Youth Violence Prevention Research and Practice: A Public Health Approach

Presenters: Howard Spivak, MD
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Our Speakers

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Division of Violence Prevention
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Defining Youth Violence

- Intentional use of physical force or power
- Threatened or actual
- Results in (or has high likelihood of resulting in)
  - Injury
  - Death
  - Psychological harm
  - Maldevelopment
  - Deprivation
- Ages 10-24

Dahlberg and Krug, 2002
The Public Health Approach to Prevention

Surveillance to Describe the Problem

- Track trends in violent deaths, injuries, school shootings, and youth risk behavior; identify most affected populations and subgroups

Identify Risk, Protective Factors

- Understand modifiable factors

Develop and Evaluate Prevention Strategies

- Increased use of evidence-based strategies

Implement and Disseminate
Youth Violence

13
Emergency Department Visits for Youth Violence

- 1,738 assault-related injury visits for youth ages 10-24 each day
- 634,000 youth treated in 2012

Disparities in Youth Violence Victims

- Males and racial/ethnic minority youth experience the greatest burden of violent deaths
- Homicide rates among youth aged 10-24

- Males: 12.7/100,000
- Females: 2.1/100,000
- African American: 28.8/100,000
- Hispanic: 7.9/100,000
- Non-Hispanic White: 2.1/100,000

Violence Across the Lifespan

Child Maltreatment:
physical, sexual, emotional, neglect

Youth Violence

Dating Violence
Intimate Partner Violence

Sexual Violence

Elder Maltreatment

CHILDHOOD

ADOLESCENCE

ADULTHOOD
Effects of Violence

- Injury or death
- Life-long consequences
- Subsequent violence
- Linked to chronic diseases
- Alcohol/Drug abuse
- Obesity
- HIV risk
- Depression
- Financial costs
- Asthma
- Post-traumatic stress disorder
Violence is PREVENTABLE
The Importance of Evidence

“The President recently asked [for] an aggressive management agenda … that delivers a smarter, more innovative, and more accountable government for citizens. An important component of that effort is strengthening agencies' abilities to continually improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery. This is especially important given current fiscal challenges.”

- Office of Management and Budget Memo, July 2013
Evidence tells us whether a program/practice/policy is achieving its intended outcomes.

A CDC Guide to Understanding Evidence:
Evidence-Based Programmatic Strategies
Factors that Affect Health

Examples
- Nurse Family Partnerships
- Trauma-informed care
- Multi-systemic Family Therapy
- Therapeutic Foster Care
- Early childhood education
- Universal School-based Prevention Programs
- Built environment
- BIDs
- Alcohol policies
- Policies & interventions that address Poverty, education, housing, inequality, etc.

Increasing Population Impact

Socioeconomic Factors

Changing the Context to make individuals’ default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education
Community-Based Strategies
Economic and Policy Strategies
Expanding the Evidence Base

Centers of Excellence in Youth Violence Prevention:

- Partner with a high-risk community
  - Six centers: Chicago, Flint, Denver, Baltimore, Richmond, Robeson County NC
- Implement a comprehensive package of evidence-based strategies
- Evaluate the impact on community-wide rates of violence
Building Public Health Capacity and Leadership

Funding four local health departments in Houston, Boston, Portland, and Salinas, CA to:

- Partner across sectors
- Make data-driven decisions
- Leverage existing resources
- Implement strategies based on the best available evidence
- Evaluate prevention strategies
Future Challenges

- Community capacity, readiness, infrastructure
- Dissemination of evidence-based programs
- Basic Research
- Systems Relationships for Prevention Infrastructure
- Translation and Adaptation
- Crossover Prevention
Federal Partnerships for Greater Impact

- **National Forum for Youth Violence Prevention**
  - Multiple federal agencies working together
  - Coordinated out of OJJDP
  - Oversight by Steering Committee lead by the White House Domestic Policy Council
  - Aligning efforts, resources and technical assistance

- **Working with 10 cities currently**
  - Core teams of Mayor, Police Commissioner, School Superintendent and Health Commissioner
  - Working across the spectrum from prevention to reentry
  - Aligning resources, coordinating efforts, developing comprehensive plans, creating inclusive processes
The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Thank you for your participation

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