A PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION & COMMUNITY SAFETY

CHEAC Annual Meeting
October 4, 2023
Chrissie Juliano, MPP
Executive Director, Big Cities Health Coalition

SESSION OUTLINE

- **About BCHC**
  - Background
  - Urban health agenda
  - Recent messaging research

- **Community Safety and Violence Prevention**
  - History and current work
  - Partnership with Prevention Institute
  - Examples
  - Next steps

- **Q&A**

BIG CITIES
HEALTH COALITION

BACKGROUND

Mission
Advancing equity and health for present and future generations, through sharing of best practices, leadership, and advocacy

Vision
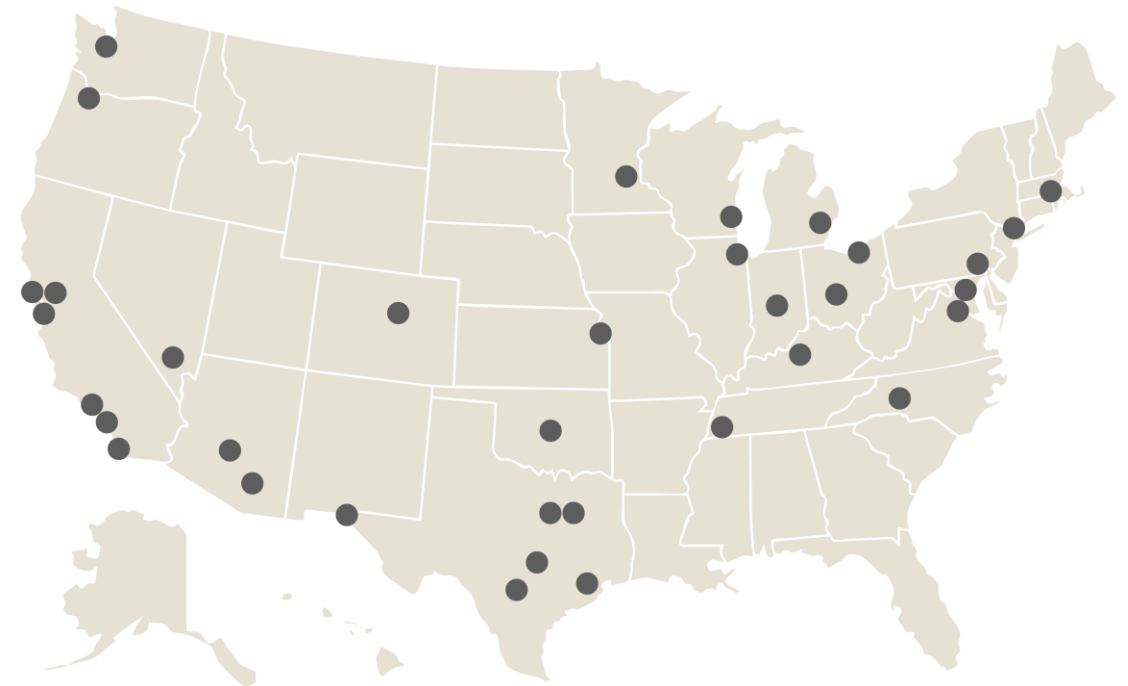Healthy, more equitable communities through big city innovation and leadership

History
Founded in 2002 by Frieden (NYC DOHMH) and Fielding (LA County DPH) to provide big city health leaders with core network of peers facing similar challenges and experiences

35 MEMBER JURISDICTIONS

Serve more than 61 million, or 1 in 5, people in HD's footprint

Austin
Baltimore
Boston
Charlotte (Mecklenburg Cty)
Chicago
Cleveland
Columbus
Dallas (Cty)
Denver
Detroit
El Paso
Fort Worth (Tarrant Cty)
Houston
Indianapolis (Marion Cty)
Kansas City
Las Vegas (Southern NV Hlth Dist)
Long Beach
Los Angeles (Cty)

Louisville
Memphis (Shelby Cty)
Milwaukee
Minneapolis
New York City
Oakland (Alameda Cty)
Oklahoma City (City-Cty)
Philadelphia
Phoenix (Maricopa Cty)
Portland (Multnomah Cty)
San Antonio
San Diego (Cty)
San Francisco
San Jose (Santa Clara Cty)
Seattle (Seattle-King Cty)
Tucson (Pima Cty)
Washington, D.C.

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KEY PROGRAM AREAS/ACTIVITIES

Urban PH Challenges

- Equity/structural racism
- Community safety/violence prevention
- Substance use/harm reduction

Workforce/Infrastructure

- Sustained federal resources to support locals
- Post-COVID public health ecosystem
- Pipeline/training (i.e. Sr Deputies)
- Research (ie. PH WINS and Epi Capacity Assessment)

Communications & Advocacy

- Telling the public health story & 'making the case'
- Advocacy at federal level w/Congress & Admin
- Tobacco regulatory activity

Data

- Timely, accurate local data at political jurisdiction level
- Big Cities Health Inventory Data Platform
- Data Modernization Initiative (DMI)

Urban Health Agenda

- Vision document
- Webinar series

URBAN HEALTH AGENDA

Released June 2021

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Health is more than health care. Health is more than what we usually mean by "health."

We must invest in public health and prevention, not just care. This means policy and practice that promotes:

- full employment, livable wages, and earned sick leave;
- safe, affordable housing in neighborhoods that have access to healthy food and public transportation;
- safe, appropriate K–12 education, parks, and green spaces

Health departments cannot promote and protect community health alone.

Public health departments can, and often should, sit at the center of decision-making processes across governmental agencies.

However, no single department alone can improve urban health.

We need collaboration across all local government agencies, and with elected and appointed officials and community-based organizations.

Mobilize across sectors to fight for health equity.

Government has many levers to address root causes of inequity and improve health and quality-of-life outcomes.

To do so, they must work with the community to make shared decisions and build collective power.

Our ongoing webinar series features big city health departments and the work they do to achieve equitable health outcomes for all.

Oct. 10
Putting racism-as-a-public-health-crisis declarations into practice

Nov. 8
Implementing harm reduction through vending machines

Register
bigcitieshealth.org/cities-future-of-health-webinars

Recordings of past events
youtube.com/@bigcitieshealth

Methodology

- **Two focus groups** with white centrist and Black residents living in Philadelphia, March 2023

- **Two online discussion boards** with white center-right and Black and Hispanic residents living in BCHC's 35 member cities, March 2023

- **Online survey** of 1,006 "policy influencers" (news-attentive, civically engaged voters) in BCHC's 35 member cities, May 2023

  - Includes oversamples of Black and Hispanic policy influencers
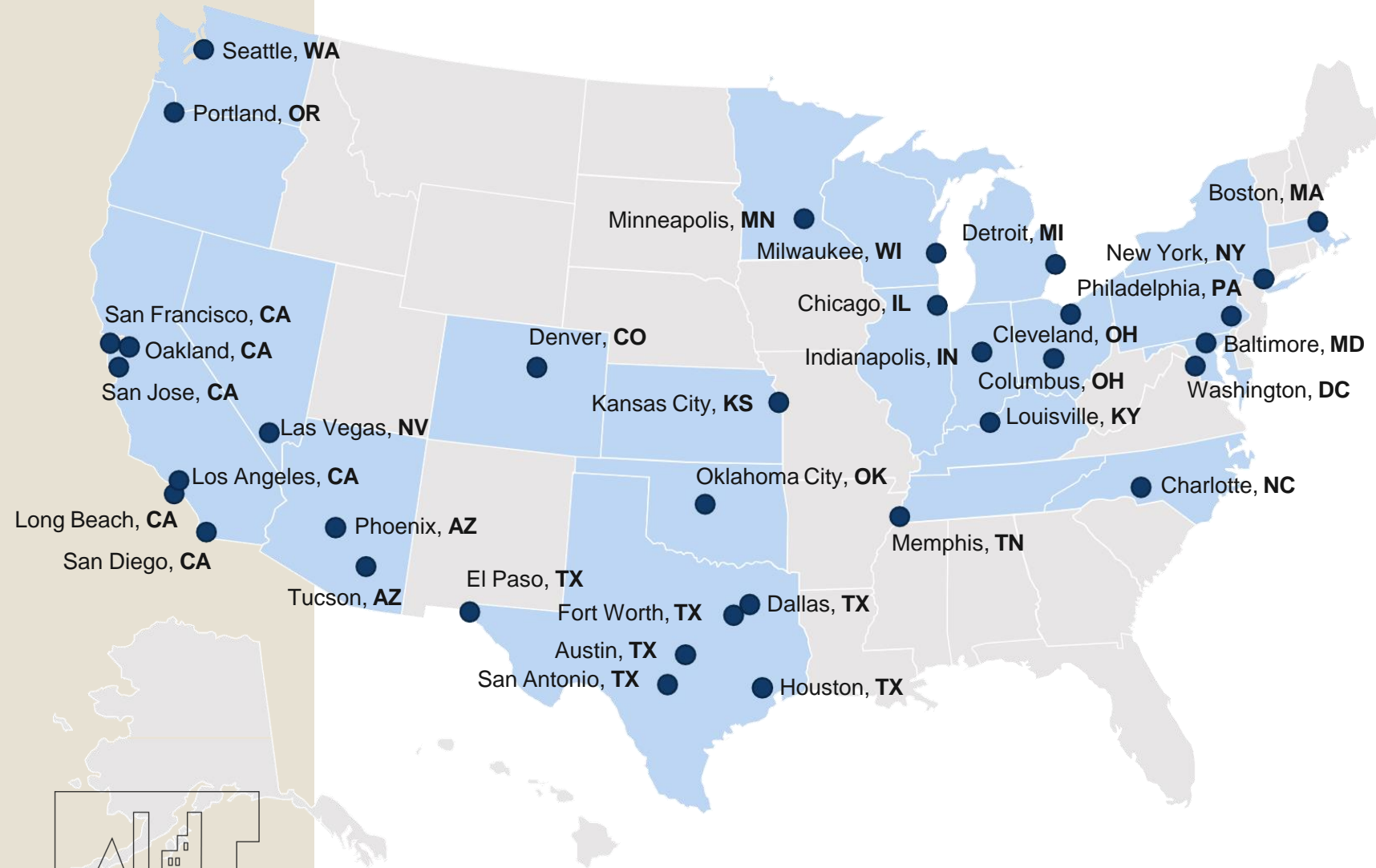
Reducing crime and addressing homelessness are the largest priorities for policy influencers. Traditional public health investments are a second-tier concern.

This issue should be a TOP PRIORITY for the city I live in to address.

Issue	Percentage
Reducing crime	81%
Addressing homelessness	71%
Improving education	68%
Increasing access to affordable housing	67%
Improving access to quality medical care	63%
Ensuring residents and communities are healthy	58%
Making sure roads and streets are in good repair and safe	54%
Improving access to quality child care	43%
Addressing immigration	43%
Expanding and improving public transportation	34%
Increasing and improving green spaces and parks	27%

Policy influencers also see a need for public health investments: there is a wide gap between the rated health of their families and the people in their city.

Self-rated health of members of household

45%
41%
33%
14%
12%
13%
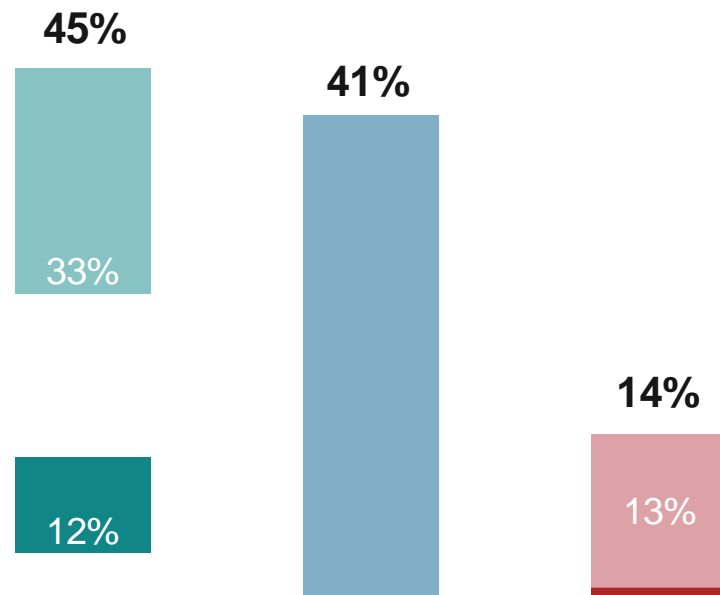
Self-rated health of the people in their city

46%
39%
32%
15%
13%
3%
7%
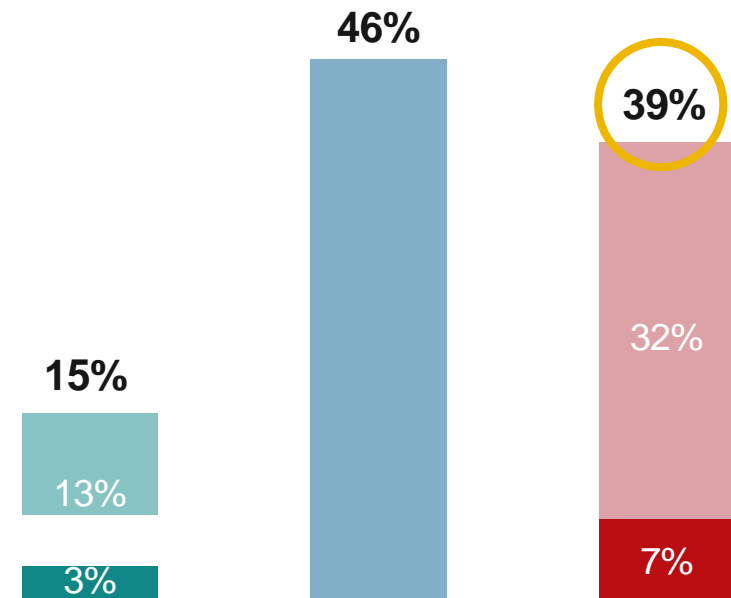
Excellent health   Very good health   Good health   Fair health   Poor health

"Crime" and "mental health" framing boost persuasiveness among key **audiences**, underscoring the value of citing these themes in public health messaging.

This is a VERY CONVINCING REASON for city leaders to invest in public health:

	"Clean" Version %	Crime Version %	Mental Health Version %
All policy influencers	44	44	43
Movers	56	36	57
Age 18-49	44	41	**49**
Age 50+	45	**48**	36
Non-college	41	**49**	45
College	48	40	41
Less than $50k	47	**53**	39
$50k or more	43	40	**45**
Rent	48	42	40
Own	40	**47**	45
NYC/LA/CHI/PHL	38	34	**49**
City Pop. 800K-1M	56	45	38
City Pop. 500K-800K	43	**51**	40
City Pop. <500K	39	**48**	44

In their own words, homelessness, substance use disorder, and mental health are the most important *health-related* issues to address.

What are the most important health-related issues to address and improve in your city? (Open-ended)

Issue	Percentage
Homelessness	18%
Substance use disorder	18%
Mental health	15%
Access to healthcare	13%
Obesity	10%
COVID-19	9%
Diabetes	9%
Affordability of healthcare	9%
Air quality	9%
Heart conditions/diseases	7%
Crime/gun violence	7%
Respiratory issues/diseases	6%
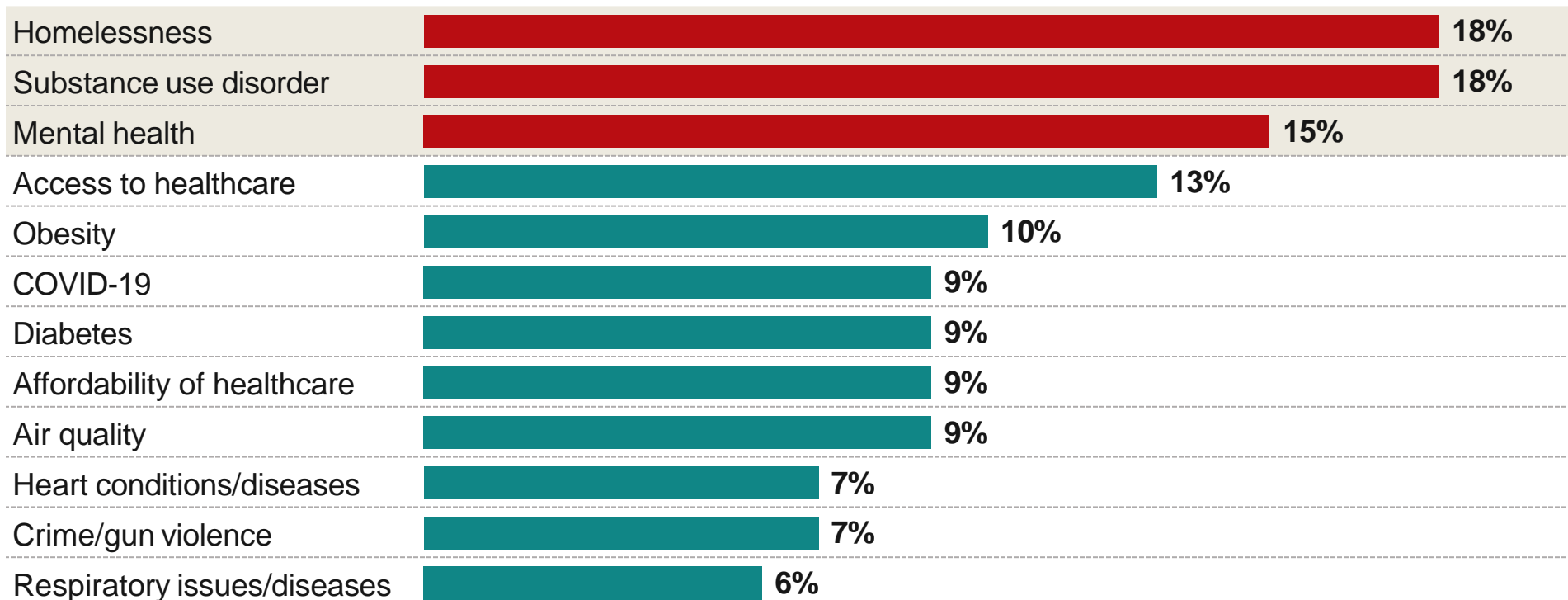
Health priorities vary somewhat by region.

What are the most important health-related issues to address and improve in your city? (Open-ended)

	National %	California %	Rest of West %	Northeast %	Midwest %	TX %	Rest of South %
Homelessness	18	33	24	18	7	16	13
Substance use disorder	18	15	28	26	11	8	21
Mental health	15	13	12	20	16	14	12
Access to healthcare	13	12	10	12	14	17	9
Obesity	10	4	4	5	14	18	18
COVID-19	9	12	8	11	8	7	12
Diabetes	9	8	3	10	8	17	6
Affordability of healthcare	9	8	7	8	8	12	12
Air quality	9	11	12	8	7	8	6
Crime/gun violence	7	3	6	12	9	2	10
Respiratory issues/diseases	6	7	9	4	6	4	5

■ Highest value ■ Higher than national average

KEY FINDINGS & RECOMMENDATIONS

Policy influencers in big cities support BCHC's Urban Health Agenda, see the need to invest in public health and want their city governments to do more to address public health issues.

➢ **Homelessness, substance use disorder, and mental health** are seen as the most important health-related issues to address in big cities.

➢ In promoting public health investments, messaging should emphasize **fiscal savings/prevention, health prevention, and quality-of-life** benefits. It should also **incorporate crime and mental health themes** to boost support among key audiences, such as younger, lower income, and small city influencers.

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KEY FINDINGS & RECOMMENDATIONS

Encouragingly, most influencers do believe people's health is affected by both individual and external factors, such as income and what part of the city someone lives in.

➤ **After seeing messaging** on why it is important to invest in public health, a higher share of influencers say external factors play a larger role in people's health.

➤ The largest movement comes from white, younger, and high school/less influencers.

KEY FINDINGS & RECOMMENDATIONS

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Influencers care about their city government addressing health disparities, especially with "lower-income people." Traditional allies prioritize addressing racial health disparities, such as liberal Democrats and Black influencers.

➤ The best case for addressing racial health disparities across audiences is an empowerment message that emphasizes it is a **human-made problem and people can fix it**.

COMMUNITY SAFETY AND VIOLENCE PREVENTION

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Prevention Institute

HISTORY OF COMMUNITY SAFETY/ VIOLENCE PREVENTION WORK

2016   BCHC established partnership w/PI… without funds or defined plan

2017
2018   Collected info about activities, networking, shared best practices
2019

2020   Action plan put in place for data/narrative → COVID pandemic

2021   Community Safety Realized report released

2023   Community safety campaign reached ~2.2M via 8 natl papers and digital platforms

2024

Community safety

is about investing in the health of the whole community.

Role of Community-Centered Narratives in Community-Drive Safety Efforts

- Research presented by Ruben Cantu at Safe States Conference based on research funded by Annie E. Casey.

- Can be found online at preventioninstitute.org/focus-areas/safety

- Goal: Strengthen framing and communications on community safety through interviews to explore and identify best strategies to communicate community safety work, accomplishments, and successes, with a focus on community-centered narratives, social determinants of health, racial inequities and structural racism, and community engagement

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Interview Themes

- **Drivers of violence**
  - Lack of economic opportunity and disinvestment in black and brown communities
  - Criminal justice system and overreliance on law enforcement
  - COVID 19
- **Communications goals and strategies**
  - Portrayals of people of color in the media
  - Overcriminalization of black and brown communities
  - Elevating the work of hospital-based interventions

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Recommendations and Solutions

Organizational efforts and needs vary by community

- Messengers should include people who are doing the work (grassroots leaders, young leaders, those with lived experience)

- Data is important and must be used in concert with credible messengers

- Collaboration across sectors can support effective messaging

- Young people are effective messengers and must include addressing their environment and social networks

- Long-term support and investment is necessary to see through effective change

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Recommendations and Solutions

Language

- Asset-based framing is important (e.g., humanizing residents)

- Treat messengers with respect and compassion (e.g., not benefitting financially from their trauma)

- Language can shape perception (e.g., using the word "violence" in the name of on organization colors how we view certain communities)

- Use common terms, definitions and language that have been co-identified by the community

- Lead with healing-centered and trauma-informed approaches

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Recommendations and Solutions

Racial justice should be a throughline in community safety communication efforts

- An anti-racist approach is necessary to actively change policies, behaviors, and beliefs that perpetuate racist ideas and actions

- A racial justice lens is important, and must be tailored to the audience or decision-making body (e.g., blue cities in red states)

- It is important to challenge preconceived and racist notions of gun violence

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How to talk about a public health approach

- Show what a public health approach to community safety looks like

- Talk about why our current approach isn't working and then explain what a public health approach is

- Name the problem before you get to the solution

- Use normalizing language, i.e., "we all agree, common goals"

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WHAT WE MEAN BY A PUBLIC HEALTH APPROACH

Communities can be safer when we understand how structural racism and other systemic barriers have led to present conditions and act on this knowledge by implementing policies and practices that address the root causes of violence.

+Driven by data, lived experience, and trial and error, then what we know works

But also, need to define it…

- People don't know what the term "public health" is or what it entails
- People don't view violence is a health problem

EAST SAN JOSE PEACE PARTNERSHIP

Learn more about the project: https://www.preventioninstitute.org/east-san-jose

A framework for understanding a public health approach to safety

bigcitieshealth.org/community-safety-realized

PUBLIC HEALTH PATHWAYS TO PREVENTING VIOLENCE

PATHWAYS TO VIOLENCE OR SAFETY

PATHWAYS TO VIOLENCE OR SAFETY

Social and Racial Inequity / Social and Racial Equity

Just Institutions and Systems / Inequitable Institutions and Systems

Community Risk Factors / Community Protective Factors

Individual and Relational Protective Factors / Individual and Relational Risk Factors

Injury and Trauma / Safety and Healing

Safety and Healing / Death

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

CORE ELEMENTS

SAMPLE STRATEGIES

Social and racial equity policies

Voting rights/ voter enfranchisement

Tax reform

Policies to decriminalize substance misuse, mental illness, and poverty

Living wages

Universal income

Equitable community investment

Fair lending

Racial and gender justice training

Resident engagement and neighborhood action planning

Policies to reduce over-reliance on the criminal legal system

Gun restrictions

Quality education with a positive school climate

Safe parks and green spaces with equitable and accessible programming

Greening vacant lots

Built environment design strategies

Affordable housing and anti-displacement strategies

Street outreach and violence interruption

Social-emotional learning

Early childhood education and family supports

Positive youth development

Youth Employment

Hospital-based violence intervention

Peacemaker fellowships

Emergency medical and mental health mobile crisis care

Gun safety practices

Restraining orders

Culturally rooted healing practices

Restorative justice

Mental health and trauma-recovery services

Community-led re-entry supports

SAMPLE STRATEGIES

→ UP FRONT ←   → IN THE THICK ←   → IN THE AFTERMATH ←

SAMPLE SECTORS AND PARTNERS

Policymakers and champions

Election administrators

Community organizers and power-building

Regulatory agencies

Banks and other financial institutions

Labor and unions

Real estate

Education

Planning

Parks and recreation

Housing and community

Frontline interruption organizations

Early childhood organizations

Healthcare

Emergency medical services

Law enforcement

Community-based organizations

Faith and cultural organizations

Behavioral health

Social services

Probation

SAMPLE SECTORS AND PARTNERS

4 DEFINING FEATURES OF THE FRAMEWORK

1. **Truth, racial healing & transformation**
   Engage in truth-telling and accountability to address and heal from structural racism and other inequities

2. **Community leadership & power**
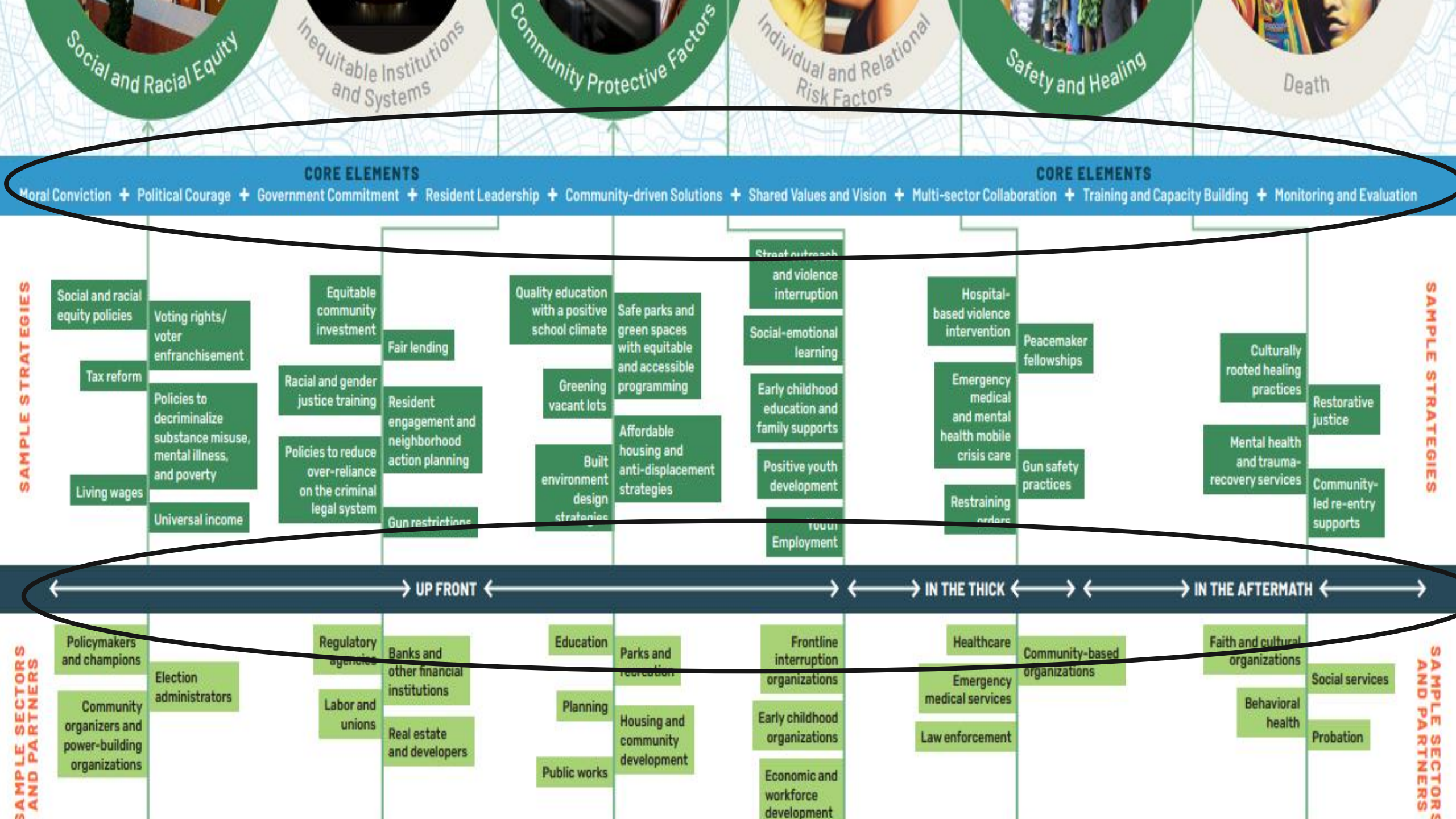   Engage people most impacted in decision-making

3. **Collaborative action**
   Convene community and government to collaborate

4. **Data- & evidence-driven**
   Describe and explain the pathways to violence and safety

Top arc labels

Social and Racial Equity · Inequitable Institutions and Systems · Community Protective Factors · Individual and Relational Risk Factors · Safety and Healing · Death

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

- Social and racial equity policies
- Voting rights/ voter enfranchisement
- Tax reform
- Policies to decriminalize substance misuse, mental illness, and poverty
- Living wages
- Universal income
- Equitable community investment
- Racial and gender justice training
- Policies to reduce over-reliance on the criminal legal system
- Fair lending
- Resident engagement and neighborhood action planning
- Gun restrictions
- Quality education with a positive school climate
- Greening vacant lots
- Built environment design strategies
- Safe parks and green spaces with equitable and accessible programming
- Affordable housing and anti-displacement strategies
- Street outreach and violence interruption
- Social-emotional learning
- Early childhood education and family supports
- Positive youth development
- Youth Employment
- Hospital-based violence intervention
- Emergency medical and mental health mobile crisis care
- Restraining orders
- Peacemaker fellowships
- Gun safety practices
- Culturally rooted healing practices
- Mental health and trauma-recovery services
- Restorative justice
- Community-led re-entry supports

Timeline band

⟷ UP FRONT ⟷ ⟷ IN THE THICK ⟷ ⟷ IN THE AFTERMATH ⟷

SAMPLE SECTORS AND PARTNERS

- Policymakers and champions
- Community organizers and power-building organizations
- Election administrators
- Regulatory agencies
- Labor and unions
- Banks and other financial institutions
- Real estate and developers
- Education
- Planning
- Public works
- Parks and recreation
- Housing and community development
- Frontline interruption organizations
- Early childhood organizations
- Economic and workforce development
- Healthcare
- Emergency medical services
- Law enforcement
- Community-based organizations
- Faith and cultural organizations
- Behavioral health
- Social services
- Probation

> **Violence prevention and pre-crime intervention in Chicago combines community aspirations with city investments and assets to implement programs, social services, and changes to the built environment at a hyper-local block level.**

Chicago's **Community Safety Coordination Center (CSCC)** is a new multi-agency coordination center that uses lessons learned from the city's coordinated response to the pandemic. Just like Chicago's COVID Vaccine Operation Center, the CSCC includes staff detailed from across city departments. It coordinates government (city, county, state) and nonprofit and philanthropic resources to holistically reduce violence in Chicago's communities. The CSCC is developing neighborhood activation strategies that include regular community-involved evaluation of hyper-local violence data, building on lessons from Chicago's **Racial Equity Rapid Response Team (RERRT)**. The RERRT was launched from the mayor's office in the first weeks of the COVID-19 pandemic to listen to and immediately respond to community-identified needs in the city's hardest-hit Black and Brown neighborhoods, informed by local health care providers and weekly, hyper-local pandemic data.

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The Center at McKinleyville

A place in McKinleyville, Humboldt County, where people can go to get connected, access services, and participate in community events and activities. Community members can participate in Center events and activities, volunteer, take a class, and access services from Center partners all in one location.

Vision: A vibrant community where people are healthy and connected.

Mission: We engage individuals, family and community partners in building and fostering well-being.

Core partners: McKinleyville Family Resource Center, Trinidad Rancheria Tribal Social Services, Cal Poly Humboldt, Department of Social Work, Open Door Community Health Centers, Humboldt County Department of Health and Human Services, North Coast Child Support Services.

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The Center at McKinleyville (Cont'd)

- Programs, services, and leadership opportunities for health, well-being, community connection, safe and nurturing families, and economic stability and success.

- A bridge and physical hub to connect community members with local government and opportunities for advocacy.

- Build trust and inclusion among vulnerable community members.

- Initiate changes in multiple systems to align with community priorities.

- Guaranteed income pilot project to provide 100 pregnant individuals with $1,000 per month for 18 months.

The Center recognizes the assets of the Indigenous community's values of consent and reciprocity as well as the relationship between colonial and structural oppressions and gender-based violence.

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Lock It Up: Promoting the safe storage of firearms

King County's Lock It Up program mission is to promote safety in our communities by increasing safe firearm storage.

WHERE WE WANT/NEED TO GO

Data/Evaluation

- Develop and implement equity-centered data relationships, systems, and infrastructure to identify, define, and advance an emerging set of community- and equity-centered metrics and methods for monitoring and evaluating community safety
- Strengthen local capacity to expand use of equity-centered measures, multi-sector data sets, multiple sources, and evidence types

Learning/Implementation Community

- Peer-to-peer learning, TA, local capacity building to implement community- and equity-centered policies and practices to community safety and wellbeing

Narrative Change

- Develop and implement a strategy to elevate community- and equity-centered strategies for safety locally and nationally a home of communications activities
- Shape narratives that distinguish goal and work of community safety from policing/punishment and expands the definition to include the presence of safety and wellbeing.

FEDERAL ADVOCACY

April 12, 2023

The Honorable Patty Murray
Chair
Senate Committee on Appropriations
S-128 The Capitol
Washington, DC 20515

The Honorable Susan Collins
Ranking Member
Senate Committee on Appropriations
S-146A The Capitol
Washington, DC 20515

The Honorable Tammy Baldwin
Chair
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

Dear Chairs Murray and Baldwin, and Ranking Members Collins and Capito:

As public health and health-based organizations committed to ensuring that all communities are free from violence, and as safe and healthy as possible, **we strongly urge you to include $268 million—with $250 million dedicated to the Community Violence Intervention (CVI) Initiative— for Community and Youth Violence Prevention through the Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention (CDC) in the FY 2024 Labor, Health and Human Services, Education and Related Agencies appropriations bill.** This critical investment would allow the CDC to support actionable, proven community-driven public health strategies that can prevent and reduce violence in communities facing the highest burden of violence.

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COMMUNITY SAFETY | A Public Health Approach to Violence Prevention

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We all deserve safe, healthy communities where we can live, work, learn, and play without fear of violence or harm toward us or our loved ones.

A public health approach to community safety addresses the *roots* of violence—including structural racism—to change the underlying conditions that contribute to multiple forms of violence.

We can build safer communities by enabling

POLICY RECOMMENDATIONS

▶ Enact common-sense gun laws that reduce access and prevent further harm, particularly among youth and those most at risk of harming themselves or others, such as:

» Comprehensive background checks, including at gun shows.

» Ban sale, transfer, importation, and manufacture of assault weapons and large-capacity ammunition magazines.

» Access to safe and secure firearm storage among those who own legal guns.

» Adopt red flag laws, also called extreme risk protection orders.

» Ban manufacture of ghost guns.

▶ Increase funding for Community Violence Initiative (CVI) and Firearm Injury and Mortality Prevention at CDC to help communities implement evidence-based, hyperlocal interventions that address root causes.

▶ Sufficiently resource CDC to lead a comprehensive, multi-sector public health response to community safety and violence prevention in partnership with local health departments to address social, emotional, mental, and physical health.

▶ Implement and fully fund a nationwide data infrastructure to collect community-level vio-

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Urban Health Collaborative
Dornsife School of Public Health

GUN DEATHS IN BIG CITIES

This brief on gun deaths[1] uses data from the Big Cities Health Inventory, an open-source platform providing health metrics for the 35 large U.S. cities that comprise the Big Cities Health Coalition (BCHC).

GUN DEATHS ROSE 43% DURING THE PANDEMIC

Over the past decade, there were nearly **67,000 gun deaths** in BCHC cities. **66% of these deaths were homicides**, **32% suicides**, and 3% occurred for other reasons. The steep increase in gun deaths by homicide that began in 2020 is not fully understood, but experts point toward a web of causes that converged during the COVID-19 pandemic, including a sharp rise in gun purchases and gun-carrying. The proliferation of guns has been particularly lethal for densely-populated urban communities that have been subject to years of structural inequities, and underinvestment, and a lack of opportunities for young people.

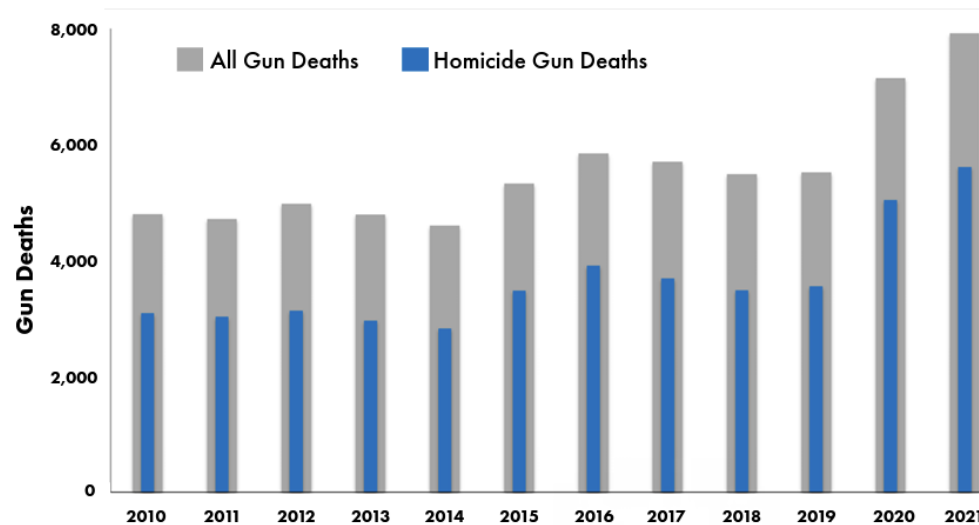> Approximately **22 gun deaths occurred each day** across BCHC cities in 2021.

Figure 1: Number of total gun deaths among all BCHC cities, with insert bar representing homicides, 2010-2021

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1 In this data brief, 'gun deaths' refer to 'firearm deaths' which is the term used by the Centers for Disease Control and Prevention. Firearm deaths are from weapons using a powder charge (e.g., handguns, rifles and shotguns). Excluded are the small number of deaths per year from air- and gas-powered guns (e.g., BB guns and pellet guns) because they are not considered firearms.

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