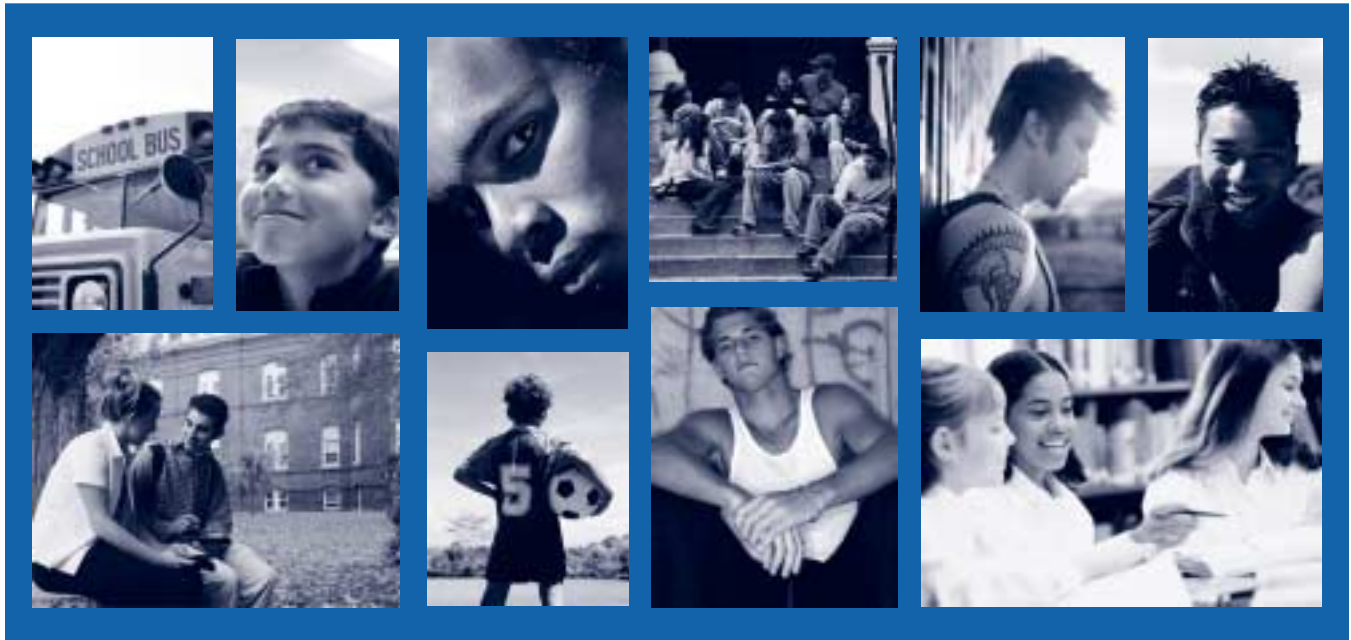




National Academic Centers of Excellence on Youth Violence Prevention: Working with Communities to Prevent Youth Violence



“Violence is not the problem of one neighborhood or group, and the response and solutions are not the responsibility of one sector of the community or of one agency, professional group, or business. Coming together and owning the problem and the solutions are key. The Academic Centers of Excellence on Youth Violence Prevention are part of a coordinated effort to help prevent violence and establish healthy communities. We are working with young people to reduce youth violence in the communities where they live.”

*Dr. Deborah Prothrow-Stith
Harvard School of Public Health*



Department of Health and Human Services
Centers for Disease Control and Prevention

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Youth Violence in the United States

Violence disproportionately affects youth between the ages of 10 and 24 in the United States. Young people can be victims, offenders or witnesses to violence. Youth violence includes serious violent and delinquent acts such as aggravated assault, robbery, rape, and homicide. Homicide is the second leading cause of death in this age group. Each year, more than 5,200 young people between ages 10 and 24 are murdered—an average of more than 14 per day.

Deaths resulting from youth violence are only part of the problem. Youth violence includes aggressive behaviors such as verbal abuse, bullying, hitting, slapping, or fistfighting. Many young people seek medical care for violence-related injuries. More than

720,000 people in the 10-24 age group are treated in U.S. emergency departments each year for injuries resulting from violence. These behaviors can have major emotional consequences even when they do not result in serious injury or death.

Youth violence can also affect the health of entire communities. It can increase healthcare costs, decrease property values, and disrupt social services. The costs associated with medical care, lost work, and household productivity resulting from medically treated youth violence exceed \$22 billion each year. This includes the costs associated with nonfatal injuries and deaths due to assaults and self-inflicted injuries in the 5- to 24-year-old age group.

National Academic Centers of Excellence on Youth Violence Prevention

In the wake of the tragedy at Columbine High School, CDC was appropriated funds in 2000 to support academic centers working on youth violence prevention. Between 2000 and 2005, the first 10 National Academic Centers of Excellence on Youth Violence Prevention (ACE) were established at research universities across the country. Their goals were to build the scientific infrastructure necessary to support development and widespread application of effective youth violence interventions, promote interdisciplinary research strategies to address the problem of youth

violence, foster collaboration between academic researchers and communities, and empower communities to address the problem of youth violence.

An open, peer-review competition was held between 2005 and 2006 to continue funding the program. The 10 ACE currently funded will continue to address the original goals and objectives developed in 2000. They will also focus their efforts on targeting communities with high rates of youth violence and integrating research with community-based prevention efforts.

Accomplishments 2000–2005

The Academic Centers of Excellence:

- Developed multidisciplinary and community partnerships
- Enhanced monitoring and tracking of trends in youth violence
- Conducted research on risk and protective factors
- Trained the current and future workforce on youth violence prevention
- Developed and evaluated prevention programs
- Disseminated knowledge on youth violence prevention to the community

Currently Funded Academic Centers of Excellence

- Children’s Hospital of Philadelphia
- Columbia University
- Harvard University
- Johns Hopkins University
- Meharry Medical College
- University of California, Berkley
- University of California, Riverside
- University of Hawaii*
- University of Illinois at Chicago
- Virginia Commonwealth University

**In addition to being an ACE, the University of Hawaii serves as the Coordinating Center. The Coordinating Center is responsible for the national translation and distribution of knowledge and interventions generated by the ACE in order to strengthen the impact of health and community practice efforts to address youth violence.*

Highlights of the Academic Centers of Excellence

Research

Researchers at the University of Illinois in Chicago are testing the effectiveness of a family-based intervention that seeks to prevent aggression and related problems and promote academic achievement and success in school. The program, Schools and Families Educating (SAFE) Children, is being tested in inner city Chicago with first graders. Components of the program include the following: enhancing parent and child orientation to school, academic tutoring, promoting the child’s social competence, reducing aggression, and improving family functioning. The goal of SAFE Children is to support and enhance parenting and family functioning in an effort to decrease risk for aggression and increase the likelihood that children will succeed in school. The conceptual model is that appropriate and consistent parenting practices, parental monitoring, parental involvement with school, and strong family functioning will lead to reduced risk of aggression, school failure, and violence later in life.

This study, being conducted over the next three years, will determine how the effectiveness of SAFE Children is influenced by variations in populations and neighborhood characteristics. This information will help as the program is replicated in cities beyond Chicago.

Surveillance

A core activity of Harvard University ACE is the development of a comprehensive and easily accessible surveillance system called the Boston Data Project. The Project is a collaborative effort of the Harvard University ACE, the Mayor’s Office, the Boston Office of Human Services, the Boston Public Schools, and the Boston Public Health Commission. The system captures data from multiple sources such as school, census, health, and public safety that are relevant to children and youth. The surveillance system has three parts: (1) the Boston Youth Survey, a self-administered assessment of high school students; (2) the Boston Neighborhood Survey, conducted by telephone with adults; and (3) census and administrative data from multiple sources such as the Boston Public Schools and the Boston Police Department. All data are linked and can be analyzed at the neighborhood level.

Data from the surveillance system have been used to identify trends in youth violence between 2004 and 2006. Of particular interest to Boston city leaders are data relating to positive characteristics of youth (i.e., youth assets), dating violence, the influence of media, areas where youth feel unsafe, and experiences of new immigrants. Data are being used by community groups

and city leaders to make decisions about program development, funding, and service delivery.

Community Mobilization

Representatives from Kailua High School, Queen Lili'uokalani Children's Center, and the University of Hawaii at Manoa (UH) participated in the annual Community Action Seminar, *Working Together for Healthier Communities: The Prevention of Underage Drinking, Drugs, and Youth Gangs*, organized by Hawaii's Attorney General's Office. The UH team of community and school leaders attended workshops on various risk and protective factors and worked together to plan community-driven action plans aimed at reducing youth violence and substance use in Kailua and Waimanalo. Plans from the Community Action Seminar were implemented in the fall of 2006. These action plans included showing student-produced public service announcements that addressed school-specific risk factors associated with fighting. These efforts are currently being evaluated to determine impact.

In February 2007, a team of grass-roots community leaders from Waimanalo, a representative from the UH, a Kailua High School teacher, and Vice Principal attended intensive leadership training. As a result of the training, the Hawaii team organized "M&M

Family Movie Nights – Movie and a Message." Kailua High School will show movies for families each semester on the school's football field, preceded by the student-made public service announcements. Free dinners will be provided, and attendees may take a short youth or adult survey that explores community desires. Survey data will be used to enhance future prevention efforts.

Training

Every three years, the University of California at Riverside sponsors a Summer Institute on youth violence prevention. The Institute is an opportunity for doctoral students to receive skills-based training in areas they might not be exposed to at their own universities. It also stimulates discussion on youth violence, generates novel research ideas, and encourages participants to pursue careers in violence prevention. Training topics include intervention design, methods, implementation, and program evaluation. Since the Summer Institute began in 2002, more than 40 doctoral students have been trained. Many of these students have continued their work in the field of violence prevention in various capacities at colleges and universities across the nation.

Future Directions

CDC continues to work with the ACE and other relevant partners in building the capacity of universities and communities to conduct research as well as to plan, implement, and evaluate comprehensive youth violence prevention programs. The Coordinating Center at the University of Hawaii, working with all the ACE, is developing a national action plan for the ACE. This plan will encompass various ACE projects and increase the potential for broader health impacts through coordinated efforts.

The unique ability of the ACE to connect communities and researchers helps build infrastructure to support broader community development. This infrastructure will: (1) help communities create and sustain partnerships; (2) increase resources and expertise needed to address pressing social needs and community concerns; (3) build the capacity to respond quickly after a crisis or event (e.g., school shooting); and (4) in specific communities, help reduce interpersonal youth violence.

For more information or additional copies of this document, please contact:

**Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Highway NE, Mail Stop K-60, Atlanta, GA 30341**

Telephone: 1-800-CDC-INFO email: cdcinfo@cdc.gov www.cdc.gov/injury