A Public Health Approach to Violence Prevention in Louisville

By LaQuandra Nesbitt, MD, MPH

May 17, 2012 was a very bad day in Louisville.

Two dead bodies, gunshot victims, covered in sheets lay on the ground at 32nd Street near Greenwood Avenue. Dozens of police officers were at the scene. Crowds of neighbors and family members pressed in, anxious for news about the victims.

Then the unthinkable happened!

Two young women standing outside the crime tape that cordoned off the area nearest to Greenwood Avenue began arguing. One woman pulled a gun and shot and killed the other - right in front of police and the assembled crowd. The shooter was then wounded by police after aiming her gun at an officer.

By the end of the day three people had been shot to death and three others wounded in a two-hour spree that horrified neighbors and left city officials realizing that, at long last, Louisville needed to deal with its violence issue.

Three weeks later, on June 7, Mayor Greg Fisher announced the formation of the Violence Prevention Work Group.

While the events of May 17 were certainly a catalyst to pull together a very broad ranging group to study violence in Louisville and to find possible solutions, Metro Government had already begun assessing its capacity to address injury and violence earlier in 2012 through an assessment tool created by the National Association of City and County Health Officials (NACCHO).

The NACCHO assessment yielded the following findings: a need to implement initiatives to identify and bring to justice the most violent offenders; a need to expand the focus on violence to include suicide, and a limited capacity to provide high quality programs to the youth and the young adult population.

Perhaps more important, the NACCHO assessment highlighted the need to apply such public health principles as epidemiology – namely focusing on health effects, characteristics, root causes and influences in a well-defined population – to the prevention and reduction of violence in Louisville.

Public health brings a strong problem-solving approach to violence prevention that has worked well in many other arenas, including safe water and air, childhood immunizations, and prenatal care. This approach has led to a significant increase in life expectancy over the past hundred years. The process involves identifying the risk factors, designing interventions to address these factors, and evaluating the effectiveness of programmatic efforts.

The public health approach to violence prevention also includes collaboration across disciplines and among many stakeholders. The 38-member Violence Prevention Workgroup that the Mayor announced in June was a diverse group of community activists, members of faith
communities, law enforcement officials, criminologists, judges, health professionals, and educators.

The Violence Prevention Workgroup divided its work among five committees: Community Building, Education, Employment and Economic Development, Health and Social Wellness, and Juvenile and Criminal Justice. The resulting 123-page report includes a wide range of short and long-term recommendations to stem violence and to create a culture in Louisville where every neighborhood is safe.

Space limitations do not allow for a discussion of each and every recommendation; however, the full report can be found at [www.louisvilleky.gov/health](http://www.louisvilleky.gov/health). The bulk of this article will discuss the work of the Health and Social Wellness committee and will then briefly summarize the recommendations of the other four committees.

The Health and Social Wellness committee of the Violence Prevention Workgroup was charged with developing recommendations to identify and address the physical, mental, emotional and social health values related to violence.

Homicide is one of the top five causes of death in the United States in people ages 1 – 34 years. Homicide was the fourth leading cause of death for black men in the U.S. and the sixth leading cause of death for Hispanics in 2006. In 2009 the age-adjusted mortality rate for homicide in Louisville was 11 deaths per 100,000. This rate was more than double the state (5 per 100,000) and the nation (5.5 per 100,000) for the same year and exceeded the Healthy People 2010 goal of 3 deaths per 100,000. Age-adjusted death rates in Louisville for blacks (37 per 100,000) remained significantly higher than for whites (5 per 100,000).

The public health approach to violence is two-fold, namely the application of epidemiological principles to a well-defined population and assurance that services will be provided to address the physical and mental health needs of those impacted by violence, including prevention.

A major focus of public health is primary prevention – prevention that occurs before the onset of disease, or in this case before the onset of violence. Primary prevention strategies aim to develop skills that allow people to resolve conflict in a non-violent manner. The Health and Social Wellness committee is recommending three primary violence prevention strategies for Louisville.

**Establish a Young Adult Fatality Review Committee.** Infant Mortality Review Committees (IMRC) and Child Fatality Review Committees (CFRC) exist throughout the nation including in Kentucky. These committees use a multi-disciplinary approach to review all deaths of children ages 0 – 17 years in a community. They identify risk factors for childhood mortality and establish policies and programs to improve outcomes.

A Young Adult Fatality Review Committee should be established in Louisville to apply public health principles to develop a systematic approach to reviewing fatalities in all people ages 15 –
34. The leading causes of death in this age group are unintentional injury, homicide and suicide. A public health approach will help to move us from anecdotal assumptions as to why young people die from violent acts to an approach that is informed by quantitative and qualitative data. Similar to other mortality review committees, the Young Adult Fatality Review Committee should be comprised of people from public health, healthcare, medical examiner/coroner, community based services, juvenile and criminal justice and law enforcement.

**Implement a formal, evidence-based suicide prevention strategy for Louisville.**  A small, content and expert rich work group led by the Louisville Metro Department of Public Health and Wellness should be formed to review available evidence based on interventions for suicide prevention and select and implement the one that seems the best fit for Louisville.

While homicide captures the public’s attention, there are many more deaths by suicide. One hundred three suicide deaths occurred in Louisville in 2011. Our age-adjusted suicide mortality rates are higher than both the state and the nation. Whites have higher suicide rates than blacks and in 2009 the age-adjusted suicide mortality rate was approximately three times higher for males than for females. While suicide occurs in virtually all areas of Louisville there appear to be some neighborhoods in which suicide rates are significantly above the city average.

**Develop a regional stewardship center headquartered in Shawnee Park.** The Stewardship Center will help to reduce violence by increasing equitable access by young people to nature-based education and recreation. It will strengthen family and personal relationships by providing recreational, volunteer and mentoring opportunities and will make the parks safer through increased activity and organized volunteer engagement. The University of Louisville School of Business is preparing a business model for the proposed Stewardship Center.

Public Health interventions also include secondary and tertiary prevention strategies. Secondary prevention strategies deal with the immediate effects of violence such as providing medical care to victims and emotional support to those impacted by violent acts. Tertiary prevention strategies deal with the long-term effects of violence such as helping victims reintegrate into society by providing medical and support services that deal with the physical, mental, emotional, and societal needs of victims and their family and friends.

The Health and Social Wellness committee recommends the following two secondary prevention strategies.

**Implement Operation Ceasefire in Louisville.** Begun in Boston in 1996, Operation Ceasefire is a youth gun intervention strategy that has since been implemented in other cities including Los Angeles and Newark New Jersey. It has been successful in reducing homicides related to drug and gang activity. The Ceasefire effort in Louisville should be led by the Louisville Metro Police Department with very strong and public support from the mayor.
Establish a cadre of trained citizen volunteers that will be deployed as a Crisis Response Team. Most people, most of the time, are able to recover from the impact of a critical incident. There are times, however, when a person can be overwhelmed and unable to access the needed tools to recover from a trauma. This is when crisis intervention can help individuals regain their balance and recover.

More than sixty citizens from clergy to health professionals to educators to first responders have already stepped forward and have been trained in Psychological First Aid by the Kentucky Community Response Board and have also done on-line training on the National Incident Command System. This Crisis Response Team will be attending to the non-medical needs of those impacted by violence. Their presence will also allow public safety and law enforcement officials to focus on stabilizing the scene of violence and identifying witnesses.

The committee also recommends the following two tertiary prevention strategies.

**Implement a hospital based or hospital linked intervention such as CAUGHT IN THE CROSSFIRE (CinC) in Louisville.** CAUGHT IN THE CROSSFIRE is a hospital-based peer intervention program that hires young adults who have overcome violence in their own lives to work with youth who are recovering from violent injuries. These highly trained Intervention Specialists offer long-term case management, linkages to community services, mentoring home visits, and follow-up assistance to violently injured youth. The purpose is to promote positive alternatives to violence and to reduce retaliation, re-injury, and arrest.

More than 1,300 Oakland and Los Angeles youth and several thousand of their family members have been helped by CinC since 1994. In 2007 one hundred percent of active CinC participants avoided re-injury and 91% were not arrested. According to a study published in the *Journal of Adolescent Health*, CinC participants were 70% less likely to get arrested and 60% less likely to have criminal involvement than injured youth not involved with CinC.

**Develop a multicultural school curriculum and other educational initiatives to combat family and domestic violence.** A K-12 curriculum should be developed and implemented in Jefferson County Public Schools to educate about healthy (and unhealthy) relationships. Once the curriculum is developed, community centers should also use it to educate clients about family domestic violence and abuse. Community-based organizations, businesses, hospitals and mental health centers should also adopt programs or partner with others to educate about assessment, intervention and prevention of family domestic violence and abuse.

Highlights of the recommendations of the other four committees of the Violence Prevention Workgroup - Community Building, Education, Employment/Economic Development and Juvenile/Criminal Justice – are as follows:

**Community Building**
• Continue to tackle the significant and complex issues surrounding vacant and abandoned properties.
• Continuing progress to streamline and shorten the process needed to address vacant structures for resale or demolition
• Restore neighborhood/community liaisons to assist in creating neighborhood associations and block watches
• Encourage construction of more market-rate housing in Western Louisville
• Encourage smaller churches to join together — and pool financial resources — to offer services around violence prevention and programs for ex-offenders

Education

• Implement a comprehensive student support system which bridges school and community and addresses the academic/social/health/behavioral needs of students in and out of school
• Increase post-secondary attainment and graduation
• Develop violence prevention programs in the schools
• Develop a full-scale campaign to extol the benefits of a higher education and to create a college-going culture citywide

Employment/Economic Development

• Focus economic development activity in specific areas of west Louisville — Park DuValle, the Old Walnut Street/Muhammad Ali corridor, West Market and West Broadway between 14th and 34th streets
• Ensure that west Louisville residents get a fair share of the jobs created by the Ohio River Bridges Project
• Grow and develop new entrepreneurs in west Louisville
• Hire people from west Louisville to care for vacant properties

Juvenile/Criminal Justice

• Develop programs to better integrate ex-offenders back into society
• Provide early intervention programs for young people the first time they have contact with the criminal justice system
• Create Community Accountability Boards where trained citizen volunteers resolve low-level crimes committed by juveniles
• Encourage expansion of mental health courts that service people who commit crimes due to mental illness
• Lobby for legislation to allow automatic restoration of civil and voting rights once ex-offenders serve their time

The report of the Violence Prevention Workgroup was presented to Mayor Fisher on October 25. The Workgroup is urging the mayor to hire a full-time Violence Prevention Coordinator who
will ensure that violence prevention remains an administration priority and will work across Metro Government and with business and community organizations to implement violence prevention strategies throughout the city.

**Editor’s note:** Dr. Nesbitt is the director of the Louisville Metro Department of Public Health and Wellness and served as co-chair of the Violence Prevention Work Group and as the chair of the Health/Social Wellness sub-committee.