

Young Black Men, Homicide Disparity, and Ethical Youth Engagement

Forum for Child and Youth Safety and Well-Being

Minneapolis Youth Coordinating Board

July 8, 2026

Abstract

This policy discussion brief synthesizes the May 18, 2026 Murder Rate of Young Black Men meeting and the July 8, 2026 Forum for Child and Youth Safety and Well-Being follow-up convened by the Minneapolis Youth Coordinating Board. The work brought together Latoya Balogun, Ann DeGroot, and Leopoldino Jeronimo from the Youth Coordinating Board; Mageen Caines, Marissa Hogan, Luisa Pessoa-Brandao, and Sarah Schiele from the Minneapolis Health Department; Danny Givens, Angie Oaks, Hodo Yussuf, and Amanda Harrington from the Neighborhood Safety Department; Ifrah Jama and Dr. Tamara Mattison from Hennepin County Safe Communities; Illiah Grant and Aeah Grant from Neighborhood and Community Relations; Bryce Mack and Newman Thomas from the Minneapolis Park and Recreation Board; and Ernest Sutton from Minneapolis Public Schools. The discussion covered death-certificate analysis and the documented homicide disparity affecting young Black men, through the following question: how should agencies, youth workers, and community partners create conditions for listening that protect young people, strengthen trusted adults, expand safe third spaces, and connect youth knowledge to budgets, staffing, diversion, violence prevention, and interjurisdictional action?

Introduction

The July 8 Forum discussion raised a question of what kind of conversations are worthy of the young people closest to violence, grief, danger, and institutional neglect. Young Black men have already been speaking through death data, youth-worker experience, school disengagement, community organizing, family grief, and the repeated demand for places where they can be safe without being treated as problems. Listening earns legitimacy when it is attached to trust, protection, resources, and decisions. Detached from those conditions, listening becomes extraction.

Minneapolis has already placed adolescent mental health and well-being on a formal policy pathway through the City's Community Health Assessment. The assessment designates Adolescent Mental Health and Wellbeing as Priority 5, one of five priority health indicators around which the Minneapolis Health Department will structure its work, and commits the City's Community Health Board to translate the assessment priorities into a five-year Community Health

Improvement Plan developed with community partners. Priority 5 defines adolescent mental health as a systems issue shaped by the built environment, access to basic needs and safe spaces, and community well-being. It also records youth-defined program directions: safe “third spaces” outside home and school; alternatives to traditional therapy, including healing circles and peer support; youth leaders empowered to shape policies that affect them; and stronger parent and youth awareness of school-based mental-health supports. These identified directions give the City an existing policy and program foundation for investing in trusted spaces, culturally responsive support, youth decision-making power, and coordinated prevention. The same assessment reports that Black/African American youth in Minneapolis die of homicide at a significantly higher rate than any other group, and that among Black young adults, unintentional injury and homicide are the two most common causes of death by age 25. Together, the priority designation, the planned Community Health Improvement Plan, and the mortality findings define a single prevention agenda linking mental health, safe environments, youth power, and protection from violence.

This brief is designed to stimulate thoughtful discussion among the Youth Coordinating Board and partners. It offers a shared frame for examining how youth voice, youth-worker capacity, safe-hours expansion, violence-prevention alignment, juvenile-justice diversion, and public mapping of youth-accessible places can be connected. North Commons and other third spaces remain places of belonging and recovery, not convenient sites for adults to extract testimony after harm.

i Discussion Proposition

A youth-governed Safe Hours Strategy gives the Forum a concrete frame for deliberation: protect young people from extractive engagement, fund youth workers as prevention infrastructure, map gaps in trusted spaces, expand evening and weekend access, and connect youth voice directly to budgets, staffing, diversion, and violence-prevention decisions.

Starting Points

- The July 8 Forum discussion reveals a governance problem: leaders want impacted voices in the room, while staff named the unresolved conditions that make engagement ethical: purpose, method, relationship, timing, trauma support, and decision authority.
- Minneapolis already has strong evidence that youth safety is a public health issue. The City’s Community Health Assessment reports that unintentional injury was the leading cause of premature death in 2023, with 308 premature deaths and a rate of 7.2 deaths per 10,000 people. It also reports that homicide is a leading cause of premature death for Black residents and that Black/African American youth die of homicide at a significantly higher rate than any other group.
- The City’s Community Health Assessment identified youth-defined interventions through community gatherings and direct adolescent feedback, supplemented by interviews with organizers and caregivers working with youth: safe third spaces outside home and school; healing circles and peer support; youth leaders with authority to shape policy; and stronger parent and youth awareness of school-based mental health supports.

- The highest-leverage target is the youth-worker and third-space ecosystem: trusted adults, culturally specific partners, extended hours, resource sharing, referral pathways, and mechanisms that keep young people out of the juvenile justice system.
- The Forum can organize the next discussion around four decision questions: how to protect youth from extractive engagement; how to use existing knowledge before collecting more; how to fund prevention infrastructure; and how to measure access through “safe hours,” not only programs or buildings.

Discussion

From a moral and practical claims, murder-rate disparity affecting young Black men requires direct accountability to the young people living closest to that harm. The transcript deepens that claim. Staff named the conditions that determine ethical engagement: purpose, method, relationship, timing, trauma, and the danger of asking young people to process violence inside a space meant to help them recover from it. Those concerns are the standards for a serious discussion.

The central discussion frame is direct: youth voice gains meaning when it is connected to power. Young people need trusted facilitators, clear purpose, available support, questions that do not mine trauma, and findings tied to decisions about staffing, hours, funding, safety practice, and system coordination. The same young people most affected by violence cannot be asked to explain it, relive it, and then watch adults withhold action.

Minneapolis’ public health framework supports this discussion by carrying quantitative and qualitative findings from the City’s Community Health Assessment page and the assessment itself into a Community Health Improvement Plan for the next five years and beyond. The assessment frames the central health systems challenge as understanding why the system is failing the people who use it and determining how it can be improved. That mandate gives the Forum a productive starting point: engagement exists to redesign the systems that keep asking youth to survive preventable harm.

The 2024-2028 Minneapolis Community Health Assessment establishes the urgency by identifying five priority areas around which the Minneapolis Health Department will structure its work: chronic stress arising from unmet basic needs; substance use and access to prevention services; maternal, child, and family health; infectious disease prevention and control; and adolescent mental health and well-being. The assessment explains that social drivers of health include income, housing, and transportation, and that these conditions support wellness or create barriers that contribute to preventable death. For young people, those drivers operate as one lived system in which housing stress, violence exposure, transportation barriers, grief, school pressure, family instability, and the absence of trusted adults interact and compound risk.

Violence sits inside that health system because the Minneapolis Community Health Assessment identifies unintentional injury, including overdose, vehicle crashes, and falls, as the leading cause of premature death in 2023, accounting for 308 premature deaths, while homicide remains the third most common cause of premature death among Black Minneapolis residents. The racial and age disparities are pronounced: Black/African American youth die of homicide at a significantly

higher rate than any other group, and deaths by age 25 disproportionately harm Black young adults. Among Black young adults in Minneapolis, unintentional injury and homicide are the two most common causes of death, and homicide deaths exceed the combined total for young adults in all other racial and ethnic groups.

These facts explain why the dialogue returns to young Black men and why the response reaches beyond a single demographic interview. The disparity is a racial justice issue, a public health issue, a neighborhood safety issue, a youth development issue, and a governance issue. The City's violence-prevention approach organizes work around prevention, intervention, and healing and includes violence interrupters, hospital-based supports, community trauma response, and trusted community organizations. The operational task for YCB and partners is to connect that safety infrastructure to the youth spaces, youth workers, and youth voice mechanisms that reach young people before violence becomes the point of entry.

The adolescent mental-health section sharpens the connection between safety and health by showing how the built environment, access to basic needs and safe spaces, and community well-being shape adolescent mental health. Young people asked for safe third spaces outside school and home, alternatives to traditional therapy such as healing circles and peer support, youth leaders empowered to shape policy, and greater awareness of school-based mental health supports. In 2024, 17 percent of Minneapolis teens ages 12 to 17 receiving care had at least one diagnosed mental health condition in the previous three years; anxiety and depression were the most common diagnoses, at 14 percent and 9 percent. These numbers undercount broader distress because they include youth connected to care, not all youth experiencing need.

A 2025 PLOS ONE scoping review of safe spaces for youth mental health reinforces what Minneapolis youth already said by finding that community centers, schools, clubs, and online forums can reduce posttraumatic stress, anxiety, and substance use while improving well-being and relationships. The review also states that limited safe spaces outside schools contribute to social isolation and difficulty accessing mental health resources, and it recommends expanding safe spaces in community centers and other environments with sustained funding. Its findings support the policy implication embedded in the youth feedback: third spaces are prevention infrastructure.

The CDC's youth violence prevention guidance reinforces this policy direction by defining prevention as an ecology of mentoring, apprenticeship, leadership development, street outreach, conflict reduction, school connection, and safe after-school places. Communities can make these programs more available, while schools can strengthen bonds between staff and students and connect youth experiencing violence to support. The CDC also recognizes youth as experts on their own experiences with violence and calls for youth to advise community and school decision-makers. That guidance makes the transcript's concern precise: youth engagement belongs inside shared decision-making, not institutional inquiry alone.

The dialogue contributes what official data cannot: it shows public systems at the moment of moving from knowledge to obligation. The data point on young Black men and homicide is known. The deeper issue is the operating model that turns that knowledge into protected

engagement, youth-worker capacity, safe spaces, and diversion from the systems that often enter young lives after harm has already occurred.

Latoya mentioned the Ujima Collective's North Minneapolis work on what youth workers need to succeed as a relevant existing effort. That emphasis is the policy hinge because young people affected by violence encounter public systems through adults: a coach, recreation worker, library worker, credible messenger, Youth Congress coordinator, violence interrupter, school safety worker, cousin, case manager, judge, or person staffing a drop-in space. Youth voice travels only as far as those adults have time, training, shared resources, referral pathways, and cultural trust.

Amanda's question, what adults add by asking about a well-documented disparity - becomes an operational test. New engagement needs to add decision-relevant insight about where youth feel unsafe, what resources are missing, what blocks access to existing spaces, what youth workers need, and what pathways prevent juvenile-justice entry. Questions that do not support those uses do not belong in the protocol.

The transcript's reference to shifts in RICO enforcement and clique movement belongs in a protected learning agenda. It is a frontline signal about group dynamics, enforcement pressure, and youth movement that formal systems routinely miss. The response is a structured, confidential, multi-source process with youth workers and credible community partners. It is not a public conclusion and not a direct request for young people to explain dangerous group dynamics without protection.

Analysis

The core policy failure is fragmentation across Minneapolis' health data, crime data, youth-serving organizations, parks, libraries, schools, county safety programs, violence-prevention investments, youth advisory structures, and culturally specific organizations. A single operating model needs to connect those assets to the question raised by the dialogue: how young Black men and other youth most exposed to violence reach safety, support, belonging, and off-ramps before crisis hardens into death, incarceration, retaliation, or withdrawal.

Hennepin County's Safe Communities framework bridges these fragmented assets by defining a safe community as one where residents have places to work, learn, exercise, and play; youth participate in school and extracurricular activities; and people have meaningful employment, income, and educational options. The framework also recognizes that disparities and community violence are inextricably linked and focuses on young people, particularly young people of color, who are most harmed by community violence. This is the cross-sector logic that the July 8 Forum discussion points toward.

The County's 2027 Community Violence Prevention RFP creates an immediate opportunity by prioritizing protective environments, connections between young people and caring adults and activities, and healthy families. Most awards are expected to be around \$200,000, with priority for populations and areas disproportionately affected by community and gun violence, especially youth and young adults ages 10 to 24. YCB and its partners can therefore align the engagement

protocol, youth-worker supports, and safe-hours investments with active county funding priorities.

Juvenile justice becomes another policy window through the Youth Connection Center, which Hennepin County Safe Communities describes as a 24/7 voluntary safe place operated with Minneapolis Public Schools and the City of Minneapolis for young people who have no immediate family contact or other place to go. The program responds to conditions affecting young people beginning to encounter law enforcement for low-level offenses such as curfew violations and truancy, and it connects them to a consistent, stable adult. The transcript’s reference to the presiding juvenile justice judge serving on the YCB board matters because it turns youth voice into a diversion strategy: information from youth workers and young men needs to prevent system entry, not merely describe it after the fact.

A Safe Hours Strategy provides the operating model by defining a “safe hour” as one hour when a young person can access a free or low-cost, trusted, culturally responsive place outside home and school, staffed by adults who can de-escalate conflict, support identity, connect youth to resources, and welcome youth presence without suspicion. This metric captures meaningful access more accurately than a count of buildings. A recreation center that closes before teens need it most creates fewer safe hours than its physical footprint suggests; a program that is open but lacks the trust of Black youth, LGBTQ+ youth, immigrant youth, or youth who have experienced violence remains only partially available; and a space beyond a practical transit route remains inaccessible to many young people.

A Safe Hours Strategy also rejects the mistake of treating youth violence as only a policing or therapy problem. The City, County, and CDC sources point to a broader prevention ecology: safe environments, trusted adults, youth leadership, protective relationships, conflict reduction, school connection, community spaces, and healing. The dialogue translates that ecology into a governance challenge: coordinating youth voice into budgets, staffing, shared training, hours, and a public accountability map.

Next Steps

i Operating Rule

Listen only where support exists. Engagement with young Black men and other youth close to violence needs a clear purpose, trusted facilitator, consent process, support plan, data-use agreement, and decision pathway before questions are asked.

Start with the “listen only where support exists” rule. The Forum can use this rule to test any proposed engagement at North Commons or any other third space: purpose, facilitator, consent process, support plan, data use, and decision pathway need to be explicit before questions are asked. The discussion also needs to address youth compensation, voluntary participation, trusted facilitators, trauma support, debriefing, referral options, and a clear explanation of how the information changes decisions.

A small design table led by youth workers, credible community-based partners, young Black men, and representatives from Minneapolis Health, Neighborhood Safety, Minneapolis Public Schools, MPRB, and Hennepin Safe Communities gives the Forum a place to separate what is already known from what still needs to be learned. The table can review existing youth voice from the Community Health Assessment, Youth Congress, Ujima Collective, MPRB programs, youth-serving organizations, schools, violence interrupters, and current youth-space survey tools.

A Youth Safety Listening Protocol gives partners a shared standard for who asks questions, what relationship threshold is required, how youth are protected, how findings are validated, who owns the data, and what action commitments are tied to the process. The protocol can include a specific section on young Black men and boys affected by violence while refusing to isolate them as a problem population. The frame is clear: youth closest to harm are closest to the design of prevention.

A Safe Hours Map gives the Forum a practical way to discuss access rather than only risk. The map can show youth-accessible spaces by neighborhood, age group, cost, hours, capacity, transportation access, identity-specific supports, and trusted adult staffing. It can be layered with youth population density, public transit, school routes, violent incident patterns, and referral resources. The City's Crime Dashboard already allows crime data to be searched by date range, location, crime type, and other categories; the Community Health Assessment states that Minneapolis will publish health data on a dashboard so partners can stay current. The discussion moves public data assets toward youth-space access, not risk display alone.

Extended safe hours in two to four locations, including at least one North Minneapolis site and one South Minneapolis site, gives partners a concrete idea to test. A useful discussion includes Friday and Saturday evening access, culturally specific programming, food, peer support, conflict de-escalation capacity, and warm handoffs to mental health, housing, employment, and substance-use supports. The frame is a public commitment that young people deserve places to go before harm occurs.

Youth third spaces and safe hours belong in the Community Health Improvement Plan, the City violence-prevention strategy, Hennepin County Safe Communities investments, MPRB youth programming, and juvenile-justice diversion planning. The Forum can use this brief to discuss what it would take for third spaces to become as normal in public health planning as clinics, dashboards, and crisis response. The long-term question is how Minneapolis measures and funds belonging as prevention.

Research and Further Discussion Questions

The final ten minutes of the recorded discussion established a two-stage research process. The first stage gathers and synthesizes knowledge already held by youth-serving organizations, outreach staff, and violence interrupters. The second stage asks young people to validate that account, identify what adults have missed, and name what needs to change. The questions below preserve the substance of the questions raised during the event while organizing them into a usable research agenda.

Questions for young people

- What would you want adults and public agencies to know that would help them do their work differently?
- What is currently missing from your day-to-day experiences with community, school, programs, and other supports?
- How do those missing resources, relationships, opportunities, or places shape decisions that may put you or someone else in harm's way?
- What are youth workers and other adults who work with you every day not seeing or fully understanding?
- After hearing what youth-serving adults say, what is missing from their account, and what else is important to you?
- What needs to change for you to experience greater safety, belonging, opportunity, and support?

Questions for youth-serving organizations, outreach staff, and violence interrupters

- What are young people telling you about what they need in their daily lives?
- What are you hearing and seeing through your regular work with young people affected by violence?
- What information do you already hold that the Forum should review before asking young people to participate in additional research?
- What resources, relationships, training, access, or institutional support do you need to strengthen gun-violence prevention?
- What barriers make it difficult for community organizations to enter schools, build relationships with school districts, and connect with youth where they attend school?
- Which organizations and trusted adults already have relevant knowledge, and who else should be included in the inquiry?

Questions about purpose, use, and protection

- What, specifically, is the Forum trying to learn from each group?
- How will the information be used, and which decisions can it change?
- Who should ask the questions, and what trusted relationship should that person or organization have with participants?
- How should the questions be asked so that participation does not add trauma, stress, or discomfort?
- What consent, compensation, support, referral, confidentiality, data-ownership, and follow-through commitments need to be in place?

Questions for the research design group

- Which questions should be asked of frontline adults first, and which findings should then be validated with young people?
- Which existing assessments, surveys, organizational records, and youth feedback can be synthesized before new data collection begins?

- Would focused conversations, a short interview protocol, focus groups, or another method best fit each participant group?
- How can Youth Congress and other trusted youth groups review the adult findings and identify what is missing?
- What is the charge of the small design group, who will participate, and what concrete product and timeline will guide its work?

Questions for ecosystem mapping and action

- Who is doing what, where, and with which groups of young people across the youth-safety ecosystem?
- How should the existing resource contact list be updated to include violence prevention, mental health, school, outreach, safe-space, and referral actors?
- What urgent, focused survey could fill remaining gaps in the actor map without duplicating information that organizations have already collected?
- How will the completed map connect young people and frontline workers to resources, reveal service and safe-hours gaps, and inform the Forum’s next decisions?

Decision Questions

Young Black men and boys face a documented and disproportionate risk of homicide in Minneapolis, while adolescent mental health is shaped by violence exposure, basic needs, safe spaces, and community well-being. Public systems are moving toward direct engagement with young men; the dialogue establishes the conditions for that engagement to protect youth and produce decisions.

Existing data justify action because Minneapolis reports that Black/African American youth die of homicide at a significantly higher rate than any other group, while young people have asked for safe third spaces, healing circles, peer support, and policy power. CDC guidance supports youth engagement and emphasizes safe environments, mentoring, after-school programs, and youth leadership. Hennepin County funding priorities align with protective environments and connections between youth ages 10 to 24, caring adults, and constructive activities.

New youth engagement should answer decision-relevant questions about missing resources, gaps in safe hours, youth-worker needs, barriers that prevent young men from using existing supports, and pathways that prevent juvenile-justice entry; the documented disparities already establish the need for action.

1. What conditions need to be in place before any direct engagement with young men at North Commons or another third space?
2. What would it mean to treat youth workers as prevention infrastructure, including training, resource sharing, peer learning, and cross-agency referral pathways?
3. What would a Safe Hours Map need to show in order to identify gaps in free, trusted, culturally responsive youth spaces by neighborhood, time, capacity, and transportation access?

4. How can next steps align with the Community Health Improvement Plan, City violence-prevention strategy, Hennepin County Safe Communities framework, and the 2027 Community Violence Prevention RFP?

Conclusion

A productive discussion can judge the work by changed access through four measures: safe hours per 1,000 youth by neighborhood, including weekday afternoons, weekday evenings, weekend evenings, and school-break periods; the share of youth within a reasonable walking, biking, or transit trip of a free youth space open after school and into the evening; youth-reported safety, belonging, cultural responsiveness, and trust in staff; and the number of youth workers trained and retained, the resource gaps they identify, and the referrals successfully completed.

Additional indicators include program waitlists, youth denied entry due to capacity, participation by age group 10 to 24, access for youth with disabilities, LGBTQ+ affirming programming, culturally specific programming, warm handoffs to mental health and housing supports, and youth diverted from low-level juvenile justice contact into supportive spaces. Violence data can support planning and evaluation when used carefully. Nearby incident trends from tools such as the City's Crime Dashboard help identify patterns, but no single program receives credit or blame for neighborhood violence trends without a rigorous design.

The most respectful form of listening is building the conditions under which answers change budgets, staffing, hours, referral pathways, and power. Minneapolis has enough evidence for a serious discussion about action. Young people have named safe third spaces, healing circles, peer support, trusted adults, and policy authority. The dialogue shows that local leaders understand the ethical risk of asking young people for more pain without building more protection.

The next conversation is operational: how to protect youth from extractive engagement; how to pay young people to govern the response; how to fund youth workers as infrastructure; how to map safe hours; how to expand evening and weekend access; and how to align city, county, school, park, and community resources around prevention. The July 8 Forum discussion gives Minneapolis a clear test: build the system that makes young people's answers matter.

References Shared During the Discussion

- City of Minneapolis. Community Health Assessment page and full Community Health Assessment PDF. Key data used here include the five priority health areas; premature death data; homicide disparity data; adolescent mental-health findings; youth requests for third spaces, healing circles, peer support, and policy power; and the planned Community Health Improvement Plan.
- City of Minneapolis. Approach to Prevent Violence. Used for the prevention, intervention, and healing framework and current city prevention programs.
- City of Minneapolis. Crime Dashboard. Used as a model for public data access by location, date, crime type, and other filters.

- Hennepin County. Safe Communities. Used for the County’s public health and human-services framing of community violence, focus on young people ages 10 to 24, positive alternatives, and Youth Connection Center description.
- Hennepin County. Community Violence Prevention Request for Proposals. Used for 2027 funding priorities: protective environments, caring adults and activities, healthy families, approximately \$200,000 awards, and priority for youth and young adults ages 10 to 24 in communities disproportionately affected by violence.
- Centers for Disease Control and Prevention. Preventing Youth Violence. Used for prevention strategies that include mentoring, leadership programs, street outreach, after-school programs, safe and supportive environments, youth leadership, and youth advising decision-makers.
- Centers for Disease Control and Prevention. Risk and Protective Factors. Used for risk factors such as high community violence, poverty, unstable housing, and few community activities for young people, and protective factors such as connectedness to adults outside the family.
- Meherali, S., Nisa, S., Aynalem, Y. A., Ishola, A. G., & Lassi, Z. (2025). Safe spaces for youth mental health: A scoping review. *PLOS ONE*, 20(4), e0321074. Used for current peer-reviewed evidence that youth safe spaces support mental health and that policy can expand safe spaces beyond schools into community environments with sustained funding.

Resource Contacts (The Phone Book): Who Does What and Where

Help the Minneapolis Youth Coordinating Board maintain the cross-jurisdiction resource directory of who does, what and where by adding or updating information about who provides youth programs, services, safe spaces, outreach, mental-health support, referrals, and related resources; what each organization or practitioner does; where the work occurs; which young people are served; and how partners can connect with them.

Follow the link to complete the form.