

misclassification bias. For instance, organized crime gangs, although distinct from youth street gangs are included in some but not all definitions of gang homicide. In addition, some agencies report according to a gang member—based definition (i.e., homicides involving a gang member) whereas others report according to a gang motive—based definition (i.e., the homicide further the goals of a gang).⁷

In conclusion, gang homicides are unique violent events that require prevention strategies aimed specifically at gang processes. Preventing gang joining and increasing youths' capacity to resolve conflict nonviolently might reduce gang homicides.⁸ Rigorous evaluation of gang violence prevention programs is limited; however, many promising programs exist.⁹ In terms of primary prevention, the Prevention Treatment Program, which includes child training in prosocial skills and self-control, has shown reductions in gang affiliation among youths aged 15 years.¹⁰ Secondary prevention programs that intervene when youths have been injured by gang violence, such as hospital emergency department intervention programs, might interrupt the retaliatory nature of gang violence and promote youths leaving gangs. Finally, promising tertiary prevention programs for gang-involved youths might include evidence-based programs for delinquent youths that provide family therapy to increase the youths' capacity to resolve conflict.

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*Seven states joined in 2003 (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia); six states joined in 2004 (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin), and four states joined in 2005 (California, Kentucky, New Mexico, and Utah). Five California counties are included in NVDRS. The three counties in northern California began data collection in 2004. The two counties in southern California began data collection in 2005.

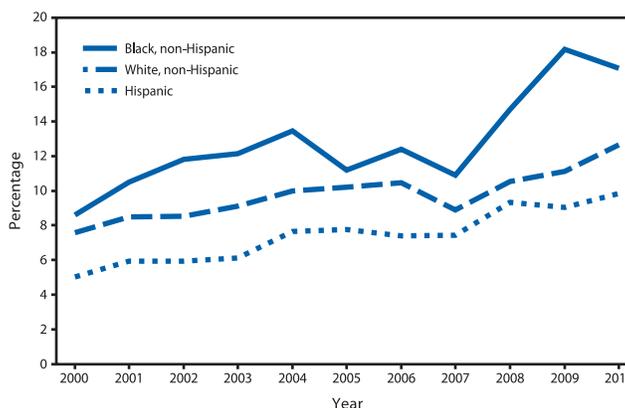
†Homicides deemed to have been precipitated by gang rivalry and activity were identified based on variables captured in NVDRS or variables captured in SHRs, a data source for NVDRS. The relevant variables for NVDRS include "gang activity" or "gang rivalry" listed as a preceding circumstance. The relevant preceding circumstance variable in SHRs included "juvenile gang killing" and "gangland killing." Whereas standard NVDRS and SHR variables were used to capture cases, these variables are largely determined by the law enforcement narratives, and law enforcement agencies might have different criteria for listing gang activity on a report.

‡NYGS instructs respondents to provide the number of gang-related homicides recorded (not estimated) by each law enforcement agency and to use the following definition for a youth gang: "a group of youths or young adults in your jurisdiction that you or other responsible persons in your agency or community are willing to identify as a gang." This definition excludes motorcycle gangs, hate or ideology groups, prison gangs, and exclusively adult gangs.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children Aged ≤17 Years with Eczema or Any Kind of Skin Allergy,* by Selected Races/Ethnicities[†] — National Health Interview Survey, United States, 2000–2010



* Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population. One child aged ≤17 years was randomly selected per family. A parent or other knowledgeable adult provided information for the child. Prevalence of eczema or skin allergy was based on responses to the following question: "During the past 12 months, has [child] had eczema or any kind of skin allergy?" Unknowns with respect to eczema or skin allergy were excluded from the denominators.

[†] White, non-Hispanic and black, non-Hispanic categories are limited to children categorized as of a single race. Hispanics might be of any race.

From 2000 to 2010, the prevalence of eczema or any kind of skin allergy increased among non-Hispanic black, non-Hispanic white, and Hispanic children in the United States. The prevalence of eczema or skin allergy increased from 8.6% to 17.1% among non-Hispanic black children, from 5.0% to 9.9% among Hispanic children, and from 7.6% to 12.6% among non-Hispanic white children.

Source: National Health Interview Survey, 2000–2010. Available at <http://www.cdc.gov/nchs/nhis.htm>.

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