



## Interim Strategy Map: Violence Prevention

This strategy map outlines the **priority strategies** the City and its partners will focus on to address HealthyNYC's loss in life expectancy related to [violence](#), particularly homicide. This map is not inclusive of all possible strategies; it is a living document and will be updated as new research, initiatives, and interventions are identified.

Content experts have identified the top three to five modifiable contributing factors of high mortality rates for each HealthyNYC driver and the key strategies to address these factors. This strategy map will be used to track metrics over time within the NYC Health Department, across city agencies, and across sectors and to inform the priorities of the HealthyNYC campaign. It will also be used as an idea bank to foster collaboration among the City and its partners and an accountability tool to ensure the City is staying on track.

### **HealthyNYC Goal for Violence Prevention**

Reduce homicide deaths by 30% by 2030.

### **Contributing Factors and Priority Strategies**

The top three contributing factors to increased deaths due to violence are structural, including racism. The factors and our strategic interventions follow:

1. Contributing factor: Differential and unfair access to jobs, housing, and education that promote financial stability and well-being. For more information, read New York City’s Environment & Health Data Portal story titled “[Why Violence is a Public Health Issue.](#)”
  - Priority strategy: Intentionally increase the investment of time, attention, and resources in communities, especially marginalized communities, to build relationships and community capacity using data-informed approaches and to mitigate the effects of structural racism and the social determinants of health.
2. Contributing factor: Inequitable access to services and inadequate services that reduce harms (for example, trauma, mental health, and physical health secondary results) and that redirect retaliatory cycles of violence.
  - Priority strategy: Implement evidence-based policies, programs, and practices to prevent violence and minimize additional community harm following a violent incident.
3. Contributing factor: Inadequately mitigated environmental risks of lethal weapons, particularly related to firearms.
  - Priority strategy: Raise awareness about violence being a public health issue to facilitate the development and implementation of comprehensive policies, laws, procedures, regulations, and practices that reduce access to firearms.

### **Sources Informing Our Priority Strategies**

Sources that inform the City’s work surrounding loss in life expectancy due to violence, especially gun violence, include:

- United Hospital Fund’s [The Ripple Effect of Firearms: How Families, Communities, and Society in the U.S. Are Affected by Firearms](#), March 2023
- Centers for Disease Control and Prevention’s [Violence as a Public Health Issue](#), April 2021
- Freire-Vargas. [Violence as a Public Health Crisis](#). AMA Journal of Ethics, 2018.
- American Public Health Association’s [Violence is a Public Health Issue: Public Health is Essential to Understanding and Treating Violence in the U.S.](#), November 2018
- Centers for Disease Control and Prevention’s [Community Violence Prevention](#) Webpage
- [New York City’s Gun Violence Prevention Task Force: A Blueprint for Community Safety](#), 2023
- Safe States [Preventing Violence: Roles for Public Health Agencies](#) Report, April 2011
- New York City’s [Environment and Health Data Portal](#), [Why Violence Is a Public Health Issue](#), February 2021

**Strategy Map for Violence by Priority Strategy and Sub-strategy, Including Actor and Activity**

Reduce homicide deaths by 30% by 2030.			
Priority Strategy	Sub-strategy	Actor	Activity
1. Intentionally increase the investment of time, attention, and resources in communities, especially marginalized communities, to build relationships and community capacity using data-informed approaches and to mitigate the effects of structural racism and the social determinants of health.	1.1 — Address socioeconomic inequities.	Policymakers and government agencies; community supports; health systems and clinical providers	<ul style="list-style-type: none"> <li>• Partner with organizations to increase access to <a href="#">public education</a>, <a href="#">employment opportunities</a>, <a href="#">affordable housing</a>, <a href="#">health care services</a>, <a href="#">education on rights and obligations under the law</a>, and other essential services in marginalized communities.</li> <li>• Support poverty-reduction activities and policies that address individual and family needs, such as child tax credits, efforts to end the racial wealth gap, and tax reform.</li> </ul>

2. Implement evidence-informed policies, programs, and practices to prevent violence and minimize additional community harm following a violent incident.	2.1 — Increase access to mental health care for individuals impacted by violence.	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>• Increase access to <a href="#">crisis intervention services</a>.</li> <li>• Create <a href="#">peer support networks</a> and opportunities for individual and group counseling in the community.</li> <li>• Increase access to <a href="#">mental health care in schools</a> through school-based mental health centers and social workers.</li> </ul>
		Policymakers and government agencies; community supports; health systems and clinical providers	<ul style="list-style-type: none"> <li>• Require <a href="#">trauma-informed practices</a> in health care, social services, and education settings.</li> </ul>
	2.2 — Support firearm considerations related to individuals experiencing dementia and other memory disorders and to individuals with history of violence.	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>• Increase health care providers’ and caregivers’ knowledge and understanding of firearm safety considerations related to individuals experiencing dementia and other memory disorders, including appropriate disposal options.</li> </ul>
		Policymakers and government agencies; health systems and clinical providers	<ul style="list-style-type: none"> <li>• Increase enforcement of <a href="#">Extreme Risk Protection Order</a> law to remove firearms from possession of individuals found to pose a risk to themselves or others.</li> <li>• Publicize data on <a href="#">domestic and intimate partner violence</a> to increase awareness on these types of violence as a driver of violence overall.</li> </ul>
	2.3 — Prevent exposure to adverse childhood experiences (ACEs).	Policymakers and government agencies; community supports; health systems and clinical providers	<ul style="list-style-type: none"> <li>• Increase access to early intervention and <a href="#">family-nurse partnership</a> programming.</li> </ul>

3. Raise awareness about violence being a public health issue to facilitate the development and implementation of comprehensive policies, laws, procedures, regulations, and practices that reduce access to firearms.	3.1 — Increase access to hospital violence prevention initiatives (HVPIs).	Health systems and clinical providers; community supports	<ul style="list-style-type: none"> <li>• Increase the capacity of implementers (local hospitals, community-based organizations, community health workers) to deliver <a href="#">hospital-based violence intervention programs and bill for services under the new Medicaid provisions</a>.</li> <li>• Increase therapeutic supports to direct-care violence interruption staff to mitigate work-related trauma.</li> </ul>
	3.2 — Sustain and strengthen community-based approaches to violence prevention.	Community supports	<ul style="list-style-type: none"> <li>• Increase access to mentorship for at-risk youth.</li> </ul>
			<ul style="list-style-type: none"> <li>• Foster healing and reconciliation through <a href="#">restorative justice processes</a> (victim-offender mediations, restitution, community services).</li> <li>• Equip <a href="#">youth and families</a> with conflict-resolution skills and healthy coping mechanisms, including in schools.</li> <li>• Advocate for common sense gun safety regulation at the city, state, and federal level to reduce access to firearms.</li> </ul>
	3.3 — Raise public awareness of the risks of firearms, including risks to public health.	Policymakers and government agencies	<ul style="list-style-type: none"> <li>• Increase public education around the risks of firearms and how to reduce harm, focusing on <a href="#">safe storage</a> for prevention of unintentional firearm injury, theft, and suicide.</li> </ul>
Policymakers and government agencies; community supports		<ul style="list-style-type: none"> <li>• Increase youth education around violence prevention in NYCHA facilities.</li> </ul>	
3.4 — Support health care providers to address firearm risks.	Health systems and clinical providers	<ul style="list-style-type: none"> <li>• Increase health care providers' ability to address firearm safety in clinical visits through education on firearm safety and handling, how to initiate a conversation about firearm safety with their patients, and provision of injury prevention resources.</li> </ul>	