



PREVENTING VIOLENCE

PREVENTING COMMUNITY VIOLENCE IS CRITICAL TO CHRONIC DISEASE PREVENTION AS VIOLENCE (REAL OR PERCEIVED) MAY BE A BARRIER TO HEALTHY BEHAVIORS SUCH AS WALKING AND BICYCLING, USING PARKS AND RECREATIONAL SPACES, AND ACCESSING HEALTHY FOOD OUTLETS. PREVENTING COMMUNITY VIOLENCE REQUIRES BRINGING TOGETHER MULTI-SECTOR PARTNERS AND THE COMMUNITY TO SELECT AND IMPLEMENT POLICY, ENVIRONMENTAL, AND STRUCTURAL INTERVENTIONS BASED ON THE BEST AVAILABLE EVIDENCE AND THE COMMUNITY CONTEXT. SUCH INTERVENTIONS MAY INCLUDE COMMUNITY ECONOMIC DEVELOPMENT STRATEGIES (E.G., BUSINESS IMPROVEMENT DISTRICTS²¹³), BUILT ENVIRONMENT STRATEGIES (E.G., CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN²¹⁴⁻²¹⁶), AND STREET OUTREACH AND COMMUNITY MOBILIZATION (E.G., CURE VIOLENCE - FORMERLY KNOWN AS CEASEFIRE CHICAGO²¹⁷).

MAKE THE CASE:

Why Is This A Health Equity Issue?

The issues listed highlight the need for violence prevention strategies that advance health equity:

- **Some Communities Have A Disproportionate Burden of Violence:** Inequities in violence-related outcomes (e.g., homicides, injuries, incarceration) are related to a variety of systemic issues.^{218,219} While violence is a reality in all communities, some communities and groups are far more exposed to diminished neighborhood conditions (e.g. neighborhood poverty, high alcohol outlet density, social isolation) that give rise to violence, and violence can thus become the norm.^{220,221}
- **A Disproportionate Burden of Violence Exists for Some Youth of Color:** The risk of experiencing violence varies significantly by race and ethnicity. For example, in 2010, among 10-to-24 year-olds, homicide was the leading cause of death for African Americans, second leading cause of death for Hispanics, third leading cause of death for American Indians/Alaska Natives, and the fourth leading cause of death among Asian/Pacific Islanders and non-Hispanic Whites.²²² The disparity in ranges of violence extend beyond homicide, as a higher percentage of African American/Black high school students (40%) and Hispanic (37%) youth report that they have been in at least one physical fight in the previous year than non-Hispanic White students (29%).²²³



Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating strategies to prevent violence:

| KEY FACTORS | BARRIERS OR UNINTENDED CONSEQUENCES | OPPORTUNITIES TO MAXIMIZE IMPACT |
|---|---|--|
| <p>DIVERSE PARTNERSHIPS</p> <p>Work with systems that have been part of the Pipeline* to get to different outcomes</p> | <p>Racism, discrimination, and stigma may exist in many institutional practices, and may perpetuate prejudicial treatment. For example, practices related to school discipline, media portrayal, and the criminal justice system might foster differential outcomes for youth of color.</p> | <ul style="list-style-type: none"> • Build multi-sector partnerships to change institutional practices that have a disproportionate effect on certain population groups. • Ensure school discipline practices are consistent for all students. • Encourage positive media coverage of young people in communities affected by violence. • Address policies and practices in the criminal justice system that result in higher rates of involvement in the criminal justice system for young men of color. |
| <p>ECONOMIC OPPORTUNITY</p> <p>Promote economic opportunities and growth to build viable and stable communities</p> | <p>Limited economic and occupation opportunities may drive residents away, creating instability and a higher concentration of low-income residents. These factors may increase the risk for youth to resort to violence.²²⁴</p> | <ul style="list-style-type: none"> • Learn about and partner with agencies with experience in community economic development strategies. • Create opportunities to support business investments and community development to create an economically viable community. |
| <p>SAFE SPACES</p> <p>Create a safe physical environment and provide spaces to strengthen social relationships</p> | <p>Visible signs of disorder and neglect in a community make it more appealing as a venue for crime and violence.</p> | <ul style="list-style-type: none"> • Consider changing the physical characteristics of housing, schools, and community areas to improve perceived and actual safety, and to reduce opportunities for crime and violence. • Consider Crime Prevention through Environmental Design (CPTED)¹⁹⁸ strategies (e.g., improved lighting, unobstructed sight lines, improved landscaping, graffiti removal, increased video and natural surveillance) to address crime and safety concerns. • Partner with law enforcement to improve safety and increase spaces for social interaction. |
| <p>SOCIAL COHESION</p> <p>Facilitate the social cohesion of the community</p> | <p>The risk of violence is higher in communities where individuals, groups, and organizations do not interact with each other in positive ways.^{225,226}</p> | <ul style="list-style-type: none"> • Provide opportunities for residents to form positive relationships and contribute to the well-being of the community. • Engage youth in activities, since they are particularly vulnerable to experiencing negative health and safety outcomes associated with a disorganized community. • Consider street outreach and community mobilization strategies to promote positive interactions. |

* The Children's Defense Fund has named the trajectory that results in disproportionate incarceration rates for African American and Latino males 'The Cradle to Prison Pipeline'. <http://www.childrensdefense.org/programs-campaigns/cradle-to-prison-pipeline/>

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| <p>COMMUNITY AWARENESS & INVOLVEMENT</p> <p>Engage community members and local organizations in a meaningful way</p> | <p>Individuals most affected by violence may not be included in violence prevention efforts in meaningful ways. Additionally, resources directed to the violence prevention efforts may not reach local organizations serving communities in need.</p> | <ul style="list-style-type: none"> • Provide support and build capacity for local groups to be involved in violence prevention efforts. • Train residents in identifying risk and protective factors for violence, and implementing strategies to prevent violence. • Find ways to engage youth and survivors of violence who offer a unique perspective. |
| <p>RESOURCE LIMITATIONS</p> <p>Integrate efforts to prevent violence within multiple community initiatives</p> | <p>Communities in greatest need may not have sufficient resources to address issues of violence.</p> | <ul style="list-style-type: none"> • Integrate violence prevention efforts into other strategies addressing chronic illness, economic and community development, and educational attainment. • Explore creative solutions for leveraging related initiatives and resources. |

Build the Team: Partnership for Success

Successful efforts to implement community violence prevention strategies depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Community-based organizations
- Community members, including former gang members, survivors of violence, and youth
- Faith-based organizations
- Family members, including caregivers
- Health care systems, hospitals, community clinics, and health care providers
- Local businesses
- Media
- Police, criminal, and juvenile justice agencies
- Public health agencies
- School districts, universities, and community colleges
- Social service agencies
- Youth development organizations



Building Community Capacity to Foster Healthy and Safe Communities

Louisville, KY

Residents of the Shawnee neighborhood of Louisville experience more negative health outcomes and higher rates of violence compared to some other local communities.²³⁰ Many of the neighborhood's violent assaults have been linked to poor community conditions, including an overabundance of alcohol

and community blight. When the Louisville Center for Health Equity, the Shawnee Neighborhood Association, and local youth joined together to reduce violence, they promoted a sense of safety by working with local businesses to decrease the presence of alcohol promotions, increase street lighting, and eliminate graffiti and blight. These improvements, which were supported by the

Convergence Partnership, were aimed at creating an environment where residents could walk around safely, increasing access to their local grocery store and recreational spaces.

The project cultivated leadership by working with youth as well as adult residents, encouraging them to become active in their own community. Shawnee youth engaged in conversations confronting equity issues—exploring how oppression and institutional racism make communities unsafe and unhealthy. The youth took this analysis to heart, shifting their focus from individual issues toward broader community solutions.

Using Crime Prevention Through Environmental Design and digital storytelling, youth and adults identified environmental determinants that influenced safety and physical activity. Poignant photos and videos captured neighborhood assets and concerns and informed recommendations to decision makers. Over 18 months, the Shawnee neighborhood saw many improvements: neighborhood blight decreased, retailers removed tobacco and alcohol advertisements from storefronts, and the city facilitated major street repair.



HEALTH EQUITY IN ACTION

Building a Culture of Peace through Resident Engagement

Boston, MA

Some communities in Boston experience disproportionate rates of violence.²²⁷ Such violence may create concerns for businesses, such as grocery stores, to locate in these communities and for residents who may want to walk and be active in their neighborhood.^{228,229} To address this issue, the Boston Public Health Commission (BPHC) uses a public health approach to prevent violence in these communities with support from a variety of federal and local funds. BPHC focuses on engaging community members, building autonomy in neighborhoods, and fostering connectedness between residents.

In November 2007, the mayor, health commissioner, and police commissioner decided to make violence prevention a Boston priority. This commitment was key to ensuring that resources and support were allocated to the issue. With the help of more than 100 city staff across all agencies plus a large number of volunteers, BPHC led a neighborhood assessment and educational initiative, visiting every single house in neighborhoods heavily impacted by violence. BPHC provided more than 1,100 backpacks filled with information about BPHC and preventing violence. Residents also completed more than 700 surveys. The results identified

community policing, communities working together, and youth programs as possible ways to prevent violence in their neighborhoods.

Using results from the assessment, BPHC developed the Violence Intervention and Prevention Initiative (VIP), which supports community-based organizations bringing together neighborhood coalitions including youth, long-time residents, and local businesses. Through community education, VIP coalitions work to ensure residents have the knowledge and resources to drive sustained improvements that decrease violence where they live. Each local coalition developed neighborhood violence prevention plans tailored to the community's needs and priorities. Dr. Barbara Ferrer, BPHC Executive Director noted, "Resident engagement was so important for us [because preventing violence is] about a culture of building peace."

BPHC provides funding and technical assistance for a community organizer and block captains in each neighborhood. BPHC also supports a network of coalitions across all the neighborhoods. The network enables residents to share lessons learned and continue to build their capacity to address violence.