

# Health Equity Committee Toolkit: Stages of Development

for County and Tribal  
Health Councils



new mexico  
**ALLIANCE**  
of Health Councils

Developed by the  
New Mexico  
Alliance of  
Health Councils

Updated April 2024



# Health Equity Committee Toolkit: Stages of Development for County and Tribal Health Councils

## Introduction

New Mexico's County and Tribal Health Councils are committed to improving the health of all diverse communities and have led improvements in the health, social, economic, and environmental conditions of communities experiencing and addressing inequities.

Health Equity Committees, developed under each County and Tribal Health Council, work to integrate processes and tools to examine how racial and other inequities impact the community and advocate for change to prevent those inequitable impacts. Systemic inequities are addressed by applying an equity lens in decision making to create change in the state's public health infrastructure, policies, and community's programs and services.

This Health Equity Committee toolkit has been adapted for **New Mexico's County and Tribal Health Councils** to serve as an aid in developing and sustaining their unique, individual Health Equity Committees.

We want to acknowledge Dr. Fran Butterfoss and the Society for Public Health Education and Coalitions Work, which developed the original stages of development documents which were adapted to meet the needs of County and Tribal Health Councils.

### Equity Lens

Process to integrate explicit consideration of equity into decisions before they are made and implemented. The goal is to systematically assess how different groups might be affected by a decision, identify adverse consequences, and propose recommendations to address impacts.

Community involvement is a core component of this process and outcome.



## Purpose of the Health Equity Committee Toolkit is to:

- Create momentum and (re) energize the practice of applying an equity lens in community planning, prioritization, implementation, and evaluation
  - Assess how inequities experienced by specific communities are impacted
  - Suggest an approach for engaging with and remaining accountable to communities historically disenfranchised from policy and decision making
- 

## Table of Contents

1. New Mexico County and Tribal Health Councils
  2. Stages of Development Overview
  3. Health Equity
  4. Before you Build Your Committee
  5. Health Equity Committee Formation Stage
  6. Health Equity Committee Implementation Stage
  7. Health Equity Committee Maintenance Stage
  8. Health Equity Committee: Policy & Advocacy Stage
- 

## Accessing Toolkit Resources

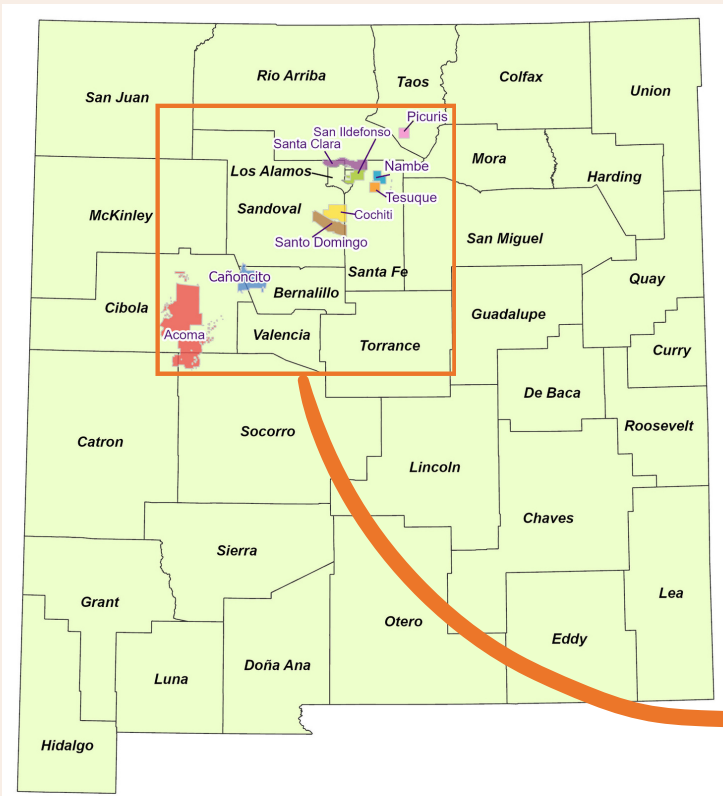


**Resource**

This toolkit has resources linked with each section.

To access the resource, please **click on the links** next to the **light bulb symbol**. These will direct you to resources.

# NM COUNTY & TRIBAL HEALTH COUNCILS: WHO THEY ARE



THERE ARE...  
**33** COUNTY HEALTH COUNCILS &  
**10** TRIBAL HEALTH COUNCILS



LOCATION OF TRIBAL HEALTH COUNCILS IN NEW MEXICO

County & Tribal Health Councils play a key role in the state and Tribal public health system and are the means by which local, diverse community members have an active say in health decision-making. Health Councils' work strives to reflect the voice of their whole community and engage with groups that have been made disadvantaged or underserved.

## COUNTY & TRIBAL HEALTH COUNCILS:



Listen to, communicate with, convene, and engage diverse community members in order to...



Review local data, assess the health of the community, and consider root causes for gaps in well-being, in order to...



Plan towards community-prioritized solutions to improve health and equity for all, and...



Advise local and state government on policies to improve community health, based on collaborative work.

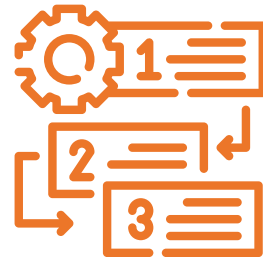


# 2019 County and Tribal Health Councils Act

County and Tribal Health Councils were established in 1991 to help communities organize to identify and address local health priorities. The functions of health councils were reaffirmed by the New Mexico legislature in **2019 by the County and Tribal Health Councils Act (House Bill 137)**.

The roles of County and Tribal Health Councils are to:

- Identify health priorities determined through community-based planning
- Identify strategies and resources to address health priorities
- Monitor health and health care programs and services in order to identify potential gaps and to reduce potential duplication
- Collaborate with other entities to develop programs, networks, partnerships, and coalitions to improve community health
- Advise county and tribal leadership regarding policies that affect health
- Facilitate communication among local jurisdictions, state agencies, and other entities



new mexico  
**ALLIANCE**  
of Health Councils

Learn more at:  
<https://www.nmhealthcouncils.org/>

# NM COUNTY & TRIBAL HEALTH COUNCILS: COMMUNITY IMPACT

HEALTH COUNCILS COORDINATE LOCAL SERVICES, RESULTING IN:



**COLLABORATION**



**DUPLICATION**



**COST  
SAVINGS**

HEALTH COUNCILS SUPPORT LOCALLY DRIVEN AND COLLABORATIVE HEALTH ASSESSMENT, PLANNING AND ACTION, INVOLVING:



**COMMUNITY MEMBERS**



**HEALTH CARE PROVIDERS**



**STATE AGENCIES**



**VOLUNTEER ORGANIZATIONS**



**SOCIAL SERVICE AGENCIES**

HEALTH COUNCILS SECURE ADDITIONAL FUNDING FOR NEW MEXICO COMMUNITIES THROUGH COLLABORATIVE GRANT PROPOSALS.



HEALTH COUNCILS ADVOCATE FOR POLICY CHANGES AND SERVICES TO IMPROVE HEALTH OUTCOMES ACROSS AREAS OF:



**MENTAL HEALTH**



**PANDEMICS & EPIDEMICS**



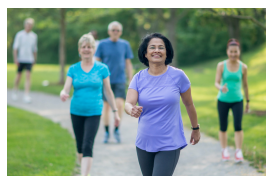
**SUBSTANCE USE**



**THE HEALTH IMPACTS OF CLIMATE CHANGE**

HEALTH COUNCILS ADDRESS HEALTH DISPARITIES BY FOCUSING ON ROOT CAUSES SUCH AS:

- ▶ structural racism
- ▶ policies that result in conditions which make certain populations more vulnerable to health risk factors, including lack of insurance, insufficient plumbing or electricity, etc.



# Health Equity Committee

## Overview

### Recognizing the Value

- What is a Health Equity Committee
- What are the roles of a Health Equity Committee?
- What are the characteristics of an effective Health Equity Committee?
- What are the benefits of Health Equity Committee?



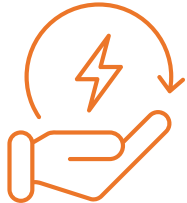
### Formation Stage

- Establishing Structure
- Developing Leadership Roles
- Identifying Health Equity Committee Goals and Outcomes
- Defining and Formalizing a Mission
- Identifying Members' Roles & Responsibilities
- Identifying Shared Definitions
- Recruit and Develop Roster for Committee Members
- Identify Decision Making Process



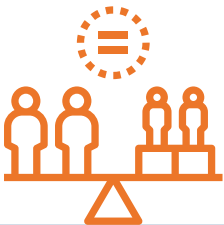
### Implementation Stage

- Gather, Collect, and Analyze Data
- Health Equity Action Plan Created
- Implement Planned Activities with Community
- Ongoing Proactive Member Recruitment
- Meeting Minutes & Attendance Records
- Operating Procedures
- Budget



### Maintenance & Evaluation Stage

- Ongoing Implementation of Planned Activities
- Monthly Health Equity Committee Meetings
- Ongoing Regular Progress Reports of Products and Outcomes
- Communication Network Fully Operational
- Proactive Outreach for New Partnerships and Collaborations
- Advise County/ Tribal Health Council and Governing Body



### Advocacy and Policy

- Committee Reviews and Refines Structures
- Solidifies By-Laws, Policies, and Procedures
- Search for Funding
- Guiding and Mentoring Other Communities
- Evaluates Progress on Committee Goals and Outcomes
- Proactive Awareness and Education
- Public, Community, State, and Federal Advocacy



# Value of Health Equity Committee

1

**What is a Health Equity Committee?** A committee is a group of individuals representing a diverse group of community members, especially those experiencing social and health inequities and health disparities. A Health Equity Committee brings professional and grass-roots members from multiple sectors together, leverages resources, and focuses on issues of community concerns through an equity- lens.

**Why Health Equity Committees Form.** A Health Equity Committee (HEC) can be a subgroup of the Health Council, a separate group that reports to the Health Council, or its functions can be integrated into the work of the health council. A Health Equity Committee may form to: 1) respond to health inequities and disparities in their respective communities; 2) provide specific recommendations to their county, Tribal, and/ or leadership body; 3) and mitigate inequities to prevent such inequities in the future.

**An Effective Health Equity Committee.** Although each committee is uniquely shaped by its community, the following traits are suggested for each individual committee:

- Ownership and support of the committee by community members with advisement from County and Tribal leadership
- High level of trust and reciprocity among members
- Frequent and ongoing training for members
- Active involvement of members to develop an action plan of goals and objectives
- Implementation of a community action plan
- Productive meetings and decision- making
- Effective structure: Committed leadership team guides committee to design/ implement strategies; Guidelines and procedures
- Continuous evaluation of the committee and its activities

**Health Equity Committee Opportunities.** The committee offers benefits and opportunities to work closely with their respective health councils, NMDOH Health Promotion teams, and other groups and partners doing similar work. In addition, the committees will work to:

1. use **data** to identify inequities and disparities and to measure equity improvements
2. **connect** health systems with the diverse communities they serve
3. share **input from the community** with community and public health partners to improve health services
4. create **opportunities** for health care and community leaders to work with Health Council
5. **impact policies** and important county/ tribal level decisions
6. **exchange** knowledge, ideas, and strategies
7. build community **concern and consensus** for issues
8. improve **trust** and **communication** among community and multiple sectors

# HEALTH EQUITY DEFINITIONS

1

## What is Equity?

Equity is balanced **access to power, social standing and resources** that create **fairness** for groups differentiated by class, race, gender, and/or other demographic factors.

*Action Statement: Equality is providing everyone with the same resources and opportunities. Equity involves identifying and providing the specific support, resources, and opportunities that people and communities need so that everyone can live their healthiest possible life. (Adapted from APHA)*

## What is Health Equity?

Health equity means that everyone has a **fair and just opportunity to be as healthy** as possible. Achieving this requires **removing obstacles to health**— such as poverty and discrimination and their consequences, which include powerlessness and lack of access to good jobs with fair pay; quality education, housing, and health care; and safe environments. (Adapted from RWJF)

*Action Statement: To achieve this, we must create the social, economic, and environmental conditions that lead to health equity and establish a fair distribution of power that recreates healthy lives for all New Mexicans.*

## What is Racial Equity?

Racial equity is when racial identity no longer predicts how a person or a population fares.

*Action Statement: This requires the elimination of racism and white supremacy within systems, policies, practices, attitudes, and cultural messages that perpetuate health and social outcomes currently predicted by race in the United States.*

## Establish a Shared Language and Understand of Health Equity

### Criteria for Definitions

- Be conceptual and technically sound and consistent with community and cultural knowledge
- Reflect the importance of fair and just practices across all sectors
- Be actionable
- Can be operationalized for the purpose of measurement
- Reflect respect for the social groups of concern

*Behavioral Science & Policy: What is Health Equity? (2018)*



[Access Health Equity Committee  
Factsheet here](#)

*Please feel free to adapt these equity definitions to your own Health Council language as we hope to support shared values across the state of New Mexico*

# EQUALITY vs EQUITY

## EQUALITY

Providing everyone with the same resources and opportunities



## EQUITY

Identifying and providing specific support, resources, and opportunities based on communities' unique circumstances so everyone can live their healthiest possible life





# INDIGENOUS & TRIBAL HEALTH EQUITY

## Indigenous & Tribal Health

- Indigenous health and wellbeing is **holistic** and consists of physical, emotional, social, and cultural health
- **Colonization has degraded the health status** and wellbeing of Indigenous people
- Culture and the act of **cultural revitalization** and decolonization related to positive health status
- **Traditional cultural practices** (e.g., Food, language, cultural activities) are **preventative measures** to physical health and mental health risks

## Indigenous & Tribal Health Inequities

- Suffer from illnesses at a higher rate
- Receive less treatment
- Reduced access and resources
- Receive worse treatment
- Increase disease mortality
- Experience racism in health contexts
- Received treatment that devalues their belief system
- Are underrepresented in medicine and experience disproportionate barriers to success

*Indigenous people have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals have the right to access, without any discrimination, to all social and health services.*

## Culture as a Treatment and Prevention

- Developing culturally - based Indigenous health prevention and promotion programs
- Planning and designing culturally relevant interventions
- Incorporating Indigenous holistic knowledge and cross- generational knowledge sharing
- Maintaining teaching of ancestors, spiritual practices, cultural epistemologies, and worldviews
- Encouraging relational restorative practices
- Access to translated health education materials in traditional languages
- Healing through decolonization
  - Decolonization is a collective resistance to colonialism including cultural assertions, efforts toward self-determination, and armed struggle.



# CORE CONCEPTS

The following are definitions of core concepts that can help committees develop a shared language for health and racial equity and inclusion.

**Racial justice** is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.

**Interpersonal racism** is how our private beliefs about race become public when we interact with others. When we act upon our prejudices or unconscious bias - intentionally or visibly, verbally, or not - we engage in interpersonal racism.

**Inclusion** is the action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

**Racism** is widely thought as personal prejudice, but in fact, it is a complex system of racial hierarchies and inequities.

**Internalized racism** describes the private racial beliefs held by and within individuals.

**Institutional racism** is a racial inequity within institutions and systems of power.

**Structural racism** is racial bias across institutions and society.

**Race** is a socially constructed system of categorizing humans largely based on observable physical features such as skin color and on ancestry. This ideology of race has become embedded in our identities, institutions, and culture and is used as a basis for discrimination and domination.

**Internalized oppression** can involve believing in negative messages about oneself or one's racial group.

**Internalized privilege** can involve feeling a sense of superiority and entitlement or holding negative beliefs about people of color.

**Systematic Equity** is a complex combination of interrelated elements consciously designed to create, support, and sustain social justice. It is a system and dynamic process that reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits, and outcomes.





# OPPRESSION ON BIPOC

## (BLACK, INDIGENOUS, PEOPLE OF COLOR)

1

The following are definitions of core concepts that can help committees develop an understanding of forms of oppression BIPOC communities have endured.

**Institutional power** is the ability or official authority to decide what is best for others. The ability to decide who will have access to resources. The capacity to exercise control over others.

**Colonization** is the process of establishing colonies by forcing others to conform to rules, beliefs, and culture through subjugation and exploitation. Colonization, which brought oppressive federal policies and genocidal initiatives, forced change.

**Oppression** is the combination of prejudice and institutional power which creates a system that discriminates against some groups and benefits other groups. These systems enable dominant groups to exert control over target groups by limiting their rights, freedom, and access to basic resources.

**Privilege** operates on personal, interpersonal, cultural, institutional levels and gives advantages, favors, and benefits to members of dominant groups at the expense of members of target groups.

**Cultural imperialism** involves taking the dominant group culture and establishing it as a norm that all others should abide by.

**Marginalization** is a process of exclusion, the act of relegating or confining a group of people to a lower social standing.

**Prejudice** is a judgement or opinion that is formed on insufficient grounds before facts are known or in disregard of facts that contradict it. Prejudices are learned and can be unlearned.

**Stereotype** is an exaggerated or distorted belief that attributes characteristics to members of a particular group, lumping them together and refusing to acknowledge differences among members of the group.

**Exploitation** is the process by which people exploit and/ or annex the lands and resources of others without their consent and unilaterally expand political power over them.

**Historical trauma** is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants.



# Health Equity Committee Formation Stage

2

**What to Expect.** A Health Equity Committee is a group of individuals representing a diverse group of community members, especially those experiencing health disparities. A HEC brings professional and grass-roots members from multiple sectors together, expands resources, focuses on issues of community concerns through an equity- lens, and achieves shared and collective results.

**Structure.** The structure of your HEC will depend on the current social, economic, and political realities, as well as existing efforts and groups that are already working on related health equity issues. The HEC leadership team builds the commitment of others by identifying community assets/ needs and seeking feasible strategies to solve equity issues.

## Tasks During the Formation Stage

- Initiate collaboration and cultivate allies
- Identify potential member's common, complementary and competing equity goals
- Recruit a core group of members based on community issues, organizational expertise, lived experience, and available resources
- Meet with potential members to discuss expectations/ concerns about the HEC and perspectives on key equity issues
- Hold first HEC meeting and reach consensus on structure and mission/purpose
- Create ground rules for HEC functioning to facilitate trust, respect, and power dynamics
- Develop communication and feedback mechanisms with members
- Provide education and training on equity concepts, principles, HEC roles, and actions

Strategic Practice: Develop Leadership and Support Innovation

Strategic Practice: How Can We Build Health Equity Movement

Strategic Practice: How Can We Share Power with Communities

Strategic Practice: How Can We Build Community Alliances



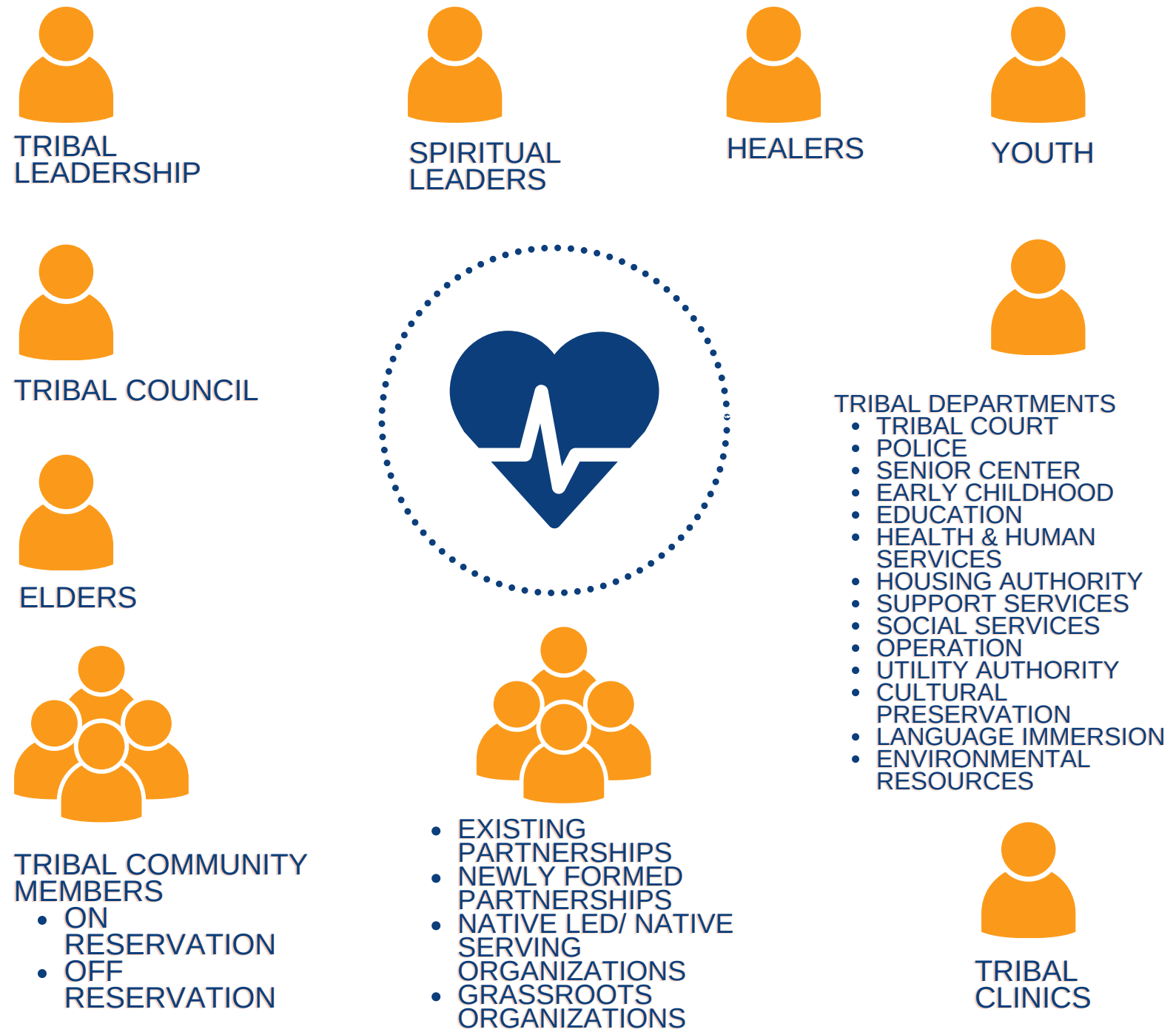
## Products or Outcomes

- Shared understanding of equity definitions, problems, root causes, and solutions
- Members roster
- Ground rules/ meeting etiquette
- Coalition goals and objectives
- Mission statement (Purpose)
- Potential partners list
- Leadership responsibilities
- Member responsibilities
- Recruiting and building a strong coalition

What is a Health Equity Champion?

- Recognizes the vital contribution made by those working to solve pressing health inequities
- Demonstrates a commitment to advancing health equity and transformative change
- Exemplifies courage, leadership, and tireless efforts in dismantling health inequities
- Is a champion for obtaining equitable access and resources for all communities

Example: Tribal Health Equity Committee





## Health Equity Committee Implementation Stage

3

**What to Expect.** In this stage, HEC members find common ground and are committed to their common equity goals. They continue to share information, learn more about equity issues, and begin to develop possible solutions. The HEC better defines its mission or purpose and the roles members play. Structure, leadership, and decision-making are formalized and members identify equity priorities and begin to take action. New members representing different sectors are recruited.

**Structure.** Structure becomes functional. Staff is assigned or hired; a committee established; recruitment is more proactive; and the search for funding and resources continues. Equity is included in community health assessments by stratifying measures and health outcomes by race, ethnicity, income, geography, etc.; an action plan is created with focus on "upstream" solutions that address root causes of inequity. Early outcomes are achieved.

### Tasks During the Implementation Stage

- Hire/ assign staff and elect leadership
- Develop fiscal and management structure to support HEC work
- Develop decision-making and conflict resolution procedures
- Develop collaborative leadership skills
- Develop membership skills to enable them to work as a team and implement work
- Conduct community assessments that address equity indicators and causes of inequity or health disparities. Ensure equity data is available. Gather data if needed.
- Educate members about equity issues; educate and build community's awareness of health equity issues
- Identify promising strategies to mitigate or reduce health disparities and their root causes.
- Develop an action plan: goals, objectives, strategies, roles, responsibilities, resources, and timeline that addresses equity and align with other Health Council goals and priorities.
- Determine how work will progress and be evaluated- what will equity success look like?
- Identify additional resources to support efforts

### Products or Outcomes

- Meeting minutes & attendance records
- Management structure or organizational chart
- By-laws or operating procedures
- Community assessment data with a health disparities impact statement
- Action plan
- Budget



[Access Health Equity Committee: ADDITIONAL RESOURCES](#)



### Data Collection

The collection, analysis, and use of data should be an integral part of the continuing improvement efforts, quality assurance, supervision, and accountability processes of every Health Equity Committee.



#### Tips for data collection:

- Gather existing data and collect new data when necessary
- Don't start from scratch, and use tools and data that already exist to assess health conditions
- Data sources include empirical literature; available social, economic, environmental, and health measures and survey data; focus groups and community surveys; neighborhood assessment tools; and many others
- Use trusted data - including from community members - to back up your assessment and document your sources and thought processes
- Consider the intentional and unintentional impacts the decisions will have on groups of people, as well as social determinants of health
- Make informed judgments based on available information, analysis, and expertise
- Be cautious with generalizations, and acknowledge assumptions and limitations

***Remember that this is not a linear process: steps will often overlap and be circular and reinforcing, and lack of data or conflicting data may identify the need for additional community involvement to assess potential impacts***

### Communicate the Findings

- Prepare a summary of findings, community involvement, and plan of action
- Document changes to the decisions that are made as a result of the assessment
- Communicate findings to your Health Equity Committee, community, and local decision makers and leaders
- Ensure that all communication strategies and activities are culturally and linguistically appropriate



[Key Data Sources: Presentation from Center for Health Innovation and NM Community Data Collaborative](#)

[Data to Community Action: Community Health Assessment and Improvement Planning from NM Dep. of Health](#)

Resources



- [Strategic Practice: How Can We Develop a Shared Analysis](#)
- [Strategic Practice: How Can We Change the Conversation](#)
- [Strategic Practice: How Can We Change Internal Practices](#)
- [Strategic Practice: How Can Build Government Alliances](#)
- [Strategic Practice: How Can We Mobilize Data, Research, and Evaluation](#)

Questions for Reflection - Implementation Stage



- [Organizational Capacity](#)
- [Health Inequities](#)
- [Community Engagement](#)
- [Making the Case for Health Equity](#)
- [Partnerships and Coalitions](#)
- [Strategy, Design, and Implementation](#)

Centers for Disease Control and Prevention (CDC):

[A Practitioner's Guide for Advancing Health Equity: Building Organizational Capacity to Advance Health Equity \(PDF\)](#)

Team Effectiveness Checklist

	YES	NO
• We strongly believe in mutual purpose and interdependence	<input type="checkbox"/>	<input type="checkbox"/>
• Group members carry out commitments and help each other when needed	<input type="checkbox"/>	<input type="checkbox"/>
• Our team has clearly defined expectations, goals, and objectives to promote health equity	<input type="checkbox"/>	<input type="checkbox"/>
• Team members are clear about each person's job	<input type="checkbox"/>	<input type="checkbox"/>
• We have collectively decided how we are going to operate	<input type="checkbox"/>	<input type="checkbox"/>
• We acknowledge and deal with interpersonal or intercultural conflict	<input type="checkbox"/>	<input type="checkbox"/>
• We respect the diversity that each person adds to the team	<input type="checkbox"/>	<input type="checkbox"/>

Example of Action Plan (Logic Model )  
Three Levels: Individual, Institutional, and Systemic



[Equity and Empowerment Lens Logic Model](#)



**What to Expect.** In this stage, implementation of activities and projects begins. Members learn to deal with power distribution and resource allocation. The HEC is able to take on more challenges as trust and competence builds. The work of the HEC becomes more visible in the community. Equity goals and strategies are continuously refined. As initial goals are realized, members either recommit or leave the HEC. Early leaders also may move on and the HEC must address leadership development and succession.

**Structure.** Structure is developed and HEC is fully integrated into the Health Council's work and with other organizations. Regular progress reports appear; engagement of membership is priority; planned activities expand; and the communication network is fully operational. Intermediate equity outcomes achieved.

## Tasks During the Maintenance Stage

- Keep HEC members and organizations engaged; review/ renew member agreements
- Keep membership growing and informed; replenish or expand if needed
- Address organizational needs within the coalition and revise structures/ procedures as needed
- Rotate and develop leadership
- Continue to revise/ implement action plans and keep projects moving ahead
- Assess changes and accomplishments
- Build on past successes to move on to new goals and strategies

## Products or Outcomes

- Meeting minutes & attendance records
- Updated rosters
- Revised by-laws, operation procedures, structures, organizational charts
- Regular communication channels (newsletter, action alerts, print/ electronic media items)
- Revised action plan
- New issues, goals, and objectives
- Products from projects (reports, service directories, educational materials, campaigns, training)
- Primary outcomes achieved

*Advancing health equity means challenging power imbalances and forms of oppression, including racism, sexism, classism, homophobia, ableism, and xenophobia, in all aspects of our work — both internally in our organization's and committee's policies and practices, and externally in how we work with communities and other government agencies.*



Strategic Practice: How Can We Confront the Root Causes?





### Communication

Having the ability to clearly and effectively communicate about health equity while using an equitable approach is essential to its advancement. Without a common understanding of health equity's concepts and practices and a universal way of discussing it, health equity may be misunderstood and difficult to achieve.

#### Communication Recommendations *(Informed by the Robert Wood Johnson Foundation)*

- Using straightforward, non-scientific language
- Use inclusive language
- Make it relatable by sharing experiences and values that apply to diverse audiences
- Demonstrate cultural humility by creating and disseminating messages to your audience that acknowledges their unique languages, customs, values, etc.
- Stick to one fact and explain it well
- Amplify community voices



[Toolkit: Framing and Messaging \(Racial Equity Tools\)](#)

[Using Social Media for Digital Advocacy \(The Community Tool Box\)](#)

[Guide: A New Way to Talk about the Social Determinants of Health](#)

*Robert Wood Johnson Foundation. (2010). [A new way to talk about the social determinants of health](#)*

### Am I A High Functioning Member of This Coalition?

	YES	NO
• I participate in determining the direction of the committee	<input type="checkbox"/>	<input type="checkbox"/>
• I share my organization's ideas/ concerns with the coalition and vice versa	<input type="checkbox"/>	<input type="checkbox"/>
• I assist in strategic planning and prioritize goals/ objectives into an action plan	<input type="checkbox"/>	<input type="checkbox"/>
• I help conduct a comprehensive community needs and asset assessment	<input type="checkbox"/>	<input type="checkbox"/>
• I help implement activities, including those that directly involve my organization	<input type="checkbox"/>	<input type="checkbox"/>
• I am a coalition ambassador & promote its mission when/wherever possible	<input type="checkbox"/>	<input type="checkbox"/>
• I gather/ relay needed information to the coalition to serve as basis for decisions	<input type="checkbox"/>	<input type="checkbox"/>
• I prepare for and attend meetings on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
• I help develop resources to sustain the coalition	<input type="checkbox"/>	<input type="checkbox"/>



**What to Expect.** In this stage, the committee has achieved its goals and begun to embed activities in partners' organizations. The committee must decide on its future as an organization and reflect on its impacts.

**Structure.** Committee reviews and refines structures; solidifies by-laws; policies and procedures; renews the search for funding. The committee implements evaluation plan; assesses impact of strategies and achieves widespread reach into community.

Tasks During the Institutionalization Stage

- Complete tasks, projects, campaigns
- Produce models, reports, new policies, practices, and legislation
- Complete fund raising or organizing drive
- Store records and materials
- Share community and public findings
- Institutionalize new services
- Select new projects, if desired

Products or Outcomes

- Goals achieved
- Reports, publications, and products released
- New goals and objectives and projects are spun off
- Committee decides to: a) become a permanent organization, b) transform with new leadership or different purpose

Racial Equity Impact Assessment

Questions to consider:

- Are all racial and ethnic groups that are affected by the policy, practice, or decision at the table?
- How will the proposed policy, practice, or decision affect each group?
- How will the proposed policy, practice, or decision be perceived by each group?
- Does the policy, practice, or decision worsen or ignore existing disparities?
- What revisions are needed in the policy, practice, or decision under discussion?



[Strategic Practice: How Can We Prioritize Upstream Policy Change?](#)

[New Mexico Social Justice & Equity Institute: Creating Social Change A Guide for Everyday People](#)

Creating Social Change: A Guide for Everyday People

START COURSE

# Navajo / Diné Interpretation

## Corn and Health Equity Committee Development

### VALUE

- "Mother, Enabler, Transformer, and Healer"
- **Nutritional** - Feed the brain with clear thoughts and new knowledge
- **Medicinal** - Healing and restoration
- **Socio- Cultural Importance** - Center health equity and its importance to sustaining life

Naadaá'

CORN

### INSTITUTIONALIZE

"Pollen Path" refers to corn pollen that we sprinkle to honor a new day and to ask for a blessing and balance in our life. **Pollen Path reflects peace, beauty and gratification in life.**

### FORMATION

COMMUNITY

LEADERS

CHAMPIONS

PARTNERS

ROLES

SHARED DEFINITIONS  
& LANGUAGE

MISSION  
GOALS/  
OBJECTIVES

### IMPLEMENTATION & MAINTENANCE

Action Plan  
Data

EQUITY  
PRODUCTS

*Interpretation of Health Equity from Diné (Navajo) Lens*

## REFERENCES

- The Annie E. Casey Foundation. (2014). **Race Equity and Inclusion Action Guide**. Retrieved from [https://assets.aecf.org/m/resourcedoc/AECF\\_EmbracingEquity7Steps-2014.pdf](https://assets.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf)
- Health Impact Partners Project. (2017). **Health Equity Guide: Strategic Practices**. Retrieved from: <https://healthequityguide.org/strategic-practices/>
- Human Impact Partners & Big Cities Health Coalition. (2020). **Ensuring Equity in COVID-19 Planning, Response, and Recovery Decision Making: An Equity Lens Tool for Health Departments**. Retrieved from: <https://humanimpact.org/wp-content/uploads/2020/12/HIP-BCHC-Health-Equity-Lens-Tool-12-2020.pdf>
- Center for Disease Control and Prevention. (2013). **Incorporating Health Equity into Foundational Skills of Public Health**. Retrieved from [https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/index.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fncdphp%2Fdnpao%2Fstate-local-programs%2Fhealth-equity-guide%2Findex.htm](https://www.cdc.gov/nccdphp/dnpao/health-equity/health-equity-guide/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fncdphp%2Fdnpao%2Fstate-local-programs%2Fhealth-equity-guide%2Findex.htm)
- Multnomah County. (2014). **Equity and Empowerment Lens Logic Model**. Retrieved from <https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/logic%20model.pdf>
- Racial Equity Tools (2020). **Framing and Messaging**. Retrieved from <https://www.racialequitytools.org/resources/act/communicating/framing-and-messaging>
- Center for Community Health and Development. (2022). **Section 19: Using Social Media for Digital Advocacy**. Retrieved from <https://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/electronic-advocacy/main>
- Robert Wood Johnson Foundation. (2010). **A New Way to Talk About Social Determinants of Health**. Retrieved from <https://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>
- Windsor-Essex County Health Unity. (2015). **2015 Health Equity Toolkit and Practical Guide**. Retrieved from <https://www.wechu.org/reports-and-statistics-health-equity-population-and-determinants-health/2015-health-equity-toolkit>
- New Mexico Social Justice & Equity Institute. (2022). **Course: Creating Social Change A Guide for Everyday People**. Retrieved from <https://360.articulate.com/review/content/aa6d3cda-2513-408a-9ff0-2e2fd904141a/review>