In order to mobilize action, below are ways that organizations and legislative partners can continue to improve health equity internally and in their communities.

• Leadership at all levels of a state, locality, or organization need to communicate the goals for health equity and formally commit to racial and health equity values publicly and clearly.

  **Example:** When leadership provides clear communication regarding health equity goals, staff are able to include equity approaches in state health plans, strategic plans, and funding opportunities, as well as current and initiatives. With clear messaging and goals, staff can ensure that health equity is incorporated into proposed planning as well as daily activities.

• It is important to consider the distribution of funds to non-traditional partners so that resources can directly reach the communities and their identified needs.

  **Example:** Providing funding to non-traditional partners can empower communities by providing decision-making, planning, and implementation of IVP strategies. Communities can have the authority to use the funds to decide how best to address a community health concern.

• Population demographics and geographic variables should be analyzed with a goal of identifying subpopulations and neighborhoods that are adversely and disproportionately impacted by relevant injury and violence topics.

  **Example:** Data can be a strong tool for communities to identify contributing factors for violence and injuries. Data must be gathered in a way that ensures representation from all community members, and both quality and completeness need continuous improvement to perform comprehensive analysis. Analyses must accurately highlight subpopulations, and must be disseminated to all partners, including community members represented in the data.

• Community-level partners should be engaged in interpreting data/information to ensure relevance to the community and then selecting strategies and interventions relevant to the community.

  **Example:** Involving communities in data interpretation can help initiate communications with new partners and provide needed context for the data to be useful in program planning. It is important that states and organizations continue to fund epidemiologists who can analyze equity-related data.

• Organizations should prioritize recruitment and retention of diverse staff with the skills and competencies necessary to advance health equity in their work.

  **Example:** It is important to model diversity and inclusion in the injury and violence prevention field, and to maintain an inclusive environment with equitable treatment for all. States have been successful in incorporating equity into their organizational structure by changing hiring practices to incorporate Diversity, Equity, and Inclusion (DEI) principles and using statewide work plans and funding opportunities to advance and align equity approaches (equity scan).