Promoting racial equity at the individual, agency, and community levels:
A Massachusetts approach to gun violence prevention

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Public Health Approaches to Protecting Youth from Gun Violence
During COVID and Beyond
Northeastern University
January 28, 2021

Massachusetts Department of Public Health

Gun violence impacts all residents of Massachusetts, directly or indirectly; but disproportionately affects young people.

- In 2017, there were 270 firearm deaths in Massachusetts.[1,2]

- The rate of homicides among youth ages 15-24 is more than twice the overall statewide rate (5.1 per 100,000 compared to 2.5/100,000). [1]

- More than half (57%) of all assault-related firearm injuries occur in youth between 15-24 years of age.[3]

- Thirty-nine percent of all firearm homicide victims are between 15 and 24 years old.[4]

1. Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health, 2017
2. This number includes, but is not limited to, homicides
3. Massachusetts Inpatient Hospital Discharge Database, Massachusetts Outpatient Emergency Department Discharge Database, and Massachusetts Outpatient Observation Stays Database, Center for Health Information and Analysis (CHIA), 2004-2015
4. Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health, 2013-2017
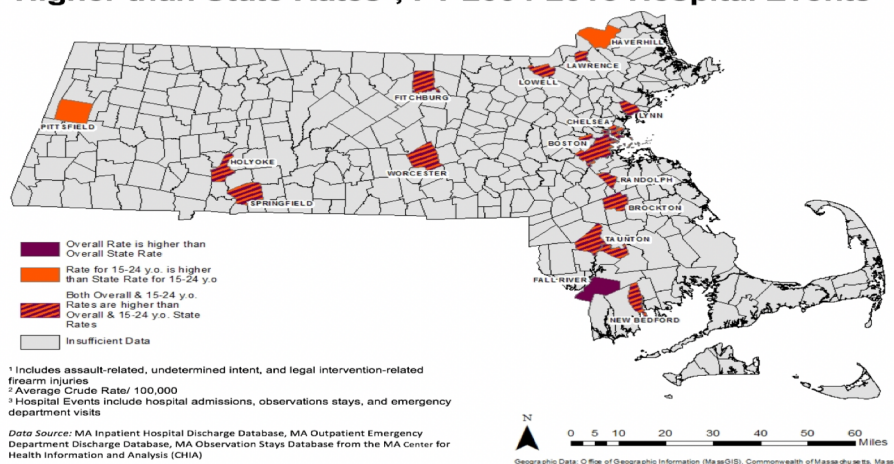
Young people of color are most likely to experience gun violence

- Black male youth are 32 times more likely to be hospitalized due to firearm assault than white male peers.[1]

- Hispanic male youth are 8 times more likely to be hospitalized due to firearm assault than white male peers. [1]

1. Massachusetts Inpatient Hospital Discharge Database, Massachusetts Outpatient Emergency Department Discharge Database, and Massachusetts Outpatient Observation Stays Database, Center for Health Information and Analysis (CHIA), 2014

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Youth gun violence disproportionately affects communities that experience structural inequalities

Municipalities with Nonfatal Firearm Injury[1] Rates Higher than State Rates[2], FY 2004-2015 Hospital Events[3]

[1] Includes assault-related, undetermined intent, and legal intervention-related firearm injuries
[2] Average Crude Rate/ 100,000
[3] Hospital Events include hospital admissions, observations stays, and emergency department visits

Data Source: MA Inpatient Hospital Discharge Database, MA Outpatient Emergency Department Discharge Database, MA Observation Stays Database from the MA Center for Health Information and Analysis (CHIA)

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What drives youth violence and its disproportionate impact on communities of color?

Individual: Substance use[1], prior violence victimization[1], exposure to community/gun violence[1], retaliatory attitudes[2], truancy/low academic achievement[3]

Familial: Domestic violence[4], presence of firearm in the home[5], lack of supervision[5]

Peer: Negative peer influence[1]

Community: Elevated levels of violent crime[7]; neighborhood disadvantage[6]; prevalence of gang membership[8]

Structural: Policies that perpetuate inequity[9,10,11]: housing and lending policies, education policy, environmental policy, disenfranchisement

1. Shetgiri, R., Boots, D. P., Lin, H., & Cheng, T. L. (2016). Predictors of weapon-related behaviors among African American, Latino, and White youth. *The Journal of Pediatrics*, *171*, 277-282.
2. Carter, P. M., Walton, M. A., Roehler, D. R., Goldstick, J.,Zimmerman, M. A., Blow, F. C., et al. (2015). Firearm violence among high-risk emergency department youth after an assault injury. Pediatrics, 135, 805–815.
3. Loeber, R., DeLamatre, M., Tita, G., Cohen, J., Stouthamer-Loeber, M., & Farrington, D. P. (1999). Gun injury and mortality: The delinquent backgrounds of juvenile victims. Violence and Victims, 14, 339–352.
4. Wamser-Nanney, R., Nanney, J. T., Conrad, E., & Constans, J. I. (2019). Childhood trauma exposure and gun violence risk factors among victims of gun violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(1), 99.
5. Culyba, A. J., Miller, E., Ginsburg, K. R., Branas, C. C., Guo, W., Fein, J. A., et al. (2018). Adult connection in assault injury prevention among male youth in low-resource urban environments. Journal of Urban Health, 95, 361–371.
6. Dong, B., Branas, C. C., Richmond, T. S., Morrison, C. N., & Wiebe, D. J. (2017). Youth's daily activities and situational triggers of gunshot assault in urban environments. Journal of Adolescent Health, 61, 779–785.
7. Goldstick, J. E., Carter, P. M., Walton, M. A., Dahlberg, L. L., Sumner, S. A., Zimmerman, M. A., et al. (2017). Development of the SaFETy Score: A clinical screening tool for predicting future firearm violence risk. Annals of Internal Medicine, 166, 707–714.
8. Huebner, B. M., Martin, K., Jr., Moule, R. K., Pyrooz, D., & Decker, S. H. (2016). Dangerous places: Gang members and neighborhood levels of gun assault. Justice Quarterly, 33, 836–862.
9. Xie, M. (2010). The effects of multiple dimensions of residential segregation on Black and Hispanic homicide victimization. *Journal of Quantitative Criminology*, *26*(2), 237-268
10. Bourgois, P. (2003). *In search of respect: Selling crack in El Barrio* (Vol. 10). Cambridge University Press.
11. Contreras, R. (2013). *The stickup kids: Race, drugs, violence, and the American dream*. Berkeley, CA: University of California Press.

Traditionally, prevention of youth gun violence intervenes at the individual level

Individual: Substance use, prior violence victimization, exposure to community/gun violence, retaliatory attitudes, truancy/low academic achievement

Familial: Domestic violence, presence of firearm in the home, lack of supervision

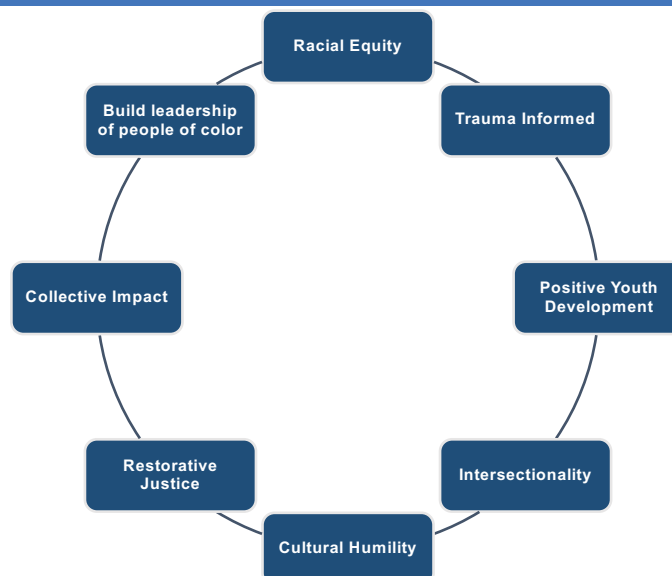**Peer:** Negative peer influence

Community: Elevated levels of violent crime; neighborhood disadvantage (high levels of poverty, low levels of resources); prevalence of gang membership, alcohol sales, and firearm possession

Structural: Policies that perpetuate inequity: housing and lending policies, environmental policy, disenfranchisement

The Gun Violence Prevention program began in 2018

- Gun violence programs implemented by other state agencies: Safe and Successful Youth Initiative (SSYI) and Shannon Community Safety

- In November of 2018, the legislature awarded DPH, for the first time, funds to address gun violence among youth and young adults ages 17-24 years old. In December 2019, the legislature awarded an additional supplemental budget, and DPH has made awards to 5 additional grantees

- Complementary DPH Programs: Safe Spaces, Primary Violence Prevention, and Youth at Risk

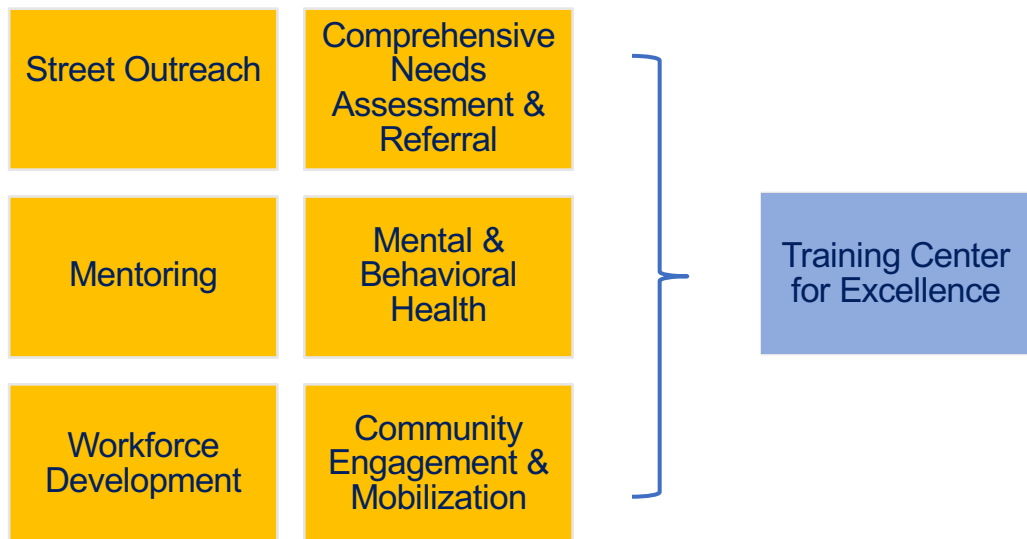- Suicide Prevention

Guiding Principles

Racial Equity

Build leadership of people of color

Trauma Informed

Collective Impact

Positive Youth Development

Restorative Justice

Intersectionality

Cultural Humility

The principle of racial equity is woven throughout GVP's core components

→ Name and educate about structural racism through training

→ Create opportunities for healing, health, and achievement for young people

→ Engage communities of color in planning and implementation

→ Internally promote leaders of color

→ Address structural racism through community mobilization activities

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The GVP program's core components address individual-level challenges, but also focuses agency and community-level change

Street Outreach	Comprehensive Needs Assessment & Referral
Mentoring	Mental & Behavioral Health
Workforce Development	Community Engagement & Mobilization

Training Center for Excellence

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Meet the GVP Grantees

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The Impact of COVID-19

How the programs continue the work…

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Thank you!

Questions?

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