IMPROVING THE HEALTH OF MINORITIES

Volume 104, No. 6 November-December 1989 Published since 1878	
EDITORIAL	
Improving the health of minorities	523
ARTICLES—GENERAL	
Detroit's avoidable mortality project: breast cancer control for inner-city women Robert C. Burack, Phyllis A. Gimotty. William Stengle, Dorothy Eckert, Lawrence Warbasse, and Anita Moncrease	527
An urban community-based cancer prevention screening and health education intervention in Chicago	536
Development of a community cancer education program: the Forsyth County, NC, cervical cancer prevention project	542
PHS grants for minority group HIV infection education and prevention efforts Jacqueline Bowles and William A. Robinson	552
The impact of sexually transmitted diseases on minority populations John S. Moran, Sevgi O. Aral, William C. Jenkins, Thomas A. Peterman, and E. Russell Alexander	560
Sexually transmitted diseases and Native Americans: trends in reported gonorrhea and syphilis morbidity, 1984-88	566
A psychosocial approach to smoking prevention for urban black youth Gilbert J. Botvin, Horace W. Batson, Sylvia Witts-Vitale, Valerie Bess, Eli Baker, and Linda Dusenbury	573
Long-term secular trends in initiation of cigarette smoking among Hispanics in the United States. Luis G. Escobedo, Patrick L. Remington, and Robert F. Anda	583
Reaching Hispanics with messages to prevent alcohol and other drug abuse Elaine M. Johnson and Jane L. Delgado	588
Mexican American and white American school dropouts' drug use, health status, and involvement in violence	594
Black-on-black homicide: Kansas City's response	605

_Contents continued

Public Health Reports (ISSN 0033-3539) is published bimonthly by the Office of the Assistant Secretary for Health, Rm. 725-H, Hubert Humphrey Bldg., 200 Independence Ave., SW, Washington, DC 20201. Second-class postage paid at Washington, DC, and additional mailing offices. POSTMASTER: Send address changes to Public Health Reports, Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

1989 SUBJECT AND AUTHOR INDEX

Statement of ownership, management, and circulation.....

Cover 3: Expert panel recommends changes in prenatal care



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Louis W. Sullivan, MD, Secretary



PUBLIC HEALTH SERVICE James O. Mason, MD, DrPH Assistant Secretary for Health

PUBLIC HEALTH REPORTS (USFHS 324-990) ISSN 0033-3539

Editorial Staff

Marian Priest Tebben, Executive
Editor

O

Dan Taylor, Associate Editor

Marion Hearon, Assistant Editor

Harold M, Ginzburg, MD, JD, MPH,
Contributing Editor

Ronald J. Kostraba, Conceptual

Design

Donna J. Young, Art Director

Public Health Reports is published six times a year. Opinions expressed are the authors' and do not necessarily reflect the views of Public Health Reports or the Public Health Service. Trade names are used for identification only and do not represent an endorsement by the Service.

The Secretary of Health and Human Sorvices has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. Use of funds for printing this periodical has been approved by the Director of the Office of Management and Budget through September 30, 1990.

Address correspondence to:

Editor, Public Health Reports Parklawn Building, Room 13C-26 5600 Fishers Lane Rockville, MD 20857 (301) 443-0762

Subscription Information

674

686

Public Health Reports is for sale for \$9 a year dornestic subscription and \$11.25 foreign, Single copies are \$4.75 domestic and \$5.94 foreign. Purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

U.S. Department of Justice National Institute of Justice

123009-123011

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of

Permission to reproduce this copyrighted material has been granted by
Public Health Reports

to the National Criminal Justice Reference Service (NCJRS).

Black-on-Black Homicide: Kansas City's Response

MARK A. MITCHELL, MD, MPH STACEY DANIELS, PhD

Dr. Mitchell is the Deputy Director of the Kansas City, MO, Health Department. Dr. Daniels is a Research Associate with the Greater Kansas City Mental Health Foundation.

Tearsheet requests to Mark Mitchell, MD, MPH, Kansas City Health Department, City Hall, 10th Floor, 414 E. 12th St., Kansas City, MO 64106.

In many metropolitan areas, homicide continues to be the scourge of black Americans despite increasing awareness of the overrepresentation of blacks among victims and perpetrators. The risk of being a homicide victim among black males is so high that the Department of Health and Human Services has set a priority of reducing the risk to 60 per 100,000 by 1990. The recent escalation in the number of homicides in the United States associated with drugs makes attainment of that goal unlikely.

In Kansas City, a black community grassroots organization, the Ad Hoc Group Against Crime, commissioned a multidisciplinary task force to study black-on-black homicide in 1986. The report generated by this task force identified factors placing Kansas Citians at high risk of being homicide victims or perpetrators, including being black, male, unemployed, between the ages 17–29, a high school nongraduate, frequently involved in or around violence, and having prior arrests on weapons charges.

One hundred recommendations were made, of which 12 were targeted for immediate implementation. These included increasing public awareness of the incidence of black-on-black homicide, involvement of black men in role model programs for young black males, training in anger control and alternatives to violence for those identified as being at high risk for homicide, and providing a role for ex-offenders in violence prevention.

Working with community organizations has inherent strengths and weaknesses for public health workers. However, such a group can successfully impact the affected community in ways which would be difficult for traditional resources.

HOMICIDE CONTINUES to be a major cause of death in the United States. Victims of homicide have been disproportionately represented among blacks since statistics on the race of victims were first compiled in 1914 (1). Although in 1983 homicide was the 11th leading cause of death in the nation, it was the fifth leading cause of death among blacks, and it was the leading cause of death for blacks ages 15-34 (2). In the United States homicide is generally a segregated phenomenon: 94 percent of black murder victims are killed by other blacks (3). In America today, a white female has 1 chance in 606 of becoming a murder victim, a white male has 1 chance in 186, a black female has 1 chance in 124, but a black male has 1 chance in 29 (4). The high incidence of homicide among black males resulted in a priority set by Department of Health and Human Services to reduce the rate to 60 per 100,000 by the year 1990 from the rate of 83 per 100,000 in 1980 (5).

These statistics underscore the scope and severity of the problem of black-on-black homicide. It has

increasingly become a topic of discussion among black scholars, journalists, politicians, and community activists concerned about its endemic nature.

Between 1980 and 1986, 751 homicides were recorded in Kansas City, MO. Although blacks represented approximately 27 percent of Kansas City's population during that time, more than 60 percent of the homicide victims in the city were black. Concern about the overrepresentation of blacks among both homicide victims and perpetrators led the Ad Hoc Group Against Crime, a black community grassroots organization, to commission a task force to study black-on-black homicide. This paper describes the task force's efforts, its findings, and subsequent endeavors to address homicide in the black community.

Community Organization

The Ad Hoc Group Against Crime (subsequently referred to as the Ad Hoc Group) was formed in Kansas City in 1977, in response to the black

community's perception of lack of diligence by the police in pursuing the unsolved murders of nine black women. Since that time, the organization's attention has been given to the full spectrum of criminal activities in the Kansas City community. About 200 volunteers from various professions and occupations and the victims and relatives of victims make up the Ad Hoc Group. The common denominator among all volunteers is a desire to actively address issues related to crime, violence, and drug abuse in the black community.

The Ad Hoc Group has raised and distributed more than \$100,000 in rewards for crime tips and has identified more than 400 suspected drug houses. It sponsors a secret witness program, and it has developed excellent relationships with the local police department, prosecutor's office, and court system. The organization enjoys a great degree of respect in the community because of its efforts against crime and drug abuse.

Black-on-Black Homicide Task Force

The Kansas City Health Department approached the Ad Hoc Group in 1985 and began discussions on the epidemiology of homicide in the metropolitan area, and how the group might be involved in this issue. Over a period of months, information exchange and discussion of national studies on homicide prevention led the group to request information regarding the number and demographic characteristics of homicide victims in Kansas City between 1980 and 1985 from the chief of the homicide division of the Kansas City Police Department. In response to this information, the Ad Hoc Group proposed the creation of a task force to document the problem of black-on-black homicide and recommend solutions.

Task force participants were selected from a pool of nearly 100 nominees. To generate nominations, local black radio stations and newspapers announced the creation of the task force as a response to the "alarming and shocking" level of black homicides. Community residents were asked to submit names of persons who they believed should be members of the Black-on-Black Homicide Task Force. A selection committee of the organization chose 17 of the nominees to serve on the multidisciplinary task force. Consultants in varying areas of expertise also contributed their services.

The task force and consultants took a comprehensive approach to the study of black-on-black homicide, so that programs could be later imple-

mented to respond to the problem. The need for data was obvious, so the research subcommittee was initially formed. This subcommittee gathered overall statistics on homicides in Kansas City from 1980 through 1986, and then it selected a random sample of 102 homicides for more catalled examination, using the records of the police and prosecutor's office. This analysis included demographic, descriptive, and situational factors regarding victims and suspects that may have contributed to the homicide.

Another goal of the project was to document resources and services currently available to families of homicide victims—a goal which led to establishment of a resource and referral subcommittee. In addition, because of the Ad Hoc Group's unique proven ability to communicate with victims' families, it was decided to supplement the research effort with an actual survey of such families. Therefore, a community survey subcommittee was formed to gain a more detailed understanding of personal characteristics that may differentiate homicide victims from nonvictims. Finally, a recommendations subcommittee was formed to identify ways in which the findings of the Blackon-Black Homicide Task Force Report could be used for future programming. The job of this subcommittee was to brainstorm ideas and to review the homicide literature to find recommendations that would apply and could be implemented in Kansas City.

To publicize the findings of the Black-on-Black Homicide Task Force, a press conference was scheduled in 1987, roughly 1 year after the call for its creation. Martin Luther King Jr.'s birthday was chosen as the date for the conference because of its symbolism of nonviolence. The press conference was held at police headquarters to further symbolize the cooperative nature of the community effort. This event was well covered by the media, and it focused on major findings of the report as well as what the community could do to address the issue of black-on-black homicide.

Summary of Findings

The report's authors found that for each year between 1980 and 1986, more than half of all homicide victims in Kansas City were black males. A black Kansas Citian was more than four times as likely to die from homicide as a white counterpart. In addition, for 1984-86 (years in which data on suspects were collected), blacks represented two-thirds of all known murder suspects. ("Task Force

Report: Black on Black Homicide in Kansas City, Missouri, 1980-1986," A. M. Herron, editor. Unpublished report issued by the Ad Hoc Group Against Crime, 1987.)

The task force identified factors placing members of the community at high risk of being either a victim or perpetrator of homicide. Indicators included being black, male, unemployed, between the ages of 17-29, a high school nongraduate, having a previous arrest on a weapons charge, having a previous arrest for interpersonal violence, in possession of or frequently in proximity to firearms, having a criminal record, being frequently in or around domestic quarrels or other disturbances, and residing within a cluster of four inner-city zip code zones. The report stressed that not only are persons having these characteristics at risk for violence, but also at some risk are acquaintances and family members of persons with such characteristics.

Members of the task force identified more than 100 recommendations to address issues related to black-on-black homicide in Kansas City. Of these, 12 were targeted for implementation within the next year. These recommendations ranged from increasing awareness through "Headlights for Life" days, to encouraging role model programs for children, to providing a forum for ex-offenders to address the problem of violence, to providing training in conflict resolution.

Seven committees were formed to put the recommendations into action. The most active and visible committee has been the Headlights for Life Committee. This committee was formed out of the realization that many residents of the areas of the city with high homicide rates have come to accept homicide as a normal part of existence and are unaware of the frequency of homicides or of their own individual risk for homicide. This committee tries to increase awareness of the occurrence of homicide through a novel approach. At periodic intervals after the occurrence of one or more homicides, the Ad Hoc Group releases radio and newspaper announcements asking people to drive with their headlights on throughout the day to raise awareness and to indicate the nonacceptance of homicide in the black community.

Also, at 6 p.m. each Friday of a week in which a homicide has occurred, there is a Community Circle or vigil organized by the Ad Hoc Group and held at a central location in the black community. Community Circles are structured gatherings designed to express concern over the loss of potential contributors to humanity, rather than to judge the

circumstances surrounding the death. Family and friends of homicide victims are personally invited to attend. Flyers are distributed door-to-door in the neighborhood where the homicide occurred, informing people of who was murdered, telling them that they are also at risk, letting them know how to reduce their personal risk for violence, and inviting them to participate in the vigil. The vigil is opened with a prayer and a chant followed by general statements recognizing and opposing violence and premature death and statements expressing general support for the family and the community. Family members, neighbors, and friends of the victim are given an opportunity to speak, then the vigil is brought to a close by encouraging people to get involved in reporting crime and violence. Support services are also privately offered to the victim's loved ones.

The Ad Hoc Group has established a number of other committees to carry out recommendations of the report. Black Men Together was begun with one of its purposes being to provide positive role models for young black males. The group is nearing its membership goal of 100 black men who wish to provide a stabilizing influence in the black community.

The Community Education Committee has implemented many of the recommendations. It sponsors Speakers' Bureau training, which involves people who have not been members of the Ad Hoc Group in educating the public about homicide risks and crime prevention strategies. The Speakers' Bureau has participated in radio and television talk shows and makes presentations to neighborhood groups and parent groups. Members of the audience at these presentations are recruited for the Speakers' Bureau, as are persons who are well-known in the community. The group also includes a very popular cadre of youth speakers who address youth gatherings.

The Community Education Committee has been successful in securing grant support for specific programming. A small grant was obtained for crisis intervention teams to identify high-risk youth for a summer gang and drug prevention effort. Another grant funds a program in which ex-offenders give antidrug and anticrime presentations to middle and high school students. A larger grant has been obtained in cooperation with Kansas City's Health Department for a project of interpersonal injury intervention focusing on persons who have been involved in assaults. This project is testing the effectiveness of a five-session course on anger control and alternatives to violence, using an exper-

imental and control group of potentially homicidal assault victims and perpetrators referred by adult and youth authorities from the four identified high risk zip code zones. An annual conference on violence prevention attended by interested community members as well as those who work in the criminal justice system has also been instituted.

Discussion

Working with community organizations such as the Ad Hoc Group has inherent strengths and weaknesses for public health workers. On one hand, the advantages include a large number of committed workers, access to various resources, and the reputation of the organization. Obviously, it is necessary that the organization be wellrespected and viewed as effective by the community. An association with it benefits from the group's inherent legitimacy. The organization also has the potential to influence community standards and expectations. A grassroots community group such as the Ad Hoc Group also offers unique knowledge of environmental factors associated with crime (for example, location of drug houses, rapport with street gangs and victims). The diverse membership encourages a variety of ideas and approaches to solutions.

On the other hand, members of a community organization may suffer from unrealistic expectations and fail to look at the "big picture." Since membership is voluntary, time needed for the organization's work may be too demanding for consistent follow-through by well-meaning members. The lack of full time expert staff may lead to lack of consistent programming, planning, and overall sense of direction. And while the diversity of membership can be an advantage, it can also bring out the conflicting agendas of different members.

Homicide is a complex phenomenon. It has been conceptualized in various ways using biological, social learning, and cultural theories (6). Black-on-black homicide is no less complex, and it seems to be a function of urbanization, a subculture of violence, and of opportunities limited by racism and poverty (6,7) in addition to those risk factors described in this paper. It would be far too simplistic to suggest that community organization, consciousness raising, and social action are all that are necessary to eliminate homicide, especially in today's climate of increased gang- and drug-related violence. It is difficult to determine the extent to which homicide can be prevented through public

health intervention, but it is reasonable to assume that such efforts can help to reduce violence in society.

It is still too early to gauge the effectiveness of the efforts of the Ad Hoc Group Against Crime in reducing black-on-black homicide in Kansas City. Most of the task force's recommendations require long-term implementation before their effects on homicide will be seen. However, this community group has been able to document the problem of black-on-black homicide, raise awareness concerning personal risks of homicide, interest the community in addressing this issue, and procure some resources to implement and evaluate violence prevention efforts. The fact that a community most affected by violence has decided to take action against violence is in itself a significant development.

Positive approaches to ameliorating violence in the black community are possible if committed people concerned about crime unite and establish a dialogue with the police and prosecutor's office while maintaining a grassroots base with community support. With some leadership and guidance, a group of this type can be an important ally in developing and refining strategies to prevent homicides and violent crimes in urban America.

References.....

- Hollinger, P. C., and Klemen, E. H.: Violent deaths in the United States, 1900-1975. Social Sci Med 16: 1929-1938 (1982).
- Centers for Disease Control: Homicide surveillance: high risk racial and ethnic groups—blacks and Hispanics. U.S. Government Printing Office, Washington, DC, November 1986.
- Crime in the United States. Uniform crime reports, 1985.
 Federal Bureau of Investigation, Washington, DC, July 27, 1986
- 4. Beckwith, D., and Garcia, C.: When brother kills brother. Time 128: 32-36, Sept. 16, 1985.
- Public Health Service: Promoting health/preventing disease: objectives for the nation. U.S. Government Printing Office, Washington, DC, 1980.
- Rosenberg, M. L., Stark, E., and Zahn, M. A.: Interpersonal violence: homicide and spouse abuse. In Maxey-Rosenau's public health and preventive medicine, edited by J. M. Last. Ed. 12. Appleton-Century-Crofts, Norwalk, CT, 1986, pp. 1399-1426.
- Rose, H. M.: Homicide and minorities. Public Health Rep 102: 613-615, November-December 1987.