

CHANGING COURSE

Preventing Gang Membership



Chapter 3. What Is the Role of Public Health in Gang-Membership Prevention?



What Is the Role of Public Health in Gang-Membership Prevention?

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- **Gang membership has been viewed as a criminal justice problem rather than a public health problem. The public health approach to monitoring trends, researching risk and protective factors, evaluating interventions, and supporting the dissemination and implementation of evidence-based strategies is an important complement to law enforcement strategies.**
- **Often, communities do not have a comprehensive strategy to address gang membership that includes public health departments. Interdisciplinary collaborations among partners in multiple sectors such as health, education, criminal justice, labor and urban planning are critical. Because of its focus on enhancing community wellness, public health is uniquely positioned to convene partners, encourage collaboration across disciplines and sectors, and develop and evaluate comprehensive strategies.**
- **Key challenges to building and expanding the role of public health in gang-membership prevention include a lack of focus on primary prevention, an underdeveloped system for supporting and sustaining preventive interventions and programs, a lack of uniform definitions and data systems to adequately monitor the problem, and limited attention to the underlying environmental and social forces that drive gang involvement.**
- **Fundamental operational changes in agencies and systems, and coordination of funding streams, are needed to facilitate collaboration across sectors and generate sufficient resources to monitor gang membership adequately, implement prevention strategies, and evaluate those strategies' effectiveness. Because there is limited evidence of effectiveness for prevention programs, to be successful we must place a high priority on using collaboration and coordinating resources to identify effective prevention programs and policies and to build a body of knowledge to guide future policies and programs.**

In Brief

Communities have most often turned to law enforcement to address the burden of gang membership and violence, yet public health has much to offer for the prevention of death, injuries, and other health and social consequences associated with youth involvement in gangs. Public health can contribute to the development of definitions, data elements and data systems necessary to adequately understand the magnitude of gang-joining, membership and violence. For example, we highlight the contributions of the National Violent Death Reporting System, a state-based surveillance system that links data from health and law enforcement sources on violent deaths, to understanding gang-related homicide and points for intervention. Furthermore, with its scientific epidemiological approach, public health can assist in identifying the factors and conditions that place youth at risk for gang involvement or, alternatively, lead youth away from gang involvement. By learning about risk and protection, prevention strategies can be developed that change these processes and, in turn, result in positive outcomes for youth.

We provide some examples of the types of prevention strategies that are likely to be successful in preventing youth-gang membership and describe efforts under way to identify new strategies. For example, programs that have been shown to be effective in preventing youth violence, highlighted by the Blueprints for Healthy Youth Development Initiative, are currently being adapted to address gang membership. We describe the importance of rigorously evaluating these adapted programs, in addition to newly developed prevention programs, and then disseminating proven programs for implementation in communities. We also review public health efforts to further the implementation of strategies based on the best available evidence by synthesizing the scientific information about prevention, building the capacity of communities to implement prevention strategies through training and technical assistance, and forming multisector collaborations to develop an infrastructure to deliver prevention strategies.

To achieve these goals, public health must overcome key challenges, including a less than adequate focus on primary prevention, and a lack of comprehensive strategies in communities to address gang-membership and gang-violence prevention that integrate primary prevention and community development with law enforcement approaches. Strengthened by its integration of multiple complementary disciplines, public health can make valuable contributions to overcoming these challenges through efforts such as strengthening data systems, developing the evidence base for effective programs and policies, and convening partners for prevention.

Youth involvement in gangs and violence has traditionally been viewed as a criminal justice problem, that is, as a public safety issue to be addressed by police and the legal system reactively, after problems occur, rather than a public health issue to be addressed proactively, before problems occur, by multiple sectors that influence health (including health and human services, education, housing, labor and urban development as well as justice).¹ Yet, gang-joining and gang membership take their toll on public health through violence that results in death, injuries, long-term disability, and related health care and psychosocial costs.

Youth are often the victims of violence. In 2010, the latest year for which mortality data are available, 4,828 young people ages 10 to 24 were murdered (an average of 13 youth each day, resulting from both gang- and non-gang-related events).² Yet, deaths are only part of the problem. More than 738,000 assault-related injuries in young people ages 10 to 24 were treated in emergency departments in 2010.² Although the number of youth victims of gang violence cannot be determined by these statistics, based on death certificates and hospital data, other studies have illustrated that gang-involved youth are many times more likely to be victimized than youth who are not in a gang.³

The Bureau of Justice Statistics reports approximately 1,000 gang killings each year; this is likely an underestimate because the definition of “gang” varies across jurisdictions, in addition to the difficulties in determining whether a crime is gang-related.⁴ Gang members perpetrate a disproportionate amount of violence at both the individual and the community levels. For example, the Rochester Youth Development Study and the Denver Youth Survey showed that gang members were involved in more than 80 percent of serious and violent crimes committed, although the percentage of youth in the samples that were gang members was much smaller (less than 20–30 percent).⁵ A study of homicides in Los Angeles in 1993 and 1994 showed that four out of five adolescent homicides involved gang participants or gang motives. Furthermore, compared to homicides with adult participants, homicides with adolescent participants were more than twice as likely to include gang dynamics as a precipitating factor.⁶ Communities with a large number of gangs in a concentrated area experience a greater homicide burden than other communities.⁷

Injury and death are only some of the impacts on health: Youth involved in gangs engage in a variety of other health-risk behaviors, such as substance use and high-risk sexual behavior.^{5, 8, 9, 10}

Exposure to gangs and violence in a community can lead to high levels of chronic stress and mental health problems among youth that may, in turn, lead to chronic health conditions.^{11, 12} Violence and gang membership are also associated more broadly with social and economic determinants of health, such as community structural characteristics (for example, concentrated disadvantage, economic opportunity and property value) and community social processes (such as the willingness of people to be involved in the community or to help others).^{13, 14} It is unclear whether social characteristics and structural processes influence gang violence, vice versa, or both. It is likely that the mechanism is reciprocal.

The Public Health Perspective

Public health plays a critical role in addressing gang membership and violence through its multidisciplinary perspective, which values applied science, an understanding of the social determinants of health, and utilization and mobilization of the best evidence from epidemiologic studies for prevention. The Centers for Disease Control and Prevention (CDC) has focused on youth violence as a public health issue since the 1980s. The Division of Violence Prevention (DVP), in the Injury Center at CDC, emphasizes the primary prevention of violence perpetration: that is, stopping violence before it starts. DVP has a commitment to developing and applying a rigorous science base, including monitoring and tracking violent trends, researching risk and protective factors, using that information to develop and rigorously evaluate prevention strategies, and disseminating the most promising new strategies. A cross-cutting perspective is employed that includes multiple disciplines and multiple sectors. Finally, there is a focus on the health of groups of people and entire communities (population health), not just the health of individuals.

Public health includes the work of health and mental health professionals in state and local health departments, social service agencies, and community-based organizations as well as the work of researchers who have adopted the public health approach to prevention. It is important to recognize, however, that because of their cross-disciplinary nature, public health approaches also include the prevention work of professionals from multiple sectors (for example, health, justice and

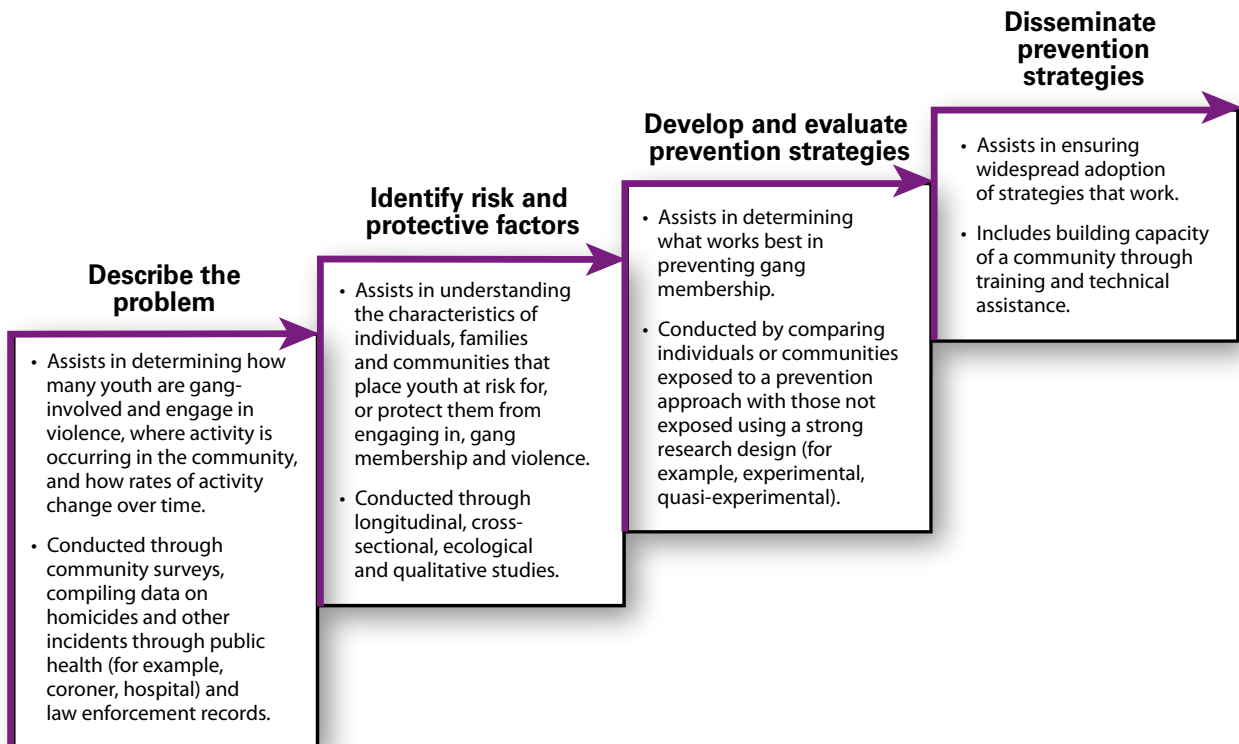
education) and multiple disciplines (for example, medicine, epidemiology, psychology, sociology, criminology, urban studies and economics), so public health can serve as an effective convener within communities. One of the strengths of public health is its established record of convening partners from different sectors and disciplines, and building community coalitions to advance prevention efforts in many areas of health. Its success in bringing multiple perspectives to the table may be due, in part, to the view that public health is oriented toward providing helpful services that enhance community wellness without focusing on retribution or punishment. Hence, public health can be quite effective at bringing a neutral, community-friendly atmosphere to collaboration.

There has been increasing national recognition of the role of public health in violence prevention, and the prevention of gang membership and gang violence in turn. This recognition is evidenced by the 2001 Surgeon General's *Report on Youth Violence*, the Healthy People 2010 and 2020 national health objectives, reports from the World Health Organization¹⁵ — including the 2011 *Violence Prevention: An Invitation to Intersectoral Action*¹⁶ — and policy statements released by professional societies such as the Academy of Pediatrics and the American Public Health Association, and the work of national advocacy organizations and think tanks, such as the Advancement Project and the Justice Policy Institute (see the sidebar, "Recognizing the Role of Public Health").

What, specifically, is the public health approach to youth violence? The steps include: (1) describing and monitoring the problem; (2) identifying the factors that place youth at risk for, or protect youth from, engaging in gang membership and violence; (3) development and testing of prevention approaches; and (4) dissemination, implementation and widespread adoption of prevention approaches. The illustration "The Public Health Approach to Gang-Membership and Gang-Violence Prevention" (see next page) shows the public health approach to gang-membership and gang-violence prevention.¹⁷

Although this approach has been applied to the prevention of violence, we believe that it can be equally applied to the prevention of gang-joining and gang membership, although there may be some unique considerations (see the sidebar "What Youth- and Gang-Violence Strategies May

The Public Health Approach to Gang-Membership and Gang-Violence Prevention



Problem

Response

SOURCE: Adapted from Mercy JA, Rosenberg ML, Powell KE, Bromme CV, Roper WL. Public health policy for preventing violence. *Health Aff.* 1993; Winter:7-29.

Teach Us About Preventing Gang-Joining”). Note that the public health model has some similarities to the problem-oriented policing SARA model¹⁸ (see chapter 4). The steps in the SARA model include: **S**canning (identifying and prioritizing problems), **A**nalysis (utilization of data sources to inform response plans), **R**esponse (development and implementation of interventions), and **A**ssessment (evaluating how well the response works). The SARA model highlights the importance of using data to identify, implement and evaluate appropriate policing interventions.

However, the public health model and approach more broadly provides a greater emphasis on primary prevention, the routine inclusion of multiple sectors and disciplines in addressing problems, the use of strategies that affect the health of entire populations, identifying risk and protective factors to inform prevention approaches, and

facilitating the widespread adoption of programs, practices and policies. Next, we illustrate how each of the public health principles can be applied to gang-membership and gang-violence prevention.

Public Health Principle #1: Monitoring the Problem

To understand the magnitude of the problems of gang membership and gang violence, it is critical to have agreed-upon definitions of gangs, gang-joining and gang membership (see Introduction). Equally important are the development and maintenance of systems to track the prevalence of gang membership — where gang saturation in a community is the strongest, where and when gang-involved violence and related behaviors take place — and the health consequences of such violence and behaviors, including injury

Recognizing the Role of Public Health

The role of public health in preventing violence has long been recognized. The World Health Organization has recently published reports that highlight the magnitude and impact of violence worldwide, the opportunities for prevention, and the crucial role of public health.^{15, 16} Here are a few examples of U.S. agencies, professional associations and expert groups that have highlighted the role of public health in the last few years:

- **Surgeon General’s Report on Youth Violence:** This landmark report designated youth violence as a public health issue and described how gang membership increases the risk for violence among youth.¹⁹
- **Healthy People 2010 and 2020:** This U.S. Department of Health and Human Services framework provides national health objectives surrounding the most preventable threats to health and includes multiple objectives related to youth violence, illustrating a focus on violence as a public health issue.
- **American Academy of Pediatrics Policy Statements:** These policy statements, issued in 1999 and 2009, discussed the role of the pediatrician in youth violence prevention, focusing on the need to include violence prevention in routine health maintenance and preventive care practice.²⁰
- **American Public Health Association Policy Statement on Youth Violence:** This policy statement, issued in 2009, promotes the importance of building public health infrastructure for youth violence prevention, highlighting that “most cities do not have a comprehensive strategy to address youth violence, and public health departments are not generally included

in current city strategies,” but that “public health is uniquely positioned to convene, collaborate, and coordinate the multidisciplinary teams to work together to prevent youth violence.”²¹

- **Advancement Project:** In 2008, this civil rights law, policy, and communications “action tank” developed gang reduction approaches for Los Angeles. *A Call to Action: A Case for a Comprehensive Solution to L.A.’s Gang Violence Epidemic* (commissioned by the Los Angeles City Council’s Ad Hoc Committee on Gang Violence and Youth Development) recommended a sustained political mandate on the part of leadership to reduce gang activity and violence, and a comprehensive strategy of prevention, intervention, community development and investment, and community policing and strategic suppression.²²
- **Justice Policy Institute:** Dedicated to promoting effective solutions to social problems and ending reliance on incarceration through accessible research, public education, and communications advocacy, the Justice Policy Institute published *Gang Wars* in 2007, which recommended that more funding be directed toward gang-membership prevention strategies implemented by health and human service agencies because — compared to law enforcement suppression programs — health and human service programs focus on long-term solutions to social problems, reducing risk and building competencies. The report stated that such programs are also evidence-based and cost-effective, and that health and human service agencies have a good track record of monitoring the outcomes of prevention programs.²³

and death. These data can be obtained from population-based surveys as well as existing data sources such as police reports, health records and death records. With its strong foundation in epidemiological methods, public health is well-suited for the development of standard definitions, data elements, and surveillance systems to track

prevalence and trends. It is critical, however, to share data across sectors to maximize the potential for the data to be used to inform practice.

The National Youth Gang Survey is conducted by the National Gang Center with support from the Office of Juvenile Justice and Delinquency

Prevention (OJJDP). Since 1995, the survey has gathered gang data from more than 2,500 law enforcement agencies each year. Respondents answer questions about youth gangs, defined as “a group of youths or young adults in your jurisdiction that you or other responsible persons in your agency or community are willing to identify as a ‘gang.’” These data have been used to estimate the number, characteristics and distribution of gangs by area; trends in the number of gangs and gang members; gang-member migration; and the number of gang-related homicides and other violent crimes. The survey documents a surge in gang problems in recent years, following a decline from the mid-1990s to early in this century.²⁴ Questions have been raised, however, about the reliability and validity of these data, given that the reports are from law enforcement agencies that use different definitions of “gang member” and different strategies for tracking gang involvement, reports of gang involvement are subject to local political considerations, and reports include only those membership ties that rise to the attention of law enforcement officers.

CDC’s National Violent Death Reporting System (NVDRS) is an example of how health data have been integrated with criminal justice data to provide detailed information on violent deaths, including gang-related homicides. NVDRS is a state-based surveillance system (in 18 states as of 2012, with a goal of all 50 states) that links data on violent deaths (that is, homicide and suicide) from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories. By combining these data sources, a more comprehensive picture of the circumstances surrounding violent deaths can be achieved, extending beyond the narrow context that these data sources provide individually.^{25, 26} NVDRS data can provide insight into the points for intervention and, in turn, improve violence-prevention efforts. Each homicide record in NVDRS includes a detailed narrative of the incident and information about victims, suspects, the relationship between the victim and the suspect, the circumstances surrounding the death, and the method of injury. The records in NVDRS are incident-based so that multiple forms of violence that occur as part of one incident can be linked together (for example, multiple homicides or homicide followed by suicide). One of the incident circumstances coded is whether a homicide is gang-related; this is indicated if the medical examiner or law enforcement report

indicates that the homicide resulted, or is suspected to have resulted, from gang rivalry or gang activity.

In 2002, CDC funded the New Jersey Department of Health and Senior Services to participate in the NVDRS. The Office of Injury Surveillance and Prevention, Center for Health Statistics, Public Health Services Branch, has used NJVDRS data to develop a measure of “gang and gang-like homicide,” which includes gang homicides as defined by NVDRS in addition to homicides that have characteristics similar to gang homicides in terms of weapon used, location, and types of suspects and victims. Using this new measure of gang-style homicides, NJVDRS data were used to determine the number of homicides and map their location through Geographic Information Systems (GIS) technology. They determined that the increases in homicides in the state were due to an increase in gang-like homicides. These maps are being used to inform police departments so that violence-reduction efforts can be targeted to affected locales.²⁷

These two examples illustrate the benefits of collecting consistent, longitudinal data from multiple sources to adequately understand the complexity of the gang problem. By adequately understanding the nature of the problem over time, we are better able to direct prevention strategies to the most appropriate contexts and settings. (For more information about how data sources have provided an understanding of the prevalence and trends of gang membership and gang violence in the United States, see chapter 1.)

Public Health Principle #2: Identifying Risk and Protective Factors

The second step of the public health approach focuses on identifying the factors that place youth at risk for engaging in gang membership. It also focuses on identifying factors that may protect youth from engaging in gang membership and gang violence. By learning about risk and protection, we can develop prevention strategies that change these processes and, in turn, result in positive outcomes for youth. Risk and protective factors exist at all levels of the “social ecology”: the individual level (such as personal characteristics of youth), the relationship level (for example, characteristics of relationships between youth and their caregivers and other adults in the

community); the community level (such as characteristics of youth's neighborhoods and schools) and the societal level (for example, characteristics of social norms and policies). The figure below depicts the relationships within the social ecological model.

One method for measuring risk and protective factors is surveying youth, their families and other influential adults (teachers) about youth themselves, their relationships, and the environments that they grow up in. Below, we review some key self-report studies that have contributed to our understanding of youth risk. However, for a detailed review of risk and protective factors for gang membership and gang violence, and using multiple methodologies across the developmental phases, see chapter 5.

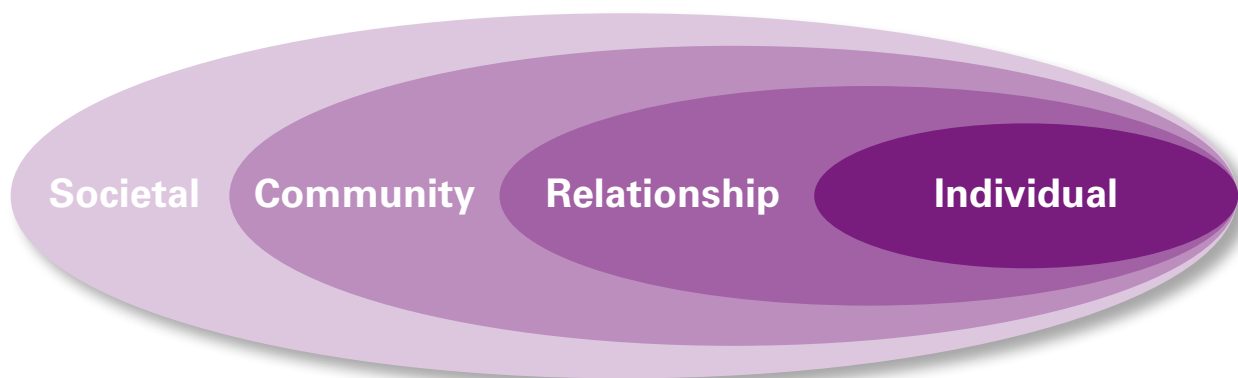
Longitudinal studies represent one of the most advanced approaches to determining risk and protective factors because of the ability of these studies to determine the effects of early risk and protective factors on later behavior, including gang membership, rather than examining behavior at one point in time after gang-joining. In the 1990s, the Office of Juvenile Justice and Delinquency Prevention funded a series of longitudinal studies to determine the causes and correlates (that is, the risk and protective factors) of serious delinquency, violence and substance use of youth, including factors at the individual, family, peer, school and community levels. The Causes

and Correlates studies included the Denver Youth Survey, the Pittsburgh Youth Study and the Rochester Youth Development study; they focused on assessing youth from childhood into adolescence and early adulthood.²⁸ In addition to studying delinquency and violence more broadly, these studies focused on gang membership and gang violence. Key findings from these studies indicate that early conduct problems, violence, delinquency, substance use, involvement with delinquent peers, beliefs that involvement in delinquent behavior is normal and acceptable, poor school performance and poor parent-child relationships predict gang membership.^{5, 8}

Additional longitudinal studies — including the Montreal Longitudinal Study and the Seattle Social Development Project — have complementary findings, showing that the following factors predict gang-joining: early engagement in violence, oppositional behavior (for example, questioning rules and authority, and refusal to comply), low popularity, inattention/hyperactivity, early substance use, low academic achievement, learning disabilities, easy availability of substances in the neighborhood, a large number of youth in trouble in the neighborhood, and only one parent or other adult in the household.^{29, 30, 31}

Much of the research has focused on factors that increase the risk for violence rather than for gang-joining. Therefore, we know much more about what increases the likelihood that youth

Levels of Social Influence on Youth Violence: The Social Ecological Model



SOURCE: Dahlberg LL, Krug EG. Violence — a global public health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds., *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization, 2002.

What Youth- and Gang-Violence Strategies May Teach Us About Preventing Gang-Joining

Some of what we have learned from the youth-violence field may be applied to gang-membership prevention, but it is critical that the contextual and social factors that influence gang presence in a community — such as residential instability, changes in population composition and culture, economic deprivation, relative social isolation, presence of drug markets, social identity and social networks — be considered in developing strategies to help prevent kids from joining a gang. We know, for example, that the presence of gangs in a community poses unique risks to youth that must be considered beyond the traditional factors considered in the youth-violence field, such as the degree of saturation of gangs in a community, and gang membership of family relatives.⁵

As this chapter discusses, the public health model may be a fruitful approach for the prevention of gang violence in addition to gang-joining and gang membership. However, although there is a strong history behind the public health approach to youth violence, gang-joining and gang-membership prevention have not received as much attention from the public health community. Gang-membership prevention efforts in many communities have focused primarily on criminal justice approaches.

This may be because of limited resources, insufficient access to health data, a lack of collaboration across sectors, and a feeling that something must be done quickly and visibly to address existing high levels of gang violence. Nonetheless, many of the public health approaches used to understand youth violence can provide insight into preventing youth from joining gangs.

For example, some factors that increase risk for violent behavior are shared among violent gang-involved and violent non-gang-involved youth, such as attitudes and beliefs about violence, early conduct problems, association with aggressive peers, poor school performance, family poverty, lack of parental monitoring, and neighborhood disorganization.³⁴ It is clear that, compared with non-gang-involved youth, youth involved in gangs tend to have a greater number of risk factors, and risk factors at multiple levels — individual, family and community — of the social ecology.³⁵ Although additional research is needed to confirm this hypothesis, approaches to evidence-based public health prevention that address the important risk factors for youth violence may also be effective at reducing risk for gang-joining and gang-related violence.

will become involved in violence than we do about what increases the likelihood that youth will become involved in a gang. Furthermore, of the research that has focused on gang-joining, most studies have investigated the factors that *increase* risk. The factors that protect youth from joining gangs and engaging in gang violence are less well-understood.³² An emerging area of scientific research is suggesting that policies and programs for youth-violence prevention should focus on both reducing risk and promoting protective influences in communities.^{32, 33} Factors that have the potential to be protective include, for example, pre- and perinatal exposures (for example, adequate prenatal care, healthy behaviors during pregnancy, and early parenting support), family environment (such as safe, stable and nurturing relationships without maltreatment; consistency in discipline and supervision; and positive role modeling), school factors (for example,

connectedness with school and achievement), peer relationships (such as bonding with prosocial peers and support from friends), community environment (including advantaged socioeconomic context and high collective efficacy), and cultural factors (such as a value for prosocial conflict resolution or for a morality of cooperation).³²

Public Health Principle #3: Developing and Evaluating Interventions

Once risk and protective factors for gang membership have been identified, programs that address these factors need to be developed, implemented and evaluated. Prevention programs can focus on primary, secondary or tertiary prevention. In lay terms, as described by Philadelphia youth in a meeting with city officials, primary prevention occurs “up front,” before gang membership and violence begins; secondary prevention

occurs “in the thick” of the problem, when youth are at high risk; and tertiary prevention occurs in the “aftermath” to deal with the consequences. Prevention strategies can be implemented for all youth in a population regardless of risk (universal populations), for youth who are at risk for gang membership (selected populations), or for youth who are already deeply engaged in gang life (indicated populations). Regardless of the timing and targets of prevention efforts, programs need to address the key risk and protective factors for gang-joining. Only by addressing these factors can prevention programs be expected to be effective. It is critical to focus on individual- and family-level factors, in addition to broader community-level factors, either through multi-component programs or through separate but complementary strategies that focus on different levels of the social ecology.

One example of a multicomponent, community-wide approach for youth development that could potentially be protective against gang membership — given its focus on the risk factors that predict gang membership — is the Harlem Children’s Zone, initiated by Geoffrey Canada. The approach has been widely cited, although under-evaluated, and represents a variety of integrated programs that have been implemented within an area of Harlem.³⁶ The programs address all levels of the social ecology — for families with children at all developmental levels — creating a prevention pipeline and safety net for children. Programs include, among others, Baby College parenting workshops for parents of children ages 3 and younger, Peacemakers social development programs for elementary and middle school children, an Employment and Technology Center for high school-age youth, and a variety of other family and community health programs to address poverty, truancy, and mental health and substance use problems. It is yet to be determined whether this program prevents gang-joining and gang membership; this should be a priority for future evaluation efforts.

Overall, programmatic efforts have been focused more on *violence* than on *gang-joining* and *gang membership*. Furthermore, a greater priority has been placed on developing and evaluating *intervention* approaches than on *prevention* approaches. Therefore, we know much more about how to intervene in youth violence after it starts than about how to prevent gang-joining and gang

membership before it begins. However, we can learn from public health programmatic efforts that have focused on the risk factors related to gang-joining and gang membership and on the prevention of violence that often co-occurs with gang membership. Two programs that illustrate the potential of the public health approach are highlighted below: Barrios Unidos in Santa Cruz, CA, and CeaseFire in Chicago, IL.

Barrios Unidos is an example of a primary prevention approach that uses both universal and selected strategies and emphasizes the community-level factors that contribute to youth joining gangs and perpetrating violence (see <http://www.barriosunidos.net/>). Daniel “Nane” Alejandre — the Executive Director of Barrios Unidos, who has been conducting gang-intervention and gang-membership prevention work since 1977 — describes the approach as one that “affects people’s lives and their health; it affects them emotionally, economically, every part of their life.”

Based in Santa Cruz, CA, Barrios Unidos was founded to promote peace and justice and to end gang warfare among inner-city ethnic youth. It is an evolving grass-roots organization that focuses on culture and spirituality to support at-risk youth, provides ways to suppress and end gang warfare, and offers a promising model for building healthy and vibrant multicultural communities. Chapters have been established in San Francisco, Venice-Los Angeles, Salinas and San Diego, CA; Washington, DC; Yakima, WA; San Antonio, TX; Phoenix, AZ; and Chicago, IL. Programmatic efforts include leadership and human capital development, community economic development, civic participation and community mobilization, cultural arts and recreational activities, and coalition building.

For example, in Santa Cruz, the youth program offers leadership development training to selected youth to develop skills that foster personal and civic responsibility, and self-improvement programs that empower youth to serve as agents of social change in the community. These activities are complemented with vocational counseling and job training. Youth are selected by program staff for leadership development training based on leadership qualities displayed by the youth as they mature through early childhood and family programs in the community. Although evaluation

IN THE SPOTLIGHT: The Advancement Project

► INTERVIEW WITH CONNIE RICE

Connie Rice is a civil rights lawyer and co-director of the Advancement Project, an innovative civil rights law, policy and communications “action tank” that advances universal opportunity and a just democracy in America for those left behind. In 2005, the Advancement Project began a three-phase Gang Activity Reduction Strategy Project in the city of Los Angeles and produced a highly regarded report, *A Call to Action: A Case for a Comprehensive Solution to L.A.’s Gang Violence Epidemic*, which was commissioned by the City Council’s Ad Hoc Committee on Gang Violence and Youth Development. The report recommended that the city would have to “replace its current efforts with a comprehensive, multi-sectored, multi-disciplined, schools-centered, and highly coordinated, carefully targeted, neighborhood-based gang and violence reduction system” that would “have to use the public health, child development, and community development models — approaches designed to reverse the underlying driving conditions that spawn and fuel neighborhood violence problems of which gangs are one factor.”²²

Ms. Rice was a critical force behind development of the gang-reduction strategy in Los Angeles. We asked her to reflect on her experience and discuss what role she sees for public health and public health professionals in gang-membership and gang-violence prevention.

How did you begin recognizing some of the advantages of the public health approach?

As a civil rights lawyer, I was winning my cases, but I was sending my clients home to communities where kids were dodging bullets and still dying. I learned that law is not the answer. It wasn’t a matter of civil rights, or enforcement, or fully changing the culture of entertainment. Gang membership and violence was an entrenched problem and was complex. We needed another paradigm, or lens, to address this problem. The public health perspective gave us a fresh start. Because the health professionals were leading, everybody could come to the table without the baggage of the past. Everybody was starting out at the same place, and we could begin as partners as opposed to past opponents.

You use an analogy of fighting malaria to help understand public health principles that apply to preventing gang membership and youth violence. Can you explain that?

Epidemiologists have such a great vocabulary and great concepts. It makes it easy for people to understand how they have to change their thinking. For example, if you have a malaria epidemic, you can keep swatting mosquitoes, but this isn’t going to end the epidemic. You have to use a vector control model and go after all the vectors that cause

a disease at an epidemic level. If you don’t, you are going to be swatting mosquitoes forever and people are going to keep dying of the disease. So instead, you have to go to the source of the disease and its widespread nature. You have to change norms and behaviors. You have to pass out nets. You have to drain the swamp. You have to make sure the mosquitoes aren’t multiplying. With malaria, people get this. Epidemiology, public health concepts and public health terminology really translate well to the problem of gang violence because people can start to think about violence as a disease, as an epidemic.

What are some specific roles that public health professionals can play in preventing gang membership and gang violence?

In terms of research, policy and best practices, there is still a lot we don’t know. We need to convince policymakers to move to action based on experiments that document what works and does not work with different populations of kids, levels of membership and types of violence. Public health research expertise is critical because we don’t know a lot about what works. If we don’t get the right menu of choices, we can’t make policymakers understand which programs and policies to put in place. Because there are a lot of unknowns, gang membership and violence is a scary issue, politically. So you have to have the public health sector with you to help you

is challenging, Barrios Unidos is committed to more intensive evaluation of its programs. A qualitative study of the youth program conducted by the Ceres Policy Institute revealed that health care, academic commitment and community engagement improved. Mr. Alejandro explains, “The children involved were going out into the community and were more involved in the community, and the parents were more involved and they had their own group. Cultural and spiritual improvement was marked.” Preventing violence is a struggle in impoverished, disenfranchised communities. The communities within which Barrios

Unidos operates have been neglected for generations, resources have not been available to provide the jobs that are needed, and approaches to violence have been very law enforcement-based. Yet, Barrios Unidos has made a commitment to continuing activities and securing further funding for prevention. “What we are doing here is developing the foundation for peace in our young people,” Mr. Alejandro continued. “We’re still trying to undo what’s been there for generations. Since we started, foundations have learned a lot about communities. People understand cultural and spiritual work in a way that they didn’t, years

design programs and policies, carry them out, and evaluate them. This is an area that needs to be driven by the experts.

What are the primary drivers behind gang membership and what do you see as promising strategies to prevent gang-joining?

We haven't really attacked membership directly — we've just been stabilizing the violence. But because the public health approach focuses on changing norms, attitudes and behaviors, similar approaches may be used to prevent gang membership and to prevent gang violence. The idea of reducing membership is like a tug-of-war. Do you attack the gang? Do you directly intervene and close off the entrance ramps to the gang? Do you make resources available for the exit ramp? Or do you indirectly deflect membership by creating another center of gravity that is more attractive? Attractiveness of the gang culture is what is important. Adolescents have to go through a passage into adulthood and they have to declare their independence, and they have to find power and validation in their independence. We can either find a positive way to affirm their independence and their passage from adolescence into adulthood or they will create one for themselves. And they have created it — in gangs. When we don't give them a positive way to become young adults, they find their power — their own way — that validates the reality they

face. We have to make a more attractive alternative available and without directly attacking the gang, which may reinforce the power of the gang. So gang-membership prevention is changing the way youth think of themselves, how they imagine their passage into adulthood, and how they get power. As long as the gang model is out there, we[d] better be able to offer something that reduces the attraction of gang membership, and that creates a different norm of power for the kids that is safer, more rewarding, gives them money, and gives the ability to stand on their own two feet. We need different sets of strategies to get kids out who are in, and to keep the kids out who are in danger of being recruited. We need to try some experiments and see what works for what kinds of kids and what kinds of gangs.

In addition to focusing strategies on individual-level change by directly intervening with youth, what do we need to do at the community and societal levels?

It is critical to get people to participate in a holistic strategy, but operational changes are needed to cross jurisdictions. It is a leap for agencies to rethink their missions. There is every reason in the world not to cooperate. We need to force a culture change in bureaucratic norms, but the incentives are all wrong. I have come to the conclusion that it's going to have to be done through money.

Funding should not be available for initiatives unless you put teams together that are fully collaborative and you have outsiders evaluate the level of collaboration. Otherwise, the barriers won't come down, and the silos won't open up. We can get jurisdictions to work together on initiatives, if there is funding available for collaborative work on specific projects. Further[more], the work of the civic and private sector is not enough. We need to produce changes at the ecological and systems levels. We need to get government to engage in a smarter way. This is the new horizon.

It seems as if you are very personally invested in preventing gang membership and gang violence. Why is that?

I became involved in gang-violence prevention because I didn't have a choice. I am a civil rights lawyer, but I learned that the law is not the answer. There are no civil rights without the right to safety. If there is no freedom from violence, there are no other freedoms. All rights are based on the unspoken freedom of being free from violence. If kids can't walk to school safely, stay in school safely, get to their tutor safely, and walk home safely, no other promises we make to them are viable. The agenda needs to end the epidemic of violence and create safe environments. To have that opportunity is their right — that is their path to freedom.

ago. We are talking about generations and healing in a way that folks seem to understand now."

The CeaseFire project, from the Chicago Project for Violence Prevention, is a program that can best be described as being implemented "in the thick" with selected populations (now known as "Cure Violence;" see <http://www.cureviolence.org>).³⁷ It is grounded in disease-control and behavior-change strategies. "There is a need to have a scientific approach and understanding. We need to look at behaviors, how they are formed, how they are maintained, and how they

spread," says Gary Slutkin, Executive Director and Professor of Epidemiology and International Health at the University of Illinois at Chicago.

"Violence behaves like an infectious disease — one fight leads to another; one killing leads to another. In order to reverse the epidemic, we need to interrupt transmission, identify and redirect those at highest risk, and change behavioral norms." CeaseFire focuses on street-level outreach, conflict mediation, and changing community norms to reduce violence, particularly shootings. CeaseFire relies on highly trained outreach workers and "violence interrupters,"

faith leaders, and other community leaders to intervene in conflicts, or potential conflicts, and promote alternatives to violence. One component of the program includes hospital responders — who work with emergency room staff, hospital spiritual care, and social workers when gunshot and other violence-related trauma cases present in the emergency room — to intervene in conflicts and prevent retaliatory violence. CeaseFire also involves cooperation with police, public education campaigns to instill the message that violence is not acceptable, and strengthening communities to build capacity to exercise informal social control and mobilize forces to reduce violence. Different models of the program have been adapted and adopted in locations across the country, including the Safe Streets adaptation by the Baltimore City Health Department.³⁸ The program was evaluated in Chicago with a longitudinal, matched comparison-group design examining hot spots for violent crime; data were collected from seven CeaseFire communities. The evaluation results were promising yet variable, signaling a reduction of homicides in some of the CeaseFire communities.³⁷ Findings from a longitudinal evaluation of Safe Streets in Baltimore — in which four implementation communities were compared with neighboring and other violent communities without the intervention — have been mixed, with different patterns of findings for homicides and nonfatal shootings across communities.³⁸ As CeaseFire approaches are implemented in other U.S. cities, it is critical that rigorous evaluations (such as those with randomized or strong quasi-experimental designs, large sample sizes, and longitudinal data collection) be conducted to determine their ultimate effectiveness in changing social norms around gang membership and gang violence as well as preventing injuries and death.

Given that public health approaches to gang membership and gang violence are limited and newly developing, it is critical that the approaches are evaluated to determine their efficacy. Without rigorous evaluation, it is unclear whether the approaches are truly effective, or if changes in individuals, families and communities are occurring because of other ongoing events, programs, practices or policies. (For more information about the evaluation of gang-membership prevention programs, see chapter 11.)

Public Health Principle #4: Ensuring Widespread Adoption of Evidence-Based Strategies

Once strategies for gang-membership and gang-violence prevention are found to be efficacious through rigorous study, the next challenge is getting those strategies implemented in practice. CDC scientists and their colleagues have identified three key mechanisms, or systems, that need to be used to bridge the gap between research and practice, as defined by the Interactive Systems Framework for Dissemination and Implementation (ISF):

1. Synthesizing evidence and translating that evidence into user-friendly tools, programs and strategies (through a Prevention Synthesis and Translation System).
2. Building general and innovation-specific capacity for implementation through training and technical assistance (through a Prevention Support System).
3. Getting programs, practices and policies implemented at the organizational, community, state or national level (through a Prevention Delivery System).³⁹

Optimally, these three systems interact to facilitate implementation of innovations.

To assist in building a prevention support system to help communities reduce youth violence, CDC has developed the STRYVE initiative: **Striving To Reduce Youth Violence Everywhere**. STRYVE aims to raise awareness that youth violence is a preventable public health problem, promote the use of prevention strategies based on the best available evidence, and guide communities on how to implement, evaluate and sustain prevention strategies. STRYVE includes online resources and tools (see <http://www.safeyouth.gov>), and a national, multisector partnership that includes justice, health, education, law enforcement, social service agencies and youth-serving organizations to support local action. One component of STRYVE is UNITY: **Urban Networks to Increase Thriving Youth**. UNITY is a national initiative led by the Prevention Institute, the Harvard School of Public Health, and the Southern California Injury Prevention Research Center at the University of California at Los Angeles, supported in part by the

California Wellness Foundation. There are currently more than 200 members from cities and national, state and community-based organizations. UNITY focuses on fostering effective communication, conducting needs assessments, developing violence-prevention roadmaps, supporting peer (city) networks, conducting training and technical assistance, and developing a strategy to articulate the policies and resources that are needed to support urban areas in violence prevention.

The primary tool utilized by UNITY to build capacity for prevention is the UNITY RoadMap.⁴⁰ The RoadMap is a resource that assists cities in understanding the current status of their efforts and the key elements of prevention, and it provides resources and examples to help cities in planning, implementation and evaluation. The RoadMap focuses on the *Who* (partnerships), the *What* (prevention capacity, practices and policies) and the *How* (strategic planning, evaluation and funding) of prevention. Although the RoadMap and UNITY's efforts focus more broadly on youth violence, a city assessment conducted in 2008 with a representative sample of the largest cities found that respondents identified gang violence as the major type of youth violence that needs to be addressed.⁴¹ Thus, capacity-building and assistance provided through the UNITY network include a focus on issues surrounding gang violence. This assistance could also be useful in focusing on strategies that prevent gang-joining. As of April 2012, ten city mayors had signed Memorandums of Understanding (MOUs) indicating that they will work with UNITY to develop multijurisdictional teams in their cities and use a coordinated public health approach to violence prevention. Future plans for UNITY include disseminating the UNITY RoadMap and recruiting additional cities to participate in the network and inform prevention planning at a national level. For more on UNITY, go to <http://www.preventioninstitute.org/unity.html>.

Another initiative that is assisting in building communities' capacity for gang prevention is the OJJDP Strategic Planning Tool (see <http://www.nationalgangcenter.gov/SPT>). Sponsored by the U.S. Department of Justice, the tool illustrates the utility of the public health approach to addressing gang membership and gang violence. The tool includes resources that support communities in conducting an inventory of organizations, programs and services that could be

leveraged to develop a comprehensive, coordinated approach to gang-membership prevention and intervention; identifying data sources to assess risk and protective factors for gang involvement in a community; and identifying programs, policies and practices for community-based prevention and intervention.

Implementation Challenges

There are a number of key challenges to building and expanding the role of public health in research and programs designed for gang-membership prevention. One clear challenge is that, from a societal point of view, a focus on prevention — keeping kids from joining a gang in the first place — is not well-understood or highly valued. Policymakers and the public are strongly invested in programs and strategies that focus on punishment and that supposedly yield immediate results. This may be the most pronounced when youth are labeled as gang-involved and may not be seen as having the capacity for rehabilitation. Preventing gang violence through reductions in gang membership will require a long-term investment in research and program development and evaluation, which may prove difficult for policymakers and the public to support.

Another key challenge is that the system for supporting and sustaining preventive interventions and programs to reduce gang-joining is underdeveloped. With some notable exceptions, state and local health departments have been reluctant to tackle the issue of violence prevention, much less gang-violence prevention or gang-joining prevention. This is probably due to a combination of the limited availability of funding support and their relative lack of experience in addressing this type of public health problem. As a consequence, the prevention system needed to support and sustain successful dissemination and implementation of programs and policies does not presently exist in most locales.

The availability of accurate and uniform data to monitor the problems of gang membership and gang violence is also an important challenge. Federal, state and local governments, and communities, need to be accountable for the impact of programs and policies intended to address the problem of gang membership and gang violence. This emphasis on accountability

requires that timely, reliable and useful data be collected systematically and on an ongoing basis. At present, we lack uniform definitions and data systems for gang membership and gang violence across the U.S., other than the National Youth Gang Survey mentioned previously, which is limited in scope. Lessons can be learned through methods utilized by CDC to develop standard definitions and recommended data elements for surveillance systems. CDC uses an expert panel process that brings together experts in epidemiology research, prevention and surveillance — who represent universities, health departments, hospitals, federal agencies and other organizations — to discuss operational definitions and to draft recommendations for measuring specific forms of violence. Through this process, uniform definitions and recommended data elements have been developed for sexual violence, self-directed violence, child maltreatment and intimate partner violence.^{42, 43, 44, 45} A similar process might be considered for developing uniform definitions and recommended data elements related to gang membership and gang violence that could be used across law enforcement records, emergency department records, coroner/medical examiner records, and in research. Lessons can also be learned through public health surveillance methods used for tracking diseases, such as the *International Statistical Classification of Diseases, 10th Revision* (ICD-10). This classification system allows for consistent coding of medical diagnoses of health problems and causes of death on health and vital records used throughout the healthcare industry (see <http://www.cdc.gov/nchs/icd/icd10.htm> for more information). Such a system could ideally be created and used by justice, health and social service agencies to standardize the way gang membership, violence, and associated activities are tracked and coded into case files. In this way, data would be more easily triangulated to obtain a more comprehensive perspective on gang involvement and activity. Creating such systems is a challenge — given the need to come to agreement on definitions and measurement at a national level, and the need to update databases constantly to ensure accuracy — but will facilitate efforts at accountability in two key ways. First, they can provide a tool for goal management. Second, as uniform systems are implemented across more and more states and data are accumulated over time, these systems will become increasingly useful for directly evaluating the impact of state and local violence-prevention policies and programs. It is important to note,

however, that communities should not wait to act on the data that they currently have available locally to address gang membership and gang violence. Even when uniform data systems are implemented, communities must continue to take into consideration the local context and tailor their prevention strategies appropriately.

A particularly difficult challenge is addressing the underlying social forces that play a key role in fueling gang membership and associated violence. Most gang-related violence, drug sales and turf wars occur between gang youth from similar marginal areas.⁴⁶ The complex interplay between poverty, competition over scarce resources and crime creates environments that are conducive to the formation of gangs and their attractiveness to youth. Success in reducing gang membership and violence will require attention to these underlying social determinants, including, for example, the investigation of prevention strategies that focus on reducing the levels of economic stress (for example, through business development and improvements), reducing the concentration of poverty (for example, through urban planning approaches), and improving educational attainment and job skills to enhance success in the labor market and reduce the attraction of gangs.

Policy Issues and Future Directions

There are many opportunities to overcome the challenges described here and to make measurable progress in reducing gang membership and gang violence. Public health can make valuable contributions to overcoming these challenges in several tangible ways. In particular, public health has tremendous experience in establishing data systems to systematically track and monitor health problems. As mentioned earlier, NVDRS is one of these systems. A future direction that would enable better documentation of gang-related homicides would be expanding NVDRS to all 50 states; developing, testing and integrating a common set of measures for gang-related homicide into the system; and training law enforcement officials in how to apply these common measures in their primary collection of data on homicide cases. Creating such a national system would fill an important gap in the availability of comparable and accurate data on the magnitude

and nature of gang homicide in the U.S. As indicated earlier, such a system would provide data for the establishment of goals and, thereby, enable states and communities to measure progress in reducing homicide, the most serious consequence of gang membership. It is also important for other data systems to be developed to complement NVDRS and to allow for the collection of information on gang behavior and nonfatal consequences, including assaults and injuries.

Public health also has an extensive track record in applying scientific methods to identify risk and protective factors for health problems, which have led to effective policy and programmatic actions. The factors that contribute to the risk of joining gangs and being involved in gang violence are fairly well-understood; however, less attention has been devoted to understanding the factors that protect youth.³² Thus, we know little about what keeps youth on the positive path away from gang membership and gang violence. Public health researchers — again in collaboration with their colleagues in criminal justice — could significantly strengthen the scientific foundation for developing effective programs and policies for gang-membership and gang-violence prevention by investing in studies to better understand factors that protect youth from gang membership and gang violence. In particular, more attention is needed to determine the critical protective factors at the community and societal levels.

An important role that public health can play in advancing efforts to prevent gang membership and gang violence is to help strengthen the evidence base for effective programs and policies. Although numerous gang-membership prevention programs have been implemented in the past, few have been proven to be effective.^{47, 48, 49, 50} An important reason for this is that few gang-membership prevention programs have been rigorously evaluated. Consequently, there may be effective programs that are currently being implemented, but we do not know which ones are effective because few have been evaluated. Moreover, among prominent programs that have been evaluated — such as the G.R.E.A.T. program or the Spergel model, which has evolved into the Comprehensive Gang Model, funded by OJJDP — there is mixed evidence of effectiveness.^{51, 52, 53}

A potentially useful approach for accelerating efforts to identify effective programs to prevent

gang membership and gang-related violence is currently being applied by the Blueprints for Gang Prevention Project at the University of Maryland. This project is developing potentially viable prevention programs for gang membership and gang-related violence that are based on prevention and intervention programs the Blueprints for Healthy Youth Development Project (formerly known as Blueprints for Violence Prevention) has identified as effective with delinquency and youth violence.⁴⁹ The basic strategy is to bring together the literature on effective programs for youth-violence prevention with what we know about gang membership and gang-related violence, modify evidence-based programs to maximize their ability to address risk factors for gang membership and gang-related violence, and then subject those programs to a rigorous evaluation. This approach will hopefully lead to new and effective programs for the prevention of gang membership and gang violence.

Finally, public health has demonstrated an ability to build infrastructures that can support the successful dissemination and implementation of evidence-based and evidence-informed policies, programs, practices and processes. Such an infrastructure is needed if we want to succeed in implementing sustainable interventions and reducing gang membership and gang violence. Developing evidence-based policies and programs is insufficient to stem this problem if we do not also develop systems to support their successful implementation. We should start by building the necessary infrastructure to move effective gang-membership and gang-violence prevention interventions from research to action, even before we have established a strong evidence base.

The first part of this infrastructure, the Prevention Synthesis and Translation System, would best be organized through the collaboration of the public health and criminal justice sectors within communities.³⁹ It would involve, for example, establishing easily accessible, user-friendly and one-stop sources of information that coalesce existing knowledge about gangs, gang membership and gang-violence prevention. These information sources would enable communities to have direct access to state-of-the-art information on prevention of gang membership and gang violence.

The second dimension of this system is a Prevention Support System, which would build the general skills and motivations of communities and

organizations, and strengthen their capacity to successfully implement specific interventions.³⁹ This requires building a strong network of technical assistance that can provide direct assistance to communities as they formulate and implement programs and policies to address this problem.

Third, it is necessary to build a Prevention Delivery System that can deliver high-quality implementation of specific interventions at the national, state or local level.³⁹ This aspect of a system of dissemination and implementation is perhaps the most difficult because of the widespread nature of the gang problem and the need for local expertise in prevention delivery. One important dimension of this system is the need to establish training programs that can increase the capacity of local prevention practitioners to implement evidence-based policies, practices and programs successfully. If such an infrastructure existed, it would enable us to add new discoveries as they were made, ensuring that the best available scientific evidence was being

immediately translated, supported and delivered in a sustainable way.⁵⁴ The essential benefit of establishing such a system is that it would shorten the time lag between discovery and practice, and ensure the sustainability of policies, practices and programs.

Public health has much to provide to researchers who are investigating gang membership and gang violence as well as practitioners who are grappling with this problem in their communities. For future efforts in gang-membership and gang-violence prevention to be successful, the public health approach needs to be represented, with a focus on:

- Primary prevention.
- Practice informed by data, research and evaluation.
- Cross-sector collaboration among multiple sectors, including public health, criminal justice, education and social services.

About the Authors

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