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Connecticut Department of Public Health

Community Gun Violence Intervention and Prevention

Community Gun Violence Prevention Program

Annual Report 2023

Report to the Joint Standing Committee of the Connecticut General Assembly, having Cognizance of Matters Relating to Public Health

Connecticut DPH Community Gun Violence Prevention Report 2023

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Connecticut Department of Public Health

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I. Executive Summary

The Community Gun Violence Prevention (CGVP) Program was established in 2022, via Public Act 22-118 (House Bill 5506) Sec. 80, which called for a Community Gun Violence Intervention and Prevention Program to be located at the Connecticut Department of Public Health (DPH). The program is currently housed in the Community, Family Health, and Prevention Branch (CFHPB) at DPH.

The legislation called for the DPH Commissioner to submit an annual report of their CGVP program activities beginning January 1, 2023 to the Public Health Committee, in accordance with the provisions of section 11-4a of the Connecticut general statutes. This is the second of the annual reports for the DPH CGVP Program.

In recent years, the DPH Injury and Violence Surveillance Unit (IVSU) in the CFHPS has monitored trends in homicides and firearm related homicides through the Centers for Disease Control and Prevention (CDC)-funded surveillance project referred to in Connecticut as the Connecticut Violent Death Reporting System (CTVDRS). Beginning in 2020, CTVDRS data trends indicated a sharp increase in homicides soon after the SARS-COV-2 (known as COVID-19) pandemic came to Connecticut in March 2020. Following this sharp increase, the homicide rate remained largely flat through 2022 (4.3 per 100,000 Connecticut (CT) residents) and this trend was consistent with nationwide trends (See Figure 1). Preliminary 2023 data (not shown) indicate that the homicide rate dipped slightly to 4.1 per 100,000 CT residents, but it is too early to suggest that the rates will continue to decline in the post-pandemic period. The pandemic has had a significant effect on this issue by exacerbating several existing challenges including economic and housing insecurity, dislocation of youth, and limited mobility that aggravated interpersonal tensions. Altogether, the impacts of the pandemic made it more difficult for law enforcement, public and nonprofit organizations, and community groups to respond to the needs of people in neighborhoods experiencing increases in violence.

Health equity among Connecticut's residents with respect to public safety and public health has also been negatively impacted. Even before the COVID-19 pandemic, there was a significant, disproportionate impact on minority populations, especially as it related to assault injuries and deaths: non-Hispanic Black people are victims of 46% of annual Connecticut homicides but make up only 11% of the Connecticut population. Hispanics account for 22% of Connecticut homicides but make up only 17% of the population. Young men are especially vulnerable, facing homicide rates at approximately 100 times the national average. Recent data (2020-2023) indicates that the median age of Connecticut homicide victims was 32 years of age and the most frequent age at death was 24 years of age. Homicide victims who were Black, non-Hispanic, had a median age of 31 years old and commonly died at 24 years old. Finally, Hispanic resident deaths occurred most commonly in 32-year-olds with an average age at death of 28 years old.

In 2023, DPH carried out several activities related to community gun violence intervention and prevention. A request for proposals (RFP) process recently awarded eight (8) community-based organizations funding from the federal American Relief Program Act (ARPA) and state general fund to help build capacity and resources within their programs. Additionally, the CGVP program continued to develop timely surveillance of injury and homicide by firearm and by other weapons/lethal means. The program enhanced the DPH surveillance infrastructure by developing new methods to identify firearm- and violence-involved emergency department (ED) records. The case definitions for firearm and violence

were built into DPH's syndromic surveillance data system, which is near-real time ED data, although it is preliminary data and normally used for situational awareness of public health issues. These surveillance data and the program-level information from the grant awardees will be used to assess their program's performance and track trends in assaults and homicides over time.

This 2023 annual report details the activities of the DPH CGVP Program since its inception in 2022. The CGVP Program's goals and objectives align with many of the recommendations from the Gun Violence Intervention and Prevention Advisory Committee (12/30/2021) through supporting the growth of existing evidence-based or evidence-informed community violence and gun violence prevention and intervention programs throughout the state. This report will describe the current homicide surveillance work which has been ongoing since 2015 and the new nonfatal firearm injury and other violence surveillance using near-real time ED data. It will also provide updates on the program's funding, partner programs, other intended partnerships, any relevant contracting, marketing activities, and the status of the DPH CGVP Program hiring process. Finally, it will discuss the role the Connecticut Commission on Community Gun Violence Intervention and Prevention has in advising the DPH CGVP Program staff and working hand-in-hand to prevent and intervene in community violence and firearm violence in Connecticut's urban populations.

II. Introduction

The Community Gun Violence Prevention (CGVP) Program was established through Public Act 22-118 Sec. 80 and called for a Community Gun Violence Intervention and Prevention Program in the Connecticut Department of Public Health (DPH). The program is currently housed in the Chronic Disease and Injury Prevention Section in the Community, Family Health, and Prevention Branch (CFHPB).

The charge of the community gun violence intervention and prevention program is to (1) fund and support the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state, (2) strengthen partnerships among the community, state and federal agencies involved in community gun violence prevention and intervention, (3) collect timely data on firearm-involved injuries and deaths and make such data publicly available, (4) evaluate effectiveness of violence intervention and prevention strategies implemented under the program, (5) determine community-level needs by engaging with communities impacted by gun violence, and (6) secure state, federal and other funds for the purposes of reducing community gun violence.

The 2022 legislation also called for the DPH Commissioner to submit an annual report detailing the CGVP Program activities beginning January 1, 2023 to the joint standing committee of the General Assembly having cognizance of matters relating to public health. This is the second annual report submitted from the DPH CGVP Program.

The DPH Office of Injury and Violence Prevention (OIVP) and the Injury and Violence Surveillance Unit (IVSU) currently manage the CGVP Program among other programs for violent death and injury surveillance, suicide prevention, and sexual and family violence prevention. Staff from each of these units help administer the proceedings of the Commission on Community Gun Violence Intervention and Prevention and the commission's subcommittees. The staff also participate in the Child Fatality Review Panel (CGS 46a-13l (b) and (c)), the Intimate Partner Homicide Review Panel coordinated by the Connecticut Coalition Against Domestic Violence, and the Maternal Mortality Review Committee (CT Public Act 18-150).

The DPH IVSU has been monitoring homicides and firearm related homicides since 2015 through a federal Centers for Disease Control and Prevention (CDC)-funded surveillance project referred in Connecticut as the Connecticut Violent Death Reporting System (CTVDRS). Beginning in 2020, CTVDRS data trends indicated a sharp increase in homicides soon after the SARS-COV-2 (aka COVID-19) pandemic came to Connecticut in March 2020. Following this sharp increase, the homicide rate remained largely flat through 2022 (4.3 per 100,000 Connecticut (CT) residents) and this trend was consistent with nationwide trends (See Figure 1). Preliminary 2023 data (not shown) indicate that the homicide rate dipped slightly to 4.1 per 100,000 CT residents, but it is too early to suggest that the rates will continue to decline in the post-pandemic period. The pandemic had a significant effect on this issue by exacerbating several existing challenges including economic and housing insecurity, dislocation of youth, and limited mobility that aggravated interpersonal tensions. Altogether, the impacts of the pandemic made it more difficult for law enforcement, public and nonprofit organizations, and community groups to respond to the needs of people in neighborhoods experiencing increases in violence. CTVDRS data will be used to assess the impact of the community-based program initiatives on reducing homicides and serious injuries related to firearms and other lethal weapons.

Health equity among Connecticut's residents with respect to public safety and public health has also been negatively impacted. Even before the COVID-19 pandemic, there was a significant, disproportionate impact on minority populations, associated especially with assault related injuries and deaths: non-Hispanic Black people are victims of 46% of the annual Connecticut homicides but make up only 11% of the Connecticut population. The Hispanic population accounts for 22% of Connecticut homicides but make up only 17% of the population. Non-Hispanic Whites account for 30% of homicides, but account for almost 67% of the state's population. Finally, non- Hispanic residents of Asian, Pacific Islander, Native American, or Alaskan Native races account for 2% of homicides, but make up 5% of Connecticut's population. These data indicate clear health disparities by race and ethnicity around gun violence. Young men are especially vulnerable to violence, facing homicide rates at approximately 100 times the national average. The median age of Connecticut homicide victims was 32 years, with Black non-Hispanic and Hispanic resident deaths occurring most commonly in 24- and 28-year-olds, respectively, and with a median age of 31 and 28 years.

The CGVP Program aligns with Governor Lamont's plan to curb the impacts of the COVID-19 pandemic by addressing health equity and to support the most vulnerable in our cities and towns, in this case, those at highest risk of community gun violence and victimization. This program helps to support immediate economic stabilization for households by offering social services and connections to education and workforce development for those impacted the most by community gun violence, which has worsened as a result of COVID-19. It also aligns well with DPH's mission which is to protect and improve the health and safety of the people of Connecticut by: 1) Assuring the conditions in which people can be healthy; 2) Preventing disease, injury, and disability; and 3) Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

Federal American Rescue Plan Act ($2.5 million) and state general funding ($400,000) established the CGVP program in FY 2023, and state general funding ($3 million) newly granted by the state legislature for fiscal years 2024 and 2025, is continuing to support needed services and resources. The aim of this funding is to reduce and prevent violent injuries caused by firearms or other lethal means, curb violence in the community and at home, and provide better access to behavioral health services. Behavioral health is closely tied with violence and there is considerable need for treatment of mental health issues, especially for Post-Traumatic Stress Disorder (PTSD), and substance use disorder treatment. These and other needed and effective services can improve the quality of life of those impacted such as providing connections to workforce development, education, faith communities, and social services. The responsibilities that the CGVP Program and the commission are tasked with are the intervention and prevention of community gun violence and violence, and this includes family (aka domestic) violence and intimate partner violence.

The CGVP Program is supporting the growth of existing evidence-based or evidence-informed community violence and gun violence prevention and intervention programs throughout the state. Research indicates that there is an array of evidence-based, data-driven strategies to reduce community gun violence. In Connecticut there are several existing or emerging programs and strategies that need financial assistance to strengthen and expand their services, including hospital-based violence intervention programs (HVIPs) and Crisis Response Teams (CRTs), which are operating and expanding their services in urban centers throughout Connecticut. Focused deterrence strategies such as Group Violence Intervention (GVI) models are other examples of evidence-informed violence intervention and prevention strategies. Each of these strategies (e.g., HVIP, CRT, and GVI) have a behavioral health

promotion component to address underlying substance misuse and behavioral health challenges. To address key behavioral health challenges in this at-risk population, victims of violence and repeat perpetrators are referred by the HVIPs, CRTs, and GVI model programs to behavioral health programs and services for effective trauma-informed services and resources to better support people with PTSD due to a long exposure history of community gun violence. Cognitive behavioral therapy strategies have been shown to be effective in helping those with PTSD and other mental health issues.

In 2023, the CGVP Program, with the help of the statewide hospital-based injury prevention partner at Connecticut Children's Medical Center (CCMC), coordinated a grant funding program for qualified applicants from community-based violence prevention programs. Nineteen applications were received, and eight (8) community-based organizations were each awarded grants for $88,300 annually for a total of three (3) years. Each organization is committed to using evidence-based or evidence-informed strategies to combat violence in their communities. The grants were funded by federal and state dollars to build capacity and resources within their programs. The organizations funded were:

1. *COMPASS Youth Collaborative* (Hartford): With grant funding, the COMPASS Youth Collaborative is enlisting a community health worker to connect people affected by violence to resources for basic needs, mental and physical health care, and COMPASS' own Peacebuilder mentors, who are trained to use cognitive behavioral therapy principles to prevent future violence.
2. *The Justice Education Center* (West Hartford/Hartford): In partnership with Community Renewal Team and AuerFarm, the Justice Education Center will operate Project Moo, an initiative that gives youth from Hartford opportunities to develop resilience, empathy, and other social-emotional skills alongside their peers in an agricultural setting.
3. *Connecticut Violence Intervention and Prevention (CTVIP)* (New Haven): CTVIP will implement MakeHerSpace, a group violence prevention program tailored to meet the needs of teenage girls in New Haven.
4. *Greater Bridgeport Area Prevention Program (GBAPP)* (Bridgeport): GBAPP's Teen Fathers Program will work with young fathers re-entering the Bridgeport community after being incarcerated; participants will build parenting skills, receive case management, and strengthen their familial relationships.
5. *Career Resources Inc. and Hang Time* (Bridgeport): Career Resources Inc and Hang Time will use grant funding to expand their existing programs designed to prevent recidivism and youth crime; Hang Time and Her Time are group peer-support programs to build community and re-integration skills among formerly incarcerated people, and CHOICES is a mentorship program for high school athletes in violence-affected communities.
6. *Ledge Light Health District* (New London): Ledge Light Health District will use this grant funding to support a community health worker and a team of community ambassadors in New London, who will work with community members to reach their individual health goals and seek to learn more about the specific drivers of violence in New London. LLHD will also partner with Hearing Youth Voices to build community capacity to advocate for local resources and policies to prevent violence.
7. *Roca* (Hartford): Roca will use grant funding to provide Hartford mothers aged 14-24, who are at high risk of experiencing or participating in violence, with education engagement, employment readiness training, parenting and life skills programming, cognitive behavioral therapy, and intentional, transformational relationships with outreach workers.

8. *Stamford Police Department* (Stamford): Stamford Police Department's Community Violence Intervention & Prevention Services will use grant funding to enhance two existing crime prevention programs that have been successful in their community.

The DPH CGVP Program is supporting the evidence-based HVIPs and other effective programs throughout the state by strengthening partnerships within the community, state, and federal agencies involved in community violence prevention and intervention, including the statewide CT HVIP Collaborative. The Collaborative builds and strengthens partnerships between community violence prevention services organizations and hospitals across Connecticut. The mission of the CT HVIP Collaborative is to strengthen and expand the HVIP safety net across the state through training, research, sharing of best practices, and collaboration.

Marketing strategies are being developed to raise awareness of community gun violence and educating the public on the importance of seeking assistance from organizations in their communities who are there to help them end the cycle of violence and unstable economic circumstances in their lives. A Power Point presentation was provided to the commission and is available for further review.

Finally, this CGVP Program is conducting timely surveillance of homicides and nonfatal injuries related to firearms and other weapons/lethal means. The CGVP is also monitoring trends in family violence and intimate partner violence as part of this initiative. DPH is planning to build a data dissemination portal to share these and other data with state partners for focused public health prevention strategies and intervention.

Next Steps:
The CGVP Program developed a request for proposals (RFP) application to award funding to a public health program evaluator. The RFP is expected to be released in January 2024 and applications are scheduled to be received by the end of February 2024. The evaluator will conduct a performance assessment of the awarded community-based programs' initiatives and measure the effectiveness of the strategies implemented over the three-year grant period. The evaluator's role will include working with DPH to: (a) identify output and process measures, (b) conduct an asset map of community gun violence prevention and intervention services, and (c) design project evaluation and performance measurement plans to demonstrate how the proposed project will meet short-, intermediate-, and longterm outcomes.

The CGVP Program is working with the commission's Data and Evaluation Subcommittee to develop two data dashboards of nonfatal and fatal firearm injuries that will highlight and home in on the trends in community gun violence and other forms of violence in Connecticut's cities and across the state. Each of the dashboards will be refreshed with new information on at least a monthly basis and will comprise violence-related data by geographic location, by demographics, and types of weapons used, to name a few. The data dashboards will be linked to the DPH data dissemination portal to share these and other data with state partners.

III. Activities

A. State Funding Increased for Community Gun Violence Prevention Program

In fiscal years 2024 and 2025, $3 million was allocated to DPH for the community gun violence prevention from the state General Fund. This is in addition to the $400,000 allocated from the State General Fund in FY23. In total, the funding is portioned out in the following manner: $2.0M for grants to community-based organizations, $750,000 for technical assistance, $250,000 for DPH personnel, and the remaining $400,000 for contracts, marketing, other staff, and other community and program needs. Separate from these funds, an additional $500,000 was allocated in FY 24 and 25 to support Hartford Communities That Care at Risk Youth Intervention.

B. Recruiting Community Gun Violence Prevention Program Employees

In fiscal year 2023, the state established two permanent, full-time CGVP Program employees to (1) coordinate the CGVP Program and manage contracts and budgets for federal and state funds and (2) monitor the trends of nonfatal and fatal gun violence- and violence-related injuries. By the end of 2023, one 1.0 FTE epidemiologist was hired and started in April 2023. For fiscal year 2024, three (3) new positions were funded and the DPH Executive Leadership is developing plans to hire the program coordinator and establish the three new positions so hiring can commence for program expansion. The program is continuing to fund an 0.25 FTE epidemiologist who manages the DPH CTVDRS program.

C. Building the CGVP Program Through Partnerships

DPH Commissioner Manisha Juthani serves as the Chairperson of the Commission of Community Gun Violence Intervention and Prevention established through Public Act 22-118 Sec. 81. There are five subcommittees of this Commission: Partnerships, Programs, Stakeholder, and Community Engagement; RFP Mini-grant Criteria and Award; Sustainability - Financial and Legislative; Data and Evaluation; and Home Health (new in 2023). The OIVP and IVSU Directors are involved with planning the Commission meetings and participate on each of the subcommittees. They assist the subcommittees by providing DPH perspectives, public health guidance and technical assistance, set the subcommittee meeting schedules, and take meeting minutes, if needed.

The RFP Grant Criteria and Award subcommittee is charged with funding and supporting the growth of evidence-informed, community-centric community violence and gun violence prevention and intervention programs in the state. It is important to note that this subcommittee assisted DPH with the RFP process to award and distribute allocated state and federal funds to eight (8) qualified bidders in the amount of $88,330 annually for up to 3 years.

The Connecticut Children's Injury Prevention Center (IPC) is administering the RFP that distributed the eight awards on behalf of DPH. The contracts for this work were executed between September and October 2023 and the IPC hired one full-time (1.0 FTE) staff for project coordination and fiscal and contract management of the eight community-based grant awards. Funding for the IPC contract expires July 31, 2026.

The IPC is monitoring the grant awardees monthly and is consistently engaging with the partners during funding period, coordinating quarterly meetings with the community-based organizations for networking, to discuss progress of the initiatives. The IPC is also responsible for working with the

program evaluator, when hired, to assess the effectiveness of the implemented interventions and programs. Each year, reports are due to the IPC and DPH from the grantees.

The DPH CGVP Program, with assistance from CT Children's IPC and the RFP Grant Criteria and Award subcommittee, is developing a second RFP application process to award and distribute $2.0M in new state funding allocated to DPH for fiscal years 2024 and 2025. The subcommittee is in the process of developing parameters for funding to ensure that the funding will be allocated where it is most needed.

Additionally, DPH has engaged Hartford Communities that Care (HCTC) to help support their evergrowing statewide CT HVIP Collaborative. The contract with HCTC was funded using state funds and was executed May 1, 2023. One full-time (1.0 FTE) Program Director is being funded for coordination of the CT HVIP Collaborative and their funding will expire June 30, 2026.

D. Developing a CGVP Program Surveillance System

Epidemiologists with the IVSU track homicide trends and circumstances related to homicide and other types of violent deaths using data collected from the Office of the Medical Examiner, local and state police reports, and death certificates from the state Vital Records Office through the CTDVRS. IVSU staff also use CHIME[1] emergency department and hospitalization discharge (known as ED and hospital discharge) data, provided annually by Connecticut's hospitals via the Connecticut Hospital Association, to track nonfatal violence-related emergency department visits and hospitalizations. These data have been sent annually to DPH by the Connecticut Hospital Association for the past 20+ years. The most recent CHIME data available to DPH are 2022 ED and hospital discharges.

Epidemiology staff in the CGVP program are responsible for enhancing DPH's nonfatal assault and firearm-involved injury data collected by Connecticut emergency departments (ED) through the state's EpiCenter syndromic surveillance system. The EpiCenter system identifies in near-real time, ED records related to traumatic injury, including firearm injury and assaults. They are also developing a plan for sharing data with state and community partners, building reports, and will be disseminating data to community partners for data-driven decision making about prevention and intervention initiatives. The CGVP program staff will work closely with subject matter experts on the Data Evaluation and Analysis subcommittee of the Commission for guidance.

With assistance from the Data Evaluation and Analysis Commission subcommittee, epidemiology staff is developing two data dashboards of nonfatal firearm and violence-related injury data and homicide data. As more related and interconnected data are available and accessible, they can be added or linked with the existing data to provide a better understanding of Connecticut's community gun violence crisis. DPH has created similar dashboards that provide death data by year of death, geography, demographics, and circumstances or risk factors surrounding their deaths for drug related deaths in the state.

In addition to tracking trends and disseminating data, in 2023, the CGVP Program staff initiated the process to hire a program evaluator (starting July 1, 2024) to assess the effectiveness of violence intervention and prevention strategies implemented by community-based organizations they partner

[1] CHIME data contain more than 86 million patient encounters dating back to 1980. This comprehensive database is comprised of emergency department and inpatient hospitalization discharge data from all but one of the acute care hospitals in Connecticut.

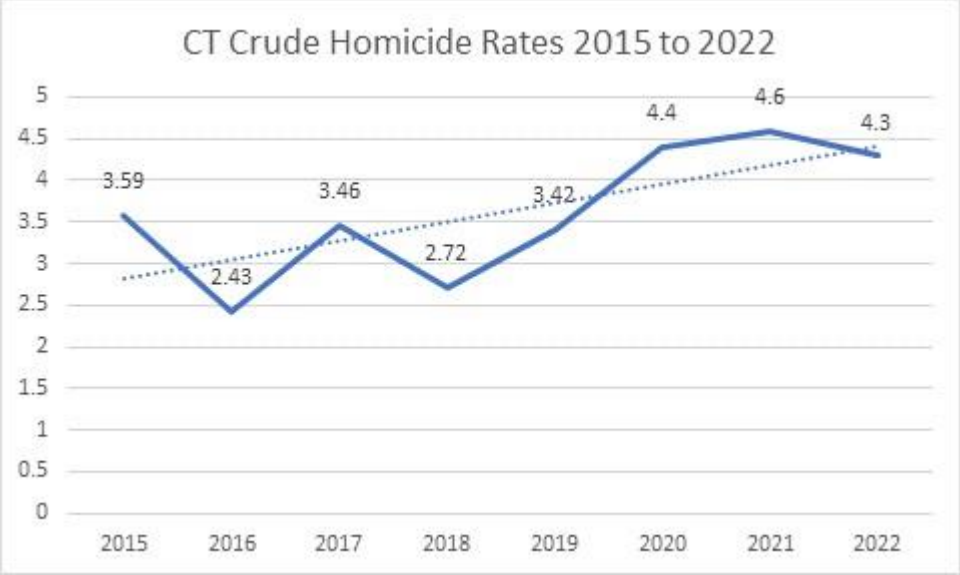
with. The Data Evaluation and Analysis subcommittee has chairs and members who are experienced in analyzing and interpreting violence-related data and evaluating program effectiveness and will assist with this evaluation.

E. CGVP Program Surveillance System Data Highlights

IVSU Epidemiologists track homicide trends and circumstances related to homicide and other types of violent deaths using data collected from the Office of the Medical Examiner, local and state police reports, and death certificates from the state Vital Records Office through the CTDVRS.

Homicide due to gun violence and other forms of violence:

Figure 1. Rate of homicide per 100,000 CT population



Data source is Connecticut Violent Death Reporting System data.

Black non-Hispanic and Hispanic males and females are disproportionally impacted by homicide deaths, compared to White non-Hispanic males and females. See Table 1. For example, homicide rates in Black non-Hispanic males are about 22 times higher than White non-Hispanic males during the same time period. Hispanic male homicide rates are 6.3 times higher than White non-Hispanic males.

Table 1. Homicide Rates, 2020 to 2023*: Factor Increases (x) – Compared to White NonHispanic Homicide Rates

	Black Non-Hispanic	Hispanic	Other Non-Hispanic
Males	21.9 x	6.3 x	-
Females	6.1 x	4.7 x	-

Data source is Connecticut Violent Death Reporting System data. *
2023 data are incomplete.

Table 2. Counts and annual average of homicide by lethal means

	Count Homicide 2015-2019 (5 years)	Annual Avg. Homicide 2015-2019 (% of homicide)	Count Homicide 2020-2022 (3 years)	Annual Avg. Homicide 2020-2022 (% of homicide)	Difference in % homicide 2015-19 compared to 2020-22
Number of Firearm Homicides	343	68.6 (61.2)	347	115.6 (72.5)	+18.5
Number of Sharp Force Homicides (Stabbing)	69	13.8 (8.1)	69	23.0 (13.3)	+64.2

Data source is Connecticut Violent Death Reporting System data.

Table 2 indicates that the percentage of firearm-involved homicide increased by a factor of 18.5 between the two time periods, 2015-2019 (pre-pandemic) and 2020-2022 (pandemic). The number and percent of sharp force-involved homicide increased by a factor of 64.2 during the two time periods.

Table 3. Homicide rate ranked by city of injury, 2020 to 2023*: Cities where there were at least 15 homicides during time period.

City	Number of Homicides	Homicide Rate per 100,000 City Pop.
Hartford	129	26.6
New Haven	80	14.9
Bridgeport	78	13.1
Waterbury	56	12.2
Hamden	15	6.1
Stamford	15	2.8

Data source is Connecticut Violent Death Reporting System data.

Homicides that occurred in Connecticut cities were ranked by homicide rate (number of homicides per 100,000 city population) between 2020 and 2023 (see Table 3). Results were calculated for cities with at least fifteen total homicides within that time period and showed that Hartford had the highest rate of homicides per 100,000 Hartford residents (26.6), followed by New Haven (14.9), then Bridgeport (13.1)

Table 4. Number and percentage of homicides associated with the most frequent circumstances 2020-2021 (homicide circumstances are not mutually exclusive)

	Number of Homicides	Percentage of Homicides (%)
1. Disputes/Arguments	91	28.0%
2. Assault	46	14.2%
3. Drug Involvement	39	12.0%
4. Robbery	25	7.7%
5. Drug Trade	24	7.4%

Data source is Connecticut Violent Death Reporting System data.

There were many different circumstances identified that give a sense of the reason for the homicide. Sometimes a homicide could have a number of circumstances, such as disputes that escalate to assault that can result in a death. Table 4 indicates the top 5 circumstances surrounding homicides between 2020 and 2021, the highest percentage being disputes and arguments. Other top circumstances included assault, robbery, and drug involvement/drug trade. The years 2022 and 2023 were not included because these data are preliminary and circumstance information is incomplete.

Intimate Partner Violence Homicide

Between 2015 and August 31, 2023, 131 people were victims of intimate partner violence (IPV) which was about 11% of all homicides. In the years closer to 2015, Connecticut averaged 14 IPV deaths per year, but in recent years, the number of IPV deaths rose to an average of 16 per year.
102 (78%) of the IPV deaths were females and 29 (22%) were males. Among the 102 females, 48 IPV deaths were White non-Hispanic females; 31 were Black non-Hispanic females, 20 were Hispanic females, and 3 were Other race, non-Hispanic females.

Family Violence Homicide

Homicide due to family violence is operationally defined as the murder of a family member (child, parent, grandparent, sibling, uncle, etc. including roommates) by another member of the family/household, including in-laws. CTVDRS data indicate that between 2020 and December 1, 2022 there were 47 family violence homicides in Connecticut. Seventeen (36.2%) of the homicides occurred in children under the age of 15 years: none (0) died by firearm; eight died by strangulation/asphyxia; six died by acute intoxication from opiates containing Fentanyl; two died from child neglect, and 1 child died by drowning.

Connecticut ED and hospital discharge data (2020 to 2022) indicate that nonfatal assault injuries occurred primarily in young adults and were much higher in the Black non-Hispanic and Hispanic populations when compared to White non-Hispanic males and females. See Tables 5 and 6. For example, for firearm-involved injury rates, Black non-Hispanic males experienced 61.1 times higher firearm injury rates than White non-Hispanic males and Hispanic males had 32.5 times higher firearm injury rates. Table 6 indicates that assault injuries by any weapon or means, exclusive of firearms, were higher in Black non-Hispanic and Hispanic males, 5.6 times and 4.8 times, respectively, but certainly not as high as firearm-involved injuries.

Table 5. Firearm Assault Rates, ED and Hospital Discharge Data*, 2020 to 2022: Factor Increases (x) – Compared to White Not Hispanic Firearm Assault Rates Nonfatal gun violence and community violence statistics:

		Hispanic	Other Non-Hispanic
Males	61.1 x	32.5 x	-
Females	12.3 x**	5.3 x **	-

*Data source is Chime ED and Hospitalization discharge data

** Rates calculated from counts ≤ 20 should be viewed with caution because of statistical unreliability.

Table 6. Assault Rates (Firearms Excluded), ED and Hospital Discharge Data*, 2020 to 2022: Factor Increases (x) - Compared to White Not Hispanic Assault Rates (Firearms Excluded)

	Black Non-Hispanic	Hispanic	Other Non-Hispanic
Males	5.6 x	4.8 x	1.8 x
Females	6.0 x	5.3 x	2.0 x

*Data source is Chime ED and Hospitalization discharge data

Emergency department syndromic surveillance data used for near real time situational awareness can identify hot spots and neighborhoods with spikes in firearm and violence-involved injuries in a timely manner. Syndromic surveillance data, which are preliminary data and cases are considered “suspected” until confirmed, are typically used for suspected overdose spikes but could also be used to monitor for increases in gun violence over a certain time period. Preliminary analyses indicate the high incidence of suspected firearm-involved ED visits between 2020 and 2022.

For the state of Connecticut, syndromic surveillance data indicated that there were 2,417 ED visits for suspected firearm-involved injuries. In the 5 major cities: Bridgeport, Hartford, New Haven, New London, and Waterbury, there were total of 1,410 ED visits for suspected firearm-involved injuries, making up 58.3% of suspected firearm injuries in the state. In 2020 through 2022, New Haven alone had a total of 543 suspected firearm injury-related ED visits, compared to the next highest city, which was Bridgeport with 427, then Hartford with 280.

Suspected violence- and assault-related (includes firearm-, sharp-force-, blunt-force-, and other weapon-related) injuries occurred about 10 times the frequency of suspected firearm-involved injuries. For the state of Connecticut, from 2020 to 2022 there were 23,956 ED visits for suspected injuries due to violence. In the 5 major cities: Bridgeport, Hartford, New Haven, New London, and Waterbury, there were total of 10,596 ED visits for suspected violence-related injuries, making up 44.2% of suspectedviolent injuries in the state. In 2020 through 2022, the highest number of suspected violence-related ED visits was in New Haven (which also had the highest number of suspected firearm-involved

injuries) with a total of 3,538 suspected violent injury-related ED visits, compared to the next highest city, which was Bridgeport with 3,049, then Hartford with 2,209.

Role of Race and Ethnicity in Firearm and Other Violent Injury-related Emergency Department Visits

Epidemiologists examined the impact of race, ethnicity, and age on violent injuries. They utilized 2020 through 2022 syndromic surveillance data and results were broken out by three age groups (under 30year-olds, 30- to 59- year-olds, and people 60 years old and older) and combined race and ethnicity (White non-Hispanic, Black non-Hispanic, other race non-Hispanic, and Hispanic, any race). As described in Table 7, the highest number of suspected firearm-involved injuries treated at the emergency department occurred in Black, non-Hispanic residents. The next highest number of suspected firearmrelated ED visits occurred in Hispanic residents. Among the three age groups, the greatest increase over the three-year period occurred in the 30- to 59-year-old Black non-Hispanic population (142 to 177, a 24.6% increase) and in the 0- to 29-year-old White non-Hispanic population (31 to 45, a 45.2% increase).

Table 7. Number of suspected firearm injury-related ED visits in Connecticut, 2020-2022: Results categorized by year, age group, and combined race and ethnicity

2020			2021			2022		
Age Group (Yrs.)	Race/Ethnicity	Count	Age Group (Yrs.)	Race/Ethnicity	Count	Age Group (Yrs.)	Race/Ethnicity	Count
0-29	White Non-Hispanic	31	0-29	White Non-Hispanic	38	0-29	White Non-Hispanic	45
30-59	White Non-Hispanic	59	30-59	White Non-Hispanic	66	30-59	White Non-Hispanic	65
60+	White Non-Hispanic	36	60+	White Non-Hispanic	26	60+	White Non-Hispanic	45
0-29	Black NonHispanic	212	0-29	Black NonHispanic	149	0-29	Black NonHispanic	162
30-59	Black NonHispanic	142	30-59	Black NonHispanic	146	30-59	Black NonHispanic	177
60+	Black NonHispanic	74	60+	Black NonHispanic	64	60+	Black NonHispanic	60
0-29	Other Race Non-Hispanic	13	0-29	Other Race Non-Hispanic	<11	0-29	Other Race NonHispanic	<11
30-59	Other Race Non-Hispanic	<11*	30-59	Other Race Non-Hispanic	<11	30-59	Other Race NonHispanic	<11
60+	Other Race Non-Hispanic	<11	60+	Other Race Non-Hispanic	<11	60+	Other Race NonHispanic	<11
0-29	Hispanic, Any Race	122	0-29	Hispanic, Any Race	82	0-29	Hispanic, Any Race	102
30-59	Hispanic, Any Race	96	30-59	Hispanic, Any Race	60	30-59	Hispanic, Any Race	89
60+	Hispanic, Any Race	25	60+	Hispanic, Any Race	14	60+	Hispanic, Any Race	19
Missing age	Any Race/ethnicity	51	Missing age	Any Race/ethnicity	75	Missing age	Any Race/ethnicity	36
Total		865	Total		734	Total		818

F. Reporting to DPH Commissioner and Commission

Since the state General Fund and ARPA funds were allocated to DPH, the Office of Injury and Violence Prevention and the IVSU Directors have been updating the Commissioner's Office and the state Office of Policy and Management on the progress of the CGVP program activities and expenses for 2023 monthly. Beginning in 2023, the CGVP Program started presenting their progress to the CGVIP Commission because the commission acts as the CGVP Program's advisory body. They provide guidance and direction to DPH and the injury and violence prevention and surveillance staff on their community gun violence prevention activities.

Now that the first round of grantees have started their work, they are reporting monthly to DPH and Connecticut Children's IPC on progress of their selected evidence-based violence prevention and intervention initiatives. Twice per year, the grant awardees will present their work to the CGVIP Commission to receive feedback and guidance.

IV. Conclusion

Community gun violence is a public health problem and needs a public health approach to reduce and prevent further violence related injuries and deaths. In 2021 in Connecticut, the firearm-involved homicide rate (i.e., number of homicides per 100,000 residents) was 3.3. Relative to the average firearm homicide rates in the Northeast region (3.63 per 100,000) and in the U.S. (6.48 per 100,000 residents), the Connecticut rate was comparatively low. This, however, is no reason to limit the efforts to prevent and further reduce the number of firearm-related homicides. As the data have shown, the firearm issue was most prevalent in the urban centers, as depicted in Table 3. It can be concluded from this information that Hartford's homicide rate was about 6 times higher than the average CT rate for the same time period. New Haven, Bridgeport, and Waterbury were about 3 times higher, and Hamden was about twice as high as the Connecticut average rate. Thus, when putting into practice the public health approach to reducing firearm violence, DPH CGVP Program plans to focus their prevention and intervention efforts on the highest burden areas which are the cities.

As the framework of the DPH's CGVP Program is being developed, DPH is utilizing several different, but inter-related, principles and guidance documents at the outset to help build the program. First, a public health approach to community gun violence will be used to identify and address the risk factors which are associated with violence and put evidence-informed prevention practices in place. Second, DPH is considering the Commission's and other key stakeholders' concerns and recommendations for future intervention and prevention of community gun violence, including intimate partner violence and family violence.

In the short- and intermediate-term, the DPH CGVP aims to build new relationships and strengthen existing relationships with local organizations involved in community violence and gun violence prevention and intervention. They will also support effective community-based and hospital-based violence prevention and intervention programs for growth and expansion to other high risk geographic areas throughout Connecticut. DPH will support trauma-informed care and wrap-around services to

those in most need of these services. DPH will provide guidance and technical assistance to state and local stakeholders on how to utilize surveillance data to design and target interventions and monitor progress in reducing injuries and deaths related to firearms and other lethal means.

DPH's long-term goal is to reduce and prevent injuries and deaths by community gun violence and community violence, including intimate partner violence and family violence. This is achievable if the public health approach and the recommendations of the commission and advisory body are observed as well as DPH's ability to meet the expected short-term and intermediate objectives outlined in this report. In next year's report (due December 31, 2024), DPH will be able to show the progress made in achieving these established goals and objectives through program metrics which are currently being developed. DPH and our state partners have much work to do in the next year to complete the build out of the CGVP Program, assess the implemented strategies, and start to move the needle towards reduced community gun violence and other types of community violence such as intimate partner violence and family violence.