

FACT SHEET OVERVIEW★

Violence and Health Equity



Violence is a health equity issue, and preventing violence is an important component of achieving equity in health and in communities. Health inequities are related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present-day institutional practices and policies that perpetuate a system of diminished opportunity for certain populations. An overwhelming number of risk factors

for violence have accumulated in some communities, without resilience factors to protect against violence. Some communities and groups are far more exposed to the poor neighborhood conditions that give rise to violence and other health inequities. Preventing violence has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities.

Violence Is a Health Inequity

Violence undermines people's health by causing injury, disability and premature death, and some groups are more affected by violence than others, especially young people of color and people living in low-income areas.

- Homicide rates among 10-to-24-year-old African American males (60.7 per 100,000) and Hispanic males (20.6 per 100,000) exceed that of white males in the same age group (3.5 per 100,000).(1) Black males aged 15 to 19 years old are six times as likely to be homicide victims as their white counterparts.(2)
- African American children are twice as likely to witness domestic violence, and 20 times more likely to witness a murder compared to white children.(3)
- African Americans and Latinos are much more likely than whites to be exposed to shootings and riots.(4)

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- American Indian and Alaska Native communities suffer from a violent crime rate that is two to three times greater than the national average.(5)
- Although national trends show that juvenile arrests have decreased in the last 20 years, Asian American youth are the only group to show an increase in arrests (11.4 percent). Asian gangs are the fastest growing street gangs in Los Angeles County.(6)
- Areas of concentrated poverty that have low housing values and schools with low high-school graduation rates put residents at increased risk of death from homicide.(7)

★ For the complete version, see UNITY Fact Sheet: Links Between Violence and Health Equity at <http://www.preventioninstitute.org/component/jlibrary/article/id-311/127.html>.

Inequities in Risk and Resilience Factors

A public health analysis reveals a number of risk factors at the community level that increase the likelihood of violence in a neighborhood, as well as a set of community-level resilience factors that can protect against violence taking place. The public health/prevention approach addresses these factors to prevent violence before it occurs:

Key Community Risk Factors

- Residential segregation
- Poverty
- Community deterioration
- Alcohol and other drugs
- Academic failure
- Incarceration and re-entry
- Biased media coverage
- Weapons

Key Community Resilience Factors

- Economic opportunity
- Built environment/community design (i.e., decisions re: land use, housing and transportation)
- Strong social networks
- Quality schools
- Opportunities for meaningful participation

Community-level risk and resilience factors are not fairly distributed, so the conditions that contribute to violence are more prevalent in some neighborhoods. For example:

- Concentrating poverty and social problems in segregated neighborhoods creates the physical and social conditions that increase the likelihood of violence.(8) To integrate most U.S. cities, 60 to 80 percent of blacks or whites would need to move to a different neighborhood.(9)
- Employers are more likely to hire a white person with a felony conviction than an African American with no felony convictions, even when applicants have otherwise comparable credentials.(10) Whites have consistently higher incomes than blacks, Latinos and Asian Americans of comparable educational attainment.(11)
- Cuts in government spending affect poor neighborhoods more than affluent neighborhoods. The disinvestment of economic resources in poor neighborhoods has contributed to a decline in the urban infrastructure and physical environment in these communities.(12)
- Predominately white neighborhoods have less outdoor advertising for alcohol and tobacco than predominantly non-white neighborhoods.(13,14) Alcohol advertising contributes to higher consumption and heavier drinking, which increases the risk for violence.(15)
- Wealthy school districts typically spend three times the amount an economically disadvantaged district can spend per student. Higher per-student spending is linked to higher achievement, better physical conditions, more qualified teachers, smaller class room sizes, and more consistency and order in the learning environment.(16)
- More than 1.7 million children in the U.S. have a parent in prison. For white children, the estimated risk that their mothers or fathers will be imprisoned by the time they turn 14 years old is 1 in 25. For black children, the risk is one in four.(17) A Latino child is three times more likely than a white child to have a parent in prison.(4) Having an incarcerated parent is an adverse childhood experience that puts young people at risk for poorer health outcomes.(18)

What Does This All Mean?

Efforts to achieve health equity and transform communities into healthy places must address violence; preventing violence and trauma is a prerequisite for health equity. Violence and fear of violence are major factors that undermine health and worsen health disparities.* As the U.S. population diversifies, a productive nation depends on keeping all Americans healthy and safe.

We know how to prevent violence. Young people need connection, identity, opportunity and hope, and there is a growing evidence base, grounded in research and community practice, that confirms that violence is preventable. Communities have successfully reduced violence through strategic planning and coordinated efforts by many partners and the community. Key components of a city-wide strategy to prevent violence affecting young people include:†

- Street outreach and interruption in neighborhoods highly impacted by violence;
- Universal, school-based violence prevention at all schools;
- Treating mental health problems and substance abuse, and enhancing protective factors among youth to prevent mental illness and substance abuse;
- Reducing young children's exposure to violence in homes and communities; and
- Building community capacity and skills in neighborhoods highly impacted by violence, so residents take action to prevent violence and solve other local problems.

Other effective strategies that may be prioritized at the local level to sustain reductions in violence and reduce recidivism are to: foster social connections in neighborhoods; enhance economic development, including youth employment; establish conflict resolution programs; foster youth leadership; ensure quality after-school and out-of-school programming; establish mentoring initiatives; enhance quality early care and education; promote positive social and emotional development; teach parenting skills; ensure family support services; and support successful re-entry.

Preventing violence is a critical strategy to reduce disparate outcomes in injury and premature death, and to promote health equity. The idea of equity is based on core American values of fairness and justice—everyone deserves an equal opportunity to prosper and achieve full potential.



* For more information, read the UNITY Fact Sheets: Links Between Violence, Chronic Illness and Mental Health at <http://www.preventioninstitute.org/component/jlibrary/article/id-301/127.html>.

† For more information, read the UNITY Urban Agenda and the UNITY Policy Platform, developed in partnership with UNITY city partners around the country and based on research. See www.preventioninstitute.org/publications.

Urban Networks to Increase Thriving Youth (UNITY) builds support for effective, sustainable efforts to prevent violence before it occurs, so that 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 (CDC) as part of the CDC's national youth violence prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), and in part by The Kresge Foundation and The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness, education, and disease prevention programs.

For more information, visit www.preventioninstitute.org/unity.

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