

The Promise of Prevention

Public Health as a Model for Effective Change

By Deborah Prothrow-Stith, M.D.

As a physician in training in a Boston emergency room in 1978, I realized that stitching people up and sending them out without addressing the violence that caused their injury violated any prevention agenda we had. Similarly, schools were suspending and expelling students and police and courts were arresting and incarcerating youth, all without attention to prevention.

Having made this connection I was intrigued in 1985, when Surgeon General Koop hosted the first conference addressing violence as a public health problem. Public health resources have been increasingly allocated to preventing violence since that conference, with remarkable results. The vision for the criminal justice system over the next 25 years has to build on what public health has learned.

We can't address the many challenges in the criminal justice system without reducing the number of people entering the criminal justice system in the first place. This means prevention must be on par with law enforcement and punishment. As a nation, we already promise to respond to violence with expensive and sometimes harsh solutions. We need a companion promise, the promise of prevention.

As a nation, we can prevent crime and violence, improve outcomes for individuals and communities, and reduce the burden on the criminal justice system through a complementary public health approach. We can save lives and money while build thriving communities. One of the contributions public health has made since the Koop conference is to evaluate prevention activities. We know what to do to prevent violence and are standing on some firm science as to what works.

Noteworthy examples:

- Public health-based programs such as CeaseFire Chicago, Baltimore's Safe Streets program, and the Urban Networks to Increase Thriving Youth (UNITY) programs have made significant impacts in violence and changed community norms. Baltimore saw a reduction in homicides of more than 50 percent, and Minneapolis showed a 40 percent drop in juvenile crime in its most violent neighborhoods in just two years after implementing UNITY'S four-point, public-health based approach.
- As documented in the *American Journal of Preventive Medicine* in 2007, schools can reduce violence by an average of 15 percent in as little as six months through universal school-based violence prevention efforts.
- The U.S. Department of Health and Human Services reported in 2001 that the Boys and Girls Clubs and the Big Brothers Big Sisters of America programs have effectively reduced violence among youth and violence-related outcomes; evaluations show reductions in occurrences of vandalism, drug trafficking, and youth crime.
- According to the national nonprofit Fight Crime: Invest in Kids, the Nurse Family Partnership decreased arrest rates by age 15 by half. The program trains public health nurses to make regular home visits to low-income, first-time mothers.

In our efforts to prevent violence, we have learned important lessons. These can inform our efforts not only to prevent violence but also to improve the criminal justice system.

The first lesson is to invest now in prevention instead of paying much more later. In these tough economic times, costs are often cited as the reason we are unable to do something. Fortunately, we're getting more and more scientific documentation of the monies that are saved by investing in prevention. I remember a 14-year-old patient of mine whose mother wanted him to get into an after school program, but was having trouble finding one she could afford. I reflected that if he were shot his medical care would cost the state at least \$100,000, and prosecuting the shooter would double the toll. But I could not get him into a \$4,000 after school program. A RAND study of the Nurse Family Partnership mentioned above demonstrated that the program saves at least \$4 for every \$1 spent.

The second lesson is that all violence is connected. Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. Across the country, people working on child abuse are right across the hall from people working on violence against women without working together, even though the co-morbidity of the two problems is at least 30 percent. Many young men in prison for violent behavior have witnessed significant violence during their developmental years and have been victims of violence. Effective prevention activities must reflect the connections between the different types of violence and respond holistically.

The third lesson is that we have to offer young people an alternative to violence with healthy responses to the anger they feel about the social injustices they witness and the personal victimization they experience. Using my *Violence Prevention Curriculum for Adolescents* in a school in the Boston area I asked my students to list the things that made them angry. A young man said that his friend had been stabbed over the weekend and that it took the ambulance 20 minutes to get there and his friend died. His neighborhood had the longest 9-1-1 response times of any neighborhood in the Boston metropolitan area.

The class listed unhealthy things he could do with that anger: beat up the ambulance driver; take it out on somebody else; or, do nothing. Healthy responses included talking with someone who understands issues of race and class

about it, or writing the mayor a letter. However, the depth of his anger did not seem to be adequately addressed in those responses. The class decided that he should get so angry that he decides to finish high school, become an ambulance driver, and become an ambulance dispatcher.

As a society, if this is the outcome we want, then we need a school system that will prepare him to graduate and pass the test to become an emergency medical technician. The system has to hire and promote him. Affirming the option is an important start; then we have to make it possible for him to do it.

The time is right for a national violence prevention agenda supported by criminal justice, public health, and those concerned about the expense and efficacy of overcrowded prisons. There is a growing evidence base, grounded in research and community practice that confirms that violence is preventable. Through UNITY, we have been working with cities all over the country to implement approaches informed by public health. In partnership with them, we have developed a roadmap for what it takes, and identified strategies that prevent violence before it occurs. Communities have successfully reduced violence through strategic planning and coordinated efforts by many partners and with the community. In fact, cities with the most coordination and collaboration across multiple sectors have lower rates of violence.

It is time to transform our criminal justice system and build the partnerships with public health that focus on prevention and ensures that the criminal justice system is our last resort.

Deborah Prothrow-Stith broke new ground by defining youth violence as a public health problem. She served as Massachusetts Public Health Commissioner and is a member of the Institute of Medicine. She is currently a consultant at Spencer Stuart and adjunct Professor of Practice at Harvard School of Public Health.

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