

Board of Scientific Counselors Meeting

Tuesday, September 24, 2024

National Center for Injury Preventions and Control
Centers for Disease Control and Prevention
Atlanta, Georgia

Call to Order

Roll Call Meeting Logistics

Welcome Approval of Meeting Minutes

Director's Update

Discussion

Child Abuse and Neglect Research Priorities: Proposed Updates

Board of Scientific Counselors Meeting

September 24, 2024



Presentation Overview

- + Summarize information identified from internal and external landscape review of Child Abuse and Neglect (CAN) prevention research
- + Present proposed 2024 updates to NCIPC's CAN Research Priorities



CAN Research Priorities Core Workgroup

Co-leads:

- **Molly Merrill-Francis** – *Research and Evaluation Branch*
- **Andrés Villaveces** – *Field Epidemiology and Prevention Branch*

Workgroup Members:

- **Sandra Alexander** – *Office of Policy and Partnerships*
- **Tashnique Artrey** – *Violence Prevention Practice and Translation Branch*
- **Angie Guinn** – *Violence Prevention Practice and Translation Branch*
- **Jessica McCain** – *Research and Evaluation Branch*
- **Mary Harbert Morgan** – *Research and Evaluation Branch*
- **Katherine Sakai** – *Associate Director for Science Office*
- **Soletchi Seya** – *Field Epidemiology and Prevention Branch*
- **Elizabeth Swedo** – *Surveillance Branch*
- **Rebecca Wilson** – *Violence Prevention Practice and Translation Branch*



CAN Research Priorities Consulting Group

Division of Violence Prevention:

- + Kathleen Basile
- + Kyle Bernstein
- + Derrick Gervin
- + Candace Girod
- + Carmen Goman
- + Jeffrey H. Herbst
- + Kristin Holland
- + Reshma Mahendra
- + Phyllis Holditch Niolon
- + Beth Reimels
- + Tom Simon

NCIPC:

- + Sarah Bacon
- + Chris Harper
- + Candis Hunter

CDC Definition of Child Abuse and Neglect

*Source [here](#)



Child abuse and neglect includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., a religious leader, a coach, or a teacher) that results in harm, the potential for harm, or threat of harm to a child.



There are **four common types of abuse and neglect**:

- **Physical abuse**
- **Sexual abuse**
- **Emotional abuse**
- **Neglect**



Current CAN Research Priorities

*published in 2015

*full version available [here](#)



Evaluate the **effectiveness and economic efficiency** of policies and practices that provide **economic support** to families to prevent CAN and promote safe, stable, nurturing relationships and environments.

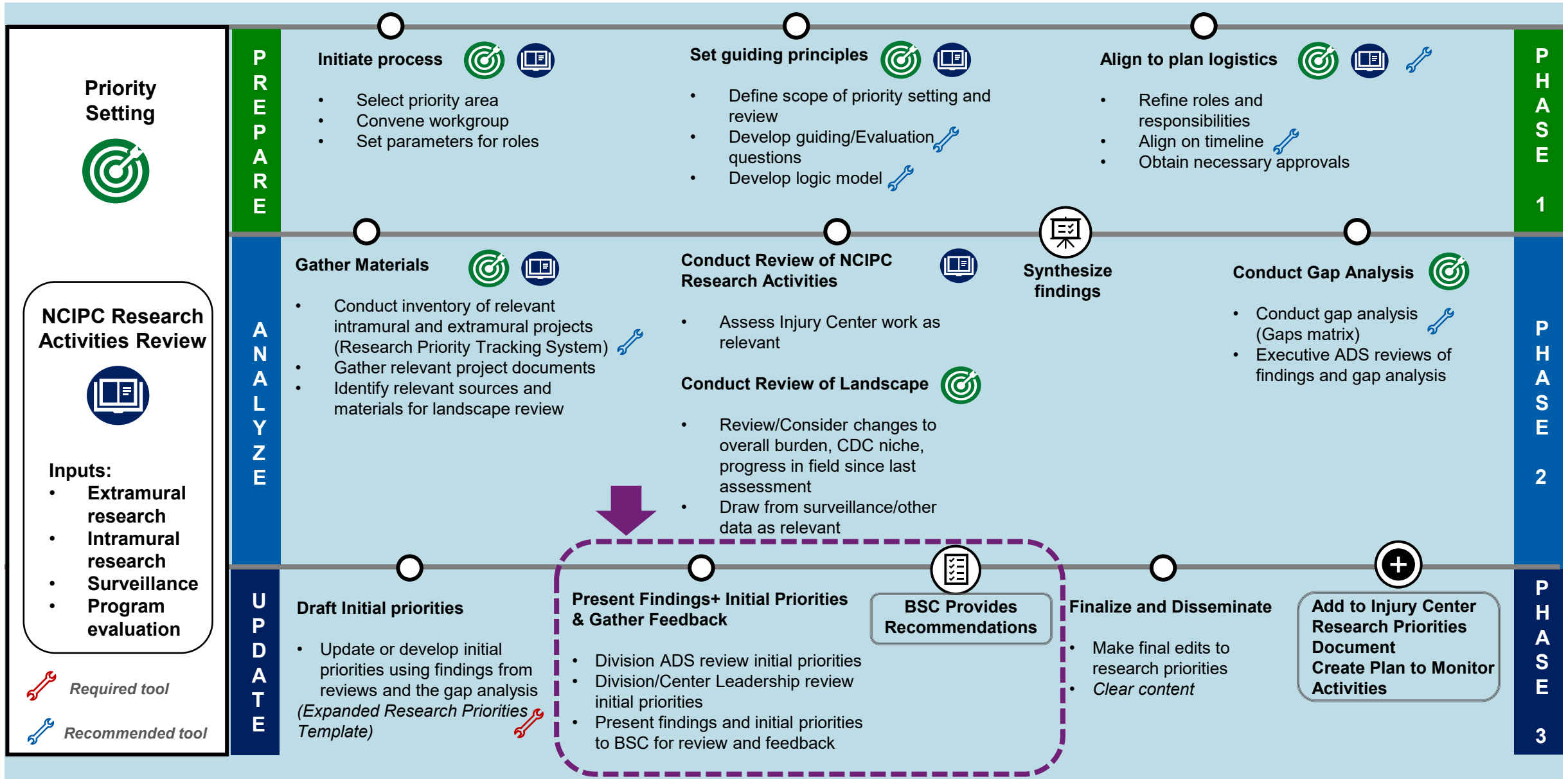


Identify the **community conditions** that increase or reduce risk for CAN or promote the development of safe, stable, nurturing relationships and environments.



Evaluate the effectiveness and economic efficiency of programs or strategies that can **reduce multiple forms of CAN.**

Reassessing Existing Priorities Process:

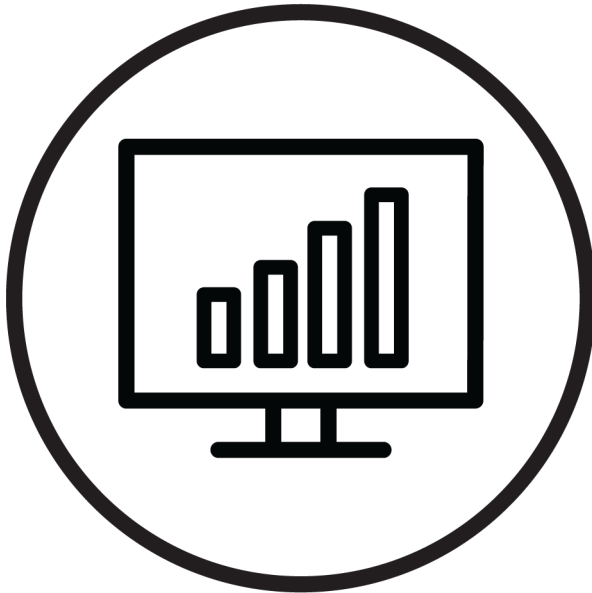




Guiding Questions

- + What research has been carried out by the Injury Center to address CAN since 2015?
- + How have external research and other federal agencies addressed gaps and priority areas that align with NCIPC's research priorities for CAN since 2015?
- + How has the field or overall burden changed since priorities were last assessed in 2015?
- + What other issues or research questions have emerged from research and practice-based efforts since 2015?
- + How has the field incorporated health equity into its work since 2015?

Phase 2 Activities:



**NCIPC Internal
Review**



**External Landscape
Review**



Partner Interviews

*timeframe for review: 2015 to present

NCIPC Internal and External Landscape Review



NCIPC Internal Review:

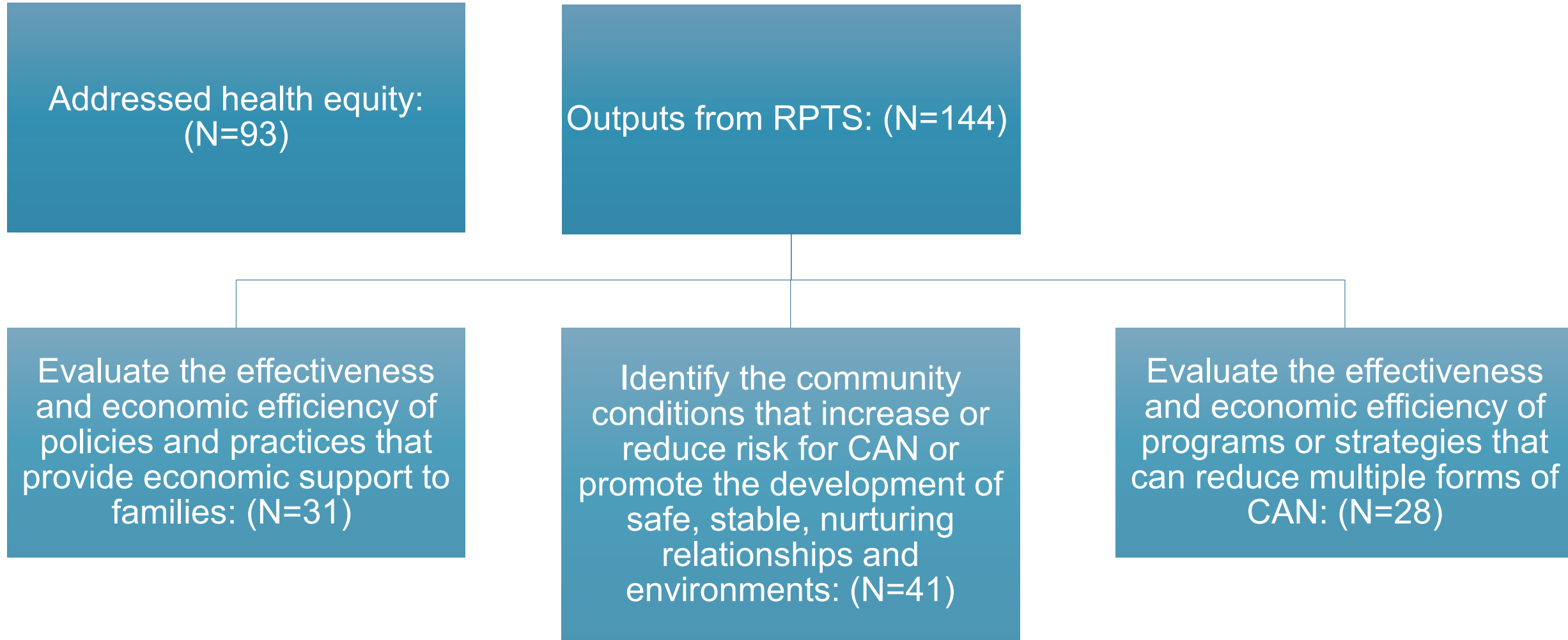
Overview and Approach



Evaluate progress on existing CAN research priorities and **identify remaining gaps** by scanning the following internal data sources:

- Research Priority Tracking System (RPTS)
- CDC website resources
- Extramural research awards

RPTS Outputs by CAN Research Priority* (2015-2023)



* Categories are not mutually exclusive

Funded Research Addressing the Research Priorities

NOFOs That Funded Projects that Addressed Current Research Priorities

RFA-CE-16-001: Research Grants for Preventing Violence and Violence Related Injury¹

RFA-CE-18-002: Evaluation of Policies for the Primary Prevention of Multiple Forms of Violence¹

RFA-CE-19-005: Research Grants for Preventing Violence and Violence Related Injury¹

RFA-CE-20-002: Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth²

RFA-CE-20-003: Research Grants for Preventing Violence and Violence Related Injury (R01)^{1,2}

RFA-CE-21-001: Rigorous Evaluation of Polices for their Impacts on the Primary Prevention of Multiple Forms of Violence¹

RFA-21-004: Research Grants for Preventing Violence and Violence Related Injury (R01)¹

RFA-CE-22-003: Rigorously Evaluating Programs and Policies to Prevent Child Sexual Abuse (CSA)²

RFA-CE-21-006: Rigorously Evaluating Programs and Policies to Prevent Child Sexual Abuse (CSA)²

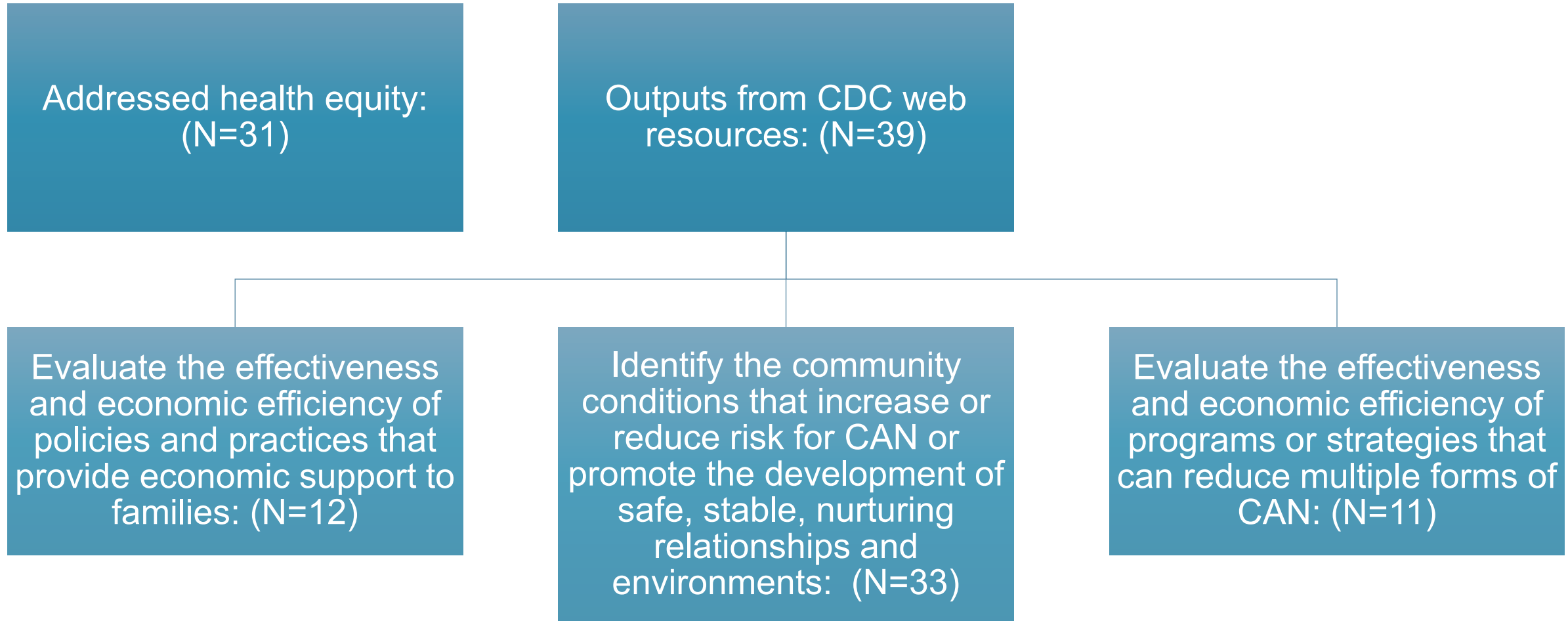
RFA-21-004: Research Grants for Preventing Violence and Violence Related Injury (R01)¹

¹Research Priority 1: Evaluate the effectiveness and economic efficiency of policies and practices that provide economic support to families to prevent CAN and promote safe, stable, nurturing relationships and environments.

²Research Priority 2: Identify the community conditions that increase or reduce risk for CAN or promote the development of safe, stable, nurturing relationships and environments.

³Research Priority 3: Evaluate the effectiveness and economic efficiency of programs or strategies that can reduce multiple forms of CAN.

CDC Web Resources CAN Outputs by Research Priority* (2015** - 2024)



* Categories are not mutually exclusive

**One output was from 2008 to capture CAN uniform definition



External Landscape Review:

Overview and Approach



Limited search to reviews and meta-analyses published since **2015** and **individual articles** from 2022 onward in four areas:

- CAN prevalence/burden
- Risk and protective factors
- Research on Efficacy/Effectiveness of CAN Prevention Strategies
- Implementation science



Non-systematic identification of relevant publications, prioritizing **literature reviews** and **meta-analyses** (N=210):

- Systematic reviews (n = 49)
- Umbrella review (n = 3)
- Scoping review (n = 14)
- Meta-analyses (n = 22)
- Narrative literature reviews (n = 25)
- Original research article (n = 86)
- Reports (n = 5)
- Practice-focused article (n = 6)

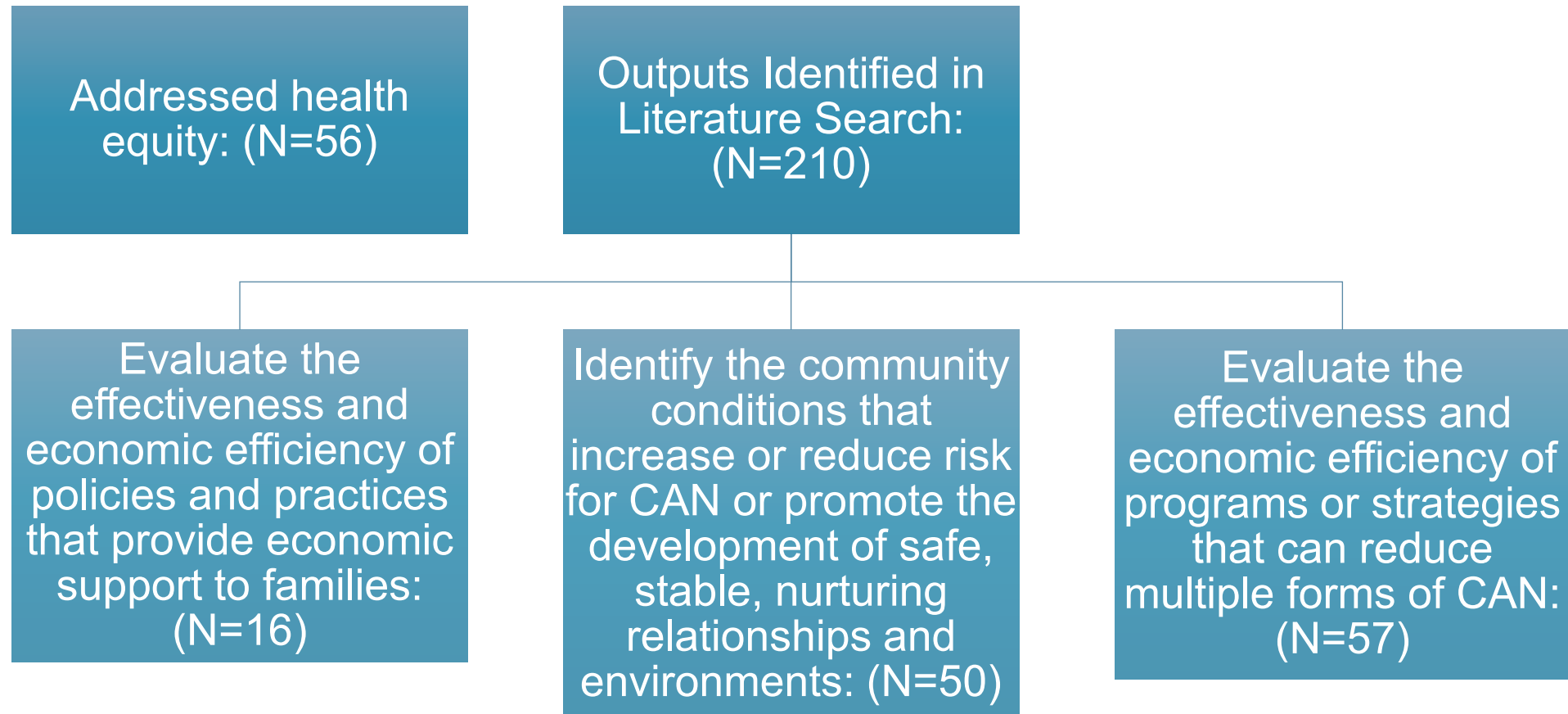


Examined **health equity science** across all areas of the landscape review



Considered additional **cross-cutting themes** (e.g., COVID-19, technology-facilitated violence)

External Landscape by Current CAN Priority* (2015 - early 2024)



* Categories are not mutually exclusive

Progress on Current CAN* Research Priorities:

What research has been carried out by the Injury Center to address CAN?

- Since 2015, CDC research has resulted in about **120 products** that address CAN prevention and align with one or more current research priorities for CAN.
- These studies expanded the evidence about the association between **economic support policies and CAN**. Not as much research has examined non-economic community- and societal-level factors.

How has external research addressed gaps and priority areas that align with NCIPC's research priorities for CAN?

- 46% of external research aligns with current research priorities. Literature highlighted more research was needed on **community and societal-level factors** and more recent research delved into the association between economic support policies and CAN.
- External literature notes some **differences in risk/protective factors** and prevention activities across types of CAN.

**CAN definition in literature may not always directly align with CDC definition.*

Progress on Current CAN Research Priorities:

How has the field or overall burden changed since priorities were last assessed?

- In FY2022, NCANDS* estimates [2,119,706](#) screened in referrals for child protective services nationally, compared to [2,237,754](#) in FY 2015.
- The evidence is unclear about whether there were changes in CAN burden associated with the COVID-19 pandemic.

What other issues or research questions have emerged from research and practice-based efforts?

- Research has called for understanding differential impact of prevention strategies and risk/protective factors to **address the unique needs of communities**.
- Identified need for identifying additional opportunities for intervention at **the community and societal levels**, understanding **intergenerational transmission** of CAN and other types of violence, and **implementation science** more generally.

*NCANDS= National Child Abuse and Neglect Data System. Numbers reflect most recent estimates.

Progress on Current CAN* Research Priorities: Incorporating Health Equity



Subjective nature, biases, and prejudices around reporting may limit understanding which groups experience greatest burden of CAN.



Outputs coded as addressing health equity most commonly addressed social determinants of health.

- Economic determinants and inequities most frequently discussed; a few studies look at societal-level gender inequality.
- When findings are stratified by demographic characteristics (e.g., racial groups), there are often significant differences between associations.
- There is no clear distinction between effects of material hardship and actual neglect.



Child sexual abuse (CSA) and technology-facilitated CAN may be less likely to involve health equity relative to other forms of CAN.

**CAN definition in literature may not always directly align with CDC definition.*

Conversations with Researchers and Practitioners



Conversations with Researchers and Practitioners:



Interviewed **external CAN SMEs** to gain additional perspectives on CDC's current CAN priorities

- Practitioners and Partners (n=4)
- Academic researchers (n=5)



Discussion topics:

- Advances in CAN research in last decade
- Evidence of programmatic change (e.g., uptake) resulting from research advances
- Biggest gaps with potential to inform practice
- Emerging strategies, technologies, methods, practices, or needs that can enhance CAN research or should be focus of research
- Highest priorities for CAN research in the next 3-5 years

Summary of SME interviews:

Greatest advances in CAN in the last decade:

- Individual-level response to CAN and a better understanding of family environments and the child welfare system

Programmatic changes linked to research in CAN:

- Increased need for more coordination and integration of current CAN prevention and protection services

Emerging strategies, technologies, methods, practices:

- Use of technology for delivery and the role of other services beyond child protective services (CPS) to support families

Highest research priorities for the next 3 – 5 years:

- Improvement of data comparability and linkages
- Long term follow-up to better understand effect of interventions (e.g., parenting programs) over time

Information or data that are useful in reducing CAN:

- Child mental and emotional wellbeing indicators, as well as linked contextual data to understand CAN

Where research is sufficient to support practice efforts:

- Understanding of the linkages between social determinants of health and CAN

Gap Analysis for Informing Updated CAN Research Priorities

Identified Gaps in CAN Research

Research on reducing inequitable burden

- More research is needed on identifying which groups experience an inequitable burden of CAN and understanding the **community- and societal-level factors** and prevention activities to reduce the inequities.

Holistic support of children and their families

- Critical research gaps include supporting families **before** their involvement with the welfare system or other systems like the justice system. Also includes the relationship between CAN and other injury and violence outcomes (e.g., opioid use).

Implementation research

- Important questions remain about implementing and evaluating prevention efforts, with a focus on **ways to coordinate and integrate across services and supports, as well as applying the appropriate intervention and intensity for the intended population.**

Data and data linkages

- **More and better data quality** (e.g., longitudinal data, consistent definitions, linked data) and **improved access to data** from a variety of sources are needed to evaluate prevention efforts and understand the burden of CAN.

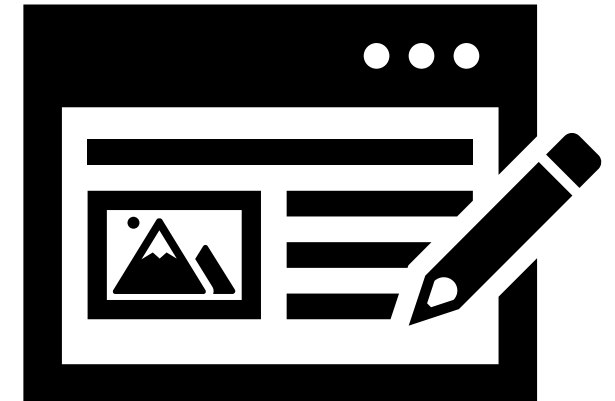
Phase 3 Activities



**Draft Revised Priorities
for External Review**



**Present Findings
to BSC**



**Revise and Publish
Final Priorities**

Proposed New CAN Research Priorities

Overview

- + Priorities were drafted based on the gap analysis and reviewed internally by Division and Center leadership.
- + Draft priorities were then reviewed externally by both federal and non-federal partners.
- + Based on this process, CDC's proposed priorities for CAN will focus on the following areas:
 - Community- and societal-level risk and protective factors
 - Community- and societal-level prevention and intervention strategies
 - Implementation research
- + All research priorities will center health equity and prioritize gaps related to social and structural determinants of health

Research Priority 1: Identify the community conditions that impact families and their risk for CAN or support the development of safe, stable, nurturing relationships and environments (SSNREs).

1. Which community- and societal-level conditions are linked with CAN or promote the development of safe, stable, nurturing relationships and environments?
2. What is the causal process or pathways by which linked community conditions (e.g., social and economic characteristics of neighborhoods, and community access to quality education, jobs, or safe neighborhoods) relate to CAN, and how can prevention strategies affect this relationship?
3. What are the social norms or narratives that impact the likelihood of CAN (e.g., communities' responsibility for supporting families), and what community conditions perpetuate these norms and narratives?
4. How can prevention policies or other community-level strategies for injury (e.g., opioid use), violence (e.g., intimate partner violence) or mental health outcomes support community-level environments that promote healthy families and prevent CAN?
5. What are the community- and societal-level risk and protective factors associated with preventing intergenerational transmission of CAN?

Research Priority 2: Evaluate the effectiveness and economic efficiency of policies and structures that support families to prevent CAN or support the development of SSNREs.

1. What is the impact of social and structural policy changes on intergenerational transmission of violence and family living conditions, such as food security, housing stability, income, and affordable and high-quality childcare, and how do these changes reduce the risk of one or multiple forms CAN?
2. How can social or economic policies that support or economically strengthen families with varying levels of resources and in different communities prevent CAN, and are there additive or synergistic effects of implementing multiple policies or structures in preventing CAN?
3. What is the impact or linkage of policies and structures that promote gender equality on rates of CAN, and do the policies reduce risk for one or multiple forms of CAN and promote safe, stable, nurturing relationships and environments?
4. What is the economic efficiency of social and structural policies that support and/or economically strengthen families?
5. What are the long-term impacts of social and structural policy changes on rates of CAN and other negative health outcomes?

Research Priority 3: Evaluate how the implementation of effective strategies influence efficiency and effectiveness in reducing CAN and promote SSNREs.

1. What components (e.g., activities, resources) of evidence-based strategies and approaches (e.g., policies, programs) and which community engagement strategies increase their effectiveness in reducing CAN?
2. How does the effectiveness of virtually distributed approaches (e.g., parenting skills programs) compare to in-person efforts and how can implementation be maximized to increase efficiency and effectiveness in reducing CAN in different communities?
3. What and how can novel approaches to data collection and/or linkage be leveraged to evaluate strategy or approach implementation and which components reduce CAN?
4. To what extent are evidence-based prevention strategies or approaches to reduce CAN equally effective across populations?
5. To what extent do evidence-based prevention strategies or approaches widen, narrow, or maintain inequities in CAN and how can equity be improved?

Discussion

Discussion Questions: Feedback on Proposed Research Priorities

To what extent do the proposed research priorities:



Advance understanding of how to prevent CAN



Address inequities



Advance successful implementation of effective strategies

Are there community- and societal-level factors that should be emphasized that are not included in the proposed research priorities?

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Community Violence Research Priorities: Proposed 2024 Updates

Ashley D’Inverno, PhD
Denise D’Angelo, MPH

Board of Scientific Counselors Meeting
September 24, 2024



Community Violence (CV) Research Priorities Workgroup

Workgroup Leads:

- Ashley D’Inverno – *Research and Evaluation Branch*
- Denise D’Angelo – *Associate Director for Science Office*

Workgroup Members:

- Elizabeth Parker – *Research and Evaluation Branch*
- Kevin Vagi – *Research and Evaluation Branch*
- Jeff Ratto – *Field Epidemiology and Prevention Branch*
- Whitney Skowronski – *Field Epidemiology and Prevention Branch*
- Yushiuan Chen – *Surveillance Branch*
- Kameron Sheats – *Surveillance Branch*
- Khiya Mullins – *Division of Injury Prevention, formerly in Violence Prevention Practice and Translation Branch*
- Ayana Stanley – *Violence Prevention Practice and Translation Branch*
- Kaveen Henderson – *Violence Prevention Practice and Translation Branch*

Presentation Overview

- + Summarize information identified from internal and external landscape reviews of community violence (formerly youth violence) prevention research
- + Present proposed updates to NCIPC's community violence research priorities

CV Research Priorities Consulting Group

Division of Violence Prevention:

- + Kathleen Basile
- + Kyle Bernstein
- + Derrick Gervin
- + Candace Girod
- + Marilyn Metzler
- + Jeffrey H. Herbst
- + Kristin Holland
- + Tom Simon
- + Cassidy Whitson
- + Shannon Woodward
- + Sam McKeithan

NCIPC Office of Science:

- + Cory Ferdon

Guiding Principles for Updating Priorities

- + **Research priority topic areas** aid the Injury Center in:
 - setting research goals
 - prioritizing research that will have public health impact
 - encouraging innovative research
 - focusing CDC's public health expertise
- + Integrates **intramural and extramural** priorities
- + Priorities are intended to cover **three to five years**
- + May not be fully accomplished, but need to **demonstrate progress**
- + Allows the Research Priorities document to be an evergreen or **living document** (updated on a regular basis)

Current Youth Violence (YV) Research Priorities*

Published in 2015

* Full version available [here](#)



Evaluate physical environment change strategies for their effectiveness in reducing youth violence behaviors, injuries, and fatalities and their economic efficiencies.



Identify and evaluate strategies to decrease inappropriate access to and use of weapons by minors and to prevent lethal violence.



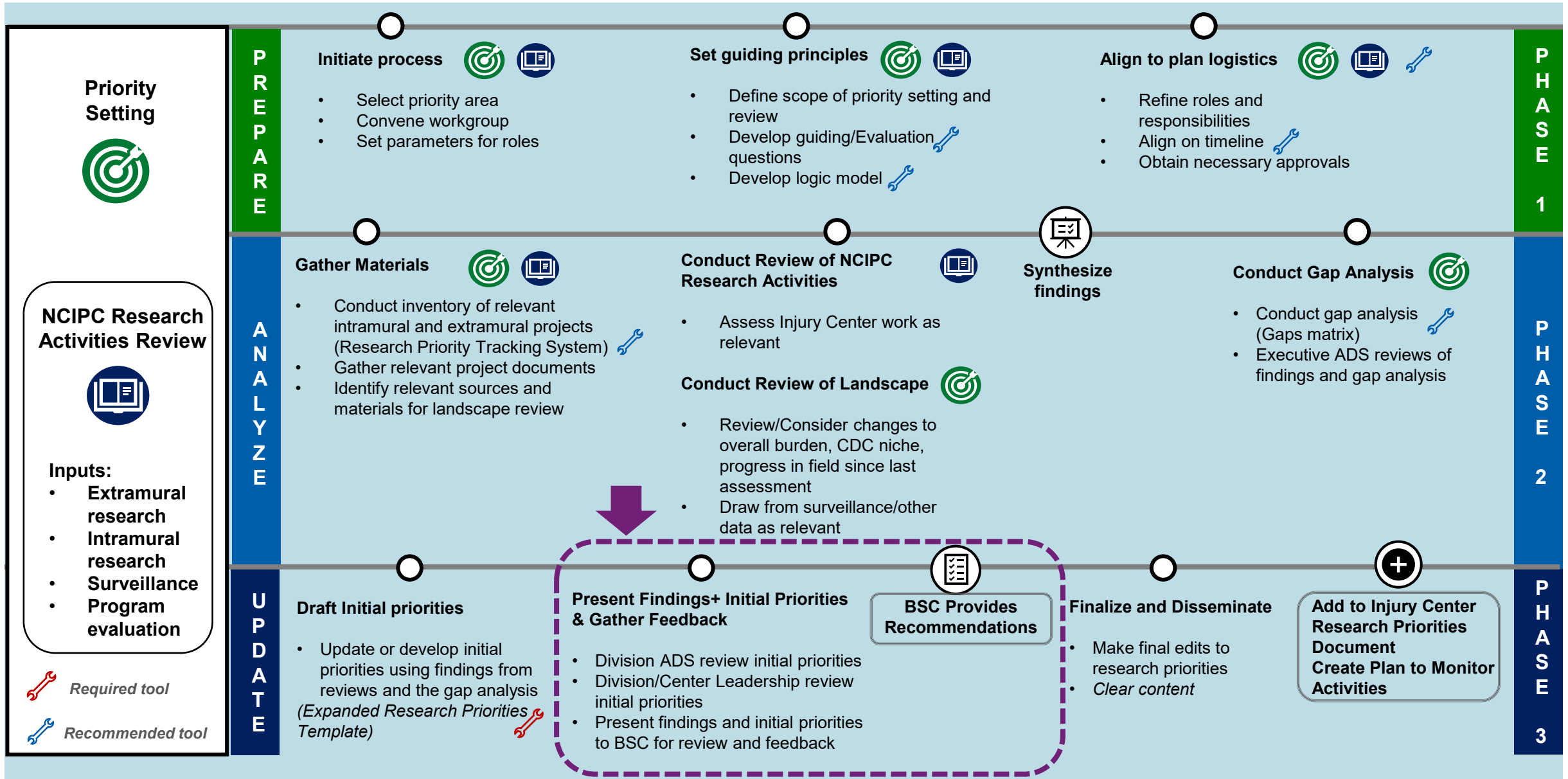
Evaluate the effectiveness and economic efficiency of prevention strategies that reduce the likelihood of different forms of youth violence.

Definition of Community Violence

- + **Community violence** happens in public places, such as streets or parks, between people who may or may not know each other.
 - Examples include assaults, fights among groups, homicides, and fatal and nonfatal shootings.
 - This includes violence experienced by youth (ages 10-24)

Source: CDC's [CV Prevention Resource for Action](#)

Reassessing Existing Priorities Process:



Phase 2 Activities



**NCIPC Internal
Review**



**External Landscape
Review**



Partner Interviews

Guiding Questions

- + What research has been carried out by the Injury Center to address YV and CV since 2015?
- + How has external research and other federal agencies addressed gaps and priority areas that align with NCIPC's research priorities for YV since 2015?
- + How has the field or overall burden changed since priorities were last assessed in 2015?
- + What other issues or research questions have emerged from research and practice-based efforts since 2015?
- + How has the field incorporated health equity into its work since 2015?

NCIPC Internal and External Landscape Review

NCIPC Internal Review:

Approach and Methods

- ❑ **Evaluate progress** on existing YV research priorities and **identify CV research priorities**, and **identify remaining gaps** by scanning the following internal data sources:
 - ❑ Research Priority Tracking System (RPTS)
 - ❑ Programmatic data from relevant Division of Violence Prevention program funding announcements
 - ❑ Surveillance reports
 - ❑ Reports and supporting documents not in RPTS (e.g., success stories, impact statements, additional funding announcements, technical reviews/final reports, CDC products and webpages)
 - ❑ N=180 products reviewed

External Landscape Review:

Approach and Methods

- + Reviewed studies and research gaps identified in the 2024 **CV Prevention Resource for Action**
- + Non-systematic identification of relevant additional publications, prioritizing **literature reviews** and **meta-analyses**:
 - + YV/CV prevalence/trends
 - + Risk and protective factors
 - + Efficacy/effectiveness research
 - + Implementation science
- + Considered additional **cross-cutting themes** (e.g., COVID-19, technology-facilitated violence)
- + Assessed **health equity science** across all areas of the landscape review (e.g., did studies measure disparities, assess impact by certain groups, focus on methods to improve health equity research and practice, assess the role of racism)
- + Additional publications reviewed N = 93

[Community Violence Prevention Resource for Action: A Compilation of the Best Available Evidence for Youth and Young Adults \(cdc.gov\)](https://www.cdc.gov/violenceprevention/yv/cv-prevention-resource-for-action)

Youth Violence & Community Violence Prevention Extramural Funding

Year	RFA No.	Title	# of Awards
2020	CE20-003	Research Grants for Preventing Violence and Violence Related Injury (R01) – ACES focus	1 award
	CE20-002	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	2 awards
	CE15-002	The CDC National Centers of Excellence in Youth Violence Prevention: Building the Evidence for Community- and Policy-Level Prevention (U01)	2 awards
2021	CE21-003	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	1 award
	CE21-004	Research Grants for Preventing Violence and Violence Related Injury (R01) – ACES focus	2 awards
	CE21-001	Rigorous Evaluation of Policies for their Impacts on the Primary Prevention of Multiple Forms of Violence (U01)	2 awards
	CE21-005	The CDC National Centers of Excellence in Youth Violence Prevention (YVPCs): Rigorous Evaluation of Prevention Strategies to Prevent and Reduce Community Rates of Youth Violence (U01)	5 awards
2022	CE22-002	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	1 award
	CE22-005	Research Grants for Preventing Violence and Violence Related Injury (R01) – CV focus	3 awards
	CE22-013	Rigorous Evaluation of Community-Centered Approaches for the Prevention of Community Violence (U01)	2 awards
2023	CE23-003	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	1 award
	CE23-004	Research Grants for Preventing Violence and Violence Related Injury (R01) – CV focus	3 awards
2024	CE24-029	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	1 award
	CE24-030	Research Grants for Preventing Violence and Violence Related Injury (R01) – CV focus	3 awards
	CE24-034	Rigorous Evaluation of Policies for their Impacts on the Primary Prevention of Multiple Forms of Violence (U01)	2 awards
2025	CE25-021	Research Grants for Preventing Violence and Violence Related Injury (R01) – CV focus	Just announced
	CE25-029	Grants to Support New Investigators in Conducting Research Related to Preventing Interpersonal Violence Impacting Children and Youth (K01)	Just announced

Firearm Injury Prevention Extramural Funding

Year	RFA No.	Title	# of Awards
2020	CE20-002	Grants to support new investigators in conducting research related to preventing interpersonal violence impacting children and youth (K01)	2 awards
	CE20-006	Research Grants to Prevent Firearm-Related Violence and Injuries (R01)	16 awards
2022	CE22-004	Research Grants to Prevent Firearm-Related Violence and Injuries (R01)	4 awards
2023	CE23-005	Research Grants to Inform Firearm-Related Violence and Injury Prevention Strategies (R01)	4 awards
	CE23-006	Research Grants to Rigorously Evaluate Innovative and Promising Strategies to Prevent Firearm-Related Violence and Injuries (R01)	8 awards
2025	CE25-030	Research Grants to Rigorously Evaluate Innovative and Promising Strategies to Prevent Firearm-Related Violence and Injuries (R01)	Just announced

Guiding Questions & Summaries Based on Internal and External Landscape Review Findings

What research has been carried out by the Injury Center to address YV/CV since 2015?

- Reviewed approximately 260 publications (internal & external) that address YV or align with current CDC YV priorities
- Expanded knowledge related to physical environment change strategies, trends in homicides, risk and protective factors for weapons carrying by minors
- Calculated the economic impact of youth violence; examined cost effectiveness of physical environment approaches

How has external research addressed gaps and priority areas that align with NCIPC's research priorities for YV since 2015?

- Improved understanding of effective interventions for physical environment change strategies and their costs
- Examined effective interventions to reduce unauthorized firearm access by minors
- Identified effective interventions for bullying (but limited for cyberbullying/online violence)
- Increased knowledge about the role of some economic supports

Guiding Questions & Summaries Based on External and Internal Landscape Review Findings

How has the field or overall burden changed since priorities were last assessed in 2015?

- Increases in homicide rates and ED assault visits (2019 – 2021); homicide rates declined since, but remain above 2019 rates
- Substantial, ongoing disparities in CV by race/ethnicity with Black males at highest risk
- Persistence of multiple risk factors for elevated CV related to COVID-19
- Research emerging on the role technology-facilitated violence in CV, but limited research on effective interventions

What other issues or research questions have emerged from research and practice-based efforts since 2015?

- Need for evaluation of approaches that address underlying structural and social factors that drive CV and risk for CV
- Need for standardized measures so different approaches can be evaluated similarly
- Better dissemination and translation about effective interventions to communities needed
- Research to understand effective strategies to improve school climate and equitable educational attainment
- Understanding what implementation practices facilitate success and can be replicated in other settings

How has the field incorporated health equity into this work since 2015?

Less than half (42% - 44%) of the research examined assessed health equity

Measuring Disparities

- Black adolescents and young adults are at higher risk of YV/CV compared to White counterparts
- Various factors such as sexual orientation, gender identity, race/ethnicity, and socioeconomic status are associated with the perpetration and victimization rates of YV/CV
- Changing the narrative of youth violence is important to address the problem effectively

Social Determinants of Health

- Paradigm shift towards addressing the social and structural root causes of violence
- Community-level strategies that address systems and structures can have a positive impact on high-burden urban communities
- Need to identify and examine community, social, and structural risk/protective factors that contribute to inequitable risk of violence, including structural/systemic racism

Addressing Racism

- Renewed focus on anti-racism work within the field of violence prevention; yet limited research examining the impact of racism on YV/CV
- Example emerging questions:
 - How does stress resulting from racism contribute to violence perpetration?
 - How does the approach to study design, community recruitment and engagement, and other factors related to the research process change when the research community is diversified?

Partner Interviews

Researcher and Organizational Interviews:

Approach and Methods

- ❑ Interviewed **external YV and CV prevention partners** to gain additional perspectives on CDC's current priorities for YV and incorporating CV
- ❑ **Partner organization conversations (n = 2) focused on:**
 - ❑ Prevention innovation happening in the field
 - ❑ Impacts of YV/CV research on programmatic work
 - ❑ Needs emerging from practice
- ❑ **Conversations with academic researchers (n = 4) and staff at other federal agencies (n = 3) focused on:**
 - ❑ Recent progress on CDC's current YV/CV priorities
 - ❑ Opportunities and gaps, including how to incorporate a stronger focus on health equity science
 - ❑ Highest research priorities to address in next 3-5 years

Common Themes from Partner Interviews

Disconnect between research and communities; research not filtering down to communities; communities may not be selecting prevention approaches that are effective

Need for a comprehensive approach to bring partners together and create standardized measures so different approaches can be evaluated similarly

Need to increase the diversity of researchers to better represent affected communities

Emerging issues that may require adjustments to research and practice

Need for research on system-level approaches and upstream factors

Highlights of Partner Interviews

Themes	Examples
Shifting demographics	<ul style="list-style-type: none">• Young offenders (children 10-12 years)• Girls and women involved in perpetration• Individuals incarcerated in the 90's re-entering communities in their 40's and 50's
New challenges	<ul style="list-style-type: none">• Impact of overdose epidemic and COVID-19 pandemic on youth<ul style="list-style-type: none">○ Loss of caregivers/orphanhood○ Family stress/hardship/trauma○ High exposure to ACEs
Community engagement and collaboration	<ul style="list-style-type: none">• More collaboration among researchers, practitioners, community organizations, policymakers, and affected communities themselves• Engaging communities directly in the design and implementation of prevention strategies
Need for innovative thinking	<ul style="list-style-type: none">• Look to key institutions in communities with existing infrastructure such as healthcare institutions and higher education to more proactively invest in and support prevention activities in their communities• Utilize Mayors offices/Offices of Violence Prevention to increase reach and sustainability of programs and facilitate access to services for CV prevention program participants

Highlights of Partner Interviews

Themes	Examples
Implementation Science	<ul style="list-style-type: none">• Understanding what policies and practices facilitate success and can be replicated across programs• Understanding training competencies and skills needed to effectively run and sustain a program accounting for staff safety, retention, and effective program outcomes
Evolution of technology and social media	<ul style="list-style-type: none">• Rise in online conflict escalation and rumor spreading that spills over into real-world violence• Increase in cyberbullying and online harassment• Spread of harmful content related to violence and new opportunities for intervention through online platforms
How research has led to programmatic changes	<ul style="list-style-type: none">• Hospital-based violence prevention programs as promising strategies• Focus on upstream factors due to research highlighting the impact of addressing root causes
Better dissemination and translation needed	<ul style="list-style-type: none">• Research is not disseminated or packaged for easy consumption and implementation• Communities are not always using evidence-based approaches

Gap Analysis for Informing Updated CV Research Priorities

Identified Gaps in YV/CV Research

Evaluation research

Research needed on innovative strategies that communities are using but have not yet been rigorously evaluated

Implementation research

Research needed to understand what elements facilitate success & scalability, adaptations for specific groups, and how to maximize the reach, effectiveness, and sustainability

Underlying factors that influence CV and inequities in risk for CV

Research needed on approaches that address underlying factors and social determinants of health (e.g., educational attainment, housing stability, & economic security)

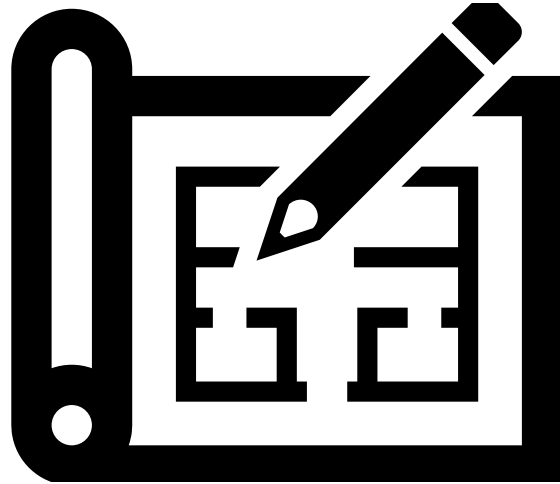
Technology-facilitated and online CV

Research needed to better understand how technology and social media influence violence dynamics; explore the impact of specific apps or online communities on violent behavior

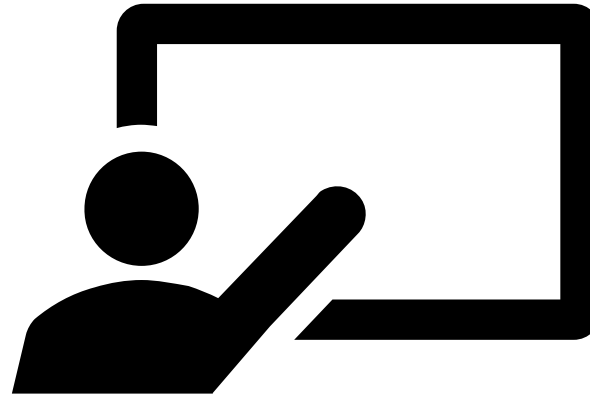
Engaging communities and people with lived experience

Research needed on ways to promote community leadership and meaningfully engage people with lived experiences in all parts of the research process

Phase 3 Activities



**Draft Revised Priorities
for External Review**



**Present Findings
to BSC**



**Revise and Publish
Final Priorities**

Proposed New Priorities

Overview

- + Priorities were drafted based on information from the internal & external review, partner interviews, and the gap analysis
- + Draft priorities have received preliminary internal review by DVP and Center leadership
- + Draft priorities will be reviewed externally by both federal and non-federal partners
- + All research priorities will center health equity and prioritize gaps related to social and structural conditions

Research Priority 1

Evaluate the effectiveness of prevention approaches with potential to reduce CV and inequities in the risk of CV.

1. To what extent are practice-based approaches (i.e., those implemented in communities, but not yet evaluated) and promising approaches (i.e., those requiring more rigorous evaluation) effective at preventing CV or inequities in risk for CV?
2. To what extent are innovative technology-based approaches effective at preventing CV or inequities in risk for CV both in-person and online?
3. To what extent are policies and other approaches (e.g., paid family leave, subsidized childcare) that address underlying structural and social drivers to improve the physical, social, and economic conditions of neighborhoods effective at preventing CV or inequities in risk for CV?
4. To what extent are approaches that create positive and equitable school climate and school connectedness effective at protecting against CV?
5. To what extent are environmental design and anti-displacement strategies effective for preventing inequities in risk for CV?

Research Priority 2

Identify factors that influence implementation and reach of effective CV prevention programs, policies, and practices.

1. What are the drivers of effectiveness when implementing policies, programs, and practices focused on preventing CV? How do differences in implementation affect CV and inequities in risk for CV? Potential areas to examine include the type and nature of partnerships, organizational characteristics, staffing, and resources.
2. What methods of engagement are most effective for facilitating community and youth leadership; developing authentic partnerships; and incorporating understanding of lived experiences in communities most impacted by CV? How can community strengths and assets be elevated and leveraged through community engagement to improve effectiveness of approaches that prevent CV and inequities in the risk of CV?
3. What are the best methods to recruit, select, and support program staff (including outreach workers) to promote health, safety, retention, and program effectiveness? What training competencies and skills are needed to effectively implement, monitor and improve or sustain an effective program, policy, or practice? How can training and technical assistance (TTA) best support community leaders and CV prevention practitioners?
4. How can effective approaches be adapted for use in different settings, scaled up, monitored and sustained to achieve community or population-level impact in communities most affected by CV? To what extent are effective approaches cost effective and economically feasible for communities to implement?

Research Priority 3

Increase the understanding of how structural and social determinants of health and other underlying factors influence CV and inequities in risk for CV.

1. What social and structural determinants are contributing to inequitable risk for CV? How do factors related to the diversity of researchers, the way communities are engaged, and the promotion of positive narratives about youth contribute to CV prevention?
2. How can social and structural conditions such as historical, collective community, or intergenerational forms of trauma (e.g., adverse childhood experiences, structural racism, patriarchal social structures, toxic stress) be addressed to prevent CV and inequities in risk for CV?
3. How can data sources be linked and analyzed to provide more thorough and accurate understanding and monitoring of social and structural determinants of health to understand underlying drivers of CV and inequities in risk for CV? How can data integration be more timely?

Research Priority 4

Identify and evaluate strategies and approaches to prevent homicides and potentially lethal violence, including shootings.

1. To what extent are novel approaches for preventing potentially lethal CV, or reducing key risk factors like unauthorized access to, or carrying of firearms or other weapons effective at preventing shootings, injuries and deaths?
2. What adaptations to programs, policies, or practices enhance effectiveness for different populations in a culturally appropriate manner to prevent homicides and potentially lethal CV among youth and young adults?
3. To what extent do strategies that raise awareness, promote adoption, ensure equitable implementation, and minimize potential harms of existing policies and practices help reduce potentially lethal CV youth and young adults?

Discussion

Discussion Questions

+ **What suggestions do you have to ensure the research priorities:**

- Advance understanding of how to prevent CV?
- Address inequities?
- Advance implementation of effective strategies ?

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

