Health Equity Planning Tool 2.0



Health Equity Planning Tool

Adapted from the Healthy Wisconsin Leadership Institute Community Engagement Toolkit.

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# Introduction

## What is Health Equity?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”  
--Robert Wood Johnson Foundation

Creating a fair and just opportunity to be healthy should be the goal of any public health effort. Tobacco prevention and control is no different, and many coalitions and partner organizations across Wisconsin have begun to address tobacco-related disparities in pursuit of health equity.

## What is the Health Equity Planning Tool?

This tool is a guide to help your coalition and/or organization build upon your current capacity to create community change. It is meant to strengthen your work by helping you intentionally analyze your current practices through a [health equity lens](https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html) and plan next steps to engage the people who are most impacted.

**This tool is not intended to be rigid.**

There is flexibility to personalize the activities to your needs, demographics, experience level, and capacity. Contact us if you have any questions or would like additional support implementing this tool.

## Philosophy of Health Equity Planning Tool

The Health Equity Planning Tool uses the following philosophy, which can guide this work:

* Many organizations and institutions have a history of harming marginalized people. This includes non-profit, government, and business sectors, as well as the public health field. We must navigate this work with an understanding of [historical trauma](https://extension.umn.edu/trauma-and-healing/historical-trauma-and-cultural-healing#what-is-historical-trauma%3F-378610) that has caused justifiable distrust.
* Health equity is not only about improving outcomes for one particular group. When we focus on the needs of those most impacted by an issue, we make the best health gains for the entire community.
* Health equity efforts should authentically engage and center the voices of those most impacted by the issue, or they run the risk of [tokenizing](#_heading=h.upre5qa04osq) and causing more harm.
* We must not lean entirely on the valuable expertise provided by communities, but also take responsibility for our own education by seeking out existing learning opportunities. This reduces the taxing emotional labor we often request of marginalized people.
* We will all make mistakes on the journey to health equity. Even with the best intent, we can have a negative impact. We must remain humble and curious, apologize for harms, and use our mistakes as opportunities to improve.
* When engaging populations of focus, use Appreciative Inquiry (AI) as a guiding practice. We are used to approaching community issues with a deficit mindset: devastating statistics, scarce resources, and histories of trauma. Instead, AI shifts our focus to their strengths and opportunities. AI seeks to engage people in self-determined change, based on the premise that every person has wisdom, and every system has strengths to offer. (Learn more about AI in the [Policy 101 Toolkit](https://tobwis.org/toolkits/policy-101-toolkit/) under Coalition Building Tools.)
* Health equity work is dynamic. It is not a single strategy, a box you can check, or a flow chart to follow. Achieving equity requires you to get creative and be flexible.

## 

## Instructions on How to Use the Tool

**The Health Equity Planning Tool should be completed *with* your coalition virtually or in-person.**

The toolkit is comprised of two sections, Part 1 and Part 2, with Part 1 needing to be completed before moving onto Part 2. The entire tool is anticipated to take about a year to complete, however many of the activities can be revisited and completed multiple times.

The worksheets and activities within this toolkit are designed to help your coalition think critically about coalition membership and work toward approaches where those who are most affected by disparities are authentically engaged in coalition conversations and decisions.

***Once you have gone through the whole tool, please fill out*** [***THIS***](https://docs.google.com/forms/d/e/1FAIpQLSc7fTYll9mp-W05F3ltO2QrBz_pEB8zOBazezUHSbgN1nqRyg/viewform?usp=sf_link) ***survey to help us improve it.***

# Part 1

It is anticipated to take about 6 months, or about 6 meetings, to complete Part 1 with each activity being completed in one meeting each. Before diving into this section, complete the center column of your activity plan. As you complete the worksheets and activities, record the date in the right-hand column.

| ACTIVITY PLAN 1 | | |
| --- | --- | --- |
| Activities | Anticipated Completion Date | Actual Completion Date |
| [Building Our Health Equity Knowledge – Part 1](#_heading=h.69qhnze8ln7r) |  |  |
| [Worksheet 1: Current State of Our Coalition](#_heading=h.2xcytpi) |  |  |
| [Worksheet 2: Who is in Our Coalition? Who is Missing?](#_heading=h.nxxggiz7nqc3) |  |  |
| [Worksheet 3: Centering Voices in Our Work](#_heading=h.upre5qa04osq) |  |  |
| [Worksheets 4a & 4b: Coalition Member Engagement](#_heading=h.3whwml4) |  |  |

After completing this section, use the resources found at the very end to aid your work on the areas you identified in the worksheets. When you are ready, move into [Part 2](#_heading=h.qsh70q) of the toolkit.

### Building Your Health Equity Knowledge – Part 1

**Purpose:**These activities and discussions can increase your coalition and/or organization’s understanding of health equity.

**Instructions:** Consider your coalition and/or organization’s level of health equity knowledge and readiness. Based on that, watch and discuss the appropriate video(s) and have a discussion on organizational harm.

1. **Watch and discuss the** [Health Equity 101 Modules](https://uwphi.pophealth.wisc.edu/match/health-equity-training-modules/)**:**

Mobilizing Action Toward Community Health (MATCH) and the Wisconsin Center for Public Health Education Training (WiCPHET) developed three health equity 101 training modules. These modules provide a foundation for applying a health equity lens in the work your coalition may do. Make sure to check out the resources and glossary section as well!

**Use this** [**discussion guide**](https://drive.google.com/file/d/128MWA_4jIJI3TzqpKHC2X50DKge2xX90/view?usp=sharing) **to talk about the modules with your coalition/organization.**

1. **With your coalition, choose one of the resources\* (found below) on histories of exploitation.**

* Discuss your coalition and member organizations’ history.
* Prepare yourself for the reality that your coalition and/or organization may have caused harm at some point in history that has had a lasting impact on the population of focus and/or community members.

Here are some prompting questions. Use these questions to help your coalition and/or organization start this discussion:

* 1. How has your coalition and/or member organizations *experienced* harm or exploitation?
  2. How has your coalition and/or member organizations *participated* in harm or exploitation?
  3. How is your coalition and/or member organizations perceived in the community and in the population of focus?
  4. What stories do you know of, or what perceptions have you heard about?

**\*Resources on Histories of Exploitation:**

* Podcast: [Since 1619: Lingering Imprint of Slavery on American Public Health](https://soundcloud.com/alfredomorabia/ajph-october-2019-lingering-imprint-of-slavery-on-american-public-health-english)
* [8 Ways People of Color are Tokenized in Nonprofits](https://medium.com/the-nonprofit-revolution/8-ways-people-of-color-are-tokenized-in-nonprofits-32138d0860c1)
* [The unbearable whiteness of American charities](https://www.vox.com/future-perfect/2019/7/1/18715513/philanthropy-people-of-color-racial-wealth-gap-edgar-villanueva)
* [3 Ways to Decolonize Your Nonprofit as Told by a Black Queer Feminist Organizer](https://everydayfeminism.com/2018/05/decolonizing-nonprofits/)

* [Beware of Equity Traps and Tropes](https://www.ascd.org/el/articles/beware-of-equity-traps-and-tropes)

### Worksheet 1: Current State of Our Coalition

**Purpose**: To reflect on current coalition structure and effectively make improvements.

**Instructions**: Use the prompts below to help identify areas for improvement or change in internal organization structure. It will be essential to reference any official organization documents during this exercise.

**Leadership & Governance**

Review your current leadership structure.

1. What is the selection process for your leadership?
2. Who is represented by the current leadership? Are there any extra or missing positions?

**Policy**

1. Identify and review the following items for your organization:

* Vision and/or Mission Statement
* Goals and Objectives
* By-Laws or Guiding Principles

Where is [racial equity](https://www.raceforward.org/about/what-is-racial-equity-key-concepts) incorporated into these elements? If racial equity is not incorporated, where could it be?

1. Does your coalition have a specific racial equity committee, plan or policy? Who is involved?

**Organizational Climate, Culture, Communications**

1. Reflect on the way your meetings are conducted.

* Are they run in an inclusive manner? (time, location, all voices being heard, representation, etc.)
* How is a culture of equity being clearly communicated?

1. Are racial equity and cultural competence trainings provided to your members?

**Action Plan**

After reviewing the previous questions (1-6), use the prompt below to develop an action plan.

What is one aspect of your coalition that you would like to improve…

* Now?

How will you accomplish this?

* In six months?

How will you accomplish this?

* In a year?

How will you accomplish this?

### Worksheet 2: Who is in Our Coalition? Who is Missing?

**Purpose:** To think critically about coalition membership and uncover gaps and opportunities for engagement and recruitment, both in the formal and informal sectors.

**Instructions:** Complete the table below with your coalition and/or organization.

|  |
| --- |
| **Population(s) of Focus:** |
| Who do we have at the table? |
| What are the strengths in our present membership? |
| What are the benefits we can/could provide to our membership? *(Resources, training, involvement in their coalitions, volunteering, etc.)* |
| What are the gaps in our present membership? *(Complete Worksheet 4 to identify what sectors of the community are missing from your coalition)* |
| Who is impacted by the work of our coalition/organization?  *How do we include those individuals or communities in the planning and decision making process?* |
| How can we use our strengths to recruit new members? |

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### Worksheet 3: Centering Voices in Our Work

**Purpose:** To work toward approaches where those who are most impacted are a part of leading, identifying solutions, setting priorities, creating policy agendas, and shifting narrative. Centering voices helps coalitions increase collaboration and avoid tokenism.

Structures for collaborative relationships within coalitions should be inclusive of key stakeholders while remaining flexible to allow the involvement of organizations and individuals that may or may not have the capacity to participate consistently. These structures should be collaborative and avoid tokenism. They should provide a mechanism for communication and decision making that includes the perspectives of a diverse (race, class, gender, etc.) membership, allows for variations in commitment and pace, and is reliable to support accountability and focus.

**Instructions:** Use the [Centering Voices](https://uwphi.pophealth.wisc.edu/wp-content/uploads/sites/316/2019/04/Centering-Voices-Principles_MATCH_Sept-2018.pdf) document from UW Population Health Institute and the ‘Tokenism vs Collaboration’ table on the following page to identify which actions your coalition will focus on to increase collaboration in your coalition.

| **Our coalition will implement the following actions to increase authentic collaboration, share power, and intentionally involve populations of focus.** |
| --- |
|  |
|  |
|  |
|  |
|  |

| **Tokenism** | **Collaboration** |
| --- | --- |
| * Expecting the person from the marginalized group to “fix” your organization’s “diversity problems” * Inviting a person to diversify your coalition/organization, but not actually taking their advice/guidance * Saying you want to serve a group/community, but not addressing the needs THEY have identified | * Getting investment from your entire coalition/organization to do better by X community * Asking for and *accepting* the guidance of the community you want to serve * Trusting representatives from the community to be the expert on their needs, even when it doesn’t make sense to you * Showing up for X community in ways THEY agree are helpful |
|
| * Accepting funding to serve X community without investing resources into that community | * Compensating culturally-specific organizations and members of the community for their time and expertise * Finding other ways to get funding into the hands of culturally-specific organizations and service providers |
| * Saying you want to serve a group/community, but not acknowledging any history of harm | * Acknowledging any history of harm and working to make amends on THEIR terms, OR accepting that the people harmed need space |
| * Trying to signal your “woke-ness” (“I loved Black Panther,” “My nephew is gay,” etc.) | * Building genuine relationships based on shared passion, interests, goals |
| * Ignoring or remaining silent when a coalition member causes harm * Giving up when it gets hard or when you make a mistake | * Setting expectations in your coalition that members will hold each other accountable for mistakes * Being humble, apologizing for mistakes, and acknowledging you have a lot to learn, but being in it for the long haul |
| * Having the attitude that you are trying to help those “less fortunate” | * Having the attitude that the community you want to serve has resources and strengths you may not yet understand * Understanding that equity is not something extra you do on the side; rather, equity is the core of your work and addressed in every aspect |

### Worksheet 4a: Coalition Member Engagement

**Purpose:** To help your coalition and/or organization think critically about the level of engagement of current coalition members.

**Instructions:** Revisit the Empowerment section of [Healthy Equity Module 2,](https://wicphet.org/sites/default/files/courses/health-equity/health-power/story_html5.html) which introduces the levels of engagement below. Use these levels to complete the table on the following page. In the table, list partners in each category and their level of engagement. There is room at the bottom of the table to add more partners.

Keep in mind that higher levels of engagement are not always preferred, depending on the context and activity. Different circumstances could call for different levels of participation. Sometimes, a lower level of engagement may be necessary for preparing both the agency and community before moving further up the levels. The strength of the model is that it constructs participation as a process of negotiation rather than a deliverable product, where numerous psychosocial and contextual factors play a key role. Participation happens along a continuum of possible manifestations that can and will change over time.

An image that illustrates a spectrum of public engagement, using five levels in the framework. The lowest level of public engagement is the "Inform" stage. It goes to "Consult" stage, then to the "Involve" stage, then to the "Collaborate" stage, and finally to the "Empower" stage, which is the highest level of public engagement.

Source:  www.bangthetable.com

*Source: Thompkins County, NY: Public Participation Toolkit,* [*https://tompkinscountyny.gov/tccp/publicparticipation*](https://tompkinscountyny.gov/tccp/publicparticipation)

**Levels of Engagement Defined:**

Inform: Providing communities with factual information to stakeholders on topic and/or decisions. (education)

Consult: Obtaining feedback from communities on issues through clearly defined channels (surveying)

Involve: Ensuring community views, concerns and aspirations are reflected in development of options or approaches, two way exchange of information that encourages discussion and provides an opportunity to influence the outcome. (community conversations)

Collaborate: Working in partnership with communities as a team, incorporating their input and advice, collaboratively formulating solutions. (partnership)

Empower: Community has a critical awareness of their situation and final decision-making power. (community-led)

| **Number of current coalition members:** | | | |
| --- | --- | --- | --- |
| **Sector Category** | **Example(s)** | **List each partner in the coalition.** | **List each partner’s level of engagement.** |
| **Youth** | Student leaders |  |  |
| **Parents** | Moms, Dads, Grandparents, Parent-teacher organizations |  |  |
| **Business** | Chamber of Commerce, representatives of local businesses |  |  |
| **Media** | Newspaper, radio |  |  |
| **Schools** | Local school administrator, PTA, school nurse |  |  |
| **Youth Serving Organizations** | YMCA/YWCA, 4-H, Boys/Girls Clubs |  |  |
| **Law Enforcement** | Police officer, Sherriff |  |  |
| **Civic/Volunteer Organizations** | Non-profits, rotary club |  |  |
| **Religious/Fraternal Organizations** | Local churches or church associations |  |  |
| **Healthcare Professionals** | Doctors, dentists, hospitals, and their associations (e.g., state medical society) |  |  |
| **State/Local/Tribal Government** | City or county board members |  |  |
| **Substance Abuse Organizations** | Recovery Corps members, |  |  |
| **Other** |  |  |  |

### Worksheet 4b: Coalition Member Engagement

**Purpose:** To plan for intentionally engaging those who are not currently included in your coalition and increase engagement among current members.

**Instructions:** Complete the worksheet below for any current and/or potential new members who you would like to engage in your coalition. (You can copy and paste the table to fill it out multiple times.) Ask yourself who in your community cares about the issues, and how will you engage them?

| **Organization or Individual:** |  |
| --- | --- |
| **What are their capacities, skills and resources?** (e.g., power, time, talent, funding, expertise, connections) |  |
| **What is their potential role in the collaboration?** |  |
| **What is their self-interest? Why should they join?** (organizational and/or personal gains) |  |
| **What is your motivation to engage them?** |  |
| **How will you authentically engage them?** |  |
| **What barriers might exist to engage them?** |  |
| **How will you sustain the relationship?** |  |
| **Who will approach them, and by when?** |  |

*\*Adapted from Coalitions Work 2007,* [*http://coalitionswork.com*](http://coalitionswork.com)

# Part 2

Congratulations! You have completed the first section of the Planning Tool.

In this next section, continue the conversation by working as a coalition to review the progress you have made and identify what still needs to be done. It is anticipated that this section will take about six months to complete. Before diving in, complete the center column of your activity plan. As you complete the activities, record the date in the right-hand column.

| ACTIVITY PLAN 2 | | |
| --- | --- | --- |
| Activities | Anticipated Completion Date | Actual Completion Date |
| [Building Your Health Equity Knowledge – Part 2](#_heading=h.3as4poj) |  |  |
| [Reviewing Your Progress](#_heading=h.1pxezwc) |  |  |
| [Health Equity Competencies](#_heading=h.49x2ik5) |  |  |

After you have completed this section of the Planning Tool, use the resources at the very end to continue your work on health and racial equity. Be sure to revisit this tool to monitor and assess your work as many of these activities can be completed multiple times.

### Building Your Health Equity Knowledge – Part 2

**Purpose:**These activities and discussions can increase your coalition and/or organization’s understanding of health equity.

**Instructions:** Consider your coalition and/or organization’s level of health equity knowledge and readiness. Based on that, watch and discuss the appropriate video(s) and have a discussion on organizational harm.

1. **In order to keep the conversation around health equity going, watch and discuss one or both of the following videos.**

* Heather McGee, [Racism Has a Cost for Everyone](https://www.ted.com/talks/heather_c_mcghee_racism_has_a_cost_for_everyone?language=en)

In this TED talk, public policy expert Heather C. McGhee shares her experience, research, and the startling insights into how racism fuels bad policymaking and drains our economic potential -- and offers a crucial rethink on what we can do to create a more prosperous nation for all.

* Kimberlé Crenshaw, [The Urgency of Intersectionality](https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?language=en#t-1083925)

Per the TED talk description, Kimberlé Crenshaw uses the term "intersectionality" to describe this phenomenon; as she says, if you're standing in the path of multiple forms of exclusion, you're likely to get hit by both.

1. **Discuss how histories of harm might affect how you collaborate with community members.** In this discussion, consider the resources\* below and learnings from your previous conversations on the subject.
   1. How might this history affect how someone responds to your invitation to engage with your coalition and/or organization?
   2. How could you adequately and authentically acknowledge this history when engaging with partners?

**\*Resources on Histories of Exploitation:**

* Podcast: [Since 1619: Lingering Imprint of Slavery on American Public Health](https://soundcloud.com/alfredomorabia/ajph-october-2019-lingering-imprint-of-slavery-on-american-public-health-english)
* [8 Ways People of Color are Tokenized in Nonprofits](https://medium.com/the-nonprofit-revolution/8-ways-people-of-color-are-tokenized-in-nonprofits-32138d0860c1)
* [The unbearable whiteness of American charities](https://www.vox.com/future-perfect/2019/7/1/18715513/philanthropy-people-of-color-racial-wealth-gap-edgar-villanueva)
* [3 Ways to Decolonize Your Nonprofit as Told by a Black Queer Feminist Organizer](https://everydayfeminism.com/2018/05/decolonizing-nonprofits/)
* [Beware of Equity Traps and Tropes](http://www.ascd.org/publications/educational-leadership/mar21/vol78/num06/Beware-of-Equity-Traps-and-Tropes.aspx?fbclid=IwAR3BZY8ERwdcJ-DIfRtN05QiLNvRjyJksJ0CJy7doR_8pHDvY3SPtg_FDqc)

### Reviewing Your Progress

**Instructions:** Walk through each of the worksheets found in Part 1 and identify any progress made. Record your accomplishments and remaining tasks in the table below. Be sure to consider any new members or partnerships, and who still may be missing.

|  |  |  |
| --- | --- | --- |
|  | **What were you able to accomplish?** | **What is still left to be done?** |
| **Worksheet 1: Current State of Your Coalition** |  |  |
| **Worksheet 2: Who is in Your Coalition? Who is Missing?** |  |  |
| **Worksheet 3: Centering Your Voices in Your Work** |  |  |
| **Worksheet 4a & 4b: Coalition Member Engagement** |  |  |

### Health Equity Assessment – Competency Selection

**Purpose:**To commit to continued growth in health equity knowledge and skills.

**Instructions:** Using the [Health Equity Competency Assessment Supplement](https://docs.google.com/spreadsheets/d/1ojQOreTdH-kcI1GdeCltTkGCMWhJ7cpIORstvIB5Fro/edit?usp=sharing)\*, complete the following steps with your coalition.

* + - 1. Open the link above and *download* a copy for you to edit.
      2. Review each competency in the spreadsheet above. Rate your coalition’s knowledge and practices of each topic using a number from 0 to 10 and the statements provided. Place your rating in the far-right column under ‘Coalition Rating’.
      3. After reviewing the entire document, identify two of your lowest scoring competencies that you would like to better integrate into your work plan activities. Record those competencies in the tables below.

(Keep in mind that completing this toolkit is already working towards 1.1: Equity Knowledge)

* + - 1. Brainstorm a list of actions your coalition will take to address each selected competencies in the same table below. Use the ‘Action Examples’ found on the second page of the assessment document as reference if you are stuck.

*\*To properly open the document listed in this activity right click on the hyperlink, select ‘copy hyperlink’, and paste into a browser.*

|  |
| --- |
| **\*Insert Selected Competency Here\*** |
| Steps your coalition can take to incorporate this competency: |
|  |

|  |
| --- |
| **\*Insert Selected Competency Here\*** |
| Steps your coalition can take to incorporate this competency: |
|  |

This activity can be completed as many times as you wish! Simply, copy and paste the tables to use again. Re-do the assessment whenever you feel it is necessary.

# Health and Racial Equity Resources

The resources outlined below can help you and your organization/coalition begin, deepen, and sustain your efforts to embed health and racial equity into your work. The [Health Equity Hub](https://tobwis.org/health-equity/) on Tobwis is a central location for health equity resources and opportunities.

| **Coalition Readiness** | **Resources** |
| --- | --- |
| **We are ready to begin.** | Web-based materials:   * [Health Equity Modules](https://uwphi.pophealth.wisc.edu/match/health-equity-training-modules/) * Implicit bias:   + [Project Implicit](https://implicit.harvard.edu/) – Implicit Association Tests  * + [Kirwan Institute Implicit Bias Module Series](http://kirwaninstitute.osu.edu/implicit-bias-training/) * [Wisconsin First Nations](https://wisconsinfirstnations.org/) * [Pulitzer Center 1619 Project](https://pulitzercenter.org/projects/1619-project-pulitzer-center-education-programming)   Documentaries:   * [Unnatural Causes](https://unnaturalcauses.org/) Series  * [Race: The Power of an Illusion](https://www.pbs.org/race/)   Resources to explore:   * [Race Forward](https://www.raceforward.org/) * [Policy Link Health Equity Resources](https://www.policylink.org/our-work/community/health-equity/health-equity-resources) * [Robert Wood Johnson Foundation](https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html) * Fakequity Blog Post: [Hey Orgs, It’s Time to Get Real About Racial Equity](https://fakequity.com/2020/02/27/hey-orgs-its-time-to-get-real-about-racial-equity/) |
| **We are ready to go deeper.** | Health equity organizational assessments:   * [Racial Equity Readiness Tool](https://www.raceforward.org/practice/tools/workforce-development-racial-equity-readiness-assessment) * [BARHII Organizational Assessment](http://barhii.org/resources/barhii-toolkit/)   Organizational Practices:   * [Deep Diversity Inclusive Workplace Continuum](https://drive.google.com/file/d/1FtOE0Cw5LklTV3x0ofySzAqB4iKQIA-e/view?usp=sharing)   Training opportunities and training plans:   * [YWCA Racial Justice Programs](https://www.ywcampls.org/racial-justice/) * [Roots of Health Inequity](http://www.rootsofhealthinequity.org/)   Explore resources from the [Health Equity Guide](https://healthequityguide.org/)   * Recommended Strategic Practice for this stage: [Build Organizational Capacity](https://healthequityguide.org/strategic-practices/build-organizational-capacity/) (be sure to review case studies) |
| **We are ready to sustain efforts.** | Health and racial equity organizational strategic plan:   * [Racial Equity Action Plan](https://www.racialequityalliance.org/resources/racial-equity-action-plans-manual/)   Explore resources from the [Health Equity Guide](https://healthequityguide.org/)   * Recommended Strategic Practices for this stage: [Prioritize Upstream Policy Change](https://healthequityguide.org/strategic-practices/prioritize-upstream-policy-change/) and [Change Internal Practices and Processes](https://healthequityguide.org/strategic-practices/change-internal-practices-and-processes/) (be sure to review case studies) * Index of [resources](https://healthequityguide.org/resources/) from other organizations |

**Please provide your feedback on this tool** [**HERE**](https://docs.google.com/forms/d/e/1FAIpQLSc7fTYll9mp-W05F3ltO2QrBz_pEB8zOBazezUHSbgN1nqRyg/viewform?usp=sf_link)**.**