

# EQUITY IN INJURY AND VIOLENCE PREVENTION

## Vision and Call to Action



# SAFE STATES

Strengthening the practice of injury and violence prevention

*We visualize a future in which policies and practices are community-driven, past harms have been acknowledged, historically marginalized voices are elevated, and all sectors connect to invest in addressing the legacy of structural racism and eliminating inequities that drive injuries and violence, and other adverse outcomes.*



## CALL TO ACTION

Unintentional injuries and violence are significant public health issues that continue to be one of the top leading causes of death in the United States<sup>i</sup>. The burden of injuries and violence has been disproportionately experienced within and across economically and socially marginalized communities. Racial and health inequities in the United States have existed since the founding of colonial America and have been well-documented by governmental statistic<sup>ii</sup>. Pervasive inequities remain embedded into many of the country's systems (e.g., healthcare, housing, criminal justice, education, built environment), and scholars continue to examine and identify structural racism as a critical social determinant of health.

Health equity is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need<sup>iii</sup>. In a racially equitable society, the distribution of society's benefits and burdens would not be skewed by one's race. Racial equity holds society to a higher standard. It demands that we pay attention not just to individual-level discrimination, but to overall social and health outcomes<sup>iv</sup>. Adopting an equity lens into injury and violence prevention (IVP) strategies provides a framework to address confounding factors, allocate

resources, and ensure accessibility according to the specific needs of individuals and communities at the greatest risk of experiencing intentional and unintentional injuries<sup>v</sup>. Furthermore, addressing racial and health equity in injury and violence prevention based on the [Truth, Racial Healing, & Transformation](#) pillars provides a framework for informing community-led action, improving health outcomes for all members of society, and eradicating structural inequities. Based on these findings and conclusions drawn from a December 2021 [Injury & Violence Prevention Network \(IVPN\)](#) Equity Convening, **we implore IVP practitioners, researchers, partners, and key decision-makers to:**

- Identify the intersections that connect our daily IVP work to equity and justice.
- Critically analyze successes, challenges, and barriers to addressing inequities in our IVP work.
- Collectively embody a shared vision of opportunities, actions, and responsibilities to address equity in our IVP partnerships and policy strategies.
- Create safe spaces, promote holistic and culturally responsive practices, share power and resources, and build mutual trust among diverse communities to successfully sustain equity work within the field of IVP.

## RECOMMENDATIONS TO ADVANCE EQUITY IN INJURY AND VIOLENCE PREVENTION

The following are recommended actions that IVP practitioners and researchers can take to support more equitable outcomes for disadvantaged populations. The recommendations are inspired by discussions during the IVPN Equity Convening and developed in concert with the [National Collaborative for Health Equity](#). These recommendations aim to broaden the reach of injury and violence prevention programs by reducing racial and health inequities through community engagement, partnership initiatives, and policy strategies. The recommendations are based on a [summary report](#) from the IVPN Equity Convening and include:

### Community Engagement

- **Acknowledge and explore past and present inequities** to understand the historical trauma as well as the resilience of individuals and communities.
- **Create opportunities** where communities lead efforts related to identifying IVP policy solutions.
- When addressing needs and allocating resources, **share ownership and power with communities** reflecting individuals of different races, ethnicities, religious beliefs, socioeconomic status, language, geographical origin, gender, sexual orientation, and physical or mental ability.
- **Build trustworthy relationships** with diverse individuals and communities to better understand risk factors and promote protective factors.
- With input and guidance from community members, **clearly define equity concepts and approaches** for addressing IVP through program and policy strategies.

### Partnerships

- **Collaborate across federal, national, state, and local levels** to lead transformative work that infuses equity approaches into IVP.
- **Leverage and enhance existing data systems, methodologies, and surveillance activities** to capture quantitative and qualitative equity-centered data that explores within the margins of disadvantaged groups, highlights community resilience, and shares success stories.

- **Focus on long-term programmatic or policy strategies** to address racial and health inequities and not singularly on IVP-related outcomes.
- Work with key stakeholders, decision-makers, and community members to **create community-driven policies that are place-based** and focused on undoing the legacy of structural inequities.
- **Engage with non-traditional partners** that can influence the shifting of laws and policies from a means of controlling the population to ones prioritizing and protecting the public safety of communities.

### Policy

- **Redress organizational and hiring practices** to create opportunities to employ an IVP workforce that is reflective of the communities served.
- **Educate national, state, and local policymakers** on the benefits of addressing and investing in initiatives that promote equity across IVP topic areas.
- **Ensure the language and requirements in funding announcements are inclusive and accessible** to communities with the greatest needs.
- **Operationalize equity principles into our funding and procurement processes** to ensure that funding is going to the right people and places (e.g., local communities).

<sup>i</sup> Centers for Disease Control and Prevention. (2022, February 10). Web-based Injury Statistics Query and Reporting System (WIS-QARS) leading causes of death reports. Retrieved March 24, 2022 from <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

<sup>ii</sup> Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet* (London, England), 389(10077), 1453-1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

<sup>iii</sup> Jones C. P. (2014). Systems of power, axes of inequity: parallels, intersections, braiding the strands. *Medical care*, 52(10 Suppl 3), S71-S75. <https://doi.org/10.1097/MLR.0000000000000216>

<sup>iv</sup> The Aspen Institute Roundtable on Community Change. (n.d.). Glossary for Understanding the Dismantling Structural Racism/ Promoting Racial Equity Analysis. [https://cdn.ymaws.com/www.safestates.org/resource/resmgr/connections\\_lab/glossary\\_citation/RCC-Structural-Racism-Glossa.pdf](https://cdn.ymaws.com/www.safestates.org/resource/resmgr/connections_lab/glossary_citation/RCC-Structural-Racism-Glossa.pdf)

<sup>v</sup> Nesbit, B., Robinson, I., & Bryan, S. (2022). A national landscape: Injury and violence prevention health equity scan findings and implications for the field of practice. *Journal of safety research*, 80, 457-462. <https://doi.org/10.1016/j.jsr.2021.12.026>