



Occupational Health Equity and PCHD Supplemental DIS Funding

Background:

Per the CDC's RFA-PS19-1901 DIS Workforce Development Funding Guidance, "Recipients must demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve."

To assist NCSDD members in incorporating Health Equity into their PCHD Supplemental DIS Funding, NCSDD has created a toolkit with key terms and online resources.

Defining Terms:

- Health Equity in Action (as defined by an NCSDD member) - the ability for all people to achieve optimal health regardless of their gender, sexuality, race, socioeconomic status, disability, & geographic location.
- [Racial Equity](#) - "Racial equity is about applying justice and a little bit of common sense to a system that's been out of balance. When a system is out of balance, people of color feel the impacts most acutely, but to be clear, an imbalanced system makes all of us pay."
- [Cultural Competency](#) - the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. (1) A culturally competent health care system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care.
- Diversity - the practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.
- Burnout - a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.
- [Pay Equity](#) - a means of eliminating sex and race discrimination in the wage-setting system. Many women and people of color are still segregated into a small number of jobs such as clerical, service workers, nurses, and teachers. These jobs have historically been undervalued and continue to be underpaid to a considerable extent because of the gender and race of the people who hold them. Pay equity means that the criteria employers use to set wages must be sex- and race-neutral.

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A. Hiring Practices:

Diversifying the DIS workforce is important because DIS should reflect the identities of the communities that they serve. Use a gap assessment to assess what types of DIS you already have compared to the types of communities you serve. CDC recommends using their [Social Vulnerability Index](#), or the U.S. Census Bureau's [Community Resilience Estimates](#) should be used to inform jurisdictional activities, strategies and hiring.

For places to post open positions that will garner a more diverse applicant pool, visit:

- a. <https://www.facebook.com/Bliph16/>
- b. <https://www.joinhandshake.com/>
- c. <https://apps.sph.emory.edu/PHEC/?>
- d. [Reprojobs.org](https://reprojobs.org) and to submit the job posting: <https://airtable.com/shrlM9IQsrU8oBzFB>
- e. <http://www.ncsddc.org/get-involved/find-a-job/>
- f. [HBCU \(Historically Black College and University\) contact list](#)
- g. APHA Public Health Career Mart: <https://www.apha.org/Professional-Development/Public-Health-CareerMart>

Government screening questions

Allowing free response instead of just Yes/No for qualifications addresses algorithms that might discriminate against qualified applicants.

For instance, when asking if an applicant has used PRISM before, a free response can allow them to detail how they have used other surveillance systems and or electronic medical records or how they have skills to incorporate innovative technologies quickly and efficiently into their job duties.

For a resource that discusses how algorithms can be biased, visit <https://hbr.org/2019/05/all-the-ways-hiring-algorithms-can-introduce-bias>

B. Early Career Public Health Professional's Recruitment

Provide special programs for interns, fellowships and entry level positions, as well as specific training for career development, such as:

- a. Health Communications (emailing professionally, marketing via social media, outreach)
- b. Capstone/Dissertation Assistance

Partner with local historically black colleges and universities, as well as minority-serving institutions

- a. [HBCU Contact list](#)

Pay interns, fellows, and entry level professionals in a consistent manner.

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C. Retention

Recommendations for jurisdictions with high turnover rates for DIS:

- a. Evaluate the duration of time that DIS are employed by your jurisdiction.
- b. Evaluate how often and where/how DIS are promoted into senior positions.
- c. Obtain feedback from DIS currently and previously employed by your jurisdiction on how to improve retention.
- d. Possible open response categories:
 1. Benefits
 2. Scheduling
 3. Remote work
 4. Burnout
 5. Career Development
 - i. Post salaries that help attract and retain staff.
 - ii. Provide salaries that commensurate with increased job responsibilities + recognition that DIS work requires technical skills and knowledge to be effective.
 6. Pay Equity
 - i. Making sure that DIS are paid in congruence with their experience, education, and skills.
 1. Recommend making policies that encourage this, such as DIS with X amount of experience are paid a minimum of X.
 2. Assessing DIS salaries at your jurisdiction and rectifying any discrepancies in pay between DIS.
 - ii. Making sure that DIS are equally given opportunities for professional development and promotions.
 7. Childcare and parental leave
 - i. Providing childcare subsidies for employees.
 - ii. Allowing remote work/flexible schedules.
 - iii. For more equitable parental leave:
 1. Having policies that go above what is required by FMLA or the state (especially for organizations that don't fall under FMLA guidelines)
 2. Offer more time off and/or at least a portion of the leave with pay that isn't short term disability
 3. Offering short term disability as a benefit (can also be provided through private insurance companies)

D. Addressing Burnout

Key point - “Organizational leadership is responsible for creating organizational culture, developing and enforcing HR policies, and managing employees. In the same way that managers are responsible for ensuring that staff have the resources and tools they need to succeed in their jobs, prevent harassment in the workplace, and ensure that policies do not discriminate against employees, it is management – not staff – who owns the primary responsibility for preventing and managing employee burnout.” <https://www.reprojobs.org/blog/we-need-to-change-the-conversation-on-burnout>

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Example of institutionally addressing burnout: Block off regular times for staff to unplug and recharge.

Blocking off time is more essential than ever as people continue to work from home, provide caregiving without outside help, have fewer boundaries between work and home life, and deal with the oppression of blatant white supremacy and injustice while in isolation.

Consider having a meeting-free block every day and encourage staff to use that time to take a break, take care of personal tasks, or do what they need to recharge. (A two-hour break around lunch time, for example.)

To learn more, check out NCSDD's webinar series on burnout. <https://www.ncsddc.org/resource/self-care-webinar-series/>

E. Remote work

Providing DIS technologies to support remote work such as laptops and mobile VPNs, mobile phones:

- a. Smart cellphones
- b. Internet costs (for instance, offering \$60 per month to DIS)
- c. Tablets
- d. Work desks that are ergo dynamic such as standing desks to allow better blood circulation.

Remote work policies (update with feedback from DIS feedback evaluation on retention and remote work best practices).

Contact

For more information NCSDD's Health Equity initiative please visit: <https://www.ncsddc.org/our-work/health-equity> If you need Health Equity technical assistance requests, questions, or responses, please contact NCSDD's Desiree Smith at dsmith@ncsddc.org.

About NCSDD

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSDD advances effective STD prevention programs and services in every community across the country.