

**Gun Violence Prevention Program**

**Legislative Report**

**June 2021**

**Legislative Mandate**

4590-1504........ For a neighborhood-based gun and violent crime prevention pilot program for targeted work with out-of-school youth and young adults aged 17 to 24, inclusive, intended to prevent gun violence and other violent crime in neighborhoods and municipalities with the highest rates of violent crime in the commonwealth; provided, that funds shall be awarded in consultation with the executive office of public safety and the department of elementary and secondary education; provided further, that funds shall be awarded to non-profit, community-based organizations located in and serving high risk youth in eligible communities; provided further, that preference shall be given to organizations that have: (a) demonstrated street outreach capacity, (b) effective partnerships with neighborhood health and human services agencies, including mental health providers, and with schools and other local educational institutions, and (c) clearly outlined a comprehensive plan in support of continued or expanded collaboration efforts with such partners including data related to measurable outcomes of successful partner collaboration; provided further, that eligible expenses for such grants shall include, but not be limited to: case workers, mental health counselors, academic supports and other research-based practices and related support services; provided further, that the department shall ensure that every grant recipient establishes measurable outcomes in its comprehensive plan and provides data related to those outcomes that demonstrate program success; provided further, that preference shall be given to proposals that demonstrate coordination with programs and services funded through items 4000-0005, 7061-0010, and 7061-9612; provided further, that not less than $20,400 shall be expended for the purpose of funding the Community Service Officer Program in the town of Barnstable; provided further, that the department shall submit a report not later than March 2, 2020 to the executive office for administration and finance, the joint committee on public health, the joint committee on public safety and homeland security, the joint committee on education and the house and senate committees on ways and means detailing the awarding of grants and details of anticipated contracts by district; provided further, that the department shall further report on the effectiveness of the program, including but not limited to: (a) any measurable data-driven results that demonstrate program success including, but not limited to, data from law enforcement, community-based organizations and government agencies, (b) which strategies and collaborations have most effectively reduced gun and other violence in the grantee neighborhoods, (c) how spending through this item has been aligned with spending from items 4000-0005, 7061-0010, and 7061-9612 in ways that enhance public safety while avoiding programmatic duplication, and (d) what efforts have been taken by the non-profit community and municipalities to ensure the long term viability of the reforms funded by the pilot program; and provided further, that copies of the report shall be provided to: (a) the house and senate chairs of the joint committee on public safety and homeland security, the joint committee on public health and the joint committee on education, and (b) the chairs of the house and senate committees on ways and means not later than September 1, 2020, prior appropriation continued **Introduction**

This report was due to be filed in September 2020 and was delayed as a result of team members being redirected to COVID response efforts.

In 2017, Massachusetts had 270 firearm deaths, of which 38% were homicides.[[1]](#footnote-1) The leading circumstances of gun-related homicides among males ages 15-24 between 2011 and 2015 were gang involvement (34.8%), precipitated by another crime (26.9%), argument (23.4%), and drug involvement (18.5%). From 2011 to 2015, 79% of homicides in the Commonwealth were due to a firearm. [[2]](#footnote-2)

Black and Latinx youth from 15-24 years old are at higher risk of being affected by gun violence than other youth. While Massachusetts has among the lowest firearm death rate in the nation, over one-third of all victims of firearm-related injuries (39%) are between the ages of 15 and 24,[[3]](#footnote-3) and Black male youth are 32 times more likely to be hospitalized due to firearm assault than their white male peers.[[4]](#footnote-4) Young people also are overwhelmingly the suspects associated with homicides, underscoring the need for prevention, intervention, treatment, and recovery efforts. The intersectionality of race, ethnicity, gender, class, sexual orientation, age, and cognitive and physical abilities contribute to even more pronounced health inequities for many individuals in these groups.[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7),[[8]](#footnote-8),[[9]](#footnote-9),[[10]](#footnote-10)

In 2018, the Legislature allocated funding to the Massachusetts Department of Public Health (DPH) to establish a statewide Gun Violence Prevention Program (GVP) focused on working with out-of-school youth and young adults aged 17 to 24 years. The program focuses on youth disproportionately at risk of being impacted by gun violence, including youth of color, court involved youth, those with experience with substance use disorder (SUD) or violent behavior, and those who have been witness to or victims of violence. This funding is intended to prevent gun violence and other violent crime in neighborhoods and municipalities with the highest violent crime rates in the Commonwealth, and is comprised of a core set of programmatic services and a core set of guiding principles:

**Gun Violence Prevention, Intervention, Treatment and Recovery Services**

In 2019, ten community-based organizations were funded to provide prevention, intervention, treatment, and recovery services for youth impacted by gun violence in the form of six core domains. Funded programs include each of the following:

* **Comprehensive social needs intake, assessment and referral** that includes housing, academic support, food access, employment needs, physical health needs, mental/behavioral health needs, and family/social support needs
* **Trauma and racial equity-informed mental and behavioral health services** including substance use disorder and family/group therapy if needed
* **Workforce development** programs with an emphasis on economic stabilization, job skills, placement, and retention
* **Street outreach** to find disenfranchised youth where they are and engage them in programming
* **Mentoring** with a focus on relationship building and improved positive youth development outcomes, and
* **Community engagement and mobilization** to address systems change at the local and state level.

**Guiding Principles**

Grantees are also required to incorporate eight guiding principles into the six core domains. These guiding principles are key elements to mitigate the inequities that marginalized communities face and to build a public health approach to the work. The guiding principles are:

* **Racial equity:** The GVP Program engages people of color in planning and developing interventions, and partners with organizations with deep relationships in communities experiencing violence.
* **Trauma-informed service provision:** The program incorporates an understanding of trauma and its effects on individuals into all aspects of service provision and offers resources for those who have trauma-related needs.
* **Positive youth development:** Positive youth development (PYD) is based on the idea that young people develop through connections with caring adults who understand the developmental process and never give up on them. PYD promotes self-efficacy, positive self-concept, and hope for the future. All GVP Program grantees are strongly rooted in PYD principles.
* **Intersectionality:** GVP Program grantees understand that the young people with whom they work have several different social identities—gender, race, ethnicity, etc. — and some of them increase their risk of exposure to and engagement in violence. The goal of the GVP Program is to address and mitigate this exposure.
* **Cultural humility:** The practice of cultural humility starts with the acknowledgement that youths’ backgrounds (familial, cultural, geographic, etc.) shape their experiences in important ways. It also requires a commitment by service providers to reflect on how their own biases and those of others may interfere with the success of the young people they serve.
* **Restorative justice:** Restorative justice processes aim to repair social harm through honest, nonviolent dialogue about conflict and violence. GVP Program grantees use this approach to restore a sense of well-being to victims of harm, to those who inflict harm on others, and to surrounding community members.
* **Collective impact:** The collective impact approach affirms that organizations that work together and share what they learn will make more progress on complex social problems than any single organization alone. In the GVP Program, ten grantees around the Commonwealth are taking slightly distinct but complementary approaches determined by needs within their communities. They come together in structured meetings and trainings to share what they are doing and learning.
* **Building and sustaining the leadership of people of color:** The GVP Program recognizes that nurturing leaders who are people of color is fundamental to producing the systemic changes required to address gun violence comprehensively.

The GVP program is required to support and enhance, without duplicating, the efforts of the Shannon Community Safety Initiative (SCSI) and the Safe and Successful Youth Initiative (SSYI),which are collaborative violence prevention programs operated by the Executive Offices of Health and Human Services and Public Safety and Security. To be responsive to this requirement, the Department engaged SCSI and SSYI staff to assist with the design of the Request for Response 192829: Gun Violence Prevention Program.

The GVP program supports the work of the SCSI and SSYI by enhancing existing services and providing extended wrap around and support services to the families of high-risk youth and victims of violence. SCSI and SSYI are only available to the high-risk youth. In addition, community mobilization to address the conditions that contribute to youth violence and gun violence will also support youth that are engaged in SSYI/SCSI services. Additional detail regarding this collaboration can be found on pages 12-13 of this report.

Through the passing of the supplemental budget in December of 2019, the Gun Violence Prevention Program was able to extend funding to five additional program sites based on the stipulations laid out in the legislative language.

The following table indicates the allocation of GVP funds to the ten original funded grantees and five new grantee sites to support their capacity building. The addition of these five program sites in June 2020 brings the number of funded grantees to 15 programs. Future legislative reports will include data from all 15 sites.

**Gun Violence Prevention Program Grantee Sites**

| Grantees | Service Area | Total Award | Year One Award | Supplemental FY20 Funding |
| --- | --- | --- | --- | --- |
| UTEC Haverhill | Haverhill | $955,000 | $176,000 | New Grantee |
| Roca Lynn | Lynn | $955,000 | $176,000 | New Grantee |
| 18 Degrees | Pittsfield | $955,000 | $176,000 | New Grantee |
| Greater Fall River Recreation | Fall River | $955,000 | $176,000 | New Grantee |
| Project Right, Incorporated | Roxbury | $955,000 | $176,000 | New Grantee |
| College Bound | Dorchester | $1,200,000 | $624,000 | $60,000 |
| UTEC Lawrence | Lawrence | $900,000 | $468,000 | $63,000 |
| Old Colony YMCA | Brockton | $850,000 | $442,000 | $62,000 |
| New North Citizens Council | Springfield | $800,000 | $416,000 | $67,000 |
| ROCA Springfield | Springfield | $800,000 | $416,000 | $67,000 |
| NorthStar Learning Centers, Inc. | New Bedford | $800,000 | $416,000 | $67,000 |
| Worcester Youth Center | Worcester | $800,000 | $416,000 | $67,000 |
| Madison Park Development Corporation | Roxbury | $751,270 | $390,660.40 | $63,000 |
| More Than Words | South End Roxbury, Dorchester, Mattapan | $650,920 | $338,478.40 | $67,000 |
| Mothers for Justice and Equality | Dorchester, Roxbury, Mattapan | $556,360 | $289,307.20 | $63,000 |

**Gun Violence Prevention Training, Technical Assistance, and Evaluation Contractors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendors | Role | Total Award | Year One Award | Supplemental FY20  Funding |
| JSI Research & Training Institute, Inc. | Gun Violence Prevention Program Support | $458,000 | $229,000 | $50,000 |
| UTEC | Gun Violence Prevention Training Center for Excellence | $700,000 | $350,000 | $25,000 |
| University of Massachusetts Medical School | Gun Violence Prevention Program Evaluator | $500,000 | $225,000 | $25,000 |
| University of Massachusetts Donahue Institute | Gun Violence Prevention Communication Support | $50,000[[11]](#footnote-11) | $50,000 | Contract ended 12/2019 |

**Gun Violence Prevention, Intervention, Treatment, and Recovery Services Outcomes**

The program aims to address gun and violent crime through both individual level interventions and community wide mobilization. The individual level interventions can be indicators of success at the community level. For example, if lack of employment stability is a risk factor for gun violence, then more youth attaining a high school degree should result in a decrease in the rates of violence. Individual interventions are designed to address the impacts of these structural drivers of violence, e.g. lack of education, food instability, unstable housing, poor mental health, employment insecurity, and the lack of a trusting relationship with an adult. Figure 1. on page 8 demonstrates the high enrollment of youth in programming that addresses these factors. These numbers are a strong indicator of potential reductions in gun violence and violent crime.

GVP funding is also addressing the community wide factors that contribute to gun and violent crime. In the first two years of the grant, programs have developed relationships and networks within their communities to work on the structural drivers of violence. This work is oriented around community mobilization, building and maintaining networks of key local stakeholders and leaders to consider policy, systems, and environmental change to address systemic risk factors for violence. This community mobilization is a long term, population wide strategy to decrease inequities and therefore reduce gun violence.

As the programs are still in their infancy, the Department is not yet able to demonstrate which strategies and collaborations have most effectively reduced gun and other violence in the grantee neighborhoods. The Department is tracking changes in policies and systems that would impact the rates of gun violence. Evaluation of these strategies fall within three timeframes, short-term; the number of youth who are receiving services, medium-term; the number of community-based organizations that are engaged with the programs in preventing gun violence, and long-term; the implementation of policies that address the structural drivers of gun violence. The short- and medium-term strategies are in process now, and information regarding the outcomes of those strategies are detailed below. The Department expects to see measurable outcomes from the long-term strategies in 5-15 years.

**Progress Update: December 2019 - June 2020**

In the second two quarters of Year 1 (January 2020 – June 30, 2020), grantees conducted street outreach to 579 youth and provided direct services to 430 youth who chose to enroll in programming. As part of the program youth are able to and encouraged to participate in more than one service. Of the youth enrolled in the GVP program, 294 received workforce development services, 154 took part in mental and behavioral health services, 250 took part in education services, 258 were assigned mentors, 238 were employed, and 195 received a comprehensive social needs assessment to determine case management needs and support (see figure 1).

**Figure 1. Number of GVP Youth with Workforce Development Services, Mental and Behavioral Health Services, or Comprehensive Social Needs Assessments as of June 2020**

In the second two quarters, grantees enrolled 200 new youth in programming – despite the COVID-19 public health emergency. Initially, grantee programs had to shut their doors to the public, but rapidly pivoted to supporting and sustaining the enrolled youth, their family members and in some cases the broader community in need by distributing food and toiletries. This public health strategy was employed out of an abundance of care for the youth and the community, while strategically maintaining contact and providing other case management services to program clients. Program staff also connected with incarcerated clients and reached out to their families on the outside to support their needs. More activities were conducted to engage new youth in Q4, once grantees had reinvented some virtual program components and it was safer to again meet in-person and travel around their organization’s catchment area.

Early in the COVID-19 pandemic during Q3, we recognized that the communities served by the GVP program were the most impacted by COVID-19 disparities. The grantees have innovated in order to best support the young adults they serve, with recognition that the pandemic has compounded the stress and challenges facing these young adults.

In Quarter 4 (March 31, 2020 – June 30, 2020), GVP grantees continued to adjust, retool and enhance strategies to shift from primarily in person interventions pre COVID-19 to increasingly more opportunities for virtual programming in all component areas including increasing virtual workforce development, education (HiSET), and behavioral health sessions and youth contacts.

Examples of activities grantees have engaged in as they established COVID-19 policies and practices:

* Continued provision and delivery of food, essentials, hand sanitizer, masks/PPE, and stipends to meet the immediate needs of GVP program participants and their families including supporting housing.
* Developed systems and protocols to provide stipends for participation in virtual learning, training, elective workshops, workforce development and behavioral health activities.
* Transitioned to more in-person activities in Q3 and Q4 including some in-person social distanced street and community outreach, one on one counseling sessions, de-escalation techniques training, and social distanced small group behavioral health sessions.
* Increased use of social media and innovative video development and production projects.
* Increased youth participation in daily-weekly virtual check-ins.
* Continued engaging new partners to meet emerging needs of youth, such as for specialized mental health support and wellness.
* Developed or enhanced behavioral health support for staff including support groups, one on one counseling, and other activities focused on staff wellness and self-care.

Program funds were utilized to conduct street outreach and programming for youth ages 17 - 24 who are engaged in violent activity but do not meet the criteria to be enlisted in the Safe and Successful Youth Initiative. Below is the list of demographics for youth served by the original ten grantees.

**Table 1: Young Adult Characteristics**

|  |  |  |
| --- | --- | --- |
| Characteristic | Category | Percent (N=579) |
| **Age** |  |  |
|  | 16 – 18\* | 18.9\* |
|  | 19 - 20 | 28.5 |
|  | 21 - 22 | 24.0 |
|  | 23 - 24 | 16.3 |
|  | 25 – 27\*\* | 12.4\* |
| **Race** |  |  |
|  | Black | 55.0 |
|  | White | 27.0 |
|  | Other | 18.0 |
|  |  |  |
| **Gender** |  |  |
|  | Female | 25.2 |
|  | Male | 73.8 |
|  | Non-Binary | 1.1 |
|  |  |  |
| **Hispanic** |  |  |
|  | Yes | 34.4 |
|  | No | 65.6 |
|  |  |  |
| **Primary Language** |  |  |
|  | English | 93.2 |
|  | Spanish | 2.6 |
|  | Other | 4.2 |
|  |  |  |
| **Living Arrangement** |  |  |
|  | Parent, Grandparent, Extended Family | 50.0 |
|  | Homeless (couch surfing, shelter, without shelter) | 13.1 |
|  | Jail/Prison | 3.8 |
|  | Living alone or with spouse, partner, or roommate | 19.6 |
|  | Group home, residential care or foster parent | 6.1 |
|  | Other | 7.3 |

Note: Missing data for the characteristics is the following: age 7; race 61; gender 19; Hispanic 71; primary language 268.

\*The age category spans the 16-18 year old range however only .68% of GVP participants are 16 years old.

\*\* The Gun Violence Prevention (GVP) strategy is centered on engaging individuals who are most at risk for committing an act of violence while it is designed to focus on a specific age group there are times when the need to support an older individual who is a core influencer can yield a significant result for the individual, their families, and broader network.

**Figure 2: Outreach, Enrolled, and Total Participants Cumulative by Month**

**Gun Violence Prevention Training Center for Excellence**

The Gun Violence Prevention Program includes The Center for Excellence (TC4E), coordinated by UTEC, Inc, to provide statewide technical assistance (TA), training, and convening services for GVP grantees and other agencies working on gun violence prevention. The TC4E provides training to support GVP’s agencies to achieve all six core domains. In partnership with HRiA, the TC4E implemented a series of 25 mandatory trainings for GVP grantees during Q3 and Q4 focused on framing gun violence as a public health issue, community mobilization, trauma-informed care, the eight principles of GVP, and program evaluation. In addition, the Training Center for Excellence provided TA for grantees upon request.

**Gun Violence Prevention Evaluation and Data Management Services**

DPH’s Gun Violence Prevention Program funds an evaluation focused on data collection and management, technical assistance around data collection platforms, evaluation analyses, and results dissemination for the GVP grantees. The goals are to design and implement a formal evaluation plan for the program to measure fidelity and overall impact on individual, community, and systems-level risk and resiliency factors related to gun violence. Grantees report process and performance measures related to each of the six core domains of the GVP program to the evaluator. Additionally, the evaluation includes monitoring and evaluating agency-level change, including leadership promotion, diversity, retention, organizational capacity building, and skills development.

The evaluation also includes monitoring and evaluating the Training Center for Excellence and its impact on improving organizational capacity, staff professional development opportunities, multi-sector community engagement, increased knowledge and capacity to implement racial equity framed and trauma-informed programming, and ability to leverage existing partnerships and efforts.

In FY20 the evaluation vendor, the University of Massachusetts Medical School (UMASS), completed the creation of the GVP database and worked to support grantees data collection and submission process to ensure accuracy of the work the grantees are conducting. UMass held one training and multiple ad hoc technical assistance sessions with grantees to address their unique data circumstances and work through the logistics of program submission.

The first year of the evaluation focused on developing an overall initiative logic model, refining evaluation questions, and identifying methods and data sources. Evaluators also developed a GVP Database and worked with Grantees to ensure they could enter program data or upload data into the database for required reporting. Finally, Evaluators collected data to assess individual and agency early implementation and current community engagement activities.

Grantees demonstrated incredible resiliency during the COVID-19 pandemic. Program leadership within each GVP team came together to find creative ways to remain connected to their GVP staff and program youth, support youth and their families in meeting basic needs, and most importantly, ensure that GVP Youth knew that the program is a safe place for them to connect during this unprecedented time.

Understanding the pandemic is not over and the evaluation plan must remain flexible, between July 2021 and June 2022, Evaluators intend to expand the work with Grantees to include the following activities in three key areas, Data Management Training and Technical Assistance, Implementation Evaluation, and Outcome Analysis:

* Data Management Training and Technical Assistance. This will include:

1. providing operational support for appropriate use of the Grantee database.
2. adding data elements to measure short-and medium-term individual-level outcomes.
3. identifying and adding data elements to measure agency and community-level outcomes.

* Implementation Evaluation. This will include:

1. measuring the consistency of GVP operations and programming
2. measuring the design and implementation of the six key components, including:
   * + street outreach
     + comprehensive social needs assessment and referral
     + mentoring
     + mental and behavioral health services
     + workforce development
     + community engagement and mobilization

* Outcome Analysis. This will include:

1. Identifying and measuring community mobilization metrics
2. Surveying racial equity and trauma-informed practices

**Alignment with Safe and Successful Youth Initiatives (4000-0005)**

The Safe and Successful Youth Initiative (SSYI) serves a specific set of young people on a law enforcement generated list, while the GVP program serves young people who may be at increased risk for exposure to violence or committing violence, but have not been identified by law enforcement for intervention. The programs work together to ensure these two separate populations of youth are served. The GVP program has worked in coordination with SSYI leadership at the Executive Office of Health and Human Services to ensure that program work is complementary and does not duplicate funding. Due to the overlap in programs who host both SSYI and GVP programming, administrators of the programs meet regularly to discuss implementation and how to avoid duplication of efforts. The SSYI program serves a specific set of young people on a law enforcement generated list and the GVP program serves young people who may be at increased risk for exposure to violence or committing violence, but have not been identified by law enforcement for intervention. The programs work together to ensure we are serving these two separate populations of youth.

**Alignment with Increasing Student Access to Behavioral and Mental Health Services (7061-0010)**

The GVP program works to promote youth having access to mental health services through their program model. It is a requirement of the grant for programs to fund 1 FTE behavioral support staff. Many of the youth in the programs are in the 19 to 24-year-old age range and have limited-to-no access to school resources. The GVP-provided mental and behavioral health services are a complement to the 7061-0010 line item appropriation.

**Alignment with Safe and Supportive Schools (7061-9612)**

The GVP model complements the Safe and Supportive Schools Initiative through community mobilization. Communities can select if they would like to address issues within their respective school district to help move them to become trauma informed institutions.

**Sustainability**

The GVP originally started as a two-year funding cycle. To build sustainability in the model DPH adjusted the program to disperse funds over three years. DPH is appreciative of the ability to carry over this funding to the next Fiscal Year given the PAC authority for this program included in Section 40 of Chapter 124 of the Acts of 2020. This continuity in funding ensures grantees can create systems and build sustainability plans into their core functions in preparation for the end of the grant. In addition, programs can move funding forward to ensure their ability to scale up projects as needed. A significant part of this initiative is around developing relationships within key partners in their communities. In the initial months of the program, these meetings between stakeholders and networks were facilitated by DPH. Since those initial meetings, this networking has happened independent of DPH, demonstrating the programs’ ability to build and maintain cross sector relationships with stakeholders. Funded grantees are evaluated based on the strength and diversity of their partnerships. The Department also continues to fund technical assistance on partnership building within the training center for excellence. This relationship building is a core part of the long-term sustainability of this funding. By developing these networks, communities should be more equipped to approach gun and violent crime from a systems perspective. These networks have also developed into a statewide community of GVP and youth violence prevention organizations to collectively share strategies to address violence and use collective action to advocate for funding.

1. Approximately 60% of firearm deaths were suicides and the remaining deaths were recorded as legal interventions, unintentional death or undetermined death. Data Source: Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health 2017 [↑](#footnote-ref-1)
2. Data Source: Massachusetts Violent Death Reporting System, Massachusetts Department of Public Health 2011-15 [↑](#footnote-ref-2)
3. Massachusetts Violent Death Reporting System, 2013-2017 [↑](#footnote-ref-3)
4. Massachusetts Inpatient Hospital Discharge Database, Massachusetts Outpatient Emergency Department Discharge Database, and Massachusetts Outpatient Observation Stays Database, Center for Health Information and Analysis (CHIA), 2014 [↑](#footnote-ref-4)
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8. Bauer, G. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. Social Science and Medicine, 110:10-17. [↑](#footnote-ref-8)
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11. **May 5, 2019 through December 31, 2019.** [↑](#footnote-ref-11)