Public Health and Equity Cohort
Leadership Development for Health Equity
November 2014 - January 2016

Human Impact Partners (HIP) convened the Public Health and Equity Cohort (PHEC) – a cohort of 12 motivated, inspiring, and risk-taking emerging public health leaders – to work together to tackle the structural and institutional challenges to advancing health equity. The cohort included practitioners who work within local and state public health agencies from around the country, and at various levels of leadership. In addition to the talented cohort members, PHEC included a group of mentors – existing public health and equity leaders who have worked within local, state, or federal agencies or at non-profits – who supported the cohort and cultivated their leadership.

Practitioners need support and training to develop their capacity to address the challenges of social determinants and health equity, as well as to build relationships outside of their agency to impact systems level change. Yet there are limited spaces where emerging leaders can come together to get tangible and direct support in these ways. And few others, if any, directly offer a strategic approach to making progress toward equity at public health agencies. The Cohort was a space to build these capacities. Ultimately, the goals of the initiative were to increase: 1) the success of emerging leaders and, if those successes are publicized, catalyze more innovation and risk taking by others; and 2) these leaders’ ability to cultivate, mentor, and serve as models for other practitioners.

PHEC Program and Structure
The cohort met for three in-person meetings over the course of 15 months, with monthly webinars between in-person meetings. In addition, PHEC members connected one-to-one with mentors and members or HIP staff, engaged one another in discussions over a listserv, shared resources, and accessed additional training and support.

As part of the initiative, PHEC members were also supported to engage with local policy campaigns. In this process, cohort members built new relationships with community-organizing groups in their areas.

Content
Cohort members received training and participated in dialogue around a range of topics to better equip them to address SDOH and health equity. Select topics and trainers included:

Power, ideology, and narrative – Richard Healey, Grassroots Policy Project
In a 2-part webinar, cohort members engaged with understanding how power works, and its relation to narrative and worldview. PHEC members considered what the dominant narratives are in their health departments, and how that impacts the ability to address root causes of health inequities. Specifically, Healey highlighted understanding the national narratives of racism and anti-government sentiment as foundational to successfully challenging them and moving a health equity agenda.
**Structural racism, marginalization, and othering** – Dr. John Powell, Hass Institute for a Fair and Inclusive Society, UC Berkeley

Building on an understanding of power and narrative, Powell walked cohort members through a historical and contemporary understanding of structural racism, or racialization, and othering in the US. In addition, he discussed “targeted universalism,” or focusing on universal goals with community specific strategies, as a framework to address racial health inequities.

**Developing an inside strategy: Making change internally at a DPH through staff development and organizational change** – Kathi Schaff, Alameda County Public Health Department and Doak Bloss, Ingham County Health Department

Engaging health department staff across an institution is important in moving upstream. Schaff and Bloss shared the strengths and challenges of training programs implemented in their health departments to engage staff on health equity issues. Cohort members explored resources and examples that could be applied in their own departments to build broader engagement. Building from this, Bloss held an in-person workshop on the use of a specific dialogue tool to engage staff in equity conversations.

**Developing an outside strategy: Community organizing** – Doran Schrantz, ISAIAH and Dr. Rex Archer, Kansas City Public Health

Cohort members discussed community organizing for health equity from both the perspective of Archer, a Health Director, and Schrantz, an executive director of a faith-based community organizing organization. Topics explored included the different models of collaborating with institutional public health, the strengths and assets each brings, and the challenges of collaborative work.

**Creating Constructive Conversations About Race** – Terry Keleher, Race Forward

As part of an in-person workshop, PHEC members spent 3 hours delving deeper into building a racial justice analysis and explored new approaches, metaphors, and constructs for having hard conversations. Building on the deep knowledge of the cohort as well as the tools from Race Forward, cohort members discussed having conversations about racism at the interpersonal, structural, and institutional levels. Cohort members practiced these conversations with one another and made commitments around next steps.

**Racial Equity Tools** – Julie Nelson, Governing for Racial Equity, Center for Social Inclusion & Hass Institute for a Fair and Inclusive Society, UC Berkeley

Cohort members discussed the framing of racial equity within local government and how to normalize, operationalize, and organize racial equity work, and focused specifically on Seattle’s efforts to operationalize a Racial Equity Tool within policy-making. Nelson highlighted the genesis of the tool, how it was used on policy, and how it was used to mobilize people within government and within the community to more transparently and effectively address racial equity. Cohort members discussed opportunities to use such a tool in their local public health department contexts.
Facilitating Hard Conversations – Mari Ryono, independent consultant
Advancing social determinants and health equity work requires navigating many challenging conversations with local government colleagues and stakeholders. In this webinar, Ryono walked through examples of common conversations that Cohort members may be having in their work, and members discussed six principles for facilitating tough conversations, including: build relationships and understanding; determine your approach based on the root of every challenge; anchor conversations in purpose and values; use inclusive and interactive processes; look for the openings and be flexible; and recognize that everyone has their unique style.

In addition, at the in-person workshops and webinars, cohort members explored topics and engaged in conversations including:
- Power analysis and organizational mapping as tools to strategize for change;
- Incorporating a one-to-one conversation model to build relationships within the health department and with external community partners;
- Understanding our roles as leaders and risk-takers within public health;
- Funding community organizing efforts and roles health departments can play;
- Health in All Policies and how it can be applied with a focus on community empowerment and equity;
- How a public health agency can address intersectionality using a reproductive justice frame;
- Building a commonality of experiences and barriers to progress and identifying examples that could be highlighted for others; and
- The role of health departments in addressing historic and system inequities and identifying targets and activities within public health and other institutions to make change on structural and institutional levels.

Future Cohorts
Based on an evaluation of the cohort as well as feedback received during the 15 months of the program, the first Public Health and Equity Cohort was incredibly successful. Unlike many health equity oriented programs, PHEC filled a unique role of providing an effective leadership development program to individual public health professionals within public health agencies, thus investing in building a base of professionals across the county to re-frame public health’s role in social justice work. While there are aspects that could be improved and that we would do differently in the future, overall, the leadership development program achieved its goals. Emerging leaders focused on advancing equity in public health agencies successfully built their own leadership and began to effectively change their agencies. They are ready to lead further work in their agencies and more broadly, and are positioned to catalyze others to follow. They, both individually and as a network, are positioned to have significant influence over many aspects of public health agency practices.

HIP is planning to continue to support members of the first cohort as they build their local base of equity-focused leaders and to start a second cohort, refining the process used for the first.