



Health Resources in Action response to Massachusetts Department of Public Health Gun Violence Prevention RFI 192829

Mo Barbosa

Director, Community Engagement

mbarbosa@hria.org

2 Boylston Street, Boston, MA 02116

617.279.2222

Health Resources in Action
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Introduction

Health Resources in Action, Inc. (HRiA) is pleased to present this response to the Massachusetts Department of Public Health Request for Information informing the procurement process to award funds that target gun and other violence prevention among out-of-school youth and young adults aged 17 to 24. HRiA sees gun violence as a health equity issue, and welcomes the opportunity to support community-based organizations located in and serving high-risk youth on this important topic.

Founded in 1957, HRiA is a national non-profit organization with expertise in developing, implementing, and evaluating solutions for clients who share a vision of improving population health. With a growing staff of over 100 professionals, HRiA has a long history of working with state and local stakeholders. Our mission is to help people live healthier lives and create healthy communities through prevention, health promotion, policy, and research. We work with healthcare institutions, public agencies, philanthropy, and community-based organizations improve population health and reduce health inequities. Our core services include capacity building assistance (e.g., training, TA, consultation, and strategic planning); research and evaluation (e.g., assessment, research, program evaluation, and quality improvement); and grant making for biomedical research and community health initiatives. It is within our capacity building assistance work that we have engaged with a range of Massachusetts-based agencies and authorities to provide services related to violence prevention. Throughout all our work, we remain focused on addressing the social determinants of health and striving to achieve health equity. HRiA has extensive experience working with communities in developing gun violence prevention programs, and is deeply familiar with the factors contributing to systemic violence in communities of the Commonwealth.

Responses to Questions

1. What is your name and, if you represent an organization, what organization do you represent?
 - **Mo Barbosa**, Director of Community Engagement, Health Resources in Action
 - **Anamika Twyman-Ghoshal**, Associate Professor of Criminology, Stonehill College
2. Describe the issue of gun violence in your community. How does gun violence differentially affect people in your community by race, gender, and level of poverty?

Despite Massachusetts having some of the lowest rates of gun violence in the country, the problem of gun violence disproportionately plagues certain communities in the Commonwealth. Within these neighborhoods, the prevalence of gun violence clusters not only in crime concentration but also in the incidence of suicides and accidental death or injury by firearms (Weisburd, 2015). These locations of community-based gun violence are marked by economic inequality and racial segregation (Krivo, Peterson, and Kuhl, 2009). Gun violence disproportionately affects young men of color, who, in addition to being engaged by gun violence more frequently are also more likely to be victims of firearms (CDC, 2017; Krivo, Peterson, and Kuhl, 2009). The increased likelihood of being victimized has a direct impact on the level of gun violence within vulnerable communities. Communities are also increasingly vulnerable by the legacy of mass incarceration and hyper-punitive punishment models that has had its most notable impact on men of color. In addition to the loss of residents who could have made an economic and social contribution to the community, it has an impact on children who grow up with missing role models, as well as on the mental health of non-incarcerated community members (Hatzenbuehler, Keyes, Hamilton, Uddin and Galea, 2015). HRiA is thankful for interventions for domestic violence, suicide prevention, and accidental shootings that currently exist to help stymie the problem of gun violence. What is lacking however, are comprehensive intervention programs in



community-based settings that addresses the problems more holistically and an added focus on collaboration over various sites of action.

3. What are the root causes of gun violence in your community? To the extent it is relevant, what are the environmental, educational, economic, housing, and social factors and policies that exist in your community that contribute to gun violence?

The clustering of gun violence in economically disadvantaged and racially segregated neighborhoods that are located in urban centers suggests that environmental, educational, housing and social factors are pertinent. These inequities stem from a legacy of de-industrialization and disinvestment (Sampson & Wilson, 1995). To foster healthy communities, investments need to be made in community structures, as well as helping community organizations develop effective tools for equity struggles and community-based interventions (Faber, Loh, & Jennings, 2002). This is particularly relevant to gun violence which feeds of a cycle of violence and criminal retaliation. The cycle of violence, which traditionally focuses on childhood abuse and neglect as leading to adult delinquency (Wisdom & Maxfield, 2001) is augmented by the lived-in reality of vulnerability in these neighborhoods. The impact of being a victim of gun violence and fear of future harm results in the use of crime and retaliation as a form of social control (Black, 1983). This is heightened by a lack of trust in law enforcement and health care. The increased state of fear and hyper-vigilance results in using violence as a form self-help and conflict management. Evidence from local communities suggests that this form of 'crime as social control' augments the cycle of violence and enhances it as this fear reverberates across generations. The differential association (Sutherland & Cressey, 1978) within these neighborhoods means that one person's experience of gun violence can generate fear that will be passed down to their children and their children's children through direct and indirect transmission. Also contributing to the prevalence of gun violence is the fact that communities impacted are frequently small, tight-knit, and geographically condensed. These factors lead to lower rates of school attendance and/or participation and higher rates of unemployment, by direct victims of violence as well other members of the community. Fear paralyzes community members, preventing them from investing in their individual potential.

4. What work is currently happening in your community to prevent gun violence? If relevant for your community or organization, please include work related to the Shannon (CSI), SSYI Grant, or DPH PVP Grant.

Existing prevention work funded by the Shannon, SSYI, and PVP programs have been fairly effective in targeting the drivers of gun violence in the communities they fund. One of the most effective programs that have been implemented within these grants have been focused on violence intervention. This approach is in line with a response to some of the root causes of gun violence mentioned earlier. When retaliation is seen as a form of social control and there is a generational transmission of fear and crime in vulnerable communities, street-level intervention efforts provide a unique form of disturbance in the cycle of violence. These programs have included both street workers (credible messengers in the community) and violence interrupters (former gang members or other key roles) that are strategically placed to intervene in conflicts. These individuals build deep and meaningful relationships that provide them with credibility in the community and thereby the power to intervene in episodes of violence.

5. What additional work would you like to see in your community that would address gun violence? If your community or organization is a current recipient of a Shannon (CSI), SSYI, or PVP Grant, how could this work complement efforts and help scale best practices without duplicating existing work?



While there are some effective street-level intervention efforts taking place in our communities, there is a need for more investment in enlarging the number and scope of these programs. Street workers and violence interrupters need more consistent and scaffolded training. Providing professional development for street workers to improve their practice would be welcome in most communities. Topics should include national trends in outreach and intervention work as well as providing knowledge sets and auxiliary tools around compounding factors. These should include education on domestic violence; substance use disorder; immigration, migration, and documentation issues; housing and homelessness; social determinants of health; and other “upstream” factors that address gun violence as a symptom of other social problems, rather than a social problem in and of itself.

Moreover, there is a need for connection and interaction between individuals in these roles across communities that could allow them to learn from one another and share resources. This would not only be a better use of existing resources but would also reinforce and refine best practices through the sharing of ideas and experiences. Although it is important not to lose the focus on the local conditions and needs of a particular community, there are benefits to sharing knowledge and finding connections and similarities between neighborhoods. An added benefit of this type of networking between local programs would allow street workers to remove an individual from one community and place them in a different community in order to reduce their vulnerability and engagement in violence. This type of “medevac” action requires a broader level of organization and networking between communities.

6. How should DPH direct funding through this RFR for gun violence prevention? If your community or organization is a current recipient of a Shannon (CSI), SSYI, or PVP Grant, how could this work complement efforts and help scale best practices, without duplicating existing work?

HRiA suggests that a substantial amount of the DPH funding be directed at street-level intervention work in communities with substantial gun violence. This should include supporting existing and funding new programs to address gun violence through street level intervention and a range of social service models that are aimed at targeting the various drivers of the problem.

In addition to directly funding these programs, a portion of the funding should go toward creating a statewide support entity for street work and gun violence intervention (a “Massachusetts Alliance for Street Violence Prevention”) that is tasked with providing a networked structure of gun violence response. This networked structure would be focused on three key strategies. First, it would include support for street work and violence interrupters through professional development, best practices, resources, knowledge-sharing, and a channel by which street workers can be re-distributed to other communities in crisis situations. This would allow street workers to better understand the prevalence and impact of their work beyond the boundaries of their specific neighborhood. Second, the networked structure would contribute to building connections between existing prevention, response, and advocacy groups; law enforcement; and grief support groups for families of gun violence victims. Third, the alliance could contribute to building streamlined processes for transforming systems between local, city, and state agencies. Building up networked processes, including warm-handoffs between street-level intervention teams and opportunity programs for education, workforce development, and mental health services could prevent individuals from “falling through the cracks” in the system.

7. What strategies (including but not limited to strategies that address employment, education and behavioral health) will best address the disproportionately high rates of gun violence affecting young men of color?



Several strategies should be enhanced to better-address the high rates of violence affecting young men of color. The first would be to enhance access to education for those outside of the “school-going age”, those 20-24 years of age, workforce preparation and development, housing, behavioral health, and other programs that deal with structural barriers. These programs should include both reentry for formerly incarcerated individuals and non-incarcerated community members that are high risk. Another strategy is gun buyback programs for vulnerable communities. Although these programs have not proven effective in reducing gun violence and murder rates in the short term (Phillips, 2013), holding programs of this type embolden communities and residents to act in favor of nonviolence (Green et al., 2017). HRiA suggest that one of the most important strategies is for communities to foster credible messengers to speak on behalf of peace in their communities. These may be clergy, coaches, or other individual “men of substance” who are willing and able to directly intervene, in social circles and online spaces, and serve as mentors to young men in the location and time most needed.

8. What strategies (including but not limited to strategies that address employment, education and behavioral health) will address the broader impacts of gun violence on the community, including on women and families?

The communities most impacted by gun violence are grieving communities. Therefore strategies that aim to foster a change in social norms around gun violence need to allow community members to grieve and heal. Strategies for healing and grieving should include healing and restorative circles that take place in direct response to violence; training local stakeholders in the neighborhood to assist in helping heal the neighborhood in geographical locations where healing is not expected. This strategy requires training and empowering local stakeholders in trauma sensitive and healing centered approaches, as well as reclaiming locations of violence. The former involves equipping community members, including business owners, clergy, and local leadership with the conflict resolution techniques and dialogue skills that empowers them to build resilient communities. Resilient communities are built upon members who are engaged with the community and willing and able to break down barriers that isolate a community from outside opportunities. Reclaiming locations of violence involves methods beyond basic situational crime prevention techniques to include an active demonstration of community ownership over a location. This can involve demonstrating non-retaliatory reaction to violence in a public space; turning the “dark corners” of the neighborhood into places where people convene; hosting a “Peace Night” in a place where peace typically isn’t found; engaging individuals who typically go unspoken to; and, changing spaces where violence typically happens, to allow individuals who typically experience violence to experience the space differently. These locations could be local businesses, playgrounds, or the site of a violent act.

9. How should mental health services be integrated into this project so that we are intentional in addressing the cultural and historical trauma experienced by black and brown youth?

As referenced earlier, the clustering of gun violence in economically disadvantaged and racially segregated neighborhoods that stem from a legacy of de-industrialization and disinvestment provides for intergenerational cultural and historical trauma in vulnerable neighborhoods. Strong communities require investment in affordable health services and the availability of mental health services. Investment in health services should actively address the nexus of mental health and substance use through the use of street workers and other interventionists. Engaging “plainclothes” mental health practitioners and law enforcement (who are trained in mental health generally and responding to substance abuse as a health issue) can break down power barriers that can help destigmatize behavioral health issues and allow these authority figures to be a part of a meaningful support network and solution.



10. What types of programming could be successful in changing of social norms around gun violence?

For programming to be successful in changing social norms around gun violence, it needs to be visible, multi-media, and participatory. To ensure that campaigns are successful they need to be developed with and by the people who are experiencing the grief and trauma of gun violence. Motivated community leaders need to be empowered to organize and enable change. Programming should also focus on pro-social behaviors rather than negative outcomes; messaging could include both “make peace” and “don’t shoot.” Programming needs to be inspiring and visible. Examples of visible locations could be bus stops, bus shelters, housing developments, corner bodegas, local supermarkets, places of worship, and other high-traffic locations. Most importantly, programming should represent messages that are from the community (the messengers are people in the community who are known and respected) for the community.

11. What do you see as the training and technical assistance needs for programs to be successful in doing this work and building community capacity?

In addition to directly funding these programs, a portion of the funding should go toward creating a statewide support entity for street work and gun violence intervention (a “Massachusetts Alliance for Street Violence Prevention”) that is tasked with providing a networked structure of gun violence response. This networked structure would be focused on three key strategies. First, it would include support for street work and violence interrupters through professional development, best practices, resources, knowledge-sharing, and a channel by which street workers can be re-distributed to other communities in crisis situations. This would allow street workers to better understand the prevalence and impact of their work beyond the boundaries of their specific geographies. Second, the networked structure would contribute to building connections between existing prevention, response, and advocacy groups, law enforcement, grief support groups for families of gun violence victims. Third, the alliance could contribute to building streamlined processes for transforming systems between local, city, and state agencies. Building up networked processes, including warm-handoffs between street-level intervention teams and opportunity programs for education, workforce development, and mental health services could prevent individuals from “falling through the cracks” in the system.

Implementing this approach to gun violence prevention requires engaging an entity that is able to create the network of existing and new intervention providers as well as provide the support and training for street workers. This entity will need to have knowledge of the content, technical expertise, and facilitation experience to guide communities toward an opportunity for all to learn and collaborate. This entity would need to have experience in facilitating community dialogue and creating scaffolded learning on violence intervention work for community members and community representatives to learn from each other and outside experts.

12. What metrics would best measure the effectiveness of this program?

Traditional metrics that are used to measure gun violence are recorded rates of armed aggravated assault and incidence of non-fatal shooting. In addition to these useful metrics, it is important to look at some holistic measures of program effectiveness. Since the aim here is to change norms in the community and violence interruption, a more advanced measures such as a gunshot detection system which use acoustic sensing technology would provide better insight into when a gun is fired, irrespective of whether it results in a death or injury.



Furthermore, other quality of life measures should also be tracked to provide a more holistic metric. This should include surveys and interviews related to how people behave in the community: Do children play in the playground? Do elderly people walk around in the neighborhood? Do residents perceive their neighborhood as safe? To what extent are businesses a fixture in their communities? These measures should use a pre and post implementation model.

13. What other things should DPH consider?

HRiA would like the DPH to be mindful of not replacing existing funding with this new funding stream. This new investment should reinforce and augment existing intervention work where it is working. In developing this grant program, DPH should take advantage of economies of scale for reporting and measuring for grantees. This can be achieved by aligning reporting mechanisms between existing and new grant programs. This will reduce administrative burden on agencies and communities by braiding together sources of funding, allowing them to spend more time investing in the program itself rather than duplicating reporting and measuring mechanisms. DPH should pay attention to related funding (PVP, Shannon, SSI) in support of specific interventions and specific geographies and make sure that grantees are in communication with other vested programs and grants in the community. This will be facilitated through the creation of a state wide support entity.

Finally, it should be remembered that violence begets violence. In order to truly address systemic violence, communities need space to heal the hurt of what has already happened for generations and be empowered to make the changes in their own communities.

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