



Injury and Violence Prevention Network (IVPN) Equity Convening Summary

INJURY AND VIOLENCE PREVENTION NETWORK EQUITY CONVENING SUMMARY

Hosted by the Safe States Alliance, Tuesday, December 14, 2021 and Thursday, December 16, 2021

MEETING PURPOSE AND GOALS

Safe States Alliance hosted the IVPN Equity Convening (Equity Convening) to mobilize its Injury and Violence Prevention Network (IVPN) members and supporting colleagues to identify opportunities for the injury and violence prevention (IVP) field to collectively realize a vision for addressing inequities through partnership and policy activities. The convening goals were to:

- **Establish a mutual intention** for exploring the possibilities of addressing racial and health inequities in the IVP field.
- **Identify where the intersections exist** that connect our daily IVP work to equity and justice approaches.
- **Analyze successes, challenges, and barriers** to addressing inequities in our IVP activities.
- **Develop a shared vision** of opportunities, actions, and responsibilities to address equity in our IVP partnership and policy strategies.

DAY 1: TUESDAY, DECEMBER 14, 2021

OVERVIEW: The first day of the Equity Convening featured opening remarks from leaders representing CDC's National Center for Injury Prevention and Control, the Safe States Alliance, and the National Collaborative for Health Equity. Opening remarks were followed by a dynamic panel discussion featuring five guest speakers. Convening participants engaged in concurrent simulated racial healing circles for the purpose of grounding attendees in the [Truth, Racial Healing & Transformation \(TRHT\) Framework](#). Truth, Racial Healing & Transformation (TRHT) is a comprehensive, national, and community-based process to plan for and bring about transformational and sustainable change, and to address the historic and contemporary effects of racism. The effects of racism are evident in the social, economic and government policies all around us and the places in which we live, learn, work and play. People experience these effects when they take their children to school, when they apply for jobs, when they try to rent or buy a home, when they shop, when they interact with the police and more.

TRHT seeks to unearth and jettison the deeply held, and often unconscious, beliefs created by racism – the main one being the belief in a “hierarchy of human value.” This belief has fueled racism and conscious and unconscious bias throughout American culture. It is the perception of inferiority or superiority based on race, physical characteristics, or place of origin. It is when we value one person more than another based on skin color or other physical, superficial characteristics and let those values affect the decisions we make each day in areas like policymaking, in job decisions, in how we teach children – to name a few.¹ The TRHT Framework has five pillars:

¹ W.K. Kellogg Foundation. *Truth, Racial Healing & Transformation*. Retrieved January 26, 2022, from <https://healourcommunities.org/>

Narrative change, Racial healing and relationship building, Separation, Law, and Economy. See the graphic below for a visual representation of the framework.

TRHT Framework

The Framework has five pillars, and they guide local communities in implementing TRHT activities.

The first two pillars — (1) **Narrative Change** and (2) **Racial Healing & Relationship Building** represent the people-work that is necessary in order to fuel the transformation.

The other three pillars — (3) **Separation**; (4) **the Law**; and (5) **the Economy** — represent the areas in which systemic change must occur in order to achieve the transformation to a society in which we embrace our common humanity and in which institutions are inspired to develop policies and practices that ensure sustainable racial equity.



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The day concluded with small group work to begin visioning activities centered around the five TRHT pillars.

OPENING REMARKS

The first day of the Equity Convening opened with remarks from CDC’s National Center for Injury Prevention and Control (CDC/NCIPC) Acting Director, Dr. Chris Jones, Safe States Alliance (Safe States) Executive Director, Richard Hamburg, and the National Collaborative for Health Equity Executive Director, Dr. Gail Christopher.

Dr. Chris Jones highlighted ongoing initiatives within the CDC/NCIPC and its programs specific to addressing diversity, equity, and inclusion. The significant rise in homicide, suicide, and opioid overdose is spurring the CDC/NCIPC into heightened action. Dr. Jones identified opportunities to address equity more broadly across IVP topic areas through the utilization of upstream approaches and root cause analyses in IVP. There are continued efforts within the CDC/NCIPC to tailor funding announcements, program strategies, and policy initiatives through an equity lens.

Richard Hamburg highlighted the 2022-2024 Safe States Strategic Plan which features an overarching theme to “elevate the field of IVP through an anti-racism and health equity lens” with a short-term goal to engage and encourage IVP-focused organizations to pursue anti-racism and health equity priorities. He also highlighted the Safe States Anti-racism and Health Equity Work Group (Work Group) which was established to address the connections between systemic racism, health inequities, injuries, and violence by building awareness, generating dialogue, producing transformative ideas, and implementing sustainable solutions. Mr. Hamburg also emphasized the findings from a 2021 IVP Health Equity Scan that Safe States conducted to assess how IVP professionals are advancing health equity and racial equity in their work across disciplines and sectors, with an exploration of opportunities to fill gaps in the IVP field. Mr. Hamburg concluded by restating the goals of the convening and their importance to driving the activities of the meeting.

Dr. Gail Christopher summarized highlights from the opening remarks, provided a general meeting overview, and led the group in a land acknowledgment. A land acknowledgment is a formal statement that recognizes and respects Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories.² Dr. Christopher walked the participants through the TRHT Framework’s five pillars: Narrative Change, Racial Healing and Relationship Building, Separation (Segregation & Concentrated Poverty), Law (Civil, Criminal & Public Policies), and Economy (Structured Inequality & Barriers to Opportunity). This framework served as the guiding backbone of all subsequent group activities to follow.

PANEL DISCUSSION

The panel discussion featured a diverse cadre of leaders from across the country. The panelists each brought a unique experience and subject matter expertise in alignment with the TRHT framework and pillars. Panelists are listed below along with a summary of their remarks.

Sheila Savannah, Managing Director
The Prevention Institute

Dr. Brian Smedley, Equity Scholar
Urban Institute

Dr. Assata Richards, Director
Sankofa Research Institute

Lisa Sockabasin, MS, RN, Co-CEO
Wabanaki Public Health and Wellness

Dr. Algernon Austin, Director for Race and Economic Justice
Center for Economic and Policy Research

² Northwestern. *Native American and Indigenous Initiatives*. Retrieved January 26, 2022, from <https://www.northwestern.edu/native-american-and-indigenous-peoples/about/Land%20Acknowledgement.html>

Sheila Savannah shared the importance of community ownership in implementing solutions. She spoke to the art of *holding the tensions* in our work that exist between conflict and healing. Examples of *tensions in conflict* include understanding the:

- Nature and manifestation of violence that is the result of structural trauma or structural racism;
- Effects of trauma across the levels of social ecology: individual, family, community, society;
- Consequences of prolonged disinvestment;
- Impact of broken social networks; and
- Structures in our communities, sectors, and society that deny the validity of others by reinforcing oppression.

Examples of *tensions in healing* include:

- Providing space for healing to occur;
- Doing the work while also trying to prevent additional trauma;
- Focusing on prevention vs. responding;
- Exploring solutions to mitigate structural violence by changing systems and structures; and
- Engaging in community work without dismantling the natural protective factors of a community that allow them to thrive.

A racially just approach is inclusive of people most impacted by community violence. This approach makes for urgent, albeit slow work. This work is three-dimensional and considers past harms, current contexts in addressing harms, and future opportunities/costs of addressing community needs. This complex work is about investments in primary prevention, stronger response systems, and relational organizing with the rising rates of multiple forms of violence.

Dr. Assata Richards centers her work on *solidarity economy* and around the catastrophic impact of the COVID-19 pandemic on Black, Brown, and impoverished communities. Solidarity economy focuses on systems change. It is the process of building economic practices and institutions (e.g. cooperative enterprises) based on the values of equity in all dimensions (race, class, gender, sexuality, etc.). It also centers on a culture of solidarity, mutuality, caring, and cooperation, including social responsibility, economic human rights, and respect for the environment.

From the perspective of the TRHT pillars, *narrative change* is about reclaiming the belief that the people most vulnerable have the power and voice to influence solutions to their community issues. *Racial healing and relationship building* is driven by principles and values, not profit. The *law* brings people together in a democratic and equal way. Members share equal voting rights regardless of the amount of capital they place

“The COVID-19 pandemic has upended our world. It has laid bare the inequity, the limits, and the failures of capitalism, already cracked open by the Great Recession, has been pushed open a little wider. Things that seemed impossible a few months ago now seem both possible and necessary. This historic moment calls for us to push hard and through that door to build a world that centers people and planet. To do so, we need to be clear about what we’re trying to leave behind (capitalism) to have greater clarity about what it is that we’re moving towards (post-capitalism and solidarity economy).”

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into an enterprise. *Separation* shifts to people-centered enterprises owned and run by community members to realize their common economic, social, and cultural needs and aspirations. Shifting the *economy* narrative translates into allowing people to take control of their economic future, and because they are not owned by shareholders, the economic and social benefits of their activity stay in the communities where they are established.

The healing work from trauma, addressing social determinants of health, and putting the work of equity into the hands of the people that have been denied their civil rights are key to the successful advancement of historically marginalized groups.

Dr. Algernon Austin discussed economic hardship, segregation, and gun violence in Black communities. He discussed the relationship between gun safety laws and income hardship as predictors of gun mortality rates, specific to homicide across states. He noted that the higher the income hardship, the higher the incidence of gun-related homicide. As such, the reduction in poverty can alleviate gun-related violence in communities. He also highlighted study findings that demonstrate the correlation between economic disadvantage, neighborhood segregation, and violent crime. Violent crime increases as neighborhood disadvantage increases, and highly segregated cities have higher rates of violent crime. These findings are true regardless of the distribution of the racial/ethnic backgrounds of community members. Dr. Austin concluded by sharing the importance of policy in reducing neighborhood violence. Gun safety laws, anti-poverty policies, and anti-segregation policies are critical to addressing the systemic and structural influences that produce community violence.

Dr. Brian Smedley discussed the importance of place as a root cause of health inequities and presented an intervention to undo what the U.S. government has done to constrain housing opportunities, particularly for Black Americans. He further unpacked how historical structural racism within housing policies (e.g., segregation, redlining, food deserts, disinvestment, etc.) has created gaps in educational attainment, generational wealth, and occupational status among people of color. Over-concentrated high poverty census tracts are directly correlated with high-risk health outcomes due to several social, economic, and environmental disadvantages.

Dr. Smedley shared two evidence-based approaches to addressing these inequities, place-based, and people-based strategies. Place-based strategies include investments in communities that are supported, led, and directed by community leaders. Investments can be directed to communities through opportunity zones or empowerment zones. People-based strategies include increasing housing mobility and options. Increasing housing mobility and housing choices improves the economic, health, and environmental outcomes that are accessible across demographics. People-based interventions such as housing mobility should be accompanied by place-based investments to stimulate economic activity and improve community conditions in under-resourced communities. Housing mobility is not a panacea. The wholesale dislocation or forced removal of communities from neighborhoods of origin (e.g. urban renewal projects, gentrification, transportation projects, etc.) are not effective.

Lisa Sockabasin began with a land acknowledgment and paid tribute to the Indigenous population with which she is connected both personally and professionally. She expressed the significance behind the connection between the Indigenous people and their land. The land represents the physical and spiritual expressions of healing. Ms. Sockabasin spoke about the value of collective healing and the power of embracing our individual stories. Ms.

Sockabasin presented a definition of historical trauma as coined by Dr. Maria Yellow Horse Braveheart: *historical trauma is the collective emotional and psychological injury both over the lifespan and across generations, resulting from a cataclysmic history of genocide*. Genocide and historical trauma have left the Indigenous people and their voices invisible in systems of power and privilege. Indigenous people are hyper-visible in the incarceration system and behind the walls of freedom. There is also a high rate of Missing and Murdered Indigenous Women (MMIW).

Ms. Sockabasin countered these narratives by highlighting the generational strength of the Indigenous people. This strength is the power held up by their ancestors and passed down, resulting in a deep knowing on how to connect and how to heal, providing all that is needed to thrive. The Indigenous values of land and healing from the land benefit the collective society from a place of abundance, not scarcity or competitiveness. The Center for Wabanaki Healing & Recovery developed during the COVID-19 pandemic. It features a 50+ acre gathering place of culture, land, and healing on which there is a Family & Friends Connection Center, a Healing Lodge, Recovery Housing, and a Detox & Healing Center.

CONCURRENT SIMULATED RACIAL HEALING CIRCLES

Rx Healing® Circles are meant to ground the various elements of the Truth, Racial Healing & Transformation methodology in a compassionate and expansive forum for sharing personal truth to help begin the process of transforming hearts and minds. Prior to the Rx Healing® Circles, the group was placed into small dyads to discuss the following: *Describe a time when you were in a new situation, and you needed to belong, and someone welcomed you and showed you grace; after that, you felt that you did belong. How did that make you feel and what impact did that experience have in your life?* After reporting out on dyad discussions, the group was organized into three small breakouts to participate in the simulated healing circles.

VISIONING: THE FIVE TRUTH AND RACIAL HEALING TRANSFORMATION (TRHT) PILLARS

Dr. Gail Christopher reviewed the TRHT framework and the associated five pillars. Participants were placed into five breakout groups to begin the process of visualizing a future where racial and health equity is addressed in the field of injury and violence prevention. Participants were randomly organized into groups based on the TRHT five pillars: Narrative change, Racial healing and relationship building, Separation, Law, and Economy. The day concluded with each group sharing draft concepts for their vision statements. The vision statements align with the TRHT framework and are designed to envision a future where racial and health equity is addressed in the field of injury and violence prevention through the five TRHT pillars.

DAY 2: THURSDAY, DECEMBER 16, 2021

Dr. Gail Christopher opened day two with a recap of the activities from the first day of the convening, provided an overview of what to expect for the second day of visioning exercises, facilitated a quick ice breaker activity, and a zoom poll exercise.

DESCRIBING THE NORTH STAR: VISION STATEMENT SHARING AND REVIEW

Participants described visions of a future where racial and health equity is addressed in the field of injury and violence prevention based on the TRHT pillars. Each TRHT pillar group created a vision for a future in which the myth of a hierarchy of human value has been jettisoned from the field of injury violence and prevention. Below are the completed vision statements developed by convening participants and shared during the meeting.

Narrative Change Pillar Vision Statement:

A level playing field whose narrative is proactive, focusing on long-term improvements dedicated to addressing inequities, not IVP outcomes. Narrative will be driven by diverse voices collectively meshed to elevate disadvantaged groups.

Racial Healing and Relationship Building Pillar Vision Statement:

Relationships with individuals and communities are intentional and diverse, resulting in a better understanding of risk factors, and more targeted and intentional outcomes. Practitioners are looking at past and present inequities in order to better understand historical trauma. Local relationships are empowered and all sectors feel supported.

Separation Pillar Vision Statement:

- Communities lead. There is power sharing. Instead of organizations relying on data to develop policies and packages, communities have a voice. They're not just on the receiving end.
- Community ownership. Communities can state what they need and request resources. Practice-based evidence, not just evidence-based practice.
- We already know what can work from current examples.
- There is an absence of inequities in access to care and outcomes across populations, communities and neighborhoods.
- Past harms have been acknowledged.
- IVP workforce is more reflective of the communities that it serves.
- Resource allocation and prevention efforts reflect community voices.

Law Pillar Vision Statement:

Fundamental shift in laws and policies that are based on policing and controlling the population. Instead, we need laws that are community-driven and place-based solutions that focus on the prevention of crime versus punishment. Our vision is to create policies focused on community healing, connecting all sectors and encouraging a community-building process versus reinforcing inequity. The policies need to address the legacy of structural racism.

The Economy Pillar Vision Statement:

Thanks to critical investments in which communities that have been under-invested/uninvested in; the societal impact of racism is mitigated. People have opportunities to live/work/play/grow in any zip code.

LANDSCAPE ANALYSIS: WHERE ARE WE NOW?

Participants discussed the current landscape/activities of racial and health equity work in injury and violence prevention in small breakout groups. Each TRHT pillar group examined where the field of injury and violence prevention is now and how we got here. While each pillar has a specific and unique focus, the participants shared several resonating themes when reporting out on their small group exercises. Overall, there is a **disconnect in the language being used to discuss equity** internal and external to the IVP field. There are **significant gaps in funding mechanisms to address equity and IVP**. There are historically significant barriers in policies governing our practices that **maintain disinvestment in communities**, particularly those that are disadvantaged. While there is a significant motivation across sectors to actively engage in racial healing work, a large proportion of sectors continue to **struggle with providing tangible examples of how they are incorporating equity-related activities**

into their program and/or policy strategies. The lack of alignment among funding streams perpetuates billowing silos and prevents communities from thriving. Moreover, **building relationships that center the community voice are critical to the advancement and sustainability of moving forward a vision to collectively address inequities through partnership and policy activities.** Below are the specific points highlighted during the small group reflection time during the convening.

Narrative Change Pillar:

- The internal narrative is not aligned with the scope of activities and program requirements.
- There is a disconnect in the external narrative leading to barriers in policy and for funding when thinking about social determinants of health (SDoH), equity, and racism.

Racial Healing and Relationship Building Pillar:

- Language specific to racial/ethnic inequity should be added into funding announcements/opportunities.
- A large percentage of sectors report incorporating equity into practices as a positive attribute but struggle to provide concrete or tangible examples of what that looks like in practice.
- Sectors are motivated to incorporate equity into their work, but they don't always have the support or technical assistance on how to incorporate equity approaches into their work.
- There is a current struggle to retain workers due to issues related to funding and compensation.
- There is a lack of acknowledgment of present-day structural racism, truth-telling is lacking.
- Equity standards need greater support.
- There is a lack of alignment among and across various funding sources.

Separation Pillar:

- In terms of communities leading, we are not there yet. Perhaps conversations over the course of the COVID-19 pandemic have potentially shifted this dynamic.
- Regarding how funding is distributed, discussions have begun on how to reimagine funding structures so that organizations that service disproportionately impacted states, territories, and communities have an equitable opportunity to successfully compete for such resources, based on need.
- We are now starting to see DEI policies in cities that budget for equity activities and supporting innovations to build on pilot projects that work. Example locations include Roanoke, VA and Las Vegas, NV.
- Recognition of the importance of building relationships with communities and the need to both acknowledge and address past historical trauma.
- There is also a possibility that the COVID-19 pandemic has reversed some of the progress made in the IVP field (e.g., increases in opioid overdose, substance abuse, poor mental health outcomes, etc.).

Law Pillar:

- People are currently exploring various frameworks to characterize this work in a new way.
- We continue to support existing and promote new policies that increase criminalization and penalties for structurally supported harm and violence (e.g. drug laws, law enforcement practices, etc.)

- Exploring how to restore justice while accounting for the structures in place that reinforce harm and violence – there needs to be a move from individual-level discussions toward the structural influences that cause violence.
- Leveraging data to support the framing of structural violence and harm.
- Need to create and implement policies based on insights from on the ground innovative initiatives in cities and communities.
- Prioritizing how to embed flexibility into our initiatives that recognize policy as not a “one size fits all”.
- Identifying what types of incentives need to be embedded into laws, policies, and programs to help minimize the current divide.
- Engaging other partners and service agencies beyond law enforcement to participate in policy and program strategies to address this work.

Economy Pillar:

- Recognize the incredible economic burden of injury and violence.
- There continues to be underinvestment related to historical decisions (e.g. redlining) but noticing more hope in the landscape because we are having discussions and figuring out ways to address these impacts within and across our agencies.
- There is an awareness of injury and violence topics and the nuances among those topic areas.
- There is an awareness that a critical piece of addressing IVP issues requires investments in housing, economic opportunities, employment stability, and other determinants of health.

POWER ANALYSIS: WHO NEEDS TO BE INCLUDED TO MAKE CHANGE?

Participants discussed opportunities for change and identified key influencers. Each TRHT pillar group identified key stakeholders relevant to the field who must be engaged in transformative activities. All the groups identified multiple key sectors, community-based organizations, community leaders/gatekeepers, and key decision-makers as essential to moving a vision forward to achieve racial and health equity in IVP. Additionally, the key influencer lists created by each group reflect the critical nature of working across the social determinants of health to help influence the uptake of innovative strategies that facilitate the elimination of inequitable IVP outcomes across populations.

Narrative Change Pillar:

- The group did not discuss key influencers or decision-makers during their report-out. This category was not addressed during the group reflection time because of time constraints.

Racial Healing and Relationship Building Pillar:

- Sectors related to the labor/workforce
- United States Department of Housing and Urban Development (HUD)
- Churches or religious organization leadership
- Community leaders/gatekeepers
- Youth (especially if addressing youth violence prevention)
- Law enforcement – consider the best approaches for collaborating and educating on the public health approach framework

Separation Pillar:

- Youth in historically underserved communities
- First responders
- Social Workers
- Teachers
- Community members – to learn of the assets that are within a community
- Faith-based communities – they have a strong trusted voice in rural and communities of color where there is separation and disinvestment
- Administrators and policymakers – to change rules in how funding is distributed and making sure there's a commitment to sustainability at the community level long-term

Law Pillar:

- Abolitionists and scholars who can offer creative solutions to ideas
- Community members who don't have a formal or traditional role in decision-making related to policy solutions
- Current legislative champions – pair officials with practitioners and community members that can navigate systems
- School districts
- Community organizations - Cities United, Community Justice Action Fund, Life Camp, Inc., Urban Peace Institute
- Do we need law enforcement at the table now? Do we need to evaluate our own house/connections first and then invite law enforcement to the table?

Economy Pillar:

- Public health
- Law enforcement
- Community-based organizations
- Housing authorities
- Breaking down silos within and across sectors

RECOMMENDED ACTIONS: WHAT ARE THE NEXT STEPS TO MOVE THE VISION FORWARD?

Participants discussed short-term actions and processes for future work. Each TRHT pillar group analyzed key pressure points for achieving transformative change with specific actions designed to achieve this change. There were many common recommended actions identified across each pillar. As previously noted, **better alignment of funding sources, legislative changes, and federal initiatives can help drive the vision forward**. There is an opportunity to leverage our quantitative and qualitative methodologies and data systems to **capture equity-centered data** that explores within the margins of disadvantaged groups, highlights community resilience, and shares success stories. **Continued collaboration across federal, national, state, and local levels** is essential to leading transformative work in the space of equity and IVP. A **unified and clear definition of concepts** is vital for shifting narratives, partnership engagement, and influencing political will. Building in **regular assessments of the IVP landscape** will support opportunities for providing guidance, technical assistance, and support across sectors. **Creating safe spaces, promoting holistic and culturally responsive practices, sharing power and resources, and**

building mutual trust are a few essential mechanics for sustaining this work. Finally, **internal assessments of organizational structures and culture must precede the external work** we all wish to pursue in the space of reducing inequities across IVP topic areas. Below is a detailed account of actions items organized across the five pillars.

Narrative Change Pillar:

- Continue to work with those who can influence state and federal legislation related to IVP and equity.
- Encourage conversations between IVP leaders and equity leaders, in health departments and local jurisdictions.
- “Get our own house in order” to determine methods of engagement with partners and identify how to approach additional sectors to address the work collectively.
- Consider message framing when identifying mutual benefits for collaboration with external partners.
- Work with federal agency partners to think about how to bake equity into funding opportunities while also diversifying applicant pools to ensure funds reach organizations that don’t have traditional opportunities or a high capacity to secure such funding resources.

Racial Healing and Relationship Building Pillar:

- As part of fostering relationship building, connect with individuals and communities on a human level.
- Tap into culture-specific, local non-profit leadership, and work within existing relationships.
- Ensure that data is comprehensive and released in a timely manner.
- Create a suite of best practices that have utility and are scalable.
- Focus on qualitative data as a recommended and strong complement to quantitative data to support comprehensive analyses and interpretation of findings through an equity lens.
- Facilitate a stronger utilization of cross-sector partnerships with the private sector to support timely data acquisition.

Separation Pillar:

- Look specifically at the IVPN and the IVP workforce broadly to assess if the right people are at the table – including those that are disproportionately impacted by adverse injury and violence outcomes and those with lived experience. Identify ways to invite the right representatives to the IVPN and IVP workforce. Focus efforts on building mutual trust, active listening, and showing respect. Do not be patronizing, condescending, or degrading.
- Share credit for progress with communities versus monopolizing the benefits of sharing power with community members.
- Map and align programs through a holistic lens.
- Use communication/messaging tools to break down silos.
- Commission information sharing about best practices and equitable funding.

Law Pillar:

- Clearly define concepts and approaches – how do we shift the narrative around violence as an individual problem/issue and define violence as a community issue within a place.

- Use more language and statements that are free from violence and move away from using language such as “targeting or aiming”, as we move forward in our work.
- Create a legislative agenda that moves from criminality to equity for promotion at the federal, state, and local levels.
- Agree on a framework to center the laws that affect injury and violence issues.
- Conduct an environmental scan of laws that uphold current systems of oppression (e.g., 13th Amendment, SNAP policies).
- Convene our existing partners engaged in equity-related work and invite other partners to the table who have not bought into these types of equity approaches, so that a shared understanding can be achieved.

Economy Pillar:

- Broaden the understanding of communities and partners that need to be involved in this work that may not feel like their work is relevant to IVP.
- Identify common language for use when engaging partners and communities when connecting equity to IVP work.
- Create productive and safe places to have these kinds of conversations within our organizations so that we are comfortable and confident in having similar conversations externally.
- Change our funding opportunities – how do we directly get money to organizations that are not well-staffed or highly experienced in navigating the federal funding application process.
- Change opportunities with our public engagement at federal, state, and local government levels. Identify creative solutions to strike a balance between protecting the safety of others while reducing policy or procedural barriers to participating in research, conversations, community engagement
- Be intentional about bringing partners, communities, and stakeholders into the program/policy process early to cultivate decision-making authority and power-sharing.
- Invest in this work by funding equity positions and facilitators to lead equity work across all organizational types (federal, national, state, local, etc.).
- Change hiring practices to make the process equitable across all stages (e.g., recruiting, interviewing, salary/wages, etc.).

LONG-TERM STRATEGY: WHAT IS NEEDED TO SUSTAIN THE ACTION?

Participants discussed sustainable actions, forecasting ways to support intermediate and long-term changes for sustained development toward our vision for racial and health equity in the IVP field. Several themes emerged across all five pillars. **Long-term and consistent funding resources** are needed to sustain this work. **Engaging the voices of community leaders and dismantling power structures** will maintain this work and dismantle systems of oppression. **Creating space for practice-based evidence** vs. evidence-based practice as the standard will help avoid the crippling of intermediate and long-term success. **Broadening the understanding that the ills of this society (e.g. violence) are not a single action by any single actor**, but a result of community disconnection that is reinforced by the structures of this country is critical. Practitioners, researchers, and policymakers with **relevant community and lived experiences are essential for nurturing this work**. The innovative demonstration of successes in our work can be best measured by the strength we acquire through caring for one another, meeting the needs of others, and simply meeting people where they are. **Shifting our focus from output-driven project**

management to achieving positive outcomes that equitably benefit all should be the propelling driver now and into the future of realizing the vision for equity in IVP programs and policy initiatives.

Narrative Change Pillar:

- Long-term resources are needed.
- Stay vigilant and consistent with the work as it is ongoing
- Normalize what success looks like while doing this work
- Share what is working with partners and colleagues through the promotion of success stories
- Talk to others and not just ourselves
- Facilitate and engage communities

Racial Healing and Relationship Building Pillar:

- Accountability from all sectors
- Incorporating standards with greater visibility coupled with leadership support for sustainability
- Greater maintenance of short-term interests and diversifying leadership
- Be thoughtful, diverse, and inclusive with communications across sectors and varying levels of leadership
- Maximize the utilization of internal organizational distribution channels

Separation Pillar:

- There is an absence of inequities across neighborhoods, communities, and populations
- Reduce the significance of concentrated inequities due to factors associated with separation, isolation, or segregation among communities
- Funding announcements incorporate best practices for equitably investing in communities
- Communities can sustain work even after funding ends
- There is a significant and meaningful shift in who is leading the work in communities in the IVP public health workforce, federal agencies, and partner organizations
- People with lived experience are shaping IVP policies and programs
- Elevate community-based researchers and others into leadership positions

Law Pillar:

- Steady streams of funding
- Performative development, piloting, and expanding new models in upstream areas and solutions
- Operationalize racial equity principles into our funding and procurement processes to ensure that funding is going to the right people and places (e.g. local communities)
- While evidence-based practice is important, we need to shift the frame to recognize the power in practice-based evidence
- We need to demonstrate success in new ways, not just data outcomes and analysis, but in storytelling
- Change the conversation about violence:
 - We need to hear legislators and others speak differently about violence and violence prevention
 - We need to hear less about violence as a single action by a single actor but a story of disconnection

- Strength is really measured by how we care for one another, how meet the needs of others, and meet them where they are – this should be driving our actions including, violence prevention

Economy Pillar:

- We want to make sure that we provide room for failure in this space while exploring and implementing approaches
- Sometimes we focus too heavily on outputs and try to “project manage” our way out of fully addressing these issues in this work – we must not shy away from aspiring to achieve outcomes
- Build capacity in our organizational structures to build trust with one another so that failure is not the end of the conversation or work
- Achieve doing what the right thing is to do versus being hyper-focused on funding stipulations
- Create connections to pursue IVP and operate in natural roles

EVENT CLOSING AND NEXT STEPS

This convening was intended as the first of many steps in strategizing how interested parties can continue working together for the purpose of enhancing the field of injury and violence prevention through an equity lens, as we build upon IVP policy and partnership initiatives. Injuries and violence are escalating at alarming rates in this country. The time is now, and the landscape is abundant in opportunities to formulate a coalition of unified visionaries with the expertise and skills to give voice to the unique complexities across IVP topic areas. This convening set the tone for the pursuit of opportunities to meet the needs of the IVP field through shared goals and collective actions, and participants and hosts voiced strong commitment to this pursuit.

As an immediate follow-up to the recommended actions developed during this meeting, Safe States will release a request for proposals to fund up to three Equity Seed Grants with the goal of supporting successful applicants in operationalizing and integrating equitable approaches that move the field toward the vision laid out through this convening into their work. The application period for the Equity Seed Grants will open in early February 2022.