Office of Health Equity
Foundations of Health Equity Training Plan (Self-directed) Domains and Competencies

The Foundations of Health Equity training plan is based on health equity-related domains that focus on the identification, development, implementation, and evaluation of approaches that aim to advance health equity, diversity, inclusion, structural and social determinants of health (SSDOH), and reduce health disparities.

The Centers for Disease Control and Prevention's Office of Health Equity (OHE) identified competencies[1][2] that delineate the knowledge, skills, and abilities related to the domains. These competencies apply across the public health workforce for those engaged in public health practice, communication, education, evaluation, and research. (Note: Each competency has a superscript indicating the resource from which it was derived. See footnote for the list of references used to identify the competencies).

Domain 1. Organizational and Program Policy: Embrace equity as the foundation of organizational commitments, policies, and practices.
Competencies 1.1 Understands principles of ethics, diversity, equity, inclusion, accessibility, belonging, and justice in designing, implementing, evaluating, and improving programs, policies, and processes.[1] 1.2 Incorporates health equity and social justice principles into planning for programs, policies, and processes (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage underrepresented communities, and drive decision making by the community's voice and grounded in community need).[3] 1.3 Contributes to development and implementation of organizational program, policies, and processes to achieve diversity, equity, inclusion, accessibility, belonging, and justice.[1] 1.4 Describes the concept and value of workforce diversity as it applies to individuals and populations (e.g., lived experience, language, culture, socioeconomic status, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, etc.).[4] 1.5 Understands how privilege and power dynamics appear within the organization.[4]
Domain 2. Infrastructure: Establish and maintain infrastructure to advance equity.
Competencies 2.1 Develops and implements strategies for achieving and sustaining a diverse, inclusive, accessible, and competent public health workforce.[1] 2.2 Assembles (e.g., researches, identifies, and/or gathers) data to inform policies, programs, and services when addressing barriers or social determinants of health and health inequities.[4]

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[1] 1 Society for Human Resource Management (SHRM) Body of Competency and Knowledge defines a competency as "a cluster of highly interrelated attributes, including knowledge, skills, and abilities that give rise to the behaviors needed to perform a given job effectively." shrm-bock-final4.pdf

[2] 2 Resources reviewed for competency selection: 1. Core Competencies for Public Health Professionals (CCPHP), revised 2021.; 2. Council on Education for Public Health (CEPH) - MPH Foundational Competencies, 3. Public Health Workforce Interests and Needs Survey 2021 (PHWINS); 4. Racial Justice Competencies for Public Health Professionals (RJCPHP) The National Public Health Training Center Network.; 5. UCSF Competency Map for Certificate in Health Equity (UCSF); 6. The 2018 AEA Evaluator Competencies (AEA).

2.3 Recognizes systemic and structural barriers that perpetuate health inequities (e.g., discriminatory policies, lack of affordable housing or public transportation, and food insecurity).[1]

2.4 Advocates through education and evidence-based data for health equity and social and environmental justice.[1]

2.5 Applies cultural responsiveness (e.g., awareness and understanding of cultural values and practices) to the design, implementation, or critique of public health policies or programs.[2]

Domain 3. Communication: Communicate effectively to advance equity.

Competencies:

3.1 Communicates with linguistic and cultural responsiveness.[1]

3.2 Actively listens to others while recognizing and mitigating bias, respecting other points of view, and promoting the expression of diverse opinions and perspectives.[5]

3.3 Implements effective channels and strategies to engage diverse public and professional audiences in dialogue about complex health information.[4]

3.4 Effectively tailors communications to different audiences (e.g., well-defined segments of the public, community organizations, external partners, the scientific community, etc.).[3]

Domain 4. Community Engagement and Partnership: Engage communities and mobilize partners to enable effective and sustainable organizational efforts.

Competencies:

4.1 Defines cultural humility and identifies individual, organizational, and population level humility.[5]

4.2 Describes how community engagement principles can be applied to both local and global efforts to achieve health equity.[5]

4.3 Understands the importance of shared power and ownership with community members and partners.[1]

4.4 Collaborates with communities while building connection and trust by honoring the knowledge, expertise, and voice of community members, resulting in meaningful improvement in health equity.[5]

4.5 Identifies and addresses barriers to community participation to foster belonging and avoid othering to ensure community members, regardless of background or experience, can contribute.[1]

Domain 5. Structural and Social Determinants of Health: Advance health equity in the context of structural and social determinants of health.

Competencies:

5.1 Defines and describes health equity, health disparities, and structural and social determinants of health.[5]

5.2 Understands how social and structural determinants of health, such as social, behavioral, and environmental factors contribute to specific individual and population health outcomes.[5]

5.3 Understands how structural bias, social inequities, racism, and discrimination undermine health and create challenges to achieving health equity at organizational, community and systemic levels.[2]

5.4 Understands how to use data to identify the root causes of health disparities and inequities.[1]

5.5 Implements strategies with the community to reduce systemic and structural barriers that perpetuate health inequities (e.g., promoting human rights, social justice, and environmental justice, eliminating racism). [1]

5.6 Describes the effects of policy issues and actions on racial/ethnic and other groups that have been historically marginalized, both within and outside the organization.[4]

5.7 Describes historical and current conditions, systems, and policies affecting community health and resilience and contributing to health disparities and inequities (e.g., economic conditions, political structures, norms and values, and demographic trends).[1]

Domain 6. Anti-racism and Anti-oppression: Embody anti-racism and anti-oppression in all aspects of the organization and its interventions.

Competencies:

6.1 Engages in continuous self-reflection to disrupt one's implicit/unconscious biases.[1]

6.2 Recognizes the intersecting and interdependent systemic discrimination some face because of race, ethnicity, age, gender, sexual orientation, gender identity, ability, socioeconomic status, and other critical forms of identity and social stratification.[4]

6.3 Understands how racism, implicit bias, and microaggressions can play out in a variety of public health settings.[5]

6.4 Defines the roles of public health in addressing and dismantling [systemic and structural] racism and systemic discrimination.[4]

6.5 Identifies resources, approaches, and tools on structural racism, anti-racism, racial justice, environmental justice, and health equity work.[4]

Domain 7. Evaluation: Apply equity-oriented and equitable evaluation approaches to monitor and evaluate progress towards health equity

Competencies:

7.1 Acts ethically through evaluation practice that demonstrates integrity and respects people from different cultural backgrounds and indigenous groups.[6]

7.2 Identifies how evaluation practice can promote social justice and health equity.[6]

7.3 Addresses aspects of culture in planning and managing evaluations.[6]

7.4 Collects and analyzes data using credible, feasible, and culturally appropriate procedures.[6]

7.5 Attends to the ways power and privilege affect evaluation practice.[6]

7.6 Facilitates constructive and culturally responsive interaction throughout the evaluation.[6]