VIOLENCE AND SOCIAL DETERMINANTS OF HEALTH

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Healthy People 2020 defines health equity as the attainment of the highest level of health for all people; historically we as people of color have found this not to be equitable. We have found more disparities related to health adversely affecting people of color who have systematically experienced greater obstacles to health, based on racial or ethnic group, religion, socioeconomic status, gender, sexual orientation, age, mental health, and characteristics historically linked to discrimination or exclusion. People's health is strongly influenced by the overall life odds of the neighborhood where they live, work, play, socialize and learn (Healthy People 2020).

The factors that have influenced an individual's or population's health are known as determinants and include poverty, racism, and lack of educational and economic opportunities, which lead to poor health, lack of safety and health inequity (Healthy People 2020). These factors contribute to chronic stress and to a collective sense of isolation and despair. This sense of despair or hopelessness has been found in African American youth who live in impoverished neighborhoods, resulting in increased risk behaviors, such as violence and self-destructive behaviors (Harley, 2011).

Residential segregation is a significant issue and while it has declined overall since 1960, people of color are increasingly likely to live in these segregated, high-poverty communities. Racially and economically segregated communities are more likely to have limited economic opportunities, a lack of healthy options for food and physical activity, increased presence of environmental hazards, substandard housing, lower performing schools, higher rates of crime and incarceration, and higher costs for common goods and services (UNITY, 2020). When people are disenfranchised or hopeless, the behaviors that are typically expressed are violence, or self-destructive behaviors (Harley, 2011).

How can violence impact health? Violence is a health inequity, which undermines people's health by causing injury, disability and premature death, and some groups are more affected by violence than others, especially young people of color and people living in low-income areas (UNITY, 2020). Violence has a long reaching affect in the African American community and the longitudinal impact is seen through generations. The impact of violence continues through "linked lives," which considers that events that affect one person also affect other persons in their networks (Gee, et al., 2012).

The "linked lives" in community violence causes trauma from regular experiences of interpersonal violence, of historical and intergenerational violence, and of continual exposure to structural violence. This combination of individual trauma and structural violence, which refers to the harm individuals, families, and communities experience from the economic and social structure, social institutions, and relations of power, privilege, and inequity, may prevent people and their communities from meeting their basic needs (National Academies of Sciences, Engineering, and Medicine, 2017). These acts of trauma have been normalized in many communities, impacting a child who has to walk past yellow crime scene tape on the way to school, or the grandmother sitting on her porch who wonders if the gunshots fired have taken the life of one of her relatives.

This transference of trauma imposes hypervigilant states on black youth and leads to chronic health issues throughout the lifespan. There is a significant link between acute coronary episodes and coronary heart disease; mental health issues such as post-traumatic stress disorder, which is often undiagnosed in

individuals; along with heavy drinking and smoking. Mothers in high violent areas are found to give birth to low birth weight babies, experience high infant mortality, be born with dysregulation to the stress response system, putting these babies at risk for poor health from their first day of life (Bucci, et al., 2016). Without the community health resources to identify and address these chronic health issues, it is a continued barrier to health and well-being to violence exposure for youth and young adults most at risk (Sheats, et al., 2018).

To help protect low-income communities against violence and to promote life opportunities, it is important to consider societal conditions disproportionately experienced by African Americans, including concentrated poverty, residential segregation, and other forms of racism that limit opportunities to grow up in healthy, violence-free environments (Sheats, et al., 2018).

Key components identified to prevent violence affecting young people include:

- Street outreach and interruption in neighborhoods highly impacted by violence;
- Universal, school-based violence prevention at all schools;
- Treating mental health problems and substance abuse, and enhancing protective factors among youth to prevent mental illness and substance abuse;
- Reducing young children's exposure to violence in homes and communities; and
- Building community capacity and skills in neighborhoods highly impacted by violence so residents can take action to prevent violence and solve local problems (UNITY, 2020).

The youth in our African American communities are experiencing health inequity due to weak structural supports and lack of services—just a few of the social determinants.

As nurses in the battle to restructure health care to prevent violence in our African American communities, one that is free of systemic racism, we are in an up-hill battle. But we have been in this battle a long time and can address it in two ways. First, person by person—we must know what resources are available in our local communities to satisfy basic needs of the residents. Next, as leaders in health care, we must pull up a chair to the table and make ourselves heard when it comes to changing policy. We will know the gaps in services and will be able to speak to how best to fill those gaps in our own communities. We have a moral obligation to help. How you choose to get involved is up to you.

Healers are called to heal. When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so. Improving the social determinants of health will be brought at last to a boil only by the heat of the moral determinants of health (Berwick, 2020).

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