ADDRESSING THE INTERSECTION:
Preventing Violence and Promoting Healthy Eating and Active Living

EXECUTIVE SUMMARY

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.
Introduction

Violence is preventable and preventing violence in a neighborhood improves overall health and wellbeing, and allows people to thrive. The prevention of violence can facilitate community cohesion and participation, foster neighborhood improvements, and encourage employment and educational opportunities.

Violence causes injuries, death, and emotional trauma. Further, experiencing and witnessing violence, as well as the fear of violence, are damaging, with consequences that contribute to unhealthy behavior and a diminished community environment. Violence influences where people live, work, and shop. It affects whether parents let kids play outside and walk to school, and whether there are grocery stores and workplaces in a community. Furthermore, violence and fear undermine attempts to promote healthy food and physical activity, thereby exacerbating existing illnesses and increasing the risk for onset of disease, including chronic disease. Both community violence and food- and activity-related chronic diseases are most pervasive in disenfranchised communities, making them fundamental equity issues.

Chronic disease is a major health challenge—it contributes to premature death, lowers quality of life, and accounts for the dramatic rise in recent healthcare spending. Improving healthy eating and active living environments and behaviors is the crucial link to preventing many forms of chronic disease. Health leaders have made great strides in mounting a strong, effective response to chronic disease, but prevention strategies—such as designing neighborhoods that encourage walking and bicycling to public transit, parks, and healthy food retail, or attracting grocery stores in communities that lack access to affordable fresh fruits and vegetables—are less effective when fear and violence pervade the environment.

Experts in preventing violence know what to do to reduce rates of violence dramatically, and they emphasize the importance of communities working together across sectors and the value of a place-based, coordinated strategy. Increasingly, police chiefs, probation officers, and mayors are insisting that this country cannot arrest its way out of the problem of violence. Instead, experts are pointing the way to preventing violence in the first place and reframing it as a health and prevention issue.

Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living deepens the understanding of the inter-relationship between violence and healthy eating and physical activity, and provides guidance on identifying and promoting intersecting strategies. It highlights cross-disciplinary strategies that are being
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Prevention Institute successfully implemented across the country today and delineates the pivotal roles that practitioners and advocates in the field of healthy eating and activity can play in preventing violence. Braided efforts to prevent violence and promote healthy eating and active living are breaking ground; they offer early findings, so the discoveries and implications are still unfolding. A key issue now is to develop more engagement and traction on effective community and policy solutions.

Findings

*Addressing the Intersection* highlights five key ways that violence affects healthy eating and active living, which can be clustered in the following categories: a) violence and fear of violence affect individual behaviors related to healthy eating and active living, and b) violence and the fear of violence diminish the community environment, reducing support for healthy eating and active living. These findings are based on a set of interviews conducted with community health leaders in chronic disease prevention. The observations are supported by a scan of peer-reviewed literature and professional reports as well as a series of strategy sessions conducted with national experts in both fields of prevention.

Violence and fear of violence affect individual behaviors related to healthy eating and active living

1. Violence and fear of violence cause people to be less physically active and spend less time outdoors. The perception of violence exerts the same weathering effect as violence itself does, because people’s worries are constant and pervasive. People who are afraid of violence walk and bike infrequently, avoid using neighborhood parks, and restrict their children’s outdoor play. Increased time indoors also increases exposure to television viewing and TV commercials marketing unhealthy foods, which has a secondary negative effect on nutrition.

2. Violence and fear of violence alter people’s purchasing patterns, limiting access to healthy food. People restrict shopping to “safe hours” and to convenience outlets, such as corner stores that lack access to fresh, healthy foods. Gangs, loitering, vandalism, and crime deter residents from venturing out and limit their range of access to goods and services.

3. Experiencing and witnessing violence decrease motivation and capability of eating healthfully and being active. People commonly have this type of psychological, emotional, and visceral response after experiencing or witnessing violence. Some adopt coping mechanisms, such as dependence upon substances, or develop adverse psychological conditions, including anxiety, depression, and stress, which generally decrease motivation and capacity to eat healthfully.

Violence and fear of violence diminish the community environment, reducing support for healthy eating and active living

4. Violence reduces social interactions that would otherwise contribute to community cohesion. Violence leads to pervasive feelings of distrust, sus-

“There is no transportation available to go to grocery stores and people don’t want to walk because they are scared.”

1 Direct quotes from interviewees appear in italics throughout this executive summary.
Compromised social interactions contribute to decreased social cohesion and, consequently, underutilization of local assets, such as community centers, walking paths, and parks that would otherwise facilitate healthy behaviors.

5. **Violence acts as a barrier to investments in community resources and opportunities that support healthy eating and active living.** Public and private entities are reluctant to invest in unsafe or blighted neighborhoods. Banks do not want to lend, and insurance companies penalize businesses trying to locate in such areas. Grocery chains shun violent neighborhoods, creating “food deserts,” where residents only have access to unhealthy corner store selections for food.

### Emerging Strategies for Making the Connection between Preventing Violence and Promoting Healthy Eating and Active Living

For health leaders primarily focused on preventing chronic disease, the first step in bridging the fields is to understand what constitutes an effective community approach to dealing with violence. *Addressing the Intersection* provides a framework for health leaders to assess what it takes to reduce violence and for the two fields to intersect. Section A examines key elements for preventing violence systematically. As communities adapt this framework to their needs, they can begin to alter the individual behavior and community environment pathways delineated in this paper’s Findings. This framework for preventing violence also serves as model for developing comprehensive, cross-sectoral strategies as discussed in section B. These emerging strategies provide a foundation for section C’s exploration of the four pivotal roles that healthy eating and active living practitioners are uniquely qualified to assume in fostering safe communities.

#### A. Understanding a community-wide approach for preventing violence—especially in highly impacted neighborhoods

The key components of preventing violence are:

- **Prioritizing Key Risk & Resilience Factors:** Communities working to prevent chronic disease can prioritize important local risk factors as well as community assets related to preventing both violence and chronic disease.

- **Convening Partners from Institutions and the Community:** Collaboration among community partners helps forge a shared vision and enhances buy-in to selected strategies. Most importantly, all collaborative efforts should rally broad community participation.

- **Developing a Multifaceted Plan:** Past campaigns to prevent violence have too often focused solely on individual skill-building or educational approaches; but sus-

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2 Social cohesion is defined as strong social ties among people and positions, built upon mutual obligations, opportunities to exchange information, shared norms, and the ability to enforce standards and administer sanctions. (Sabol WJ, Coulton CH, Korbin JE. Building Community Capacity for Violence Prevention. Presented at: National Network for Applied Violence Prevention Workshop; January 17-18, 2002; San Diego, CA.)
tained success also requires addressing broader environmental and systems-level issues through a well-structured plan. *The Spectrum of Prevention* is a tool developed by the Founder and Executive Director of Prevention Institute that helps individuals and coalitions construct a comprehensive, layered strategy that ties together evidence-informed policies and programs, organizational practice changes, and community-level action aimed at creating supportive environments and at shifting norms and behavior around violence and chronic disease.

**Ensuring Adequate Funding:** Despite the increased understanding of how to prevent violence, we have not made the necessary commitment and investments to substantially prevent violence in the first place. Private funders, including foundations, can support initiatives directly, link with other funded efforts, and catalyze government spending, which can make a significant difference. Efforts are becoming increasingly collaborative as pilot programs build momentum across communities.

**B. Applying a violence prevention lens to environmental and policy change strategies to promote healthy eating and active living efforts**

The following are key opportunities to integrate a violence prevention perspective into healthy eating and active living strategies:

- **Creating Safe Spaces** enables residents to maximize use of community resources, including those that support good nutrition and physical activity. Factors such as the availability of safe, open space for play and the “walkability” of neighborhoods influence the choices residents make in their daily lives. Example strategies include joint use agreements and Safe Routes to School.

- **Promoting Community Development and Employment** is key to remediying underlying inequities that contribute to violence. These efforts should ensure that all members of a community have equitable access to opportunities and resources—including quality education, living-wage jobs, and environments free of racism, sexism, and other forms of oppression and bias. Example strategies include establishing incentives to attract food retail development in underserved communities and providing job skills development in the healthy food sector.

- **Fostering Social Cohesion** encourages feelings of inclusion, social order, ownership, and community participation. Social networks foster mutual trust and increase residents’ willingness to intervene on behalf of each other and to get involved in community-building activities. Example strategies include creating community gardens and institutionalizing youth programs which can cultivate social cohesion.

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4 This strategy has been reinforced by the learnings of UNITY (Urban Networks to Increase Thriving Youth), a national initiative that builds support for effective, sustainable efforts to prevent violence before it occurs so that urban youth can thrive in safe environments with supportive relationships and opportunities for success. [http://www.preventioninstitute.org/initiatives/unity.html](http://www.preventioninstitute.org/initiatives/unity.html)
C. Elevating the role of healthy eating, active living practitioners in fostering safer communities through advocacy and partnerships.

As local leaders working to build healthier communities, practitioners focused on healthy eating and active living can be:

■ **Bold spokespeople**, communicating the urgency of preventing violence and explaining how it is an issue that affects everyone and impacts chronic disease.

■ **Catalysts**, sparking multi-sectoral collaboration and helping to develop critical mass.

■ **Coordinators**, using their knowledge, relationships, and leadership capacity, without assuming the lead, in coalitions to prevent violence.

■ **Integrators**, integrating actions and strategies across fields of prevention; braiding resources, policies, and strategies to achieve better joint outcomes; and building community momentum to accomplish these results.

**Conclusion**

*Addressing the Intersection* serves as the beginning of a movement to overcome the impediments to good health. As cross-sectoral efforts increase, practitioners and advocates will discover the most promising strategies and the most effective means of collaborating. Together, their well-designed prevention solutions will solve multiple problems, with the ultimate goal of creating safe, healthy, and equitable communities.

To learn more about addressing the intersection between preventing violence and promoting healthy eating and active living, read the full paper on Prevention Institute’s website at www.preventioninstitute.org/component/jlibrary/article/id-267/127.html.