I think states are making a lot of strides toward Health Equity. 5 years ago or so this was new for some states, however what we saw at Children's Safety Network is that many states, in fact, have been involved and passionate about and working on and thinking about equity for a number of years. One big thing the many organizations that have been focused on a particular issue, in our case injury and violence prevention, is the increased focus on multisectoral work and realizing that housing education absenteeism in schools- it's all tied together.

Welcome to this Children's Safety Network conversation about achieving Health Equity. I'm Maria Katradis, senior training and technical assistance associate at Children's Safety Network,

or CSN. CSN is a project of Education Development Center and is funded by the US Department of Health and Human Services through the health resources and services administrations maternal and child Health Bureau. The World Health Organization states that Health Equity is achieved when everyone can attain their full potential for health and well-being. We are still far away from achieving Health Equity in the United States, especially when you

consider the health disparities we see among different groups of children. For example, data shows that peak suicidality in black youth and young adults is much earlier than in their white counterparts. Sudden unexpected infant death also happens with more frequency among black

and American Indian in Alaskan native infants than among white infants. Many states are working hard to eliminate the social and structural barriers that prevent access to full health equity in the past few years. For example, we have seen an increase of States focused on addressing Health Equity in CSN’s child safety learning collaborative states are focused on integrating the communities they serve in planning and implementing evidence-based and evidence-informed child safety strategies in a culturally responsive and respectful way. These

examples reveal that Health Equity is within our grasp and that State Health agencies play a critical role in improving outcomes. In today's episode, I moderate a discussion between Jennifer Leonardo, director of CSN, and Rich Hamburg executive director of the safe States Alliance. The safe States Alliance is a national nonprofit that aims to strengthen injury and violence prevention practices at the state level. The conversation begins with a focus on

how CSN and the safe States Alliance are prioritizing Health Equity. Then we discuss what we are seeing at the state level and offer ways that title 5 agencies can design interventions that

reduce disparities in youth Health outcomes, so thank you for joining us today. I would you like to introduce yourselves. Rich, we can start with you.

Sure, I'm Rich Hamburg, I'm the executive director of Safe States Alliance, the national injury and violence prevention membership organization.

Thanks for joining us, Rich and Jennifer.

Hi, my name is Jennifer Leonardo and I am the director of the Children's Safety

Network at education development center.

Wonderful, thank you for joining us. I'm excited to spend some time with you today discussing Health Equity. I'd like to read a definition of Health Equity so we're all on the same page. The World Health Organization defines Health Equity as the absence of unfair avoidable or remediable differences among groups of people whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality and later

Health Equity is achieved when everyone can attain their full potential for health and well-being. What does achieving Health Equity and child safety outcomes look like for you? Where you

stand, Rich, we can start with you.

Sure. At Safe States, Health Equity is Central to injury and violence prevention, the work that we do. Generations-long social, economic, and environmental inequities resulted in a disproportionate burden of injuries and violence for people of color so addressing injury and violence prevention is inextricably linked to equity. uh For safe States we're committed to ensuring a diverse inclusive and Equitable workplace for our members staff partners and and you know and those that we work with most closely overall. Equity is the foundation of what we do in terms of the core components of a model injury and violence prevention program. We also partner with other organizations that share our values and advocate for policies to advance equity and injury and violence prevention and promoted programs that are community-specific. Uh for example we recently worked in a tribal opioid response resource toolkit and actually one of our main sources of funding uh through the Center of Disease Control and prevention is now named creating safer states by advancing Health Equity injury and violence prevention, so it's uh it's Central to everything that we do.

Thanks so much, Rich. Jennifer, could you share about the Children's Safety Network?

Sure. We're very much aligned with Rich and safe States as a key partner of the Children's Safety Network. We see Health Equity as a central part of all the work we do. It is truly our

vision. It is a guiding star of the work that we have been doing over the past years and we're always looking for improvement and innovation in this area- in reaching wider populations and wider geographic regions across our nation. It's a strategic priority, a commitment, and a passion. Our team sits down every year and we intentionally think through what are the Strategic goals? How can we advance Equity? What can we do with the resources that we have? the Partnerships that we can build, the collaborations that we can have in place from the local context to the states we lead and we participate in a number of national panels and work groups that examine the impact of racism and discrimination in public health and its impact on child safety from birth through age 18 in our country. We provide technical assistance to State and jurisdiction Health departments Across the Nation. We help them to identify inequities and access to Services. We help them to adapt programs and resources so that they equitably reach diverse populations and they are culturally relevant and we ensure that we are always thinking about how to Advance Health Equity with the engagement of community members and those with lived experience. There are a number of resources on our website that can speak to Health Equity and are available publicly including a number of webinars for different populations in

different child safety topic areas.

I would love to hear more about how you have infused Health Equity into your day-to-day activities at Safe States Alliance and the Children's Safety Network. I'm wondering about how you

train staff and partners to examine social determinants of health and structural barriers to health and how those ideas manifest themselves in the internal conversations you have about child

Safety,

So at Safe States we instituted an anti-racism and Health Equity working Group a number of years ago to engage members and staff in open discussion on a variety of cross-cutting topics to build awareness and dialogue internally and externally. The group makes recommendations for strategic opportunities to incorporate an equity framework in the work that we do in our

programmatic and policy activities and identifies opportunities for collaborating with uh with Public Health Partners over the years. It it it really has become more of just an open space

for our members to discuss you know tough topics we started maybe five years ago. We have a series of of weekly staff meetings where uh where we have open discussions on different topics and more and more we started to talk about issues around Injustice and and diversity and equity and our staff really appreciated those open uh discussions and then we we brought that to the membership and even some of our partners have have come in and participated so uh I think that's vitally important. We also instituted a seed grant program uh last couple of years to implement Innovative and Equitable approaches to injury and violence prevention including training and support to rural agricultural workers in Hawaii developing swim education curricula to meet the needs of the most vulnerable and and we're continuing to do that this year as as well. We have a kind of a seminal document of ours on building safer states that we recently updated and now titled building Equity into safer states which provides guidance on Integrated Health Equity across the core component of model injury and violence prevention programs to ensure that resources and decisions are based on the unique needs of of individuals and communities and then finally we uh partnered with over 50 National organizations uh and the national collaborative for Health Equity to produce a vision and a call to action to broaden the reach of injury and violence prevention programs by reducing health and racial inequities through Community engagement partnership initiatives and policy strategies so you

know there's a lot of uh policy work and you know going on in the state and federal level in the space of Health Equity and I wanted to bring groups together to focus specifically on how it impacts injury and violence prevention and those 50 groups that I reference include EDC and Safe Kids and um national network of Public Health institutes, American Public Health Association, trust for America's Health, just a lot of the partners that we normally work with who either specifically focus on injury and violence prevention or injury and violence prevention is an important component of of a of a broader agenda.

Thank you so much, Rich.

As a member of the Safe States anti-racism and Health Equity working group, I've been part of these cross organizational discussions about Health Equity and I would love to hear a bit more from your perspective Rich about how the work group influences day-to-day conversations at Safe States.

I participate in a lot of them and you know and get the feedback from those meetings and um we we've tended to use that group um as a sounding board also as we were looking at other documents like like the building safe States one and you know we just want to make sure that in our identification of policies or identification of programs that we're creating safer states by advancing Health Equity injury and violence prevention. We want to make sure that uh that we're utilizing you know that group as a sounding board and and you know and also the expertise that comes from it and and to take some of the the hard discussions that uh that are taking place to you know also bring that back to our board and bring it back to our our staff so we can have similar conversations.

Jennifer, could you tell us a little bit more about what's happening at the Children’s Safety Network?

We started some time ago in our weekly team meetings to have an agenda item to be able to share about any cross cutting issues and Health Equity is uh the Salient issue that comes up and so it's a real opportunity and a standing meeting to be able to have that open space as Rich was also talking talking about over at safe states where the team can come together and say what they're hearing, what they're experiencing. New resources that are coming out another thing that we recently did was to say let's let's dig a little deeper and let's see where we can increase our skill development along this area so I'm excited uh to share that one way we're doing this is by intentionally having additional trainings for staff to become confident and competent in accessing National data sets, namely the CDC wonder and whiskers uh and yrbs data sets to be able to have everyone feel more comfortable to access this data more in real time and to be able to have everybody on the team at all line levels,to be able to offer this in their conversations with State jurisdiction Health departments and for their own knowledge increase in professional development. So rather than having a few select people doing that the idea is the more people who can do this um the more will influence all of our work in a positive way. We also coordinate a national Advisory Board and this is the children's safety now Alliance in the vision of the children safety now Alliance we have that we are working to reduce deaths hospitalizations and emergency department visits among infants through adolescence and young adults age 19 through an equitable approaches and so this is a group of 36 member organizations including federal and state agencies, hospitals, universities, and community- based agencies that have a national Focus. So we come together uh twice a year as a

large group and then quarterly as a steering committee to think about Equity, to look at the data to look at the social determinance of health, and to ask ourselves what are we seeing at the national level and what are we hearing from the states and how can we strategically come together to develop new resources or provide additional technical assistance in this space.

Thank you so much and thanks for bringing us over to the state level.

So both of you work with State Partners on youth injury violence prevention and child safety. How are states making strides towards Health Equity?

 I think states are making a lot of strides toward Health Equity back about five years ago or so this was new for some states in relationship to some of the terminology, however what we saw

at Children's Safety Network is that many states in fact have been involved and passionate about and working on and thinking about equity for for a number of years, but they may have been calling it something different or not quite understanding you know what is the new framework or what should we be doing so that was really a place that we needed to start to say let's come together and let's identify and Define what Health Equity is. Let's look to what states have already been doing to inspire and motivate them to build confidence. There are some states who have been looking at heat maps and looking at data for a number of years for other states that was new.

So how do you start to encourage more State sharing? How do you start to um share those kinds of resources? Get states connected with epidemiologists, get states connected with data managers, build the staff capability to be able to do this work, and we have seen States be very energized and excited and passionate about this work. We've had some states thinking about how do you reach those who are suffering housing insecurity? How do you reach those who

may be institutionalized? So I think data um has been a big part of this. Quality improvement efforts have been very exciting at CSN - we offer technical assistance and learning collaboratives to States and we've had about a third to a half of the state of the nation's State and jurisdiction Health departments at some point come through our learning collaboratives and we're looking to uh reach those additional states that haven't come through yet but through this quality improvement process and through the framework that we use which embeds Health Equity from the start of when you're thinking about what you want to achieve in your state all the way through to evaluation. We have been able to see states make great strides.

Thanks for sharing, Jennifer. Rich, how has Safe States supported State and jurisdiction Health departments in addressing Health Equity?

A lot of the work that we do, you know, does always focus on getting information to our states through our training initiatives our our conferences. Two consecutive recent years we had a series of uh plenary sessions that annual conferences and and all of them were focused on Health Equity you know awareness raising and providing tools to our members. A specific example of our programmatic work- we're working with a Washington state gender-based violence collaboration un embedding Equity into their work through what's called the collective impact framework that looks at disaggregated data identifies root causes and identifies Partners to work with. We know that more than half of women almost one-third of men have experienced sexual violence involving physical contact during their lifetimes. Women and racial ethnic minority groups experience a higher burden of violence um for example non-hispanic American

Indian Alaskan native and non-hispanic multi-racial women experience a higher burden of rape. Our efforts believe that gender-based violence and sexual violence prevention efforts should

incorporate a Health Equity lens to address the factors driving those disparities.

Thank you for sharing that specific example. I'm wondering about the barriers to Health Equity we've heard from many states from the Child Safety learning collaborative, that there are a number of barriers including uh access to data and the intersectionality that you've both mentioned so could you share a bit more about what you've seen at the State Health Department level. What are some of the barriers to Health Equity that you've seen?

The barriers are numerous and they're broad. It's a pendulum here and we made some real advances in the years after the the George Floyd incident and in some places politics enter into discussions around Health Equity and anti anti-racism- in some states uh backward not forward steps are being being taken. At Safe States we conducted a recent analysis of Declarations of racism as a Public Health crisis uh since 2020. Over 200 of those resolutions were adopted by jurisdictions over the country, however, some have have been repealed like anything in public health. A series of challenges were identified in our analysis uh to doing that sort of uh of of resolution limited availability of funds to implement change. Some of the resolutions didn't even involve Health departments and public health entities resistance to change and resistance to

so-called liberal woke policy. We have a number of members as we develop our materials that say Hey I can't use that, I can't use that phraseology and um and it's made it's you know made it difficult to advance the policies that that we want to advance. So to advance conversations on Race as a public health issue we do recommend utilizing language that can speak to a broad audience you know in essence as needed reframing the conversation. We recommend folks focusing on local and economic issues including the importance of investing on issues like homelessness and other Upstream issues and importantly recommend to use an asset based model that focuses on what's already working, for example in black and brown communities and acknowledging that those communities have important lessons to teach. This is probably the area that's got me most uh professionally and personally uh aggravated and annoyed over the last couple of years as as we and our allies you know try to parse everything that we say. So you know I think yeah reframe the conversation but don't abandon the purpose of what we're trying to do here.

Jennifer, what are some of the barriers that you've seen uh in your work at the Children's Safety Network?

Thank you Rich. I've seen some of the same things that Rich has been talking about. We've we

hear from you know 18 to 25 States on a regular basis through monthly topic calls through individual technical assistance calls and through focus group discussions around these challenges and some of the Salient challenges are funding uh the ability to have the time

and the adequate number of staff to build ongoing sustainable collaborations to be able to address the staff turnover that we see taking place at the state level in the health departments. You have new people. Sometimes people find themselves with only one or two colleagues working on injury and violence and child safety in their department and that can be a very challenging situation. We also see a challenge where our states are saying we need assistance with identifying those evidence-based practices and programs while also recognizing that as you build evidence and you do that with higher levels of research criteria you are often starting with particular populations but that hasn't been tested with other populations that have been

historically marginalized and and we then work with the states to say Okay so let's be Innovative and let's maintain the core components of the evidence-based practice or program but let's hear from the community members and let's see what works for them, what adaptations need to be made so that this is going to be something that is effective and sustainable in your local

community. We also have been hearing a whole lot and especially over the past

year that there is a real challenge with access to real-time data and access to

data around particular disadvantaged populations with uh National surveys and with an opt out feature. Available states are facing the challenge that they're not having the same data coming in that can drive their work so this I think is going to be an ongoing challenge that we need to address.

Thank you both for sharing those examples. I would love to hear about what drew you into the work on Health Equity. Why is it important to you, Jennifer?

Well, I'm the mom of four children so that's a piece of my identity and also I'm the child of

immigrants. I grew up in a working class community and a sanctuary City. I also

grew up in a time of high racial tension in my city and I was witness to discrimination and racism and I saw many social determinants at Health in play when it came to well-being development, access to Services, whether somebody had transportation money to pay for a co-pay, so see see a lot of these issues as part of my experience but then as I came of age you start to reflect on them in a bit of a different way and I became very interested in what my career would look

like and what would call me into a career and working on social and economic Justice and while also honoring autonomy and Independence and and the person's vision of how they want their lives to be was very important to me and so I was drawn into the field of social work. So this has been and something that I have seen and been passionate about throughout my life. I am

inspired that the conversation is I believe reaching a lot more people in our nation today and that there seems to be an energy and a real commitment uh to addressing and working on Health Equity.

Thank you, Jennifer. Rich, how about you?

 I entered the field of Public Health many decades ago and you know all the work that I've done you know has been to advance policies to improve the nation's health. I think a lot of the work that we do um relative to diversity and inclusion is really modeling that for kids, uh also a parent of Two and a grandfather of two and and you know you start looking toward the future you know on the one hand so pleased the progress that that we've made fighting against inequalities and and racism but you know almost can't believe that we're be beginning to move backwards. You know sometimes I refer to a feeling that we're we're back in the 1950s and sometimes I amend that to go back another Century so it's all about our kids. It's all about modeling the importance of inclusion.

I would love to hear some specific things that title 5 agencies can do to reduce health disparities in their states and jurisdictions, uh Jennifer.

Sure, I think one of the first places that a state or jurisdiction Health Department can start is to establish a key leadership role if they don't already have one so that Equity can be championed. This will help to ensure that Equity is integrated into the organization into their strategic planning operational planning and in their efforts to secure future funding. I also want to emphasize some of the recommendations we have are strength based, to use a quality improvement

approach so that you are always thinking about what is that next step forward to not become so discouraged that you are thinking that you know you're going to lose motivation but rather what is the one step and after that one step, what is that next step and how do you keep going

toward that vision and how do you keep learning and how do you make things sustainable? So really being intentional about who are the people in the organization. Who are those Champions? Are there defined job descriptions? Are there roles? Are there resources that

this work can be strategically embedded throughout an organization or a program and it can be

sustained over time? And that's something that's important when you're looking at child safety systems at a state level but then as the states are working with the local context- how do you do that same process in your schools, in your hospitals, in your health centers, and your home visiting sites and your youth programs? You don't want to have this so one year of funding that all this good work then does not carry forward. So that's that's a big piece of

uh this work that we're doing. Yeah the other thing is making sure you're working across the social ecological model. So how are you going to be doing the work from the youth, the parent, the family perspective right up through the organizational perspective having good organizational policies or new policies in place up to the societal level. How are you going to be educating policy makers ensuring that you have coalitions that are working well or even developing new coalitions because they didn't exist in your state and then making sure that there is a feedback loop and that you have this continuous analysis of what's going well

and where are those gaps and I think having the humility the patience and the kindness with one another are critical to continuing to advance this work from my perspective. You know relative to Title 5 agencies, they can conduct Equity reviews of their programs and policies.

They can review screening and referral processes to ensure that they're equitable, authentic. Community engagement is is so important as is promoting and providing ongoing implicit bias training for providers. One big thing the many organizations that have been focused on a particular issue in our case, injury and violence prevention, is the increased focus on on um multi- sectoral work on on so so-called Upstream approaches to Public Health and realizing that housing, education, you know absenteeism in schools, it's all tied together so I think that's the most important thing when we're talking about these Equity related issues is uh you know don't just focus on your on your Silo. You know, make sure that we're partnering and working with others because you know we need a a whole Community approach and we definitely need to involve the community in in those decisions. I mean that's that's something that I think is obvious to uh to all of us and then just to restate the uh you know the goal a goal of Title 5 is to provide family centered community-based systems of Coordinated Care for children with special Health Care needs as well as supporting an increase in health assessment and followup Diagnostics especially for low income children. So there's a lot that uh there's a lot that those agencies can can do to uh promote and reduce Health disparities.

Thank you both. Let's end on that sentiment. Rich and Jennifer, thank you so much for sharing your expertise on this topic and for spending some time with us today at CSN.

Thank you thank you

[Music]

Thanks for listening to this conversation from Children's Safety Network. If you are interested in

learning more about how CSN is advancing child safety across the United States visit our website www.child safetynetwork.org