

**Minutes - CDC Health Equity and Community Rebuilding Training, Health Equity Committee Structure,
Purpose and Function**

Monday, November 1, 2021, 1PM-3PM

[Link to chat](#)

Learning Objectives

At the end of the training, participants will:

1. Know the requirements/timelines for creating Equity Committees
2. Have exemplars of practice from the field to ground practice in peer community work
3. Core Team can learn what HEC assets and needs HEC's have to support EQC's
4. Will learn/meet Natalie, Everette & Josephine and supports they can provide

Agenda

1-1:10 PM: Welcome and Introductions

1:10-1:20 PM: Presentation of CDC/DOH Health Equity Committee Requirements

1:20-1:50 PM: Lessons from the Field

1:50-2:00 PM: Break

2:00-2:40 PM: Orientation to Jamboards, breakout sessions, reflection

2:40-2:50 PM: Debrief from breakout sessions

2:50-3 PM: Closing

Minutes

Introduction - Everett Hill

1. Today is about learning about what type of equity work is happening and looking at what you are doing well
2. We want to create a space to honor the work that is already happening and where the work needs to improve

Health Equity Committee Purpose and Structure - Anne Egan

1. Project Details (reminder)
 - a. Contracts are with CHI
 - b. Scope of work - goals for Health Councils participating in this project over the next 2 years
 - i. Staff the health council in a way that fits your programs and community need
 - ii. Build your capacity to engage in equity
 - iii. Build on work in stakeholder engagement
 - iv. Strengthen your capacity to plan and use data
 - v. Strengthen community organizing and advocacy
 - c. Support for Scope of Work is handled by Susie Johnson at susie@nmhealthcouncils.org.
 - a. If you are looking for support on any of these goals, Susie is your primary contact person

2. Health Council Capacity Self Assessment - this will be sent out to health councils in December
 - a. 8 Domains: 1) Leadership & Stakeholder Engagement, 2) Equity rooted work, 3) Goals, strategies, & action - based planning, 4) Implementation, 5) Impact & accountability, 6) Organization structures, systems, & practices, 7) Community & marketing, and 8) Resource development & sustainability
 - b. Your task in this self assessment will be to identify areas you are doing really well and areas to improve
 - c. Peer to peer networking and connecting will be encouraged through this self assessment
3. Definition for Equity
 - a. Design Group
 - i. NMAHC Racial Equity Design Team working on operative definition for equity, health equity, and racial equity
 - ii. Equity refers to everyone having access at the levels that they need to be successful
 - iii. Equity is different from equality. Equality means everyone gets the same thing, where equity means resources meet communities where they are
 - b. Equity needs to be a single domain, but also woven as a process throughout the other domains

Lessons from the Field

1. Health Equity Council, Enrique Cardiel
 - a. Council name: Bernalillo Community Health Council
 - b. Was unfunded by the state in the past. They had to fight the county to get the word “community” in their name
 - i. The practical meaning of “community” and “equity” are connected, and have to do with connecting people with the resources they need
 - c. Health equity was a part of their council work from the beginning.
 - d. Public health leadership needs to look more like the community
 - e. Sometimes, it seems the “community” part of their name isn’t lived up to, but the solution seems to be building relationships in community, organizing (not just mobilizing), allowing the community to lead
2. Rio Arriba County Health Council, Lauren Reichelt
 - a. While equity isn’t in their name, it has been a part of their work from the beginning (1994)
 - i. There were a lot of negative misperceptions about Rio Arriba County in the beginning. Outsiders thought they knew what people in the community needed, but they didn’t understand.
 - ii. The work of the health council here, from the beginning, was to deal with these mis-perceptions and address actual community need.
 - iii. Originally, this meant protesting. Advocating to have substance abuse seen as a public health issue by people in power. Advocating for empowerment and confidence instead of shame and fear.

- b. Today equity work looks different
 - i. Things are discussed in meetings, and referred to in policy
 - ii. There is still so much work to be done
 - 1. In this region, there is a lack of engagement between the local health councils and the tribes. How can we work towards more collaboration?
 - 2. Current tribal participation: San Ildefonso, Santa Clara, and Owkay Owingeh

Breakout Sessions

1. Questions addressed
 - a. What lessons from the field resonated with you?
 - b. What would you need to have in place in order to build your Health Equity capacity? Eg: people, processes, skills
 - c. What additional supports do you need to do the Equity Committee work?
2. [Links to Jamboards](#)

Breakout Summaries - Debrief

1. Equity has been part of the work of Health Councils for a while
 - a. HCs have been discussing emerging issues around equity at a local and community level
 - b. Suggestion for shifting terminology: from “improving equity” to “inequity reduction strategies”
 - c. Equity is about decentering inequitable dynamics
2. Intentional actions
 - a. Challenges: Access to internet, what are we doing, accommodations, accounting for HB 137
3. HCs want to talk about equity issues, but haven’t had a space or knowledge of how to do so
 - a. There is pain around this effort in communities
4. There is need for safety/support when HCs are addressing equity issues that may be uncomfortable
3. Grasstops are masquerading as grassroots. How can HCs support each other to learn more about how this works?
4. Ecosystems in societies co-exist, but:
 - a. They may have different centers of power and dynamics that compete with each other
 - b. In some cases, the power analysis is left out
5. Access equity
 - a. How do we create access for important voices and perspectives
6. Dangerous to engage in communities, however there is a need to develop a safety framework for the work happening

Next steps

1. Natalie and Everette plan to meet with health councils. They will follow up on this discussion in individual meetings.

Our next training is on Monday, November 15th from 1PM - 3PM