

The Philadelphia Department of Public Health
Health Commissioner's Office
Chief Racial Equity Office

Plan for Health and Racial Equity
2022-2026

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Executive Summary

The Philadelphia Department of Public Health, other local public health authorities, and the field of public health practice have experienced one of the most turbulent times in confronting the COVID pandemic. Over the last three years, the pandemic response has highlighted the public health workforce's strength, resilience, character, and commitment via its all-hands-on-deck responsiveness. Similarly, the COVID pandemic also highlighted several historically challenged areas for the field.

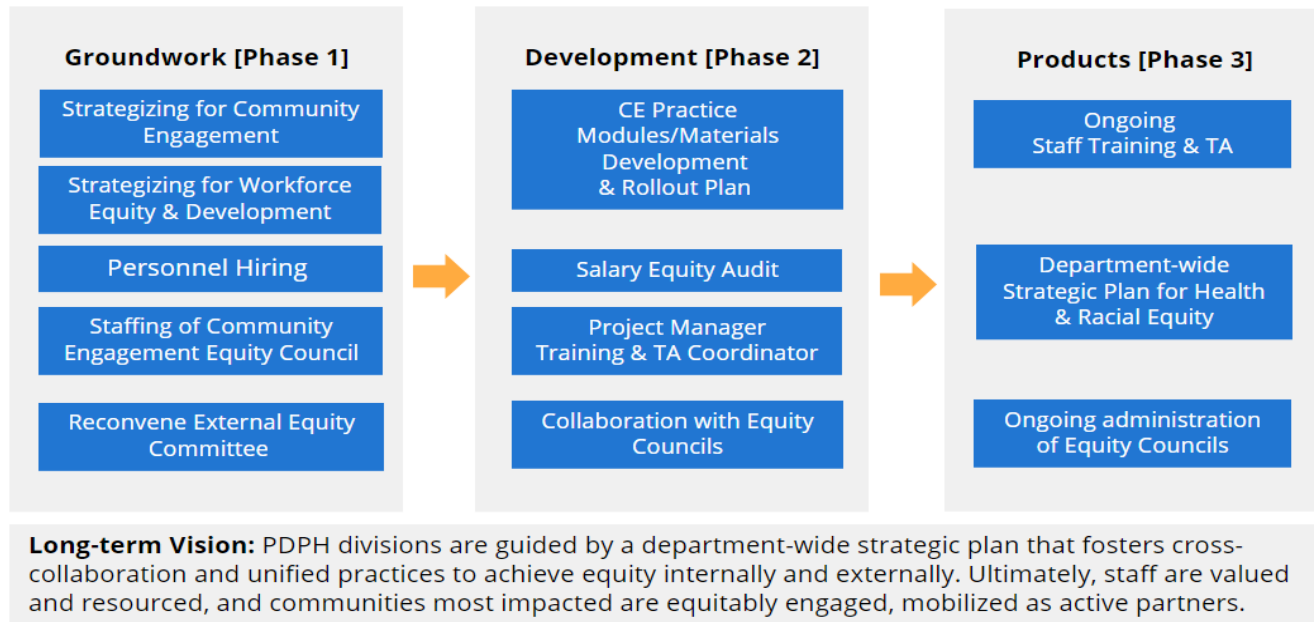
One area that continues to challenge public health practitioners within local public health authorities is operationalizing equity in a way that coheres more uniformly across the organizational units within health departments. The disproportionate impact among Black and Brown communities, in part, can be attributed to the relationship between marginalized communities and the local health department. The fact that every organizational unit of the health department focused on one thing created a unique opportunity to examine the variation in approaches taken toward implementing an equity lens within the landscape of community engagement and community mobilization.

Although the unevenness of the COVID response among marginalized communities can be attributed to an assortment of factors, the pandemic experience made the inextricable link between community engagement and equity more apparent. Community mobilization is one of the ten essential functions of public health; however, when community engagement is either episodic or disjointed, it undermines the department's capacity to mobilize impacted communities. Community engagement practices must be robustly integrated into the hard wiring of the department's everyday functioning. After careful consideration, the Philadelphia Department of Public Health has developed a prospectus or a statement to describe the department's equity enterprise.

The five tenets of the equity enterprise are community engagement, data justice, workforce development, communication, and public health ethics. The tenets are programmatically agnostic and can be applied to any subject matter. The goal is to implement an equity praxis through the lens of the five tenets. In support of that goal, the Chief Racial Equity Officer will work with the department's internal and externally facing organizational units to develop strategic action plans specific to these tenets. Training and technical assistance tools will be crafted for organizational teams to promote a higher degree of uniformity in the department's equity practices while also allowing for a level of tailoring to the context of impacted communities. The equity efforts will also incorporate guidelines to support front-end and back assessment of divisional capacity and strategic action plans.

The Approach

Here, we've illustrated the general workflow to implement our equity plan.



Community Engagement

Community mobilization is a facet of community engagement and is an approach to developing structural change. Community mobilization allows us to support the establishment of community-based collectives built on a commitment to hearing from and working with communities on planning and implementing structural solutions to their direct concerns. Acknowledging the (Philadelphia's) cultural context is necessary for meaningful community engagement. Thus, engagement must consider how culture can affect a community's behavior or choices and consider its members' learned values or shared attitudes. We believe language, values, ideas, customs, and belief systems are all woven into the landscape of cultural context.

Data Justice

Data justice aims to capture forms of knowledge and lived experiences that are community-centered and community-driven to counter the systemic erasure and harm perpetrated on BIPOC communities via oppressive data practices. These practices can include how data is collected, what's done with the data and how it's shared, and the level of input participants who give us data have in how it is shared. The fundamental premises of data justice are that data should (1) demonstrate community-driven needs, challenges, and strengths, (2) be representative of the community, and (3) treat data in ways that promote community self-determination. This step must involve healing and decolonizing the conditions of white supremacy and limited worldviews that have shaped how we value and believe in data.

Workforce Development

Workforce development ensures we are well-positioned to deliver the ten essential services of public health practice. The two areas that comprise these efforts are the core competencies for public health professionals and workplace mental health and well-being. Figure 1 describes the consensus set of 8 domains of knowledge and skills necessary for the broad practice of public health.



Figure1. Core Competencies for Public Health Professionals

Workplace well-being is just as important as the well-being of the populations we serve, given those we serve often make up our workforce. A lack of well-being can impact the number of sick days taken, job performance, and burnout, and promotes turnover. We must also recognize that the choices we make as a health department that impact residents also impact our staff. Figure 2 illustrates our framework of understanding how to manage workplace well-being that leaves employees with confidence and dignity as they carry out the work.

Five Essentials for Workplace Mental Health & Well-Being



Figure 2. Five Essentials for Workplace Mental Health and Well-Being

Communication

When discussing poor health outcomes associated with social determinants of health among disenfranchised communities, it is important to consider communication strategies that emphasize a relationship-centered or cultured-centered approach. A culture-centered approach (CCA) addresses the often-absent voice of marginalized communities by co-creating spaces to listen and receive knowledge anchored in the lived experiences of communities historically and currently excluded from a life of equity and justice. To counter inequities around access associated with the structural determinants of health, reflective listening, and intentional dialogue are essential in co-creating spaces of recognition and representation of these voices in the forms of an advisory board or community coalitions.

Public Health Ethics

Public health ethics requires strategies to address the moral dilemmas associated with managing patterns of systematic disadvantage. A vehicle to carry out the vision of public health ethics lies within the bounds of relational ethics. Relational ethics refers to the idea that ethical considerations are not just about the individual but also about the relationships between individuals and the social and cultural context in which they exist. In the context of public health, we think about this by understanding the ethical implications of interventions or policies that affect the health of individuals or communities. One key aspect of relational ethics in public health is recognizing that health is not just a personal responsibility but also influenced by social, economic, and environmental factors. This means that addressing health issues requires not only individuals' behavior change but also addressing the underlying social and structural systems that play into the outcomes we want to change.