Generations-long social, economic, and environmental inequities have resulted in a disproportionate burden of injury and violence for people of color in the United States\(^1\). As a population, we have a shared responsibility to create communities that are safe, including ensuring equitable access to safe and affordable housing, high-quality schools, and vital services, such as dependable transportation and healthy food\(^2\).

Deaths and hospitalizations due to injuries and violence have long been a public health burden\(^3\). Prior to the COVID-19 pandemic, violence and injuries were already a leading cause of death in the United States for children and adults 1-45 years of age, accounting for over 192,000 deaths annually\(^4\). Of these, homicide is the third leading cause of death for youth ages 10-24 and the leading cause of death for non-Hispanic Black or African American youth\(^5\).

As the country faces its past and the harm that is continually perpetrated due to systems of oppression and segregation, injury and violence prevention programs offer insights and knowledge for creating a more equitable society. Injury and violence prevention is inextricably linked to equity - addressing inequities in social determinants of health inherently addresses injuries and violence.

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1. Structural and social determinants of inequities in violence risk: A review of indicators
2. Framework institute
3. Injuries and Violence in the United States - Safe States Alliance
4. CDC Injury Center
5. CDC Preventing Youth Violence
6. Segregation and Poverty Concentration: The Role of Three Segregations
7. Prevention Institute: Violence and Health Equity
8. Safe States Connections Lab
9. NCHPH: Addressing Violence in Public Housing Communities

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**Addressing Burden of Violence with Holistic Supports**

Housing disadvantages are one of the strongest predictors of violent crime. Differences in neighborhood disadvantage explain much of the racial gap in exposure to violence\(^6\). Reduction of violence has been successful through strategic planning and coordinated efforts by community partners\(^7\). The resources and services provided in built environments, like housing communities, directly impact physical, mental, and social health\(^8\). By improving quality of life and meeting the basic needs of the community, programs can prevent injuries and violence in communities.

To provide a holistic approach to impact community violence, a health system built a health center in a large public housing unit in partnership with the local Public Housing Commission\(^9\). To meet the needs of the community, the health center delivered programs that helped to prevent and address crimes and violence, including addressing substance abuse problems. Programs included a sobriety facility, referral connection to transportation, food, clean water, and childcare, and access to mental health and substance abuse treatment programs. Courts addressing drugs, mental health and veterans affairs were put in place to refer individuals who had been arrested for mental health or substance abuse treatment to shorten jail sentences and provide appropriate services.

The center found these programs helped to reduce incidences of domestic violence. Individuals who accessed referral services had improved access to care and decreased hospitalizations and emergency room visits. Of those who participated in the drug or mental health court, 80% did not have an arrest for up to 36 months after attending the program\(^9\). By providing these services to the community, health centers worked to build trust and improve living conditions in the communities they serve.
Often there is no single cause of injuries and violence, but a convergence of complex community and social factors. By addressing these factors, injury and violence prevention programs in state and local health departments, hospital-based programs, and community organizations improve the underlying structures that impact safety and health\(^\text{10}\). Improving inequitable social and community-level conditions through policies, practices and organizational systems leads to parallel improvements in both injury and violence prevention, as well as health equity overall.

**Funding programming that focuses on the underlying inequities** that drive disparities and sustain inequity is essential to truly making long-term impacts on injury and violence and overall health outcomes for communities. An example of successful injury and violence prevention programming is the Core State Injury Prevention Program (Core SIPP). This program supports health department infrastructure, data, and collaborations to identify and respond to violence and injuries with data-driven public health actions\(^\text{11}\). It has been shown to decrease the cost of injuries and violence in the United States and increase the cost effectiveness of public health programming by not requiring redundant, specialized systems that address a single injury\(^\text{12}\).

Efforts to address racial equity serve as a catalyst for change, moving diverse communities in a unified approach toward **achieving equitable opportunities and health outcomes** for all marginalized groups. Intentional training, sustained attention, and dedicated funding in the public and private environments build awareness, facilitate dialogue, produce transformative ideas, and implement sustainable solutions that improve our nation’s public health. Our government must work to ensure that everyone - regardless of their race, orientation, nationality, or country of origin - has an opportunity to achieve economic, educational, and personal prosperity throughout their lifetimes.

\(^{10}\) How segregation creates chronic unemployment, poverty traps, and crime  
\(^{11}\) CDC: Core State Injury Prevention Program  
\(^{12}\) Safe_States: Blueprint for a National Injury and Violence Prevention Program

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**The Safe States Alliance is the only national non-profit organization and professional association representing public health injury and violence prevention professionals in all U.S. states and territories.**