

# PREVENTING VIOLENCE IN BIG CITIES

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## BACKGROUND

The **Big Cities Health Coalition** (“BCHC” or “Coalition”) 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 54 million people they serve. Together, these public health officials directly affect the health and well-being of one in six Americans. The mission of the Coalition is to advance equity and health for present and future generations.

Over the past few years, Coalition members have become more and more concerned with violence in their communities. Many big city health departments are working on violence prevention programs or addressing persistent challenges related to this urgent problem. While violence is down in many cities—disparities exist within communities, and there is a perception that violence has increased due to a number of higher profile events and media coverage of the problem.

Violence leads to widening health disparities and is the overall leading cause of injury, disability, and premature death.<sup>1</sup> We also know that community trauma leads to poor health, economic, and educational outcomes,<sup>2</sup> and that it can be prevented at the community level.<sup>3</sup>

## THE LOCAL PUBLIC HEALTH ROLE

The nation’s urban health departments are critical to building a healthier, safer, and more secure nation. Metropolitan

areas are now home to almost 83% of Americans, and BCHC member health departments represent about 54 million, or 1 in 6 Americans.<sup>4,5</sup> When they are appropriately resourced and staffed, these urban LHDs have the potential to impact large portions of a population and help create an environment in which the healthy, safe option is the default option.

Policy innovation in cities does not just change the trajectory of health for those local populations. Cities help drive national change as incubators of best and promising practices, which they can share. City health leaders possess a unique and valuable perspective because they are “on the ground” and see firsthand the challenges their communities face. Consequently, leaders at the local level are then best able to understand and implement solutions because they are often directly engaging with residents to find consensus on solutions to move forward.

BCHC members are active leaders and partners in addressing the policy and systems change needed to improve their communities. Over the past decade, large city governments have increasingly become incubators of policy innovation and strong executive leadership.<sup>6</sup> Mayors across the country have taken bold stands on health issues ranging from the opioids epidemic to childhood obesity. It is the efforts of these leaders that often become models for their peers and are scaled up to the federal level or other areas of the country.<sup>7</sup> Violence is no different—it

demands action and leadership at the local level. And, as cities face a disproportionate level of violence, Coalition members are leading the way by using data-driven decision making, empowering communications and data collection, and convening stakeholders.

## CITY INTERVENTIONS

Growing evidence shows that communities can act to promote strength within communities and to quell violence. Leaders on this issue in the Coalition include [Boston](#),<sup>8</sup> [Kansas City](#),<sup>9</sup> [Minneapolis](#),<sup>10</sup> and others. Each use different and inherently local methods and approaches to successfully reduce violence in the community. The Coalition will continue to expand on the evidence base, sharing best and promising practices from our member cities.

## VIOLENCE

Violence leads to widening health disparities, and, with injuries, is the overall leading cause of disability and premature death among those age 1 to 44.

**199,800 deaths**

FROM INJURIES AND VIOLENCE IN THE U.S. PER YEAR

**\$671 billion spent**

IN MEDICAL COSTS AND WORK LOST PER YEAR

Source: Centers for Disease Control and Prevention, Injuries and Violence in the U.S. by the Numbers, 2013. [http://www.cdc.gov/injury/wisqars/overview/key\\_data.html](http://www.cdc.gov/injury/wisqars/overview/key_data.html)

## RESOURCE NEEDS

Funding for local health departments varies widely across the nation – each department has its own blend of resources from local, state, and federal governments and, in some cases, philanthropic organizations. For violence prevention work, many local health departments do not have dedicated funding streams for these activities.

Large, urban health departments not only need funding to better increase programs and services provided in the community to their residents, but they also need resources and associated infrastructure to better capture and address what is happening at the local level. These needs are outlined below.

- **Data:** The best policy decisions are those that are data-driven. We are building more timely, accurate local-level data, along with common definitions and categories for different types of violence. Further, in addition to those data that measure injury and death, the field is developing indicators to capture a community's social cohesion and resilience. To this end, New York City and Seattle-King County are developing survey questions to capture this kind of information. Finally, the field at large is seeking to further measure and address the social conditions that contribute to community violence.
- **Research:** At the federal level, additional resources for violence-related research are needed. “Best practice” information is also needed to guide local policy and program development to curb violence. Further, research should not

be restricted to quantitative methods and should include more qualitative research to inform framing discussions around violence prevention and reduction.

- **Tools to guide evidence-based policymaking:** Additional work is needed to ensure programs and policies work in concert to reduce community violence. Data must be gathered to determine the costs associated with continuing ineffective initiatives, as well as what could be gained by starting or expanding effective policies. For example, cities should be able to capture the costs of the criminal justice system, in addition to the anticipated savings that could be made from decreasing violence in the community.
- **Community-Led, Place-Based Interventions:** Place-based interventions are those that **aim for**

**comprehensive community-wide changes. They aim to produce change by affecting the whole community, not just the individuals touched by a funded program.**<sup>11</sup> Addressing violence requires multi-faceted solutions that center residents as experts. By learning from other jurisdictions' place-based strategies, cities can craft better prevention strategies both with and for communities.

## IN SUMMARY

As a new President and Congress take office, there are a number of opportunities for the federal government to help cities achieve their goal of healthy and safe communities. Cities are a sound, targeted investment, and present a unique opportunity to address violence across the nation.

## CITATIONS

- 1 [http://www.cdc.gov/injury/wisqars/overview/key\\_data.html](http://www.cdc.gov/injury/wisqars/overview/key_data.html)
- 2 <http://www.nctsn.org/resources/audiences/school-personnel/effects-of-trauma#q7>
- 3 <https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience%20Executive%20Summary.pdf>
- 4 United Nations Department of Economic and Social Affairs. World Urbanization Prospects: The 2011 Revision: File 1: Population of urban and rural areas and percentage urban (table), published 2012, <http://esa.un.org/unup/CDROM/Urban-Rural-Population.htm>
- 5 <http://bigcitieshealth.org>
- 6 Hearne, Shelley DrPH et al. "The Future of Urban Health: Needs, Barriers, Opportunities, and Policy Advancement at Large Urban Health Departments." *The Journal of Public Health Management & Practice*: January/February 2015, Volume 21, Issue p s4-s13.
- 7 Ibid.
- 8 <http://www.bigcitieshealth.org/case-study-boston-violence>
- 9 <http://www.bigcitieshealth.org/case-study-kansas-city-violence>
- 10 <http://www.bigcitieshealth.org/case-study-minneapolis-violence>
- 11 The Urban Institute. Evaluating Place-Based Programs, published July 3, 2013. <http://www.urban.org/urban-wire/evaluating-place-based-programs>