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SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S1	American Journal of Public Health	Ebook Central, Public Health Database, Publicly Available Content Database	595123*

* Duplicates are removed from your search, but included in your result count.

Youth Firearm Injury Prevention: Applications from the Centers for Disease Control and Prevention–Funded Youth Violence Prevention Centers

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ABSTRACT (ENGLISH)

The Centers for Disease Control and Prevention (CDC)-funded Youth Violence Prevention Centers (YVPCs) apply different models to reduce youth violence that are applicable to firearm violence because they are comprehensive, cut across ecological levels, and involve multisector partners that inform firearm injury prevention strategies. In addition, all YVPCs engage youths and communities in reducing violence, which may also be a useful approach to the prevention of firearm violence. YVPCs' role in helping to address firearm violence is vital for public health because in 2019 firearms were the leading mechanism of death among youths aged 10 to 24 years in the United States.¹ Of the 7779 firearm-related deaths among youths in this age group in 2019, 4483 (57.6%) were attributable to homicide; 2972 (38.2%) to suicide; and 324 (4.2%) to unintentional, undetermined intent, or legal intervention.¹ In addition, firearms accounted for 4483 (90.3%) of the 4965 youth homicide deaths and 2972 (45.8%) of the 6488 youth suicide deaths in 2019.¹ In 2019, the youth firearm homicide rate was 7.06 per 100 000 and the youth firearm suicide rate was 4.68 per 100 000. Non-Hispanic Black youths experienced firearm homicide rates (31.02 per 100 000) that were 17.5 times higher than those of non-Hispanic White youths (1.77 per 100 000), and firearm homicides among non-Hispanic Black youths accounted for 66.2% of all youth firearm homicides in 2019.¹ In total, 7455 youths aged 10 to 24 years died by firearm homicide or suicide in 2019, which translates to more than 20 youths dying every day from these firearm-related injuries.¹ Overall, youth firearm mortality rates in 2019 were higher in rural areas (13.25 per 100 000) than in urban areas (12.00 per 100 000). Youth firearm suicide rates were higher in rural areas than urban areas (7.64 vs 3.48 per 100 000), and youth firearm homicide rates were higher in urban areas than rural area (8.14 vs 4.84 per 100 000).² Firearm-related mortality rates for youths have surpassed rates of motor vehicle (MV)-related deaths in the United States since 2016.¹ The fact is that between 2008 and 2017, the federal government spent on average \$1 million annually on research addressing firearm-related deaths among those aged 1 to 18 years, compared with \$88 million annually on research for MV-related deaths among youths.

FULL TEXT

The Centers for Disease Control and Prevention (CDC)-funded Youth Violence Prevention Centers (YVPCs) apply different models to reduce youth violence that are applicable to firearm violence because they are comprehensive,

cut across ecological levels, and involve multisector partners that inform firearm injury prevention strategies. In addition, all YVPCs engage youths and communities in reducing violence, which may also be a useful approach to the prevention of firearm violence. YVPCs' role in helping to address firearm violence is vital for public health because in 2019 firearms were the leading mechanism of death among youths aged 10 to 24 years in the United States.¹ Of the 7779 firearm-related deaths among youths in this age group in 2019, 4483 (57.6%) were attributable to homicide; 2972 (38.2%) to suicide; and 324 (4.2%) to unintentional, undetermined intent, or legal intervention.¹ In addition, firearms accounted for 4483 (90.3%) of the 4965 youth homicide deaths and 2972 (45.8%) of the 6488 youth suicide deaths in 2019.¹ In 2019, the youth firearm homicide rate was 7.06 per 100 000 and the youth firearm suicide rate was 4.68 per 100 000. Non-Hispanic Black youths experienced firearm homicide rates (31.02 per 100 000) that were 17.5 times higher than those of non-Hispanic White youths (1.77 per 100 000), and firearm homicides among non-Hispanic Black youths accounted for 66.2% of all youth firearm homicides in 2019.¹ In total, 7455 youths aged 10 to 24 years died by firearm homicide or suicide in 2019, which translates to more than 20 youths dying every day from these firearm-related injuries.¹ Overall, youth firearm mortality rates in 2019 were higher in rural areas (13.25 per 100 000) than in urban areas (12.00 per 100 000). Youth firearm suicide rates were higher in rural areas than urban areas (7.64 vs 3.48 per 100 000), and youth firearm homicide rates were higher in urban areas than rural area (8.14 vs 4.84 per 100 000).² Firearm-related mortality rates for youths have surpassed rates of motor vehicle (MV)-related deaths in the United States since 2016.¹ The fact is that between 2008 and 2017, the federal government spent on average \$1 million annually on research addressing firearm-related deaths among those aged 1 to 18 years, compared with \$88 million annually on research for MV-related deaths among youths.³

MULTIDISCIPLINARY PREVENTION STRATEGY

Prevention research strategies addressing firearm-related injuries require a multidisciplinary approach to identify modifiable risk and protective factors across multiple levels of the social ecology (<https://bit.ly/31eSxUM>). Over the past 20 years, federal funding of firearm research by the CDC and other federal agencies has been lower relative to other major causes of violence-related injury and death.³ At the federal level, Congress recently appropriated \$25 million in fiscal year 2020 (\$12.5 million each for the CDC and the National Institutes of Health [NIH]) to support this work (<https://abcn.ws/2WU0wTD>). This funding allows researchers to design studies specifically for firearm injury prevention.⁴ Our nation's significant research investments to reduce MV-related morbidity and mortality have resulted in a range of evidence-based prevention strategies that cut across ecological levels, including behavioral (driver training), engineering (car design), and policy (graduated licensure) approaches.³ A similar approach to promote firearm safety can help reduce firearm-related morbidity and mortality among youths.

YVPC ECOLOGICAL APPROACH

The YVPCs have developed research and prevention approaches that inform both youth violence and firearm violence prevention by addressing common modifiable risk and protective factors. The University of Michigan YVPC, for example, focuses on community-engaged neighborhood improvement projects as a strategy to create protective community environments. This project, building on vacant lot remediation research shown to reduce gun assaults and youth homicide (<https://bit.ly/3fNrDrW>), includes working with local agencies in three cities to apply Busy Streets Theory⁵ to rehabilitate vacant properties, plant gardens, or create physical change that denotes ownership and community care (fencing, signage, mowing) to create vibrant and safe communities. The rehabilitation involves neighborhood residents, which builds social capital, cohesion, and collective efficacy. The Michigan YVPC also helped to develop an emergency medicine-based program (SafERteens) that reduces violence behaviors (e.g., aggression)⁶ and is included in the CDC's comprehensive technical package of youth violence prevention strategies based on the best available evidence (<https://bit.ly/3bynsgG>). Researchers from the Michigan YVPC were involved in creating the NIH-funded Firearm Safety Among Children and Teens consortium of academics and practitioners that focuses on advancing firearm research through scoping reviews to define the state of the field and directions for research, developing a pipeline for training postdoctoral fellows, establishing a data repository, and funding pilot studies.⁷ The University of Louisville-Vanderbilt University YVPC partnership is focused on changing the narrative

about youth violence for both residents and researchers. It emphasizes structural determinants of youth violence and engages youths in a community-wide campaign of diverse strategies to raise critical consciousness about the root causes of inequities in violence and about how addressing structural violence is youth violence prevention. The University of Chicago, University of Colorado, and Virginia Commonwealth University (VCU) YVPCs are implementing tailored adaptations of the Communities That Care model (CTC; <https://bit.ly/2PrdsAH>). CTC is a scientifically tested, five-phase process that bridges local expertise to prevention science by providing community stakeholders with the structure, tools, and evidence-based interventions needed to address community-identified priorities (<https://bit.ly/2PrdsAH>). Central to CTC is engaging community partners to gather and use data to inform priorities; identify resources for and gaps in addressing priorities; and implement and test programs, practices, and policies to address those priorities. The Chicago CTC partnership engaged more than 70 community organizations to develop a community action plan. Its initial focus was on violence, but on the basis of local data, the community identified four core areas—youth and family violence prevention, education equity, trauma-informed care, and workforce development—so the partnership expanded its work to include multiple ecological levels. The University of Colorado YVPC uses the CTC structure to help two high-risk Denver communities scale up evidence-based youth violence prevention strategies. These communities are implementing the Promoting Alternative Thinking Strategies social-emotional learning program (<https://bit.ly/3bGDVzz>) in three elementary schools and five after-school settings. The Colorado YVPC also introduced a process that allows providers across multiple health care settings to identify youths at risk for violence and provide office-based interventions to decrease violent behaviors. The VCU YVPC and its community partners are implementing the CTC model plus a Walker Talker and Community Conversation (Plain Talk) component. To enhance the CTC model, Walker Talkers conduct community-driven outreach to inform residents about positive development opportunities for youths to reduce risk. Their strategy also connects residents with the CTC intervention and other programs and services while increasing awareness, capacity, and collaboration.

All the YVPCs serve communities experiencing significant racial disparities in youth violence in general and firearm violence in particular. The YVPCs also apply well-established community-based approaches designed to engage community organizations in developing multisectoral strategies for prevention. Although only the University of Michigan YVPC conducted research funded by NIH that is specifically relevant to firearm violence among youths, all the centers worked on contextual factors associated with youth violence that are also associated with firearm violence, including school climate, community violence exposures, and public perceptions of causes. The community-engaged approaches of the YVPCs also helped to identify solutions that focus on the root causes of violence across the United States, including changing the narrative from victim blaming to structural antecedents of violence and establishing coalitions of local voices to create strategies that integrate solutions across ecological levels.

SCIENCE-INFORMED PREVENTION

Science-informed firearm injury prevention is key to developing evidence-based strategies. Youth morbidity and mortality from firearm-related violence show no signs of abating without specific and focused research to inform prevention. Researchers do, however, know enough to begin applying public health approaches for violence prevention. Lessons learned from CTC implementation can inform other communities interested in organizing multi-sectoral, empirically driven planning, implementation, and evaluation processes to engage community organizations in developing prevention strategies tailored to each community. Community greening strategies designed to create busy streets are scalable evidence-based prevention approaches applicable to firearm injury prevention. Expanding research on emergency and general medicine settings for youth firearm prevention programs is also a promising direction for firearm injury prevention. Efforts that focus on root causes that begin to change the narrative of youth violence prevention from individualistic approaches to more social and public policy strategies are also applicable to firearm violence.

As the firearm violence prevention field grows through increased federal funding, lessons learned from the YVPCs can inform the development of evidence-based prevention strategies to reduce youth firearm morbidity and mortality.

These lessons include multi-sector community partnerships, the creation of scalable and sustainable interventions, and the implementation of strategies across the social-ecological spectrum. The work of the YVPCs is an example of what can be done with funding from federal sources, yet it provides only a starting point from which to staunch the high rate of firearm violence. AJPH

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CONTRIBUTORS

All of the authors contributed equally to the conceptualization and writing of this editorial.

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Note. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

HUMAN PARTICIPANT PROTECTION

Institutional review board approval was obtained for each YVPC, covering the activities described in this editorial.

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DETAILS

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Engaging Communities in Youth Violence Prevention: Introduction and Contents

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ABSTRACT (ENGLISH)

Youth violence (YV) is a major public health problem in the United States that has substantial short- and long-term negative impacts on youths, their families, and communities. Homicide was the third leading cause of death among youths aged 10 to 24 years in 2019, with 90.3% of these homicides being firearm related.¹ Each day, approximately 1163 youths are treated in emergency departments for nonfatal assault-related injuries, totaling 424374 youths in 2019.¹ Data from the 2019 Youth Risk Behavior Survey show that, in the 12 months before the survey, 7.4% of high-school students reported being threatened or injured with a weapon at school and 4.4% reported carrying a gun for nonrecreational purposes.² Approximately 9% of students reported not going to school at least once in the past 30 days because they felt unsafe, either at school or on their way to or from school.² In addition, in 2019, about one in five students reported being bullied at school and being in a physical fight at least once in the past year.² Exposure to violence during childhood is an adverse experience that can have lasting negative impacts on health and development as a victim, perpetrator, or witness and can increase the likelihood of future violence perpetration and victimization, physical and mental health problems, chronic diseases, substance abuse, academic challenges, and suicide (<http://bit.ly/38bbydS>). YV is connected to other forms of violence and shares several risk and protective factors with child abuse and neglect, adolescent dating violence, sexual violence, suicide, and adult intimate partner violence (<http://bit.ly/38gAYH0>).

Violence was recognized in 1985 by US Surgeon General C. Everett Koop as a public health problem (<http://bit.ly/3sS9WgL>), and, in 2001, US Surgeon General David Satcher released the first Surgeon General's report on YV in the United States. This report described the public health approach to YV prevention and called for rigorous research on prevention strategies.

FULL TEXT

Youth violence (YV) is a major public health problem in the United States that has substantial short- and long-term negative impacts on youths, their families, and communities. Homicide was the third leading cause of death among youths aged 10 to 24 years in 2019, with 90.3% of these homicides being firearm related.¹ Each day, approximately 1163 youths are treated in emergency departments for nonfatal assault-related injuries, totaling 424374 youths in 2019.¹ Data from the 2019 Youth Risk Behavior Survey show that, in the 12 months before the survey, 7.4% of high-school students reported being threatened or injured with a weapon at school and 4.4% reported carrying a gun for nonrecreational purposes.² Approximately 9% of students reported not going to school at least once in the past 30 days because they felt unsafe, either at school or on their way to or from school.² In addition, in 2019, about one in five students reported being bullied at school and being in a physical fight at least once in the past year.² Exposure to violence during childhood is an adverse experience that can have lasting negative impacts on health and development as a victim, perpetrator, or witness and can increase the likelihood of future violence perpetration and victimization, physical and mental health problems, chronic diseases, substance abuse, academic challenges, and suicide (<http://bit.ly/38bbydS>). YV is connected to other forms of violence and shares several risk and protective factors with child abuse and neglect, adolescent dating violence, sexual violence, suicide, and adult intimate partner violence (<http://bit.ly/38gAYH0>).

Violence was recognized in 1985 by US Surgeon General C. Everett Koop as a public health problem (<http://bit.ly/3sS9WgL>), and, in 2001, US Surgeon General David Satcher released the first Surgeon General's report on YV in the United States. This report described the public health approach to YV prevention and called for rigorous research on prevention strategies.³

Since then, our understanding of the nature and causes of YV has grown, and effective violence prevention strategies have been developed at multiple levels of the social-ecological model (SEM; <http://bit.ly/3c3VmfA>; <https://bit.ly/31MRFqq>). The SEM considers the interconnected relationships between risk and protective factors at four levels: individual, relationship, community, and societal. Individual factors comprise the first level and include attitudes, beliefs, behaviors, and personal history that can influence one's risk for violence perpetration or victimization. Relationship factors, or the close relationships an individual has, are the focus of the second level. The third level of the SEM explores the settings in which social relationships occur (i.e., communities). Finally, we live in a broad society with norms, policies, and laws that can influence rates and patterns of YV.⁴ Factors at each level influence factors at other levels; thus, a comprehensive approach to violence prevention that targets multiple levels of the SEM is more likely to effectively prevent and reduce violence overtime in communities and society (<https://bit.ly/31MRFqq>).

Centers for Disease Control and Prevention (CDC) published a YV prevention technical package to help communities sharpen their focus on prevention activities that have the greatest potential for preventing YV and its consequences (<https://bit.ly/31MRFqq>). The strategies and approaches included in this technical package are applicable to different levels of the social ecology and are intended to have an impact on risk and protective factors related to individual behaviors and the relationships, families, schools, and communities of our youths. Each strategy includes multiple approaches to advance the strategy through programs, policies, and practices.

Recent trends in YV are encouraging. Over approximately the past two decades (2001-2019) homicide rates among youths aged 10 to 24 years in the United States have decreased 12.8% (crude rates [CRs] = 8.97-7.82 per 100000 population),¹ and rates of youths treated in emergency departments for nonfatal assault-related injuries declined 46%

(CRs = 1231.2-668.5 per 100 000) during this same time period. However, significant challenges remain.

Communities of color, who disproportionately live in conditions of concentrated disadvantage,⁵ continue to disproportionately experience violence-related morbidity and mortality. For example, from 2001 to 2019, homicide was the leading cause of death among non-Hispanic Black youths (aged 10-24 years; cumulative CR=31.0 per 100000), the second leading cause among Hispanic youths (CR = 8.9 per 100 000), the third among American Indian youths (CR = 9.3), and the fourth among non-Hispanic White youths (CR = 2.3 per 100 000) and Asian/Pacific Islander youths (CR = 2.5 per 100 000). Over this time period, non-Hispanic Black youths were 13.5

times, Hispanic youths 3.7 times, and American Indian youths 4 times more likely than non-Hispanic White youths to die of homicide.¹ These disparities have been recognized for decades^{3,6} and still persist today.

The World Health Organization (WHO) has highlighted the importance of addressing the social determinants of health to improve health equity and well-being.⁷ Strategies that improve economic and racial equity may be key to eliminating the disproportionate burden of violence long experienced by vulnerable communities.⁸ The YV prevention evidence base reflects the developmental progression of the field, with the evidence base focusing more on the inner layers rather than the outer layers of the social ecology (<https://bit.ly/31MRFqq>). YV prevention strategies at the outer layers of the social ecology include those that seek to create protective environments by improving community conditions, such as the physical and social aspects of settings, and implementing policies to diminish community-level risks, such as concentrated poverty, housing instability, and food insecurity. Other outer layer strategies include efforts to increase community protective factors, including connectedness and supports, prosocial norms, and economic opportunities (<https://bit.ly/31MRFqq>). These approaches may be ideally suited for changing community- and societal-level risk and protective factors related to YV; however, fewer of these outer-layer strategies have been developed and rigorously evaluated to determine their effectiveness for preventing YV.

To this end, CDC's Division of Violence Prevention funded five Youth Violence Prevention Centers (YVPCs) in 2015-2016. The five currently funded YVPCs work with their communities to develop, implement, and evaluate YV prevention strategies intended to target prevention at the outer layers of the SEM (i.e., community and society; <https://bit.ly/3gKwMk7>). The Centers are working with multiple community stakeholders and partners to substantively engage youths in their selected communities and achieve sustainable community-level reductions in YV. The work of these YVPCs builds upon the work of those that came before them and continues to expand understanding of YV and the availability of evidence-based prevention tools to reduce violence and enhance safe and healthy communities.

HISTORY OF THE YOUTH VIOLENCE PREVENTION CENTERS

After the Columbine High School shooting in 1999, Congress appropriated YV prevention funding to CDC that supported collaborations among federal agencies, academic institutions, and communities. As a result, CDC established the National Centers of Excellence in Youth Violence Prevention (now called Youth Violence Prevention Centers, or YVPCs; <https://bit.ly/3gKwMk7>) to partner with communities across the nation experiencing high rates of violence. The YVPCs work with community stakeholders and organizations to build community violence prevention capacity, including identifying prevention needs, monitoring violence trends, and developing, implementing, and evaluating prevention strategies and approaches.

Since 2000, CDC has supported four rounds of YVPC funding, with each round focusing on different aspects of YV prevention. The YVPCs were initially established (2000-2005) to build the scientific infrastructure to develop, evaluate, and implement effective interventions, promote interdisciplinary research, foster collaborations between academic researchers and communities, and empower communities to address YV. In addition to the goals supported during the first round of funding, the second round of funding (2005-2006 to 2010-2011) also supported monitoring the magnitude and distribution of YV outcomes and mobilizing communities to prevent YV. The third round (2010-2011 to 2015-2016) supported evaluations to determine if implementing evidence-based approaches at multiple levels of the social ecology could achieve significant reductions in community rates of YV. A comprehensive list and description of the YVPCs from 2000 to 2016 can be found in a previous special issue (<https://bit.ly/34QB2vV>).

The fourth and current round of funding (2015-2016 to 2021) supports the University of Chicago, the University of Michigan, the University of Louisville, the University of Colorado, and Virginia Commonwealth University. Together, their objective is to advance the science and practice of YV prevention, and, as Centers, to reduce community rates of YV in one or more high-burden communities by implementing and evaluating the effectiveness of a community- or policy-level prevention strategy, or combination of such strategies (Table 1). Each YVPC is documenting strategy implementation to inform future replication, scalability, and cost analyses.

CONTEXT FOR THIS SUPPLEMENT

The current YVPCs principally focus on building the YV prevention evidence base at the outer layers (i.e., community and societal) of the social ecology and reducing YV-related morbidity and mortality in high-violence-burden communities. At the onset, and over the course of this collaboration, the YVPC investigators, community partners, and engaged youths had difficult and thought-provoking discussions about structural violence and racism, power and speaking truth to power, social determinants of health, and how dominant narratives about YV can undermine communities and perpetuate violence across time and geography. The YVPCs and their community partners carefully considered these factors as they developed prevention strategies that were responsive to community needs.

As the YVPCs worked with these communities experiencing high burden from violence, salient events converged in 2020, underscoring how structural factors and social determinants of health are relevant not only for understanding violence but also for understanding the emerging COVID-19 disparities among vulnerable communities. In February 2020, the first case of community transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the United States was identified (<http://bit.ly/3qotish>); a rapid increase in cases across the country followed, and the disproportionate impact of COVID-19 on communities of color became widely apparent. Not only were Black, Hispanic, and Native American communities experiencing disproportionately high rates of infection relative to White communities, but they were also more likely to be hospitalized and to die of COVID-19 (<http://bit.ly/203FWA5>). As the social and economic sequelae of COVID-19 escalated in 2020, preexisting health inequities compounded (<https://bit.ly/3sWnuIE>), especially in disenfranchised communities served by the YVPCs. While property crimes decreased during the COVID-19 pandemic,^{9,10} there are early data suggesting that some urban environments have seen periods of increasing gun violence,¹¹ especially among young Black males, who for decades have endured disproportionately high rates of firearm-related homicide.¹²

Further exacerbating these tensions, in the summer of 2020, concerns about structural racism and its roots in laws, policies, and practices that disadvantage some groups while advantaging other groups were brought to the forefront by many citizens and public figures when a series of deaths of Black men and women were captured on video.^{13,14} These videos virally spread, sparking conversations about racial injustice and police brutality, and protests occurred throughout the country.¹³ The communities the YVPCs partnered with have shared that this period intensely affected them. The convergence of YV, the COVID-19 pandemic, and the increasing tensions over racial injustice, structural racism, and multiple health inequities, strengthened the resolve of the YVPCs and their community partners to

address community- and societal-level factors that perpetuate violence and other health disparities experienced by marginalized communities. As our YVPC investigators reflected on the myriad racial and ethnic inequities that have persisted for generations, we recognized the importance of addressing these issues if we want our communities to be safer, not just for youths, but for all community members.

It is worth noting how prepared the YVPCs are for this time in history. They have long recognized the root causes of violence and have been working since 2000 to build the evidence base from the inner to the outer layers of the social ecology. Several of the YVPC investigators, including authors of this supplement, have experienced a paradigm shift in YV prevention. As they attest in this issue, their own work in violence prevention has shifted over time to increase community engagement and voice and to incorporate issues of social justice in their prevention approaches.

With this supplement, the YVPCs collectively share lessons learned during this round of funding as they have worked to develop, implement, and evaluate YV prevention strategies at the outer layers of the social ecology. This supplement describes the experiences and perspectives of these leaders in the field regarding the direction of YV prevention. Outer layer strategies pose unique challenges but offer potential advantages relative to those implemented at the inner layers of the social ecology, such as achieving broader reach, higher impact, prolonged sustainability, and greater cost effectiveness (<https://bit.ly/31MRFqq>). Comprehensive initiatives that implement violence prevention strategies across multiple levels of the social ecology may be more effective than those implemented using less comprehensive, fragmented, or stand-alone approaches.

SUMMARY OF CONTENTS

Six editorials comprise this supplement. In the first editorial, Jones Jr et al. (p. S17) describe the value and benefit of engaging youths as equitable partners to adults in violence prevention efforts. Youths engaged in violence prevention work with the YVPCs led and coauthored this editorial to share their experiences as they worked to uncover and understand the root causes of violence in their communities. They actively worked to shift dominant narratives about violence to help prevent violence exposure among youths. It is through their lived experiences that they have been able to colead community-level change efforts.

In the second editorial, Kingston et al. (p. S20) discuss how the YVPCs have developed and implemented community-level strategies by addressing the systems and structures that have a disproportionate impact on high-burden, urban communities. By combining local expertise and scientific rigor, the YVPCs have built the capacity of communities to identify and address specific community needs and priorities. Case studies have provided the opportunity to understand unique contextual factors related to violence in communities, allowing the YVPCs to continue developing, implementing, and evaluating innovative prevention approaches over time.

In the next editorial by Gorman-Smith et al. (p. S25), the authors argue that community-academic partnerships are crucial to YV prevention research. The editorial describes how current YVPCs have built and strengthened community-academic partnerships by expanding existing collaborations, developing trust among partners, and building meaningful and sustained participation from community partners. Community organizing, multisectoral collaborations, and collective impact models are community-engaged approaches that have allowed the YVPCs to successfully implement culturally and contextually appropriate violence prevention strategies, sustain partnerships, and improve communities.

The editorial by Nation et al. (p. S28) describes the paradigm shift occurring whereby research and prevention is moving from individual and relationship factors to the social and structural root causes of violence. Using the WHO social determinants of health framework, social and structural factors such as poverty, racism, policing practices, the prison industrial complex, housing and economic policies, racial discrimination, and educational and health care inequities are being examined as root causes of violence and poor outcomes. The editorial describes strategies the YVPCs are implementing to address the community structure and offers ideas for future structure-focused violence prevention research.

With more than 90% of youth homicides being firearm-related, preventing firearm injuries and deaths is relevant to reducing YV. Youth firearm injury prevention is the topic of the Zimmerman et al. (p. S32) editorial. As the authors discuss, the YVPCs have developed YV prevention strategies that can inform the development of prevention strategies specific to youth firearm morbidity and mortality by addressing common modifiable risk and protective factors. The YV prevention strategies selected by the five YVPCs have the potential to prevent firearm violence because they are multifaceted, cut across the social-ecological levels, and involve multisector community partners. The supplement ends with an editorial about changing the narrative of YV.

Metzler et al. (p. S35) write about the dominant public narrative of violence as a problem of personal responsibility. As a result, youths are depicted as aggressive troublemakers or dangerous gang members. This harmful narrative can obscure the fact that youths are still developing and learning, and, particularly for youths of color, it fails to acknowledge the impact of structural racism. Metzler et al. assert that narrative work is a valuable public health strategy that can be used to prevent violence by developing new, transformational narratives that value all youths.

CONCLUSION

In summary, this supplement highlights the work of the YVPCs during the 2015-2016 to 2021 funding round, in collaboration with their respective communities, to develop, implement, and evaluate YV prevention strategies. Additional research and prevention strategy implementation could help address the persistent disproportionate rates of violence-related injury and mortality experienced by communities of color, as well as the observed increases in violence across the country that have occurred during the COVID-19 pandemic.^{9 12} Aside from their funded violence prevention work, the YVPCs have stepped up to support their communities through this troubled time. When families in the respective communities struggled to pay rent and purchase food and other essentials, members of the YVPCs helped community members meet critical needs. These activities have further strengthened

collaborations and connections among community members, allowing for stronger violence prevention partnerships. During this final year of funding, the YVPCs are analyzing their evaluation data and developing and implementing plans to sustain their violence prevention efforts and impact in their communities. The editorials presented in this supplement offer a glimpse into the evolution of YV prevention to the outer layers of the social ecology and views of the YVPC investigators, community partners, and engaged youths as to the lessons learned and future directions for the field. It is our intent that this supplement will help move the field forward in thinking about community-level violence prevention, generating innovative research ideas, stimulating novel partnerships, identifying research gaps, and building the evidence base of effective YV prevention strategies that reduce inequities and make communities safer for all. AJPH

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Ashley S. D'Inverno, Guest Editor; Bradford N. Bartholow, Guest Editor; Julian Santaella-Tenorio, AJPH Guest Editor; and Daniel Tarantola, AJPH Associate Editor served as Editors for this supplement issue on "Engaging Communities in Youth Violence Prevention." A. S. D'Inverno and B. N. Bartholow conceptualized the supplemental issue and commissioned the editorials which focus on working with communities and establishing partnerships to develop evidence-based, community-level, youth violence prevention strategies. A. S. D'Inverno and B. N. Bartholow also authored the introduction describing the history of the Youth Violence Prevention Centers and the supplement's content. J. Santaella-Tenorio and D. Tarantola oversaw peer reviewer selection, evaluated peer reviews, and Alfredo Morabia, AJPH Editor-in-Chief, made final decisions on editorials selected for inclusion in the supplement. Santaella-Tenorio and Tarantola also authored an introductory editorial which introduces the topic of youth violence prevention through the lens of public health.

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Youths and Violence: Changing the Narrative

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ABSTRACT (ENGLISH)

The care and protection of children and youths is widely understood to be the responsibility of adults, communities, and society. The importance of safe, stable, nurturing relationships and environments to support children as they grow into healthy adults enjoying meaningful lives has been well documented.¹ Yet, this is not the world that exists for all children, especially those at increased risk of experiencing violence.² Why is this? If children deserve better, why do inequities in risk for violence persist? What accounts for the limited progress on their behalf? Storytelling is a strategy used in public health to communicate about the lives of people and communities. The term "narrative" is often used interchangeably with "storytelling," but although these terms are related, "narrative" refers more precisely to connected stories that are articulated and refined overtime to advance a central idea or belief. Public narratives are meta-stories that provide an understanding or interpretation of people and situations; dominant public narratives are those that eclipse others and have the most power to shape public consciousness, including society's collective senses of both responsibility and possibility.⁴ Words matter, but narrative is about more than words. Narrative is about the ideas that get communicated through language, images, culture, and media. Understanding how narratives operate is critical to violence prevention efforts.

FULL TEXT

The care and protection of children and youths is widely understood to be the responsibility of adults, communities, and society. The importance of safe, stable, nurturing relationships and environments to support children as they grow into healthy adults enjoying meaningful lives has been well documented.¹ Yet, this is not the world that exists for all children, especially those at increased risk of experiencing violence.² Why is this? If children deserve better, why do inequities in risk for violence persist? What accounts for the limited progress on their behalf?³ Storytelling is a strategy used in public health to communicate about the lives of people and communities. The term "narrative" is often used interchangeably with "storytelling," but although these terms are related, "narrative" refers more precisely to connected stories that are articulated and refined overtime to advance a central idea or belief.

Public narratives are meta-stories that provide an understanding or interpretation of people and situations; dominant public narratives are those that eclipse others and have the most power to shape public consciousness, including society's collective senses of both responsibility and possibility.⁴ Words matter, but narrative is about more than words. Narrative is about the ideas that get communicated through language, images, culture, and media.

Understanding how narratives operate is critical to violence prevention efforts.⁵

A dominant narrative in the United States considers violence primarily a problem of personal responsibility.⁵ In terms of youth violence, this results in dominant narratives that conjure images of youth as aggressors, troublemakers, or predators, concealing that youth are children with still-developing brains, some of whom have been adversely impacted by extensive or prolonged stress.¹ Another dominant narrative holds that violent crimes are mostly caused by young Black men living in poor urban neighborhoods, often involved with drugs, guns, and gangs.⁶ Studies of race and crime in media have found that local television news programs often overrepresent Blacks as criminal suspects.⁷ For example, Blacks are often overrepresented and Whites underrepresented as perpetrators of crime in comparison with arrest records, and Blacks are also less likely to be shown as victims of crime than are Whites.⁸ These stories reinforce negative images of Black youths as dangerous, do not recognize them as developing human beings, and rarely explore the structural causes of violence.⁶

These stories are nested within explanations, often implicit, that attribute violence experienced by youths of color to genetics, bad parenting, or a communal culture of violence.⁹ The practice of pathologizing Black people is long-standing.¹⁰ When uninterrogated, narratives that pathologize the behavior of Black youths allow adults to hold them at a distance, minimizing their humanity.^{6,10} When not confronted, these narratives create a chasm between adults and youths at greatest risk for experiencing violence.⁶

These narratives also influence perceptions and actions in ways that mask recognition of the racial stratification that is woven into the social fabric, disadvantaging some groups while advantaging others.¹¹ Closer scrutiny of how harmful narratives operate would strengthen efforts to examine structural racism and its roots in laws, policies, and practices. Many researchers and practitioners now understand such scrutiny as essential to eliminating health inequities and improving population health.¹¹ However, traditional public health efforts rarely address the harmful impacts of these narratives on Black and Brown communities, including how these narratives contribute to the disproportionate burden of poverty, racially redlined neighborhoods, underresourced schools, abuse and deaths resulting from lethal force by law enforcement, and incarceration.¹¹ Also unexamined are questions surrounding what it means to be a member of a racial group in a society in which some lives are valued more than others.¹² Race may be a social construct with no biological basis,¹² but acknowledged or not, it is also a lived experience for people of all races based on differences in status and power.¹² Such differences are exemplified in documented historical and contemporary accounts of stigmatization and exploitation of Black people, and are grounded in the belief that Blacks have less intrinsic worth.¹² The oppression experienced by Blacks is often explained away as class oppression.¹² Understanding how these narratives intersect with class is important, but violence cannot be prevented solely by addressing income and wealth inequities.¹³

Some researchers and practitioners have pointed out that adults often expect Black youths to learn to navigate the impacts of structural racism rather than support systemic change within institutions and communities to address structural racism and its consequences.⁵ Seeing the impacts of harmful narratives on the lives of Black youths exposes the limits of holding them, but not adults, accountable for preventing the violence in their lives.⁵ However, once these impacts are seen, communities and society can decide what to do based on shared values. Public narratives are constructed by people and can be changed by people. Exposing harmful narratives and lifting up new narratives that value all youths—no matter their race, income, gender, sexual identity, zip code, or religion—is an important step toward increasing understanding of what is needed for healthy adolescent development.^{4,14}

NEW NARRATIVES OF YOUTHS AND HEALTHY RACIAL IDENTITY

The brain architecture that affects reasoning skills and impulse control is actively developing through the mid-20s.¹⁴ Making mistakes is a normal part of adolescent development; it is important for youths to be able to learn as they grow without experiencing consequences such as racial inequities in school suspension or expulsion that can derail

their lives.¹⁴ Black youths' development of their identity is constrained by expectations of conformity to societal standards that repeatedly signal that Black is deviant.¹² For example, educational systems play a vital role in adolescent development, yet most confine Black history to one month per year and teach origin stories that begin with slavery and powerlessness rather than millennia of rich ancestral cultures and accomplishments.¹⁵ Black youths are not blind to narrative representations and expectations about who they are and who they can be in the world.¹² Violence prevention efforts focused on enhancing individual resiliency and conflict resolution skills are necessary, but not sufficient.¹⁶ Given the many challenges Black youths face, there is an opportunity for positive narratives that address the personal, cultural, sociopolitical, and spiritual aspects of becoming a healthy Black youths and that can support the development of critical and collective consciousness and the promotion of equity.¹⁶ An example of this approach is the Pride, Peace, Prevention campaign, implemented by the Louisville Youth Violence Prevention Research Center (YVPRC) and supported through the Centers for Disease Control and Prevention's Youth Violence Prevention Research Centers. This campaign addresses histories and narratives informing youth and community development to build skills and power to create a different future (<https://bit.ly/2yTFqgf>). As expressed by Gabe, a YVPRC youth ambassador, "When you learn about your history, you feel proud about your history, and then you're going to see other people who look like you and you're going to say 'Both of us should be proud of who we are'" (<https://bit.ly/2y4d0jk>). Ultimately, it is important to strive for the development of healthy identities for all youths and to address harmful historical and contemporary narratives that have long defined racial and ethnic groups in US society.¹⁷ Healthy racial identity and consciousness are important for all racial and ethnic groups.¹⁸

Narrative change is an important public health strategy for building support to create the conditions in which all youths can thrive. Bridging science, arts, and the media, public health practitioners, political leaders, and communities can develop new narratives with education, justice, and other sectors to create substantive, sustained change based on the values of human rights and social justice. New narratives in workplaces, communities, and homes across the United States can also have an impact on ideas surrounding race and violence that come alive in daily conversations and shared experiences.¹⁹ Adults, communities, and society can all commit to unmasking harmful narratives and lifting up new narratives that reflect the value and connectedness of all people. Starting points for these inquiries and conversations may vary, and things may not go quite right the first time or the second-narrative is an iterative, continuous learning process. However, undertaking efforts to change the narrative can help ensure that all children, youths, and families have access to safe and healthy living conditions and the opportunity to fully participate as engaged and valued members of society. *AJPH*

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M. Metzler led the writing of the editorial and managed the revisions and responses to reviewers. T. Jackson and A. Trudeau contributed to the writing and editing of the editorial. All authors contributed to the conceptualization and framing of the editorial.

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Sidebar

DOMINANT NARRATIVES AROUND BLACK YOUTHS AND VIOLENCE

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A Model for Effective Community-Academic Partnerships for Youth Violence Prevention

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Violence, a leading cause of death in the United States (<https://bit.ly/3esvTLM>), leaves lasting scars among victims and communities. A recent study of 15- and 17-year-old youths living in highburden Chicago, Illinois, neighborhoods indicated that almost 87% had been exposed to a serious form of violence, 32% had lost a close friend or family member to murder, and 18% had witnessed a fatal shooting (Gorman-Smith et al., unpublished data). Although these are staggering statistics, reducing and preventing youth violence is possible. We have a growing list of effective, evidence-based interventions, but why does implementation remain low?1

One reason for limited implementation is that practice-based and local knowledge often does not inform researcher-developed programs. Many researchers push evidence out to a community without meaningful participation from community stakeholders. By contrast, the Centers for Disease Control and Prevention funded Youth Violence Prevention Centers (YVPCs) to actively pursue community-academic partnerships. These collaborations offer a framework for public health violence prevention strategies.2 Combining community and academic perspectives through effective partnerships is critical in creating meaningful and sustainable community effects.

FULL TEXT

Violence, a leading cause of death in the United States (<https://bit.ly/3esvTLM>), leaves lasting scars among victims and communities. A recent study of 15- and 17-year-old youths living in highburden Chicago, Illinois, neighborhoods

indicated that almost 87% had been exposed to a serious form of violence, 32% had lost a close friend or family member to murder, and 18% had witnessed a fatal shooting (Gorman-Smith et al., unpublished data). Although these are staggering statistics, reducing and preventing youth violence is possible. We have a growing list of effective, evidence-based interventions, but why does implementation remain low?¹

One reason for limited implementation is that practice-based and local knowledge often does not inform researcher-developed programs. Many researchers push evidence out to a community without meaningful participation from community stakeholders. By contrast, the Centers for Disease Control and Prevention funded Youth Violence Prevention Centers (YVPCs) to actively pursue community-academic partnerships

(<https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html>). These collaborations offer a framework for public health violence prevention strategies.² Combining community and academic perspectives through effective partnerships is critical in creating meaningful and sustainable community effects.

A MODEL FOR COMMUNITY-ACADEMIC COLLABORATION

Understanding and preventing violence requires a coordinated, comprehensive, and community-tailored effort that integrates strategies and approaches across systems and sectors. YVPCs are examples of this kind of community-academic collaboration. Their success underscores several collective lessons learned.

Partnerships Require Time to Build Trust

"Nothing about us, without us" is the mantra of Pastor Chris Harris, CEO of Bright Star Community Outreach and coinvestigator of the Chicago YVPC. Because of a long history of being research participants without seeing community benefits, many marginalized communities distrust researchers and academic institutions.³ Building a trusted partnership requires time-sharing spaces, developing a shared language, and being present for big and small projects. Federal agencies, foundations, and donors often neglect this requirement, expecting to begin work immediately.

The University of Louisville YVPC team is physically located within the neighborhood, and some members of the team live within the neighborhood. This approach allowed staff to have direct experience of neighborhood conditions and candid conversations with other neighborhood residents. From this experience, both groups shaped a shared conceptualization of violence and the type of interventions that might be helpful. Their YVPC team also used photovoice methodology⁴ so youths could tell their own story. The team then incorporated the photovoice material into a public exhibit that raised awareness among city leaders and Louisville, Kentucky, residents. These public efforts, completed before initiating the work of the YVPC, increased visibility of the work, built social capital, fostered engagement of community residents, and helped researchers gain a deeper understanding of violence in this context.

The Knowledge Gap Is Real and Goes Both Ways

Three sites—University of Chicago, University of Colorado Boulder, and Virginia Commonwealth University YVPCs—are adapting the Communities That Care model (<https://www.communitiesthatcare.net>). Central Communities That Care activities include engaging community partners to gather and use data to inform priorities; identifying resources and gaps; and implementing and testing evidence-based programs, policies, and practices. At all three sites, community partners valued the opportunity to make evidence-based program decisions but raised concerns about the validity and cultural attunement of many of the programs. Community partners noted that innovative and cultural informed programming existed throughout the community but that small organizations had not had the resources and expertise to evaluate existing programs. University partners have provided training and technical assistance to support high-quality implementation and begun to build structures to evaluate and move toward rigorous evaluation of community-developed programs.

The University of Michigan YVPC partners with community organizations and institutions to apply busy streets theory in Flint, Michigan; Youngstown, Ohio; and Camden, New Jersey.⁵ This theory promotes the idea that community-engaged greening (e.g., mowing, cleaning vacant lots) and vacant lot reuse (e.g., gardens, pocket parks) sends the message that people care about the neighborhood and that violence is not tolerated. Their approach is a natural experiment because they are helping local organizations who are already doing the greening work develop

an evidence base for the work.

Leadership and Mutuality Are Key

As is true for all efforts, strong leadership is key and must be shared. In Chicago, Boulder, and Richmond, Virginia, leadership and all decisions are shared. Colorado's Park Hill site, which works closely with and is considered part of the community organization Park Hill Collective Impact, leads efforts in six areas in the neighborhood, including Juvenile Justice. In Chicago and Richmond, academic partners are embedded within existing infrastructure and community groups, which ensures closer alignment with other community-level efforts. Being part of a known and trusted community entity builds credibility, and the community benefits from existing and ongoing communication mechanisms.

The University of Michigan's YVPC provides data and objective evidence to local leaders so they can use the information to promote programs and secure funding. They also work with existing community programming and help organizations use evidence to demonstrate the effectiveness of their greening efforts in reducing violence and improving neighborhoods.

Address Power Differentials in Partnerships

Issues of power and power differentials fundamentally affect how problems are conceptualized and which strategies are implemented. Building trust, sharing leadership, and recognizing knowledge gaps are intentional strategies that YVPCs use to mitigate these differentials. The University of Louisville YVPC and West Louisville residents addressed this explicitly by discussing their concepts of violence and the YVPC's approach to the work. Specifically, youths argued that the center could not focus on youth behavior until it examined discriminatory behaviors directed toward youths (e.g., high levels of police surveillance and inequitable school discipline policies). This conversation led to power sharing, with West Louisville youths designing and implementing all YVPC materials and using these materials to discuss structural and interpersonal violence.

CHALLENGES AND OPPORTUNITIES

Despite efforts to coordinate violence prevention approaches, YVPCs face ongoing challenges. Many human service organizations have limited capacity to sustain community collaborations,⁶ especially ones in high-burden communities with high residential density, multiple stakeholders, and limited resources. Further, the violence in communities served by YVPCs is embedded in structural inequities (e.g., poverty, racism, gentrification) that cannot be addressed adequately with traditional behavior change approaches.

Despite these challenges, YVPCs have established strong and effective partnerships and created the backbone of a community-level violence prevention infrastructure to advance ambitious goals and neighborhood strategies to achieve sustainable positive impact. All sites are conducting experimental and quasiexperimental evaluations, and early results are promising. For example, Michigan reported reductions in violence after place-based interventions that remediated vacant land and abandoned buildings.⁷ Chicago found significant reductions in robberies and aggravated assaults and near-significant differences in shootings and homicides in the target community compared with other similar communities in Chicago 18 months after the implementation of their community action plan.⁸ What helped ensure continued success was a combination of new skills, expertise, and academic community partnerships that can challenge traditional prevention approaches. This combination required a willingness to support and build on existing collaborations, time to develop trust among partners, and listening to and meeting stakeholders on their turf. A community partnership approach often requires taking a supporting role- not a lead role-to strengthen capacity to implement programs and establish the evidence base necessary to obtain resources for sustainable and effective violence prevention and community improvement. The community academic partnership approach is used effectively by YVPCs and serves as a model for other researchers who seek to engage in community-based research for youth violence prevention.

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The authors have no conflicts of interest to disclose.

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Institutional review board approval was obtained for each YVPC covering the activities described in this editorial.

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Youth Violence: Prevention and Control

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ABSTRACT (ENGLISH)

This supplemental issue on the Youth Violence Prevention Centers contributed to this journal by the US Centers for Disease Control and Prevention emphasizes the public health impacts of youth violence. Importantly and in a timely fashion, it also documents some of the responses that have been and continue to be made to this major public health issue.

FULL TEXT

This supplemental issue on the Youth Violence Prevention Centers contributed to this journal by the US Centers for Disease Control and Prevention emphasizes the public health impacts of youth violence. Importantly and in a timely fashion, it also documents some of the responses that have been and continue to be made to this major public health issue.

Youth violence is exacerbated by contextual factors but is by no means limited to underprivileged communities. It is pervasive, affecting all communities in one form or another at different levels of intensity and severity. It evolves over time and is influenced by ecological factors such as societal stresses caused by ideological, economic, or public health threats. Young people may be victims of, witnesses to, or perpetrators of violence or a mix thereof. Violence is triggered by personal history, lack of choices and opportunities, substance use or trafficking, racism, homophobia, genderism, and other forms of discrimination.¹ In 2017, Salas-Wright et al. noted that, even though the incidence of fighting and violence among young people in the United States declined from 2002 to 2014, the pattern of disparities in youth involvement in these violent behaviors and the rate of homicides remained stable-consistently the highest among non-Hispanic African American youths, followed by Hispanic youths, and then non-Hispanic White youths.² The health, social, and economic impacts of COVID-19 and of the 2020 through 2021 restrictive measures aimed at bringing the pandemic under control on the incidence of youth violence and on its prevention and control initiatives have yet to be assessed at a national level.

AJPH alone has published more than 60 articles and editorials on the topic since the year 2000. Yet violence among youths (i.e., individuals aged 10-24 years) persists. Youths are affected by multiple forms of violence: physical and emotional abuse or maltreatment in childhood; bullying, peer victimization, and cyberbullying in older youths; gender-based violence (including sexual abuse); use of firearms; and homicide and self-inflicted harm, including suicide.

It is of note that the American Public Health Association (APHA) has provided several policy statements emphasizing the need for building public health infrastructure for youth violence prevention. APHA Policy 2009143 was built on and advanced the APHA's existing policies for the prevention of firearm violence (Policy 2001184) and violence research

(Policy 99265) as well as for health education and promotion (Policy 200496), child abuse prevention (Policy 8614(PP)7), and injury and violence prevention and control (Policy 99278). Policy 200914 reiterated APHA's commitment to promote healthy youth behaviors that could, if coupled with the right social and environmental interventions, prevent youth violence (Policy 2000279) and encourage healthy adolescent behaviors. The policy calls for congressional and state legislation and funding for comprehensive and integrated programs, such as the Safe Schools/Healthy Schools Initiative, community schools with after-school programs, health education programs, family resource centers, collaborative research on the impact of community schools, and age-appropriate incarceration.³

Given that violence among youths is a complex, multifactorial phenomenon, reducing its occurrence and severity requires interventions targeting multiple risk factors and vulnerabilities that may holistically improve the lives of children and youths. Although youth violence prevention and control calls for the rapid replication, adaptation, evaluation, and scaling-up of projects that have proven successful, its structural and societal vulnerabilities must be uprooted. These can be overcome through greater access to education and training, enhanced use of health and social services dedicated to youths, quality housing, employment opportunities, and affordable access to modern telecommunication and other facets of human development. Young people should contribute to and benefit from a safe and supportive environment that values dignity, respects culture, and avoids discrimination. And there is hope: the creativity and energy of young people and their communities can be mobilized effectively to achieve this goal. Policy, systemic, financial, and material support should respond to their needs, and most vulnerable communities must be heard, be actively involved, and lead these efforts to enhance their positive outcome sustainably. .4JPU

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Ashley S. D'Inverno, Guest Editor; Bradford N. Bartholow, Guest Editor; Julian Santaella-Tenorio, AJPH Guest Editor; and Daniel Tarantola, AJPH Associate Editor served as Editors for this supplement issue on "Engaging Communities in Youth Violence Prevention." A. S. D'Inverno and B. N. Bartholow conceptualized the supplemental issue and commissioned the editorials which focus on working with communities and establishing partnerships to develop evidence-based, community-level, youth violence prevention strategies. A. S. D'Inverno and B. N. Bartholow also authored the introduction describing the history of the Youth Violence Prevention Centers and the supplement's content. J. Santaella-Tenorio and D. Tarantola oversaw peer reviewer selection, evaluated peer reviews, and Alfredo Morabia, AJPH Editor-in-Chief, made final decisions on editorials selected for inclusion in the supplement. Santaella-Tenorio and Tarantola also authored an introductory editorial which introduces the topic of youth violence prevention through the lens of public health.

Note. The findings and conclusions in this issue are those of the authors and do not necessarily represent the official position of the CDC.

CONFLICTS OF INTEREST

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Julian Santaella-Tenorio, DVM, MSc has no conflicts of interest to disclose.

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Social and Structural Determinants of Health and Youth Violence: Shifting the Paradigm of Youth Violence Prevention

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ABSTRACT (ENGLISH)

Violence against non-Hispanic Black youths continues to be a significant public health issue for many communities in the United States. For more than two decades, homicide has been the leading cause of death among non-Hispanic Black youths aged 10 to 24 years (<http://bit.ly/2N3IXko>). Also, the burden of exposure to community violence is disproportionately carried by people of color and people living in economically disadvantaged neighborhoods.¹ Public health and allied disciplines have played a key role in raising awareness about the system of individual, interpersonal, and social factors that contribute to the development of youth violence and have conducted several decades of research seeking to understand youth violence and develop youth violence-prevention strategies. These efforts have resulted in an array of evidence-based interventions designed to promote a variety of positive outcomes, including promoting positive relationships, developing problem solving, and diffusing interpersonal conflict. However, these interventions have focused heavily on the individual and interpersonal factors while failing to address broader social and structural factors associated with violence.

FULL TEXT

Violence against non-Hispanic Black youths continues to be a significant public health issue for many communities in the United States. For more than two decades, homicide has been the leading cause of death among nonHispanic Black youths aged 10 to 24 years (<http://bit.ly/2N3IXko>). Also, the burden of exposure to community violence is

disproportionately carried by people of color and people living in economically disadvantaged neighborhoods.¹ Public health and allied disciplines have played a key role in raising awareness about the system of individual, interpersonal, and social factors that contribute to the development of youth violence and have conducted several decades of research seeking to understand youth violence and develop youth violence-prevention strategies. These efforts have resulted in an array of evidence-based interventions designed to promote a variety of positive outcomes, including promoting positive relationships, developing problem solving, and diffusing interpersonal conflict. However, these interventions have focused heavily on the individual and interpersonal factors while failing to address broader social and structural factors associated with violence.

STRUCTURAL DETERMINANTS OF VIOLENCE

The World Health Organization's (WHO's) social determinants of health framework has implicated longstanding social and structural problems- including poverty, racism, discrimination, and poor access to health care and education-as root causes of poor health outcomes. The social ecological theory similarly emphasizes social and structural factors that influence youths' social and developmental outcomes.^{2,3} Subsequent research has empirically supported the association between these variables and violence.² The WHO framework² includes values, policies, and community practices as social determinants of health that contribute to the development and perpetuation of inequities-by marginalizing groups, determining who has the greatest exposure to social problems, and deciding who will receive access to resources that mitigate the effects of social problems.

In the United States, laws, policies, and practices have been systematically used to marginalize people of color to ensure that economic, social, and political power is retained by Americans of European descent.⁴ These policies and practices have evolved; however, their intent-maintaining the current social order and power differentials-remains constant. The insidiousness of this process is apparent in policies related to many of the social structures critical to youth violence prevention. For Black youths and communities, this has included housing policies that evolved from Blacks not being allowed to own property to policies that determined the neighborhoods in which Blacks could obtain mortgages for home purchases and covenants that determined which properties could be sold to Blacks.⁵ Similarly, criminal justice policies, to inequitably target and penalize Black citizens,⁶ evolved from subjecting Blacks to extrajudicial punishments (e.g., lynchings) to increasing surveillance and criminal penalties for crimes more likely to be associated with Blacks and other minorities.⁷

With the call for approaching violence as a public health crisis, the social determinants of health framework provides a helpful conceptualization of youth violence and highlights this gap between theory and practice. Specifically, the framework identifies and emphasizes numerous social and structural determinants of youth violence, whereas youth violence-prevention strategies have primarily focused on individual and interpersonal factors.⁸ We do not point this out to diminish previous work, because public health theory and practice have played important roles in developing violence-prevention initiatives now recognized as evidence based. Despite the success of these strategies, the field has limited success in demonstrating population-level effects and even less success diminishing race and class inequities in violence-related outcomes.⁹ Therefore, we highlight this gap to suggest the need for a paradigm shift to supplement individual and interpersonal interventions with research and practice that addresses social and structural causes of youth violence.

YOUTH VIOLENCE PREVENTION RESEARCH

Part of the charge for the Centers for Disease Control and Prevention's National Centers of Excellence in Youth Violence Prevention (YVPCs) is to address this gap by developing, implementing, and evaluating strategies designed to have community-level effects on violence ([https://bit.ly/ 2YBOYqx](https://bit.ly/2YBOYqx)). All neighborhoods served by YVPCs are contending with social and structural challenges associated with racism and other forms of systemic marginalization. Each YVPC has attempted to address these challenges by directing part of their intervention to counteract some of the social and structural factors associated with youth violence, and each has partnered with communities to tailor strategies responsive to local context. Although these strategies cannot comprehensively eliminate the structural problems, they do address structural factors by engaging community members in empowerment processes to identify or challenge the sources and consequences of structural marginalization.

The latter approach is reflected in the University of Michigan YVPC's focus on local efforts to empower communities by improving neighborhood physical environment. One of the most consistent consequences of structural marginalization is abandoned homes and vacant overgrown lots. The Michigan YVPC has worked with community partners to evaluate the effects of residents involved in cleaning and maintaining vacant properties to create safe spaces for positive youth development and violence prevention. Three YVPCs have implemented enhanced versions of Communities that Care (CTC), an empirically grounded prevention system that helps communities use data to select and implement evidence-based interventions. Importantly, each site has enhanced the CTC model to highlight the contribution of social and structural factors that have marginalized community residents.

The University of Colorado YVPC used CTC with its neighborhood partners to develop youth-driven media campaigns that promote neighborhood pride and identity among youths and counter negative neighborhood perceptions.

The University of Chicago YVPC used CTC with its community partners to create a comprehensive community action plan that included workforce development and school reform to create greater access to education and economic opportunities.

The Virginia Commonwealth University YVPC supplemented CTC with the Walker-Talker and Plain Talk intervention, in which community outreach workers become interveners to promote prevention messages and build social capital through resident-centered conversations, initiatives, and connections to resources that addressed parenting strengths and employment, school, and neighborhood issues.

Finally, the University of Louisville YVPC worked with community partners to develop a social-norming campaign that challenged discriminatory narratives and policies and promoted positive racial identity and sociopolitical development among youths. The youths used this knowledge to educate and inform key decision makers, peers, and others, which activated sociostructural change efforts in their community. The impact of these strategies being implemented in the YVPCs is currently being evaluated (<https://bit.ly/3fnzfl3>).

The YVPC strategies are novel, promising ways of using public health theories and strategies to target social and structural factors to prevent youth violence. However, there are several limitations of this work. First, the scale of the work is small, as it currently focused on only five communities, with different strategies being used across the communities. This limits the ability to determine the robustness and replicability of the interventions. Also, although the interventions do move upstream from individual and interpersonal interventions, they remain focused on relatively proximal manifestations of structural inequities and are not designed or scaled to eliminate social and structural inequities.

Thus, community residents still bear much of the burden of the interventions to promote social change even though they have had little influence in creating the structural inequities. There are questions about sustainability and scalability that the YVPCs must address with their communities to ensure that the work does not stop with the funding. Also, our description of this framework does not explicate the implications of structure in relation to gender. The risks of violence perpetration and victimization must be understood in the context of how systemic marginalization differs by gender. Finally, and most of all, the extant YVPC work has focused on Black youths because the focal neighborhoods are majority Black. It is important to expand this work to understand the social and structural factors that affect Latinx youths and other marginalized groups and identify similarities and distinctions in how we might affect the experience of violence among these youths.

Importantly, these strategies highlight just how much work is left to do and how many questions remain unanswered regarding how to improve our understanding of the impact of social and structural factors on youth violence.⁸ The extant research has established relations between social structure and youth violence, but there is little research on the mediators and moderators of the relationship. Numerous studies have used census data to provide descriptions of community structure, frequently noting that poverty, racial segregation, and social immobility are often concentrated in particular neighborhoods with high violence rates.¹ Also, research has examined neighborhood social processes (e.g., social norms and collective efficacy) that occur in marginalized communities (<https://bit.ly/3hGSKFs>; <http://bit.ly/3v8biWN>).

Yet, these studies provide little information on how resources, policies, practices, and people act or interact to create and perpetuate or disrupt these structures. Fewer studies include metrics to describe how power or its distribution influences specific manifestations of policies and practices, or the lenses through which they are analyzed. One benefit of the YVPC network is a growing understanding that the demography of youth violence might be similar, but the history and lived experiences of these neighborhoods are distinct. We must develop better metrics to capture the salient characteristics that describe the similarities and distinctions.

The predominant definitions of and risk factors for youth violence described in the extant research limit the discussion of structural problems. WHO defines violence as:

the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood resulting in injury, death, psychological harm.¹⁰(p4)

By this definition, many policies and practices used to create and maintain social and structural inequities constitute violence directed toward youths of color and the neighborhoods in which they live. Yet, most operationalizations of violence fail to consider structural indicators such as racial/ethnic disparities in policing practices, disproportionate incarceration of Black youths and men, and the proliferation of the prison industrial complex (<https://bit.ly/30aAmyN>; <https://bit.ly/30ZyMip>).

All of these practices have been used in ways consistent with the WHO definition of violence, suggesting that they are as salient to understanding violence as homicide or violent injury rates. Additionally, we know that issues are framed by the language used to name them, and illustratively "youth violence prevention" centers youths as the issue. Based on the current discussion, more responsive phrasing would emphasize structural factors (i.e., "structural violence prevention") and shift the focus to structural reforms that prevent violence affecting youths. It is time to start considering risk and promotive factors that extend beyond individuals and families and take into account structural causes of disparities as well as to start identifying the policies and intervention strategies that would help overcome the underlying factors that have created disparities in the first place.

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Developing and Implementing Community-Level Strategies for Preventing Youth Violence in the United States

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ABSTRACT (ENGLISH)

Public health researchers recognize that determinants of youth violence exist across multiple contexts and social-ecological levels, which necessitates using a comprehensive approach to prevent youth violence (<https://bit.ly/3hFqWCi>). A large body of research has focused on developing and evaluating community-based interventions that address individual and family risk factors for youth violence.¹ Despite the success of these interventions, youth violence remains a major public health issue. Community-level prevention strategies focus on the characteristics of settings (e.g., schools, workplaces, and neighborhoods) that increase the risk of or protect people from violence, particularly social, economic, and environmental characteristics. These strategies are distinct from community-based strategies, which are implemented in community settings but target individual, peer, or other proximal relationship or family factors.² Community-level prevention strategies have the potential to impact a greater number of people, yet the current evidence base for youth violence prevention approaches at the outer social-ecological levels (i.e., community, societal) is thin.

FULL TEXT

Public health researchers recognize that determinants of youth violence exist across multiple contexts and social-ecological levels, which necessitates using a comprehensive approach to prevent youth violence (<https://bit.ly/3hFqWCi>). A large body of research has focused on developing and evaluating community-based interventions that address individual and family risk factors for youth violence.¹ Despite the success of these interventions, youth violence remains a major public health issue. Community-level prevention strategies focus on the characteristics of settings (e.g., schools, workplaces, and neighborhoods) that increase the risk of or protect people from violence, particularly social, economic, and environmental characteristics. These strategies are distinct from community-based strategies, which are implemented in community settings but target individual, peer, or other proximal relationship or family factors.² Community-level prevention strategies have the potential to impact a greater number of people, yet the current evidence base for youth violence prevention approaches at the outer social-ecological levels (i.e., community, societal) is thin.³

To build the evidence base for community-level strategies, the Centers for Disease Control and Prevention invested in five Youth Violence Prevention Centers (YVPCs) in communities disproportionately affected by youth violence (Chicago, IL; Denver, CO; Richmond, VA; Louisville, KY; Flint, MI; Youngstown, OH; and Camden, NJ; <https://bit.ly/2YBOYqx>). YVPCs' focus since 2015 has emphasized the development, implementation, and rigorous evaluation of community-level violence prevention strategies in five areas:

- 1 Addressing social norms by changing community narratives,
- Mobilizing communities for action,
- Changing the built and physical environment,
- Scaling evidence-based programs, and
- Evaluating and informing policies at multiple levels.

In this editorial we describe lessons learned from the YVPCs that can guide future research related to developing effective community-level youth violence prevention strategies.

ENSURING INTERVENTIONS ADDRESS STRUCTURAL VIOLENCE

Structural violence explains social systems and structures (e.g., economic, political, legal, religious, and cultural) that hinder individuals, groups, and societies from reaching their full potential.⁴ To develop culturally and contextually relevant community-level violence prevention strategies, we must ensure that our interventions address the underlying systems and structures that have long influenced the inequitable distribution of risk, particularly non-Hispanic Black youths, who are 18 times more likely to die by firearm violence compared with their non-Hispanic White peers.⁵ YVPCs work with high-burden, urban communities affected by institutionalized racism, discrimination, and inequality, which contribute to violence and other public health inequities (<https://bit.ly/3enHQ6g>). Each community also has a rich history of resilience and positive relational assets that are leveraged and strengthened to powerfully address what seem to be intractable societal challenges. In Louisville, a history of racial segregation, redlining, and discriminatory economic policies has concentrated poverty in neighborhoods primarily occupied by Black residents (<https://bit.ly/2Lm11ka>). Media portrayals dehumanize the people in those neighborhoods and contribute to negative racial identity and stereotypes, which impact attitudes and norms and thus increase risk of violence. The Louisville YVPC focused on elevating collective understanding of the role of history and policy in driving the inequitable risk of youth violence and provided positive counternarratives through a three-year media campaign (<https://bit.ly/34P5err>).^{6,7}

Likewise, in a Chicago community with a similar history of discriminatory policies,⁸ the YVPC provided a platform to bring thousands of residents together to address the systemic racism that perpetuates economic and social service inequities in the community. Different forums were used (e.g., trainings, panel discussions, community tours related to historical events such as the 1919 race riots) to have discussions related to racism, social injustice, and inequality and move to action through civic engagement—a new approach applied by YVPCs to recognize and address the root causes of violence. The community board in a Denver neighborhood recognized that even the name of their neighborhood reinforced the influence of redlining in their neighborhood's development and how they were

perceived by outsiders. The community renamed their neighborhood to empower themselves to confront historical realities and unify their efforts to prevent violence. An effort to identify and name the mechanisms by which health injustice is perpetuated and how historical and contemporary policies have negatively targeted and affected underresourced communities of color is one way YVPCs are working to achieve health equity and impact population health.

LOCAL EXPERTISE AND SCIENTIFIC RIGOR COMBINED

To work in collaboration with communities to combine local expertise and scientific rigor, YVPCs first needed to examine the effects of their own policies, practices, resources, relationships, and power imbalances. Moving away from communities as targets or settings for research to ensure the agency of communities in self-determination,⁹ YVPCs have had to recognize their positionality as researchers as well as the violence of some institutional structures and practices. Attending to these dynamics, the Chicago YVPC included a community partner as a coinvestigator on its project, and communities were given decisionmaking authority related to funding for their priorities and strategies. Formerly, YVPCs had not implemented a systematic approach to community partnership in such intentional ways. Current YVPCs are correcting these shortcomings by bringing together nontraditional partners that were not formerly invited to the table, building coalitions across multiple sectors, impacting multiple ecological levels, and garnering more resources and local attention—all approaches for developing equitable community-level prevention strategies that were not widely used in the past.

Combining local expertise with scientific rigor empowers communities to effectively identify and address their prioritized concerns. Several of the YVPCs (Chicago, Denver, and Richmond) used Communities That Care to facilitate this partnership. This program is an evidence-based model that engages community stakeholders to mobilize and use a science-based approach to prevent violence and improve youth outcomes.¹⁰ Local expertise about the community and its historical, social, and cultural dynamics combines with neighborhood data and scientific evidence to inform the development of localized community action plans. For example, in Denver, community members selected Promoting Alternative Thinking Strategies, an evidence-based program to provide social-emotional learning to elementary school-age children, to address the prioritized risk factor—early and persistent maladaptive behavior. Normally taught exclusively in elementary schools, community members opted to modify and scale the program to impact community-level change by training after-school and summer programs, law enforcement, the neighborhood library, and local sports teams, thus saturating the neighborhood with a universal social-emotional learning language (<https://bit.ly/2YBOYqx>).

In Richmond, Communities That Care is paired with a community engagement model that includes "Plain Talk" conversations related to youth violence prevention and "Walker-Talkers" who listen closely to the needs of residents and connect families with resources and opportunities for positive youth development based on those identified needs. Richmond's community intervention team selected a social media campaign focused on positive parenting messages that addressed empirically based promotive factors such as enhancing parental monitoring and family connectedness, which have been shown to decrease the likelihood of youth violence.¹¹

In Chicago, more than 70 community partners representing a diverse set of stakeholders—from school leaders and residents to government and civic leaders, nonprofits, and businesses—came together with the YVPC to use data to inform the development and implementation of a community action plan (<https://bit.ly/3owun0J>) that addresses structural factors to reduce violence. This partnership has achieved substantial progress in efforts to (1) identify and deliver high-quality programs for youths and families, (2) advance education equity for all schools in the community, (3) increase the resilience of people affected by violence and trauma, and (4) provide employment and placement services for residents.

In Chicago, Denver, and Richmond, much of the work focuses on building additional capacity within and across institutions and supporting community-based organizations that never had the resources to rigorously evaluate the impact of their work (<https://bit.ly/2YBOYqx>). When reviewing the list of evidence-based programs, coalition members had strong reactions to the content of many of the programs listed and concerns that programs were not culturally attuned or did not consider the context of high-burden marginalized communities. Members also noted that

innovative and culturally informed programming throughout the community existed but that small organizations did not have the resources and expertise to evaluate existing programs. YVPC staff provided training and technical assistance to support high-quality implementation of existing programs and began to build structures to evaluate and move toward rigorous evaluation.

As researchers, we also bring expertise in developing theory-driven, rigorous process and outcome evaluations to help fill the gaps so we can generalize lessons learned from our work. The Michigan YVPC partners with local organizations to study how their efforts at youth and community engagement in improving vacant lots (i.e., greening) may reduce interpersonal crime and violence-related injury and improve social capital and cohesion among residents. Applying busy streets theory,¹² they found that block faces with community-engaged greening had more than one third fewer assaults and violent crimes than block faces with vacant lots that were not remediated after controlling for counterfactual explanations.¹³

ATTENDING TO CONTEXT

Another important lesson learned as YVPCs designed their experimental and quasi-experimental studies was the critical need to systematically understand contextual factors unique to communities in implementing community-level interventions. Case studies offer an ideal mechanism for engaging and capturing community voice and the system dynamics and complexity of changes that occur within communities.¹⁴ For example, measures used by different YVPCs include community-level social processes, interorganizational networks, coalition functioning, and implementation of their selected strategies.

The YVPCs document actual processes and identify critical factors that influence the development and implementation of culturally relevant and feasible community-level prevention strategies (Box 1). Each YVPC develops measures to understand the specific social processes operating within their community and what affects successful implementation of community-level prevention strategies in their specific context. For example, in Denver's baseline community survey, findings showed that high-quality neighborhood conditions, positive police and community relations, civic engagement, social cohesion, a willingness to respond to youth risky behavior, and having fewer antisocial opportunities were significant predictors of perceptions of neighborhood safety. These findings helped community coalitions to understand the specific range of community-level strategies that could increase perceptions of neighborhood safety (e.g., strategies to improve neighborhood conditions and resources, create positive social norms, build collective efficacy, and create opportunities for healthy youth engagement). The Michigan YVPC conducted a multiple case study analysis comparing three neighborhoods in Flint that had varying levels of community engagement. They found that residents from the most involved neighborhood reported more social capital and behavioral action compared with the neighborhoods with less resident involvement in community improvement efforts.¹⁵ The Louisville YVPC's preliminary findings extended the current understanding of the experiences of Black youths and how, despite their negative attitudes toward interpersonal violence, they recognized it as a survival tool within a context of structural violence.

INFORMING FUTURE RESEARCH

Although YVPCs build upon a multidecade history of violence prevention research, the focus on developing, implementing, and evaluating community-level prevention strategies is nascent and still developing. The lessons learned and the strategies developed by the current YVPCs can serve as models for other partnerships. YVPCs suggest the following lessons to guide future research:

- 1 Address systems and structures that perpetuate youth violence by attending to the structural determinants of youth violence.
- 2 Create partnerships that combine local expertise with scientific rigor to address and evaluate the systems and structures that impact youth violence, including institutionalized racism, discrimination, and inequity.
- 3 Use the power of case studies to engage and capture community voice and the system dynamics unique to communities to create locally defined community-level prevention efforts.

Prevention strategies focused on outer socio-ecological levels are not yet integrated into comprehensive approaches to prevent youth violence. To address root causes of health and violence inequities and reduce violence, the

violence prevention field must balance demand for immediate strategies that help youths survive and thrive within existing violent structures with the need for macro-level strategies that actually alter and dismantle those structures. With the Centers for Disease Control and Prevention's investment, YVPCs are taking up this challenge. By marrying local expertise and scientific rigor in equitable community-academic partnerships, YVPCs demonstrate processes and strategies that advance community agency and rigorous research, including innovation in research designs, methods, measures, and data analysis. As a result, YVPCs are building the evidence base for violence prevention that accounts for justice and equity and has the potential to transform communities into safe, nurturing spaces for all of our youths. >4JPH

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Sidebar

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Youth Violence Prevention: Building Local Power and Empowering Youths

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ABSTRACT (ENGLISH)

Preventing youth violence requires addressing all levels of the social ecology, including creation of the community and societal conditions that foster safe, stable, nurturing environments in which all youths can thrive. Systemic social and economic inequities that hinder opportunities for young people to learn, work, play, and pray peacefully can result in violence as the perceived only choice for communication and sometimes even for survival. In a society that does not reflect that Black lives matter, we must give violence prevention our full attention and partner with communities to build local power and empower youths by giving them a voice in the matter.

FULL TEXT

Preventing youth violence requires addressing all levels of the social ecology, including creation of the community and societal conditions that foster safe, stable, nurturing environments in which all youths can thrive.

Public health at its best is the collective effort of a society to create the conditions in which all people can be healthy.

Violence in any form inhibits the conditions needed for health. It is destructive to individuals, families, and communities, and it is inconsistent with the belief that "I am my brother's or sister's keeper"-a lesson I learned from Martin Luther King Jr. and President Benjamin E. Mays during my time as a student at Morehouse College.

To the extent that we can prevent violence, including youth violence, we will all benefit- most especially our youths.

Youths are not responsible for their environments, yet they can be doomed to inhabit them. During my tenure as US Surgeon General, in the first report on youth violence in the United States, I noted the consensus in communities that youth violence is our nation's problem. I also explained how "violence stems from a complex interaction of individuals with their environment[s]" (<https://bit.ly/3dTlcVN>). Systemic social and economic inequities that hinder opportunities for young people to learn, work, play, and pray peacefully can result in violence as the perceived only choice for communication and sometimes even for survival. Peaceful coexistence is important, beginning in families and communities. Beyond learning the importance of living together, however, we must address the social and structural determinants that increase the risk for experiencing violence.

In 2014, I spoke at the commemoration of 50th anniversary of the bombing of the 16th Street Baptist Church in Birmingham, Alabama, that killed four little Black girls in 1964.

I was impressed with the courage of those gathered there and the extent to which they overwhelmingly served in caring roles (in medicine, law, social work). We need these different sectors and caring professionals to continue to come together and to be courageous in addressing the underlying conditions that influence youth violence in communities.

When I joined the Student Nonviolent Coordinating Committee movement more than 50 years ago, we acted out of courage and caring. Even when committed to jail and prison, we sang, "We are not afraid, deep in my heart I do believe, we shall overcome someday. We are not afraid." Being courageous, caring for our communities-these leadership characteristics are important for preventing violence. To the extent that we care for each other, truly serve as our brothers' and sisters' keepers in all aspects of community and society, and learn more about each other beginning at a young age, the more effective we can be against injustice and in eliminating inequities in risk for violence.

We can teach our young people alternatives to violence, but to truly recommit ourselves to sustainable nonviolence, we must address systemic racism and other inequities and the underlying ideologies that perpetuate them. In a society that does not reflect that Black lives matter, we must give violence prevention our full attention and partner with communities to build local power and empower youths by giving them a voice in the matter. AJPH

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The Lasting Contribution of Dr. Saba Masho on Youth Violence Prevention



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ABSTRACT (ENGLISH)

Passionate, devoted, and inspirational. This is how colleagues described Saba Woldemichael Masho professionally. On the Virginia Commonwealth University (VCU) Youth Violence Prevention Center (YVPC) team, we knew Masho in many ways: as the co-Principal Investigator (PI) for the current VCU-YVPC project, as mentor, as friend, and as colleague. Her positive outlook, caring ways, and enthusiasm for making a difference in the local community were experienced by all. Masho was the embodiment of VCU ideals¹ in her teaching, research, and service to the community. She touched countless lives and is remembered as a loving wife; a nurturing, dedicated, and wonderful mother; a caring advisor; and a compassionate, selfless human being.

FULL TEXT

Passionate, devoted, and inspirational. This is how colleagues described Saba Woldemichael Masho professionally. On the Virginia Commonwealth University (VCU) Youth Violence Prevention Center (YVPC) team, we knew Masho in many ways: as the coPrincipal Investigator (PI) for the current VCU-YVPC project, as mentor, as friend, and as colleague. Her positive outlook, caring ways, and enthusiasm for making a difference in the local community were experienced by all. Masho was the embodiment of VCU ideals¹ in her teaching, research, and service to the community. She touched countless lives and is remembered as a loving wife; a nurturing, dedicated, and wonderful mother; a caring advisor; and a compassionate, selfless human being.

Masho was a proficient grant writer and served as PI, co-PI, or coinvestigator of six major federal and international grants totaling \$11 million. She contributed to more than 100 published peer-reviewed articles, book chapters, monographs, and surveillance reports. A popular speaker, Masho was invited to give more than 200 presentations at local and national levels.

Youth violence prevention was an important research focus for Masho. She made vital contributions as a co-PI for the current VCU-YVPC and was integral to the success of three previous rounds of Centers for Disease Control and Prevention (CDC)-funded center grants² focused on youth violence prevention. One of Masho's lasting contributions was creation of the nationally recognized surveillance system used in evaluating violence outcomes in VCU-YVPC grants.³ She provided valuable technical assistance to CDC-funded sites in developing and tracking community outcome measures for youth violence prevention.

Masho advised or mentored more than 100 students, including MPH and PhD students, and served on 20 dissertation committees in different departments at VCU. She consistently received some of the highest teaching evaluations as rated by students and earned 12 awards for her teaching excellence. Masho served in several leadership roles in the department, including as Graduate Programs Director for the Division of Epidemiology, overseeing the MPH and PhD programs, and ultimately becoming the Epidemiology Division Chief.

Masho had an unwavering and genuine devotion to her students and the community in which she worked, but she placed her husband, Abraham Teklu, and daughters, Dellina and Helina, first.

Sabi was my love, my life, my friend, my confidant, my adviser, my comforter, my encouragement, and my selfless wife. With her love of her work and academic responsibilities, all her accomplishments, and many accolades, I knew that I and my daughters mattered to her the most.

-Abraham Teklu, MD, MPH

My mom was my best friend and biggest supporter and not a day goes by where she's not in the forefront of my mind. She was a light in my life and without a doubt a light to all those who knew her. The love, caring nature, and strength she exuded every day will not be forgotten.

-Dellina Abraham

I strive to be like my mother in everything that I do, so that I may have a piece of her with me always. She truly was my best friend and my everything. I think about her all the time, but I know she is with me and watching over me.

-Helina Abraham

Although we dearly miss Masho, her positive impact continues through her family, friends, former students, and community, whom she continues to inspire.

CORRESPONDENCE

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All authors conceptualized, wrote, reviewed, and revised the article.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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Youth Voices in Violence Prevention

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FULL TEXT

Violence is a leading cause of death for youths aged 10 to 24 years in the United States.¹ Consequently, violence among youths presents urgent challenges for communities. To address these, it can help to interrogate researchers' understanding of interpersonal violence and how it influences the levers of change we identify when developing community-level violenceprevention strategies. In practice, this requires a shift in focus, from the individual behaviors traditionally recognized as violence to the social and structural determinants underlying interpersonal violence.^{2,3} Youth voices critically inform this process. In addition to assessing the youth perspective, it is vital to meaningfully engage youths in violence prevention and evaluate such efforts.

For 20 years, the Centers for Disease Control and Prevention's (CDC's) Youth Violence Prevention Centers (YVPCs; <https://bit.ly/36WRDgU>) have engaged in academic-community collaborations for youth violence prevention. Currently focused on community-level strategies, these efforts have benefitted from youths who are from communities affected by violence. As they work alongside researchers as well as community, government and business leaders, YVPC-engaged youths provide expertise derived from their lived experience and other skillsets to develop violenceprevention strategies. They have been instrumental in shifting narratives about violence, leading equitable youth engagement, and influencing power entities to protect and uplift their communities.

This editorial is coauthored by YVPCengaged youths (aged 14-26 years) alongside academic and CDC researchers. Citations are included only for readers' reference, as YVPC-engaged youth perspectives are the main feature. From this point onward, YVPC-engaged youth coauthors speak to us in the first person.

UNCOVERING THE ROOT CAUSES OF YOUTH VIOLENCE

Engaging with the YVPCs has expanded our understanding of the hidden roots of violence dominating the narratives in our communities-for example, how a history of racism and inequity is linked to unequal community rates of violence. This has transformed how we think about and define violence. Some of us understood the role of structural factors from the get-go. And for others our violence definition changed drastically- from being only interpersonal, direct, and visible to also encompassing systemic, invisible, and long-term harmful policies and practices.

Describing structural violence, one of our coauthors explains:

Violence comes in many forms and those forms aren't always physical. The act of passing policies that will directly or indirectly harm an entire community is violence, living in a food desert is violence, not having a place to peacefully dwell is violence, oversaturation of drugs and liquor stores in one's community is violence, having slurs or harsh language hurled at you is violence, not having positive depictions of one's race in the history books or media is also violence.

These root causes and risk factors that increase our exposure to interpersonal violence are also a form of violence against youths.⁴ When we recognize violence against our communities as a form of violence against youths, we are better able to understand the link between structural and interpersonal violence. Through our YVPC work, we have had the opportunity to raise consciousness about this in our communities and to reframe narratives to focus on root causes.

CONNECTING THE DOTS

Structural discrimination against a group can create social norms that drive violence.⁵ Although extremely aware of this, we are often so blinded by interpersonal violence that we cannot see the root causes at play in our own backyards. We-Black and Brown youths-have come to expect our communities to endure violence. This influences our identity and norms of what is required of us to exist in such environments.

Generally, youths like us understand that violence does not solve conflict; it only makes it worse. Yet, we may feel

the need to resort to violence to prove- and protect-ourselves. If you are truly interested in violence prevention, you must listen to us and consider this reality. Are you challenging policies and practices that create toxic environments in which we feel we have no choice but to engage in violence to survive?

Youth voices are direct and illuminate the incongruity of many well-intended violence-prevention approaches that we find inadequate. How can you allow structural and systemic injustice to persist in our environments-robbing us of our peers, exposing us to trauma, isolating us in fiscally deprived communities-and then suggest that interpersonal violence is a problem catalyzed by youths? It is our transformative consciousness that leads us youths to meaningful community engagement-and that is an essential component of strategic violenceprevention efforts.⁶ We can help connect the dots.

MEANINGFUL YOUTH ENGAGEMENT

Incorporating youths' intellect, experience, and consciousness into efforts to create meaningful change is challenging. After all, we are used to having little say or involvement in policies that directly affect us. And if we are at the table, our engagement can vary greatly from place to place. For instance, although we are all YVPC-engaged youths, our experiences are not exactly alike. Some of us are youth volunteers; others are staff. Some serve as expert youth advisers; others have been deeply involved from day one. Looking back, there are a few things that could help any youth violence-prevention effort ensure meaningful, equitable youth engagement.

First, meaningful engagement means youths must be partners.⁷ We do not want to be treated like an experiment. We want to be part of the process, not be used for it. Meet us where we are; respect our needs. For example, providing financial compensation to facilitate our long-term commitment in these efforts can help us truly feel empowered to create change. Youths will be able to engage more fully if we remove structurally marginalizing practices that make it more difficult than it already is.

It is also important to recognize the stress that violence-prevention work places on us. For us, this work is not theoretical-it is real, personal. As one of our coauthors explained:

You must be aware that some of the issues you learn about will start being less disguised in accordance with your daily life. Physically, this work can make you sick. It can make you want to crawl in a corner and never come out. This work will make you laugh, cry, get angry, feel hopeful, feel hopeless, and experience many other emotions. Looking at your community and peers through a different lens can be very uncomfortable. Plan to have resources and support systems ready to help us process such a reality. When communities and organizations take steps to ensure meaningful youth engagement, youths co-lead change.

YOUTH-EMPOWERED CHANGE

By recognizing our power and ability to catalyze change, we can make change happen in our communities. For example, we and other YVPC-engaged youths have organized to successfully prevent community school closures, protested to prevent additional liquor sales in our community, participated in data collection, and created award-winning violence-prevention ads. Some of us are developing new models to address deficits in the approaches communities take for youth engagement, allowing youths to have more control over their voices and how they are used in the process.

We have achieved these feats through our YVPC work, becoming leaders in our communities. We are passionately engaged in this work, hoping to demonstrate what many of us already know: Youths have a voice. Youths have power. Youths have purpose. Adults removing barriers to us knowing this and amplifying our voices is how we prevent violence against and among youths. >4jPH

Sidebar

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G.JonesJrand M. C. Mercado developed the idea for the editorial. G. Jones Jr, M.C. Mercado, and T. Jackson wrote the first draft and revised the final version of the editorial. G. Jones Jr and T. Jackson invited youth coauthors and facilitated youth-led content development. H. Ahmed, Q. Brown, T. Dantzer, N. Ford, S. Lawrence, T. Neely, B. Olivas, A. Palencia, J. Pinder, N. Pinder, A. Raggs, C. Ray, Q. Robinson, A. Rousseau, J. Sims, R. Stowe, W.T. Teeples, E. Thomas, and T. Williams discussed, provided the content for, and contributed to drafting the editorial.

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Note. The findings and conclusions in this editorial are those of the authors and do not necessarily represent the official position of the CDC.

CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest.

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The Centers for Disease Control and Prevention (CDC)-funded Youth Violence Prevention Centers (YVPCs) apply different models to reduce youth violence that are applicable to firearm violence because they are comprehensive, cut across ecological levels, and involve multisector partners that inform firearm injury prevention strategies. In addition, all YVPCs engage youths and communities in reducing violence, which may also be a useful approach to the prevention of firearm violence. YVPCs' role in helping to address firearm violence is vital for public health because in 2019 firearms were the leading mechanism of death among youths aged 10 to 24 years in the United States.¹ Of the 7779 firearm-related deaths among youths in this age group in 2019, 4483 (57.6%) were attributable to homicide; 2972 (38.2%) to suicide; and 324 (4.2%) to unintentional, undetermined intent, or legal intervention.¹ In addition, firearms accounted for 4483 (90.3%) of the 4965 youth homicide deaths and 2972 (45.8%) of the 6488 youth suicide deaths in 2019.¹ In 2019, the youth firearm homicide rate was 7.06 per 100 000 and the youth firearm suicide rate was 4.68 per 100 000. Non-Hispanic Black youths experienced firearm homicide rates (31.02 per 100 000) that were 17.5 times higher than those of non-Hispanic White youths (1.77 per 100 000), and firearm homicides among non-Hispanic Black youths accounted for 66.2% of all youth firearm homicides in 2019.¹ In total, 7455 youths aged 10 to 24 years died by firearm homicide or suicide in 2019, which translates to more than 20 youths dying every day from these firearm-related injuries.¹ Overall, youth firearm mortality rates in 2019 were higher in rural areas (13.25 per 100 000) than in urban areas (12.00 per 100 000). Youth firearm suicide rates were higher in rural areas than urban areas (7.64 vs 3.48 per 100 000), and youth firearm homicide rates were higher in urban areas than rural area (8.14 vs 4.84 per 100 000).² Firearm-related mortality rates for youths have surpassed rates of motor vehicle (MV)-related deaths in the United States since 2016.¹ The fact is that between 2008 and 2017, the federal government spent on average \$1 million annually on research addressing firearm-related deaths among those aged 1 to 18 years, compared with \$88 million annually on research for MV-related deaths among youths.

D'Inverno, A. S., PhD, & Bartholow, B. N., PhD. (2021). Engaging communities in youth violence prevention: Introduction and contents. *American Journal of Public Health, Suppl. Supplement 1*, 111 Retrieved from <https://www.proquest.com/scholarly-journals/engaging-communities-youth-violence-prevention/docview/2537723280/se-2?accountid=211160>

Youth violence (YV) is a major public health problem in the United States that has substantial short- and long-term negative impacts on youths, their families, and communities. Homicide was the third leading cause of death among youths aged 10 to 24 years in 2019, with 90.3% of these homicides being firearm related.¹ Each day, approximately 1163 youths are treated in emergency departments for nonfatal assault-related injuries, totaling 424374 youths in 2019.¹ Data from the 2019 Youth Risk Behavior Survey show that, in the 12 months before the survey, 7.4% of high-school students reported being threatened or injured with a weapon at school and 4.4% reported carrying a gun for nonrecreational purposes.² Approximately 9% of students reported not going to school at least once in the past 30 days because they felt unsafe, either at school or on their way to or from school.² In addition, in 2019, about one in five students reported being bullied at school and being in a physical fight at least once in the past year.² Exposure to violence during childhood is an adverse experience that can have lasting negative impacts on health and development as a victim, perpetrator, or witness and can increase the likelihood of future violence perpetration and victimization, physical and mental health problems, chronic diseases, substance abuse, academic challenges, and suicide (<http://bit.ly/38bbydS>). YV is connected to other forms of violence and shares several risk and protective factors with child abuse and neglect, adolescent dating violence, sexual violence, suicide, and adult intimate partner violence (<http://bit.ly/38gAYH0>). Violence was recognized in 1985 by US Surgeon General C. Everett Koop as a public health problem (<http://bit.ly/3sS9WgL>), and, in 2001, US Surgeon General David Satcher released

the first Surgeon General's report on YV in the United States. This report described the public health approach to YV prevention and called for rigorous research on prevention strategies.

Metzler, M., R.N.M.P.H., Jackson, T., M.S.M.P.H., & Trudeau, A., M.P.H. (2021). Youths and violence: Changing the narrative. *American Journal of Public Health, Suppl. Supplement 1*, 111, S35-S37. Retrieved from <https://www.proquest.com/scholarly-journals/youths-violence-changing-narrative/docview/2537723253/se-2?accountid=211160>

The care and protection of children and youths is widely understood to be the responsibility of adults, communities, and society. The importance of safe, stable, nurturing relationships and environments to support children as they grow into healthy adults enjoying meaningful lives has been well documented.¹ Yet, this is not the world that exists for all children, especially those at increased risk of experiencing violence.² Why is this? If children deserve better, why do inequities in risk for violence persist? What accounts for the limited progress on their behalf? Storytelling is a strategy used in public health to communicate about the lives of people and communities. The term "narrative" is often used interchangeably with "storytelling," but although these terms are related, "narrative" refers more precisely to connected stories that are articulated and refined overtime to advance a central idea or belief. Public narratives are meta-stories that provide an understanding or interpretation of people and situations; dominant public narratives are those that eclipse others and have the most power to shape public consciousness, including society's collective senses of both responsibility and possibility.⁴ Words matter, but narrative is about more than words. Narrative is about the ideas that get communicated through language, images, culture, and media. Understanding how narratives operate is critical to violence prevention efforts.

Gorman-Smith, D., Bechhoefer, D., M.P.A., Cosey-Gay, F., Kingston, B. E., PhD., Nation, M. A., PhD., Vagi, K. J., PhD., . . . Zimmerman, M. A., PhD. (2021). A model for effective community-academic partnerships for youth violence prevention. *American Journal of Public Health, Suppl. Supplement 1*, 111, S25-S27. Retrieved from <https://www.proquest.com/scholarly-journals/model-effective-community-academic-partnerships/docview/2537723050/se-2?accountid=211160>

Violence, a leading cause of death in the United States (<https://bit.ly/3esvTLM>), leaves lasting scars among victims and communities. A recent study of 15- and 17-year-old youths living in highburden Chicago, Illinois, neighborhoods indicated that almost 87% had been exposed to a serious form of violence, 32% had lost a close friend or family member to murder, and 18% had witnessed a fatal shooting (Gorman-Smith et al., unpublished data). Although these are staggering statistics, reducing and preventing youth violence is possible. We have a growing list of effective, evidence-based interventions, but why does implementation remain low?¹ One reason for limited implementation is that practice-based and local knowledge often does not inform researcher-developed programs. Many researchers push evidence out to a community without meaningful participation from community stakeholders. By contrast, the Centers for Disease Control and Prevention funded Youth Violence Prevention Centers (YVPCs) to actively pursue community-academic partnerships. These collaborations offer a framework for public health violence prevention strategies.² Combining community and academic perspectives through effective partnerships is critical in creating meaningful and sustainable community effects.

Santaella-Tenorio, J., & Tarantola, D., M.D. (2021). Youth violence: Prevention and control. *American Journal of Public Health, Suppl. Supplement 1*, 111 Retrieved from <https://www.proquest.com/scholarly-journals/youth-violence-prevention-control/docview/2537722979/se-2?accountid=211160>

This supplemental issue on the Youth Violence Prevention Centers contributed to this journal by the US Centers for Disease Control and Prevention emphasizes the public health impacts of youth violence. Importantly and in a timely fashion, it also documents some of the responses that have been and continue to be made to this major public health issue.

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