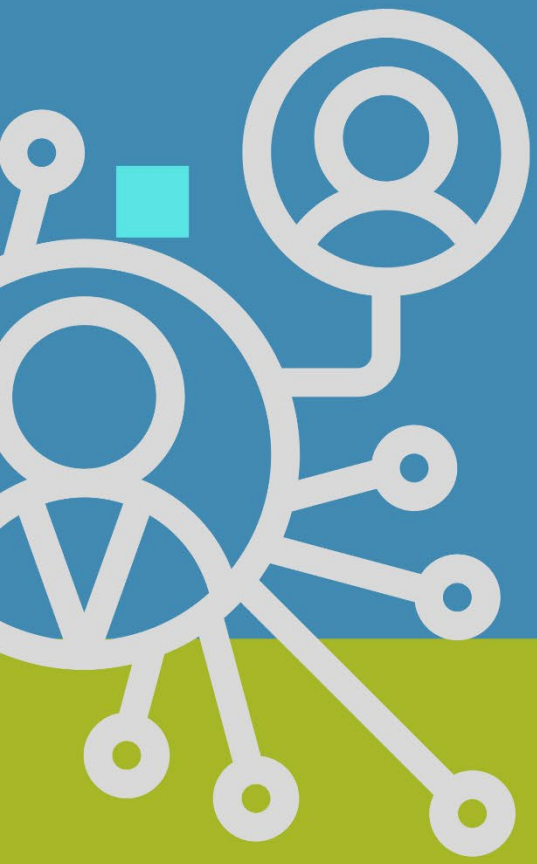
INJURY AND VIOLENCE PREVENTION
HEALTH EQUITY SCAN

Analysis of secondary data sources to determine how public health agencies are incorporating equity approaches into their Injury and Violence Prevention Programs



PREPARED FOR SAFE STATES ALLIANCE

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EXECUTIVE SUMMARY

Injury and Violence Prevention (IVP) Health Equity Scan is an environmental scan requested by the Core State Violence and Injury Prevention Program (Core SVIPP) to explore how injury and violence prevention professionals advance health equity and racial equity in their programmatic work. The data and information used to inform this environmental scan was obtained from other States Alliance evaluation initiatives (COVID Impact Evaluation and Connections Lab Evaluation) and the *Safe States Member Survey: Evaluating the Impact of COVID-19 on the IVP Workforce and Assessing Equity Initiative (COVID Impact and Equity Survey).*

Through a secondary analysis of in-depth focus groups and survey data, we have identified how various sectors (i.e., healthcare, academia, nonprofits, tribal entities, health departments, and private entities) have incorporated an equity lens into their IVP work. While this report looks at equity approaches across all sectors, it highlights equity approaches and examples used by healthcare sectors, local health departments, and state health departments. Additionally, the review of these data sources also yielded a range of challenges these entities face and technical assistance opportunities that can further support these agencies in their work to address health inequities.

Key Takeaways

According to the COVID Impact and Equity Survey, 81% of respondents report they are incorporating equity to some degree; however, many struggled to provide concrete and tangible examples of how they specifically incorporate equity in their IVP work. The examples provided by the evaluation participants demonstrate that most IVP programs are in the early stages of incorporating equity in the IVP work. For this report, we included examples describing the process of incorporating equity by engaging community-level partners into program strategies, using data, and strengthening organizational infrastructure.

IVP Strategies & Programs with Community-Level Partnerships

Evaluation participants have formed community-level partnerships to implement programs and direct resources within the communities of interest. The example of how IVP programs collaborate with their partners include:

- **Share the decision-making power** and ownership of programs
- **Articulate goals** clearly and **find common ground** to **select win-win strategies**
- Strive to **include more culturally sensitive approaches** beyond the translation of educational materials

The challenges experienced by IVP programs in their relationships with partners include:

- **Struggles to establish a shared understanding** of the shared risk and protective factor work
- **Decrease in community participation** due to COVID-19 responses and shifts to virtual programs
- **No alignment among funding sources** to justify the collaboration or **funding priorities are constantly shifting**

Using Injury and Violence Data to Inform Equity Approaches

Most IVP practitioners in the focus groups use injury and violence data in various ways to inform their approaches to equity. Focus group participants apply a variety of approaches when using data to inform their IVP work with an equity lens. These approaches include:

- Engaging community-level partnerships to **assist in data collection**
- Analyzing existing data using the **population demographics and geographic variables** to identify subpopulations and areas that are adversely and disproportionately impacted
- Engaging community-level partners in **interpreting data and information**

The common challenges experienced by the focus group participants in their analytical work include:

- **Limited demographic fields or variables** in the datasets inhibit the ability to determine health disparities and inequities
- **Limited access to an injury epidemiologist** or skilled staff to analyze and interpret equity-related data

Equity Approaches in IVP Infrastructure

According to the COVID Impact and Equity Survey, 45% of respondents incorporate equity approaches into their organizational infrastructure. IVP programs accomplish this by:

- **Incorporating Diversity, Equity, and Inclusion (DEI) principles** into the organization by changing hiring practices
- **Committing to advancing health equity** and **aligning equity approaches** into statewide work plans and funding opportunities

There is one common challenge experienced by IVP programs as they incorporate equity principles within their organizational structure:

- **Human Resources and internal policies hinder hiring diverse staff** with workforce skills, cultural competencies, or lived experience

Technical Assistance Needs & Opportunities

An in-depth training or workshop for IVP practitioners and their partners will help IVP programs navigate ways to incorporate equity approaches into their organization and programmatic work. This **"Injury and Violence Prevention Equity Institute"** should be designed to 1) build practitioners' confidence and skillset to discuss and apply equity approaches; 2) enhance their use of data systems to inform equity-related work, and 3) strengthen the capacity of state public health IVP programs and their partner organizations to prioritize equity and other upstream approaches. This training can accomplish these objectives by providing IVP practitioners with:

1. A toolkit to support them in their discussions with other non-public health partners
2. Case studies and examples of how IVP programs improved community engagement for in-person and virtual programs specific to the rural, low-income, or older adult populations
3. Analytical approaches and tools to address the gaps and quality of data that impede their ability to identify health disparities
4. Examples of protocols for recruiting and retaining diverse and culturally competent IVP staff and guidance on how to advocate for these positions within their organization

BACKGROUND

Project Purpose

Injury and Violence Prevention (IVP) Health Equity Scan is an environmental scan requested by the Core State Violence and Injury Prevention Program (Core SVIPP) to explore how injury and violence prevention professionals advance health equity and racial equity in their programmatic work. This report takes a deeper dive into upstream[1] approaches that incorporate health equity and racial equity in the IVP work across various disciplines.

Through a secondary analysis of in-depth focus groups and a survey conducted through other evaluation initiatives, we have identified how various sectors (i.e., healthcare, academia, nonprofits, tribal entities, health departments, and private entities) have incorporated an equity lens into their IVP work. While this report looks at equity approaches across all sectors, it highlights equity approaches and examples used by healthcare sectors, local health departments, and state health departments. Additionally, the review of these data sources also yielded a range of challenges these entities face and technical assistance opportunities that can further support these agencies in their work to address health inequities.

Methods

The key findings published in the report were extracted from multiple sources that included focus groups and surveys. An analysis of secondary data sources was conducted through other ongoing evaluation initiatives at Safe States Alliance: the COVID Impact Evaluation and Connections Lab Evaluation. Additionally, the *Safe States Member Survey: Evaluating the Impact of COVID-19 on the IVP Workforce and Assessing Equity Initiative (COVID Impact and Equity Survey)* provided additional information on the degree to which organizations are incorporating equity into their IVP work and help fill in the gaps identified in the secondary analyses. The main objectives of the analyses of these data sources were to extract relevant and appropriate information that answers the following questions:

1. How are Core-funded state health departments and other entities addressing health equity and racial inequities in their IVP work?
2. What are the challenges and barriers faced by entities working to implement a health equity approach to their IVP work?
3. How can Safe States Alliance (Safe States) or the Centers for Disease Control and Prevention (CDC) support Core-funded states and other entities in addressing racial and health equity?

COVID Impact Evaluation

The secondary analysis of the data collected in the COVID Impact Evaluation provided information for the IVP Health Equity Scan. The primary aim of the COVID Impact Evaluation was to learn about the impacts of the COVID pandemic on the injury and violence prevention workforce and identify training or technical assistance opportunities that Safe States can provide. The study also explored how the evaluation

[1] Interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential (National Collaborating Centre for Determinants of Health).

participants incorporated health equity and racial equity approaches in their IVP work. The semi-structured, virtual focus groups were conducted with Safe States members recruited from:

- State health departments (4 focus groups with a total of 27 participants),
- Local health departments serving at the city and county levels from urban and rural settings (2 focus groups with a total of 10 participants), and
- Hospital-based IVP programs (2 focus groups with a total of 15 participants).

Additionally, the COVID Impact Evaluation collected survey data from 108 Safe States members that explored both the impacts of COVID and how IVP practitioners are addressing health and racial equity in the IVP field. Selected survey questions were analyzed using crosstabulations and frequency tables to answer the research objectives for the IVP Health Equity Scan. A thematic analysis was conducted with qualitative data collected from the focus groups and the open-ended questions to identify resonating themes. These themes from both the qualitative and quantitative data were summarized and organized by the research objectives.

Connections Lab Evaluation

The secondary analysis of the data collected in the Connections Lab Evaluation also provided information for the IVP Health Equity Scan. The primary aim of the Connections Lab Evaluation was to understand the impact of the Connections Lab site on IVP work and how users are incorporating shared risk and protective factor approach. The study also explored the extent to which evaluation participants included equity approaches and the social determinants of health in their IVP work. A total of four semi-structured, virtual focus groups were conducted with 14 participants: Driver Behavior Seed Grant Program recipients, Core SVIPP grant recipients, and participants or leaders in the Regional Network Coordinating Organizations (RNCO) / National Peer Learning Teams (NPLT).

A thematic analysis was conducted with qualitative data collected from the focus groups to identify resonating themes. These themes from both the qualitative and quantitative data were summarized and organized by the research objectives.

COVID Impact and Equity Survey

The *Safe States Member Survey: Evaluating the Impact of COVID-19 on the IVP Workforce and Assessing Equity Initiative (COVID Impact and Equity Survey)* was completed by 108 out of the 595 Safe States members invited to complete the survey. Many industry sectors participated in the survey, including healthcare, academia, nonprofits, tribal entities, health departments, and private entities. The survey aimed to obtain information on how the COVID-19 pandemic has impacted the IVP workforce and how IVP practitioners address health and/or racial equity in the IVP field. The survey data provided a broader perspective on how various industry sectors address health and/or racial equity and also filled in some informational gaps in the secondary analyses. The informational gaps filled by the survey data included:

- Duration and extent of incorporating health and/or racial equity in IVP work,
- Social determinants of health addressed through a health equity and/or racial equity lens,
- Example of current and past health and/or racial equity approaches, and
- Technical assistance opportunities to support states and other entities in addressing racial and health equity.

INCORPORATING EQUITY INTO INJURY AND VIOLENCE PREVENTION (IVP)

For this report, equity is defined as valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need[2] (Jones, 2014). To incorporate equity according to the definition, IVP practitioners must be able to:

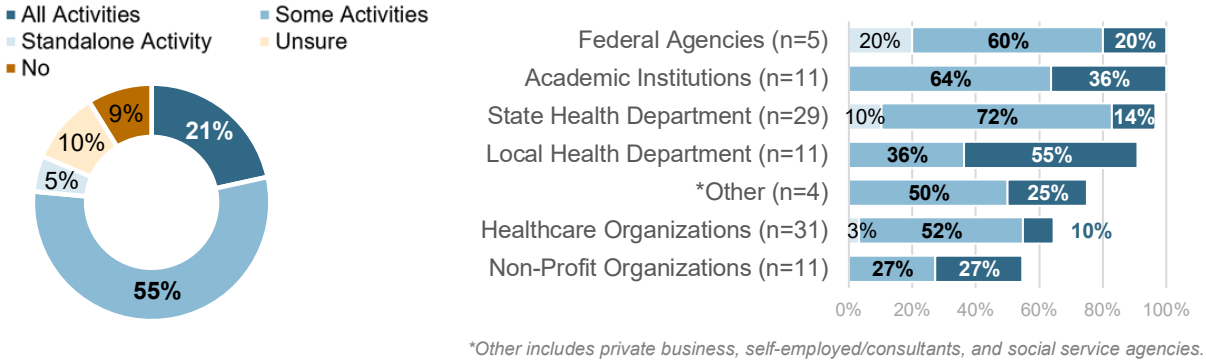
1. Use data to identify vulnerable and subpopulations adversely impacted by the topic of concern;
2. Develop community-level partnerships to understand the historical context of the subpopulation better; and
3. Implement programs and direct resources within the communities of interest.

During the focus group discussions in the COVID Impact and Connections Lab evaluations, participants acknowledged that incorporating equity approaches is an essential part of their IVP work. According to the COVID Impact and Equity Survey, most respondents (81%, 83 out of 102) report that their agencies are currently addressing health equity and racial equity in their IVP-related work, and nearly one-quarter (26%, 18 out of 70) reported doing this for at least six years.

Figure 1 shows the percentage of survey respondents that currently address health equity and/or racial equity in their IVP-related work and the degree to which they incorporated equity. Twenty-one percent of all respondents report that health equity and/or racial equity is incorporated in *all* of their IVP activities. Among the survey participants:

- **All** five federal agencies and 11 academic institutions reported incorporating health and/or racial equity in their IVP work.
- **97-percent** of state health departments (28 out of 29) reported incorporating health and/or racial equity in their IVP work; 10-percent of these respondents do this as a standalone activity.
- **91-percent** of local health departments (10 out of 11) reported incorporating equity into their IVP activities, and more than half (6 out of 11) reported incorporating equity into ***all*** of their IVP activities.

FIGURE 1. Is your organization currently addressing health equity and/or racial equity in your IVP-related work? (N=102)



**Other includes private business, self-employed/consultants, and social service agencies.*

[2] Jones, Camara. (2014). Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. Medical care. 52 Suppl 3, Healthcare at the Intersection of Disability, Race, and Ethnicity. S71-S75. 10.1097/MLR.0000000000000216.

Survey participants also agreed that the national, state, and local responses to the COVID-19 pandemic intensified and exacerbated health and racial inequities, particularly in their IVP work. The majority of the survey respondents (82%, 78 out of 95) agreed or strongly agreed that the COVID response increased and catalyzed the interest in addressing inequities in their organizations. One focus group participant explained:

> "We've always had the concept of health equity into all of our work, but I kind of almost feel like it's been at a surface level. And the pandemic, for sure, has just made it very clear how it impacts every area of society. And it's not just health. We've made a big change as a state as a whole in this (specifically in our department), but I think beforehand we were already addressing it, but definitely not at the level that needed to be addressed."
>
> --State Health Department (Core SVIPP Funded)
> COVID Impact Evaluation Focus Group

While most survey respondents reported incorporating equity into their IVP work, many survey respondents and focus group participants struggled to provide concrete and tangible examples of how they incorporate equity approaches. Nearly all examples provided by the focus group participants revealed that most IVP programs are in the early stages of putting equity into action.

A resonating theme in both the COVID Impact Evaluation and Connections Lab Evaluation is the differences in the framing and language used to describe health equity and racial equity approaches. Focus group participants often used the following terminology interchangeably to describe the extent to which their agency incorporates equity into their IVP work: equity, social determinants health, and shared risk and protective factors. Most commonly, evaluation participants used 'shared risk and protective factor' as an umbrella term that encompasses social determinants of health, health equity, and racial equity approaches.

While there is value in understanding and discussing these concepts and approaches separately, this equity scan provides examples that describe the process used to incorporate equity by utilizing injury and violence data, engaging community-level partners, and strengthening organizational infrastructure. This report also provides a few examples of IVP programs that used social determinants of health to address health and racial inequities.

Equity Approaches in IVP Strategies and Programs

According to the discussion, IVP practitioners share how they addressed social determinants of health to promote health and achieve health equity with their partners. Most survey respondents reported using social determinants of health to address health equity and/or racial equity in their IVP programs and policy strategies. Survey participants primarily addressed access to quality healthcare or looked at the social/community context of their IVP work (Table 1).

TABLE 1. Which social determinants of health are you or your organization addressing through a health equity and/or racial equity lens?

Social Determinants of Health Addressed by Survey Respondents (N=77)		
63%	**Healthcare access and quality**	Access to healthcare services, access to primary care, health literacy, etc.
61%	**Social and community context**	Community connection, resources for recreational/leisure activities, exposure to crime and violence, social support/cohesion, access to mass media and emerging technologies – cell phones, internet, computers, etc.
41%	**Neighborhood and built environment**	Safe housing, transportation, access to nutritious food/local markets, community violence, police violence, residential segregation, exposure to toxic substances and physical hazards, accessibility for persons with disabilities, etc.
39%	**Economic stability**	Employment, economic and income opportunities, poverty, wealth distribution, etc.
36%	**Education access and quality**	Early childhood education and development, high school graduation, enrollment in higher education, language skills, literacy, etc.

According to the COVID Impact and Equity Survey, two out of every three respondents (55 out of 83) specifically incorporated a health and racial equity focus to their program implementation, policy strategies, service delivery, client engagement, or evaluation activities. The most common IVP topics addressed with an equity focus were:

- Motor vehicle injury (n=38)
- Firearm injury/gun violence (n=30)
- Suicide (n=30)
- Child abuse and neglect (n=29)
- Domestic and Intimate Partner Violence (n=29)
- Prescription drug overdose/ Unintentional poisoning (n=29)

2 out of **3** survey respondents report that their agency incorporates a health equity and/or racial equity focus in their IVP program implementation activities and policy strategies.

COVID Impact and Equity Survey

Appendix A presents general examples of how survey respondents and focus group participants applied an equity lens in their work by IVP topic area. Focus group participants provided examples of leveraging community-level partnerships, using data for determining inequities, and implementing programs or applying resources to the communities of interest. Evaluation participants did not provide specific details on all three of these equity-related activities in a single initiative.

IVP programs within the state health departments, local health departments, and healthcare organizations shared similar examples and challenges addressing health inequities. They primarily did this through establishing community-level partnerships.

EXAMPLES	CHALLENGES
1. Sharing ownership and decision-making power with community-level partners not only engaged the population groups of interest but empowered community leaders, partners, and members to identify and address the contributing factors that shape health and opportunities in their communities. 2. Programs (even complex programs) can be successfully implemented when partners can clearly articulate their goals and find common ground with win-win intervention strategies to yield the desired outcomes and be sustainable. 3. Going beyond the translation of educational materials and including more culturally sensitive and health literacy approaches is key to meaningful and lasting impacts in the communities of interest.	1. Partnerships are relatively new; therefore, IVP programs struggle to establish a complete or shared understanding of the shared risk and protective factor work. 2. There is low community participation in IVP programs due to limited access to the communities or populations of interest. 3. No alignment among funding sources to justify or support the collaboration with partners from other disciplines.

IVP Strategies and Programs: Examples

1. Sharing the ownership and the decision-making power

An example strategy used to collaborate with community-level partners was to share the ownership and the decision-making power of planning and implementing the IVP strategies and interventions. The common theme among the focus group participants is their extraordinary efforts to engage traditional and non-traditional community-level partners to advance equity approaches in IVP work. Some non-traditional traffic safety community-level partners mentioned in the focus group included tattoo artists and store managers at the Dollar Store. In some cases, focus group participants only provided the funding to support strategies and allowed the community partners and members to decide how to best address the particular community health concern. Other focus group participants shared public health expertise, materials, or approaches that the community-level partners then modified to be more culturally appropriate and resonate with the populations of interest.

> "We fund a yearly tribal opioid and other drugs summit. And the way I applied this approach in my work is literally staying out of the way and letting the tribes decide what they're going to do with this conference. And it was all about resilience and healing. And trust me, if public health had just stomped all over it and put this agenda together, it would have been all about data. It would not have had the same flavor or focus. So, for us, it's deferring to others who have already begun this work, staying out of the way, and then capturing what's already happening out there—it's learning from others."
>
> --State Health Department
> Connection Lab Evaluation Focus Group

2. Finding and articulating common goals with multi-sector collaborations

Throughout the focus group discussion, participants acknowledged the importance of partnerships with other agencies outside the health services sector to address determinants of health. IVP programs brought together partners from different disciplines and agencies to implement programs of common interest within the communities they both serve. A resonating theme in the focus groups was how the IVP practitioners used or avoided public health terminology to establish a common ground with their partners. Some participants avoided the use of confusing public health terminology or jargon and instead focused on the purpose of the partnership. Other focus group participants described how they used public health language and approaches to introduce new public-health partners into their coalitions and reengage existing partners with a fresh perspective on IVP work. The most effective strategy was using language that focused on the shared vision and purpose of the partnership. With this, participants found that programs (even complex programs) can be successfully implemented when partners can clearly articulate their goals to identify win-win intervention strategies.

3. Including more culturally sensitive approaches

Nearly all focus group participants that provided an example of how their agency incorporates equity in their IVP work used culturally and linguistically relevant messaging in strategies. However, a few example stories described how having a deeper knowledge of the community's historical context and including the community input in the message selection or strategy, increased the effectiveness and sustainability of the effort. Participants described how going beyond the translation of educational materials and including more

culturally sensitive and health literacy approaches is critical for a meaningful and lasting impact in the communities of interest.

> "As we enter a community, we really try to consider how we can go beyond translation and interpretation services, but also consider the cultural considerations around that too, as opposed to just like literal translation of an educational material or something like that. We have opportunities to tap some of our families who are Somali or Spanish speaking, that have those cultural considerations we have to keep in mind. This kind of 'cut and paste' model or 'copy paste' model doesn't work. But you could change your language to resonate more with our cultural group or community. I also think about just in general with injury and violence prevention from an equity standpoint and cultural considerations, not just culturally, but also for children with special healthcare needs, and how our programs are designed and set up to either support those people or hinder their ability to access our programs too."
>
> --State Health Department
> Connection Lab Evaluation Focus Group

IVP Strategies and Programs: Challenges

1. Establishing a complete or shared understanding of the shared risk and protective factor work

The most common challenge experienced by the focus group participants was establishing a common understanding of the shared risk and protective factor work with other non-public health partners. As a result of not establishing a common goal and articulating the benefits of the partnership, IVP practitioners struggled to create new partnerships or obtain leadership buy-in within the partnering agency. And if a partnership was formed, focus group participants acknowledged that the competing priorities within partnering agencies often made it difficult to coordinate community-level events.

> "There's kind of an educational curve that's going on with our partners. For some of them, like law enforcement officers, this is still new territory. I think people in health systems, like health departments and hospitals, tend to be fairly familiar with [health equity, racial equity, and social determinants of health approaches]. But we have so many different partners that do this injury prevention work together. And for some of them, it's just the tiniest slice of what they do."
>
> --Nonprofit Organization or Association
> Connections Lab Evaluation Focus Group

Technical Assistance Opportunity #1

Provide a toolkit to prepare and support IVP practitioners in their discussions with other non-public health partners regarding the importance of shared risk and protective factor approaches to address health equity and racial equity.

2. Reaching rural or low-income communities on virtual platforms

Community engagement, specifically within the rural and low-income population, was another challenge faced by the focus group participants. The COVID pandemic exacerbated the existing inequities in rural or low-income communities. Many IVP programs were shifting their strategies to virtual platforms. As a result, many rural, low-income, and older population members did not have access to the internet or other technologies needed to participate in virtual programs and other services provided. According to the focus group participants, the community-level turnout may also be low because the ideal participants may not have the resources or means to attend the programs physically or virtually.

Technical Assistance Opportunity #2

Provide case studies and examples of how IVP programs improved community engagement for in-person and virtual programs specific to the rural, low-income, or older adult populations.

3. No alignment among funding sources to justify the collaboration or coupled with funding priorities that constantly shift

While these IVP practitioners found their new approach to engaging existing and new partners to be a beneficial and fruitful strategy, a few obstacles and challenges were faced in turning these concepts into an operational phase that can be implemented with partners. This was primarily caused by the lack of alignment among funding sources to justify the collaboration with new, non-traditional IVP partners. IVP practitioners experienced difficulty working with willing partners and supporting community programs due to the specificity and restrictions in the grant funds for topic-specific activities. Additionally, evaluation participants shared how the responses to public health emergencies and the constant changes to funding priorities also impact their ability to create more sustainable interventions and partnerships.

> “There is such a great connection with programs that are not traditionally IVP specific. Like when you think of the MCH block grant and working with HRSA, I think a lot of the connections aren't necessarily made at the national level. We have to make sure that IVP is at the table for these other funding streams. Like having a conversation with SAMHSA, about how substance use prevention works and how addiction treatment services are also injury prevention work and injury prevention work is also substance addiction treatment and prevention work. So, we need a grassroots and grass-tops approach for this to work and to really like take root because we're not going to be able to change the funding silos from down here on the ground. So, making sure that we're all kind of working up and down the system to make sure all of these tables are coming together and seeing how we all interact with one another.
>
> --State Health Department (Core SVIPP Funded)
> COVID Impact Evaluation Focus Group

Equity Approaches Using IVP Data

IVP programs use public health data to understand and monitor changes to injury and violence matters. Collecting and analyzing injury and violence data is critical to track incidences of injuries and violence, identify underlying causes, identify groups at highest risk, recommend prevention priorities, and measure the effectiveness of policies and programs. Injury and violence data is also a valuable asset to guide health equity and racial equity approaches to the IVP work.

According to the focus groups, IVP practitioners use injury and violence data in various ways to inform their approaches to equity. Below are examples of how focus group participants use data to inform their IVP work with an equity lens and some common challenges when using IVP data.

EXAMPLES	CHALLENGES
1. Engage community-level partnerships to assist in the collection of primary data when conducting community assessments. 2. Analyze existing data using the population demographics and geographic variables to identify subpopulations and areas that are adversely and disproportionately impacted by the IVP topic of interest. 3. Engage community-level partners in interpreting data and information to ensure its relevance to the community and select strategies and interventions relevant to the community.	1. IVP datasets have limited demographic fields or variables that can be used for robust analyses to determine health disparities and inequities, which impacts the ability to analyze data and demonstrate statistical significance with confidence. 2. Some IVP programs do not have access to an injury epidemiologist or skilled staff to analyze and interpret equity-related data.

IVP Data Uses: Examples

1. Engage community members in data collection

A resonating theme in the focus groups was how practitioners from various sectors frequently use primary data collection methods to gather meaningful information from the communities and population groups of interest. The collection methods used to inform these community assessments include environmental scans, community surveys, and community focus groups. These primary data and information are triangulated with other existing data sources that have inherent limitations in the dataset and therefore prohibits analyses needed to inform equity approaches (e.g., race variables not included in police crash records and LGBTQ variables not included in the National Violent Death Reporting System). A few focus

group participants emphasized how community involvement and partnerships with other key community stakeholders enrich the quality of information gathered in the data collection process.

> “We have another community outreach group that has some top leadership in it. Every couple of years, they work together with our local health department to do community needs assessments. We go well into the poor areas and really find out what it is that they need. Did any of our [focus] areas shift, especially now with COVID and people being out of work, and we get into those and pocket prevention. Then we bring in the wellness stuff like nutritionists, and healthcare workers do some screenings, health screenings, and all that. When we go to the health fairs in those areas, we bring it to them rather than trying to bring them to us. And through that, they've also started some little like pop-up clinics where they have convenient little cares, specific to those different areas where it's hard for them to get any type of help."
>
> --Healthcare Organization
> COVID Impact Evaluation Focus Group

2. Use population demographics and geographic variables

Nearly all focus group participants mentioned how they use a data-driven approach in their equity work. They described the various ways they use the data to identify subpopulations and locations (e.g., counties, regions, ZIP codes, or census tracts) that are disproportionately and adversely impacted by specific injury and violence public health concerns. Many of these practitioners would conduct a sub-analysis of the contributing factors and leading causes within the identified subpopulation and community. At times, these sub-analyses would require collecting primary data in community focus groups or needs assessments. One focus group participant mentioned how they created an index that incorporated multiple variables and used mapping techniques to see the relationships between location and health outcomes among children of specific race and ethnicity groups.

3. Engage community-level partners in data interpretation

Focus group participants also use the data and information obtained from community assessments or sub-analyses to spark conversations with their IVP partners and engage new partners in the discussion. This usually takes place in the form of a workshop, stakeholder meeting, or a formal coalition. The aim of discussing these data is to get various perspectives from a multidisciplinary approach or validating the relevancy of the findings for the community. IVP practitioners mentioned how involving community members in the data interpretation discussions can ring static data to life by revealing the lived experiences behind the data.

IVP Data Uses: Challenges

1. Limited data demographic fields or variables to determine health disparities and inequities

Once having access to injury and violence data, the focus group participants mentioned how the quality or incompleteness of datasets limits their ability to perform robust analyses to determine health disparities and inequities. The small minority population in some geographical areas or the procedures used to suppress data and protect the identity of community members influences both the validity and statistical significance of data among the subpopulation of interest. Additionally, specific fields of interest necessary to incorporate the equity approach are not available in the dataset (e.g., race/ethnicity, disability status, sexual orientation, etc.).

> "I think a lot of data collection systems are based on variables that were created 10, 20, 30 years ago, and a lot of populations of interest [today] are not included in those fields. It becomes really hard to know if disparities and inequities exist. We know disparities exist, but we don't have the necessary quantitative or qualitative data to reflect that. So a lot of my work is kind of talking about, what do you have right now? And how can we kind of approach that with an equity lens to make recommendations for either changing how something is collected? And who do we need to speak with to ensure that this plan actually makes sense to all of the stakeholders, including the community and populations of interest involved? For example, when using the National Violent Death Reporting System, we were asked, 'What is the impact on the lesbian, gay, bisexual, transgender community of violent death?' And we couldn't answer that question because that variable is not part of that system. And that variable is not part of that system because that variable is not on death certificates, which is the primary driver of that system. So, you can get that kind of qualitatively. But it's not systematic in any way. And the change for that is not going to be easy."
>
> --Other Organizational Type
> Connections Lab Evaluation Focus Group

Technical Assistance Opportunity #3

Provide IVP programs with tools to address the data gaps and quality of data that impede their ability to identify health disparities. These tools should include guidance on conducting community assessments to collect primary data or tips to access other data sources that can provide indicators of health inequities (i.e., community needs assessments conducted by nonprofit hospitals).

2. Limited access to skilled staff to analyze and interpret equity-related data

A critical resource and asset for any IVP program includes having access to skilled staff who can collect, analyze, interpret, and disseminate valuable equity-related data. Unfortunately, a few focus group participants do not have access to an injury epidemiologist or data staff to assist with analyzing and interpreting equity-related data. This impacts IVP program's ability to make data-driven decisions and identify communities and subpopulations that are disproportionally impacted. Additionally, it affects the program's ability to communicate the communities' needs in a digestible way that can move partners and organizations into action.

Equity Approaches in IVP Infrastructure

Organizational infrastructure creates an environment and climate that can impact how the IVP workforce can adequately carry out various essential functions, including implementing effective IVP programs. This is often influenced by effective leadership and funding directives.

According to the COVID Impact and Equity Survey, 45% of respondents (37 out of 83) specifically incorporated equity approaches into their organizational infrastructure. Below are examples of how focus group participants integrated equity into their IVP infrastructure.

of survey respondents specifically incorporated a health and racial equity focus to their organizational infrastructure.

COVID Impact and Equity Survey

EXAMPLES	CHALLENGES
1. Incorporate Diversity, Equity, and Inclusion (DEI) principles into the organization by changing hiring practices. 2. Organizations make a public commitment to advance health equity and align equity approaches into statewide work plans and funding opportunities.	1. Internal obstacles experienced to hire diverse staff with workforce skills, cultural competencies, or lived experience.

IVP Infrastructure: Examples

1. Incorporating Diversity, Equity, and Inclusion (DEI) principles into the organization and hiring practices

IVP programs demonstrated how to translate health equity into practice by strengthening the organizational capacity to address health inequities. They accomplished this by intentionally and purposefully incorporating DEI principles throughout the organization and changing the organizational culture and hiring practices. Some organizations hired or contracted DEI experts to assist and guide them through the organizational changes and shifts. Other organizations created departments or divisions that focused on diversity and equity throughout the organizational structure or formed committees that focused on equity practices within the IVP programmatic work. The focus group participants also discussed how they worked to build a diverse staff who were reflective of and understood the communities of interest by modifying the recruitment and interviewing processes.

2. Organizations commit to advance health equity and align equity approaches into statewide work plans and funding opportunities

Many focus group participants mentioned how high-level leadership buy-in was valuable in getting the staff and others onboard to embed a health equity focus into their IVP work. Participants described how high-level leadership communicated the goals for health equity and formally committed to racial and health equity values publicly and clearly. With this clear guidance and direction, the staff were able to shift their practices and include more equity approaches into the state health plans and funding opportunities to support local communities. The focus group participants mentioned taking a new approach to distributing funds to non-traditional partners so that resources can directly reach the communities and their identified needs.

> "It's a work in progress always. But I think being intentional about funding so when we have opportunities And let's say, a $4,000 contract to support a culturally specific community-level prevention strategy that's happening. It might not be a part of our federal grant, but we're working in that direction to make sure we're funding culturally specific programs. We're funding the communities. We're not funding external entities to do work with communities. But we are at the heart of the community and funding those communities."
>
> --State Health Department
> COVID Impact Evaluation Focus Group

IVP Infrastructure: Challenges

1. Internal obstacles experienced to hire diverse staff with workforce skills, cultural competencies, or lived experience.

Focus group participants expressed their frustrations to recruit and retain diverse staff with the skills and competencies necessary to advance health equity in their work. Some participants understand the value of having community-level partners representing the communities and populations of interest in their IVP work and would like to hire those individuals to execute the work in the communities. However, Participants mentioned that they faced hurdles to higher full-time personnel with cultural and linguistic needs to do the IVP equity work due to funding or organizational red tape (like HR policies). The most common deficiency mentioned within the focus groups is not having immediate access to a translator to disseminate health materials. Others also mentioned little diversity in the IVP workforce and little to no representation from Black, Indigenous, Persons of Color (BIPOC) and other historically marginalized groups.

> "There are big hurdles for us to hire bilingual people and to be able to put that line in [the job description], 'this is a bilingual position.' I don't know if there's even a cost-benefit analysis that says hiring a bilingual person in this position can save your organization money in the long run because you won't be using expensive translation services or set up multiple appointments with the same client to get a translator in the room. We all know the benefits of this…But that was the hurdle for us internally here was resistance from HR in the Union to make these positions bilingual.
>
> --Local Health Department
> COVID Impact Evaluation Focus Group

Technical Assistance Opportunity #4

Provide IVP programs with examples of protocols for recruiting and retaining diverse and culturally competent IVP staff and guidance on how to advocate for these positions within their organization.

Technical Assistance Needs & Opportunities

Focus group participants provided a handful of technical assistance ideas that could best support their efforts to build a more equitable IVP system. The resonating and common request was to provide tools and case studies with prescriptive guidance on applying equity in their IVP.

Since many IVP practitioners are in the early stages of incorporating equity approaches, developing an in-depth training or workshop for IVP practitioners and their partners could be more helpful. This "IVP Equity Institute" should be designed to 1) build practitioners' confidence and skillset to discuss and apply approaches; 2) enhance their use of data systems that can inform equity-related work, and 3) strengthen the capacity of state public health IVP programs and their partner organizations to prioritize equity and other upstream approaches. The key components that should be included in this workshop training should be are described below.

Key Components in the Injury and Violence Prevention Equity Institute

1. Provide a toolkit to prepare and support IVP practitioners in their discussions with other non-public health partners regarding the importance of shared risk and protective factor approaches to address health equity and racial equity.
2. Provide case studies and examples of how IVP programs improved community engagement for in-person and virtual programs specific to the rural, low-income, or older adult populations.
3. Provide IVP programs with tools to address the data gaps and quality that impede their ability to identify health disparities. These tools should include guidance on conducting community assessments to collect primary data or tips to access other data sources that can provide indicators of health inequities (i.e., community needs assessments conducted by nonprofit hospitals).
4. Provide IVP programs with examples of protocols for recruiting and retaining diverse and culturally competent IVP staff and guidance on how to advocate for these positions within their organization.

APPENDIX

Examples of Equity Approaches into IVP Strategies and Programs by Topic Area

The following table shows responses across different organizations that report incorporating equity approaches into their IVP strategies and programs by topic area. It is important to note that some examples are very general, perhaps due to how the focus group participants and survey respondents define equity. Most often, evaluation participants used the shared risk and protective factor approach as an umbrella term for all other terms.

Focus group participants provided examples of leveraging community-level partnerships, using data for determining inequities, and implementing programs or applying resources to the communities of interest. Evaluation participants did not provide specific details on all three of these equity-related activities in a single initiative.

Equity Approaches into IVP Strategies and Programs by Topic Area	Organization Type
CHILD ABUSE AND NEGLECT	
Addressing family-friendly workplace policies and connectedness through the Essentials for Childhood Initiative	State Health Department Core SVIPP Funded
Worked collaboratively with the bureau of chronic diseases to integrate injury prevention and health equity into the work being done for chronic diseases and vice versa	State Health Department
DOMESTIC AND INTIMATE PARTNER VIOLENCE	
Implemented research-based programs that promote healthy living among the indigenous and tribal communities using a healing approach. These programs address societal ills, like substance use and abuse, domestic violence, and historical trauma experienced within the community	Local Health Department
Invested in a social campaign to help educate people on how financial independence, especially among women, reduces domestic and intimate partner violence, reduces vulnerability to other types of violence, and increases the confidence and ability of women to be independent	State Health Department
Trained our staff and tribal health partners on addressing well-being, historical trauma, suicide prevention/postvention, and domestic violence among vulnerable populations	Local Health Department

Equity Approaches into IVP Strategies and Programs by Topic Area	Organization Type
FALL INJURY	
Collaborated with Meals on Wheels program to create a multi-lingual placement with fall prevention and other helpful health tips for the aging population in underserved counties (farm communities with heavy migrant and Spanish populations)	Hospital or healthcare organization
Partnered with faith-based communities and administered a fall prevention program to a Bible study group over the telephone since access to the internet in the rural communities was limited, or the older population had limited conference technology capabilities	Hospital or healthcare organization
Created a geriatrics interactive webpage that archives fall prevention and other health wellness-related videos that can be easily accessed, rather than facilitating scheduled virtual meetings	Hospital or healthcare organization
MOTOR VEHICLE INJURY PREVENTION	
Road to Zero Coalition released an 'equity in transportation' series and explored other ways to include equity as a part of the state programming and advocacy efforts Found that offering incentives (e.g., car seats during program events or medication lock boxes to our senior events) is more likely to improve attendance	Nonprofit organization with national focus
Updated policies regarding the distribution of car safety seats and equitable distribution in vulnerable communities	Hospital or healthcare organization
Examined traditional traffic safety methods like High Visibility Enforcement and laws that have been documented to lead to adverse outcomes for minority groups and supported minority-led efforts that address longstanding issues in the community that have historically suffered the most	Local Health Department
Worked collaboratively with the Traumatic Brain Injury Council to address TBIs as a result of motor vehicles crashes and examine the differences in traffic crash incidents among different population groups compared to their access to healthcare along with other risk factors	State Health Department Core SVIPP Funded
Collaborated with Safe Routes to Schools partners and Complete Streets to implement Crime Prevention Through Environmental Design (CPTED) to improve traffic safety in identified residential areas	State Health Department
PRESCRIPTION DRUG OVERDOSE / UNINTENTIONAL POISONING	
Used overdose fatality reviews and other data to address gaps with service delivery systems regarding treatment of substance use disorder and drug overdose among minority populations and to better understand drug overdose in the Black community and East African community	State Health Department Core SVIPP Funded

Equity Approaches into IVP Strategies and Programs by Topic Area	Organization Type
Hired safety advocates from our harm reduction coalition who are former active drug users to help us better reach and understand our target communities Expanded Medication-Assisted Treatment (MAT) to jails and correction settings and incorporating more justice-focused strategies Established a statewide referral system for providers from the medical and behavioral health communities, social services, food banks, homeless shelters to connect individuals and people in need to health services	
Conducted an annual tribal opioid summit that is planned and coordinated by members of Federally Recognized Tribes, which is entirely focused on culturally specific interventions and community capacity building Addressed housing issues as a strategy to promote prevention and safety to reduce drug use	State Health Department Core SVIPP Funded
Addressed other gaps in healthcare access among Black, Indigenous, Persons of Color (BIPOC) communities	Academic institution (college or university)
SEXUAL VIOLENCE	
Addressed language barriers and incorporated representatives of the communities when implementing Crime Prevention Through Environmental Design (CPTED) through the Rape Prevention and Education (RPE) Program	State Health Department Core SVIPP Funded
Engaged and supported culturally specific entities, community organizations, and safety advocates that focus on rape prevention and created a community of practice with that group that is then supported by public health	State Health Department
Partnered with high schools to access the Hispanic youth population that can forward messages to their household and family	Hospital or healthcare organization
Supported the healthy development of inner-city, at-risk youth by creating mentoring programs and other similar programs that expose youth to different careers and occupations that will encourage them to break the cycle and use education to leave poverty environment	Hospital or healthcare organization
YOUTH VIOLENCE / COMMUNITY VIOLENCE	
Hosted workshops focusing on interactions with the police and citizens	Hospital or healthcare organization
Partnered with community organizations to reduce intimate partner violence and community violence in areas and communities of need Identified community-level resources and connected people with violence interventionists who work in the inner-cities	Hospital or healthcare organization

Equity Approaches into IVP Strategies and Programs by Topic Area	Organization Type
Partnered with community organizations and the faith-based community through the Green Dot program to change the social norms surrounding sexual violence to improve the outcomes within the community	Injury Control Research Center
Participated in the Fund Peace Coalition and other violence prevention organizations to increase commitment to community violence interventions and prevention strategies that specifically focus on communities of color	Nonprofit organization with national focus
Partnered with organizations (schools and law enforcement) with a particular focus on the suspension/expulsion rate among minority and homeless students	Hospital or healthcare organization
Collaborated with the Office of Health Equity to pilot a program that would provide training to staff on how to create a safe space for LGBTQ Two Spirit plus population, with a particular focus on adolescents	State Health Department
Advocated for the federal government to encourage state Medicaid programs to reimburse the work of hospital-based violence intervention specialists (connected members in the community who had experienced violence) in hospital-based violence intervention programs. Medicaid reimbursement actively acknowledges these specialists and values their contributions	Nonprofit organization with national focus
GENERAL APPROACHES TO OTHER IVP TOPICS	
Produced health-related materials and signage in government buildings and private businesses in multiple languages or pictograms to create a more welcoming and genuine community that will promote protective factors from multiple forms of violence	State Health Department
Employed various community engagement strategies to listen to the community lived experience and voices, with a particular focus on those communities with disproportionately affected populations	State Health Department
Conducted frequent community needs assessments to identify areas for pop-up health clinics and health fairs for communities in need of health screenings, nutritional support, and other healthcare needs	Hospital or healthcare organization
Used multiple strategies to improve access to life-saving education and resources (e.g., Stop the Bleed)	Hospital or healthcare organization
Increased efforts to reach rural and lower-income communities through messaging and collaborating with other ongoing initiatives working in those communities of interest	Local Health Department