Community Violence as a Population Health Issue: Proceedings of a Workshop—in Brief

DETAILS

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Proceedings of a Workshop

IN BRIEF

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On June 16, 2016, the Roundtable on Population Health Improvement held a 1-day public workshop at the Lutheran Church of the Good Shepherd in Brooklyn, New York. At this workshop, participants explored public health approaches to reducing and preventing community violence. Individual participants discussed the effects of trauma and violence on communities and explored approaches that communities and multisector partners are using to build safe, resilient, and healthy communities. Individual participants discussed community- and hospital-based antiviolence programs, community policing, blight reduction, and the community's participation in initiatives, including the youth and adults at risk or responsible for much of the violence in communities. The planning committee did not include initiatives that specifically focus on the intersection between community violence and domestic violence against women and children. The planning committee also did not consider initiatives that focus on trauma and violence in lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ) communities or include initiatives or research specifically focused on violence associated with the use of, ease of access to, or illegal possession of guns. However, many speakers commented on the tragic shooting that took place earlier in the week on June 12, 2016, at Pulse, a gay nightclub located in Orlando, Florida. Omar Mateen killed 49 people and injured 53 others on Latin Night in an act of mass violence that resonated with many participants as terrorism, violence against the LGBTQ community, and the Latino community.

VIOLENCE AS A SOCIAL DETERMINANT OF HEALTH

We know that violence is a social determinant of health, said Thomas LaVeist of the George Washington University Milken Institute School of Public Health. As Thea James of the Boston Medical Center explained, the economic and social conditions into which people are born influences their health and opportunities to thrive. Access to quality education, employment, income, wealth, power, housing, and justice, as well as safe places to walk, play, and socialize are factors beyond genetics, behavior, injury, and disease that affect people's health. The lack of opportunities to thrive and be successful in life shape the health of individuals and communities, contributing to shorter lives, particularly for people of color.

A community exposed to trauma—or a traumatized community—may become dysfunctional, said Howard Pinderhughes of the University of California, San Francisco, School of Nursing. A traumatized community is missing the fabric and foundation of resilience for young people, children, and families exposed to interpersonal and structural violence. The community is transformed into a place that produces violence, rather than serving as a safe space that protects people. Furthermore, said Pinderhughes, these are communities where there are deteriorated environments and unhealthy, often dangerous, public spaces with crumbling physical infrastructure, such as housing projects that resemble prisons.

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Other damaging factors, said Pinderhughes, include deteriorating educational and economic environments and intergenerational poverty. The economic conditions include long-term unemployment combined with limited employment opportunities, as well as the absence of local businesses, and continued government and private disinvestment. Taken together, all of these factors serve as manifestations of the structural violence that harm individuals, families, and communities by preventing them from getting their basic needs met, said Pinderhughes. An additional element is the fragmentation of social relations and the disruption of social networks and infrastructures of social support. What happens is that the overwhelming adversity and the lack of a fabric of resilience lead to traumatized communities, said Pinderhughes. For people living in these communities, when someone says "my neighborhood is killing me," said Pinderhughes, they are not talking about environmental toxins, but instead they are talking about being subjected to the economic, social, and cultural toxins of structural violence imposed from outside.

Furthermore, racial and ethnic segregation contribute to Latino and Black violence in these communities (Feldmeyer, 2010), said keynote speaker John Rich of Drexel University Dornsife School of Public Health. This segregation concentrates disadvantage and contributes to the differences in violence across communities. This segregation is a product of institutional racism that is systemic in nature by way of structuring opportunity and assigning value based on race and ethnicity, said Rich. Institutional racism (Jones, 2000) does not simply disadvantage the people directly affected by it, said Rich, it advantages others. In the context of violence, it means that while some young people are more likely to be victims of violence because of where they live, there are other young people who, owing to their social position and class privilege—including where they were born—are less likely to be victimized, said Rich.

RACISM, VIOLENCE AND TRAUMA

Rich said that police and vigilante violence against young people of color are critical factors in how people think about violence that happens in communities. Sean Bell was killed in Queens, New York, in 2006 and it is likely, Rich said, that between 2006 and 2012, when Trayvon Martin was killed in his Sanford, Florida, neighborhood that there were other young people killed in the United States in a similar manner who were not brought to the public's attention. However, there is now a national spotlight on these events and the public is familiar with names like Michael Brown, Eric Garner, Tamir Rice, Laquan McDonald, Walter Scott, and Freddie Gray. Their stories reinforce that young people may not see the police as protective of them in the context of seeing so many young men lose their lives, said Rich.

Institutional racism and police violence are exemplified by policies that legitimize or incentivize aggressive action against young black men, said Rich. He added that personally mediated racism (Jones, 2000), meaning the assumptions that police officers may make about the abilities or motives of these young men based on their race or ethnicity may be manifested in how the officers treat the young men in a dehumanizing manner. Instead of contributing to safe communities, these violent encounters between the police and young men often lead to more negative outcomes. In their survey study of young men and aggressive policing, Amanda Geller and her colleagues found that the men who reported the most police contact, particularly intrusive police contact, also reported the most trauma and symptoms of anxiety (Geller et al., 2014). Given these experiences, young people who experience intrusive contact in these communities may not trust the police to keep them safe and instead believe that having their own weapons is the way to keep themselves safe, particularly in the context of personal trauma, said Rich.

"What happens when young people grow up in neighborhoods that are constructed as killing zones and they understand that that is their environment and that is their future?" asked Pinderhughes. Violence may become a violence prevention strategy, suggested LaVeist. Young people living in hostile environments do not want to be victims of violence, said Rich. Therefore, it is logical in a warlike community—with overwhelming numbers of homicides in the context of a broader culture and country engaged in violent wars—for young people to learn that violence is a way to prevent further harm. Unfortunately, this is often the first step on the road to incarceration and death, said Rich.

Young people who experience trauma early in their lives, said Rich, suffer from symptoms of hyperarousal or hypervigilance, which are classic for posttraumatic stress disorder (PTSD). Youth who are injured and have PTSD or other traumatic symptoms are rarely educated about their illness while they are in the hospital after they are wounded. These injured youth, said Rich, are likely to experience depression, which is as common an outcome of trauma as PTSD. Steven Marans of the Yale School of Medicine and the National Center for Children Exposed to Violence/Childhood Violent Trauma Center at the Yale Child Study Center said that it was important to be clear that from a clinical perspective trauma refers to an injury that is unlike any other situation. It is a feeling of overwhelming, unanticipated danger in which a person experiences a reality of helplessness, meaning there is nothing that he or she can do to change, alter, or get away from the unanticipated event, said Marans. Lacking access to further health care when they are released from the hospital, these young people will often turn to what is in their environment to treat their distress, and that is often alcohol or marijuana, said Rich.

The collective experience of young people exposed to adverse childhood experiences (ACEs),[1] violence, and the symptoms of trauma may be captured by the concept of synergistic trauma, which is a combination of individual trauma from exposures to violence and the trauma from structural violence, said Pinderhughes. It integrates the concept of psychological injury that results from protracted exposure to prolonged social and interpersonal trauma in the context of either captivity or entrapment.

BUILDING HEALTHY COMMUNITIES

Building community resilience means creating safer public spaces by improving the built environment, parks, housing quality, and transportation (Davis et al., 2016). What is currently lacking, said Pinderhughes, is the political, social, and economic will to make the investments that will change built environments and strengthen the communities that currently live there. These changes, said Pinderhughes, need to be sustainable improvements that community residents are capable of maintaining themselves, so they avoid being dislocated through processes of gentrification once the area is a safe, healthy, and desirable place to live.

Pinderhughes emphasized that change is not about the government stepping in and taking control. Community members, he said, need to be actively involved in the decision making that informs community change, particularly in a manner that elevates healthy and productive social norms, promotes healthy behaviors, and establishes collaborations that help to strengthen the social networks and infrastructure of the communities.

Although improving socioeconomic status has the greatest effect on health (Friedan, 2010), place-based changes also play a significant role in people's health and well-being, said Charles Branas of the Penn Injury Science Center and the Penn Urban Health Lab at the University of Pennsylvania. Branas shared an innovative place-based strategy to reduce violence by transforming the physical environment of communities. Multiple analyses in combination with quasi-experimental work conducted by Branas and other researchers in several cities have shown that blight remediation can significantly reduce firearm violence with a high return on investment, said Branas (Branas et al., 2011, under review; Kondo et al., 2015). Replacing the plywood and the broken windows with functional doors and windows on the front of abandoned houses not only seals the house so people are no longer able to get into them and do more damage, but it also dramatically changes the appearance of a block, particularly if there are several properties in need of remediation, said Branas.

In Philadelphia, the evidence shows that greening vacant lots leads to a significant drop in gun violence that was sustained for more than 3 years (Branas et al., under review). Recent results have also shown that the greatest reduction in gun violence is almost entirely in Philadelphia neighborhoods that have the most people living below the poverty line, meaning that the poorest neighborhoods of the city are the ones that are reaping most of the benefits from these inexpensive strategies directed at reducing gun violence. Branas added that the evidence suggests that illegal weapons were being stored in abandoned housing and abandoned lots. By altering or removing the hiding places, there is a genuine reduction in the gun violence in these neighborhoods, said Branas.

People's perceptions of crime and vandalism have also been reduced in greened spaces, said Branas. When people are scared of vacant lots, they will cross the street to avoid them and children may take a different route to school in order to avoid these spaces. Therefore, not only do these spaces change people's daily lifestyles, they may also be chronically affecting residents' stress levels. Branas and colleagues also conducted an experiment where they walked people around Philadelphia and monitored their heart rates when they were in view of vacant lots compared to areas with greened lots. The researchers found a biologically significant drop in participants' heart rates when they were near the newly greened lots (South et al., 2015). After a space is remediated, said Branas, people interact with their local environments differently and will go outside more. In one analysis, Branas and his colleagues found that after greening lots, people exercised outside more often and sedentary behavior went down. They also found that nuisance crimes and calls to 911 decreased. Not only did rates of depression and serious mental illness decline, people's self-reported stress levels also fell, said Branas.

ADVANCE PEACE

The crucial foundation of effective and sustainable antiviolence initiatives is the involvement of lethal firearm offenders, said DeVone Boggan of Advance Peace. There has to be a willingness to collaborate with these men as a way to find solutions to reducing gun violence in neighborhoods, he said. In 2007, Boggan was hired by the City of Richmond, California, as its first director of the Office of Neighborhood Safety. Boggan's task was to meet one goal: reduce the number of people injured and killed by firearms in a city that suffered nearly 700 homicides from 1986 to 2005. Boggan's approach was to build the capacity of the city to reduce gun-related violence and to connect with the men who were directly involved in gun hostilities and hire them as fully vested city government employees.

[1] For more information, see https://www.cdc.gov/violenceprevention/acestudy (accessed September 12, 2016).

In 2008, the city deployed the first group of these men as neighborhood change agents using a very broad outreach strategy. In 2009, there were 45 firearm homicides and 186 shootings leading to injury. That year, Boggan met with local, state, and federal law enforcement and learned that only 28 people were responsible for 70 percent of the shootings. Boggan decided that rather than using broad community outreach in the "hot spots" of the city, his team should use a more targeted approach aimed at the "hot people" responsible for homicides and injury.

In June 2010, the Operation Peacemaker Fellowship was established with a class of 21 fellows, which Boggan declared was a testament not only to the outreach staff as credible messengers, but also to the desire of these young men to believe in something that was designed specifically for them. Boggan outlined the components of the fellowship program. Each fellow had a team of people who were responsible for being accessible to him on a daily basis in what Boggan called "high-touch engagement." Boggan sat down with each of the fellows to help them create their own life map with smart goals. A member of his team would take each of the fellows in person to connect them with every social service opportunity available. Six months into the fellowship the men were eligible for a stipend of up to $1,000 per month for 9 of the remaining 12 months of the fellowship to compensate them for partnering with others to reduce gun crimes in the city. To put this amount in context, Boggan pointed out that even though the fellowships paid a stipend of $9,000 over 18 months, it was a small price for the city to pay the men for contributing to the reduction in gun violence compared to the high costs that accrued each time a young man was shot.[2]

Boggan and his team took the fellows on "transformative life excursions" in California, as well as out of the country and out of the state several times per year. When they took trips in California, the fellows would visit universities and perform community service and other activities that they were unable to do in Richmond owing to security concerns. For the out-of-state and out-of-country trips, the fellows had to be willing to travel with someone they were allegedly trying to kill and someone who was allegedly trying to kill them. It was an amazing experience to travel to sites such as Robben Island in South Africa, for example, with groups of men who had tried to take each other's lives for the past 3 to 5 years, said Boggan. These trips can be the most transformative experiences that the men have beyond the relationships that they form through the fellowship and maintain on a daily basis.

Fellows are also introduced to a "council of elders," men that have had successful careers and have healthy families. They are men who look like the fellows, do not fear the fellows, and most importantly, said Boggan, they are willing to engage with them as they are. After 18 months, the fellows are not the same men they were when they entered the program. In the past 5 years, 79 percent of the men who participated in the program have not become suspects in a new firearm crime, said Boggan.

CURE VIOLENCE

Cure Violence, said Roberto Rodríguez of the Jacobi Medical Center's Stand Up to Violence (SUV) program, is a public health approach to violence prevention developed in Chicago by Dr. Gary Slutkin and currently deployed in more than 50 neighborhoods in more than 23 cities in the United States and in 8 countries on 5 continents. Slutkin's approach is modeled on the notion that similar to infectious diseases, violence forms in clusters, so by interrupting conflicts involving high-risk individuals, primarily young men in gangs, there is an opportunity to contain it and prevent further transmission.

SUV is a unique hospital-based Cure Violence initiative. There are two outreach components: one focuses on the community, the other on the hospital, said Rodríguez. Inside the Jacobi Medical Center is a hospital trauma center that receives anyone involved in a shooting in the northern section of Bronx, New York. It is there that shooting victims meet the hospital responder who will immediately engage them and try to get information to help prevent a retaliatory attack, said Rodríguez. The hospital responder and other staff will also engage the patients on a weekly basis after the patients are discharged from the hospital.

Mobilizing the community is the responsibility of outreach workers, generally men that have formerly been incarcerated (also known as returned citizens). The outreach workers, along with the violence interrupters, are constantly on the streets in the community engaging with high-risk individuals, said Rodríguez. Staff work tirelessly in the community and mentor a caseload of about 15 individuals whom they help with enrolling in general educational development and college programs. Outreach workers may be from different parts of the Bronx, but the relationships that they form can lead to solving serious disputes in their communities. In the past 2 years, there has been a 53 percent drop in gun violence in their target zone, said Rodríguez.

[2] According to the California Legislative Analyst's Office, the cost of incarcerating an individual in 2008–2009 in California was $47,102 per year. See http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost (accessed September 9, 2016).

MEASURING THE IMPACT OF CREDIBLE MESSENGERS AND CHANGING NORMS

Cure Violence and Advance Peace both rely on credible messengers, meaning individuals who, as Rodríguez said, have "already walked down that path before" so they are more capable of identifying and relating to high-risk individuals than "a social worker from a text perspective." Researchers who have evaluated antiviolence programs, such as Daniel Webster of the Center for the Prevention of Youth Violence and the Center for Gun Policy and Research at the Johns Hopkins Bloomberg School of Public Health, suggest that this kind of antiviolence work is highly dependent on these credible messengers. Webster has evaluated Cure Violence initiatives in Baltimore and the unevenness in the results he has seen there has as much to do with the gifted and passionate outreach workers as anything, said Webster. He suggested that across the board, whether talking about the Cure Violence model or a focused deterrence approach, implementation of the antiviolence strategies matters a lot.

Webster suggested that neighborhoods themselves might be important to the varied effects seen in program implementation. For example, in Baltimore, if all of the interventions are aggregated over all of the months that they have been in operation, there is not a net change in homicides associated with the Cure Violence program. However, there has been a 27 percent reduction in nonfatal shootings aggregated across the neighborhoods. It is in the neighborhood of Cherry Hill, where the Cure Violence initiative Save Our Streets operates, that there has been a 44 percent reduction in homicides and a 41 percent reduction in nonfatal shootings. This reduction since November 2008 when the program started, has been over a sustained period of time, which is particularly impressive, said Webster (Webster et al., n.d.). It is very hard to quantify in a scientific way the effect on program effectiveness of getting the right people to do the work, people with the talent and passion to create a new kind of environment like the outreach workers in Cherry Hill, said Webster.

Researchers seeking to study changes in social norms face similar challenges. Jeffrey Butts of the John Jay College of Criminal Justice and his research team are disentangling the incidents of violence based on all of the administrative data they can accumulate and measuring social norms to see if the changes in these incidents of violence comport with any movement in norms.[3] The Cure Violence theory, said Butts, is that lasting change comes from changing the way the community thinks about violence. For example, as Rodríguez discussed, reducing and preventing gun violence means that all of the friends and family of victims, residents, elected officials, community leaders, business owners, faith leaders, and others must be actively engaged in spreading awareness about the devastating effects of violence on communities both immediately after a shooting, but also as a long-term change in behavior. If changing norms is what leads to a reduction of violence in a community, said Butts, then researchers must try to measure those changes.

One strategy that Butts' team has used is micro-targeted surveys in New York neighborhoods. The researchers do the surveys by using respondent-driven sampling as a way to measure change over time in communities. What this means is that rather than returning to the same group of people over time, they essentially come into a community and measure the prevalent social attitudes among 18- to 30-year-old men in neighborhoods with Cure Violence and in neighborhoods without it and see if the trajectory about norms regarding violence have moved in a measurable way. It is important to try to measure the changes, said Butts, because stakeholders need to know if the interventions are correlated with change in a reliable and replicable way. Identifying correlations is hard to do with violence, added Butts, in part because there are not reliable statistics and data on incidents of violence in communities. Butts cautioned against considering random assignment and experimental designs as the only acceptable evidence for public policy. The sort of resources necessary to do random assignment studies for entire communities is not available. Butts said that unless there is an understanding of the structural and social context of all of the individual behaviors, the problem of measurement would not be solved. There has to be a willingness to "accept evidence that is not just experimental," he said.

TRAUMA-INFORMED, HOSPITAL-BASED INTERVENTIONS

Healing Hurt People (HHP) is a trauma-informed, hospital-based violence intervention program affiliated with the Drexel University College of Medicine and the Emergency Department at Hahnemann University Hospital, Philadelphia, Pennsylvania. HHP offers young people suffering from trauma a health assessment, case management, and navigation to systems that may be inaccessible to these young people without assistance, said Rich. Young people are provided with mentoring and trauma-structured groups where they have the opportunity to process their trauma and violent injury and, when needed, they receive traumatic stress intervention therapy tailored to the child and family.

In addition to treating the roots of trauma, said Rich, HHP engages youth in healing through a process of participating in community change. Survivors of trauma often have what Rich called "survivor mission." Survivors may

[3] Butts said there is no data on violent incidents. Instead, this team uses data as proxy measures, meaning data on injuries from hospitals and police data on reported crimes with specific block coordinates.

feel inspired to change and they feel compelled to help contribute to building a world free of violence and trauma for their own children. However, even with the support of mentors and other community members these young people cannot do that if they do not have access to opportunities that will enable them to improve their lives and the lives of their families, said Rich

At Boston Medical Center's Violence Intervention Advocacy Program (VIAP), staff also use a trauma-informed approach to healing young victims of violence. VIAP is staffed by young people from the community who serve as advocates, role models, case managers, and intervention specialists. In its first year, said Thea James of the Boston Medical Center, these advocates spent 8 hours each day of the year going room to room inside the hospital to engage with and understand the young people injured by violence. The advocates explored what the patients needed and assessed what the intervention team could do to help. One of the first concerns of the advocates is to work with their clients to prevent retaliation. After its first year, VIAP implemented a full case management model that includes a director, associate director, three advocates, a family support coordinator, a data research manager, and an employment readiness specialist. Additional support comes from social work interns and emergency medicine residents who rotate through the program as an elective. James' staff members also work with the Community Violence Response Team based in Boston Medical Center's trauma department. Another part of the program is city street workers from the Boston Centers for Youth and Families. Two of the street workers engage the patients in the hospital 24 hours per day, every day of the year. The street workers are contacted anytime someone is injured or fatally wounded so they can be at his or her bedside. These street workers, said James, act as invaluable liaisons among the families, hospital staff, public safety staff, and the community.

The staff partner with community-based organizations in order to meet the specific needs of the patients. Examples include connecting them with mental health support, job skills training and employment, legal support, life skills building, relationships building, transitional assistance, and housing. In addition to collaborating with other community groups, James emphasized that one of VIAP's goals is to work with patients to strengthen their family networks. Staff members support the patients by connecting them with programs to strengthen their parenting skills and provide support services to other family members. James emphasized that for injured youth, having a reliable, trusting, and caring adult in their lives is often what gets the young people "on the other side of the bridge."

COMMUNITY POLICING COLLABORATIONS

John Markovic of the U.S. Department of Justice Office of Community Oriented Policing Services (DOJ-COPS) explained that an important goal of community policing is collaboration. As the President's Task Force on 21st Century Policing recommended, the focus of community policing is building trust and legitimacy with communities while enhancing civic engagement. Markovic highlighted recommendation 2.1: Law enforcement agencies should collaborate with members of communities and neighborhoods disproportionately affected by crime to develop policies and strategies that focus on deploying resources with the aim of reducing crime through community engagement and improving relationships and cooperation (President's Task Force on 21st Century Policing, 2015).

Initiated in New Haven, Connecticut, in 1991, the Child Development-Community Policing (CDCP) program, was developed in response to a tremendous increase in community violence, said Marans. The CDCP program is a collaborative partnership among the New Haven police, Yale Child Study Center clinicians, and other social service agencies. Together, they work to increase the provision of services to families in the immediate aftermath of a potentially traumatic event. All police officers in New Haven and in other communities where a program of this kind has been implemented are trained on the intersection of child development, human functioning, trauma, and community policing, said Marans. All clinicians are trained in the basics of police procedures, responsibilities, and tactics, and are on call 24 hours per day, 7 days per week. For the past 25 years, the clinicians and police officers in New Haven met weekly to discuss the cases they have shared in order to look at the wide range of intervention strategies needed to ensure optimal recovery. The teams also follow up and visit families and children as well as identify different roles that the police, social services, medical providers, schools, and others can play in helping children and families get back on their feet.

Marans provided an example of a 12-month study that tracked the follow-up meetings with a group of women who had been victims of domestic violence in the presence of their children. The researchers compared the outreach approach that included women who had multiple follow-up meetings with police officers and clinicians with women who were getting what at the time was standard policing, which were only 911-driven services. One finding was that the number of children who actually got into services, whether educational, clinical, and so forth, increased by two-thirds as compared to the standard policing approach. Women in the follow-up group also received treatment for their own posttraumatic symptoms. The most significant finding, he said, was the women who were part of the follow-up group directly called the police officers that they had contact with rather than call 911. In short, they developed trust in the ability of these police officers to provide safety and security in their community.

Several of the collaborative public health and policing initiatives from the Minority Youth Violence Prevention (MYVP) program also serve to build trust between communities and residents, thereby contributing to health and well-being. The MYVP is a 3-year joint initiative between DOJ-COPS and the U.S. Department of Health and Human Services Office of Minority Health (OMH). In 2014, the agencies launched the coordinated grant solicitations for demonstration sites promoting public health and community policing approaches to minority youth violence prevention, said Medina Henry, an associate director for training and technical assistance at the Court for Center Innovation. The OMH identified several outcomes, among them a reduction in community violence and crimes against minority youth, but also improved academic outcomes, increased access to public health and social services, and reduced negative encounters with law enforcement. One of the strengths of the program, said Henry, is that it has led to improved coordination, collaboration, and linkages among the agencies at each of the nine sites. It is the most challenging part of the grant, but also likely to prove to be the most sustainable element of the project, said Henry.

The coordinating grantees at the nine sites include a diverse range of community-based organizations, health-related organizations, a hospital, a health department, a district attorney's office, a police department, and a city. In West Palm Beach, Florida, there is a multisector initiative called the Village Initiative that brings together the city (the grantee), business development partners, and vocational and educational training partners. Together, these partners provide youth with professional development, workshops, and job fairs. The initiative serves as an effective incentive for the business sector to participate by accessing young job-ready employees and serves as an indication of their own investments in youth and the success of the broader community, said Henry.

In Minneapolis, Minnesota, Asian Media Access (grantee) partnered with police and public health departments. One initiative focused on enhancing cultural awareness and civic engagement between the refugee communities and law enforcement. Asian Media Access also organizes a back-to-school program called Shop-with-a-Cop. This program is a way to engage community youth and police officers in an activity that supports getting to know each other one on one while simultaneously supporting youth education, said Henry.

In Cincinnati, Ohio, the Cincinnati Police Department's Youth Services unit (grantee) leads development workshops and physical recreation activities with youth. Officers receive training in how to be mentors from a community organization and through mentoring activities are able to engage in broader outreach to the friends and family members of the youth. These activities have increased the trust between youth and police officers to the extent that youth speak to the officers when they feel threatened or have something to report, said Henry.

VIOLENCE AND ACHIEVING HEALTH EQUITY

In closing his keynote presentation, Rich said that all of the efforts focused on the reduction of violence will not be enough if there is not also a broader effort to provide the resources necessary to address health equity adequately. So long as young people and others are "not plugged into the grid of opportunity," they will not thrive in this society, said Rich. He added that investing more in health equity would accrue benefits to public health that go far beyond the important task of reducing violence.♦♦♦

REFERENCES

Branas, C. C., R. A. Cheney, J. M. MacDonald, V. M. Tam, T. D. Jackson, and T. R. Ten Have. 2011. A difference-in-differences analysis of health, safety, and greening vacant urban space. *American Journal of Epidemiology* 174:1–11.

Branas, C. C., M. C. Kondo, S. M. Murphy, E. C. South, D. Polsky, and J. M. MacDonald. Under review. The value of remediating blighted urban environments as a solution to firearm violence.

Davis, R. A., H. Pinderhughes, and M. Williams. 2016. *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Oakland, CA: Prevention Institute.

Feldmeyer, B. 2010. Segregation and violence: Comparing the effects of residential segregation on Latino and black violence. *Sociological Quarterly* 51:600–623.

Frieden, T. R. 2010. A framework for public health action: The health impact pyramid. *American Journal of Public Health* 100(4):590–595.

Geller, A., J. Fagan, T. Tyler, and B. G. Link. 2014. Aggressive policing and the mental health of young urban men. *American Journal of Public Health* 104(12):2321–2327.

Jones, C. 2000. Going public. Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health* 90(8):1212–1215.

Kondo, M. C., D. Keene, B. C. Hohl, J. M. MacDonald, and C. C. Branas. 2015. A difference-in-differences study of the effects of a new abandoned building remediation strategy on safety. *PLoS ONE* 10(7):e0129582.

President's Task Force on 21st Century Policing. 2015. *Final report of the President's Task Force on 21st Century Policing*. Washington, DC: Office of Community Oriented Policing Services.

South, E. C., M. C. Kondo, R. A. Cheney, and C. C. Branas. 2015. Neighborhood blight, stress, and health: A walking trial of urban greening and ambulatory heart rate. *American Journal of Public Health* 105(5):1–5.

Webster, D. W., C. Crifasi, S. Buggs, S. Choksy, E. E. McGinty, and F. Curriero. n.d. *Evidence of the effectiveness of strategies to reduce homicides and shootings in Baltimore*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health.

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