FACT SHEET

Violence and Health Equity

Violence is a health equity issue, and preventing violence is an important component of achieving equity in health and in communities. Health inequities are related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present-day institutional practices and policies that perpetuate a system of diminished opportunity for certain populations. An overwhelming number of risk factors for violence have accumulated in some communities, without resilience factors to protect against violence. Some communities and groups are far more exposed to the poor neighborhood conditions that give rise to violence and other health inequities. Preventing violence has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities. This fact sheet describes violence and lack of safety as a health equity issue, and delineates why preventing violence is an important component of achieving equity in health and in communities.

Introduction

Poverty, racism, and lack of educational and economic opportunities are among the fundamental determinants of poor health and lack of safety. Inequities in the distribution of resources also perpetuate patterns of poor health.

The disproportionate impact of violence in some communities affects all of us. Violence is a terrible burden on young people, families, neighborhoods, cities and taxpayers. Violence incurs costs that cannot be easily calculated, such as the potential of young lives lost too soon, reduced quality of life, and neighborhoods where people neither trust each other nor venture outside due to fear. Further, we incur enormous costs related to medical care, criminal justice, social services and law enforcement for every incident of violence that is not prevented.

Preventing violence has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities.

We know how to prevent violence.
Young people need connection,
identity, opportunity and hope.

Health disparities are "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."(1) **Health inequities** are differences in health outcomes that are unnecessary, avoidable, and have been produced by historic and systemic social injustices or as the unintended or indirect consequence of social policies.(3) **Health equity** is about providing all people with fair opportunities to have the best health possible.(2-4)

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Violence Is a Health Inequity

Violence undermines people's health by causing injury, disability and premature death, and some groups are more affected by violence than others, especially young people of color and people living in low-income areas.

Young People of Color

- Homicide rates among 10-to-24-year old African American males (60.7 per 100,000) and Hispanic males (20.6 per 100,000) exceed that of white males in the same age group (3.5 per 100,000).(7) Homicide is the leading cause of death for African Americans, Asians and Pacific Islanders, and American Indians and Alaska Natives between the ages of 10 and 24, and it is the second-leading cause of death for Hispanics of the same age.(8)
- American Indian and Alaska Native communities suffer from a violent crime rate that is two to three times greater than the national average.(9)
- Black males 15 to 19 years old are six times as likely to be homicide victims as their white peers.(10)
- Although national trends show that juvenile arrests have decreased in the last 20 years, Asian American youth are the only group to show an increase in arrests (11.4 percent). Asian gangs are the fastest growing street gangs in Los Angeles County.(11,12)
- Death as a result of a firearm injury is almost four times as likely among black males aged 15 to 19 years compared to their white counterparts.(10)
- Of the 22,974 reported violence-related firearm injuries among youth aged 10 to 24 in 2009, approximately 60 percent of victims were African American, and only 8 percent were whites.(13)
- African Americans and Latinos are much more likely than whites to be exposed to shootings and riots. (14) African American children are twice as likely to witness domestic violence, and 20 times more likely to witness a murder compared to white children.(15)
- In a majority of U.S. cities, African Americans experience a higher rate of violent crime than their white counterparts.(16)
- Approximately two-thirds of all firearm homicides in the U.S. occur in large urban areas, with inner cities as the most impacted by firearm homicides.(6) Four out of five residents in urban high-poverty areas are non-white, and nearly three in four firearm deaths—73 percent—are of children and teens aged 10 to 19, a homicide rate higher than that of all other age groups.(17,18)
- Child maltreatment affects proportionately more African American, American Indian and Alaska Native, and multiracial children than white children. (19)

People Living in Low-Income Areas

- Areas of concentrated poverty that have low housing values and schools with low high-school graduation rates put residents at increased risk of death from homicide.(20)
- Low-income neighborhoods suffer disproportionately high rates of street violence.(21)
- Living in poor U.S. neighborhoods puts African American and white women at increased risk for intimate partner violence compared to women who reside in areas that are not impoverished.(22)
- The higher the percentage of families living below the federal poverty level in a neighborhood, the higher the rate of child maltreatment.(23,24)

Violence Worsens Health Disparities

Violence and fear of violence can exacerbate health disparities and worsen health outcomes.* Many chronic illnesses and mental health problems affect African American, Hispanic and Asian American groups more than whites, and are made worse by exposure to violence.(25,26)

* For more information, read the UNITY Fact Sheets: Links Between Violence, Chronic Illness and Mental Health at http://www.preventioninstitute.org/component/jlibrary/article/id-301/127.html.

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- Adults who reported exposure to violence as children are more likely to suffer from chronic health conditions, compared to adults who were not exposed to violence as children. Chronic health conditions such as ischemic heart disease (2.2 times), cancer (1.9 times), stroke (2.4 times), chronic obstructive lung disease (3.9 times), diabetes (1.6 times) and hepatitis (2.4 times) were especially likely if adults were exposed to multiple forms of violence as children.(27,28)
- Increased exposure to violence predicted a higher number of days with asthma-related symptoms in a study of seven cities across the U.S.(29)
- Children of women who report chronic intimate partner violence are 1.8 times more likely to be obese than other children, and this effect is magnified for families living in unsafe neighborhoods.(30)
- Persons who described their neighborhood as not at all safe were nearly three times more likely to be physically inactive than those describing their neighborhood as extremely safe.(31)
- Young people exposed to violence as a victim or witness are at significantly higher risk for post-traumatic stress disorder (PTSD), major depressive episodes, and substance abuse and dependence.(32)
- 77 percent of children exposed to a school shooting and 35 percent of urban youth exposed to community violence develop PTSD, a rate far higher than that of soldiers deployed to combat areas in the last six years (20 percent).(32-34)

Inequities in Risk and Resilience Factors

A public health analysis reveals a number of risk factors at the community level that increase the likelihood of violence in a neighborhood, as well as a set of resilience factors that can protect against violence taking place. Violence is complex, and the combination, frequency and severity of risk factors influence whether problems develop.(35) Multiple risk and resilience factors interact to make violence more or less likely in a community or in society. The public health/prevention approach addresses these risk and resilience factors to prevent violence before it occurs:

Key Community Risk Factors

- Residential segregation
- Poverty
- Community deterioration
- Alcohol and other drugs
- Academic failure
- Incarceration and re-entry
- Biased media coverage
- Weapons

Key Community Resilience Factors

- Economic opportunity
- Built environment/community design(i.e., decisions re: land use, housing and transportation)
- Strong social networks
- Quality schools
- Opportunities for meaningful participation

Policies and practices have created areas of concentrated social and economic disadvantage, so people of certain races, ethnicities and incomes with diminished opportunity live together in places where violence is more likely to occur. As the gap widens between the privileged and those with disadvantages, the level of violence in a society increases.(36) Some communities and groups are far more exposed to poor neighborhood conditions that give rise to violence and other health inequities. For example:

Residential Segregation

Concentrating poverty and social problems in segregated neighborhoods creates the physical and social conditions that increase the likelihood of violence.(37) Residential segregation affects the quality of neighborhoods by increasing poverty, poor housing conditions, overcrowding and social disorganization, while limiting access to quality health care and other services and institutions.(38,39) This creates inequitable conditions and clear patterns of poor health. Discriminatory housing and mortgage market practices persist today to restrict the housing options of low-income populations and people of color to the least desirable residential areas. This blocks upward mobility and spatial integration with whites.(38,40)

- To integrate most U.S. cities, 60 to 80 percent of blacks or whites would need to move to a different neighborhood.(39)
- African American homebuyers encountered discrimination in 17 percent of attempts to purchase homes and in 22 percent of searches for rental units. Hispanic home buyers encountered discrimination in 26 percent of attempts to purchase homes and in 20 percent of searches for rental units.(16)
- Suburban neighborhoods are disproportionately white, with 57 percent of whites in the U.S. residing in suburbs, compared to only 36 percent of African Americans. Cities, on the other hand, are disproportionately non-white with only one in five whites living in urban areas and more than half of African Americans in U.S.(16)
- Although there are more poor whites than poor African Americans in the U.S., half of all African Americans live in poor neighborhoods compared to only one in ten whites. White children are much more likely to live in middle- and high-income neighborhoods, regardless of their household income, than their black and Hispanic counterparts.(41)

Poverty and Economic Opportunity

Poverty is a major risk factor for violence, particularly in areas with high concentrations of disadvantage, and economic opportunity protects against violence.(42) Neighborhoods without employment opportunities deny residents the means to earn a living wage as part of the mainstream economy, and people without access to job training, support services, and loans and investment capital may turn toward drug-dealing or other illegal activities for income.(42)

- Low-income neighborhoods are more likely to have higher unemployment and poverty rates, lower homeownership and lower educational attainment rates than middle- and high-income neighborhoods.(41,43)
- Employers are more likely to hire a white person with a felony conviction than an African American with no felony convictions, even when applicants have otherwise comparable credentials.(44)
- White children live in neighborhoods with lower unemployment rates than black and Hispanic children.(41)
- In high-poverty urban areas, four out of five residents are non-white. Half of the residents in high-poverty neighborhoods in the U.S. are African American, as are 80 to 90 percent of residents in some of the largest urban ghettos.(18,38)
- Supermarkets, often indicators of broader retail patterns in neighborhoods, are three times more prevalent in affluent, predominantly white neighborhoods than in black and low-income neighborhoods.(39,45)
- Conventional lenders such as commercial banks and savings institutions are concentrated in outlying urban and suburban areas, while fringe bankers such as check-cashers, payday lenders and pawn shops are more highly concentrated in central-city neighborhoods.(16)

- Whites have consistently higher incomes than blacks, Latinos and Asian Americans of comparable educational attainment (46), and many Southeast Asian populations have a higher percentage of individuals living in poverty compared to the general population.(47)
- Black high school graduates are more likely to be unemployed than their white peers and are less likely to go directly to college.(10)

Community Deterioration and the Built Environment/Community Design

Community deterioration and the built environment affect the likelihood of violence. Appearances also shape perceptions of safety, and neighborhoods with higher levels of litter, graffiti, abandoned cars, poor housing, and other signs of disorder are associated with increased violence.(48) The presence of quality schools, health and mental health facilities, libraries, recreational centers and parks buffer against the likelihood of violence.(49)

- Cuts in government spending affect poor neighborhoods more than affluent neighborhoods. The disinvestment of economic resources in poor neighborhoods has contributed to a decline in the urban infrastructure and physical environment in these communities.(38)
- Poor neighborhoods that are predominately low-income and African American have higher numbers of abandoned buildings and grounds, and inadequate city services and amenities.(38)
- Neighborhoods with predominately black residents in North Carolina, New York and Maryland were three times more likely to lack recreational facilities compared to predominantly white neighborhoods. (39)
- Sub-standard housing is more common in poor communities. Homes with severe physical problems are more likely to be occupied by blacks (1.7 times more likely than the general population) and those with low income (2.2 times), and people with low income are more likely to live in overcrowded homes.(38,50)

Strong Social Networks

Strong neighborhood connections protect against violence, whereas a lack of social cohesion increases the likelihood of violence.(42,51) Strong social networks correspond with significantly lower rates of homicide, and alcohol and drug abuse.(52) When people know and interact positively with neighbors, they foster mutual trust and reciprocity, and the community can better maintain public order, enforce social sanctions, and validate and reinforce parents' efforts to teach young children non-violent behavior.(51,53)

- Neighborhoods of concentrated disadvantage have lower self-efficacy, which means residents are less able to realize their collective goals. These neighborhoods lack the social cohesion and trust necessary for public order and social control, which can result in increased violence.(51)
- Social cohesion of neighborhoods combined with neighbors' willingness to intervene on behalf of the common good accounted for more than 70 percent of the variation between neighborhoods in levels of violence.(51)
- Economically-disadvantaged communities have lower levels of trust and social cohesion than wealthier communities, which benefit from lower rates of violence.(42,54)

Alcohol and Other Drugs

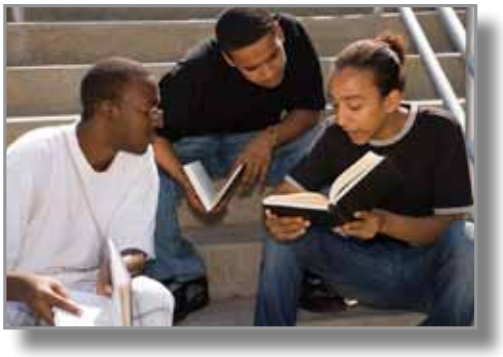
Alcohol is involved in two-thirds of all homicides and is associated with rape and battering, and drugs and the presence of illegal drug markets contribute to higher levels of violence.(42,55-58) Alcohol and other drugs have a multiplier effect that heightens aggression and violence, and neighborhoods with a concentration of liquor stores often suffer alcohol-related problems.(59)

- Predominately white neighborhoods have less outdoor advertising for alcohol and tobacco than predominantly non-white neighborhoods.(60,61) Alcohol advertising contributes to higher consumption and heavier drinking, which increases the risk for violence.(62)
- Liquor stores are more common in poor neighborhoods than wealthy neighborhoods. The number of liquor stores decreases as median neighborhood income increases.(63,64)
- Low-income census tracts and predominantly black census tracts have significantly more liquor stores per capita than more affluent communities and predominantly white neighborhoods.(65)
- Neighborhoods with a higher density of bars and alcohol outlets, such as convenience and liquor stores, have higher rates of physical abuse.(66,67)
- Physicians are more likely to perceive white patients as at lower risk for substance abuse and noncompliance than black patients. As a result, white patients are assumed to be more likely to participate in drug rehab if prescribed, while blacks are assumed to be less responsible and less rational.(68)

Academic Failure and Quality Schools

High-quality education that fosters positive social-emotional development in young people protects against violence, whereas academic failure increases the risk of future violence.(42,69-71) Students who do not gain cognitive or marketable skills or do not graduate cannot take advantage of economic opportunities, and these young people may not enjoy stable employment that pays a living wage.(72)

- Some wealthy school districts are able to three times the amount that an economically disadvantaged district can spend per student. Higher per-student spending is linked to higher achievement through the provision of better physical conditions, more qualified teachers, smaller class room sizes, and more consistency and order in the learning environment.(73)
- Poor urban schools have the highest numbers of teachers who are inexperienced or do not have degrees in the subjects they teach.(10)
- Schools who serve predominately African American students are twice as likely to have teachers with only one or two years of experience than are schools in the same district that serve predominately white students.(74)
- Urban schools with higher concentrations of black and Latino students offer fewer advanced courses and have lower levels of achievement than schools attended by predominately white students in adjacent suburban school districts.(16,38)
- The student body of schools in high-poverty areas is 43 percent black and Hispanic, but only 4 percent white.(41) White children primarily attend schools where 80 percent of the student body is white.(75)
- The average high school graduation rate in the nation's 50 largest cities is 53 percent, compared with 71 percent in the suburbs.(76)
- Affluent communities offer greater access to support systems for parents and young people, and more resources that reduce the risk of truancy.(77)



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- Young people living in more affluent communities report greater access to education and employment opportunities, which are associated with higher expectations for success and better grades.(78)
- Dropping out of school is twice as likely to occur among black, Latino and American Indian children than white children.(10)
- The student body at U.S. public schools is comprised of only 17 percent of black students, yet black students represented a little over one-third of all students suspended and expelled in 2006.(15)

Incarceration and Re-Entry

The persistent removal of people from community to prison diminishes community members' economic, social, and political standing, and contributes to an increase in recidivism and future criminality.(79,80) Mass imprisonment damages social networks, distorts social norms, destroys social citizenship, and increases child poverty.(79,80) In addition, men and women are socialized in a violent prison subculture that can spread into communities upon their release, unless they have adequate support to make this adjustment. People returning to their neighborhoods after years of incarceration need access to adequate services, job training and economic opportunities that reinforce non-violent choices and behaviors.

- More than 1.7 million children in the U.S. have a parent in prison. For white children, the estimated risk that their mother or father will be imprisoned by the time they turn 14 is one in 25. For black children, the risk is one in four.(81) Having an incarcerated parent is an adverse childhood experience that puts young people at risk for poorer health outcomes.(27) African American children are nine times more likely than white children to have a parent in prison, and a Latino child is three times more likely than a white peer to have a parent in prison.(14)
- Parental incarceration can cause children to lose attachments and their ability to trust, and undermines their sense of stability and safety. It is also linked to an increased likelihood of delinquent behavior, school failure and mental health problems. (82)
- Even though the use of illicit drugs is about the same for African Americans and whites, African Americans are sentenced to prison for drug offenses at a rate of 34 times that of whites. African Americans comprise only 14 percent of regular users, but make up 37 percent of those arrested for drug offenses.(83)
- Time served in federal prison for drug offenses committed by African Americans is almost as long (58.7 months) as time served for violent offenses committed by whites (61.7 months). African Americans are imprisoned at nearly six times the rate of whites, and Latinos at nearly double the rates of whites.(45)
- Drug possession as a first-time offense is more likely to result in prison time for African Americans and Latinos than for whites.(83)
- Arrests of Asian American and Pacific Islander young people increased by 11.4 percent from 1990 to 2000 in the U.S., even as the number of arrests for African Americans, Native Americans and whites decreased. (47)
- Laotian, Thai, Cambodian, Vietnamese and Pacific Islander young people ages 10 to 24 years old are over-represented in California's juvenile justice system, and young Asian Americans and Pacific Islanders who have been referred to juvenile hall are more likely to be sent to adult court than any other racial and ethnic group.(84,85)
- Urban neighborhoods that are under-resourced have higher concentrations of formerly incarcerated people or those on probation or parole.(86) Lack of neighborhood resources makes successful re-entry less likely.(87)

Media Coverage

Media portrayals of violence reinforce the message that violence is a common and appropriate way to solve problems.(88,89) News coverage makes violence seem more common than it actually is, and young people are over-represented as perpetrators and victims of violence.(88,90) Positive stories about young people are rare, and the public harbors a distorted view of who commits crime and who suffers from violence. (88) Because of this style of reporting, the public sees violence as inevitable rather than preventable.(88) The public overlooks the larger social and economic forces that shape violence, and are thus less likely to support policies that effectively prevent violence.(88)

- Even though only three out of 100 youth are involved in serious violence in any given year, 25 percent of all news coverage featuring a young person is violence-related.(91)
- Seven out of 10 local TV news stories on violence in California involved youth, even though young people were only 14 percent of arrests for violence-related crime in 1993.(90)
- News media is more likely to cover a story if the victim is white than if a victim is black.(90)
- People of color tend to be overrepresented as perpetrators of violence in news stories.(90)

Weapons

Access to firearms and other weapons greatly increases the risk of violence.(89,92) Firearms can make domestic disputes lethal, and easy access to firearms and other weapons greatly increases the likelihood of severe injury and death.(93) The availability of guns and ammunition is associated with firearm-related deaths and injury.(92)

- Most gun violence associated with young people is concentrated in a few urban neighborhoods, and homicide rates due to firearms are higher in cities. (6,94)
- Two-thirds of all murders in the U.S. are gun-related, and homicide rates are higher in states where more people own guns.(95)
- There are about 250 million guns in the U.S., enough for every adult in the U.S. to have one, and 4.5 million new firearms are sold each year in the U.S.(96) Up to 40 percent of all gun transfers are conducted outside the scope of federal regulation. (97)
- Residents of large cities are more likely to carry a weapon on their person than residents of suburbs, small cities or rural areas.(98) Gun-carrying is more common in high crime areas.(99)

Hope or Despair?

The accumulation of so many risk factors in neighborhoods that also lack protective factors contributes to hopelessness. Collective despair is pervasive in disenfranchised communities highly affected by violence, and hopelessness is associated with increased violence and carrying weapons.(100,101) In neighborhoods where violence is seen as normal and social isolation commonplace, young people may feel expendable and alienated, without opportunities to actively contribute to their community in a meaningful way. Providing young people with opportunities for meaningful participation in pro-social community building activities is protective, especially if the activities give young people a sense of efficacy.(102) Young people need connection, identity, opportunity and hope. With these ingredients in place, violence can be prevented.

Successfully Preventing Violence

Early results from the Blueprint for Action in Minneapolis indicate it is possible to reduce the likelihood of violence. After implementing a public health solution to violence, homicides of youth decreased by 77 percent between 2006 and 2009.(103) The number of youth suspects dropped by 60 percent from 2006 to 2010, and the number of youth arrested for violent crime is down by one-third of what it was four years ago.(104)

What Does This All Mean?

Efforts to achieve health equity and transform communities into healthy places must address violence; preventing violence and trauma is a prerequisite for health equity. Violence and fear of violence are major factors that undermine health. Violence in itself is a health disparity, and violence can also worsen other health disparities. As the U.S. population grows increasingly diverse, achieving a healthy, productive nation depends on keeping all Americans healthy and safe.

We know how to prevent violence. There is a growing evidence base, grounded in research and community practice that confirms that violence is preventable. Communities have successfully reduced violence through strategic planning and coordinated efforts by many partners and the community. Key components of a city-wide strategy to prevent violence affecting young people include:⋆

- Street outreach and interruption in neighborhoods highly impacted by violence;
- Universal, school-based violence prevention at all schools;
- Treating mental health problems and substance abuse, and enhancing protective factors among youth to prevent mental illness and substance abuse;
- Reducing young children's exposure to violence in homes and communities; and
- Building community capacity and skills in neighborhoods highly impacted by violence, so residents can take action to prevent violence and solve other local problems.

Other effective strategies that may be prioritized at the local level to sustain reductions in violence and reduce recidivism are to: foster social connections in neighborhoods; enhance economic development, including youth employment; establish conflict resolution programs; foster youth leadership; ensure quality after-school and out-of-school programming; establish mentoring initiatives; enhance quality early care and education; promote positive social and emotional development; teach parenting skills; ensure family support services; and support successful re-entry.

Polices helped create the inequitable conditions that perpetuate violence as a health disparity. These principles† can guide efforts to dismantle and reverse inequitable neighborhood conditions:

- Because of the cumulative impact of multiple stressors, our overall approach should shift **toward changing community conditions** and away from blaming individuals or groups for their disadvantaged status.
- Understanding and accounting for the **historical forces** that have left a legacy of racism and segregation is key to moving forward with the needed structural changes. One component of addressing these historical forces should consider immigration policy and reform.
- Acknowledging the **cumulative impact of stressful experiences and of multiple risk factors in the environment** is crucial, especially since these sources of chronic stress and risk factors tend to occur in areas of concentrated poverty. For some families, poverty lasts a lifetime and is perpetuated to next generations, leaving its family members with few opportunities to make healthful decisions.

⋆ For more information, read the UNITY Urban Agenda and the UNITY Policy Platform, developed in partership with UNITY city partners around the country and based on research. See www.preventioninstitute.org/publications.
† Adapted from "Life and Death from Unnatural Causes in Alameda County" and the Institute of Medicine-commissioned paper "A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety."

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- **Meaningful public participation** is needed with attention to outreach, follow-through, language, inclusion, and cultural understanding. Government and private funding agencies should actively support efforts to build resident capacity to engage.
- The **social fabric of neighborhoods** needs to be strengthened. Residents need to be connected and supported and feel that they hold power to improve the safety and well-being of their families. All residents need to have a sense of belonging, dignity and hope.
- While low-income people and people of color face age-old survival issues, equity solutions can and should simultaneously respond to the global economy, climate change, U.S. foreign policy and immigration reform.
- The developmental needs and transitions of **all age groups** should be addressed. While infants, children, youth, adults and elderly require age-appropriate strategies, the largest investments should be in early life because important foundations of adult health are laid in early childhood.
- **Working across multiple sectors** of government and society is key to making the structural changes necessary. Such work should be in partnership with community advocacy groups that continue to pursue a more equitable society.
- **Measuring and monitoring the impact** of social policy on health to ensure gains in equity is essential. This will include instituting systems to track governmental spending by neighborhood as well as tracking changes in measures of health equity over time and place to help identify the impact of adverse policies and practices. Groups that are the most impacted by inequities must have a voice in identifying policies that will make a difference and must be empowered to hold government accountable for implementing these policies.
- Eliminating inequities is a huge **opportunity to invest in community**. Inequity among us is not acceptable and we all stand to gain by eliminating it.

Preventing violence is a critical strategy to reduce disparate outcomes in injury and premature death, and to promote health equity. The idea of equity is based on core American values of fairness and justice—everyone deserves an equal opportunity to prosper and achieve full potential.

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TO LEARN MORE

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- Access strategies, tools and resources at the Prevention Institute website's Preventing Violence & Reducing Injury focus area, http://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury.html
- "A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety" (2009), by Prevention Institute, at http://www.preventioninstitute.org/component/jlibrary/article/id-81/127.html
- "Moving from Them to Us: Challenges in Reframing Violence among Youth" (2009), by Lori Dorfman and Lawrence Wallack, Berkeley Media Studies Group, at http://www.preventioninstitute.org/component/jlibrary/article/id-139/127.html
- "Health disparities and health equity: Concepts and measurement" (2006), by Paula Braveman and published in the Annual Review Public Health (27, 167-194).
- "How Social Factors Shape Health: Violence, Social Disadvantage and Health" (2011), by Robert Wood Johnson Foundation, at www.rwjf.org/files/research/sdohseries2011violence.pdf

Urban Networks to Increase Thriving Youth (UNITY) builds support for effective, sustainable efforts to prevent violence before it occurs, so that urban youth can thrive in safe environments with ample opportunities and supportive relationships. A Prevention Institute initiative, UNITY is funded by the U.S. Centers for Disease Control and Prevention (CDC) as part of the CDC's national youth violence prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), and in part by The Kresge Foundation and The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness, education, and disease prevention programs.

For more information, visit www.preventioninstitute.org/unity.

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