savir
Society *for* Advancement *of*
Violence *and* Injury Research

2020 SAVIR Annual Meeting
"Promoting Health Equity through the Science of Injury and Violence Prevention"

STATEMENT ON HEALTH EQUITY, KEY DEFINITIONS, AND GUIDANCE FOR SUBMISSIONS

To advance the science of injury and violence prevention, SAVIR strives to build an inclusive community of scientists that encourages and celebrates diverse voices. We encourage the submission of abstracts from people of all backgrounds and at all stages of their careers.

Please use the information below to guide you through your submission process.

Statement on Promoting Health Equity:

Promoting health equity is a guiding priority and a core value of SAVIR. The theme of this year's meeting reflects SAVIR's commitment to the basic principle **that all people have a right to health and safety.** In reviewing submissions that describe variation across populations, we will take thoughtful consideration of how differences across sociodemographic groups are characterized.

Key Definitions

Commonly referred to as **health disparities**, we recognize that the incidence and prevalence of health conditions and health status varies across groups, such as by socioeconomic position, race and Hispanic/Latino ethnicity (i.e., "Latinx"), sexual and gender minority status, sex/gender, nativity, disability status, geographic location, or some combination of these. Higher rates of injury and violence are often observed among people in marginalized social groups; differences are largely attributable to social factors, such as limited access to high-quality housing, schools, and medical care. Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of social and structural factors that support health and well-being.

Health equity, then, as understood in public health literature and practice, is when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially-determined circumstances. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Race is most precisely defined as a system of social classification rooted in the idea that some groups are superior to others, with classification loosely based on phenotypic characteristics and geographic origin. Racial classification serves as a basis for a complex system of distribution of social advantages and disadvantages. Although race had been historically considered to be a biological construct, there is no scientific evidence for that approach. Thus, in recent decades, the emphasis has shifted toward recognizing that race is a social construct that shapes differential exposure to social factors. The strong association between race and health outcomes stems from persistent exposure to social disadvantage.

Racism is the system of structures, processes, policies, and values that results in differential outcomes by race. Racism is manifested at all ecological levels, and it is often encoded into law and policy. Strong scholarship examining race-based differences in health involves careful consideration of the system of exposures that shape risk. This approach of examining socially-patterned exposures is also relevant for other marginalized population groups.

Guidance for Submissions and Presentations

Descriptive epidemiology is a substantial part of injury and violence research. As part of SAVIR's commitment to good science, we encourage presenters to be thoughtful in considering differences in injury and violence outcomes by sociodemographic factors, such as race, Hispanic/Latino ethnicity, sexual and gender minority status, and socioeconomic position. In providing information about group variation, it may be useful to highlight how the variation informs our understanding of the social factors that shape risk. For exampleif fatal car crashes are significantly more common among a specific race group, consider the social exposures that give rise to the difference. If a difference is worth mentioning, it is worth taking the time to characterize why it exists. Doing so will facilitate greater understanding of the problems being described and consideration of the range of potential ways to craft solutions.

Useful links and citations:

- American Public Health Association. Research and intervention on racism as a fundamental cause of ethnic disparities in health. *Am J Public Health*. 2001;91(3):515–516.
- American Public Health Association. *Creating the Healthiest Nation: Advancing Health Equity*.
- Ford CL, Airhihenbuwa CO. Critical Race Theory, race equity, and public health: toward antiracism praxis. *Am J Public Health*. 2010;100 Suppl 1:S30-S35.
- Robert Wood Johnson Foundation. *What is Health Equity?*
- Trent M, Dooley DG, Dougé J. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. July 2019.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. *A Resource to Help Communities Address Social Determinants of Health*.