



# Innovative Strategies for Reducing Health Disparities

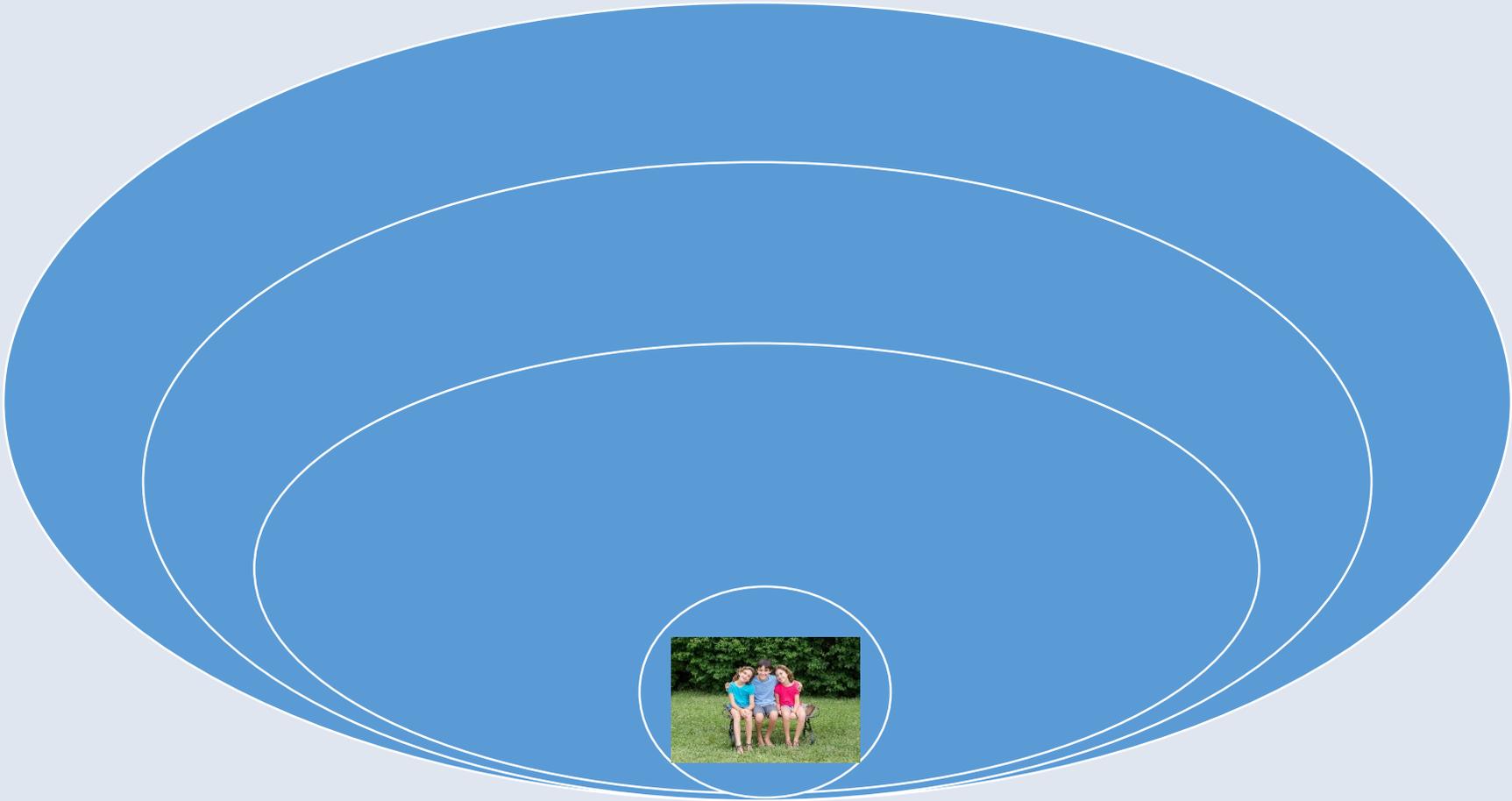
**Greta Massetti, Ph.D.**

Associate Director for Science  
Division of Cancer Prevention and Control, CDC

March 31, 2016



# the social ecological model narrative



# the social ecological model narrative



# the social ecological model narrative



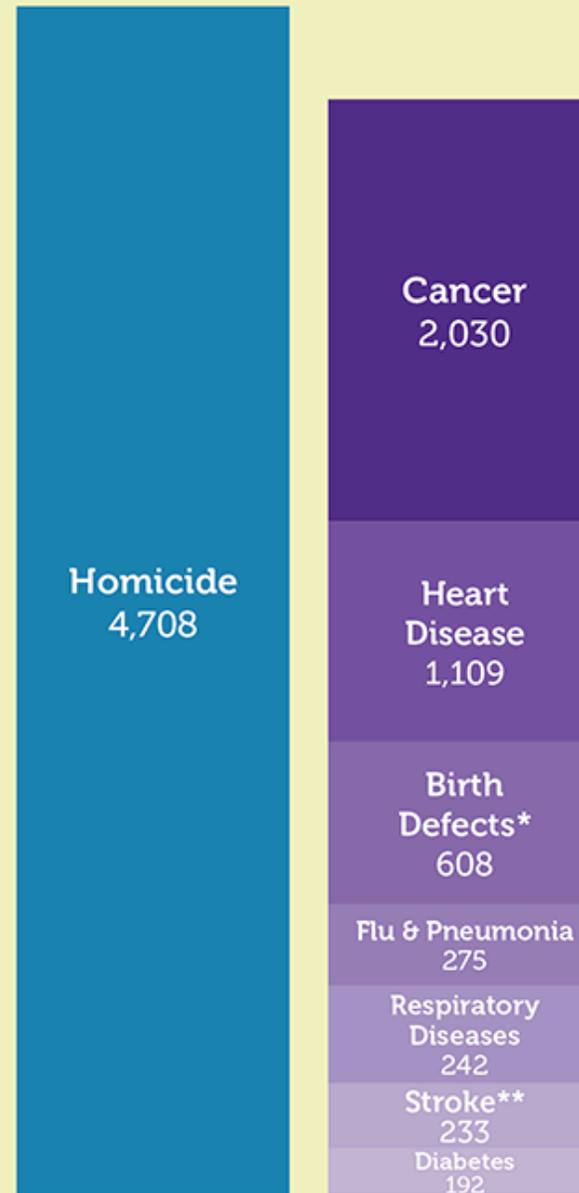
# the social ecological model narrative



# We all pay a price

- The public health burden of violence
  - Third leading cause of death among youth ages 10-24
- Economic impact of violence
  - Increases health care costs, decrease property values, and disrupt social services
  - Estimated **\$19.5 billion** in combined medical and work loss costs
- Negative impact on youth, families, communities, the nation

Fang & Corso (2009)



More young people, ages 10-24, die from homicide than from the next 7 leading causes of death combined.

Use steps in CDC's *Preventing Youth Violence: Opportunities for Action* and its companion guide to help improve the safety of youth today.

\*Congenital Anomalies  
\*\*Cerebrovascular Disease

Source: 2010 fatalities; Web-based Injury Statistics Query and Reporting System (WISQARS)

Learn more: <http://go.usa.gov/8unB>



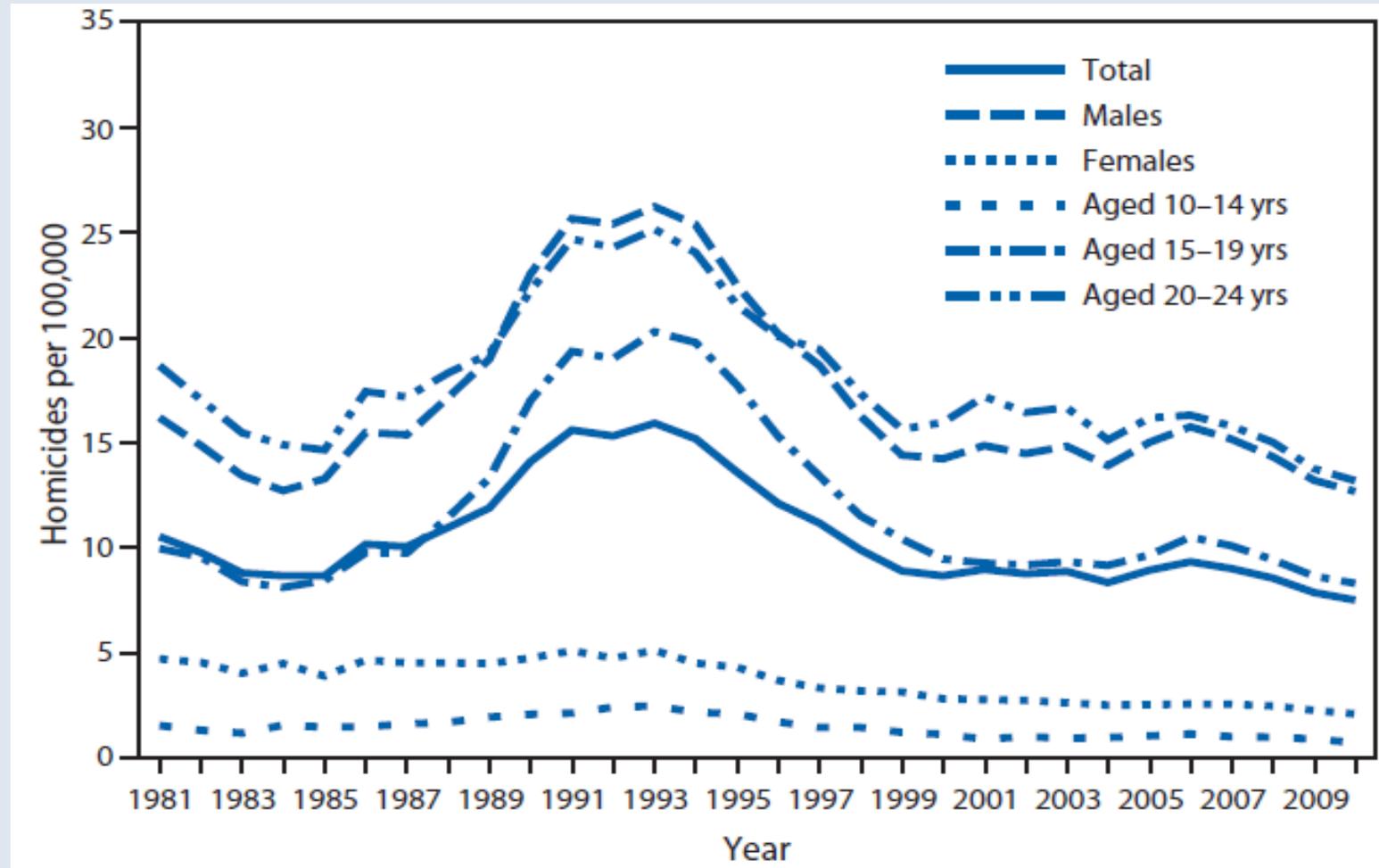
VetoViolence

# Youth Violence as a Public Health Problem

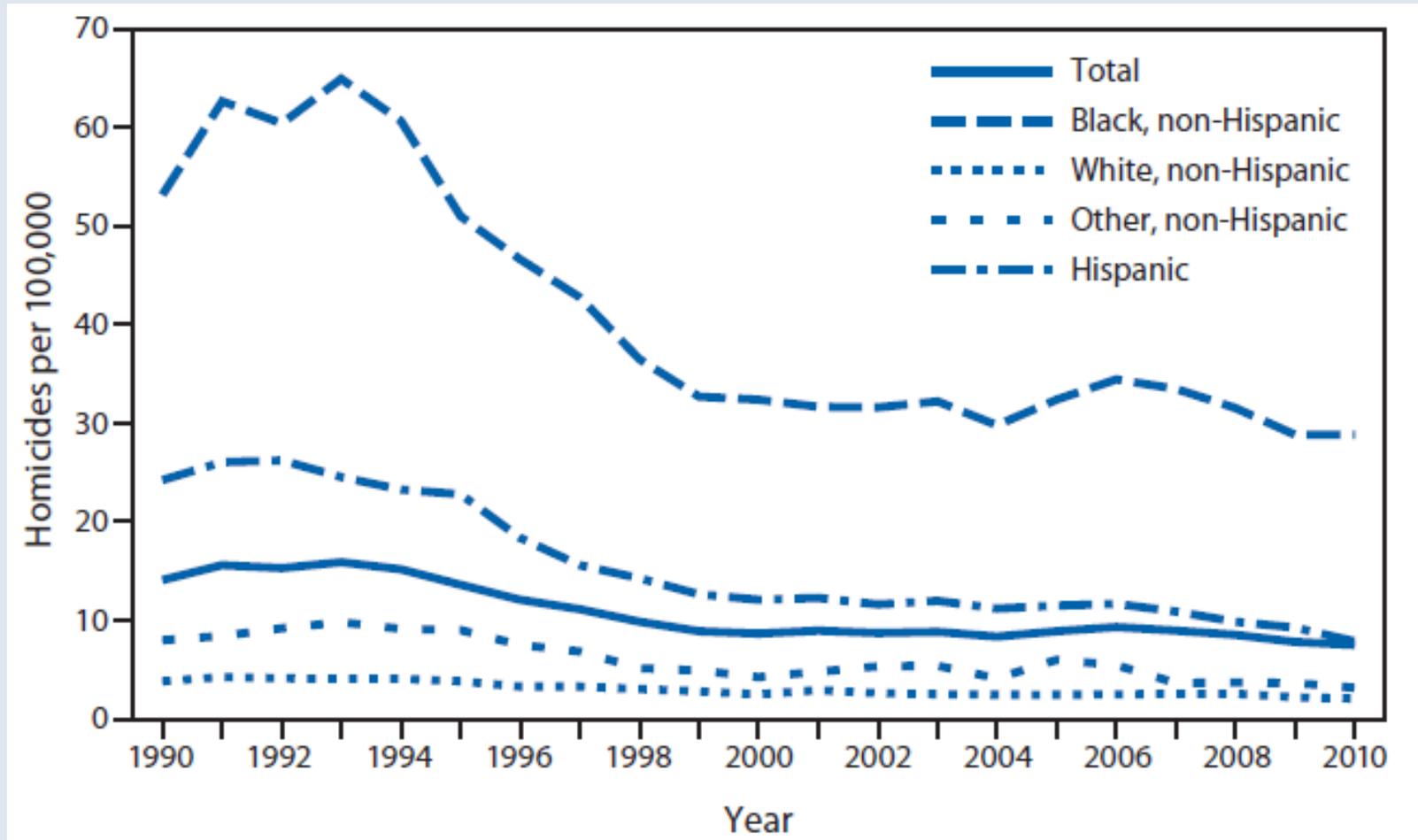
| Cause of Death<br>Ages 10-24 (2014) |                                    | Number of Deaths |
|-------------------------------------|------------------------------------|------------------|
| 1                                   | Unintentional Injury               | 12,586           |
| 2                                   | <b>Suicide</b>                     | <b>5,504</b>     |
| 3                                   | <b>Homicide</b>                    | <b>4,300</b>     |
| 4                                   | Malignant Neoplasms                | 1,985            |
| 5                                   | Heart Disease                      | 1,075            |
| 6                                   | Congenital Anomalies               | 533              |
| 7                                   | Chronic Low Respiratory<br>Disease | 249              |
| 8                                   | Influenza & Pneumonia              | 240              |
| 9                                   | Cerebrovascular                    | 220              |
| 10                                  | Diabetes                           | 181              |



# Homicide rates among persons aged 10–24, by sex and age group — United States, 1990–2010



# Homicide rates among persons aged 10–24, by race/ethnicity — United States, 1981–2010

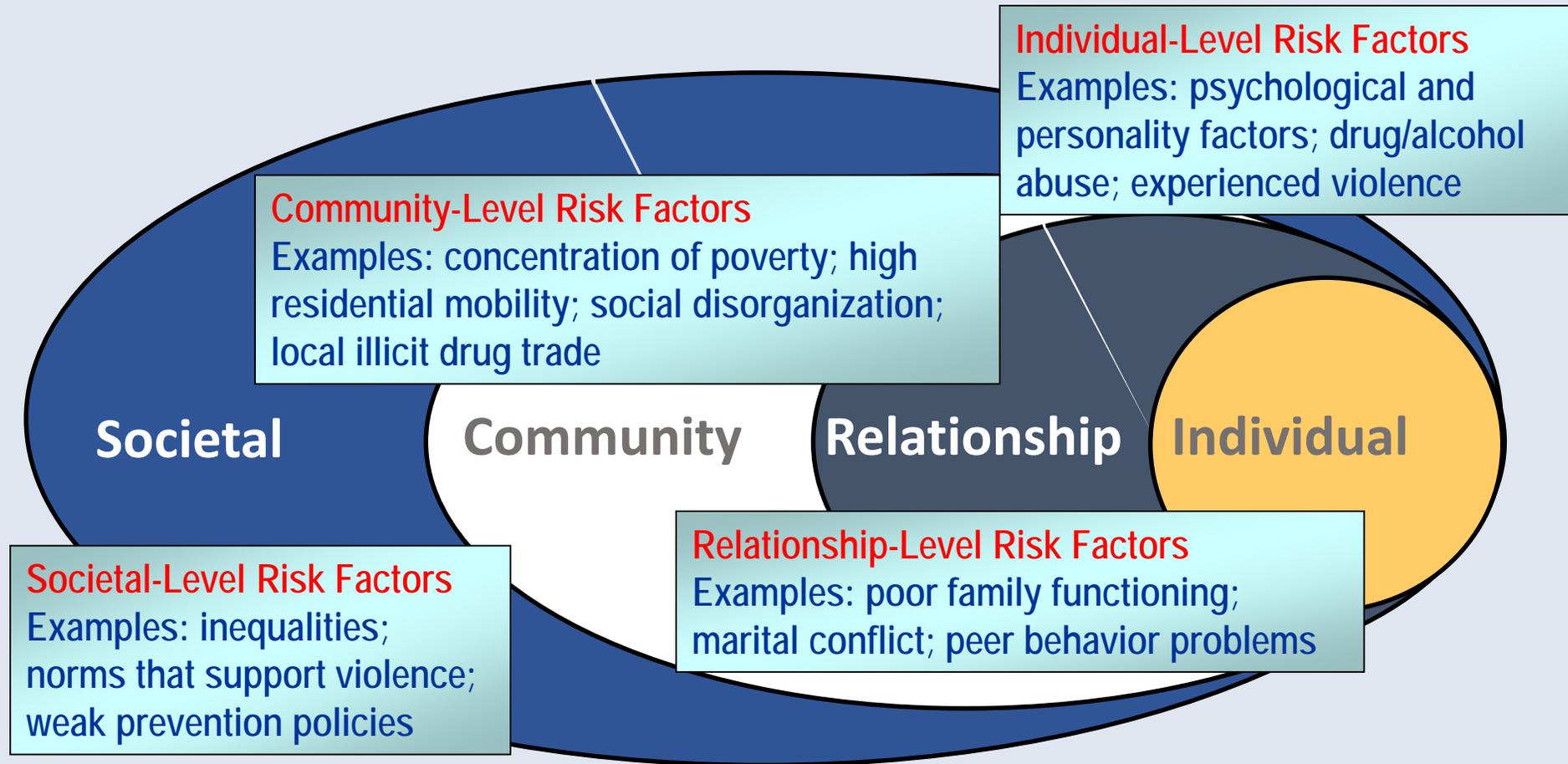


# Health disparities in violence

- Homicide disparities by age, race/ethnicity, and sex
- Homicide is **leading cause of death** for black youth ages 10 to 24
- Black males (10-24) at greatest risk for death by homicide

|                          |                |
|--------------------------|----------------|
| Black males              | 48.2 / 100,000 |
| Hispanic males           | 9.6 / 100,000  |
| Non-Hispanic white males | 2.6 / 100,000  |

# Risk factors for violence perpetration



# What works in violence prevention?

Understanding the evidence



Universal school-based programs



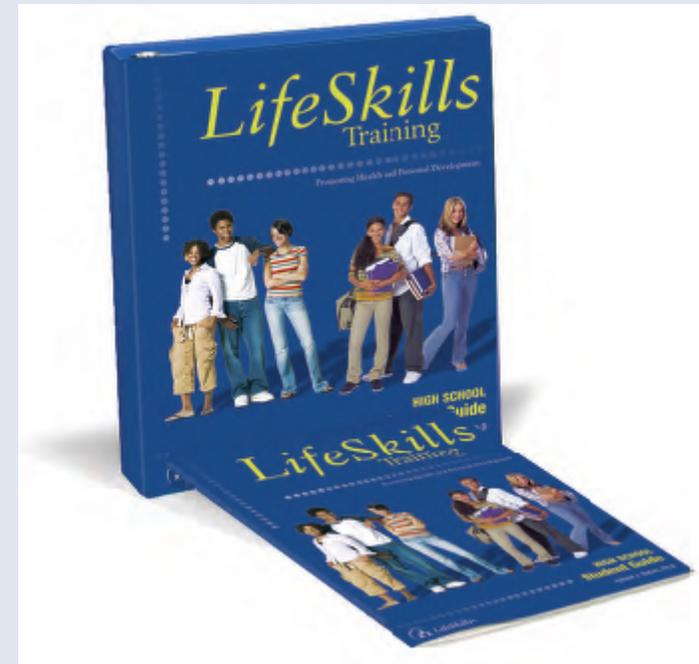
Parenting and family programs



Intensive therapeutic approaches for high-risk youth

# Universal school-based programs

- **Recommended** by Community Guide to prevent youth violence
- Teach youth skills to avoid violence, other risk behaviors
- Examples:
  - Life Skills Training
  - Positive Action



# Parenting and family relationship programs

- **Recommended** by Community Guide to reduce youth risk behavior (including violence)
- Evidence-based programs:
  - Eliminate coercive parenting
  - Communicate clear expectations
  - Teach positive parenting skills
  - Build parent-child relationships
- Examples:
  - Triple P Positive Parenting Program
  - The Incredible Years series
  - Strengthening Families 10-14
  - Guiding Good Choices



# Intensive family and community-based programs for high-risk youth

- Involve providing intensive services to youth and their families
- Address individual, family, relationship, peer, and contextual factors
  - Therapeutic Foster Care (MTFC): Recommended by Community Guide for delinquent youth
  - Multisystemic Therapy (MST)
  - Multidimensional Treatment Foster Care (MTFC)
  - Functional Family Therapy (FFT)

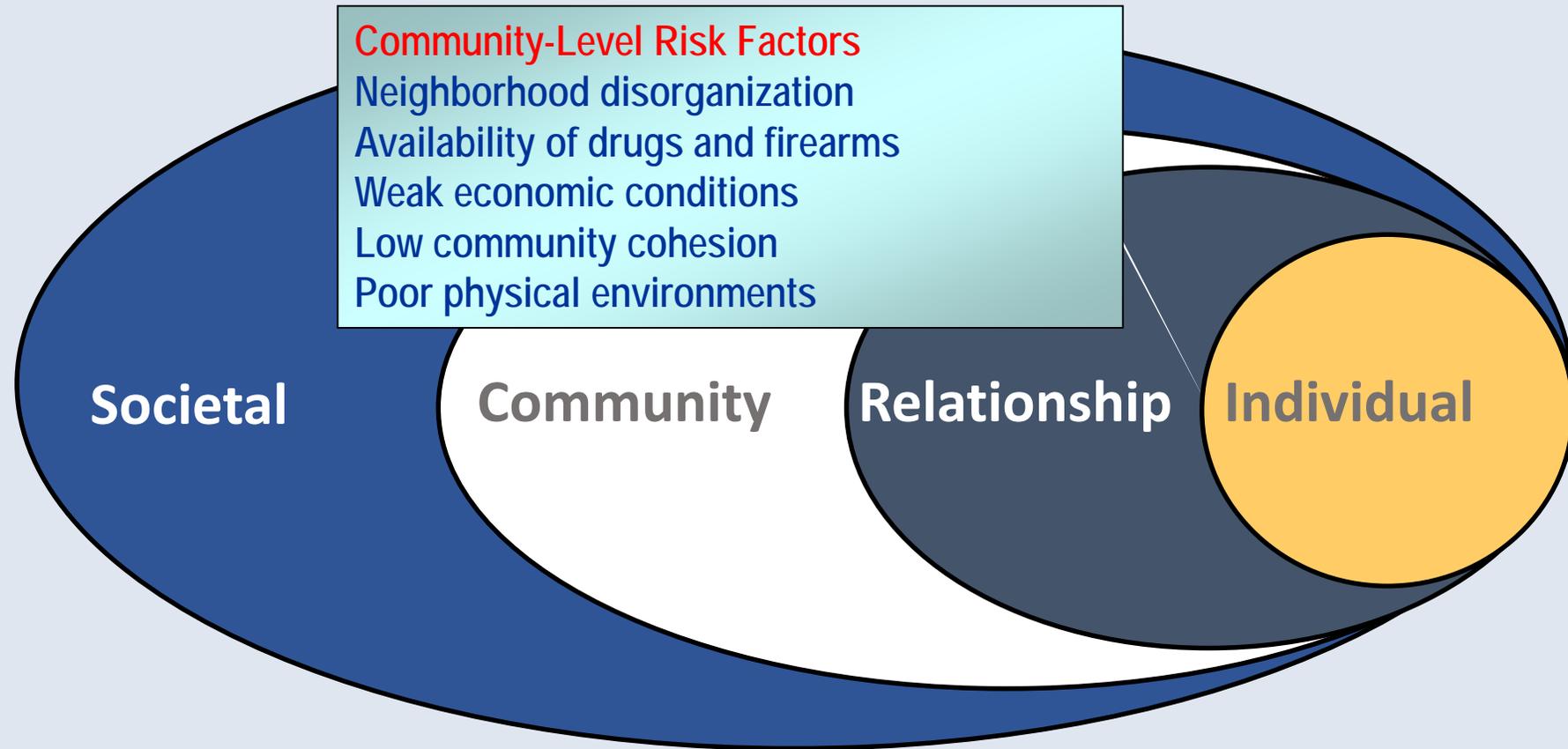
**FFT** Functional Family Therapy  
*Evidence Based. Cost Effective. Sustainable. Family, Youth & Culture Sensitive.*



# What *DOESN'T* work

- DARE
- Scared Straight
- Boot camps
- Juvenile transfers to adult court

# Risk factors for violence perpetration



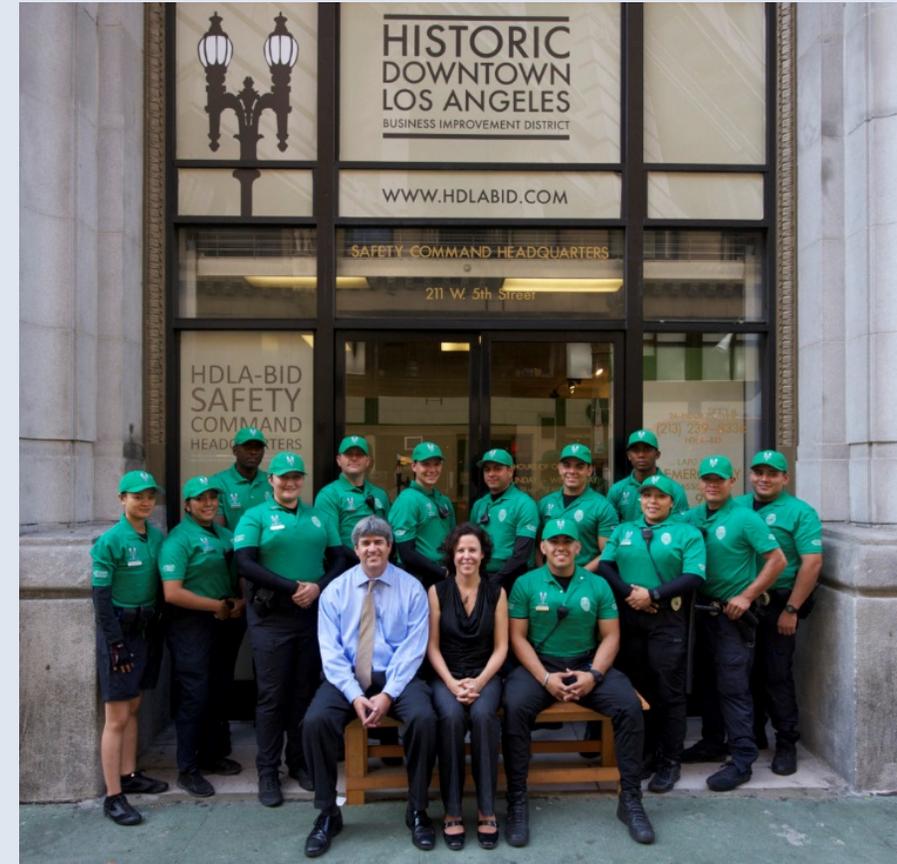
# CDC-funded evaluations of economic, policy, and structural strategies

- Business Improvement Districts
- Alcohol policy to reduce youth access
- Baltimore *Safe Streets*

# Business Improvement Districts (BIDs): Los Angeles, CA

- Collection and investment of resources from local merchants and property owners.
- Area service provision
  - Place promotion
  - Street cleaning and beautification
  - Public safety
- 1996-2003: 30 BIDs in LA across 179 neighborhoods.

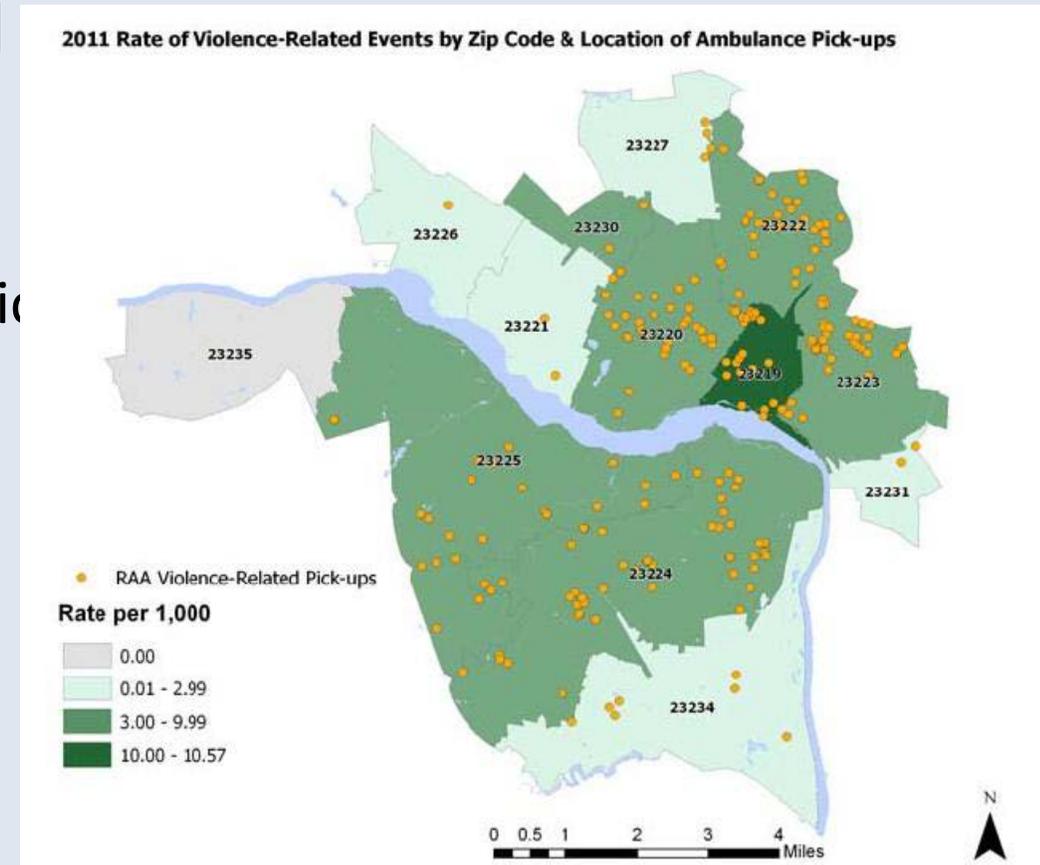
MacDonald J, Blumenthal RN, Golinelli D, et al. Neighborhood effects on crime and youth violence: the role of Business Improvement Districts in Los Angeles. Santa Monica, CA: RAND Corporation; 2009.



# Alcohol policy to reduce youth access: Richmond, VA



- Surveillance data about violence-related injuries and alcohol use
- Virginia Alcohol Beverage Control Board
  - License restrictions for single-serve alcoholic beverages
  - Enforcement January-June 2003



# *Safe Streets*: Baltimore, MD

- Street outreach and community mobilization
- Goals:
  - Interrupt the transmission of violence
  - Change community norms about acceptability of violence
  - Build positive community connections through community events
- Implemented in 4 neighborhoods in Baltimore (2007-2010)
- Replication of Chicago *CeaseFire*



# Evident disparities in intervention communities

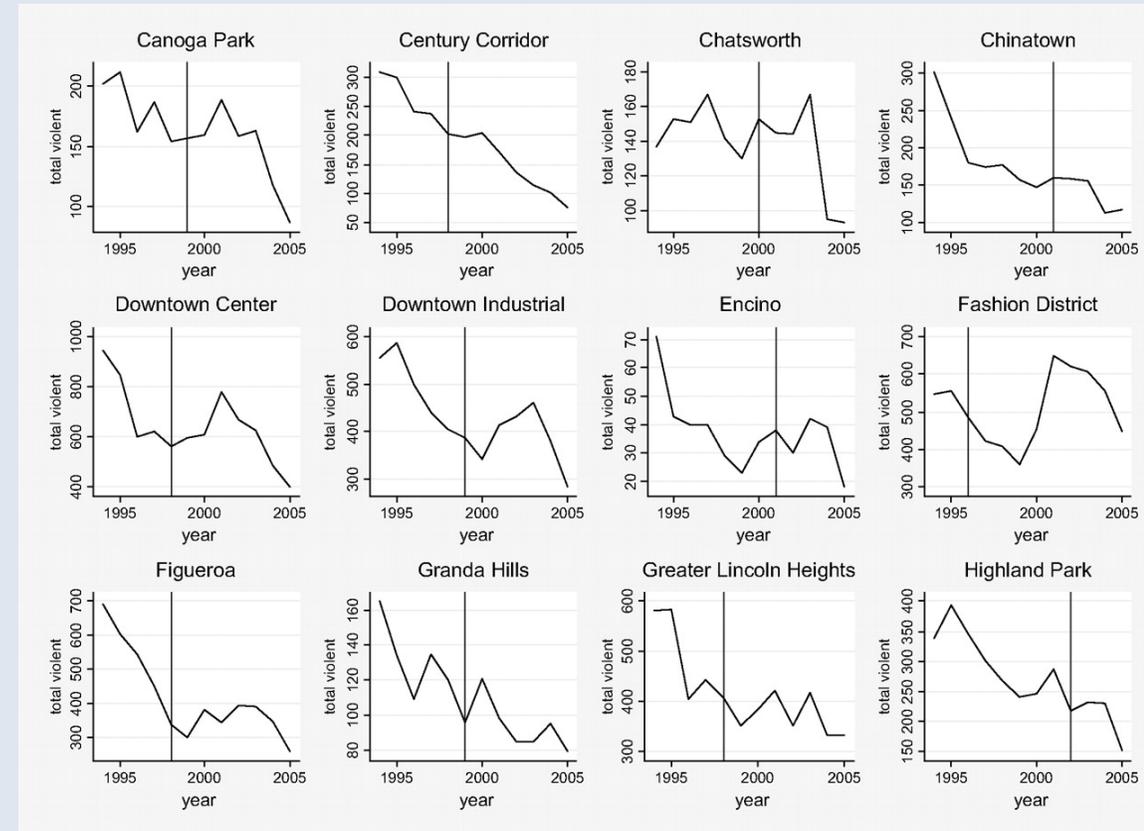
|             |  |
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| Los Angeles | <p>Substantial racial/ethnic disparities in violence</p> <ul style="list-style-type: none"><li>• 46% of residents were Hispanic</li><li>• 11% of families lived in poverty</li><li>• Unemployment rate 10%</li></ul> |
| Richmond    | <ul style="list-style-type: none"><li>• Homicide rate (46.0 per 100,000) was 3X national average</li><li>• 57% of population in 2003 was black</li><li>• 64% of youth were black</li></ul>                           |
| Baltimore   | <ul style="list-style-type: none"><li>• Among the highest violent crime rates in the country for many years</li><li>• Systemic economic issues and gang entrenchment</li></ul>                                       |

# Evaluation methods

- BIDs
  - Compared 179 BID neighborhoods and 893 non-BID neighborhoods
  - Yearly counts of violent crime data 1994-2005
  - Assessed effect after BID was enacted
- *Safe Streets*
  - Monthly homicide and nonfatal shooting data 2003-2010
  - 39 police posts: 4 intervention and 35 comparison
- Alcohol policy evaluation
  - Panel study on violence-related ambulance pickups for 15-24 year olds 2001-2004
  - Compared 5 census tracts affected by policy to similar control tracts
  - 18 months pre, 6 months during, 18 months after intervention

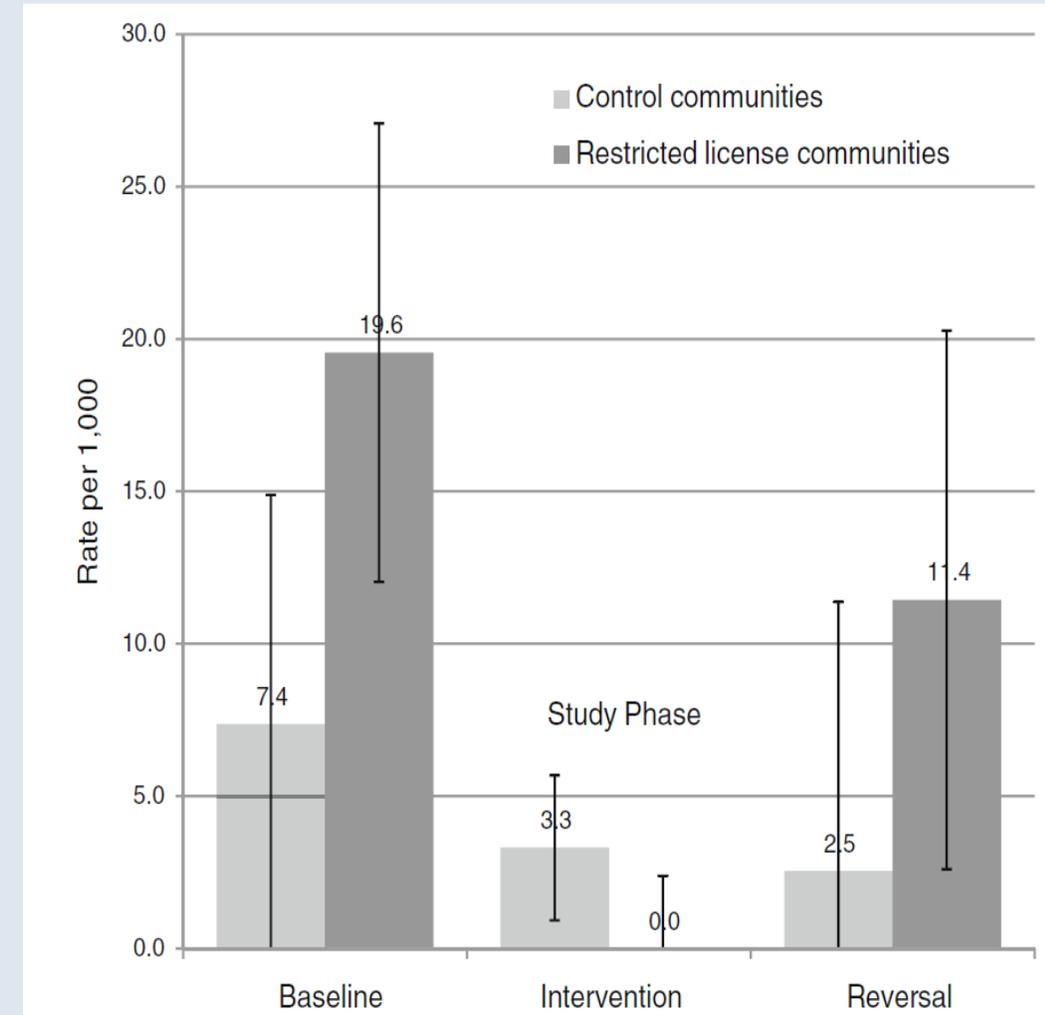
# Results: BID evaluation

- Implementation of BIDs associated with substantial reductions in violence
- 12% reductions in robberies across neighborhoods
- 8% reduction in crime overall



# Results: Alcohol policy evaluation

- During intervention period:
  - Greater decrease in monthly ambulance pickups for intervention communities than comparison communities
- Increase in ambulance pickups after enforcement ended



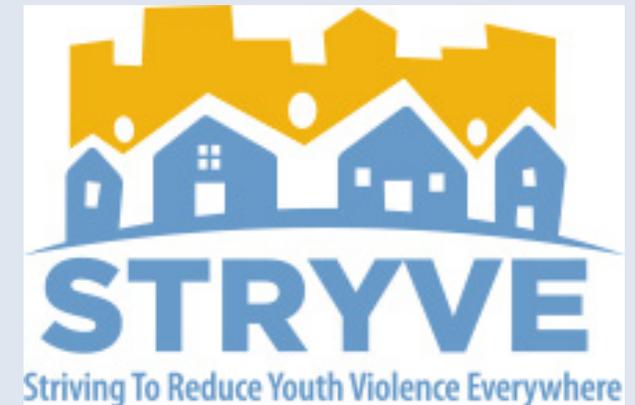
# Results: *Safe Streets* evaluation

| Community       | Homicides     | Nonfatal shootings |
|-----------------|---------------|--------------------|
| Cherry Hill     | 56% reduction | 34% reduction      |
| McElderry Park  | 26% reduction | 22% increase       |
| Elwood Park     | No change     | 34% reduction      |
| Madison-Eastend | 70% increase  | 44% reduction      |

- Effects associated with
  - Variation in program implementation
  - Frequency of conflict mediations
  - Increases in gang activity

# Implications

- Building the evidence
  - Policy, structural, and environmental strategies
  - Focus on communities with very high rates of violence
  - Examine impact on community-wide rates of violence
- What CDC is doing
  - National Centers for Excellence in Youth Violence Prevention
  - Striving to Reduce Youth Violence Everywhere (STRYVE)



# Resources

- CDC Veto Violence  
<http://vetoviolenace.cdc.gov/>
- Guide to Community Preventive Services  
<http://www.thecommunityguide.org/>
- Blueprints for Healthy Youth Development  
<http://www.blueprintsprograms.org/>
- California Evidence-Based Clearinghouse for Child Welfare  
<http://www.cebc4cw.org/>

# Thank you!

# Questions?

The findings and conclusions in this presentation are those of the authors and do not represent the official position of the Centers for Disease Control and Prevention.