

Mighty Fine, MPH, CHES: Hello everyone and welcome to gun violence prevention through the public health lens: history, intersectionality and interventions. I'm Mighty Fine. I'm the Director of Public Health Practice and Professional Development at the American Public Health Association and I will be serving as your moderator today. As noted in the title, very straightforward, that's what we'll be talking about. Our speakers today will talk, lead us through conversations on the history of gun violence in America, intersectionality and intervention. So what's working, what are we doing, and what can we be doing differently. I have the pleasure of having with me today, Dr. Linda Degutis, who is a professor at Yale School of Public Health, go bulldogs, and also an adjunct professor at Rollins School of Public Health at Emory University. She's a notable consultant injury prevention and comes with a wealth of knowledge and expertise. Followed by her will be Dr. Howard Spivak, who is a Former Principal Deputy Director of the National Institute of Justice of the US Department of Justice, Former Director of the Division of Violence Prevention at the National Center for Injury Prevention and Control at the CDC. So, a bit of a mouthful there. Following doctor Spivak, we'll have Ms. Meishka Mitchell, who is the Vice President of Camden Community Partnership, go Jersey. And closing us out is Dr Joseph Richardson, who is a Professor of African American Studies and Medical Anthropology at the University of Maryland and also Lead Epidemiologist for the Center for Injury Prevention Policy Violence intervention programs at the University of Maryland Medical System. So, all of our panelists today are very well steeped in this space and so we are privileged to have them to elevate this conversation with us today. For those of you who follow the American Public Health Association, you know gun violence prevention is something that's very near and dear to the work that we do. We recognize that there isn't a singular cause for gun violence prevention or violence prevention more broadly. And we recognize in the same way that there's not a singular solution. So, what our anticipation today is to really elevate the conversation to bring this collectiveness to the issue, recognizing that we're not going to arrest our way out of this. We also recognize that we need to engage with other sectors. It's not owned by public health certainly public health principles, philosophies and ideologies have moved this work forward, but we recognize that we also have to pull from other spaces and again have a collectiveness to the work that we're doing in order to see true change in one of the leading causes of premature death.

Mighty Fine, MPH, CHES: It's an issue that's very near and dear to my heart personally, professionally, and I can talk to you all for hours about it but it's not about me today so with that I'll just welcome you all today. and remind you that we will be taking questions and answers towards the end of the program. So, be sure to put your questions in the question chat function and if it applies to a particular person, be sure to include their name in your question so we can be sure to ask that question to that individual. So, without further ado, Dr. Degutis I'm going to turn it over to you to get started today.

Linda Degutis, DrPH, MSN: Great, thanks Mighty and thanks to all of you who are attending and all the other panelists. We're very happy that we can talk with you about this today and tell you a little bit about how we're all thinking of and using the public health approach to gun violence prevention. As Mighty mentioned, we have a book that APHA has recently published that Dr. Spivak and I have co-edited, and it really focuses on what are the public health strategies that we can use to prevent gun violence and how can we do it effectively? It's intended to serve as both the primary and a handbook for

people who are practitioners, policy makers, advocates, students, the public and we're really trying to make the information about the public health approach accessible. We know that gun violence is a component of the entire spectrum of violence, and it is not just about the guns, but is the fact that people are violent. So, we need to do something about it, we need to look at how public health has addressed other issues successfully. And that's what we focused on with the book and that's what you'll hear more about in this webinar. So, we're not talking about taking all the guns away, we're talking about creating an environment in which we can be safe, given that there are guns present just like we work to have an environment where people are safer because you know, we have cars and trucks that pose risks but we've managed to do a great deal to decrease those risks and what the book is about is what we can do right now. We know that firearm deaths currently are major problem and a major public health problem with over 30,000 people killed every year and millions of others who are injured.

Linda Degutis, DrPH, MSN: We know that there are mass killings, which are a small portion of the problem, but very dramatic and certainly a serious issue and we also know that suicide is one of the major issues with respect to gun violence. We also want to say that the principles that we used in putting this book together and putting the information together is that while mental health, including substance use, could be a contributing factor in some of the gun related deaths, it's not the only issue and it's really a minority of people with mental health diseases who are violent. They're usually victims of violence, as opposed to being those who are perpetrating violence, so we don't want to make it all about mental health. We also know that there is research available that can help us understand what can work to prevent gun related deaths and injuries, and there are examples from other places around the world about how this has happened. We have our own research here in the US and a number of researchers who have focused their entire careers on looking at what we can do to prevent gun violence. And the other thing we know is that language is extremely important that we don't use the terms gun control, we use the term gun safety instead because the minute we use a term like gun control, we turn off the discussion and the ability to have a real dialogue about it. So, we really want to focus on some of those things, we want to really focus on the need to have science to inform action, but also the need to make sure that programs are evaluated, to make sure that they're working And modified if they need to be, and we really want to work to change the dialogue, so we can all work together to identify how to keep people safe given that we have firearms in our environment. We know that firearm violence is a public health crisis and a serious public health issue, and it really calls for public health solution. So, listen, ask questions, and really help us to work towards eliminating firearm violence, thank you.

Linda Degutis, DrPH, MSN: Mighty

Mighty Fine, MPH, CHES: Thank you Dr. Degutis, appreciate that for setting the stage for us today.

As an extra bonus or incentive for today, I want to let you all know that we will be sharing the link for that book and for those of you who are tuned in today, we are offering a 10% discount on that purchase through August 20 so be sure to use the code GVP we will be sure to put it in the chat as well, for your reference but that's just an extra special bonus for you are being with us today. Dr. Spivak, open it up for you now to tell us about the US landscape in the history of gun violence in the country.

Howard R. Spivak, MD: Thank you Mighty and good afternoon, everybody. While most people familiar with this issue of firearm violence are aware of this, it's always worth repeating that the United States stands out when compared to other affluent industrial nations in the world, is having an exceptionally high rate of homicide. In the last quarter of the 20th century, there was a steady increase in homicides in the United States. And this peaked in the early to mid 1990s when the rates were extremely high, after which in part due to a lot of public health efforts, we have seen a steady decline in homicides across this country in all areas, in cities, in smaller cities, in rural areas. However, over the last year and a half or so that picture has begun to dramatically change. In 2020, there was approximately a 25% increase in homicides in this country. And this occurred across a number of different boundaries, big and small cities. It was pretty substantial, and in the first half of 2021, the increases seem to be continuing and it's been about a 10 to 15% increase over the first half of 2021. What's important to understand is that while the homicide rates have increased substantially, crime rates have not increased, and in fact rates of robberies have fallen 10%, rates of property crimes have fallen almost 8%, rates of rape or reported rapes have decreased by 14%. And in fact, all violent crimes have only increased by 3% as compared to the 25 plus percent that we've seen in the rising rates in homicides. So, it seems to be very specific to homicides and in particular, gun related homicides. It's also important to note that while these increases have been occurring, the rates are still not where they were in the early to mid-1990s. There are some cities like Philadelphia and St Louis that have seen increases that have brought them back to the rates they experienced then, but many other places like Chicago, New York, and LA while they've seen increased rates in homicides. They are still not even close to where they were in the mid 1990s. So, the situation is not looking good, but hopefully will not reach the levels of crisis that existed before the turn of the century. A couple of things about the homicides and the increase that we've been seeing one is that, while there are a number of very high profile mass homicides that have occurred, the primary contributing factor to the rising rates is not these mass homicides but, in fact, are the day to day homicides that are occurring in communities and as has been true in the past, the communities that have been most effective by this rising rates have been communities of color. And so it is particularly distressing to see that happening once again. There appears to be some relationship between this more recent rise and the pandemic that's occurred, although the rates were rising before the shutdowns in March and April of 2020, so this somewhat precedes the more severe parts of the pandemic, but there does seem to be a relationship. How this relationship, or what this relationship means is unclear. It may be related in part to the stresses that have occurred as a result of the pandemic. There's been a substantial increase in gun purchasing during the pandemic and that may be impart contributing to the rise that we're seeing as well. So, there's a considerable cause for concern that's calling for some real action at this point.

Howard R. Spivak, MD : I just want to speak a minute or two about what may have contributed to the decline in homicides since the late 20th century. And it appears that this may be related to a number of things from some national effort level efforts around the implementation of background checks and a variety of other things, but this may also substantially be related to the fact that there's been a considerable increase in local community based initiatives to reduce violence and reduce gun violence in

particular. And one of the concerns has been that the pandemic has caused some of these programs to either shut down or reduce in their efforts and that may be part of the elements that are contributing to the rise that we're seeing now. I think at this point, I will end my brief comments as we'll move on to some discussions about community level efforts, so back to you Mighty.

Mighty Fine, MPH, CHES: Thanks Dr. Spivak for setting us up in that way, so I'm going to turn it over now to Ms. Mitchell to talk to us about some of the community efforts that she is organizing in Jersey.

Meishka L. Mitchell, AICP, PP: Thank you Mighty. My name is Meishka Mitchell, I am Vice President at Camden Community Partnership in Camden, New Jersey. From this picture, you can see we are located directly across from the city of Philadelphia. We share the Delaware river with them, and so what we have that they don't have that you can see in this photo is a view of Philadelphia. We are a small city with big problems, and you know, but from a historic past and you know from a place that was the home of the talking machine, so the RCA Victor the Victrola was invented in Camden. next slide.

Meishka L. Mitchell, AICP, PP: Walt Whitman founded his home and candidate for a while and Campbell Soup still finds the city home today, but from you know its heyday in 1957, To you know, like many Northeast and former industrial cities with the closing of the factories, the X this to the suburbs, Structural racism really has changed a tie, for our city and Camden has been on all the lists in the country that no one wants to be on so we've been on the poorest and the most violent. Although you know today there is definitely a turn around and things are happening here, but when we think about interventions and thinking about how to change the tide for gun violence and violence in general in Camden, you know they're there are the traditional methods and so certainly I have to give you know credit. Our Camden police department actually did a complete restructuring in 2013 and has been a national model for community policing and now they feel pin the coin for unity policing. There's many intervention methods and youth programs that have also been a part of the story, but as a planner, the work that we've been doing has been around interventions on the public realm and arts and culture, and what those impacts do. So, you know when we look at this picture you see the density that was Camden in 1957, and go to the next slide. Today you have neighborhoods, and this is the north Camden neighborhood and what you see in the map and all of these great spots are either vacant land and vacant building where you have neighborhoods that were once, you know, fully dense every single block was built up to its full capacity for you now have you know 20 excuse me 28% of a neighborhood be vacant land, and you know 12 acres of vacant buildings within one neighborhood. And what we know is that when you have vacant buildings and vacant land, you know, what ends up being centered around these places is the opportunity for crime to happen, and how can we on the structural level as planners and interventionists begin to think about how to tackle that. And many cities have done vacant lots stabilization. We're right across from Philadelphia, which really has been a model for vacant lots stabilization around the country, you know when we think about, you know, the clean and green, cleaning up a vacant lot and greeting it with putting up a fence and split rail. Those things happen a lot, but what else can be done as we're thinking about how to build these communities back up and stem the tide for the crime that's happening. next slide. What we were also seeing in Camden is that, along

with those vacant lots that vacancy was also spilling over to, go back a slide, was spilling over into the parks and the open spaces in the city and as we begin to reclaim those, You know, we started to think about how we can begin to activate those spaces so.

Meishka L. Mitchell, AICP, PP: It was both in the transformation of vacant spaces to active spaces, so, if you look at the you know the bottom right hand corner, where we build a community build for a skateboard park in a vacant lot, or sort of a mini golf course, which is in the bottom left hand corner on another vacant lot in this neighborhood but also thinking about the parks and open spaces that have become havens for illicit activity and gun violence that we began to populate those and make those become the community centers that they needed to be. Putting in festivals and yoga classes and other activities with arts and culture with the Community at the Center. And you know, I know, sometimes people think arts and culture activities are frivolous, but I know that arts and culture can be the glue that holds the community together but also, it humanizes neighborhoods. When we are in these urban centers and we think that they are not deserving of a festival, or they have too many problems to think about a fitness class in a park, you know that takes away the humanity of the people that live there, and that also begins to sort of help to keep that circle going of community violence. next slide.

Meishka L. Mitchell, AICP, PP: Where we have vacancy in Camden you have illegal dumping and in Camden when we're talking about illegal dumping, generally where this is 75% of dumping that happens from people that are outside of the city, coming into the city and dropping off truckloads of construction debris or mattresses or you know even right now we're fighting a case of illegally dumped soil. On anything that people don't want to pay a tipping fee to properly dispose of and in these vacant spaces where you then have illegal dumping you sort of you know, continue that trend of having the intersection for crime and vacancy. Next Slide. You know what you see in these two maps that you have is that there's a map of some of the illegal dumping hotspots in the city as well as sort of the hot spots for crime and what you see is there's direct overlap for where these locations are, where there's more illegal dumping, there's more vacancy and there's more crime.

And how can we begin to think about how can we tackle this as an issue? You know it's something that leads to crime but it's also for Camden a place that has a structural deficit and very small resources. Cleaning up other people's waste costs the City of Camden over \$4 million a year. So, like there's no small fee, you know the environmental impacts above that. So, these are all things that really continue the blight of a neighborhood and lead to additional crime. For Camden, thanks to a Bloomberg philanthropies grant, we actually came up with a very creative solution to think about how to tackle illegal dumping in Camden. next slide. Through a program and a project called A New View Camden, right now, we have six different sites that used to look like this, so former illegal dumping sites, we chose specific sites that were on highly trafficked corridors, this is a corridor for the high speed line that travels from the south Jersey suburbs over to Philadelphia, called the Patho And what we did was do large scale public art interventions on these lots. So not only did we transform the spaces and get rid of the illegal dumping, we've got rid of the crime that was happening at these locations and turn them into centers of activity around a public art piece, so this is what this site looks like today. next slide. There's a beautiful installation called Invincible Cat by two artists Don Kenell and Lisa Adler. The illegal dumping on this site has been eradicated, but all of the art installations that have been installed, all parking back

to thinking about new ways to tackle waste. So, this piece is made from recycled car hoods, we have other pieces like a 15 foot tall standing robot that is picking up trash, or we have another installation that takes Styrofoam and has meal worms that digest the Styrofoam as sort of a stem project that shows how you can tackle waste with what's happening. next slide.

Meishka L. Mitchell, AICP, PP: Here's another example, and this sort of shows or have all of the interventions that can happen about what we do. And so you know you see this split rail fence that's happening there, that's a traditional sort of vacant lot stabilization technique, where you clean up of what was a vacant lot and you put a fence up to show that its cared for. Sometimes it works and sometimes people are still dumping so they're dumping, they were still dumping in the rear of this lot on, and so we transform this lot also through the New View project into a community space called Touching the Earth. next slide. That has you know, a clay oven, clay bread oven, and now is a community gathering site the mural at the top was done. We hired 10, So in addition to the national artists that were hired as a part of this project, we had an artist apprenticeship program, where we were training Camden and residents to be the next phase of artists to do our next set of public art, so one of our apprentices did this mural that you see that's at the rear of this site here, and these sites are also used for different types of programming whether it's bringing awareness to illegal dumping like a Community forum that was held here or community movie night, where you can get the Community together in a space and be able to make those connections. You know when we are thinking about being and intervening and how to stem the time for Community violence, for us it's about bringing back the term for community. And you know it's that you shouldn't have to go outside of your neighborhood to look for something fun to do, it's about bringing back that livability, it's about bringing back all of those things that make people want to stay in a neighborhood and bringing back some vibrancy. So, when you know people think about, you know, the fact that you know movie nights or something that you know we shouldn't be thinking about, I say, those are the exact things we should be thinking about if we want our youth to be out of trouble, we need to provide them with things to do. And while all of the other interventions and working with the police or youth programs and curfew programs are also important, and we partner with those entities as well. You know I think it's important for communities to remember that arts and culture really become something that can be a cornerstone for not only the creation of Community and livability, but also for stamping violence in your communities. next slide. So I'm happy to share a little bit of our story with you, you could find more about connect the lots, which is our activation program for open space at CTLCamden.com. And about our public art intervention at a New View Camden and we happy to answer your questions later on in this presentation. So thank you and I'll turn this back over to Mighty.

Mighty Fine, MPH, CHES: Thank you so much, Ms. Mitchell and there are questions certainly pouring in for you so I'll be sure to elevate that during the Q&A period, having spent some time in Camden when I lived in Jersey, it was really thrilling to see what's happening there. So, last but certainly not least, but I'm going to bring up Dr Richardson to close us all for this didactic portion. Then, I'll bring the panelists back on to talk about the way to move forward, then we'll get into the questions that you are posing in the audience. So feel free to continue to note those in the Q&A feature on the zoom webinar.

Joseph B Richardson Jr., PhD: Thank you, Mighty. Good afternoon, again, my name is Joseph Richardson professor at the University of Maryland college park but I'm also the co-founder and co-director of a hospital violence intervention program at University of Maryland, Prince George's County Hospital Center which I directed from 2017 to 2019. So much of my presentation will focus on the young men who I worked with who are survivors of violent firearm injury, who were treated at that hospital where participants in the program. next slide. So, in terms of intersectionality, which you know I define as the intersection of race, gender, social class, as well as sexual and gender identity. How do these layers of identity, contribute to health outcomes and so since much of my work focuses on young men from the District of Columbia, I think it's important to you, to view these young men and their lives to frame this conversation around health outcomes, as it relates to violent firearm injuries and so here is a clip from the Washington Post in terms of the life expectancy of young black men in the nation's capital, who are expected to die 17 years earlier and have lower life expectancies in the district. next slide.

Joseph B Richardson Jr., PhD: So, we know that gun violence is the leading cause of death for young black men between the ages of 20 and 39 and has consistently been on the leading cause of death for that age group, for years, and so here over half of gun homicide victims are Black men and make up 52% of all gun homicides but represent less than 7% of the population.

Joseph B Richardson Jr., PhD: Next slide.

Joseph B Richardson Jr., PhD: I created a digital storytelling project, which I am the executive producer, which focuses on the lives of 10 young black men who have been violently injured. They are all from the District of Columbia and their narratives expressing the ways that they experienced traumatic stress and many of the symptoms that they experienced are similar to the symptoms that you would find among soldiers who were in Iraq or Afghanistan or Syria. And we also interviewed the therapist, trauma surgeons, as well as the many significant people that are involved in their lives, their caregivers, etc. So, this is a clip if you could just press play this is a clip of you can go back and hit play. On that just down at the bottom.

Video Transcript:

Car pulled up, it entered the parking lot, get the spraying, 56 times. We thought it was fireworks, it wasn't, it started ricochet off the walls it was real. I didn't know I was shot until I got around the corner. Felt a cramp, then my hand got real hot because of the blood, I looked down and I got shot, passed out about two, three times. The ambulance came into the hospital. I got out the next day and it was war time. I'd say for the guys that we work with, hypervigilance is the main symptom and hypervigilance is the feeling of I'm not safe. I just moved into my own little spot, I hear little noises I be thinking its something else so now a whole other ballgame. I'm way out in Maryland. By the time I get halfway through the hallway I'm like "man lay your ___ back down". Like real. I'm getting used to it. I am getting used to it man, I'm getting back to feeling comfortable that's what it is, I was comfortable in the streets. Got shot, now I got to get comfortable with just chilling, you know what I'm saying, doing what I got to do. Hypervigilance is under hyperarousal which means that the nervous system is stuck in fight mode,

so the person is always amped up, they are argumentative, they're easily triggered, anything that someone says to them, they go from having a moment of calm to a moment of intense anger and rage. What other ways did it change? Attitudes, definitely, my eating habits, My breathing, my anxiety, Mainly anger though, Were you more angry after that? Yeah, I'm still working on it.

Joseph B Richardson Jr., PhD: So those are just some of the symptoms that traumatic stress that we found among many of the young black men that we work with and we have to engage in cognitive behavioral therapy to address that through our hospital violence intervention programs services. next slide. And so, these is the three forms of violence that compound and produce Community trauma and I just want to pay attention to structural violence, because we often do not talk about and discuss structural violence in the ways that concentrated poverty, food deserts, all contribute to violence as well, and contribute to lower life expectancies, which then also structural violence leads and contributes to interpersonal violence and community trauma. next slide.

Joseph B Richardson Jr., PhD: So, it wasn't until I became a researcher and doing my work and trauma centers in Maryland that I realized that even my own experiences which structural and personal violence led to symptoms of traumatic stress and particularly a sense of fatalism that you as a as a young black man growing up in Philadelphia that I would not live to see past the age of 21, even though I wasn't involved in a high risk lifestyle. And so, this is one of the young men from my project, this is Slim. And here, he says, the next generation is in a cycle now, the kids that are being born in my neighborhood that growing up to be that we started. They're traumatized right now, they don't know it, though I was once him I was once her, I know what they're about to go through. So, we also need to address the intergenerational trauma that young black men experience. next slide. So in DC, this is just a stat of how many people were shot last year, 922 people were shot, there 198 homicides as of today, there are 119 homicides and at the same time last year there were 115.

Joseph B Richardson Jr., PhD: Next slide.

Joseph B Richardson Jr., PhD: And so, what I would like you to take note of is the number of young black men, of black males who are Victims of homicide but also if you look at the female homicide victims, the change between 2019 and 2012 was from 12 Victims of homicide to 29 and 2020 which is 141% increase and, as you can see, the number of black women who were killed actually is greater than the number of white men and Latino males. next slide please. And so, this is also a critical issue which we need to focus on in terms of intersectionality the increase in young black women who are being killed, not necessarily just through Domestic violence interpersonal violence, but also being intimate partner violence, but also being killed to interpersonal violence and what we're finding is that many more young women are coming into the trauma unit who have been injured as a result of being engaged in high risk behaviors as well as relationships with people who are also engaged in high risk lifestyles and engage in those networks. And so last year in Baltimore, there were 48 black women and girls who were victims of homicide. And so I'll end on that note, but I also want to acknowledge that in terms of transgender

women and transgender persons in 2020, 44 transgender persons were killed as a result of gun violence, and in 2021 we're up to 34 and every three out of four transgender persons are killed through gun violence and the majority are transgender black and brown women, thank you.

Mighty Fine, MPH, CHES: Thank you so much for closing us out in that manner. So, today we've had a full discussion in a short time we've talked about framing, we've talked about narrative, we've talked about practice, we've talked about policy, trauma, structural violence, I've been writing it all down here and then we've also been pleased to have the perspective of Camden and obviously DC, living in DC, I appreciate that as well. So, with that I'm going to ask the other panelists to come on screen, so we can just talk about next steps before we delve into some of the questions that have been posed by the listeners. And a reminder to our listeners, we are tracking some of your questions that you're putting a chat feature and trying to capture them, To pose later, but if you could do us a favor and be sure that you're asking your questions for the panelists in the Q&A feature that will help us to ensure that we get to your question. So, for starters, as I mentioned, you all elevated different aspects of gun violence prevention. So where do we go from here? I'll start with you, Dr. Degutis if there's something that you didn't get to elevate in your opening remarks with something that you want to convey to our public health listeners that we need to do differently or do more of.

Linda Degutis, DrPH, MSN: I think there's I think there's a couple of things. First of all, I think we need to make people aware or help them to understand that this is not a problem of just one population, subgroup, or one population group that this is an issue across the board that we all have a responsibility for doing something about it, we all have some accountability, and there's various ways that anybody can engage in it, but I think what we need to work on is eliminating some of the biases that people have about where gun violence occurs and who's involved in it because we just you know when you talk to someone, they'll say oh it's just the gangs or oh doesn't happen in my neighborhood or you know I don't know anybody who's been a victim of gun violence. And I just think we have to help them, help people understand that this is a problem that we all need to deal with, and we all need to really push our politicians, our policymakers, to do something to actually not look at this as a law enforcement issue but look at it as a public health issue and to look at what alternatives can be used to help people engage in their communities.

Mighty Fine, MPH, CHES: Thank you for that, and as you were talking some folks that pepper and chat and I just wanted to echo what I took away is your sentiment recognizing that there is inequities in how violence is distributed. and your point is that, although there are those differences it's a collective issue that we all should be addressing with urgency. And I'll just go and order of the speakers so Dr. Spivak anything else you want to elevate based on what you shared what you heard today.

Howard R. Spivak, MD : yeah, three things. One is that we need to begin to better deal with how the news media is reporting violence and homicides because I think many of the misconceptions in the public are result of the misframing of this issue by the news media. And I think that's a huge problem that does a disservice to communities of color that makes people think that these mass shootings or the problem rather than the day to day violence that's occurring. I think the second thing is that much of the discussion focuses on what we can do from a legislative and regulatory perspective, and while there's a

role for that, in terms of closing loopholes and background checks and things like that, the real richness of the response to this problem is going to be investing in community level strategies that really tackle this issue in a more comprehensive way. I think I'll stop at that point.

Mighty Fine, MPH, CHES: Thank you. Ms. Mitchell. Your thoughts or reflections?

Meishka L. Mitchell, AICP, PP: Or you know I just first say like You know I work in Camden, but Camden is also my hometown, so I am a native of that city, I have you know, been through and heard all of the things and perceptions that people have of that city and know of the you know actual violence and perceived violence that goes along with living in a place like Camden. And you know it's also one of the reasons why I firmly believe, and you know, the arts and culture work that that we do and thinking about ways that not only outsiders could think differently about Camden but also the people that live there. You know, when I was growing up in Camden, it was a badge of honor to say that you were leaving Camden right and that's the thing that you want to try to change, but in order to do that, you have to be creating something that's livable you know it starts with you know decreasing the rates of violence, and education, and all of those other things, but it's also with providing things that families want to do and have fun. You know lives, and this is about the humanity and especially when we're talking about black and brown communities, there's lots of focus on a lot of those things, and all of the traumas but not as much focused on trying to bring back the fun. And you know you have to have some that you remember the humanity of the people in these neighborhoods and incorporate that into whatever public policies and health policies and interventions you're trying to make. That you know these are you know that these are humans that deserve respect and deserve joy so let's bring back some the joy to our neighborhoods.

Mighty Fine, MPH, CHES: All for that! I always say that it's good to find pockets of joy and I, and I agree that I don't think we discussed that in the context of gun violence prevention so thanks for elevating that. Dr. Richardson I'll have you close us out on any sort of next steps, where do we go from here before we delve into the Q&A.

Joseph B Richardson Jr., PhD: I mean there are a ton of next steps, but I would definitely say in terms of the investment and gun violence as a public health crisis, I can definitely tell you as an advisory board member for the Maryland Violence Intervention and Prevention Fund that Governor Hogan recently veto the funding for those programs in Maryland. And so, at a time when we have a gun violence epidemic, we have a lack of resources and investment in hospital violence intervention programs, gun violence intervention programs such as safe streets. And so I think it's you know where we have this American rescue plan, where there can be a significant investment in gun violence reduction strategies, we need to engage in that, we need to invest in those things, there are some states like California which has CalVIP, New York, which has their own violence reduction built into the state budget, we need to have those federal dollars and state dollars across the board. And we need to have better evaluation of what these programs are doing what works, what doesn't work, but that also requires people to be on the ground, we need culturally competent researchers right, and I think it's unfortunate that there are

so many amazing gun violence researchers that are black and brown that just get totally ignored in this work. And, just like to give a shout out to my group, the collective which are which is led by Shani Buggs at UC Davis and I'm a member of that group where there are a number of us gun violence researchers that are researchers of color that are concerned with these issues, but in terms of gun violence, research, which we know hasn't been funded for almost 25 years which was recently, you know \$25 million, which is a drop in the bucket compared to how we address other public health crisis, particularly the opioid crisis. I think we need there, we have a long way to go in terms of the public health investment in these issues.

Mighty Fine, MPH, CHES: Thank you for that, and I think that actually provided a great setway into one of the first questions that came in talking about sort of the role at this so state and local public health and what's effective there and I don't want to say in contrast, but in what we're seeing sort of was touted as a do law enforcement and crime perspective, how do we really usher forward that public health perspective and recognize that we need to look at things upstream, and how are some of those state and local pieces are critical part of the puzzle, as opposed to looking at downstream when folks are arrested, etc. So, anyone can take that question.

Mighty Fine, MPH, CHES: Linda I think you're muted.

Linda Degutis, DrPH, MSN: I'm sorry. I think one of the difficulties has been for a long time that public health in general has been very underfunded. So that if someone in the legislature, or the governor's office doesn't see this as a priority, or doesn't you know isn't interested in doing something about it, then no money is going to the health department and sometimes when you talk to people working in various health departments, they'll tell you, well, I can't work on that I can't say anything about it I've been you know, I've been told that we can't deal with that. It's not up to us to work on it, and so, some of it has been this to some degree of politicization of the whole issue of gun violence as opposed to looking at addressing it as a health issue and looking at how to address it as a health issue. And some of the funding issues that you know apply to getting the research done, you know it's the there's also issues with funding evaluation of what works in the community and figuring out, what are the programs that are really effective and getting the word out about what can be done in communities across the country to help decrease gun violence, you know. So, I think, I think a lot of the health departments just don't even get involved and I would say the other there's another piece of it that CDC has provided funding for health departments and provided funding for them to do work in injury and they have been essentially prohibited from using that funding to do much about gun violence. If anything about gun violence. So, that's been another sort of roadblock where you know they get told well you can't use the money for this, you can't use the money for gun violence, you have to use it for other things you know, and so, even if it's a major problem in a specific area, people can't use the money for it.

Mighty Fine, MPH, CHES: Thank you for that. Any other thoughts on that?

Howard R. Spivak, MD : yeah.

Mighty Fine, MPH, CHES: And while you're doing that, Howard, I have another question for you to think about it's just so I don't forget, but to make note of your remarks about the increase of gun homicides in relation to gun compared to other forms of crime and violence.

Howard R. Spivak, MD : Well, I think, just picking up on what Linda said, I think, quite frankly, that the funding needs to come from the Federal and State health departments, but local health departments have to own this issue and that's still a problem. And I think that's one of the things that local communities can begin to influence is to really push their local health departments to in fact to define violence and gun violence as a public health issue and get it on their radar because it's not on the radar of many local health departments. I'm not sure what the other question was.

Mighty Fine, MPH, CHES: Yeah they just wanted you to clearly delineate that what you were saying was that, while other crimes, there was not an increased it was certainly increase in gun violence specifically.

Howard R. Spivak, MD : there, there was it's been an increase in homicides, the large majority of that increases been in firearm related homicides, there's also been an increase in non-fatal firearm injuries so it's not just homicides but it's gun violence in general that has been substantially increasing over the last year and a half.

Mighty Fine, MPH, CHES: Thank you. So, we have a question, lots and lots of questions.

Mighty Fine, MPH, CHES: So Meishka, one of the questions for you, is that recognizing that a lot of your work is in the arts and in sort of rehabbing spaces, public spaces, environmental interventions. Is there any work that's being done around vandalism or to prevent sort of graffiti or anything that ruins sort of the installation? Someone just how do you protect them as what they're asking essentially.

Meishka L. Mitchell, AICP, PP: Sure, well, I mean two things and one I would say we've had this current installation been up since April and we've had one incidence of vandalism. Over all of the sites and so, and I think when you will find and you'll hear other people say, and especially when you think about like murals and other things like that, as arts and cultural installations generally do have an impact on the community that does not lend itself to actually getting much vandalism as one would expect to see in and other places that you might see and even other parts of the same neighborhood so. You know

people, especially when you involve them in the process of creation of those things, and so that they feel that it is theirs. We actually haven't had any issues, although certainly we are prepared for them, we clean up you know graffiti when it happens, you know that's part of the process of having those things out there, but also you know when we're thinking about prevention of vandalism and actually just changing the culture for one of those things, especially like if I'm thinking about illegal dumping, Right now, you know we're actually focusing more on the policy side, we're thinking about that and so increasing penalties for illegal dumping, so that it makes it less attractive for people to come and illegally dump in the city on and we've been doing a survey in Camden in particular, a residence survey, about the kinds of things that they would like to see on you know whether it's additional cameras or additional landscaping, and so it varies by some of the neighborhoods on some of the things that we see, but we try to make sure we are using a resident driven approach for whatever that means is to make sure that we're doing those things, but you know vandalism is something that I think we're all dealing with. This is part of the blight and vacancy that happens but the arts and culture interventions actually help to change that dynamic and when you, you know, create and beautify the spaces on you know it helps to instill additional pride into the neighborhood. It helps to have people have something redeploy to look at that they'll take care of on, and so you know, I think that you know it's always a step in the right direction.

Mighty Fine, MPH, CHES: Thank you for that. Yeah, I think what you said resonates with me is like really shifting the culture and changing sort of the connectedness in the cohesion within the Community. Dr. Richardson a question came in for you and I just think it's probably a point of clarification that they're seeking when you mentioned sort of high risk lifestyle, high risk behaviors in the context of shooting victims, if you can unpack that a little bit for them.

Joseph B Richardson Jr., PhD: yeah so, I want to make this clear, though, in terms of the risk factors, so one of them I would definitely say is substance abuse right. So we see young man who are engaging in substance abuse behaviors such as like smoking marijuana or they are using Percocet's right because pills is really popular taking pills is really popular among many of the young men that I work with, but also want to put that in context in terms of trauma. Right and that this may be a way of self-medicating their trauma, which has never been addressed and it's not necessarily just related to the incidence of gun violence, I'm talking about intergenerational trauma, so this is trauma from birth until the time they've been injured and after that, so there is no post, right, there's a continuum of trauma that is actually the result of structural violence. So, when you think about someone that has been has lived in concentrated poverty and everything that we were trying to address in Camden, all of those structural issues, these are the traumatic effects that people are dealing with. And then the other, the other point would be carrying a firearm, and so I you know you hear these narratives and coming down on young black men about why they're carrying a firearm but let's put this into context. We have we have police departments in many urban areas which are engaging in the most abusive behaviors and practices in black communities against black men and women. And so, for communities that have a lack of distrust

in the police, the closure rate is low. And then we also have people who we have millions of guns that have just been sold. Many of the people who are carrying guns right now didn't buy those guns because they have felony record, so we need to track how those guns actually make it into those neighborhoods, How does a kid get a brand new AR15. A brand new 40 glock right, and so, when people feel isolated and alone, and they live in a neighborhood where crime is rising and homicide rates are rising, yes, the next default would be to carry a gun. And in many instances, I don't blame those young men for carrying a gun, but the problem is, is that now you have gun crime units that are out there to catch people with guns, which bring more people into the criminal justice system. So, it's cyclical and then once you have a felony record, it's difficult to get employment right. So all of these things are connected and interrelated, it's an ecosystem and you can't just address one thing without addressing the next, and so I just want to put it in context, when I say high risk that those behaviors are actually perpetuated by many structural issues that have gone unaddressed.

Mighty Fine, MPH, CHES: Thank you, and I think that, Linda you're muted if you want to say something.

Linda Degutis, DrPH, MSN: Yeah can I add something to what he said about the guns and about tracing them, because I think that's a big part of the issue too, is that we don't have access to the data about where guns are sold or you know who sells a gun. So there was at the time that a little bit later than the issue, the Dickey amendment decrease funding for CDC as far as gun violence goes there were, the Tiahrt amendment restricted the access to the records that the Bureau of alcohol, tobacco and firearms has on gun sales and on gun sellers. and at this point in time, it is those that information is still not available to researchers, that is only available on a one by one basis to police departments that have to specifically request the record, you know, a record based on some identification of a specific weapon. So, that's another problem and it perpetuate I think the issue that you're talking about. Is that you know we can't find out where are people, who is selling sometimes you know selling some of these weapons way more than they should be and violating some of the you know some of the laws of sales and then they get to people who are at risk, and you know it just it makes it just as bad as or worse than it could be, if we could actually get some the action to be taken against the sellers, as opposed to these people who are possessing a weapon.

Howard R. Spivak, MD : Mighty.

Mighty Fine, MPH, CHES: Yeah I think I'm frozen, can you hear me.

Howard R. Spivak, MD : Mighty? yeah.

Mighty Fine, MPH, CHES: Okay, great go for it, Howard.

Howard R. Spivak, MD : yeah I just want to add one other point to emphasize something that Dr. Richardson said and that's the whole issue of early childhood traumas. And the fact that we know that young children when they experienced various traumas and it doesn't have to be violent traumas it can be any number of things are at much greater risk for involvement with violence, both as a victim or as an assailant. As a pediatrician, I consider this enormously important, I took care of kids who literally never slept on the top of their beds, they slept under their bed, because they heard gunshots in their community at night. Children who are, don't get enough food and kids who, for various reasons, are traumatized in their school experiences, all of those things have implications in terms of later risk. And so part of this intersectional response needs to be to be alert to kids and the trauma they experienced, identify those kids and provide services for those kids before their problems escalate into far more serious situations.

Mighty Fine, MPH, CHES: Thank you, so I have some questions coming in and you already elevated this throughout the conversation today regarding shifting from shooting some more structure, how we focus on structural issues, and if we can, if the panelists can speak to that. When we're talking about homicide with suicide as well, so how do we shift from the incident to addressing the structural factors that contribute to both? And I'll leave it open and unless someone's chomping at the bit so.

Linda Degutis, DrPH, MSN: I'm just, can you say that again.

Mighty Fine, MPH, CHES: Sure, so there are quite a few questions coming in and helping us to reframe and public health to move away from focusing on the incident but thinking about sort of the structural factors that lead to that incident that lead suicide and homicide.

Linda Degutis, DrPH, MSN: I think yeah and there's lots of ways, you know that we have to think in talking, you know the community programs are certainly one of the primary kinds of structural kinds of interventions that could work when you talk about making people able to enjoy their community or to do things that where they feel safe and You know, so the ability to do that is a real it's a structural issue, to some extent and ensuring that those kinds of programs are available in you know in communities where there are risks, but some of the other things really do have to do with I think as Howard said, the early childhood issues and really looking at what are we doing with very young children, how are we,

how are we helping them to grow up in a without the sense that violence is the way that problems get solved that issues get addressed that you know if somebody has a disagreement that violence is the answer, as opposed to some other ways of dealing with disagreements. So, I think those are some of the structural pieces and when you look at the ACEs that Howard was talking about, the adverse childhood experiences, there's a lot of those that really relate to structural changes that are needed.

Meishka L. Mitchell, AICP, PP: I think it's because I was going to say like I think the conversation that health conversation has been changing over the years as the word health has kind of been broaden and people are thinking a little bit more holistically but you know, historically, and I think it's still very much the case that you know funding and organizationally, we are very much in silos and we tackle things in silos so that you know there's an organization working on, you know, food security and an organization Who might be working on youth programs, and another organization working on, you know job placement when all of those things factor into whether or not someone might be a victim of crime or being involved in a crime themselves. And there's really not many of things that are sort of holistically looking at a person or a family and then certainly mental health especially in black and brown communities is something that is definitely left out of the conversation, and when we're talking about you know traumas and early traumas you know you being born black right is maybe a trauma and itself right when we're thinking about those things, and whether or not meant there's any mental health services being involved, those are generally not there and in the places so you know, certainly, I think you know, making sure that all the conversations that we're having like these webinars and trying to broaden the conversation to say you know there's a lot more to talk about when we're talking about violence than just talking about the gun or just talking about one particular aspects. Like you know that's why arts and culture becomes a part of that same conversation, just like jobs are and just like food security is that you know you have to be thinking differently about sort of the holistic person and community, and in order to make sure we're tackling these things.

Howard R. Spivak, MD : And I think in many ways, we're getting into the whole issue of social determinants of health and issues of economic opportunity, of educational opportunity and these are directly related to ultimately risk for involvement and violence and experiencing violence.

Mighty Fine, MPH, CHES: Absolutely and that and I don't know if you all have had a chance to look through the chat but there's a lot of chat happening, and so you all have done your due diligence and really sparking a continual conversation around this issue, but Howard that's a great setway there's a bunch of chat around social determinants of health and some questions around sort of the EPI of violence right. We can look at a map and see where violence is concentrated in certain communities, so the question, asked is so why aren't resources appropriately allocated to those sources of violence, so if anybody can speak to that that would be great. Dr. Richardson looks like you're about to speak.

Joseph B Richardson Jr., PhD: Yeah I would just say you know we can map violence, but if you were to map any other chronic disease, you would find them in the same place. I do this analysis, all the time on Washington DC and if I were to map the disproportionate number of COVID deaths, they would be in the same neighborhoods where gun violence was occurring. I would have map diabetes, hypertension, any chronic disease, they would be in the same wards right, so this is just another social determinants of health, on top of another social determinant of health on top of another right and we need to take a much more holistic approach to not just looking at gun violence in a microcosm, but there are many other diseases that are lowering a life expectancy of people who live in those neighborhoods just as much of gun violence, if not more. And so, we mentioned mental health but the reality is there are so few mental health clinicians. I read a recent stat that there's one for every 30,000 people there's one mental health clinician. So, in terms of accessibility, stigma, the cultural competence of mental health clinicians, all of those things are huge factors within communities, particularly communities of color in a lack of accessibility to a mental health clinician. Which is why we probably need to turn too much more of a Telehealth approach right? Where we can provide accessibility to those Telehealth services and people don't necessarily have to jump on a bus to get there. But then that also brings into question do people have the digital means to do it with the digital divide problem? So, I would definitely say that yeah, we can we can map all of these issues on top of each other and pull back the layers on each one of them. And their public health issues across the board, just not gun violence, but just the lack of investment in those communities to address the social determinants of health.

Linda Degutis, DrPH, MSN: Yeah and I think I think one of the other pieces, too, is that when we have people who are going into the you know who are studying public health, who are you know being taught about the various aspects of public health, there's very little education about violence or in general or gun violence there's not a requirement that they learn about it. Or that they learn about you know what they may learn about hypertension about heart disease about infectious disease but they're really not being taught about some of the factors that are associated with violence and I think that's another you know it's another huge gap that we have that people aren't learning about that and seeing and learning what they can do as far as you know, as far as treating it as another public health problem, but also incorporating it as part of the overall picture of health when you look at someone and say what is their health, like you know that the violence is just one it's one other part of health.

Mighty Fine, MPH, CHES: Thank you so then I'm going to take a few questions that have come in and lump them sort of itself, one question and it's really centered on partnerships, as you all have already elevated gun violence is not singularly public health's responsibility to address right, we have to partner and think creatively about addressing it truly. Meishka, you talked about sort of the arts and cultural piece of it, one of the questions came in for you about any work that you're doing with law enforcement and sort of the rebranding of how it's playing out in Camden. So, if you can speak to that and if others can speak to any other I'm trying to get away from the phrase of non-traditional partners, but any other unconventional partnerships that you've engaged in around this issue that'd be great to elevate as well.

Meishka L. Mitchell, AICP, PP: Thank you for that and certainly, I think you know for anybody who might be following what's happening in Camden, Camden is a bit of a unique case the City of Camden completely disbanded its city run police department in 2013 and reformed a county run police Department. So, it's the Camden county police department metro division. It has since been in this sort of new format ever since then. With sort of a whole new set of officers, some from the previous department and we did bring over the chief at the time but you know there's lots of new officers on the street, we went from You know I think we were able to double the police department through some efficiencies under the county department to get more officers on the street move to a new Community policing model. We have a current police chief that is a native of the city of Camden. You know, so I think you know, things have really changed on the policing front and their ability to be an ally community, so we actually partner, a lot with our metro police department and actually in lots of our arts and culture initiatives so because they do their own sort of Community events and things like, that they really sort of out in the Community, and so they are our partner in our Community movie nights. They're there and present given out snacks and things like that, so we you know partner with them a lot on the lot of the work that we do, but we certainly we You know our name is Camden Community partnership for a reason because literally all of the work that we do is built around bringing other people to the table. And so, whether that we partner with our local hospitals and one of them has a virtual mobile market and so when we do our afternoon concerts, the mobile market shows up so that they have access to fresh fruit and vegetables there as a part of that initiative or whether or not you know we're partnering with some you know local schools or arts and you know theater groups or things like that so sort of we really do expand our base and think differently. It also helps the thinking, if any, you know people are from the nonprofit world organizational wise when we're thinking about funding, because you know literally You know, no matter what it is, you know you can circle back to some kind of place, and so, whether it's thinking about health or environment or traditional more traditional base arts and culture work it's all part of the same sort of ecosystem and we're able to tap into those different types of activities depending on what we're doing. So, I'll always advise, the more the merrier, the more people at the table and trying to sort of build that collaborative structure in order to really make a difference in the Community.

Howard R. Spivak, MD : I would add one thing that that if you look at some of the successful models around the country, a cornerstone of these models has been high levels of Community collaboration and coordination and, among other things, that requires staffing. And I think we need to begin to hold mayor's office's is accountable for staffing and providing the platform for groups to come together and work together and coordinate their work.

Linda Degutis, DrPH, MSN: The other, I think that's a really good point and I think there's other pieces like you talk about non-traditional partners some of the work that I've done has been in suicide and I knew that starting several years ago in Colorado there was work done with the gun store owners to help them identify someone who might be purchasing a gun because they intended to use it to die by suicide.

And they were with them to give them, you know information about what the clues were to that and they've been very successful in working together with the gun store owners to help prevent those sales from occurring and get people some intervention. The other piece of it is I've been doing work with the VA on suicide and veterans and as many of us know veterans are very good at shooting, it's part of their training and suicide is a big problem in veteran populations and so some of the work we've been doing has been to look at whether we can identify a trusted significant other or trusted concerned, other than a veteran who has had some issues with PTSD or might have some issues with depression would be willing to, would agree to allow that person to take their gun away during a time when they were in crisis or hold it, you know and not give it back unless they you know, unless they recover from this crisis and we're seeing some very positive results we don't have all of it put together, yet, but we're trying to do that kind of work with veterans to see whether we can engage some of their family members a little bit more in helping to prevent suicide so that's another you know it's just a different context, but it's also very important one.

Joseph B Richardson Jr., PhD: I would add, I would add two things, one that many more scientists engage in translational research. Well, I think we're in the business of doing the work so it can literally translate into interventions. Right and not necessarily the interventions that we're currently seeing right now I think there's enough space for a smaller, community based organizations which don't get nearly them the funding that they deserve or have the infrastructure and technical assistance to carry out the work and ways that's evidence based right and we throw that word around a lot. So and just in terms of investing and more Community based organizations that are actually doing really good work, but they cannot prove that what they're doing is effective And that requires investment in infrastructure, technical assistance, and also a researcher practitioner relationship where we have researchers that are partnering with practitioners to get that work out that's innovative and effective, but we need to prove that it works, instead of going with the typical and usual suspects of models that we have and you know I'm a victim to it as well as a former director of the hospital violence intervention Program At they're far more other innovative approaches that are in the communities that people have their ideas about what works, they know it works, But we haven't been able to evaluate it. And we need to find ways to get into those communities and identify those people who are engaging in this work but they're in a small 501 C three with less than three employees and they're operating on a shoestring budget.

Mighty Fine, MPH, CHES: Thanks for that you actually segued to so one of my next questions I was going to ask about some research gaps and that's certainly a piece of that puzzle but I'll come back to that as I'm seeing in the chat there's a lot of interest in how survivors are engaged in this work, so if any of you can talk about work that you've done with survivors and how they're leading some of the gun violence work forward. Any immediate thoughts reflections?

Mighty Fine, MPH, CHES: Howard you're muted.

Joseph B Richardson Jr., PhD: Here oh.

Mighty Fine, MPH, CHES: Go for it, Joseph.

Joseph B Richardson Jr., PhD: yeah I would say, first, the all of my projects are Community based participatory research and having patients involved in terms of patient centered outcomes research. So, life after the gunshot digital storytelling project that one clip, it's actually 98 minutes and we that's the first episode, we have three other episodes but the young men that are engaged in that process we're part of a patient centered outcomes study. And one of the things that I would, in terms of young men that have been affected by gun violence and creating their own solutions, there were numerous solutions that the young men that I work with created that I brought back to the hospital administration, who didn't support those ideas. And so, what you're finding is that people have their own solutions, they want to see those solutions translated into effective interventions, but then you have to deal with the hierarchy and bureaucracy of those who actually control the intervention. And that becomes the problem is how do you take those voices and empower those young men to be those their solutions or proposed solutions actually, translated into effective interventions. And I'll give you one example. So, for one of the things that I learned through my focus groups is that young man who were engaged in this... I'm speaking from my hospital violence intervention programs at that time not speaking for anyone else, So don't take this as a generalized, bold statement, but the young men that I worked with suggested that they did not want to engage in services which were at the hospital because it was a retraumatizing experience and I kept hearing that narrative over and over and over again. Why do we need to engage in this process at the hospital when potentially we could do it on my college campus right? Young men are exposed to a college environment, they're engaged they're learning about higher education, many of them would ask me after they would engage in focus groups on my campus. How do they get into the University of Maryland? These are ideas that they're creating right, but where is the political will to support that. Right, and again I think we get so caught up in the narratives of the typical programs and assuming we should fund in these programs because they're shiny and new, or they have political cachet, but there are other there are other innovative approaches that we can use as well, in terms of how we address it, and many of those solutions come from the young people that we work with.

Howard R. Spivak, MD : I would add that survivors are not just those who have been directly affected by gun violence but parents and siblings of homicide victims as well, and one of the most effective advocacy groups in Boston, for example, were mothers of young men who had been murdered. So, I think engaging parents of homicide victims, siblings of homicide victims is another strategy that's been used in a variety of communities, and these individuals become very powerful spokespeople for resources, for attention and can be far more effective in approaching politicians than others may be.

Mighty Fine, MPH, CHES: Thank you. See we're coming close to the time here we have a few more questions that I want to pose and then the others will get answered in another manner. Though we have a few questions coming in around violence in rural America and if anyone can speak to sort of what's happening there, In contrast, or in context of what we're seeing cities, whether we're talking about suicide or homicide. Can anyone speak to that?

Linda Degutis, DrPH, MSN: What we're talking about both I think that's the and one of the things we haven't said very much about in our conversation today has been about family violence, and you know intimate partner violence, and where some of those incidents do constitute some of the mass shooting incidents or some of the mass violence incidents. So that's one thing that occurs in rural areas, as well as urban areas, suburban areas. It's not you know, it's not unique to one particular area. Suicide is an issue as well in rural areas and, as our other you know other homicides mean that you know not just the domestic violence, but someone using a firearm to settle a dispute. So, It's somewhat similar, but I think we don't because of the smaller population or whatever we don't you know we don't see it in quite the same way, and there are some different issues it's just like there's You know, when you talk about a community, not every community is going to respond the same way in the context of preventing violence. Or you know, have the same response to various activities, but in rural communities, we still have a lot of the issues of that contribute, you know, there are the social determinants of health like poverty, we have some where there's food insecurity as well. There's a county in Colorado that has no pharmacy, no primary care, no mental health. It's a rural county but you know again it's lacking the resources that people might need in order to take care of their health, so there's rural communities all over the country that are having the same kinds of issues.

Mighty Fine, MPH, CHES: Thank you, so we have questions coming into around so we know what we know right and then there's what we don't know, can we talk to and Dr. Richardson you started to lead us down this route, a little bit earlier, but what areas of research are still deficient? Where should we be turning next when it comes to research? Any thoughts there?

Joseph B Richardson Jr., PhD: A Million and one. Definitely evaluation of what works and what doesn't work. You haven't really done a great job and I just wanted to shout out to one of my colleagues, Christine Bill is doing an RCT in DC on hospital violence intervention programs but it's still challenging because there is such a low end. In terms of getting people involved in randomized control trials. I will be initiating evaluation to save streets in the near future in Baltimore, but we still need more evaluation work there, as was mentioned ACEs and what ways that ACEs left undiagnosed and untreated, you know plays out in adulthood, in terms of risk behaviors and trauma but also yeah I think the issues around rural violence is critical, Probably within the near future will be making an investment in terms of more hospital violence intervention programs that are in rural areas, so I definitely think that that's a place

The guns. How are the guns getting there right? Where do the guns come from and how can we trace how these guns make it into these into the urban community? And the ATF hasn't done a really great job at it and we need to, we need to really figure that out, because at the top of all this, someone is to blame for how these guns are flooding into communities of color and why we have so many guns in this country. So, I think that really is where we want to investigate, but you know that's a political third rail for many people. Will get funded I don't know?

Mighty Fine, MPH, CHES: You got it. We are almost out of time but I want to get, Is there any other thoughts before we wrap up or maybe one immediate thought and what we need to go next when it comes to research?

Linda Degutis, DrPH, MSN: Research, I think I think there's a there is one thing, and that is that I would just recommend looking at and seeing the relevance of it at this point because I don't think the research has been done, and after the Sandy Hook killings, we were able to get the National Academy of Medicine to put together a report that talked about the research that's needed for public health approach to gun violence prevention, and that report has a number of research questions and they're really it's more applied, as you know, as you've recommended that you know we really have to look at applied research. But there hasn't been the money to do it. So it's like, we can we can come up with all kinds of research ideas, but if we don't have a way of supporting them and funding them there's no way we're going to be able to do them if we don't have a way of finding funding to evaluate the programs that are implemented and have.

Linda Degutis, DrPH, MSN: yeah.

Mighty Fine, MPH, CHES: Absolutely yeah.

Meishka L. Mitchell, AICP, PP: And I just want to underscore Dr. Richardson's point about you know, making the connection between the practitioners and the researchers.

Linda Degutis, DrPH, MSN: right.

Meishka L. Mitchell, AICP, PP: And you know, like you know we're partnering right now with the University of Michigan where they're studying the impact of some of these illegal dumping interventions on Community violence but, You know, we don't really have that opportunity and we have you know research institutions in our city that we have a partner with to do really anybody research right so it's like How do we make these connections between the research institutions and the communities, you know because they're studying things what I don't know necessarily what we need studied in the Community related to that So how do we make these connections.

Linda Degutis, DrPH, MSN: yeah.

Linda Degutis, DrPH, MSN: Well, it needs to be as the research informs the practice and practice has to inform the research, otherwise the researchers are asking questions that are of interest to them, but maybe not of interest to the communities that they're doing the research in.

Mighty Fine, MPH, CHES: So yeah, any closing thoughts from you? Howard? On research.

Howard R. Spivak, MD : Well we've covered a lot of territory here, I think, I just wanted to put a plug in that schools of public health in general need to get more involved in this issue as well. Some schools are investing in this and but many of the schools of public health, as is true, with many of the health departments, if not taken on our own this as a public health issue and that needs to change.

Mighty Fine, MPH, CHES: Totally agree, totally agree. So just a reminder to everyone, there will be a survey that's going to pop up at the conclusion of this webinar. So, please be sure to provide us with some feedback we enjoy feedback it helps us to ensure that we are meeting the needs of our public health folks and just ways to bring additional content to you all. Also, please don't forget that if you want to get the book that was mentioned today use GVP for the discount code through August 20 and just a virtual round of applause for all the panelists today. Thank you all for your insight. Your ways of getting us to think differently about the work we're doing and to usher us forward as we again think about this work with intention and accountability. I apologize for my video being off, but it has some wifi issues, but we made it through it. And just look forward to our paths crossing again in the very near future, as we all continue to collectively work to address firearm violence so thanks to you all panelists and thanks to everyone who tuned in today.

Linda Degutis, DrPH, MSN: Thanks.

Mighty Fine, MPH, CHES: And that's all, Folks.

Howard R. Spivak, MD : I do it.

Linda Degutis, DrPH, MSN: Thank you.

