Violence in several different, yet interconnected, forms. Community gun violence, domestic violence, bullying and childhood violence have profound negative impacts on individuals, families and communities. These negative impacts can include high levels of trauma, increased levels of mental illness and substance use, as well as reduced levels health, well being and economic opportunity across impacted communities.

Homicide is the 3rd leading cause of death for young people ages 10-24. Each day, about 14 young people are victims of homicide and almost 1,400 are treated in emergency departments for nonfatal assault-related injuries. In many of the country’s largest cities, homicides and violent crime have risen significantly in the last few years. While the country’s 25 largest cities contain only one in ten U.S. residents, they account for more than one in five murders with guns. According to Everytown for Gun Safety, cities are growing simultaneously safer and more dangerous, with violence concentrated to specific neighborhoods which are often suffering from joblessness, segregation, and wealth inequality.

**THE ROLE OF LOCAL HEALTH DEPARTMENTS**

Big Cities Health Coalition (BCHC) health departments address the epidemic of violence in their work every day. They work to implement best and promising practices around violence interruption, such as intervening to stop retaliatory violence, supporting trauma informed care, and addressing the social determinants of health—such as income, housing, and education. Often, their work in both prevention and response is hindered by a lack of resources, ranging from research into the root causes of gun violence to implementing prevention activities that are known to work.

Looking at violence as a public health issue means searching for the root causes of this epidemic and using data, tools, and evidence-informed best practices to address those causes. It means creating communities where residents can be healthy and safe, with access to quality education for kids, and good jobs for families.

It also means approaching interventions with an equity lens. Violence in communities disproportionately affects children, women, and racial/ethnic minorities across the country. The conditions in which people live and the inequities related to poverty, racism, lack of educational opportunities and unemployment increase the risk for experiencing and perpetrating violence and leave certain populations more vulnerable to violence and its consequences.

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1 CDC. Preventing Youth Violence. [https://www.cdc.gov/violenceprevention/pdf/yy-factsheet508.pdf](https://www.cdc.gov/violenceprevention/pdf/yy-factsheet508.pdf)
OUR PRIORITIES

Below we outline a number of priorities to address violence in big cities across the country. These priorities fall into three key action areas: policy, funding/infrastructure, and data.

POLICY

- **Enact common sense gun laws that reduce access**, particularly among youth and those most at risk of harming themselves or others, such as:
  - Comprehensive background checks, including those sold at gun shows;
  - Enhanced prosecution for those found with guns purchased illegally;
  - Access to safe and secure firearm storage among those who own legal guns;
  - A ban on the sale of, transfer, importation, and manufacture of assault weapons and large capacity ammunition magazines; and
  - “Red flag laws” that permit law enforcement, friends or family members to petition a court to issue an “extreme risk protection” or “gun violence restraining” order if they consider a person to pose a significant threat to themselves or others.

- **Strengthen funding and other mechanisms** that support community planning/implementation, violence interruption and trauma informed approaches, working through subject matter experts and existing federal programs such as those at the U.S Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Justice (DOJ).

- **Create a comprehensive, multi-sector response** to violence that addresses social, emotional, and mental health in addition to physical health, at the federal level, and in partnership with appropriate local and state level agencies. A health agency should facilitate federal coordination and leadership to address violence in communities, with a focus on prevention and naming gun violence as a critical public health priority.

FUNDING/INFRASTRUCTURE

- **Provide CDC with $50 million per year** for firearm prevention research. If provided on an annual basis, this funding could support the creation of a comprehensive research agenda focusing on large multi-year and single year studies. Research should focus on:
  - Developing and evaluating effects of smart gun technology (technology that enables only an authorized user to fire a handgun) on both intentional and unintentional injury;
  - Measuring and mitigating the effects of stress, trauma and concentrated disadvantage on community violence levels; and
  - Measuring the efficacy of removing firearms from persons with a disqualifying characteristic, such as a history of domestic violence or mental illness.

- **Increase funding to federal agencies** and sustain grants and programs that support local and state injury and violence prevention—funding should be disbursed for multiple

HOMICIDE

IS THE 3RD LEADING CAUSE OF DEATH FOR YOUNG PEOPLE AGES 10-24

Source: CDC

WHILE THE COUNTRY’S 25 LARGEST CITIES CONTAIN ONLY ONE IN TEN U.S. RESIDENTS, THEY ACCOUNT FOR MORE THAN ONE IN FIVE MURDERS WITH GUNS.

years, moving from one-time program funding to sustained funding to build prevention systems.

- Stronger investments in federal agencies that are working to prevent and respond to the epidemic of violence in local communities is essential. The CDC’s National Center for Injury Prevention and Control, Division of Violence Prevention, is dedicated to preventing the occurrence of violence related death and disability, but it is one of the lowest funded divisions of CDC, with only about $150 million/year going towards violence prevention. This Center needs additional funding for internal work, as well as to fund a network of centers of excellence in violence prevention across the country.

- Dollars must reach localities. The Public Health Violence Prevention Act (H.R. 2757) proposes creating a Public Health Violence Prevention Program (PHVP) which would oversee grant programs for local jurisdictions (particularly those with high levels of violence). It is important that these grants support health-based approaches, not just criminal justice responses, be evidence-based, and be deemed a best practice by the CDC or similar entity. Dollars should also be set aside to evaluate the impact in communities where grants are dispersed.

DATA

- Support the ability of local jurisdictions, not just states, to collect a key set of indicators regarding violence in their communities, and identify those indicators that measure community resilience. Collecting and analyzing these data at the local level is instrumental to decreasing violence.

- Expand upon the Youth Risk Behavior Surveillance System (YRBSS) and the Behavior Risk Factor Surveillance System (BRFSS) to ensure local level data are collected from, at a minimum, the largest 50 cities in the country, with additional questions for each jurisdiction (and states) on Adverse Childhood Experiences.

- Implement and fully fund a nationwide infrastructure for collecting data and monitoring trends in youth trauma and violence in order to inform local decision-making, utilizing resources such as the National Violent Death Reporting System, the National Survey of Children’s Exposure to Violence, Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and Adverse Childhood Experiences data.

46 MILLION

OF THE NATION’S 76 MILLION CHILDREN—ROUGHLY 60 PERCENT—ARE EXPOSED EACH YEAR TO VIOLENCE, CRIME AND ABUSE.