



# National Center Update: HEALTH EQUITY IN FATALITY REVIEW

Telling Each Story to Save Lives Nationally



# KEY FUNDING PARTNER

## FEDERAL ACKNOWLEDGEMENT

---

The National Center is funded in part by Cooperative Agreement Number UG728482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling \$2,420,000 annually with 0 percent financed with non-governmental sources. Its contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



## Cause for Concern

Why is equity important in child fatality review? We will review current data and disparities.



## Spectrum of Prevention

Prevention strategies range from strengthening individual knowledge to influencing policy. Initiatives implemented across the spectrum have a compounding impact.



## Cliff of Good Health

We will describe the work of Dr. Camara Jones, who depicts a cliff as a representation of good health and the various levels of protection provided to people to reduce poor health outcomes.



## Action Steps

We will review systems of oppression that impact children, how they influence implicit biases, and the action steps we can take to disrupt bias and incorporate equity into our work.



## Resources

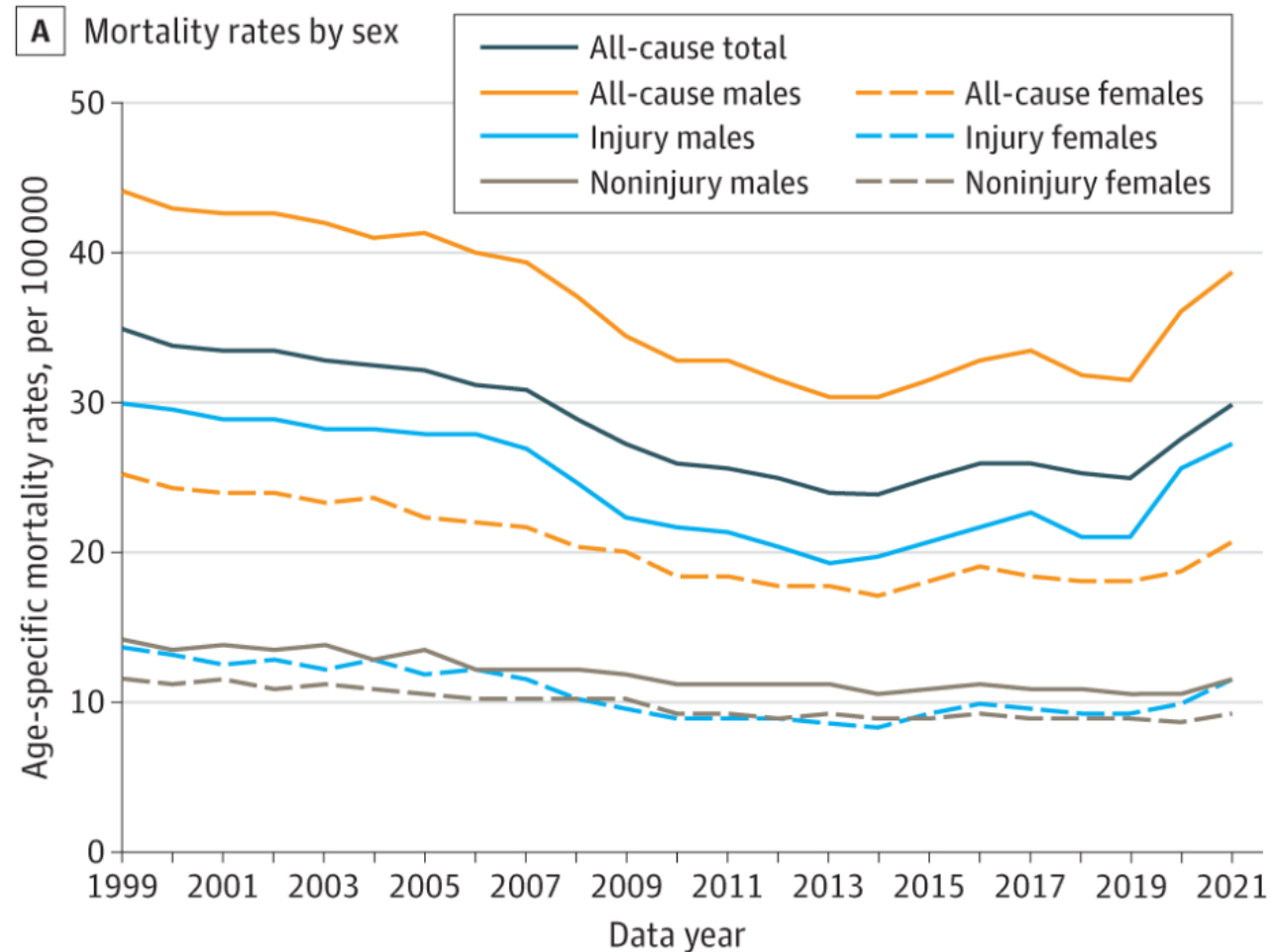
Helpful resources to continue learning and take action.



**PRESENTATION GOALS**

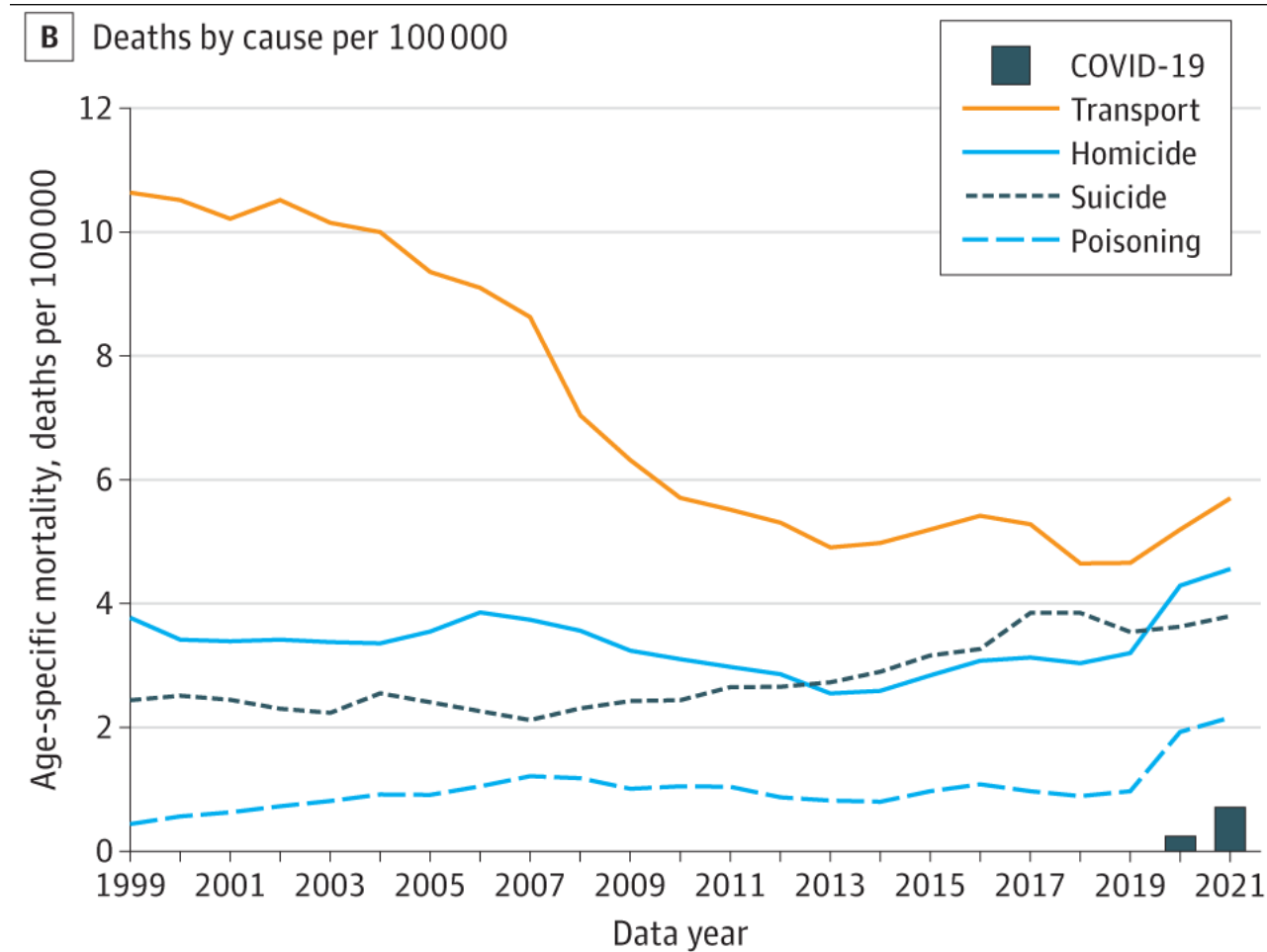
# Cause for Concern

All-Cause, Injury, Noninjury, COVID-19, and Selected Injury Mortality Rates, Ages 1 to 19 Years, 1999-2021 by Sex



# Cause for Concern

All-Cause, Injury, Noninjury, COVID-19, and Selected Injury Mortality Rates, Ages 1 to 19 Years, 1999-2021 by Cause



# Cause for Concern

## Widening Disparities



**Black children die from injury at 4x the rate of Asian children and 2x the rate of white children.<sup>1</sup>**



**American Indian or Alaska Native children die from injury at 3x the rate of Asian children and 1.5x the rate of white children.<sup>1</sup>**



**Children in rural communities die from injury at 2x the rate of children in urban communities.<sup>2</sup>**

1. CDC WONDER: 2018-2021, ages 0-17 years old.
2. Bettenhausen, J. L., et al. (2021). *Academic pediatrics*.

# Meet John

## A Mock Case

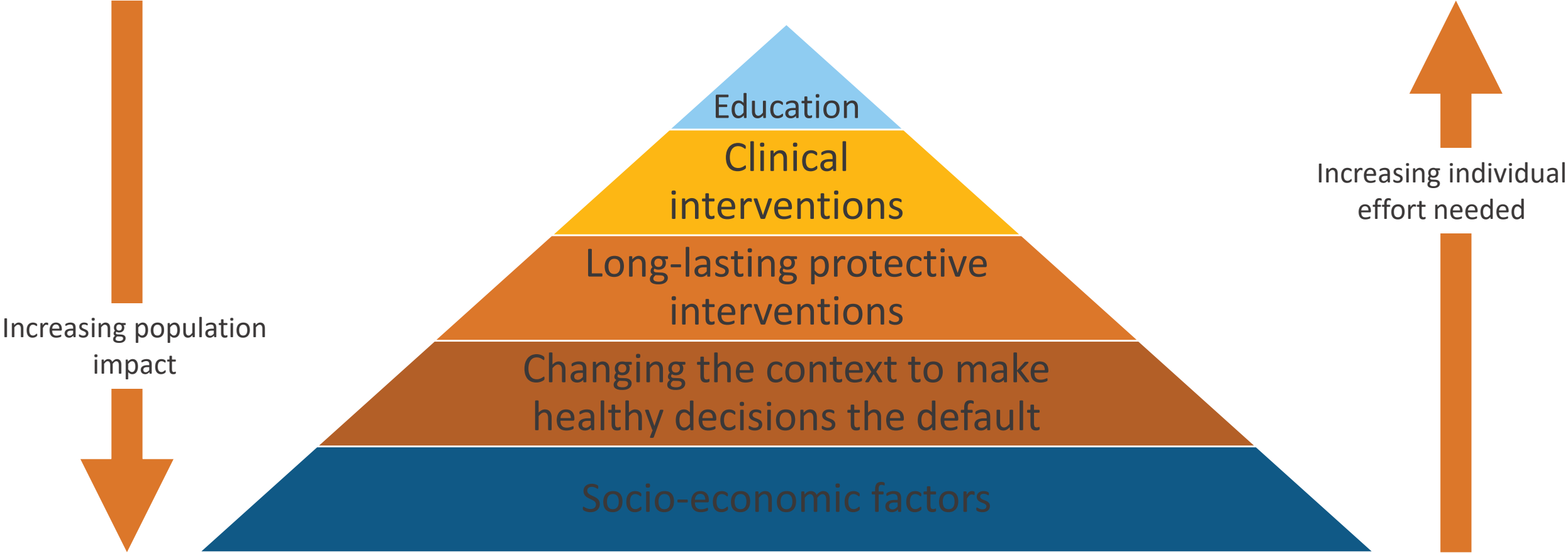
---

John is an eight-year-old, Black male who died due to drowning. At the time of the incident, John was swimming with his summer camp at a public pool. John had just reached the height minimum to be in the “big kid” area. John was last seen alive five minutes before he was discovered under the water. John was wearing a yellow camp bracelet which signified he could be in the “big kid” area. John had minimal exposure to swimming lessons but was comfortable in the water.



# Spectrum of Prevention

Individual effort balanced with population impact



Frieden, T. R. (2010). *American journal of public health*.



# Preventability

Are All Deaths Preventable?

## Primary

Prevents the death from ever occurring.

May occur at any point in the child's life.

Often focused on systems.

## Secondary

Identifies communities at risk and implements prevention.

Often focuses on a mix of systems focus and individual education.

## Tertiary

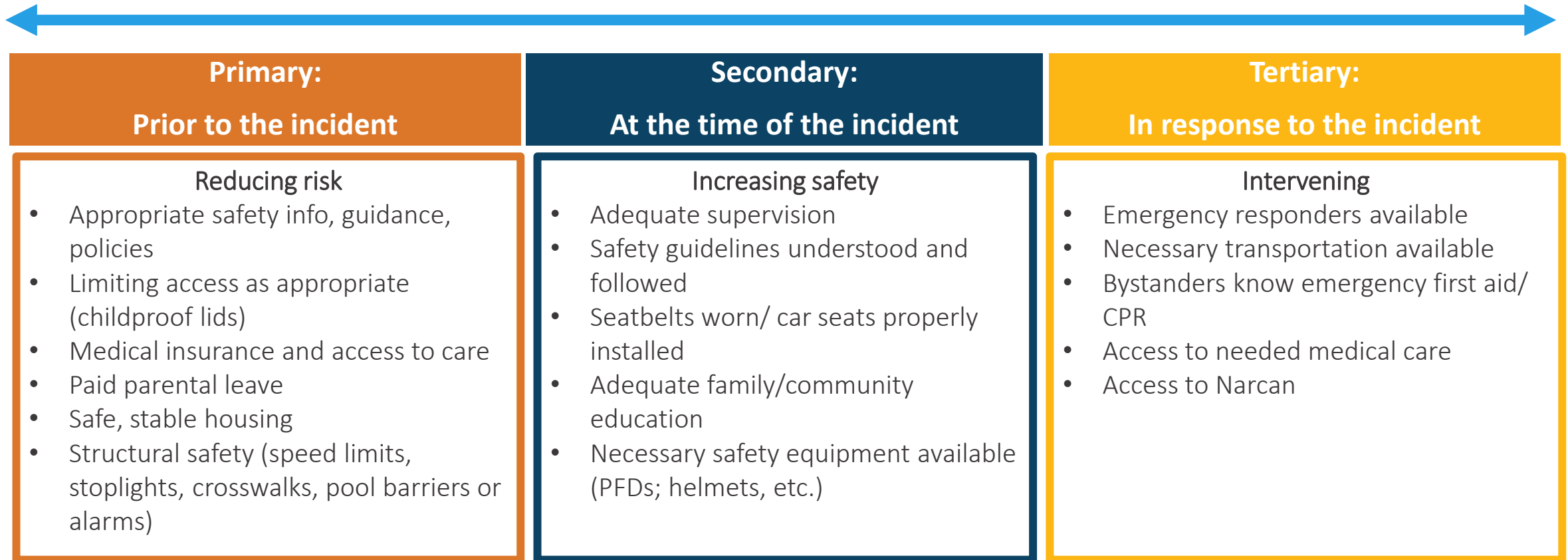
Reduces the severity of injury.

Occurs near the death causing event.

Focuses on how agencies respond.

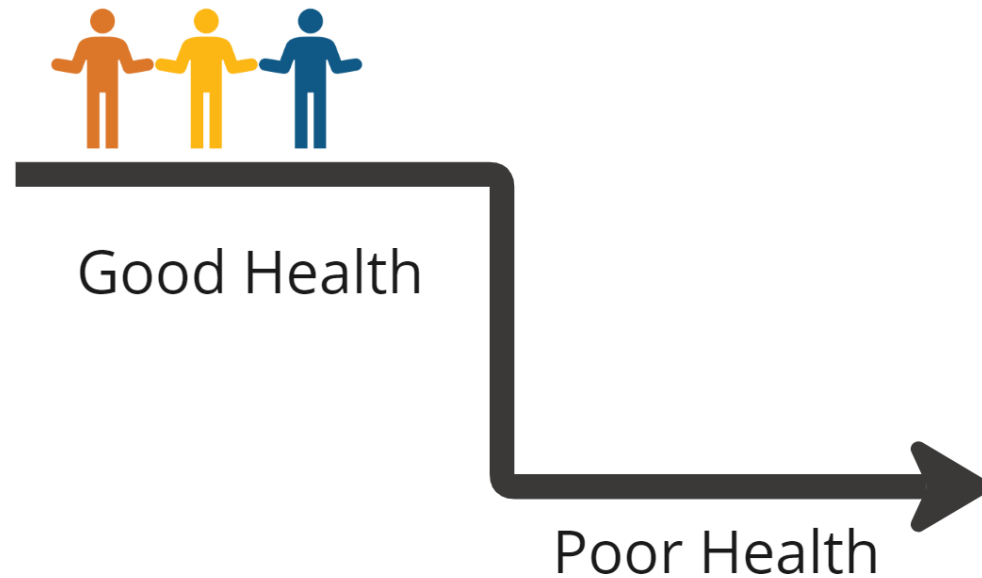
# Timelines for Preventability

Could a death have been prevented at any time **prior to, during, or after** the precipitating incident?



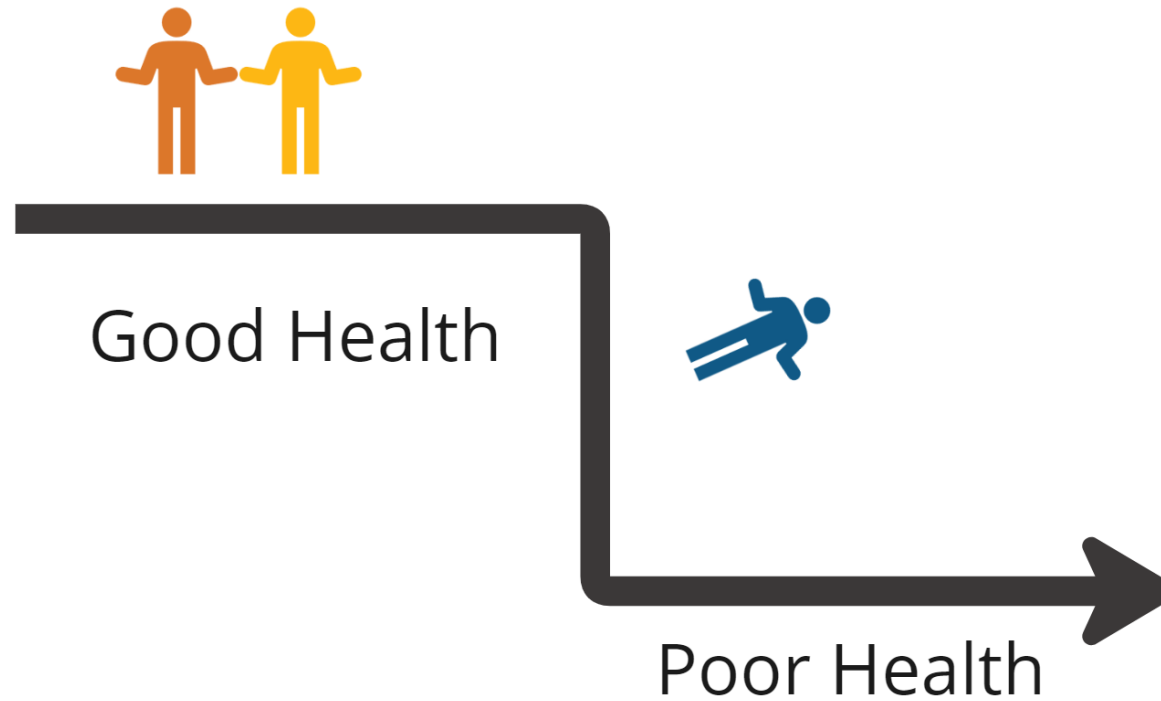
# The Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



# The Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



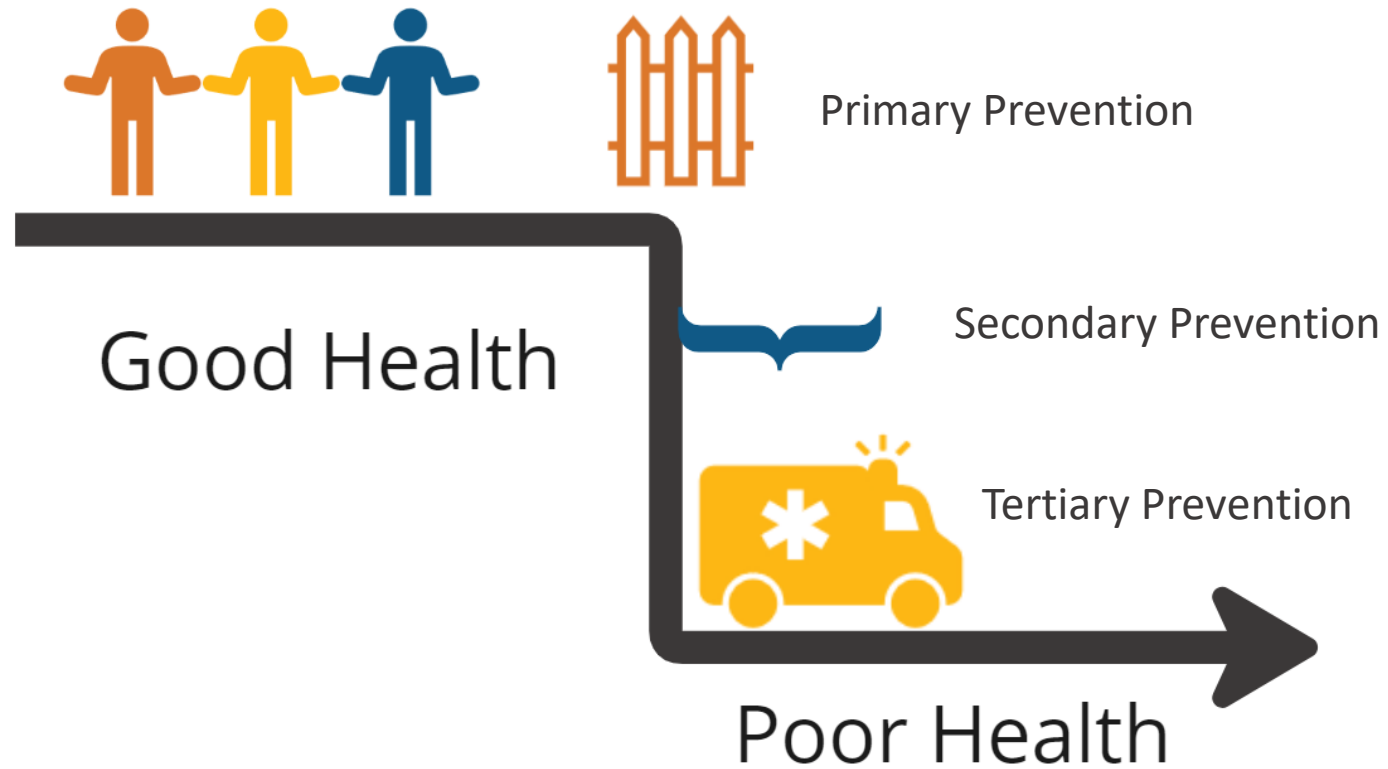
# Differences in the Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



# The Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



# The Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



# The Cliff of Good Health

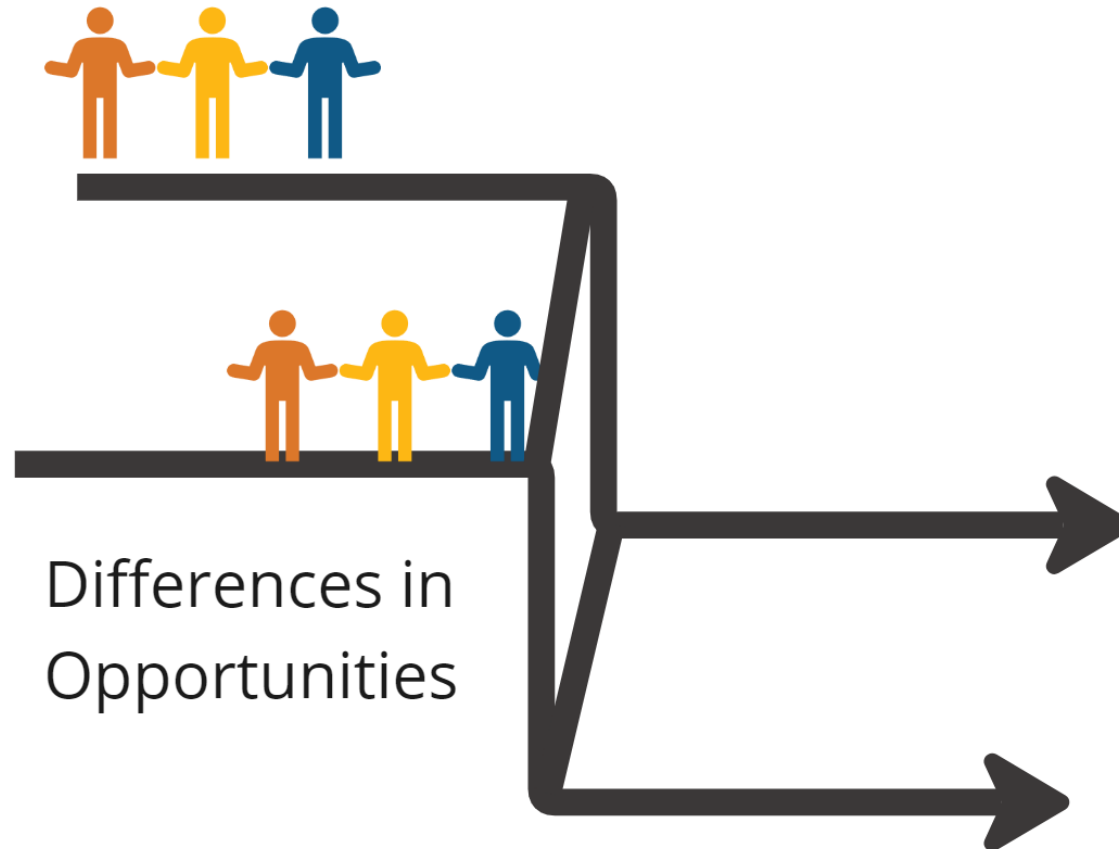
Jones CP et al. *Journal Health Care Poor Underserved* 2009





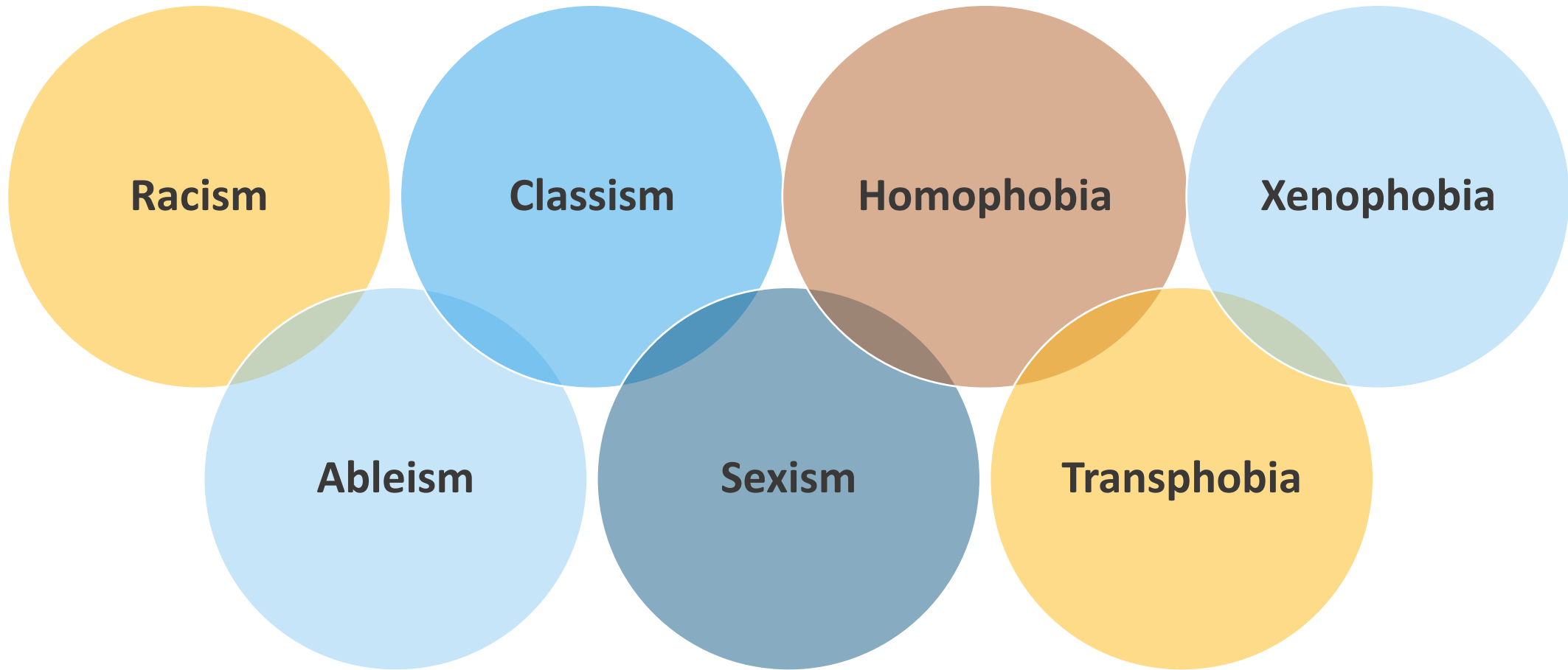
# The Cliff of Good Health

Jones CP et al. *Journal Health Care Poor Underserved* 2009



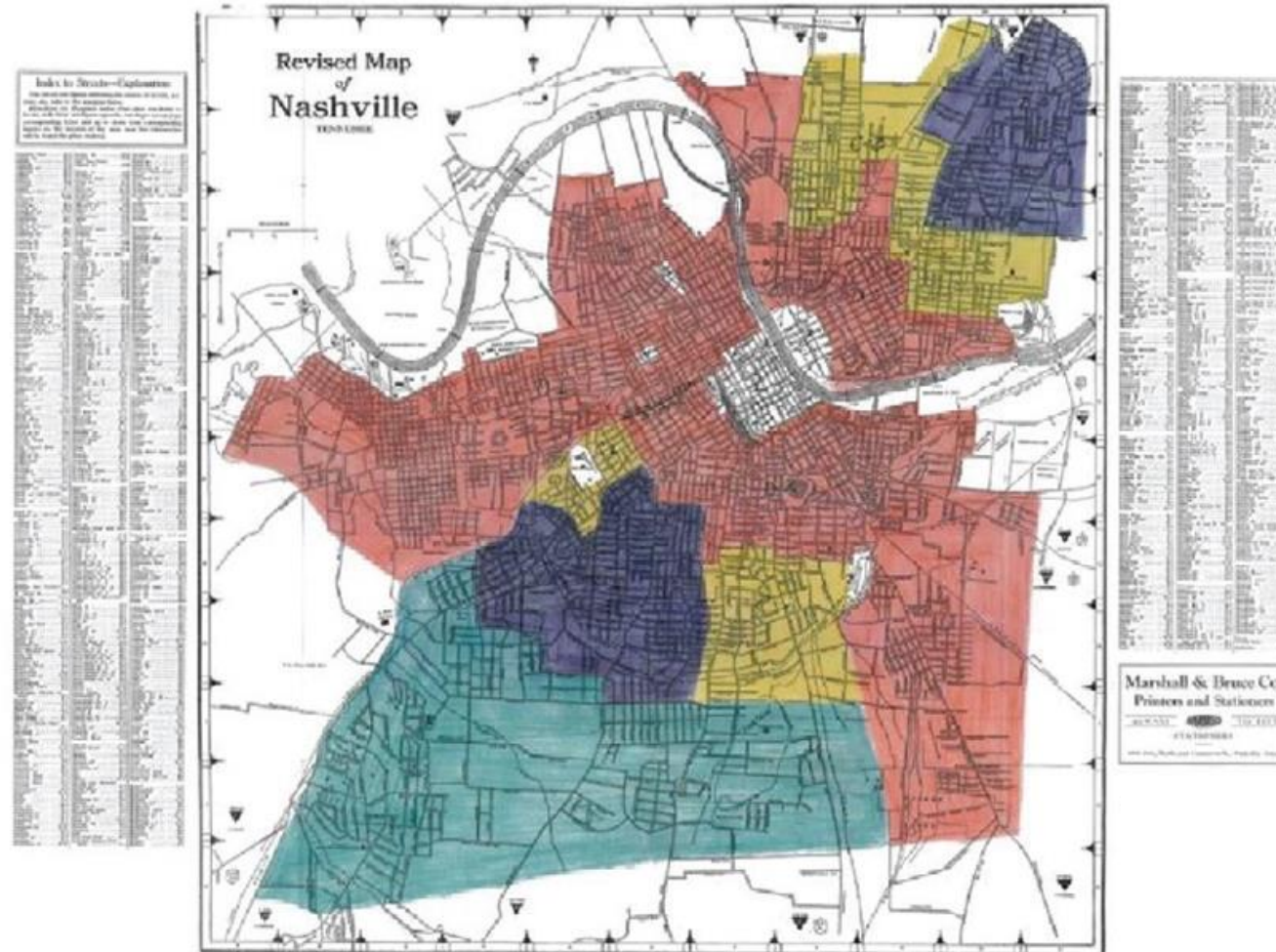
# Structural and Cultural “-isms”

---



# Redlining in Nashville, Tennessee

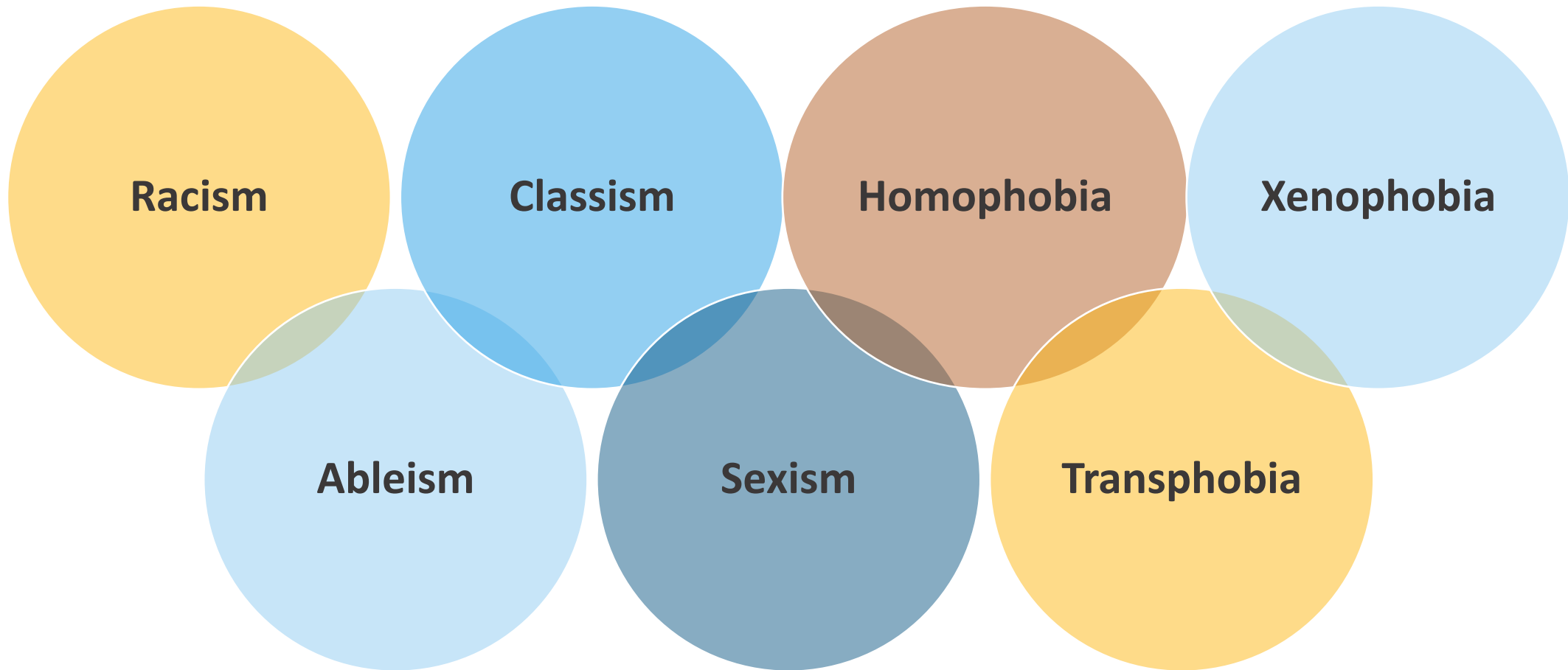
Source: Mapping Inequality, 1939



# Structural and Cultural “-isms”

---

Exposure to systems of oppression enable biases to penetrate deep into our psyches.





## What is Implicit Bias?

---

- Unconscious stereotypes that influence our actions and decisions
- Can be both favorable and unfavorable assessments
- “Implicit bias and perception are often seen as individual problems when, in fact, they are structural barriers to equality.”

-Alexis McGill Johnson, Perception Institute

# How Does Bias Show Up In Fatality Review?

## A Few Examples

### Taking a deficit-based approach

- Focuses on perceived weaknesses, rather than strengths
- Compares a group to the “highest performing group”
- Creates a negative, deficit cycle

### Focusing on individual factors

- Highlights individual identity and characteristics (e.g., race, gender, income)
- Places the onus on individuals
- Minimizes the large impact that systemic factors have on people

### Victim or family blaming

- Children and families are viewed as “the problem”
- Blames the death on individual characteristics or behaviors without considering systems

### Making only individual-level recommendations

- Places the onus solely on individuals to prevent deaths
- Fails to recognize the impact of systems and environmental context
- Not a comprehensive approach

# Recognize and Address Your Own Implicit Biases

NICHQ's Seven Steps to Help Minimize Implicit Bias

**Acknowledge  
your biases**

**Challenge  
your  
negative  
biases**

**Be  
empathetic**

**See  
differences**

**Be an ally**

**Recognize  
that this is  
stressful  
and painful**

**Engage in  
dialogue**

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Recruit and  
retain diverse  
team members**

- Each team member has a unique set of identities, personal and professional experiences, and relationships
- Consider which perspectives are represented on your team and which may be missing
- Ask yourself if the diversity of your team reflects the community you are serving (e.g., race, ethnicity, sexual orientation, gender identity, income)



# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



### Have community agreements

- Consensus-based standards outlining how a group will work together; builds understanding and shared expectations
- Common examples: make space for everyone to share, listen to understand and not respond, prioritize impact over intent, “ouch” then educate
- Should be co-created and iterative

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Consider  
neighborhood  
and community  
context**

- Use additional tools and resources that may not be specific to the child but inform us about the community more broadly
- Available tools include:
  - March of Dimes PeriStats (<https://www.marchofdimes.org/peristats/>)
  - City Health Dashboard: Empowering Cities to Create Thriving Communities (<https://www.cityhealthdashboard.com/>)
  - CDC's PLACES: Local Data for Better Health (<https://www.cdc.gov/places/>)

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Focus the  
conversation on  
systems**

- Systems are often the root cause, constraining individual choice
- Strategies include:
  - Doing a root cause analysis, keep asking “why?”
  - Read an equity statement at the start of each review meeting
  - Use equity-centered prompts to promote this discussion (e.g., “How may the parent or child’s environment have impacted their health?”)

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Identify  
strengths, not  
just deficits**

- Create opportunities to acknowledge the strengths of the family and community
- Have a diversity of perspectives at the review meeting and engage community/family voice
- Conduct a gratitude exercise at the conclusion of the review meeting, highlighting the strengths of the community and what is working well

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Engage with  
families and  
communities**

- Practice authentic community engagement
- Don't tokenize: Lived experience and personal stories are a form of expertise and should be treated as such
- Hold space for community members to share information and ideas for prevention

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Make findings  
and  
recommendations  
at multiple levels**

- All levels of prevention are complementary and synergistic: when used together, they have a greater effect than would be possible from a single activity or initiative (Prevention Institute)
- Think back to the spectrum of prevention and Cliff of Good Health
  - Use these as visual reminders during the recommendation discussion
- Consider shared risk and protective factors that impact multiple outcomes

# Action Steps

---

## Disrupt Bias and Incorporate Equity Into Fatality Reviews



**Reflect on  
implicit biases**

- Take 5-10 minutes after each review meeting to acknowledge biases and assumptions that may have shown up in the review
  - Reflect internally
  - Allow space for members to share

# Action Steps

---

Combine multiple action steps for a comprehensive approach

**Recruit and retain  
diverse team  
members**

**Have community  
agreements**

**Consider  
neighborhood &  
community  
context**

**Focus the  
conversation on  
systems**

**Identify strengths,  
not just deficits**

**Engage with  
families and  
community**

**Make findings and  
recommendations  
at multiple levels**

**Reflect on implicit  
biases**



# Resources

## Levels of Prevention



### Prevention Institute

The Spectrum of Prevention

<https://www.preventioninstitute.org/tools/spectrum-prevention-0>



### The Cliff of Good Health

Urban Institute: <https://www.urban.org/policy-centers/cross-center-initiatives/social-determinants-health/projects/dr-camara-jones-explains-cliff-good-health> and <https://www.urban.org/urban-wire/why-are-some-americans-more-likely-fall-cliff-good-health-0>

# Resources

Implicit Bias: Continue Learning and Take Action



## NICHQ's Implicit Bias Resource Guide

A guide for recognizing and addressing our implicit bias, including 7 steps, Q&A with experts, and stories

[www.nichq.org/resource/implicit-bias-resource-guide](http://www.nichq.org/resource/implicit-bias-resource-guide)



## Harvard Implicit Association Tests

Tools to reveal implicit biases for several categories, including age, sexuality, and race; Try a few and reflect on the results

<https://implicit.harvard.edu/implicit/takeatest.html>

# Resources

## Creating Group Agreements



### Drawing Change

Co-creating community agreements in meetings

<https://drawingchange.com/co-creating-community-agreements-in-meetings/>



### National Equity Project

Developing community agreements

[www.nationalequityproject.org/tools/developing-community-agreements](http://www.nationalequityproject.org/tools/developing-community-agreements)

# Resources

From the National Center for Fatality Review and Prevention



## Improving Racial Equity in Fatality Review

National Center guidance report

[https://ncfrp.org/wp-content/uploads/NCRPCD-Docs/Health\\_Equity\\_Toolkit.pdf](https://ncfrp.org/wp-content/uploads/NCRPCD-Docs/Health_Equity_Toolkit.pdf)



## Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

Guidance report: [https://ncfrp.org/wp-content/uploads/MDT\\_HealthEquity.pdf](https://ncfrp.org/wp-content/uploads/MDT_HealthEquity.pdf)

Facilitator's manual: [https://ncfrp.org/wp-content/uploads/FacilitatorsManual\\_HealthEquity.pdf](https://ncfrp.org/wp-content/uploads/FacilitatorsManual_HealthEquity.pdf)



## CONTACT INFORMATION



2395 Jolly Rd., Suite 120  
Okemos, MI 48864



Phone: 800-656-2434



[info@ncfrp.org](mailto:info@ncfrp.org)



[www.ncfrp.org](http://www.ncfrp.org)