feeling that we belong to a greater community that may share common interests, aspiration, goals, or mission.
- Belonging is the gateway to full self-esteem and self-actualization.
- And, that should be our goal for each and every one of the people we serve in public health, regardless of race.

Question for the Viewers

Is your organization active in operationalizing racial justice principles in your work?

A. Yes, at a cross-sector or cross-departmental level  
B. Yes, at an individual or internal organizational level  
C. No  
D. I'm not sure  

NOTE: If you answered “Yes,” please share details in the chat box.
Nationwide declarations by public health agencies that racism is a public health crisis has been an important first step to advance racial justice in health.

Rooting these declarations in strategic planning with adequate resources ensures that they are effective.

A collaboration between the 10 regional PHTCs and their partners, RJCM gives public health practitioners a tool to challenge organizational policies and equity initiatives that uphold institutional and structural racism.
Our Goal

Establish clear, specific, consensus-based recommendations and produce a competency set.

Applicable to the PHTCs, our partners, and local and state health departments to:

- Develop training
- Write job descriptions, and
- Evaluate performance

Timeline: 2021 - Present

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Phase 1: Compile a Competency Library

Solicited Competency Models, Frameworks, etc. from:

- All 10 Regional PHTCs
- Community Based Training & Technical Assistance Partners
- Expert Review Panel
- Included over 650 statements
Phase 2: Convene Expert Review Panel (ERP)

Comprised of 35 public health practitioners from:
- State, local, and tribal public health departments
- Federal government agencies (HRSA)
- Non-governmental organizations
- Schools of public health

Role of the ERP: Prioritize competencies and provide feedback on the competency model development process.

Phase 3: Refine Competencies and Behavioral Statements

The Competency Prioritization by the ERP included:
- Survey administered to 35 participants of the Expert Review Panel
  - Received 16 responses (46% response rate)
  - Respondents indicated “Yes” or “No” if they believed a given competency is a priority, and had opportunity to provide open-ended comments about sets of competencies

Phase 4: Refine Competencies and Related Behavioral Statements

Starting with over 650 competency statements or standards, we have since:
- Narrowed down to just over 70 statements
- Categorized them into Individual Statements and Leadership/Organizational Statements
- Revised statements to ensure there is no redundancy
- Used 10 EPHS as overarching framework for organization

From here, the ERP reviews the second draft model, leading to further refining, revising, and development.
Phase 5: Validate Model

In Winter 2022, content validation examples will be presented at virtual town halls. This will bring together an appropriate focus group to:

- Check for ease of understanding and implementation
- Confirm that statements and behavioral language are the best indicators for performance across tiers
- Further refine competency statements and behavioral language, as necessary

Following this, a pilot training will be developed to assess the model.

Phase 6: Finalizing and Disseminating Model

In the final phase of development, we will:

- Check for ease of understanding and implementation
- Confirm that statements and behavioral language are the best indicators for performance across tiers
- Further refine competency statements and behavioral language, as necessary

Following this, a pilot training will be developed to assess the model.

Future of the Model

We see the competency model as a living document. In the future, we will evaluate its use and uptake in:

- Trainings
- Publications
- Books, articles, presentations
- Professional development
- Job descriptions, Individual Development Plans, etc.

This model will become a part of the National Coordinating Center evaluator and will continue to receive ERP feedback.
Key Takeaways

The RPHTC and Racial Justice Competency Model can be used to help all of us in the field:
- Cultivate cultures of belonging in our public health workplaces
- Improve our understanding of health equity, racial disparities, and racial justice
- Build the competency of the workforce to use principles of health equity and racial justice in the everyday practice of public health

To help us move this forward, please:
- Sign up to be a pilot tester
- Promote the competency model
- Practice the competency model

A Chat with Montrece Ransom and Tamira Moon

Allene Mares  Montrece Ransom  Tamira Moon

QUESTIONS?

To ask a question, please click the 🤷‍♀️ icon in the Zoom toolbar to open your Q&A Pad.
## Resources

1. **Moving from Conversation to Action: Developing a Racial Justice Competency Model for Public Health Professionals**
   - National Network of Public Health Institutes

2. **Implicit Association Test**
   - Project Implicit, Harvard University
   - [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)

3. **Public Health Law Academy**
   - ChangeLab Solutions
   - [https://www.changelabsolutions.org/good-governance/phla](https://www.changelabsolutions.org/good-governance/phla)

4. **Open Data as Evidence: Ohio, USA: Kennedy V. City of Zanesville (Coal Run case)**
   - Open Data Impact, GovLab