To Get Ready for Today's Session, We Invite You to ...

Stay Engaged

• Am I focused and ready to be present for today's discussion?

Stay Open to New Ideas

• Am I ready to listen to different perspectives, expertise, and knowledge?

Stay Respectful

• Am I committed to pause and reflect before adding or responding to comments in the chat?

Sit With Discomfort

Discussing race and equity can be difficult. Am I ready to be comfortable with being uncomfortable?

Source: Adapted from New York City Administration for Children's Services. (2020). Equity Checklist.

Thank you for joining us today!

We invite you to share your reflections in the chat during the session. We will begin shortly.



Using Data and Evaluation to Advance Racial Equity in Child Welfare



Melissa Correia | Scout Hartley | Sabrina Selk | Sarah Lederberg Stone





Acknowledgements

We wish to acknowledge the work of Dr. Marian Harris with the University of Washington, Tacoma School of Social Work and Criminal Justice who has studied and written extensively about racial justice issues in child welfare.

Dr. Harris supported the development of content for this session.

We thank her for her contributions to plan and prepare for our discussion today.



Session Learning Objectives

Discuss how race inequities can be measured and how to distinguish factors related to race from other commonly examined contributing factors.

Review strategies, tools, and frameworks that agencies may implement as first steps to assess and address racial inequities within child welfare systems.

Explore ways to build data literacy and accessibility for a wide range of audiences so that data can be a useful tool in building a common understanding and moving toward solutions.



Racial Disproportionality and Disparity in Child Welfare



Melissa Correia





Defining Administrative Data

Administrative data are data collected and entered primarily by caseworkers into child welfare information systems.

Administrative data also include data about the child welfare population that are obtained from integrated data systems.



Centering Racial Equity in Transforming Child Welfare

Provide perspectives on using child welfare administrative data with a racial equity lens.

Offer suggestions for improvement based on academic literature and the voices of people with lived experience.



Racial Disproportionality and Disparities in Child Welfare

Children of color are represented in disproportionate numbers compared to their white counterparts at each successive point along the child welfare continuum.

- Initial referral to child protective services
- Investigation of referrals
- Placement in out-of-home care and length of stay in out-of-home care
- Exiting the child welfare system
- Reentry after reunification/after permanency

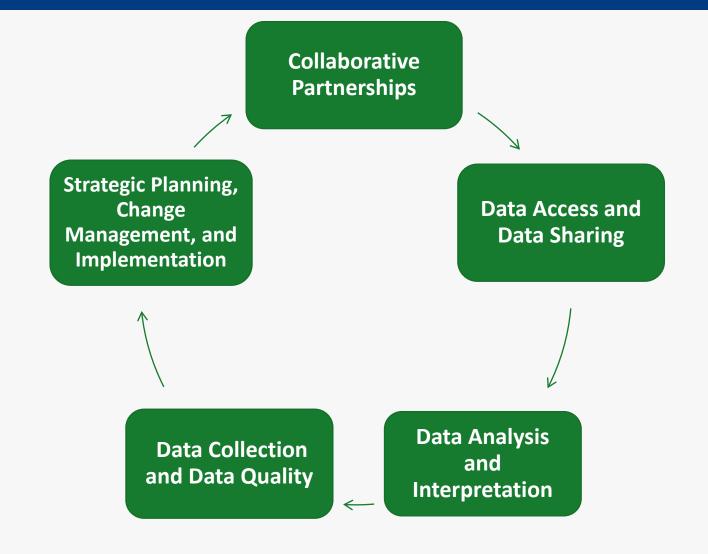


Using a Racial Equity Lens to Transform Child Welfare

- Centering race equity in the continuous quality improvement (CQI) cycle
 - 2 Ensuring access to high quality programs and services
 - 3 Seeing whiteness and actively being antiracist
 - 4 Building trusted relationships
- 5 Sharing power



Using a Racial Equity Lens in CQI





Data Sources

National Data Archive on Child Abuse and Neglect (NDACAN)

National Child Abuse and Neglect Data System (NCANDS)

Adoption and Foster
Care Analysis and
Reporting System
(AFCARS)

National Incidence
Studies of Child Abuse
and Neglect (NIS,
1980, 1986, 1993, and
2010)

National Survey of Child and Adolescent Well-Being (NSCAW, 1997–2014, and 2015– 2024)



Data From Other Systems

Tribal Child
Welfare Systems
(Tribal Information
Exchange)

Medicaid or Healthcare Authority/
Managed Care

Education

Early Childhood Education

Public Health

Juvenile/Criminal Justice



Data to the People: Public Data Sources

State
Research
and Data
Analysis
Dashboards
and Reports

Allegheny County Analytics California
Child
Welfare
Indicators
Project

Oregon
Public Child
Welfare
Dataset

Share more public data sites in the chat!



Considerations for Data Analysis and Interpretation

Whether looking at national, state, or county data, there are important distinctions that are masked by the larger data sources.

It is important to drill down to understand data at the neighborhood or community level.



Family First Prevention Services Act

Family First Prevention Services Act (FFPSA)

 Provides an opportunity to expand services to the front end of child welfare

Considerations about FFPSA

- Access to evidence-informed, evidenced-based, and promising practices
- Availability of services to all communities and the cultural relevance of the programs available
- Barriers to strong evaluation design that may hide promising programs that have not yet come to light



Opportunities to Transform the Child Welfare System

Explore Well-Being Outcomes by Subpopulations

 Race, ethnicity, sexual orientation, gender identity and expression, age, neighborhood, and chronic illness or disability.

Value the Voices of Individuals With Lived Experience

- Provide opportunities for authentic engagement.
- Provide sustained attention to power sharing.



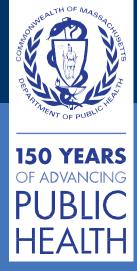
Massachusetts' Racial Equity Data Road Map



Sabrina Selk | Sarah Lederberg Stone







Massachusetts Department of Public Health

Racial Equity Data Road Map: Data as a Tool Towards Eliminating Structural Racism Driving question: What challenges have you experienced in using data to address racial equity?



Context

- Massachusetts is consistently one of the healthiest states in the nation.
- However, health inequities exist, particularly racial inequities.
- The Massachusetts Department of Public Health (MDPH) is dedicated to understanding the social determinants of health and how they contribute to health inequities.
- MDPH is committed to using data to address and eliminate health inequities.

VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

To prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

Road Map Purpose and Overview

- The Racial Equity Data Road Map was developed by a cross-bureau implementation team to improve use of data for action to promote racial equity in MDPH-funded programs and initiatives.
- Began as a Lean Six Sigma green belt quality improvement project.
- Provides a suggested methodology to assess progress in addressing racial inequities in service delivery and health outcomes.
- Includes a collection of guiding questions, tools, and resources that can be customized to best suit the needs of programs with different levels of capacity in data analysis, quality improvement, and racial equity reframing techniques.

RACIAL EQUITY DATA ROAD MAP

DATA AS A TOOL TOWARDS ENDING STRUCTURAL RACISM

1. Looking at health issues with a focus on the impact of racism

Describes why issues should be looked at with a racial equity lens and introduces a tool for programs to use in their work.

2. Determining if program is ready to use data to address racism



Encourages programs to use a self-assessment to better understand which systems are in place to support racial equity work using data. **Racial equity** means being aware of and taking into account past and current inequities, and providing all people, especially those who are most impacted by racism, the support needed to thrive.

3. Understanding what the data say about differences in health outcomes by race and ethnicity

Describes why it is important to look at data in smaller units such as race, ethnicity, or zip code and gives suggestions on how to do this. Provides guidance on comparing data across sub-groups to see whether there are inequities.



4. Using other sources of data to uncover causes of the differences

Provides suggestions on how to describe data with historical and structural context, with a focus on engaging the community.



5. Making plans to act on differences that are unjust or avoidable

Introduces tools to support the process of identifying the most striking inequities and creating a plan to address them.



6. Presenting data in ways that help people make sense of the numbers

Outlines important questions and things to consider in designing materials used to communicate data to key stakeholders.



7. Moving from data to action

Describes how to plan, put in place, and monitor the impact of interventions to address inequities.



For more information, contact: RESPIT@state.ma.us

SECTION 1. LOOKING AT HEALTH ISSUES WITH A FOCUS ON THE IMPACT OF RACISM

Describes why issues should be looked at with a racial equity lens and introduces a tool for programs to use in their work.

Looking at Health Issues With a Focus on the Impact of Racism

- Describes the importance of reframing data with a racial equity lens
- Introduces a Racial Equity Reframing Tool for programs to apply to the topic/focus of their work:
 - What is the problem?
 - What is the cause? (What/who is responsible?)
 - What is the solution?
 - What action is needed?
 - What values are highlighted?



- 1. Looking at health issues with a focus on the impact of racism
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Racial Equity Reframing Example

Framing Element	Traditional Approach	Racial Equity Approach
1. What is the problem?	High rates of diabetes	Persistent racial inequities in diabetes rates for low-income Caribbean Latino seniors. They are healthy in the Islands and get sick when they come here.
2. What is the cause? What/who is responsible?	Poor nutrition, lack of exercise, overweight/obesity Individuals	Food deserts, income inequity, and racial redlining in transit lead to social isolation and lack of community support; zoning for green space, etc. in communities of color; disinvestment in communities of color; residential segregation. Businesses, policy makers, multiple institutions and unfair systems.
3. What is the solution?	Improve nutrition, increase physical activity	Food security in all communities; economic investment in low-income communities and communities of color; accessible and affordable healthy foods in all communities (particularly communities of color).
4. What action is needed?	Nutrition education classes, exercise classes	Food access policies that target roots of inequities; economic policies that invest in communities of color; partnerships across sectors and with community residents.
5. What values are highlighted?	Individualism; personal responsibility; choice; individual freedom	Equity; justice; fairness; shared responsibility.



Encourages programs to use a self-assessment to better understand which systems are in place to support racial equity work using data.

Determining if a Program Is Ready to Use Data to Address Racism

 Program data readiness: Having the knowledge, resources, and capacity to collect and use data to promote racial equity.

• Introduces the Racial Equity Program Data Readiness Assessment, a program self-assessment tool used to determine the extent to which basic data systems are in place to support data-driven racial equity work. 1. Looking at health issues with a focus on the impact of racism



- 2. Determining if a program is ready to use data to address racism
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SECTION 3. UNDERSTANDING WHAT THE DATA SAY ABOUT DIFFERENCES IN HEALTH OUTCOMES BY RACE AND ETHNICITY

Describes why it is important to look at data in smaller units such as race, ethnicity, or zip code and gives suggestions on how to do this. Provides guidance on comparing data across subgroups to see whether there are inequities.

Understanding What the Data Say About Differences in Health Outcomes by Race and Ethnicity

- Describes the importance of disaggregating data (i.e., analyzing data in smaller units such as race, ethnicity, or zip code).
- Outlines steps for disaggregating data.
- Provides guidance on comparing disaggregated data across population sub-groups to determine whether inequities exist.
- Prepares for an analysis that connects observed disparities to social and structural determinants of health.
- To truly assess for inequities, rather than just the magnitude or burden of health disparities on certain subpopulations, it is critical to connect the disparities to social and structural determinants of health.

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ethnicity

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Provides suggestions on how to describe data with historical and structural

context, with a focus on engaging the community.

Contextualizing the Data

- A critical process of providing a narrative to describe racially explicit data, addressing both historical and current systems of oppression (e.g., racism, sexism).
- Allows programs to design solutions that directly address structural factors.
- Section 4 provides tools for framing data:
 - Interpret in the larger context of historical and structural factors at play within communities
 - Does not focus on individual choices and behaviors
 - Includes community engagement and qualitative data

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KEY POINTS: Using Other Sources of Data to Uncover Causes of the Difference

- Frame in a way that allows data to be interpreted and understood in the larger context of historical and structural factors at play within communities
- Without this process, data often becomes race neutral or race silent
- Ensures the inclusion of community expertise, feedback, participation and decision making are critical elements to using a racial equity approach to data use and interpretation

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Making Plans to Act on Differences That Are Unjust or Avoidable

- Introduces tools to support the process of identifying the most striking inequities feasible for intervention and creating a plan to address them
 - Helps determine which inequity to focus on first
 - Considers current and potential program strategies that address the inequity

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KEY POINTS: Making Plans to Act on Differences That Are Unjust or Avoidable

- It may seem there is an obvious change or solution to address the inequity, but it is important to maintain a critical racial equity lens.
 - Challenge assumptions when easy fixes are identified.
- Challenge yourself to think about ways to push your strategies towards more upstream and multi-system approaches.
- Remember the analysis *is* the tool for helping to identify the most appropriate action to address the inequity.

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- 9
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SECTION 6. PRESENTING DATA IN WAYS THAT HELP PEOPLE MAKE SENSE OF THE NUMBERS

Outlines important questions and things to consider in designing materials used to communicate data to key stakeholders.

KEY POINTS: Presenting Data in Ways That Help People Make Sense of the Numbers

- Equity Spotlight is a communication tool that highlights and frames the identified inequity.
- Goal of the Equity Spotlight:
 - Share findings on an existing health inequity
 - Program's commitment to addressing it
- Be clear on the goal or purpose of the Equity Spotlight:
 - Narrow the scope of the communication
 - Determine key messages
- Engage with key stakeholders and those most impacted by the inequity:
 - Refine and prioritize key takeaway messages for the Equity Spotlight

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Describes how to plan, put in place, and monitor the impact of interventions to address inequities.

Moving From Data to Action

- Guidance on implementing the interventions and assessing their effectiveness at addressing the identified inequity
- CDC Health Impact Pyramid
- Equity-adapted version of the IHI Model for Improvement:
 - SMARTIE aim statements

SMART Aim Statement	SMARTIE Aim Statement
By December 31, 2022, we will	By December 31, 2022, increase the home visit
increase the home visit completion	completion rate for Hispanic caregivers by 3% so that
rate by 3%.	services are distributed more equitably across races and
	ethnicities.

- Implementation science
- Change management

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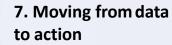


7. Moving from data to action

KEY POINTS: Moving From Data to Action

- Interventions should be
 - Evidence-based or informed
 - Tailored to the population most affected by the inequity
 - Designed to address the root causes of the inequity
- Plans for measuring effectiveness of interventions should be designed in collaboration with the implementation plan.
- Community stakeholders should be engaged throughout implementation and evaluation.

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Public Health Applications

- The Road Map can support programs to:
 - Authentically engage the community
 - Frame data historical and structural contexts that impact health
 - Communicate that inequities are unfair, unjust and preventable
 - Design solutions that address the root causes of these issues

- Examples include:
 - Performance measurement
 - Quality improvement
 - Needs assessments

Road Map Pilot: Welcome Family Home Visiting Program

- Welcome Family offers a universal one-time nurse home visit to caregivers with newborns in five communities.
- The Welcome Family Learning Collaborative uses monthly and quarterly data to identify improvement opportunities and conduct tests of change:
 - Developed "Equity Spotlight" data briefs highlighting racial/ethnic inequities in program performance measures
 - Shared Equity Spotlights with program staff during the July 2018 Learning Collaborative meeting
 - Conducted series of Plan-Do-Study-Act (PDSA) cycles over 6month improvement period
 - Conducted root cause analyses of the observed inequities in their performance measures and began identifying and prioritizing strategies to address their inequity





Equity Spotlight: Boston Example



Presenting data in a new way can put the "spotlight" on hidden inequities. Inequities refer to differences which are unnecessary and avoidable and are also considered unfair and unjust.

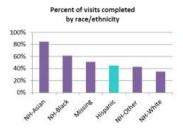
Performance Measure 3: Percent of completed Welcome Family visits among caregivers referred

Just over half (51%) of referred caregivers had a completed visit with Welcome Family Boston



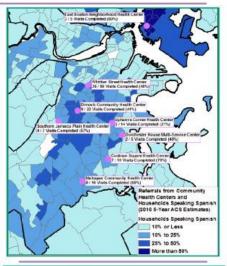
- A third (33%) of the caregivers referred to Welcome Family were Hispanic.
- Of the Hispanic caregivers who did not have a visit scheduled, 63% declined to schedule.
- Only 41% of referred Hispanic caregivers completed a visit.

Among caregivers who received a referral:



NH = non-Hispanic

Percent of visits completed by preferred language 100% 80% 60% 40% 20% Haitian Missing Other English Spanish Creole



Equity Opportunities

- Why are Hispanic families and families who speak Spanish less likely to have a visit completed?
- Why are Hispanic families more likely to decline when contacted to schedule a visit?
- Consider people, place, process and power (history of the community, cultural beliefs, staff language capacity)

A nurse home visit. For moms and newborns

Equity Opportunities

- Why are Hispanic families and families who speak Spanish less likely to have a visit completed?
- Why are Hispanic families more likely to decline when contacted to schedule a visit?
- Consider people, place, process and power (history of the community, cultural beliefs, staff language capacity)

Road Map Pilot: Welcome Family Home Visiting Program

- 1. The problem: Lower home visit completion rate with Hispanic parents of newborns compared to non-Hispanic parents.
- 2. Root cause analysis: 5 Whys exercise to identify potential causes of this problem, focused on systems and structures (e.g., staff language capacity).
- **3. Community engagement:** Met with community-based agencies who work with Hispanic families for additional insight into root causes.
 - What other data are needed to understand the causes of the inequity?
 - What other context about the community, such as needs and assets, can you provide to help understand the causes of the inequity?
- **4. Fishbone diagram:** Used quality improvement tool to map problem statement and identified root causes to begin identifying solutions.

Next Steps

- Road Map document and 1-page summary graphic posted to the mass.gov website.
- For more information about the Road Map, or to discuss how the Road Map could be implemented in your program, email RESPIT@state.ma.us or contact a member of the RESPIT team.
- If you are using the Road Map, please let RESPIT know. Feedback is welcome and appreciated.



Racial Equity Data Road Map

The Racial Equity Data Road Map is a tool toward eliminating structural racism. It's a collection of guiding questions, tools, and resources to assist programs in taking concrete steps to better identify, understand, and act to address racial inequities.



https://www.mass.gov/service-details/racial-equity-data-road-map

Acknowledgements

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Massachusetts Department of Public Health

Thank You!

RESPIT@mass.gov

https://www.mass.gov/service-details/racial-equity-data-road-map

Using Data to Advance Racial Equity in Child Welfare



Scout Hartley | Sabrina Selk | Sarah Lederberg Stone





Discussion Question

Are there strategies that organizations can use to begin their efforts to advance racial equity?



Strategies for Using Data to Advance Racial Equity

Conduct a racial equity program readiness assessment

Prioritize self-reported data

Recognize that there will always be data quality issues

Use and learn from the "messy data"



Discussion Question

How can we effectively invite and engage with community members to help better understand our data and inform next steps?



Strategies for Engaging Community Voice

Establish community engagement standards.

Use a trauma-informed approach to services and data.

Acknowledge that it can be emotionally difficult to review data.



Strategies for Engaging Community Voice

Apply a healing-centered approach to the work that acknowledges and repairs the damage.

Recognize the values of the community when looking at the data.

Have humility with the data and be mindful of the responsibility of holding the data.



Discussion Question

Are there lessons from the public health arena for how to use data to measure the impact of prevention-focused efforts?



Downstream, Upstream, and Groundstream

A downstream approach is similar to having an individual conversation.

An **upstream approach** is similar to changing a law.

Groundwater is a concept that acknowledges the role systems of oppression play in contaminating systems.



Resources to Address Change

Section 7 of the Racial Equity Data Roadmap

Institute of Healthcare Improvement:
Psychology of Change Framework

National
Implementation
Research Network
resources



Key Takeaways

This is a journey and we do not know what achieving racial equity looks like.

The process is iterative, collaborative, and humbling.

Starting the work can be hard and the Racial Equity Data Roadmap is meant to be a helpful tool.



Up Next! Concurrent Planning for Action Sessions

Session 2A: "We See It, We Know It, and Now We Must Do Something About It"

 Explore specific strategies for data sharing and collaboration to implement innovative interventions that can improve the work and outcomes of the child welfare court system for children, youth, and families of color.

Session 2B: Exploring the Use of Data to Tell Stories of Inequities

- Discuss strategies for harnessing the power of data to improve outcomes in their communities.
- Explore techniques for meaningfully including youth, young adults, family members, caregivers, and other individuals with lived experience in data analysis and data-driven decisionmaking processes.

Session 2C: Developing Data and Evaluation Tools

- Explore ways jurisdictions can integrate strategies to promote equity in CQI and evaluation efforts.
- Explore a new resource designed to help jurisdictions take action to apply a race equity lens in CQI and evaluation activities.

Thank you for your participation today!

Please join us for one of these Planning for Action sessions (limited to the first 1,000 attendees). The sessions will begin at 12:30 p.m. Eastern Time.

