system and increased gun control as well as other issues outside ADAMHA's mandate—for example, unemployment, delinquency, incarceration, and rehabilitation.

Victims and perpetrators in most black homicides are well known to one another—the crimes occur in familiar settings. Thus, most black homicides arise from difficulties in human relationships and interpersonal behavior, and these are basic mental health issues.

ADAMHA should lead in establishing a mechanism to coordinate interagency analysis and action on black homicide. The mechanism must be formal, continuous, and have a policy focus rather than a program focus. A possible model is the Federal Interagency Committee on Education. Effective action on the multiple facets of black homicide also must be guided by a well-articulated conceptual model. Past research on and intervention in nonwhite communities suggest that such a model should be community based and compatible with existing community structures, processes, and values. And an ADAMHA-funded model also should be consistent with the agency's mandate, perceived role, and its evolving concepts and prevention policies. A conceptual model should incorporate existing knowledge about black homicides and have as its first dimension the type of prevention—whether primary, secondary, or tertiary.

ADAMHA's evolving prevention policy places little emphasis on the tertiary level—the victims and perpetrators. Yet, the perpetrators and persons who have survived homicide attempts can be sources of hard data. Secondary prevention could be targeted to persons whose accumulated social and behavioral patterns suggest that they are at extremely high risk of homicide. Primary prevention—health promotion and homicide prevention—must be targeted to ameliorating those social conditions associated with a high incidence of black homicide.

A second dimension of the model is the "target groups." Persons under 18 years of age are distinguished by their status in the criminal justice system and other institutions. Persons 18 to 35 years are distinguished because homicide is among the leading causes of death among black males in this age group. The third group is persons over 35 years.

The model's third dimension is comprised of levels of analysis and action. One of these levels focuses on the individual, his characteristics, and the multiple influences upon his actions. Another level focuses on processes within and among networks such as families, peers, friends, social agencies, and community institutions and settings in which people are routinely involved. A third level, the institutional sphere, concerns the functions, practices, interrelationships, and policies of the major social institutions having relationships with homicide perpetrators, such as educational institutions, employment organizations, the criminal justice system, and the health care system.

The dynamic intersections among the model's three dimensions provide a framework for identifying the gaps in our data, services, and policies. For example, at the intersection of primary prevention at the individual level, we know that blacks account for approximately 54 percent of homicides committed by persons under 18 years. We also know that low academic achievement and high truancy rates are strongly associated with delinquency. We have identified many behavioral and personality patterns that are associated with delinquent youth, but there are too few well-targeted and well-evaluated educational interventions to counteract these patterns.

The intersection of secondary prevention of homicide at the social network level has revealed a number of gaps. The target population is comprised of youths who have had police contacts, and we know little about the most effective ways to use our existing resources to help them. There are few service models that identify, incorporate, and exploit natural, healthy role models such as the long-time neighbor whom the youth has always addressed as "Ma'am" or "Sir" or the persons who have influence with his parents.

Additional gaps exist at the intersection of tertiary prevention at the institutional level. This intersection involves the policies and practices of institutions for juvenile delinquents. There are social-cultural, behavioral, and personality theories of juvenile delinquency and a variety of treatment models using, for example, behavior modification, social modeling, and vocational rehabilitation. Yet, no clear linkage exists between a specific theory and the treatment used. Therefore it is not known what treatment will be most effective for a given youth exhibiting a specific personality and specific behavioral and social-cultural traits.

Use of the proposed model for black homicide prevention would help us to understand more fully the attitudes, behaviors, critical incidents, and social forces that provoke homicide, as well as the forces that keep other persons at high risk of homicide from becoming perpetrators or victims of this crime. Despite serious gaps in knowledge, services, and policies relating to black homicides, we must act soon. The problem of black homicide is visible, life threatening, and pervasive enough to warrant immediate and aggressive Federal policies and actions for advocacy for life.

Homicide Prevention from the Perspective of the Office of Health Promotion

Donald C. Iverson, PhD

Homicide does not fit neatly into the usual framework of considerations of the Public Health Service. Hence, a different approach is taken by the Service's Office of Health Information and Health Promotion in analyzing these problems and suggesting policy changes. The model used is based on work by Anderson (*1*) and refined by Green and his associates into a planning framework labeled PRECEDE (*2*).

In this model an attempt is made, through a review of the literature, to identify behavioral causes of homicide among blacks. Possible causes might include, for example, family conflicts, the need for money to support drug or alcohol habits, or being under the influence of alcohol. These factors are ranked in importance (that is, according to how highly correlated they are with the health problem—homicide) and changeability.

The next step involves the identification and selection of

factors affecting the behavioral causes of black homicide. The factors are classified as predisposing, enabling, and reinforcing. A prevention approach aimed at predisposing factors may involve education to bring about awareness of the problem, to increase self-esteem and, if appropriate, to encourage reassessment of personal value systems. Enabling factors may include the availability of guns and alcohol as well as the inaccessibility of helping services. Reinforcing factors describe other people in the environment who positively or negatively affect the behaviors of the target population.

Health promotion, then, incorporates health education activities along with related political, organizational, and economic interventions in an attempt to facilitate behavioral and environmental adaptations that will improve or protect health (in this situation a reduction in the homicide rate). When people's basic needs—such as housing and food—remain unsatisfied, education alone will not resolve the underlying problem. Economic interventions designed to facilitate access to food supplies and to adequate housing, job training programs, troubled employee programs, and other counseling services may be necessary. Political approaches may include support for gun control legislation and treatment rather than incarceration of selected offenders.

The role of the Federal Government in dealing with a socially based problem such as homicide is to facilitate necessary social change—oftentimes through grants to community and State organizations. But the Government also should not fail to offer support to groups outside the traditional public health community, since such groups frequently enjoy support from an established constituency that has an interest or involvement in resolving the selected health or social problem.

References

1. Anderson, R.: A behavioral model of families' use of health services. Research Series No. 25. University of Chicago, Center for Health Administration Studies, Chicago, 1968.
2. Green, L. W., Kreuter, M. K., Deeds, S., and Partridge, K.: Health education planning: a diagnostic approach. Mayfield Publishing Co., Palo Alto, Calif., 1979.

Final Observations and Summary

Charles W. Thomas, PhD

Theory is absolutely essential as a roadmap to guide behavior. Black people have been accepting other people's definitions and following other people's solutions. Power begins with perception of reality. Establishing independence—taking charge of one's own life—is the basis for self-respect.

There has been much talk in this symposium of struggle and a call for unity. People act when they believe progress is possible; people will give up in despair when their goals are unrealizable. Too many black people not only have no dreams but see no possibility for workable dreams.

Too many black professionals have removed themselves from the reality of the black community, and hence are no better than the whites they criticize. Too much time is spent complaining about what white people fail to do instead of looking at what we can do for ourselves.

In summary, major needs emerging from these discussions include the following:

1. Regional, longitudinal studies that would have funding commitments to cover one generation, like the infamous Tuskegee study of syphilis. In these proposed studies, interdisciplinary teams of senior scholars, assisted by junior scholars, would both collect data and test existing data.
2. Interdisciplinary scientific teams to produce concept papers to help process research data into public policy.
3. A vigorous effort to develop a life-satisfaction profile of African-Americans. The work should include cross-cultural comparisons and a study of noninstitutionalized older black Americans to find out how they have handled adversity.
4. Research on the critical issues at various life stages to help understand what constitutes a "healthy, coping black male in this society."
5. A national data base to promote understanding of the connection between cultural behavior and criminal behavior in black males and regional conferences to refine these data. An interdisciplinary approach is required to provide information on the social, economic, political, and environmental correlates of homicidal violence.
6. There is a presumed notion by people who need help that the human care services in this country are not sensitive to the needs of black people. Mental health practitioners need culturally corrective education to help them diagnose and treat blacks. People who have examined appropriate mental health programs and strategies in the black community must be identified and supported. The rehabilitation efforts that seem to work best with blacks involve activities and concepts with distinct Afro-centric values, but these are seldom incorporated in workshops or proposals in the mental health field. Community mental health centers need to provide culture-specific activities.
7. Community mental health centers should have a social planning component that conducts research on contemporary issues, including spiritually enhancing activities. They should give considerable attention also to crisis intervention, using participant-observer models. Moreover, specialists should write their reports in plain English, so that people in the community can understand and benefit from them.
8. Pressure should be exerted on training institutions and accrediting bodies like the American Psychological Association to see that the training of mental health specialists includes study of the psychology of the black experience.
9. The mental health of blacks cannot be significantly improved unless the quality of education is improved, adequate housing is secured, and steps are taken to deal with idleness. People must learn how to occupy themselves in meaningful, gainful activities and become knowledgeable about self-concept, about normal human growth and development, and about parenting.
10. Relocation programs are needed to match people and jobs.
11. Research and development centers are needed to examine employment substitutes.