

Oxiris Barbot, M.D.

Baltimore City Health Commissioner

Dr. Oxiris Barbot presented at “Prevention Works,” a congressional briefing on the public health approach to preventing violence affecting youth. The event was sponsored by the Congressional Black Caucus, Congressional Hispanic Caucus, the Congressional Asian Pacific American Caucus, and UNITY. The following narrative is excerpted from Dr. Barbot’s presentation on the Safe Streets Baltimore program, at this April 2012 briefing in Washington, D.C.

Baltimore has many assets—world-class hospitals, universities, institutions and sports franchises—but it is also one of the poorest jurisdictions in the state of Maryland. Many youth don’t believe that they will live to be 25 and that if they do, it will be spent behind bars. Homicide is the leading cause of death in Baltimore City among African-American men aged 15 to 24 years old, and our juvenile homicide rate is 8.4 times higher than the national rate. Youth violence is a significant public health challenge facing the city.

Safe Streets was launched by the Baltimore City Health Department in 2007, and it is the longest-running national replication site of the Cure Violence model. Safe Streets Baltimore works where violence is most acute, in communities where people are at the highest risk of being either victims or perpetrators of violence. Safe Streets is based on the Cure Violence model (formerly called CeaseFire Chicago) and follows this framework:

1. Identify brewing conflicts, retaliatory events, and those that are at highest risk for violence.
2. Intervene, mediate conflicts, and reduce the risk for those involved.
3. Alter behavior by changing how people think about violence, so it’s no longer seen as a way to resolve conflicts.

An Effective Model

Our partners at the Johns Hopkins Bloomberg School of Public Health evaluated the program, looking at more than nine years’ worth of data, and the results show that violence was significantly reduced.



Oxiris Barbot, M.D., was appointed Commissioner of Health for Baltimore City on July 7, 2010. In spring 2011, she unveiled Healthy Baltimore 2015, a comprehensive health policy agenda that articulates 10 priorities and indicators for action. This plan highlights areas where the largest impact can be made on reducing morbidity and mortality while improving quality of life for all Baltimoreans. Dr. Barbot previously served as the medical director of the Office of School Health at the New York City Department of Health and Mental Hygiene and the Department of Education. Before working in New York, Dr. Barbot was the Chief of Pediatrics and Community Medicine at Unity Health Care, Inc. in Washington, D.C. There, she gained knowledge of the community health clinic model and experience serving vulnerable populations.

For example:

- Zero homicides in first 23 months (East Side)
- 5.4 fewer homicide incidents on average
- 34.6 fewer non-fatal shootings on average
- 56-percent reduction in homicide incidents (Southwest Baltimore)
- 34-percent reduction in non-fatal shootings (Southwest Baltimore)



We also saw changes in attitudes about violence. When we surveyed youth in

neighborhoods that were similar to the Safe Streets sites, we found that they were seven times more likely to think that it's okay to use a gun to solve a problem than youth in neighborhoods where Safe Streets was in place. There was also a positive ripple effect even after the evaluation period—53 percent fewer homicides in places surrounding the Safe Streets sites. In a city such as ours that is plagued with violence, these results are tremendous, especially when you think about how many tragedies were prevented.

Safe Streets has also proven to be economically effective. On average, the lost productivity and medical costs of a homicide are \$1.3 million per victim and \$82,000 for non-fatal shooting victims. It costs about \$500,000 to run each site, an expense that pales in comparison to the costs associated with violent crime. Based on these figures, Safe Streets Baltimore resulted in savings of at least \$5.1 million over the evaluation period, and that excludes the operational costs of law enforcement, courts, jails and prisons. Of course, beyond the financial cost, we can't begin to quantify the emotional toll of violence on families and communities that was averted.

Credible Messengers

A central aspect of the success of Safe Streets is having the most effective people implement the model on the ground. Credible messengers are individuals who are of the community, people familiar with the history there, and have walked the walk and talked the talk. Many people who work at our Safe Streets sites are ex-offenders, and they talk about this as their opportunity to give back and stop the cycle of violence.

These individuals are outreach workers and violence interrupters, and their primary responsibilities are to detect when something is brewing, identify the individuals involved, and change behaviors. It's a 24/7 job,

LEARN MORE ABOUT THE CURE VIOLENCE MODEL

Street outreach and violence interruption is an effective strategy to prevent shootings and killings. For more information:

- Cure Violence, www.cureviolence.org
- Safe Streets, www.baltimorehealth.org/safestreets
- "Evaluation of Baltimore's Safe Streets Program: Effects of Attitudes, Participants' Experiences and Gun Violence," by Daniel W. Webster et al., published by the Johns Hopkins Center for the Prevention of Youth Violence, January 2012
- "Interrupting Violence: How the CeaseFire Program Prevents Imminent Violence through Conflict Mediation," by Jennifer M. Whitehill et al., published in the Journal of Urban Health, February 2013
- The Interrupters, a film by Steve James and Alex Kotlowitz

For a list of additional strategies needed to effectively prevent urban violence, see the UNITY Policy Platform at www.preventioninstitute.org/unitylinks.

The congressional briefing “Prevention Works: A Public Health Approach to Preventing Violence Affecting Youth” was sponsored by the Congressional Black Caucus, Congressional Hispanic Caucus, Congressional Asian Pacific American Caucus and UNITY. This April 2012 event was held in Washington, D.C., and the complete panel featured:

- UNITY Co-Chair Deborah Prothrow-Stith of the Harvard School of Public Health, moderator
- Dr. Howard Spivak, Director, Division of Violence Prevention, Centers for Disease Control and Prevention
- Thomas Abt, Chief of Staff, Office of the Assistant Attorney General, Department of Justice
- Melodee Hanes, Acting Administrator, Office of Juvenile Justice and Delinquency Prevention
- Alyssa Banks, Violence Prevention Coordinator, Minneapolis Health Department
- Dr. Oxiris Barbot, Baltimore City Health Commissioner

This event was co-sponsored by the Afterschool Alliance, American Academy of Pediatrics, American Psychological Association, American Public Health Association, Joint Center for Political and Economic Studies, National Association of County and City Health Officials, Prevention Institute, Safe States Alliance, Students Against Violence Everywhere, and the Violence Prevention Coalition of Greater Los Angeles.

and for many, it's a mission. When there's a shooting, there's a response that engages extended social networks and the entire community, so the interrupters mediate at these levels as well as with the individuals involved.

The Role of Public Health

We've seen reductions in shootings because the Safe Streets program acts in concert with traditional public health principles—changing social norms, reducing risk, and providing alternatives for violent behavior. Safe Streets is an institutional part of the department's Office of Youth Violence Prevention, which has developed significant partnerships with various sectors since it was established in 2002. In addition to Safe Streets, the Office of Youth Violence Prevention runs Operation Safe Kids for adjudicated youth and Dating Matters, which conducts a curriculum in middle schools that promotes respectful, non-violent dating relationships.

The public health department also plays a role in addressing the environmental and structural factors of violence. For example, we're working in collaboration with the planning department, the legal department and others throughout the city to reduce the density of alcohol outlets in the city via zoning changes as another way of reducing violent crimes.

As a pediatrician who has lived and worked in three major cities on the East Coast, I have seen first-hand the avoidable consequences of violence in urban centers. I am passionate about the central role public health must play in reducing violence in our communities. I hope what we are doing in Baltimore conveys a sense of the power of public health in preventing violence. Violence still continues to be a significant issue, but our homicide rate is the lowest it's been since 1970. We know our efforts to reduce violence are having an impact.

Urban Networks to Increase Thriving Youth (UNITY) builds support for effective, sustainable efforts to prevent violence before it occurs, so urban youth can thrive in safe environments with ample opportunities and supportive relationships. A Prevention Institute initiative, UNITY is funded by the U.S. Centers for Disease Control and Prevention, and in part by The Kresge Foundation. For more information, visit www.preventioninstitute.org/unity.

PREVENTING VIOLENCE AS A PUBLIC HEALTH ISSUE

Visit www.preventioninstitute.org/publications to access these resources:

Public Health Contributions to Preventing Violence

Fact Sheets on the Links Between:

- Violence and Chronic Diseases
- Violence and Mental Health
- Violence and Health Equity

A Public Health Approach to Preventing Violence FAQ

Making the Case: Prevent Violence for Better Public Health