



**EMPLOYEE RESOURCE GROUP/
PUBLIC HEALTH COMMUNITIES OF PRACTICE
BRIEFING PAPER**
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OVERVIEW

This paper provides an overview of Employee Resource Groups and Communities of Practice to describe what they are and how they differ from each other. Employee Resource Groups and Public Health Communities of Practice are distinctive models developed to address particular types of issues. Both models involve the development of a group of individuals with a shared interest. However, the topics, types of members, and intended outcomes are distinct. In summary:

Employee Resource Groups are internal to the organization and serve a human resources function. They are often focused on diversity in the workplace but can focus on career development and employee support. They could also focus on coordination, systems improvement, and communication. They can be a tool for employee engagement and retention.

Public Health Communities of Practice are external groups that link people of various organizations and are focused on public health programming. They are for the purpose of sharing public health best practices.

EMPLOYEE RESOURCE GROUPS

Employee Resource Groups (ERGs) are groups of assigned employees who join together in their workplace based on shared characteristics or life experiences. They are voluntary, employee-led groups that promote a positive work environment for all employees while also supporting the business goals of the organization. ERGs generally provide support, enhance career development, and contribute to personal development in the work environment. ERGs serve as a human resources tool or model.

ERGs typically focus on one or more aspects of diversity, such as race, ethnicity, gender, sexual orientation, disability, or veteran status.

Some of the main functions of an ERG include:

- Provide a platform for group members to share concerns,
- Connect group members with mentors and organizational support,
- Spread awareness of how a certain identity intersects with workplace issues,
- Increase cultural awareness among staff,
- Help all employees feel accepted and valued, and
- Increase employee engagement and overall job satisfaction.

In general, there are four main types of Employee Resource Groups.

1. Diversity and Inclusion (D&I) ERGs are formed to help an organization become more diverse and inclusive. They typically focus on race, ethnicity, gender, sexual orientation, religion, and disability.
2. Volunteer ERGs help employees become involved in volunteering and giving back to the community, with a focus on causes that relate to the organization's mission or values.
3. Affinity ERGs are based on shared interests, hobbies or demographics, and provide a way for employees to connect with each other outside of work. Examples include veteran's groups, young professional groups, and LGBTQ+ groups.
4. Professional development ERGs are designed to help employees grow and develop in their careers. They may offer networking opportunities, workshops, and mentorship programs.

Guidelines can be accessed on the internet about how to create such groups, for example "Employee Resource Groups: Your Complete Guide" (<https://www.indeed.com/hire/c/info/employee-resource-groups>) and McKinsey and Company (<https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/effective-employee-resource-groups-are-key-to-inclusion-at-work-heres-how-to-get-them-right>).

PUBLIC HEALTH COMMUNITIES OF PRACTICE

Public Health Communities of Practice (CoPs) are defined as "a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis." They are formed to strengthen public health as members of the group learn, share expertise, and work together on solving common problems in their communities' focus areas.

CoPs provide a collaborative framework for public health professionals of different organizations to work together to identify and leverage best practices and standards. This approach enables public health professionals to grow and mature while focusing on efforts to share knowledge and solve problems.

The three distinct elements that comprise a CoP are:

- (1) a group of people that enables interaction (such as discussions, collaborative activities, and relationship building);
- (2) a shared domain of interest (such as such as vaccine stability or injury prevention); and
- (3) a shared practice of experiences, stories, tools, and ways of addressing recurring problems.

Through these evolving collaborative efforts and sharing of lessons learned in the community building process, the CoP approach is being implemented in many public health areas as a model for how public health partners work together.

CDC recommends that "If you have an idea for a CoP, it is important to determine if a similar community or group already exists. Potential members of your prospective CoP may already be interacting in another format such as an informal working group, technical club, recurring lunch meeting, or message board community." However, a list of existing PoCs could not be located online (APHA, ASTHO, NACCHO, CDC, PHNCI). NACCHO has a "Local Public Health Finance Community of Practice" on their website.

Internet resources provide guidance on how to create and manage Communities of Practice. CDC provides a Resource Kit ([Welcome to the Communities of Practice Resource Kit! \(cdc.gov\)](https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/welcome-to-the-communities-of-practice-resource-kit.html)). NNPHI provides “A Guidebook for Developing Public Health Communities of Practice” developed by IPHI (<https://nnphi.org/resource/a-guidebook-for-developing-public-health-communities-of-practice/>). The NNPHI website states that the work of the National Coordinating Center for PH Training includes “Convening communities of practice.” SOPHE has 15 communities of practice for its members (<https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/welcome-to-the-communities-of-practice-resource-kit.html>).

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