



Youth Violence Prevention Research and Practice: A Public Health Approach

Presenters: Howard Spivak, MD
Sarah Bacon, PhD

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Our Speakers



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20 | Celebrating
the past,
protecting
the future
YEARS

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National Center for Injury Prevention and Control
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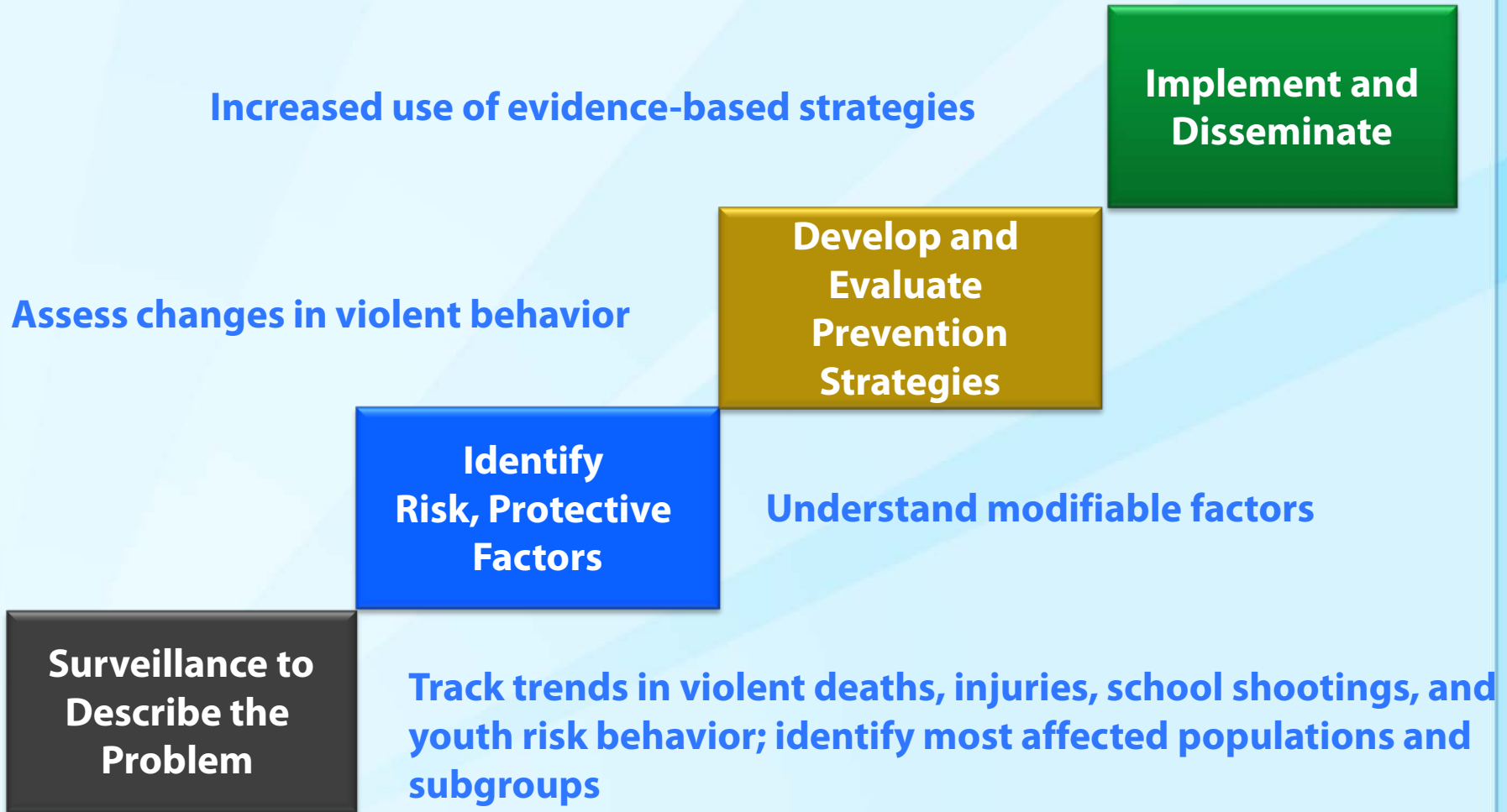
National Center for Injury Prevention and Control



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**

The Public Health Approach to Prevention



Youth Violence

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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**



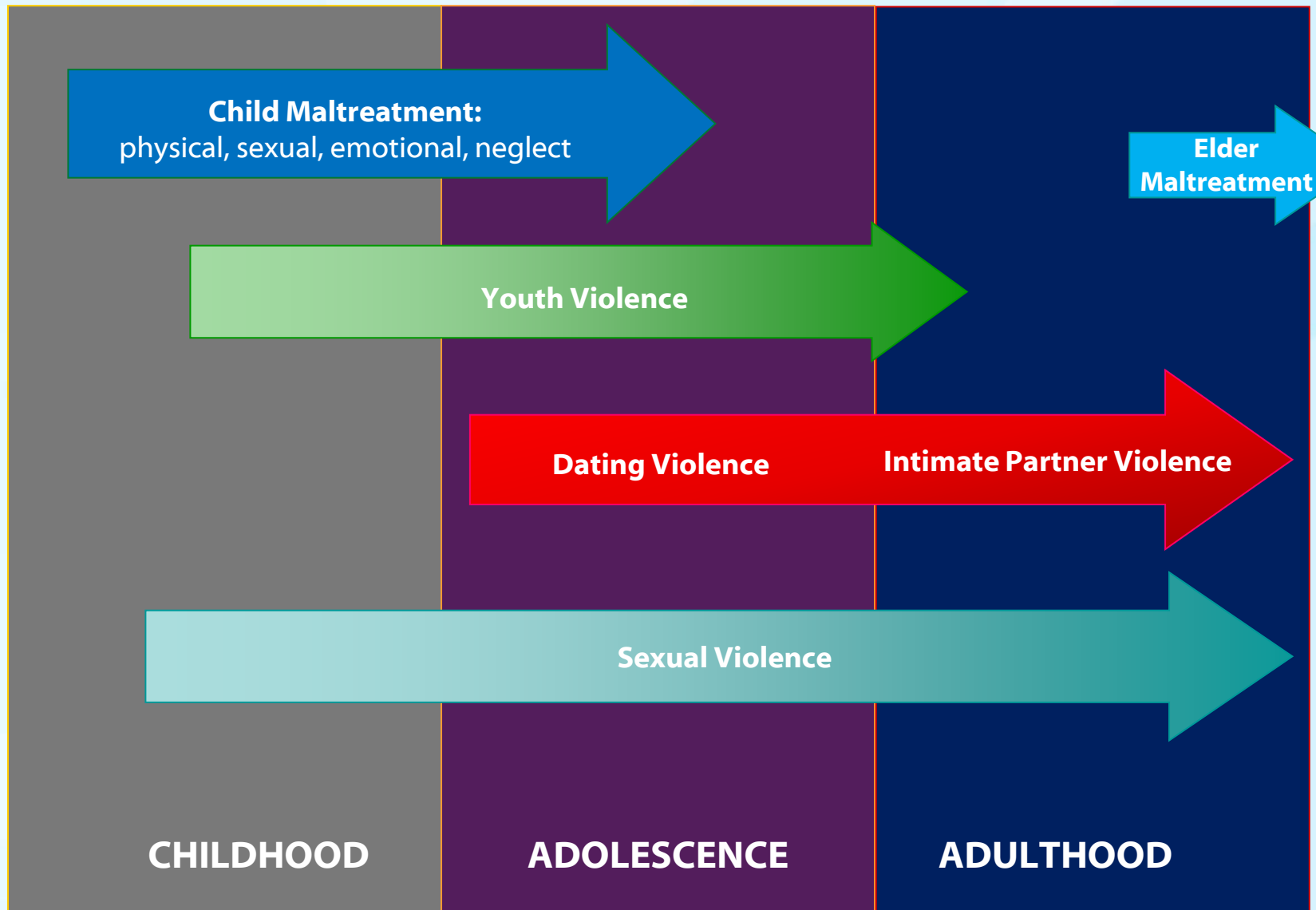
Disparities in Youth Violence Victims

- ❑ 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



CDC, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Available from: webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html

Violence Across the Lifespan



Effects of Violence

Injury or death

Life-long consequences

Subsequent violence

Linked to chronic diseases

Alcohol/Drug abuse

Obesity

HIV risk

Depression

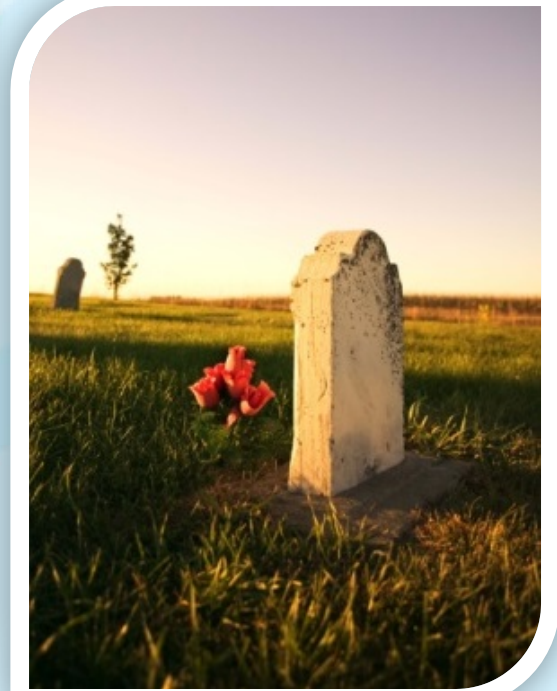
Asthma

Post-traumatic stress disorder

Financial costs



Costs



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.”

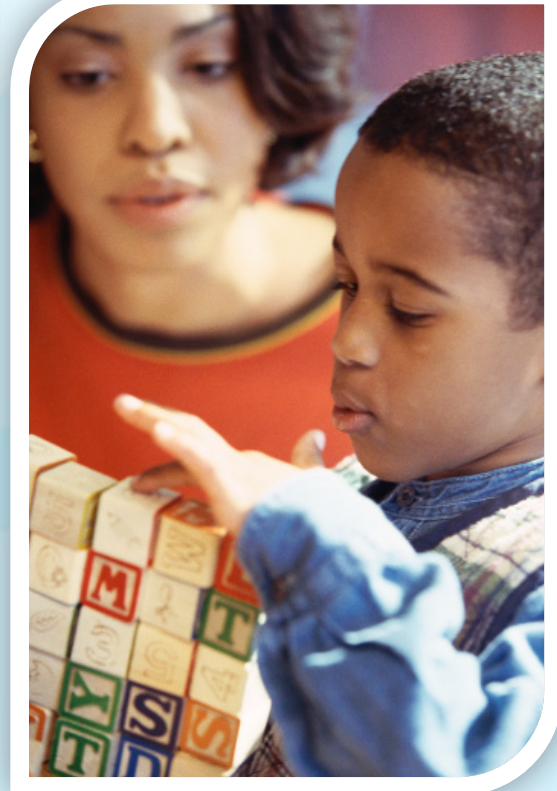
Understanding Evidence

Evidence tells us whether a program/practice/policy is achieving its intended outcomes.

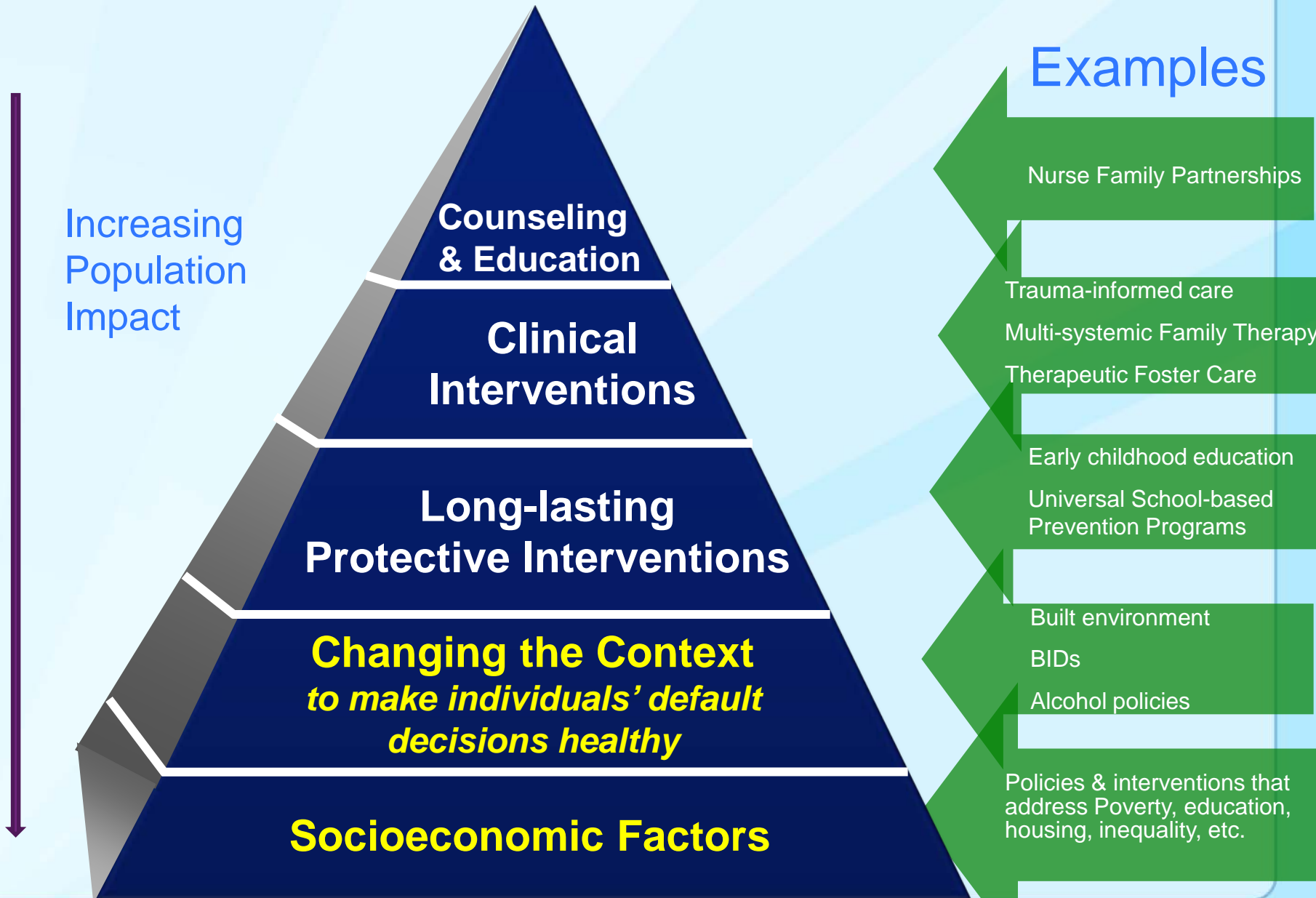
A CDC Guide to Understanding Evidence:

http://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf

Evidence-Based Programmatic Strategies



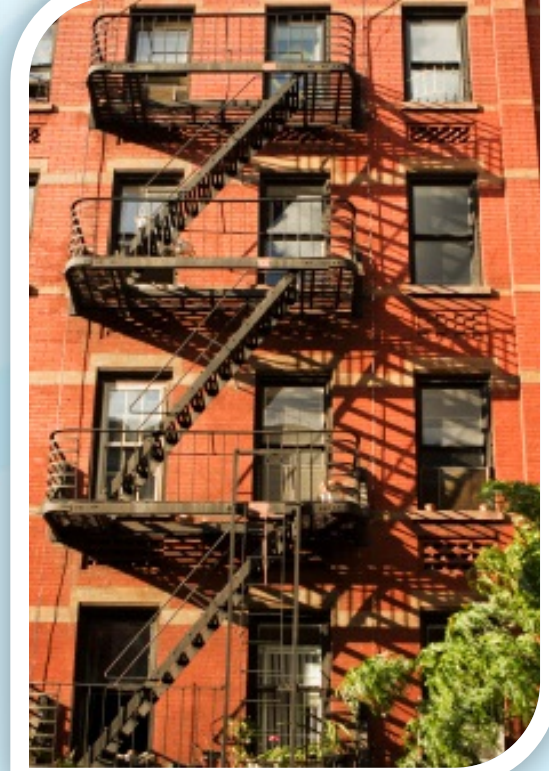
Factors that Affect Health



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



**Sites to visit for more
information:
www.cdc.gov/violenceprevention
vetoviolence.cdc.gov**

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.

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