

Engaging Communities in Youth Violence Prevention: Introduction and Contents

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Youth violence (YV) is a major public health problem in the United States that has substantial short- and long-term negative impacts on youths, their families, and communities. Homicide was the third leading cause of death among youths aged 10 to 24 years in 2019, with 90.3% of these homicides being firearm related.¹ Each day, approximately 1163 youths are treated in emergency departments for nonfatal assault-related injuries, totaling 424 374 youths in 2019.¹ Data from the 2019 Youth Risk Behavior Survey show that, in the 12 months before the survey, 7.4% of high-school students reported being threatened or injured with a weapon at school and 4.4% reported carrying a gun for nonrecreational purposes.² Approximately 9% of students reported not going to school at least once in the past 30 days because they felt unsafe, either at school or on their way to or from school.² In addition, in 2019, about one in five students reported being bullied at school and being in a physical fight at least once in the past year.²

Exposure to violence during childhood is an adverse experience that can have

lasting negative impacts on health and development as a victim, perpetrator, or witness and can increase the likelihood of future violence perpetration and victimization, physical and mental health problems, chronic diseases, substance abuse, academic challenges, and suicide (<http://bit.ly/38bbydS>). YV is connected to other forms of violence and shares several risk and protective factors with child abuse and neglect, adolescent dating violence, sexual violence, suicide, and adult intimate partner violence (<http://bit.ly/38gAYH0>).

Violence was recognized in 1985 by US Surgeon General C. Everett Koop as a public health problem (<http://bit.ly/3sS9WgL>), and, in 2001, US Surgeon General David Satcher released the first Surgeon General’s report on YV in the United States. This report described the public health approach to YV prevention and called for rigorous research on prevention strategies.³

Since then, our understanding of the nature and causes of YV has grown, and effective violence prevention strategies have been developed at multiple levels of

the social–ecological model (SEM; <http://bit.ly/3c3VmfA>; <https://bit.ly/31MRFqj>).

The SEM considers the interconnected relationships between risk and protective factors at four levels: individual, relationship, community, and societal. Individual factors comprise the first level and include attitudes, beliefs, behaviors, and personal history that can influence one’s risk for violence perpetration or victimization. Relationship factors, or the close relationships an individual has, are the focus of the second level. The third level of the SEM explores the settings in which social relationships occur (i.e., communities). Finally, we live in a broad society with norms, policies, and laws that can influence rates and patterns of YV.⁴

Factors at each level influence factors at other levels; thus, a comprehensive approach to violence prevention that targets multiple levels of the SEM is more likely to effectively prevent and reduce violence over time in communities and society (<https://bit.ly/31MRFqj>).

Centers for Disease Control and Prevention (CDC) published a YV prevention technical package to help communities sharpen their focus on prevention activities that have the greatest potential for preventing YV and its consequences (<https://bit.ly/31MRFqj>). The strategies and approaches included in this technical package are applicable to different levels of the social ecology and are intended to have an impact on risk and protective factors related to individual behaviors and the relationships, families, schools, and communities of our youths. Each strategy includes multiple approaches to advance the strategy through programs, policies, and practices.

Recent trends in YV are encouraging. Over approximately the past two decades (2001–2019) homicide rates among youths aged 10 to 24 years in the United States have decreased 12.8% (crude rates

[CRs]=8.97–7.82 per 100 000 population),¹ and rates of youths treated in emergency departments for nonfatal assault-related injuries declined 46% (CRs=1231.2–668.5 per 100 000) during this same time period. However, significant challenges remain. Communities of color, who disproportionately live in conditions of concentrated disadvantage,⁵ continue to disproportionately experience violence-related morbidity and mortality. For example, from 2001 to 2019, homicide was the leading cause of death among non-Hispanic Black youths (aged 10–24 years; cumulative CR=31.0 per 100 000), the second leading cause among Hispanic youths (CR=8.9 per 100 000), the third among American Indian youths (CR=9.3), and the fourth among non-Hispanic White youths (CR=2.3 per 100 000) and Asian/Pacific Islander youths (CR=2.5 per 100 000). Over this time period, non-Hispanic Black youths were 13.5 times, Hispanic youths 3.7 times, and American Indian youths 4 times more likely than non-Hispanic White youths to die of homicide.¹ These disparities have been recognized for decades^{3,6} and still persist today.

The World Health Organization (WHO) has highlighted the importance of addressing the social determinants of health to improve health equity and well-being.⁷ Strategies that improve economic and racial equity may be key to eliminating the disproportionate burden of violence long experienced by vulnerable communities.⁸ The YV prevention evidence base reflects the developmental progression of the field, with the evidence base focusing more on the inner layers rather than the outer layers of the social ecology (<https://bit.ly/31MRFqq>). YV prevention strategies at the outer layers of the social ecology include those that seek to create protective environments by improving

community conditions, such as the physical and social aspects of settings, and implementing policies to diminish community-level risks, such as concentrated poverty, housing instability, and food insecurity. Other outer layer strategies include efforts to increase community protective factors, including connectedness and supports, prosocial norms, and economic opportunities (<https://bit.ly/31MRFqq>). These approaches may be ideally suited for changing community- and societal-level risk and protective factors related to YV; however, fewer of these outer-layer strategies have been developed and rigorously evaluated to determine their effectiveness for preventing YV.

To this end, CDC's Division of Violence Prevention funded five Youth Violence Prevention Centers (YVPCs) in 2015–2016. The five currently funded YVPCs work with their communities to develop, implement, and evaluate YV prevention strategies intended to target prevention at the outer layers of the SEM (i.e., community and society; <https://bit.ly/3gKwMk7>). The Centers are working with multiple community stakeholders and partners to substantively engage youths in their selected communities and achieve sustainable community-level reductions in YV. The work of these YVPCs builds upon the work of those that came before them and continues to expand understanding of YV and the availability of evidence-based prevention tools to reduce violence and enhance safe and healthy communities.

HISTORY OF THE YOUTH VIOLENCE PREVENTION CENTERS

After the Columbine High School shooting in 1999, Congress appropriated YV prevention funding to CDC that supported collaborations among federal agencies,

academic institutions, and communities. As a result, CDC established the National Centers of Excellence in Youth Violence Prevention (now called Youth Violence Prevention Centers, or YVPCs; <https://bit.ly/3gKwMk7>) to partner with communities across the nation experiencing high rates of violence. The YVPCs work with community stakeholders and organizations to build community violence prevention capacity, including identifying prevention needs, monitoring violence trends, and developing, implementing, and evaluating prevention strategies and approaches.

Since 2000, CDC has supported four rounds of YVPC funding, with each round focusing on different aspects of YV prevention. The YVPCs were initially established (2000–2005) to build the scientific infrastructure to develop, evaluate, and implement effective interventions, promote interdisciplinary research, foster collaborations between academic researchers and communities, and empower communities to address YV. In addition to the goals supported during the first round of funding, the second round of funding (2005–2006 to 2010–2011) also supported monitoring the magnitude and distribution of YV outcomes and mobilizing communities to prevent YV. The third round (2010–2011 to 2015–2016) supported evaluations to determine if implementing evidence-based approaches at multiple levels of the social ecology could achieve significant reductions in community rates of YV. A comprehensive list and description of the YVPCs from 2000 to 2016 can be found in a previous special issue (<https://bit.ly/34QB2wV>).

The fourth and current round of funding (2015–2016 to 2021) supports the University of Chicago, the University of Michigan, the University of Louisville, the University of Colorado, and Virginia Commonwealth University. Together,

their objective is to advance the science and practice of YV prevention, and, as Centers, to reduce community rates of YV in one or more high-burden communities by implementing and evaluating the effectiveness of a community- or policy-level prevention strategy, or combination of such strategies (Table 1). Each YVPC is documenting strategy implementation to inform future replication, scalability, and cost analyses.

CONTEXT FOR THIS SUPPLEMENT

The current YVPCs principally focus on building the YV prevention evidence base at the outer layers (i.e., community and societal) of the social ecology and reducing YV-related morbidity and mortality in high-violence-burden communities. At the onset, and over the course of this collaboration, the YVPC investigators, community partners, and engaged youths had difficult and thought-provoking discussions about structural violence and racism, power and speaking truth to power, social determinants of health, and how dominant narratives about YV can undermine communities and perpetuate violence across time and geography. The YVPCs and their community partners carefully considered these factors as they developed prevention strategies that were responsive to community needs.

As the YVPCs worked with these communities experiencing high burden from violence, salient events converged in 2020, underscoring how structural factors and social determinants of health are relevant not only for understanding violence but also for understanding the emerging COVID-19 disparities among vulnerable communities. In February 2020, the first case of community transmission of severe acute respiratory syndrome coronavirus 2

(SARS-CoV-2) in the United States was identified (<http://bit.ly/3qotish>); a rapid increase in cases across the country followed, and the disproportionate impact of COVID-19 on communities of color became widely apparent. Not only were Black, Hispanic, and Native American communities experiencing disproportionately high rates of infection relative to White communities, but they were also more likely to be hospitalized and to die of COVID-19 (<http://bit.ly/2O3FWA5>). As the social and economic sequelae of COVID-19 escalated in 2020, preexisting health inequities compounded (<https://bit.ly/3sWnuLE>), especially in disenfranchised communities served by the YVPCs. While property crimes decreased during the COVID-19 pandemic,^{9,10} there are early data suggesting that some urban environments have seen periods of increasing gun violence,¹¹ especially among young Black males, who for decades have endured disproportionately high rates of firearm-related homicide.¹²

Further exacerbating these tensions, in the summer of 2020, concerns about structural racism and its roots in laws, policies, and practices that disadvantage some groups while advantaging other groups were brought to the forefront by many citizens and public figures when a series of deaths of Black men and women were captured on video.^{13,14} These videos virally spread, sparking conversations about racial injustice and police brutality, and protests occurred throughout the country.¹³ The communities the YVPCs partnered with have shared that this period intensely affected them. The convergence of YV, the COVID-19 pandemic, and the increasing tensions over racial injustice, structural racism, and multiple health inequities, strengthened the resolve of the YVPCs and their community partners to

address community- and societal-level factors that perpetuate violence and other health disparities experienced by marginalized communities. As our YVPC investigators reflected on the myriad racial and ethnic inequities that have persisted for generations, we recognized the importance of addressing these issues if we want our communities to be safer, not just for youths, but for all community members.

It is worth noting how prepared the YVPCs are for this time in history. They have long recognized the root causes of violence and have been working since 2000 to build the evidence base from the inner to the outer layers of the social ecology. Several of the YVPC investigators, including authors of this supplement, have experienced a paradigm shift in YV prevention. As they attest in this issue, their own work in violence prevention has shifted over time to increase community engagement and voice and to incorporate issues of social justice in their prevention approaches.

With this supplement, the YVPCs collectively share lessons learned during this round of funding as they have worked to develop, implement, and evaluate YV prevention strategies at the outer layers of the social ecology. This supplement describes the experiences and perspectives of these leaders in the field regarding the direction of YV prevention. Outer layer strategies pose unique challenges but offer potential advantages relative to those implemented at the inner layers of the social ecology, such as achieving broader reach, higher impact, prolonged sustainability, and greater cost-effectiveness (<https://bit.ly/31MRFqq>). Comprehensive initiatives that implement violence prevention strategies across multiple levels of the social ecology may be more effective than

TABLE 1— National Centers of Excellence in Youth Violence Prevention—Prevention Strategies and Approaches: United States, 2015–2016 to 2021

Youth Violence Prevention Center (Web Site)	Intervention Community(ies)	Community Characteristics	Intervention Strategies and Approaches
Funding cycle 1 ^a			
Chicago Center for Youth Violence Prevention, The University of Chicago (https://voices.uchicago.edu/ccyvp)	Bronzeville (Chicago, IL)	One of the nation's most significant landmarks of African American history and culture. Urban, economically disadvantaged, and primarily Black community experiencing high rates of poverty and crime.	Communities That Care (CTC) components include <ul style="list-style-type: none"> • Check and Connect • Restorative justice • Guiding Responsibility and Expectations in Adolescents Today and Tomorrow (GREAT) schools and families • Action Civics curriculum integration in select schools • Youth Empowerment Solutions (YES)
Michigan Youth Violence Prevention Center, University of Michigan (http://yvpc.sph.umich.edu)	Flint, MI; Youngstown, OH; Camden, NJ	Midsized, postindustrial cities with elevated vacancy, structural disinvestment, and youth-involved violent crime.	Multilevel approach involving community- and youth-engaged vacant lot maintenance and greening through Clean and Green and Lots of Green to test Busy Streets Theory. ^b Illegal dumping prevention interventions through Clean and Green and Camden Illegal Dumping Prevention Task Force.
Youth Violence Prevention Research Center, University of Louisville (https://louisville.edu/sphis/departments/yvprc)	Louisville, KY Includes nine contiguous neighborhoods in West Louisville: Algonquin, California, Chickasaw, Park DuValle, Park Hill, Parkland, Portland, Russell, and Shawnee	Urban, economically disadvantaged, primarily African American/Black community. Marked by violence during the Civil Rights Movement. Disproportionate incidence of juvenile arrests for violent crimes.	Influence the social context of youths in Louisville through the implementation of a 3-year social norming campaign. Campaign seeks to cultivate a positive racial identity and foster community dialogue around difficult issues such as racial and social justice. Pride, Peace & Prevention campaign raises critical consciousness to promote racial justice and reduce youth violence (see https://pridepeaceprevention.org). ^c
Funding cycle 2 ^d			
Clark-Hill Institute for Positive Youth Development, Virginia Commonwealth University (https://clarkhill.vcu.edu)	Richmond, VA Three communities: Gilpin, Mosby/Whitcomb, and Hillside/Bellemeade	Medium-sized urban economically disadvantaged communities. Primarily African American/Black. High rates of poverty, crime, and limited opportunities for youths of color.	CTC PLUS (walker-talkers and plain talk conversations). Components include <ul style="list-style-type: none"> • Environmental intervention and evaluation • Positive youth development events for families • Social media campaign
Center for the Study and Prevention of Violence, University of Colorado, Boulder (https://cspv.colorado.edu)	Denver, CO Two communities: Montbello and Northeast Park Hill	Urban neighborhoods located within a large metropolitan area. History of social and economic disadvantage; rates of youth violence significantly greater than the national average. Predominantly Hispanic/Latino and African American communities where approximately a quarter of families live in poverty.	CTC components include <ul style="list-style-type: none"> • Promoting Alternative Thinking Strategies (PATHS) • Mini-grants to improve community involvement and resources • Media campaign across both communities

Continued

TABLE 1— Continued

Youth Violence Prevention Center (Web Site)	Intervention Community(ies)	Community Characteristics	Intervention Strategies and Approaches
			<ul style="list-style-type: none"> • Violence Injury, Protection, and Risk Screen (VIPRS) in school-based health centers

Note. More detailed site descriptions of the National Centers of Excellence in Youth Violence Prevention in the 2015–2016 cycle of funding can be found here: <https://www.cdc.gov/violenceprevention/youthviolence/yvpc/descriptions.html>.

^aRecipients of funding cycle 1 were funded in fiscal year 2015 and received a one-year supplement to extend their cooperative agreements; recipients of funding cycle 1 will complete their cooperative agreements in fiscal year 2021.

^bTo learn more about Busy Streets Theory in action at the Michigan Youth Violence Prevention Center, see <https://onlinelibrary.wiley.com/doi/full/10.1002/ajcp.12358>.

^cAn example video can be found at <https://www.facebook.com/YVPC/videos/530331680767675>.

^dThe recipients of funding cycle 2 were funded in fiscal year 2016 and will complete their cooperative agreements in fiscal year 2021.

those implemented using less comprehensive, fragmented, or stand-alone approaches.

SUMMARY OF CONTENTS

Six editorials comprise this supplement. In the first editorial, Jones Jr et al. (p. S17) describe the value and benefit of engaging youths as equitable partners to adults in violence prevention efforts. Youths engaged in violence prevention work with the YVPCs led and coauthored this editorial to share their experiences as they worked to uncover and understand the root causes of violence in their communities. They actively worked to shift dominant narratives about violence to help prevent violence exposure among youths. It is through their lived experiences that they have been able to co-lead community-level change efforts.

In the second editorial, Kingston et al. (p. S20) discuss how the YVPCs have developed and implemented community-level strategies by addressing the systems and structures that have a disproportionate impact on high-burden, urban communities. By combining local expertise and scientific rigor, the YVPCs have built the capacity of communities to identify and address specific community

needs and priorities. Case studies have provided the opportunity to understand unique contextual factors related to violence in communities, allowing the YVPCs to continue developing, implementing, and evaluating innovative prevention approaches over time.

In the next editorial by Gorman-Smith et al. (p. S25), the authors argue that community–academic partnerships are crucial to YV prevention research. The editorial describes how current YVPCs have built and strengthened community–academic partnerships by expanding existing collaborations, developing trust among partners, and building meaningful and sustained participation from community partners. Community organizing, multisectoral collaborations, and collective impact models are community-engaged approaches that have allowed the YVPCs to successfully implement culturally and contextually appropriate violence prevention strategies, sustain partnerships, and improve communities.

The editorial by Nation et al. (p. S28) describes the paradigm shift occurring whereby research and prevention is moving from individual and relationship factors to the social and structural root causes of violence. Using the WHO social determinants of health framework,

social and structural factors such as poverty, racism, policing practices, the prison industrial complex, housing and economic policies, racial discrimination, and educational and health care inequities are being examined as root causes of violence and poor outcomes. The editorial describes strategies the YVPCs are implementing to address the community structure and offers ideas for future structure-focused violence prevention research.

With more than 90% of youth homicides being firearm-related,¹ preventing firearm injuries and deaths is relevant to reducing YV. Youth firearm injury prevention is the topic of the Zimmerman et al. (p. S32) editorial. As the authors discuss, the YVPCs have developed YV prevention strategies that can inform the development of prevention strategies specific to youth firearm morbidity and mortality by addressing common modifiable risk and protective factors. The YV prevention strategies selected by the five YVPCs have the potential to prevent firearm violence because they are multifaceted, cut across the social–ecological levels, and involve multisector community partners.

The supplement ends with an editorial about changing the narrative of YV.

Metzler et al. (p. S35) write about the dominant public narrative of violence as a problem of personal responsibility. As a result, youths are depicted as aggressive troublemakers or dangerous gang members. This harmful narrative can obscure the fact that youths are still developing and learning, and, particularly for youths of color, it fails to acknowledge the impact of structural racism. Metzler et al. assert that narrative work is a valuable public health strategy that can be used to prevent violence by developing new, transformational narratives that value all youths.

CONCLUSION

In summary, this supplement highlights the work of the YVPCs during the 2015–2016 to 2021 funding round, in collaboration with their respective communities, to develop, implement, and evaluate YV prevention strategies. Additional research and prevention strategy implementation could help address the persistent disproportionate rates of violence-related injury and mortality experienced by communities of color, as well as the observed increases in violence across the country that have occurred during the COVID-19 pandemic.^{9–12} Aside from their funded violence prevention work, the YVPCs have stepped up to support their communities through this troubled time. When families in the respective communities struggled to pay rent and purchase food and other essentials, members of the YVPCs helped community members meet critical needs. These activities have further strengthened collaborations and connections among community members, allowing for stronger violence prevention partnerships.

During this final year of funding, the YVPCs are analyzing their evaluation data and developing and implementing plans to sustain their violence prevention efforts and impact in their communities. The editorials presented in this supplement offer a glimpse into the evolution of YV prevention to the outer layers of the social ecology and views of the YVPC investigators, community partners, and engaged youths as to the lessons learned and future directions for the field. It is our intent that this supplement will help move the field forward in thinking about community-level violence prevention, generating innovative research ideas, stimulating novel partnerships, identifying research gaps, and building the evidence base of effective YV prevention strategies that reduce inequities and make communities safer for all. *AJPH*

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Note. The findings and conclusions in this publication are those of the authors and do not necessarily represent the official position of the CDC.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

REFERENCES

1. Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/injury/wisqars/index.html>. Accessed March 22, 2021.
2. Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data. 2019. Available at: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>. Accessed March 22, 2021.
3. Office of the Surgeon General, National Center for Injury Prevention and Control, National Institute of Mental Health, Center for Mental Health Services. Youth Violence: *A Report of the Surgeon General*. Office of the Surgeon General. 2001. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK44294>. Accessed March 22, 2021.
4. Bronfenbrenner U. Contexts of child rearing: problems and prospects. *Am Psychol*. 1979;34(10):844–850. <https://doi.org/10.1037/0003-066X.34.10.844>
5. Friedman M, Sharkey P. Violence and neighborhood disadvantage after the crime decline. *Ann Am Acad Pol Soc Sci*. 2015;660(1):341–358. <https://doi.org/10.1177/0002716215579825>
6. Heckler M. *Report of the Secretary's Task Force on Black & Minority Health*. Washington, DC: Department of Health and Human Services; 1985.
7. Solar O, Irwin A. *A conceptual framework for action on the social determinants of health*. World Health Organization. 2010. Available at: https://apps.who.int/iris/bitstream/handle/10665/44489/9789241500852_eng.pdf?sequence=1. Accessed March 24, 2021
8. Zimmerman GM, Messner SF. Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *Am J Public Health*. 2013;103(3):435–442. <https://doi.org/10.2105/AJPH.2012.300931>
9. Boman JH, Gallupe O. Has COVID-19 changed crime? Crime rates in the United States during the pandemic. *Am J Crim Justice*. 2020;45(4):537–545. <https://doi.org/10.1007/s12103-020-09551-3>

10. Campedelli GM, Aziani A, Favarin S. Exploring the immediate effects of COVID-19 containment policies on crime: an empirical analysis of the short-term aftermath in Los Angeles. *Am J Crim Justice*. 2020; Epub ahead of print. <https://doi.org/10.1007/s12103-020-09578-6>.
11. Sutherland M, McKenney M, Elkbuli A. Gun violence during COVID-19 pandemic: paradoxical trends in New York City, Chicago, Los Angeles and Baltimore. *Am J Emerg Med*. 2021;39:225–226. <https://doi.org/10.1016/j.ajem.2020.05.006>
12. Abdallah HO, Zhao C, Kaufman E, et al. Increased firearm injury during the COVID-19 pandemic: a hidden urban burden. *J Am Coll Surg*. 2021;232(2): 159–168.E3. <https://doi.org/10.1016/j.jamcollsurg.2020.09.028>
13. Dreyer BP, Trent M, Anderson AT, et al. The death of George Floyd: bending the arc of history toward justice for generations of children. *Pediatr*. 2020; 146(3):e2020009639. <https://doi.org/10.1542/peds.2020-009639>
14. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017;389(10077):1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)