



Health Equity Planner to Implement and Spread Child Safety Strategies in Communities

A TOOL FOR PUBLIC HEALTH AND TITLE V AGENCIES



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Health equity is the attainment of the highest level of health for everyone and no one is disadvantaged from achieving this potential because of any socially defined circumstances (Whitehead & Dahlgren, 2007). Acknowledging the role of social determinants of health (i.e., economic and social conditions in the places where people live, learn, work, and play) can help advance health equity in child safety work. The *Health Equity Planner to Implement and Spread Child Safety Strategies in Communities* (Health Equity Planner) is a tool for state and jurisdiction health departments and other Title V agencies to provide guidance for the promotion of health equity in child safety.

The Health Equity Planner is for use at the departmental and/or programmatic/work unit level to assess integration of health equity approaches in child safety initiatives. The Health Equity Planner may be used as a stand-alone tool or with the [CSN Framework for Quality Improvement and Innovation in Child Safety: A Guide to Implementing Injury and Violence Prevention Strategies and Programs](#). The CSN Framework puts forth the theory that application of Leadership and Management, Child Safety Expertise, and Systems Improvement will contribute to advances in injury and violence prevention systems and workforce development, which will contribute to positive health impact for children. The Health Equity Planner is divided into five sections, with the latter three aligning with the CSN Framework: Social Determinants of Health, Scope of Work, Leadership and Management, Child Safety Expertise, and Systems Improvement.

For Title V agencies that would like technical assistance in using the Health Equity Planner, please [submit a TA request](#) to CSN.

Upon completion of the Health Equity Planner, by section or in entirety, departments or programs/work units are expected to integrate health equity into the implementation and spread of their evidence-based and evidence-informed strategies. This tool can be used to facilitate planning with key stakeholders on how health equity can be addressed at all levels of the social-ecological model. The Planner can help bring to light additional areas of improvement necessary for success, such as staff training and education, partnership development, community engagement, and recruitment. Programmatic planning should include the implementation and spread of evidence-based and evidence-informed strategies and a health equity approach, which may require adaptations and further testing in diverse populations and settings.

OVERALL INSTRUCTIONS

This tool can be completed by one person or a team; at the department/agency or program/work unit level.

Each section of the Health Equity Planner is divided into three phases, that follow a quality improvement approach:

1. **Assess**
2. **Plan and Test**
3. **Monitor, Revise and Adapt**

There are two columns in each phase: **Department/Agency** and **Program/Work Unit**. The team or individual completing the tool may find it useful to complete both columns to see alignment and relationships between the agency/department and program/work unit.

The team or individual completing the tool can answer questions in each phase based on where they are in their planning for health equity. Responses will be as macro or micro level as necessary, depending on who is completing the planner and the work undertaken.

Go to [Planner Navigation](#) on the next page to begin integrating a health equity approach to your child and adolescent safety work

Planner Navigation

While the planner is designed as a comprehensive tool we want you to focus on where your work is now, To get started, click the section(s) that best fits your child and adolescent safety work.

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SECTION I: SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2030). [Social determinants of health](#) (Centers for Disease Control and Prevention [CDC], 2020a) affect a wide range of risks and health outcomes.

INSTRUCTIONS

To begin your work towards health equity, consider the social determinants of health affecting the communities/populations you are serving (e.g., housing, quality and access to social services, education and healthcare, geographic location, economics, discrimination, etc.). Work with your epidemiologist or data managers to obtain health disparities data for the population(s) you are addressing. At each phase, identify any next steps you need to take. To return to the planner navigation, [click here](#).

1. Assess	Department/Agency	Program/Work Unit
Broadly identify the social determinants of health for your population(s) of interest		
Identify health disparities data for your population(s) of interest		
What are your next steps (e.g., who will you share and discuss these determinants and data with)?		

2. Plan and Test	Department/Agency	Program/Work Unit
Which of the social determinants of health will you prioritize addressing for your population(s) of interest?		
Which health disparities data will you monitor?		

2. Plan and Test	Department/Agency	Program/Work Unit
What are your next steps (e.g., do you have an epidemiologist or data manager on your team)?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
What does your data trend tell you about the work you are undertaking?		
How can you use your data over time to drive decision making?		
Are there other data representing social determinants for your population that would be helpful to monitor?		
What are your next steps?		

SECTION II: SCOPE OF WORK

Consider your aim for promoting health equity in the population(s) you serve. What is your department/agency and/or program/work unit's aim statement for promoting health equity? Does your department/agency and/or program/work unit have specific goals identified?

INSTRUCTIONS

In this section, begin by considering the aim (i.e. objective) you would like to achieve. Is your aim written as a SMART aim statement: specific, measurable, attainable, realistic, and time bound? Do you have goals that will help you achieve your aim statement? As you progress through your work, revisit your SMART aim and goals and consider if you need to adjust them based on new information or community feedback. This should be an iterative process. To return to the planner navigation, [click here](#).

1. Assess	Department/Agency	Program/Work Unit
What aim will promote health equity in your population(s) of interest?		
Is your aim SMART? ¹ Write a SMART aim statement (specific, measurable, attainable, realistic, time-bound) that identifies the population you will work with, the social determinants you will address, the strategies you will implement, and the improvement you aim to make over a specific time frame.		
What are your next steps (e.g., Do you need more data to write your aim statement? Who needs to be involved in writing and building consensus for the aim statement)?		

¹ Example of a SMART aim statement: By April 2025, there will be a 50% increase over the state baseline in the number of Black and Hispanic students screened for suicide risk in school

2. Plan and Test	Department/Agency	Program/Work Unit
How are you integrating community feedback in your SMART aim?		
What goals will move you toward achieving your aim statement (e.g., How can you break up your work into distinct goals you can prioritize over time? How will you reach your population(s) of interest)?		
What are your next steps?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
Are you making progress toward your aim (e.g. Are you seeing the change(s) you expected? Are you seeing any unexpected or unintended results)?		
Do you need to adjust your aim based on new information you have learned (e.g., ongoing evaluation, community feedback)?		
What are your next steps?		

SECTION III: LEADERSHIP AND MANAGEMENT

Leadership and management are critical to achieving health equity in child safety. Leadership enables people to address challenges in complex systems and management organizes systems, resources and tasks in reliable ways. Strong leadership and management build and strengthen partnerships, inspire teams, ensure data is used to inform decision making, improve operations, and lead to results.

INSTRUCTIONS

In this section, consider who will champion health equity in your department/agency or program/work unit. Consider how health equity is prioritized and institutionalized in your child safety work. To return to the planner navigation, [click here](#).

1. Assess	Department/Agency	Program/Work Unit
Is there a designated person with authority and influence in your department/agency or program/work unit who is responsible for integrating health equity in your child safety work (e.g., colleague in an office or division of health equity, senior leadership, etc.)?	Yes No Unsure	Yes No Unsure
If yes, who is this person/team?		
If yes, is health equity widely prioritized across your department/agency or program/work unit's child safety strategic aim/goals?		
If no, who is the best candidate to promote health equity in your child safety work?		
If unsure, who could you contact to find out?		
Does your department/agency or program/work unit have a vision, strategic plan, and/or operational plans for how to advance health equity?	Yes No Unsure	Yes No Unsure

1. Assess	Department/Agency	Program/Work Unit
If yes, what is your department/agency's or program/work unit's vision, strategic plan, and/or operational plans? What policies or documents exist and how can they be accessed?		
If no, what steps can you take to develop a vision statement?		
If you are unsure, who could you contact to find out?		
What are your next steps?		

2. Plan and Test	Department/Agency	Program/Work Unit
How does your SMART aim statement to promote health equity relate to your department/agency's or program/work unit's vision and/or strategic and operational plans?		
Who in your department/agency and/or program/work unit should you communicate your SMART aim statement with?		
How will you work with others in your department/agency and/or program/work unit to ensure your SMART aim statement remains a priority (e.g. Does it become part of the strategic plan or operational plans)?		
What are your next steps?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
Is your team inspired to work toward your aim statement?		
If yes, how can you continue to inspire and encourage your team?		
If no, how can you enable your team to face challenges and be encouraged in their work? What changes will you make?		
If unsure, how can you find out? Who will you ask?		
Is your aim statement supported by sufficient resources (e.g., funding, staff operating rules, systems, materials, etc.)?		
If yes, how do you ensure sustainability of resources?		
If no, what is lacking and how will you work to resource the work?		
If unsure, how will you find out?		
What are your next steps?		

SECTION IV: CHILD SAFETY EXPERTISE

Child safety expertise is a necessary component in building health equity in child safety programs. Child safety expertise is full technical knowledge and experience in injury and violence prevention among 0 to 19 year olds. It includes knowledge of evidence-based and evidence-informed strategies and programs across various demographics and settings.

INSTRUCTIONS

In this section, consider the ways you engage a diverse community of stakeholders who are knowledgeable and understanding of your population(s) of interest's needs. Consider how you engage with community leaders to guide your programming from planning to evaluation. To return to the planner navigation, [click here](#).

1. Assess	Department/Agency	Program/Work Unit
Are you engaging a diverse community of stakeholders who are representative of your population(s) of interest and understanding of their needs (e.g., community leaders, teachers, counselors, nurses, pediatricians, parents, youth)?	Yes No Unsure	Yes No Unsure
If yes, who are the community stakeholders and do you have a plan for engaging them throughout the implementation and spread process (e.g., stakeholder analysis with clear roles and time frame)?		
If yes, how are you engaging them? How are you incorporating their feedback?		
If no, what actions can you take to increase representation?		
If no, what actions can you take to develop a plan to engage individuals representing the population(s) of interest (e.g., form workgroups, hold stakeholder meetings, etc.)?		
If you are unsure, how can this be clarified?		

1. Assess	Department/Agency	Program/Work Unit
What are your next steps?		
Are you using a multi-level approach, such as the social-ecological model, to promote health equity in your work (e.g., societal, community, relationship, and individual level strategies, practices, policies, or programs that may be focused on healthcare, poverty, food, crime, discrimination, education, social supports, etc.)?	Yes No Unsure	Yes No Unsure
If yes, what strategies, practices, policies or programs are you implementing at the different levels of the social-ecological model?	Societal	Societal
	Community	Community
	Relationship	Relationship
	Individual	Individual
If no, what levels could you work across?		
If you are unsure, how can this be clarified/ who can you work with to understand this better?		

1. Assess	Department/Agency	Program/Work Unit
What are your next steps (e.g., do you need more information on child safety strategies and programs across the social-ecological model)?		
Are you implementing evidence-based or evidence-informed child safety strategies that integrate culturally-tailored approaches (i.e., taking into account the population's unique experiences, values, beliefs and behaviors that impact health)?	Yes No Unsure	Yes No Unsure
If yes, which strategies are you implementing?		
If you have tailored the strategies, please provide a description of the adaptations for your population.		
If no, why not and how can you integrate culturally-tailored approaches moving forward?		
If unsure, how can you explore and clarify this?		
What are your next steps?		

2. Plan and Test	Department/Agency	Program/Work Unit
For each level of the social-ecological model, what strategies and programs are not working as expected and what can you test to make improvements (e.g., are they culturally-tailored, when is the program offered, who is it offered to, how)?		
Are there additional strategies and/or programs you want to test?		
What is your plan to test changes to existing strategies and/or programs (e.g., who, what, when, where, how)?		
What is your plan to test additional strategies and/or programs (e.g., who, what, when, where, how)?		
What are your next steps?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
How often are you monitoring the impact of your child safety strategies and programs?		
How are you monitoring each child safety strategy or program?		
Are the strategies and programs effective? If not, what can you revise or adapt?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
Are the strategies and programs sustainable? If not, what can you revise or adapt?		
What are your next steps?		

SECTION V: SYSTEMS IMPROVEMENT

Engaging in ongoing systems improvement helps states and jurisdictions develop a comprehensive understanding of their child safety system, identify gaps in their system, and plan and manage quality improvement initiatives that will improve their systems and ultimately contribute to the well-being of the population(s) they serve.

INSTRUCTIONS

In this section, consider your department/agency or program/work unit's use of health disparities data to inform selection, testing, implementing, and spreading child safety strategies and programs. Consider how you address access to various components of your child safety system. To return to the planner navigation, [click here](#).

1. Assess	Department/Agency	Program/Work Unit
Do you regularly analyze and use available health disparities data to inform your child safety strategies and/or programs (i.e., data that shows differences in outcomes between groups based on their social and economic conditions, such as race/ethnicity, disability, income, educational attainment; other social determinant of health measures)?	Yes No Unsure	Yes No Unsure
If yes, how do you use this information (e.g., selection of strategies/programs, where strategies/programs are implemented, etc.)?		
If no, what do you need to begin integrating data into your work?		
If you are unsure, who can you work with and what can you do to start using data to make programmatic decisions (e.g., state epidemiologists or data managers)?		
If no, what actions can you take to develop a plan to engage individuals representing the population(s) of interest (e.g., form workgroups, hold stakeholder meetings, etc.)?		
What are your next steps?		

2. Plan and Test	Department/Agency	Program/Work Unit
<p>For each of the child safety strategies and/or programs you identified, have you planned for access with respect to advancing health equity for your population(s) of interest in your aim statement (e.g., access to services, access to resources, provision of education, research, developing departmental/agency and/or program/work unit policy)? Ask your team the below questions for each child safety strategy.</p>		
<p>If yes, how have you planned for this and what have you learned?</p>		
<p>Have you addressed physical access?</p>	<p>Yes No Unsure</p>	<p>Yes No Unsure</p>
<p>Have you addressed virtual access?</p>	<p>Yes No Unsure</p>	<p>Yes No Unsure</p>
<p>Have you addressed health literacy?</p>	<p>Yes No Unsure</p>	<p>Yes No Unsure</p>
<p>Have you addressed disabilities (e.g., ASL services, ADA inclusion, etc.)?</p>	<p>Yes No Unsure</p>	<p>Yes No Unsure</p>
<p>Have you addressed stigma (e.g., race/ethnicity, religious status, socioeconomic status, sexual orientation, disability, homelessness, mental health, etc.)?</p>		
<p>Have you addressed economic barriers (e.g., housing, transportation, childcare, etc.)?</p>		
<p>Have you addressed other equity considerations? (list/describe):</p>		

2. Plan and Test	Department/Agency	Program/Work Unit
If no, who can you work with to plan for equitable access (e.g., health department leaders, partners, workgroups, community, etc.)?		
If you are unsure, how can this be clarified?		
What are your next steps?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
What is your data collection and monitoring plan to track improvement in health equity?		
How will progress on health equity be measured (e.g., measuring reductions in risk factors, injury disparities, or socioeconomic inequalities across racial/ethnic groups)?		
What key performance indicators will you track, what data sources will you use, and how often will you collect and monitor data?		
Who will be responsible for (a) collecting, (b) analyzing and (c) sharing the data?		
What are your next steps?		

3. Monitor, Revise, and Adapt	Department/Agency	Program/Work Unit
What is the system for sharing findings on progress towards health equity (e.g., identified barriers/challenges, lessons learned, success stories or data on reductions in health disparities)?		
How will the findings on health equity be communicated in your department/agency and/or program/work unit?		
How will the findings on health equity be communicated with stakeholder organizations (e.g., schools, health clinics, hospitals, after school programs, etc.) and populations (e.g., youth, parents, caregivers, etc.) you are working with that are directly impacted?		
How will the findings and lessons learned be communicated to any local, state, and national stakeholders (e.g., local communities you are working with, local organizations, state departments, state task forces, cross state coalitions, etc.)?		
What are your next steps?		

STATE EXAMPLES

Colorado Department of Public Health and Environment, Office of Health Equity
<https://cdphe.colorado.gov/ohe>

Florida Department of Health, Bureau of Community Health Assessment, Division of Public Health Statistics and Performance Management, 2019. Health Equity Profile 2019
<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthEquityMergeMHPProfile>

Rhode Island Department of Health, Health Equity Zones Initiative
https://health.ri.gov/programs/detail.php?pgm_id=1108

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GLOSSARY

Child Safety Expertise is full technical knowledge and experience in injury and violence prevention among 0 to 19 year olds. It includes knowledge of evidence-based and evidence-informed strategies and programs across various demographics and settings.

CSN Framework for Quality Improvement and Innovation in Child Safety puts forth the theory that application of Leadership and Management, Child Safety Expertise, and Systems Improvement will contribute to advances in injury and violence prevention systems and workforce development, which will contribute to positive health impact for children.

Health Disparity is a metric used to measure progress toward achieving health equity.

Health Equity is the attainment of the highest level of health for everyone and no one is disadvantaged from achieving this potential because of any socially defined circumstances (Whitehead & Dahlgren, 2007).

Leading means enabling others to face challenges and achieve results under complex conditions (Management Sciences for Health, 2005).

Managing means organizing the internal parts of the organization to implement systems and coordinate resources to produce reliable performance (Management Sciences for Health, 2005).

Phases of Planning for Health Equity

1. **Assess** is the first phase, where departments/agencies or program/work units conduct scans of their current efforts towards advancing health equity.
2. **Plan and Test** is the second phase, where departments or program/work units start addressing health equity using specific strategies.
3. **Monitor, Revise, and Adapt** is the third phase, where departments or program/work units monitor their progress, revise their initial understanding, and adapt their strategies based on additional information they learned while actively addressing health equity in their contexts.

SMART Aim Statement (Objective) is a way to move ideas to action by being specific, measurable, attainable, realistic, and time-bound. A SMART aim statement (objective) for health equity identifies the population you will work with, the conditions you will address, and the strategies you will implement and spread.

Social Determinants of Health are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2030, 2020). Healthy People 2030 identifies five major domains of social determinants of health: Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context, and Economic Stability.

Social-Ecological Model helps us consider the complex “interplay between individual, relationship, community, and societal factors” (Bronfenbrenner, 1977). In planning for implementing and spreading child safety strategies, we can use the model to identify and address various factors that may affect the health outcomes of children and adolescents.

Systems Improvement encompasses developing a comprehensive understanding of your child safety system; the aim, inputs, processes and outputs of your system; an assessment and identification of gaps or bottlenecks in the system; and planning and managing quality improvement initiatives to improve your system and ultimately contribute to the well-being of the population(s) you serve.

To return to the planner navigation, [click here](#).

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