

It Takes a Village:

Moving from Unaligned Action to Collective Impact

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Abstract

For over two decades, violence has been understood as a public health problem. Despite a well-established and applicable public health framework, progress to address the entrenched violence that plagues many cities has been slow. We believe that progress can be effective only if it fully includes those most impacted by the violence. In this article, we describe an initiative to address one aspect of violence plaguing Wilmington: access to and possession of guns. Our initiative is driven by the lived experience of community members, builds on and expands an established collective impact effort to address gun violence, and focuses on the root causes of gun violence.

Introduction: Understanding Gun Violence as a Contagious Disease

For over two decades, violence has been understood as a public health problem. In 2002, the World Report on Violence and Health,¹ jointly produced by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), established violence as a global health issue, spurring the development of violence prevention efforts. Shortly thereafter, the CDC embraced and promoted the social ecological model as a framework to address violence.² This framework emphasizes the multi-dimensional characteristic of violence: individual, relationship, community, and societal. A decade later, Dr. Gary Slutkin provided a clear and compelling explanation of violence as a contagious disease.³ Slutkin used the infectious disease framework, comparing violence in Chicago to cholera in Bangladesh, to demonstrate the population level clustering, spreading, and transmission of violence at the population level. He noted that violence, a behavior, is transmitted through exposure as an observer and/or a victim. This exposure impacts the brain in multiple ways increasing the likelihood that victims of violence become perpetrators of violence. Slutkin further demonstrated the individual level contagious characteristics of violence after exposure, including incubation, latency, carriers state and manifestation. He refers to those exposed to violence as “violence infected.”³

Despite a well-established and applicable public health framework, progress to address the entrenched violence that plagues many cities has been slow. The American Public Health Association’s (APHA) 2018 policy statement accepting violence as a public health problem suggests that the original misdiagnosis of violence as a moralistic problem stalled both research and action. Slutkin explained that the typical reaction to a health crisis is a moralistic diagnosis, essentially blaming the victim as a flawed or immoral person, and that only through scientific examination can the health issue and its effective treatment be developed.³

The lack of progress can be contributed in part to the initial lack of research followed by limited research methodological variation. Several years prior to the WHO and CDC developments

promoting violence as a contagious disease, Congress passed the Dickey Amendment as part of the 1997 omnibus spending bill.⁴ Although the amendment prohibited federal funds from being used to advocate for or promote gun control, it was interpreted much more broadly as prohibiting federal funds to support gun violence research. For the next two decades, research on gun violence essentially came to a halt. The CDC funding for gun violence research decreased by 96% due to the CDC's fear of being misperceived as advocating for or promoting gun control.⁵ The CDC's greatest concern was being penalized financially. Similarly, academic publications on gun violence decreased notably.⁵ Following the 2012 devastating mass shooting at Sandy Hook elementary school, President Obama directed the CDC to support additional research. It wasn't until 2018 that Congress clarified and then repealed the Dickey Amendment and allocated funding for gun violence research, albeit a minimal allocation.⁶ It took another four years before substantial funds, about \$25 million to CDC and National Institutes of Health (NIH), were allocated for research to reduce gun deaths and injuries.⁷

Unfortunately, when research resumed, little of it focused on the most likely group to be both victims and perpetrators of gun violence: young men living in cities marked by high crime and high violence. Additionally, essentially none of the research conducted over the past five years has included the lived experience. Decades of public health research has demonstrated that community engagement in all phases of research is fundamental to properly understanding health issues and to developing effective interventions. Community engaged research (CEnR) is an essential approach to understanding and addressing health issues because it focuses on research participants living in close proximity to each other and sharing similar situational characteristics affecting their health. As such, CEnR is responsive to the centrality of place in addressing health disparities. Thus, it allows us to understand the context and variations of a health issue. As highlighted in the APHA policy, “[c]ommunity members have unique insight into the local context and often have the credibility to reach those at highest risk and engage in the work of violence prevention.”⁸

Not only do we need to include those with lived experience in understanding gun violence, we also need to include the community in responding to gun violence. In fact, we believe that the community needs to lead the efforts to understand gun violence as well as lead the response. Community engaged research, when done correctly, stimulates action. And for that action to be effective and sustainable it needs to be inclusive and coordinated. In other words, it needs to be collective. Collective action is commonly understood within a collective impact framework. Collective impact (CI) is defined by five common characteristics: 1) a backbone organization; 2) a common agenda; 3) mutually reinforcing actions; 4) continuous communication; and 5) a shared measurement system. More recently, collective impact has expanded to include equity.⁹ Creating and fostering equity among traditionally unequal partners within the collective impact framework has become an increasingly important concept. In a review of collective impact projects, Kania and colleagues identified five effective strategies to foster equity: 1) ground the work in data and context, and target solutions; 2) focus on system change in addition to programs and services; 3) shift power within the collective; 4) listen to and act with community; and 5) build equity leadership and accountability.⁹ As such, CI provides a framework to collaborate with intention and advance clinical and behavioral interventions from transactional to transformational, effecting change at the individual, organizational and system levels.

In this article, we describe an initiative to address one aspect of violence plaguing Wilmington: access to and possession of guns. Our initiative is driven by the lived experience of community

members, builds on and expands an established collective impact effort to address gun violence, and focuses on the root causes of gun violence. The study that informed the collective impact engaged a community partner, the Center for Structural Equity, steeped in the historical and current issues related to gun violence in Wilmington. The data and, thus, the findings, are grounded in the lived experience of young African American males who are most likely to become victims and perpetrators of violence.

Background: Collective Impact Initiatives to Address Gun Violence in Wilmington, Delaware

Concerted efforts to address gun violence are not new. In 2009, Newsweek Magazine tagged Wilmington as Murder Capital USA, and city officials recognized the immediate need to address Wilmington's public health crisis of gun violence, especially among youth, through a public health approach.¹⁰ This led the City Council President to propose a City of Wilmington resolution requesting the CDC assist the City in an investigation of gun violence and provide recommendations for preventative action. With the support of the Delaware Department of Health and Social Services (DHSS), the CDC sent scientists to Wilmington to collect both primary and secondary data and to conduct an extensive analysis. The CDC team encountered several challenges obtaining the necessary data to accurately assess the gun violence crisis. Many of the limitations can be attributed to underdeveloped and uncoordinated data systems; unaligned service systems; and a lack of a cross-system, cross discipline organizing entity. In March 2015, the CDC provided initial findings and three primary recommendations:

- 1) reach agreement on data sharing;
- 2) connect data systems to identify potential recipients of targeted services; and
- 3) establish a Community Advisory Council.

In November 2015, the DHSS released the final CDC report, Elevated Rates of Urban Firearm Violence and Opportunities for Prevention, which looked at gun violence from a public health and social services perspective.¹¹ Based on these recommendations, DHSS created the Wilmington Community Advisory Council (WCAC), formerly known as the CDC Community Advisory Council, with support from the State, City of Wilmington, and New Castle County. In January 2017 the WCAC issued a set of recommendations based on a data analysis of the root causes of the violence grounded in the social determinants and research on the best practices to ameliorate the conditions leading to violence. Since the release of its report, the WCAC, together with its community partners, have advocated and supported the development of policies and programs and explored other opportunities to eliminate the gun violence epidemic, promote positive youth development, help neighborhoods to become more resilient, and improve the quality of life for city residents.

Some of the WCAC's most noteworthy accomplishments include supporting capacity building in the use of evidence-based programs at community centers such as the Hicks Anderson Community Center and youth-serving organizations. The WCAC also promoted and supported Trauma Informed Practice "train the trainer" training for leadership and staff with community organizations in which 68 participants from 33 organizations were trained as trainers. In 2022, the WCAC also supported the expansion of the City of Wilmington summer youth program in which a total of 304 youth from across the city were employed. In 2023, 369 staff and community members participated in community workshops. The WCAC also contributed to the

development of several community programs, including the State's Community Partner Support Unit to help community organizations and members connect to needed services, the Community Intervention Team which evolved to become the Center for Structural Equity to address youth violence, and the Community Violence Prevention Initiative to help high risk youth to address the challenges they face in school and the community. The WCAC was instrumental in generating \$18M in grant awards to community partners for services to youth and their families over six years – Network Connect for the Community Well-Being Initiative, Center for Structural Equity for the Community Violence Prevention Program and COVID outreach, and Department of Education (DOE) for trauma informed practice capacity building and mental health services for underserved youth. The WCAC was an active partner with United Way of Delaware in the launch of the Delaware Racial Justice Collaborative, including championing the creation of the Equity Counts Data Center, a data portal in the Delaware Department of Public Health's My Healthy Community data portal where data on equity gaps in health, education, employment, wealth creation, and criminal justice are tracked at the census tract level. When the COVID-19 pandemic struck, the Council mobilized over 35 community organization partners to fight the spread of COVID-19 in the most vulnerable communities in New Castle County through education, testing, vaccinations, and treatment, including advocating for funding to support efforts and addressing health equity among vulnerable community members. The Council also provided strategic support to Network Connect in the development of the Community Well-Being Initiative in the most vulnerable communities in New Castle and Kent Counties aimed at helping community members to address mental health and substance abuse challenges and the social determinants of health. Currently, the WCAC is an active member of Wilmington's Community Public Safety Initiative, facilitating Public Safety Round Tables in targeted neighborhoods to mobilize community members in efforts to reduce violence and improve safety in their areas.

While the WCAC has addressed gun violence at the system and service levels, many of its member agencies have addressed violence at the community and individual levels. Network Connect, for example, aims to build community capacity by coordinating grassroots and local partners to provide youth and families with social services, education programs, workforce skills, and mental health supports. Through collective impact, Network Connect seeks to break the cycle of Adverse Childhood Experiences in effort to improve the well-being of youth and families. Whether working with youth, families, partners, or organizations, Network Connect provides a culture grounded in *community, integrity, partnership, and respect*. Blending the organization's unique culture with pro-social skills and evidence-based practices to support programs and services, Network Connect's determination, connection, relationships, and sense of collective responsibility motivates the community of practice to strengthen our communities.

In effort to build and maintain a grassroots community of practice, Network Connect has found that the gun violence crisis requires not only a collective approach but one that addresses individual and community challenges within complex macro systems. In 2021, the CDC developed the Youth Violence Prevention Resource for Action, to guide youth violence prevention strategies and approaches.¹² Strategies described in this report include investment in early childhood education, mentorship and afterschool programs, health access and coordinated outreach to support adults, increased recreation spaces, and other health and self-sufficiency interventions. The CDC resource guide underscores the interdisciplinary nature of gun violence prevention and emphasizes the necessity of collaborative solutions collaboration across service

sectors for youth and adults alike. To this end, Network Connect offers an array of services and interventions.

Within Network Connect, the Future Culture Creators program (FCC) builds individual and group relationships to grow connection, trust, and accountability. FCC provides experiential learning and service opportunities to encourage teens to develop new interests, identities, and purposes. Key FCC experiences like coordinating Teen Town Halls or visiting the New Castle County Hope Center expose teens to different types of community engagement. Network Connect's partnerships with organizations like ChristianaCare Health System have launched unique workforce experiences, allowing teens to discover new areas of interest and potential careers. FCC helps youth develop personal mission statements to teach them to live with a purpose greater than oneself.

In 2022, Network Connect became involved in the Community Based Public Safety Collective (CBPSC), a collaborative of nonprofits and community-based organizations focusing on addressing and improving community level safety. The CBPSC conducted a landscape analysis of Wilmington to develop violence prevention strategies.¹³ The Community Public Safety Initiative (CPSI) was formed and includes four key organizations identified in the landscape analysis: Network Connect, the Center for Structural Equity, Youth Advocate Programs, Inc., and the WCAC. The WCAC hosts bi-monthly roundtable sessions designed to solicit input from community members about safety issues and needs. The roundtables also provide a forum for organizations to share information about their efforts to improve safety in Wilmington. The CPSI also conducts organizational readiness assessments for participating community organizations and assists with building organizational and programmatic readiness. For example, the CPSI provides participating organizations with coaching and training on topics such as financial management, operational protocols, workforce development, relationship/partnership management services to gun violence victims, fundraising, and identifying federal funding opportunities. These efforts aim to strengthen community organizations, particularly grassroots organizations, at the frontlines of the gun violence crisis. Their readiness and resilience are essential to effective gun violence reduction and prevention. The CPSI also facilitates peer learning across selected intervention organizations to share experiential knowledge and best practices, further strengthening readiness and resiliency among its partners.

To date, the CPSI has created one Hub house, located on the Eastside, and has plans for a second one, to be located in Northeast Wilmington, to serve as community resource centers. The Hub houses provide a safe space for community members to get their basic needs met, including receiving food, washing clothes, and attending to personal hygiene. The CPSI has also incorporated wraparound and prevention services when deploying responses to violent incidents and uses trauma informed practices and perspectives to address root causes of community violence.

Network Connect is driven by a mission to ensure that the communities most impacted by violence are at the center of defining and addressing the issues. Network Connect hosts and facilitates two connection circles. Connection Circles are a unique restorative and evidence-based approach. It is Network Connect's culture to conduct connection circles in the community and internally with our team members. These circles encourage and facilitates the relationship building process used to promote understanding, develop interpersonal capacity, and establish space for all voices. This evidence-based practice has proven to be effective in Network Connects service and culture. The Network Connect Community Partner Connection Circles are

designed to provide a space and time to intentionally share updates, needs, data, resources, and ask questions. The exchange during the connection circles builds trusting relationships, reduces siloed interventions, and encourages a collaborative culture among the local nonprofits within our communities. The Community Partner Connection Circles is fundamental to building equity within the collective impact model and transforming our hierarchical, siloed, competitive approach into a mutually reinforcing, supportive, and aligned collective effort.

Teen Town Halls are one of Network Connect's efforts to prepare and include young people in community engagement. Teen Town Halls provide a reciprocal learning and development process in which teens learn how to express community level needs and concerns and where community partners and concerned residents learn from the teens. They provide an opportunity for teens to lead civic action, which is critical to crafting relevant and effective interventions. Hosted by FCC participants, teens plan each part of these events. In brief, they select a theme, research the topic, advertise the Town Hall, and facilitate the connection circles. They also report on the different thoughts, ideas, and perspectives shared at the Teen Town Halls, as well as plan activities for follow up action. Topics have included mental health in and out of school settings; gun violence at the local and international levels; systemic racism; community, local and national social environments; community events; teen engagement; social media; and parental relationships. Local community leaders often attend, supporting and learning from tomorrow's leaders as they present ideas and solutions addressing today's challenges.

From 2021-2023, Network Connect successfully implemented the Community Well Being Initiative (CWBI) pilot. Key to the success of the CWBI initiative are the Community Well-Being Ambassadors (CWAs). CWAs are community members with social capital who provide guidance and support to individuals, youth, families, and communities using evidence-based and evidence-informed practices. The primary intervention used by the CWA's is Skills for Psychological Recovery, an intervention designed to assist residents impacted by disasters and found effective for assisting residents living in low resourced communities in need of substance abuse, mental health, housing and/or other services.¹⁴ This workforce development model combines social theory with foundational principles of process improvement methodology. The model is based on the belief that those closest to the work, issue, challenge, or in this case community, have the skills, knowledge, and experience to create and implement solutions. In the first full pilot year, Network Connect's CWA program delivery included more than 4,000 direct points of engagement with community members. Over a thousand (1,079) community members have engaged with Ambassadors since May 2021 with 6,890 total interactions. The interactions underscore the multiple and continuous engagement the CWAs have with individuals as they navigate systems and services necessary to meet their needs. In addition, 880 Naloxone kits were distributed, and 888 community members were trained on the administration of Naloxone. In New Castle County, 91% of Community Members engaged have received at least one SPR skill. Since October 2022, in Kent County, 869 individuals have been engaged for a total of 1,298 interactions. Ninety percent of participants reported living in the 19901 or 19904 zip code. At least one SPR skill was used in 92% of encounters.

The collective impact partners and grassroots host site organizations have demonstrated their ability to replicate the model and their ability to be nimble and agile to the services delivery in response to the changing needs of the community. To be effective, however, the collaborative effort also targets intangibles, such as a sense of safety, emotional regulation, and social norms. The ability to support someone as they expand their individual, social, and community norms

becomes the distinguishing feature of effective intervention. Community organizations, including grassroots organizations, are in a unique position to provide guidance and support. Our work requires us to learn how people interact with their environments at all levels, requiring us to collaborate and share insights and information at a deeper level than a “one and done” approach to providing services. We must grow our interpersonal skills to ensure we and our programs are caring, supportive, and understanding of human growth and development. This collective is extremely committed to the community and community-driven work to build capacity and resilience. Together, we are changing how services are coordinated and delivered, making the service delivery system more responsive to the needs of residents. When the service delivery system includes community organizations working in partnership with each other and government agencies to address the social determinants, the root causes of violence are interrupted and communities become more resilient and thrive.

Translational & Collective Action Activities: From Research Findings to Action

The Wilmington Community Advisory Council, in partnership with Delaware State University, Center for Structural Equity, Network Connect, MOMS Demand Action, and the Coalition for a Safer Delaware hosted a three-part series on developing collective action solutions to reducing gun violence in Wilmington, Delaware. The effort was grounded in the four-city study examining gun possession among young African American males living in high crime, high violence cities.

The first session of the series focused on a presentation of the study design and findings. The study was coordinated and managed by the Thurgood Marshall College Fund with funding from the National Collaborative on Gun Violence Research. A more detailed description of the study and its findings are presented in the American Journal of Qualitative Research, titled *Unlocking Gun-Violence Solutions: The Necessity and Power of Lived Experience*¹⁵ and summarized in the Dillard et al article, titled *Understanding the Perception of Place and Its Impact on Community Violence*, included in this DJPH issue. For the collective action presentations, findings specific to Wilmington, Delaware were presented. The presentation included an overview of the study methodology and a description of the Wilmington study group. Ninety-three interviews were completed in Wilmington and responses from 81 were included in the analysis. The average age of respondents was 18 years old with over half (56%) between 15 and 17 years old. Two-thirds of all the respondents and 88% of the juvenile respondents lived with their mother and siblings. Only 12% of those no longer in high school and 80% of all the respondents reported liking school. Few (14%) reported a mental health condition and fewer (9%) reported being in foster care.

All of the young men we interviewed either possessed or had possessed a gun. The majority (86%) were exposed to guns before they were fifteen years old, with 43% younger than ten when they were exposed to guns. A family member or close friend introduced most (over 90%) of them to guns and 77% were fifteen or younger when they possessed their own gun. Most (94%) knew someone who had been shot and 81% had a family member who had been killed by a gun. For a large majority, the exposure to gun violence occurred before they were 15 years old. The Wilmington respondents described themselves as “smart,” “chill,” and “funny.” They described Wilmington as “rough,” “violent,” and “dangerous.” One respondent said the city is “broken,” and several said it was unsafe for children and not a place to raise a family. Their greatest

challenges and pressures were school and money. Most have modest dreams for the future centering around taking care of their family, including having a decent income, a house, and a car. Yet most noted the lack of opportunities to pursue these dreams. The presentation concluded with six recommendations:

- 1) address systemic inequities;
- 2) improve police training and community-police relations;
- 3) increase community involvement in gun research;
- 4) enact data driven gun law reform;
- 5) implement behavioral interventions; and
- 6) increase political will and understanding of the context in which gun violence occurs.

As is frequently the case, there was not adequate time after the presentation to discuss and reflect on the findings. In response to requests for further discussion, the series coordinating group met to discuss the best format to follow up on the study presentation. The follow up offered an opportunity to bridge the research-practice gap by translating the research findings into the community context. Community members' continued discussion and translation of research findings is fundamental component of community engaged research. Community members, advocates and stakeholders bring deeper meaning to the study findings, adding greater contextual perspective necessary for relevant and effective responses. Without the intentional community guided conversations, solutions for any social issue will have limited impact on individuals and communities at greatest risk.

To meet this goal, the series coordinating group planned for two reflection sessions focused on four of the six recommendations from the gun possession study: improve police training and community-police relations; increase community involvement in gun research; enact data driven gun law reform; and, implement behavioral interventions. Two of the recommendations were not addressed. There was consensus within the coordinating group members that the first recommendation, address systemic inequities, was embedded in the other recommendations and, thus, would be considered across the other recommendations. The coordinating group also agreed that increasing the political will and understanding was beyond the scope of the current effort.

Both reflection sessions were facilitated by Network Connect, using its connection circle model. The first reflection session was designed for community members, allies, and advocates to understand the study findings through the lens of their experiences and providing an opportunity for adult community members and other stakeholders to connect "heads and hearts." In the connection circles, participants reflected on the study's recommendations, identified actions already underway and gaps that exist, and brainstormed possible solutions to address the gaps. A second reflection session focused on teens. It was organized by Network Connect's Future Culture Creators as a Teen Town Hall and provided an opportunity for the teens to talk about gun violence from their perspective and identify possible solutions. The FCC teens compiled the responses across the connection circle topic discussions and provided the coordinating group with an overview, including recommended actions.

The coordinating group used the results and recommendation from both reflection sessions to guide action. The Wilmington Community Advisory Council convened the partners to translate the findings from the reflections into concrete actions to be taken. Each partner chose the actions they would work on. As of this writing, Network Connect and MOMS Demand Action are implementing a gun safety and safe storage educational awareness campaign with parents, teens, and community members using the curriculum developed by the Be Smart for Secure Gun Storage organization.¹⁶ WCAC is working with Network Connect, Minds In Motion, MOMS Demand Action, and the Department of Services for Children, Youth and their Families in developing a community of practice with grassroots organizations to embed and strengthen trauma informed practice within their organizations' standard operative procedures, conduct on-going professional development with their staff, and work together to hold educational healing experiences for community members. At the community level, the WCAC is working with those partners to implement a trauma education awareness campaign to provide educational and healing experiences through workshops for parents, teens, and other community members on recognizing the signs of trauma, including how parents could talk with their children/teens, how to process emotions, and how to connect to community resources for help. Lastly, the Coalition for a Safer Delaware is working with Network Connect to mobilize teens to advocate for gun law reform through legislation being considered in the Delaware General Assembly.

Call to Action

To address the multiple and varied factors associated with gun violence reduction and prevention, a collective effort is required. However, implementing a collective impact approach is frequently less clear. In this article, we described one collective action process to address gun violence. This process coupled with other efforts by the partners mentioned and others, Delaware has experienced recent success in reducing gun violence. According to recent statistics, gun violence fell by 20% since 2020 with 300 fewer shootings, with shootings during the summer decreased by almost 40%.¹⁷ Collaboration across sectors including legislation, partnerships, funding, education, advocacy, and community programs, have positively impacted Delaware. These improvements highlight the importance of continuing investment in local organizations, including nonprofit service agencies, grassroots agencies, coalition, and partnerships, to ensure programs are innovative, responsive, and flexible to individual, family, and community needs. Community organizations provide vital connections to community members that in turn, instill hope, opportunity, and a belief in a future that drives impact. It is a big lift to change systems, services, values, and culture. It truly takes a village and requires a willingness from all of us to transform.

We must continue to reflect upon the tragedies and traumas that impact our communities. The victims, perpetrators, witnesses, first responders, and others directly and indirectly impacted by the violence provide insight. We must understand how we can improve and expand collaborative strategies and frameworks, and invest in the intangibles, knowing that a sense of hope can lead to impact. There is neither time nor benefits for clinging to territorial and competitive strategies. Change requires persistence, and investment across micro and macro systems. We must commit to this work knowing it affects us all. We must stay involved, capitalizing on opportunities and information to advance our work. As the late statesman John Lewis encouraged us, we must continue to make good trouble to have a collective impact.

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