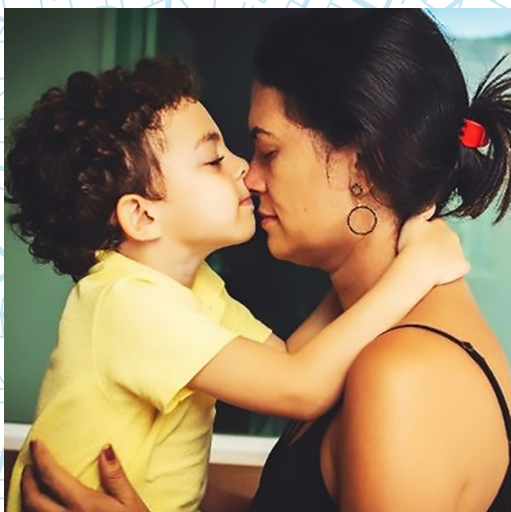


COMMUNITY SAFETY REALIZED

Public Health Pathways to Preventing Violence



THE BIG CITIES HEALTH COALITION (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve.

PREVENTION INSTITUTE is a national nonprofit that promotes health, safety, and wellbeing through thriving, equitable communities.

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Opinions in this report represent collaborative work between BCHC and Prevention Institute and do not necessarily reflect the view of any one member or funder.

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TABLE OF CONTENTS

Introduction and purpose	2
Public health pathways to preventing violence: defining features	2
Truth, racial healing, and transformation	2
Community leadership and power	3
Data and evidence driven	3
Collaborative action	3
Public health pathways to preventing violence: core elements, strategies, sectors, and partners	3
DIAGRAM: Public health pathways to preventing violence	4
Pathways to violence or safety	6
Core elements	6
Continuum of strategies on the safety pathway	8
Sample sectors and partners on the safety pathway	8
The role of public health departments in realizing community safety and an invitation to partner	9
Methods and acknowledgements	10
Endnotes	12



Introduction and purpose

Every person in every community deserves opportunities to prosper and thrive. But in too many communities, especially communities that have been marginalized by structural racism and other systemic barriers, violence tragically and unjustly curtails these opportunities. Violence, like many public health challenges, is preventable. Cities have a responsibility to take decisive action to prevent violence, using the proven tools of public health. Yet, the majority of public investments are used to address the aftermath of violence and often cause further harm. Communities can be made safer when we understand the events that have led to present conditions and act on this knowledge by implementing policies and practices that address the root causes of violence.

Public health strategies for preventing violence are achievable and necessary for all of us to flourish.

Informed by the science and practice of public health and driven by the values of equity and justice, *Community Safety Realized: Public Health Pathways to Preventing Violence*, describes community-driven, multi-sector approaches to preventing violence and realizing community safety. The dual purposes of this report are to expand collective understanding of violence prevention policies, practices, and programs, and to invite collaboration among community-based organizations, government agencies, policymakers, and other multi-sector partners to promote equity, justice, and safety.

This report describes the pathways to violence or safety and highlights sample strategies along the safety pathway. It delineates defining features of a public health approach, and core elements for effectiveness and sustainability. Recognizing that

community safety strategies depend on leadership and participation from community members, elected officials, city agency leaders, and others, the report includes examples of key sectors and partners.

All communities suffer from a variety of forms and levels of violence. Yet communities that have been systemically marginalized are forced to endure higher rates of violence, including homicides and non-fatal shootings. By making investments in public health strategies within communities most impacted by violence, cities can work across sectors to shift from an over-reliance on the criminal legal system to reimagining and finally realizing community safety.

Public health pathways to preventing violence: defining features

The defining features of a public health approach to community safety include:

- **Truth, racial healing, and transformation:** To create a foundation for healing and change, we need to name and build shared understanding that violence is rooted in structural racism and other forms of oppression.^{1,2} Racial injustice—which has been embedded in federal, state, and local policies for centuries—has created neighborhoods of concentrated disadvantage, perpetuated poverty, and caused multigenerational harm. Commissions and other processes for truth, racial healing, and transformation can help rectify historic and present-day injustices by dismantling the false ideology that there is a hierarchy of human value, acknowledging harms, and taking accountability for suffering and loss.³ Truth,

racial healing, and transformation processes are necessary to build public will for new policies and systems, including equitable economic investments and educational opportunities for communities of color, and other public health strategies for community safety.

► **Community leadership and power:** The specific needs of marginalized communities are often underrepresented in decisions about policies, resources, and opportunities. The people who are most impacted by violence and injustice have a democratic right to drive public policy agendas, influence institutional decision-making, and set budget priorities that will improve their lives and the neighborhoods in which they live. Public health strategies for community safety increase the leadership, participation, and decision-making power of communities. Barriers to participation can be overcome by practices such as paying for participants' time and expertise, and providing childcare, transportation assistance, and language interpretation.

► **Data and evidence driven:** Inaccurate and harmful narratives about violence permeate political and cultural discourse, and can adversely influence decisions. To ensure strategies are evidence-informed, there must be a careful and thorough assessment of violence in a community. This includes understanding who is most affected, as well as what factors and circumstances are either contributing to violence or helping to create safety. In addition to quantitative data, past policies, historic events, stories of lived experience, and other qualitative data provide critical information about who is most affected, why, and

what strategies might be effective. When strategies are being developed, the full evidence-base should be considered, including research, context, and experience.⁴ Continuous monitoring and evaluation is also necessary to ensure effectiveness as conditions are constantly changing.

► **Collaborative action:** A public health approach to community safety depends on collaborative action because the policies and conditions that lead to either safety or violence are shaped by multiple sectors and systems. Collaborative action is needed from community members, young organizers, political leaders, business owners, and people who represent many types of organizations and governmental agencies. Representatives from diverse sectors must come to the table to collaboratively share decision-making, power, and resources. Together—through reflection, learning, visioning, and coordinated action—they can create and implement a city or county community safety plan. Trusted leaders from city agencies and community organizations can coordinate the work, while promoting shared and distributed leadership.

Public health pathways to preventing violence: core elements, strategies, sectors, and partners

The diagram, *Public Health Pathways to Preventing Violence* depicts pathways to violence or safety; highlights sample strategies, sectors, and partners along the safety pathway; and delineates core elements of effectiveness and sustainability.



PUBLIC HEALTH PATHWAYS TO PREVENTING VIOLENCE

PATHWAYS TO VIOLENCE OR SAFETY

PATHWAYS TO VIOLENCE OR SAFETY

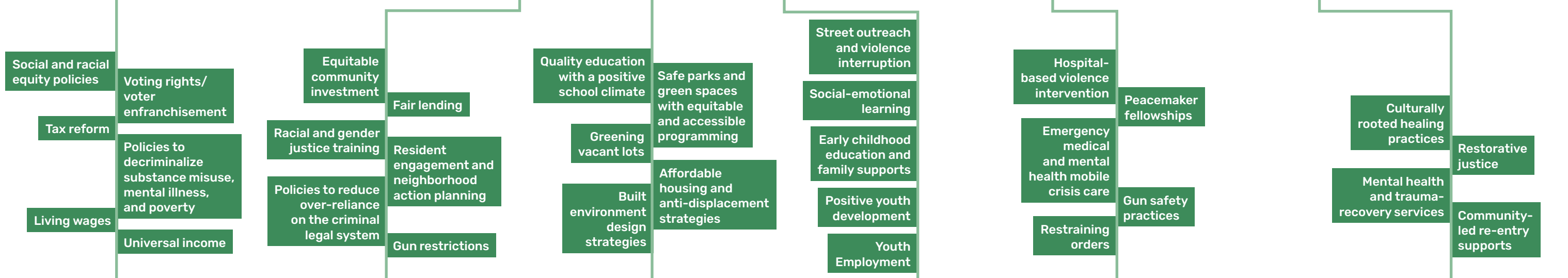


CORE ELEMENTS

CORE ELEMENTS

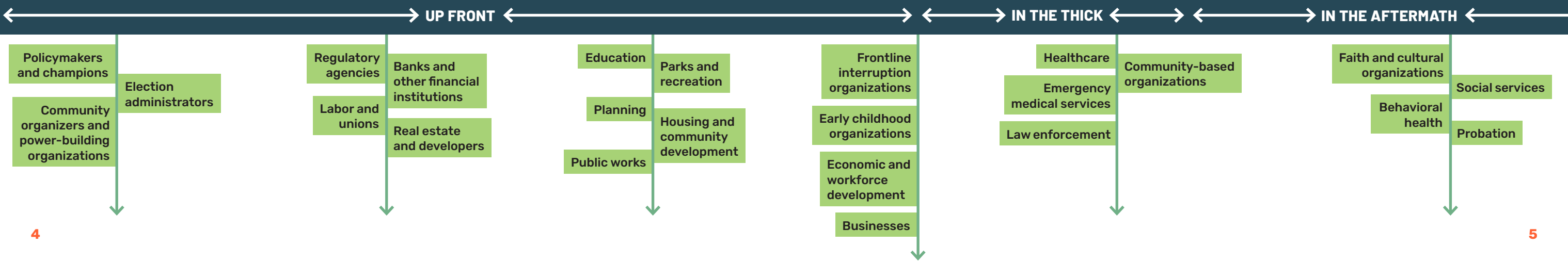
Moral Conviction + Political Courage + Government Commitment + Resident Leadership + Community-driven Solutions + Shared Values and Vision + Multi-sector Collaboration + Training and Capacity Building + Monitoring and Evaluation

SAMPLE STRATEGIES



SAMPLE STRATEGIES

SAMPLE SECTORS AND PARTNERS



SAMPLE SECTORS AND PARTNERS

Pathways to violence or safety

The diagram depicts two pathways: one that leads to violence, and another that leads to safety and healing. Each pathway reflects the range of drivers, systems, and factors that influence the likelihood that violence will occur in communities, or that safety and healing will be achieved. On the path that leads to violence, social and racial injustice create inequitable institutions and systems. Inequitable institutions and systems, in turn, create inequitable community conditions of high risk factors associated with violence, and low protective factors associated with safety. On the path that leads to safety, social and racial equity create equitable institutions and systems. Equitable institutions and systems, in turn, create equitable community conditions of low risk factors for violence and high protective factors for safety.

We can understand the pathway to violence by examining specific examples. For instance, social and racial inequity permits and perpetuates inequitable financial, regulatory, and planning institutions and systems. The policies and practices of these inequitable institutions and systems, such as redlining (denying people of color loans in specific neighborhoods), increase community risk factors for violence, such as concentrated disadvantage and underfunded schools.^{5, 6} Exposure to these community risk factors can increase individual and relational risk factors for violence, such as economic stress and low educational achievement.⁷ As risk factors mount, the likelihood of violence increases, and too often, this results in trauma, injury, or death.

In another example along the pathway to violence, social and racial inequity create inequitable education systems. Policies and practices of an inequitable education system, such as zero tolerance discipline policies in schools, have resulted in differ-

ential suspension and expulsion rates for students of color. These systemic disparities have contributed to a school-to-prison pipeline⁸ and increased community risk factors for violence, including increased breakdown of trust and social cohesion (e.g., between government and community), diminished economic opportunities,⁹ and deterioration of collective efficacy.¹⁰ Exposure to these community risk factors can increase individual and relational risk factors for violence. Examples include lack of social support, declines in mental health, and substance misuse.¹¹ Again, as risk factors mount, they increase the likelihood of violence, and again, too often, this results in trauma, injury, or death.

But it doesn't have to be this way. **We can invest fully in the pathway to safety, where we get it right.** *Community Safety Realized* illuminates strategies, sectors and partners, and core elements to achieve safety and healing.

Along the pathway to safety, just institutions and systems increase the number of community protective factors, including equitable economic opportunities, residential stability, social capital, government-community trust, and collective efficacy.^{12, 13} These protective factors can increase individual and relational protective factors for safety, such as social connectedness, and access to mental health supports and substance misuse treatment services.¹⁴ As protective factors increase, the likelihood of violence decreases, and safety and healing can be realized.

Core elements

Community safety can be achieved through intentional and continuous efforts that include appropriate engagement, leadership, resources, and infrastructure. As depicted in the diagram on pages 4 and 5, there are several core elements that



are essential for facilitating effective and sustainable change:

- ▶ **Moral conviction:** To change inequitable institutions and systems, we need to do what is right. Our actions must reflect the values of equity and justice.
- ▶ **Political courage:** We must exercise political courage to shift power, transform systems, and demand accountability in support of communities that have been marginalized, even in the face of overwhelming opposition.
- ▶ **Government commitment:** With commitment, mayors and other elected officials, superintendents, and agency and department heads can:
 - Engage community leadership.
 - Form partnerships across public and private sectors.
 - Catalyze policy change.
 - Ensure that resources are directed to public health strategies.
- ▶ **Community leadership:** To realize safety in communities, elected officials, agency leaders, and other decision-makers must recognize that the people most impacted by violence are assets and experts. Resident leaders and organizers can include young people, survivors, and people with lived experience of violence.
- ▶ **Community-driven solutions:** Safety and healing are best supported by community-based organizations and other nongovernmental entities that have deep relationships, trust, and understanding of the assets and opportunities in communities.
- ▶ **Shared values and vision:** Violence can only be prevented when multi-sector leaders, organizations, and community members, prioritize prevention as a collective goal. When competition for resources or disagreements about priorities emerge, shared values of equity and justice and a vision of safety and healing can serve as a compass to guide partners through tension points.
- ▶ **Multi-sector collaboration:** Multi-sector partnerships can include community leaders, heads of government agencies, elected officials, and others. Through these partnerships—which can be formalized into coalition, committee, or workgroup structures—multi-sector partners can collaboratively develop plans, implement strategies, facilitate communication, and ensure accountability.
- ▶ **Training and capacity building:** Community leaders, program and agency directors, and elected officials need a range of knowledge and skills to operationalize a comprehensive public health approach to community safety. These skills can be developed through training, mentorship, coaching, and other activities. Cross-disciplinary training builds a common language and understanding about the differing roles and resources each sector can contribute.
- ▶ **Monitoring and evaluation:** To ensure that policy and budget decisions related to safety reflect community priorities and progress toward equity and justice, community safety should be evaluated using a comprehensive set of measures that address immediate and long-term impact. These measures should be developed in partnership with community members and assessed routinely using a variety of data sources.

Continuum of strategies on the safety pathway

Strategies along the safety pathway promote justice and equity in policies, systems, and institutions. They increase protective factors and reduce risk factors in communities, families, and relationships. These strategies span a continuum that young people in a local planning process have referred to as: upfront, in the thick, and aftermath.

► **Upfront:** Strategies that create the conditions that people need to be safe. Upfront strategies, such as voting rights, living wages, and equitable community investment, help to ensure that institutions and systems are just and equitable. These systems and institutions help create equitable access to protective conditions at the community and neighborhood levels, like safe parks and access to early childhood education, which can dramatically reduce the number of individuals at elevated risk for violence. Many upfront strategies have research evidence that demonstrate they are effective in preventing violence or risk factors associated with violence, and produce economic benefits that exceed implementation costs.¹⁵

► **In the thick:** Strategies that influence risk and protective factors in a focused way for people who may be at increased risk for violence perpetration and/or victimization because of their exposure to multiple risk factors, without compensatory protective factors. Examples include gun safety practices, such as safe storage, and Advance Peace's Peacemaker Fellowship, which provides high-touch, personalized transformational opportunities to young men involved in firearm offenses.

► **In the aftermath:** Strategies that include culturally-rooted healing practices and community-driven restorative justice that help individuals, families, and communities heal from the multiple traumatic effects of violence. These strategies can also help to mend social connections and reduce the likelihood of violence re-occurring, even in the midst of challenging conditions.

A variety of upfront, in the thick, and in the aftermath strategies are being implemented in BCHC jurisdictions. However, no single strategy will be effective in eliminating violence on its own. **Guided by the defining features and core elements of a public health approach, a community can assess the forms and levels of violence that are occurring, identify the underlying risk and protective factors, and select the best combination of strategies across the continuum.**¹⁶ A portfolio of strategies can be included in a community safety plan that can be implemented by a variety of partners and sectors. Community safety plans can be evaluated and adapted over time to ensure a steady and sustained decline in violence and increase in safety and healing.

Sample sectors and partners on the safety pathway

No one sector can prevent violence on its own because the factors and conditions that shape violence and safety span mandates and responsibilities across many sectors, agencies, and partners. Community safety strategies that are based in a public health approach extend far beyond efforts that are directly led by public health departments

or called “violence prevention.” A variety of sectors, agencies, and partners have important contributions to make in implementing strategies upfront, in the thick, and in the aftermath of violence. All have an important role to play. Coming together to build and share power will lead to better results and extend the benefits that come with safety and healing.

The role of public health departments in realizing community safety and an invitation to partner

Public health departments have a unique, diverse, and critical role to play to help cities realize community safety. They can:

- Describe and explain the ways in which drivers, systems, and factors can influence the likelihood that violence will occur in communities and what it takes to realize safety and healing.
- Ensure that members of communities that are most impacted by violence and injustice are in the lead and are directly informing decisions.
- Convene young organizers, community leaders, elected officials, city agency leaders, and others, to plan, implement, evaluate, and sustain community safety strategies.
- Prioritize and provide spaces for truth-telling and accountability to address systemic racism and other inequities, as well as healing from the inter-generational trauma that these inequities cause.
- Support a variety of activities related to community safety strategies, including planning, data collection and analysis, leadership development, community organizing and power-building, and collaborative policy development.

There is ample evidence that shows that public health strategies are effective in reducing rates of violence. By utilizing a public health approach that involves the dedication and relentless focus of staff, leaders, and teams working across sectors and organizations, community safety can be realized.

A public health approach to community safety extends far beyond the roles and responsibilities of a health department. BCHC members invite communities, other local government agencies, and other sectors to engage in reflection and discussion, build shared vision and values, and act on what we know works to prevent violence. By working together, we can pursue effective pathways to just and equitable systems and conditions that keep all communities safe.

For more information, including information about the sample strategies included in the diagram and other resources to support community safety, visit www.preventioninstitute.org/communitysafetyrealized and www.bigcitieshealth.org/communitysafetyrealized.



Methods and Acknowledgements

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Endnotes

- 1 National Academies of Sciences, Engineering, and Medicine. (2017.) Community violence as a population health issue: Proceedings of a workshop. Washington, DC: The National Academies Press.
- 2 Armstead TL, Wilkins N, Nation M. (2019.) Structural and social determinants of inequities in violence risk: A review of indicators. *Journal of Community Psychology*, 49:878–906.
- 3 Christopher, G.C. (2017.) Truth, Racial Healing, and Transformation: Creating Public Sentiment, *National Civic Review*. Volume 106, Issue 3, National Civic League.
- 4 Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention.
- 5 Prevention Institute. (2018) Countering the Production of Health Inequities: Ensuring the Opportunity for Health for All. Oakland, CA: Author.
- 6 Robert Wood Johnson Foundation. (2011.) Issue Brief Series: Exploring the Social Determinants of Health. Violence, Social Disadvantage, and Health. Princeton, NJ: Robert Wood Johnson Foundation.
- 7 National Center for Injury Prevention and Control. (2020) Violence Prevention: Risk Factors for Perpetration. Atlanta, GA: Centers for Disease Control and Prevention.
- 8 Council of State Governments Justice Center. (2014) The School Discipline Justice Center Consensus Report: Strategies from the Field to Keep Students Engaged in School and Out of the Juvenile Justice System. New York, New York: Author.
- 9 Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
- 10 Maimon, D. and C.R. Browning. (2010.) Unstructured Socializing, Collective Efficacy, and Violent Behavior among Urban Youth. *Criminology*, 48 (2): 443–474.
- 11 Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
- 12 Armstead TL, Wilkins N, Nation M. (2019.) Structural and social determinants of inequities in violence risk: A review of indicators. *Journal of Community Psychology*, 49:878–906.
- 13 National Academies of Sciences, Engineering, and Medicine. (2017.) Community violence as a population health issue: Proceedings of a workshop. Washington, DC: The National Academies Press.
- 14 Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
- 15 David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N. & Hall, J. E. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 16 National Center for Injury Prevention and Control. Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots. Atlanta, GA: Centers for Disease Control and Prevention.



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