



PREVENTING VIOLENCE: *Roles for Public Health Agencies*



SAFE STATES

October 2011

TABLE OF CONTENTS

Introduction	1
Public Health Approach to Violence Prevention	3
Recommended Roles for National Public Health Agencies And Organizations	7
Recommended Roles for State Public Health Agencies.....	13
Recommended Roles for Local Public Health Departments.....	17
Conclusion.....	20
Roundtable Participant List.....	21
Useful Resources.....	23

INTRODUCTION

Violence is a growing public health crisis in America. According to the Centers for Disease Control and Prevention (CDC), violence is a leading cause of death and disability that disproportionately affects youth, low-income populations, and people of color¹. Violence can include child maltreatment, intimate partner violence, suicides, and firearm-related injuries. In fact:

- In 2008, more than 656,000 young people ages 10 to 24 were treated in emergency departments for injuries sustained from violence.
- Approximately 772,000 children were identified as victims of child maltreatment in 2008 – more than one child every minute.
- Each year, women experience about 4.8 million intimate partner related physical assaults and rapes, creating a victim every 6.5 seconds.
- The cost of violence related deaths in 2005 exceeded \$47 billion. The CDC estimates that reducing the number of homicides by just 5% would result in cost savings of \$1 billion in lifetime medical and work loss costs².

Individuals exposed to violence are more likely to experience adverse health effects than those who do not experience violence. Child maltreatment, for instance, has been linked to a variety of negative health behaviors that impact victims later in life, including alcohol abuse, illicit drug use, anxiety, and depression³.

Since the late 1970s there has been a growing recognition of the unique skills and solutions the public health community can offer to prevent violence⁴. Nevertheless, the role of public health is often overlooked and many times public health practitioners themselves do not know the appropriate roles they should assume to contribute to solutions.

“We can’t arrest our way out of this problem. Prevention is the key to long-term success.”

-U.S. Conference of Mayors

In response, the Safe States Alliance, with funding from the CDC, convened a roundtable of twenty-four violence prevention experts and stakeholders in April 2010. The goals of the roundtable discussions were to identify specific roles for public health and provide needed next steps for the public health community to prevent violence at local, state, and national levels.

¹ Centers for Disease Control and Prevention. (2011, June 7). *Violence Prevention*. Retrieved August 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/violenceprevention>

² Centers for Disease Control and Prevention. (2011, June 7). *Violence Prevention*. Retrieved March 2011, from Injury Center: <http://www.cdc.gov/ViolencePrevention/index.html>

³ Felitti, V., & Anda, R. (n.d.). *The Adverse Childhood Experiences (ACE) Study*. Retrieved March 2011, from The Adverse Childhood Experiences (ACE) Study: <http://www.cestudy.org>

⁴ Dahlberg, L., & Krug, E. (2002). Violence—a global public health problem. In E. Krug, L. Dahlberg, J. Mercy, A. Zwi, & E. Lozano, *World Report on Violence and Health* (pp. 1-56). Geneva, Switzerland: World Health Organization.

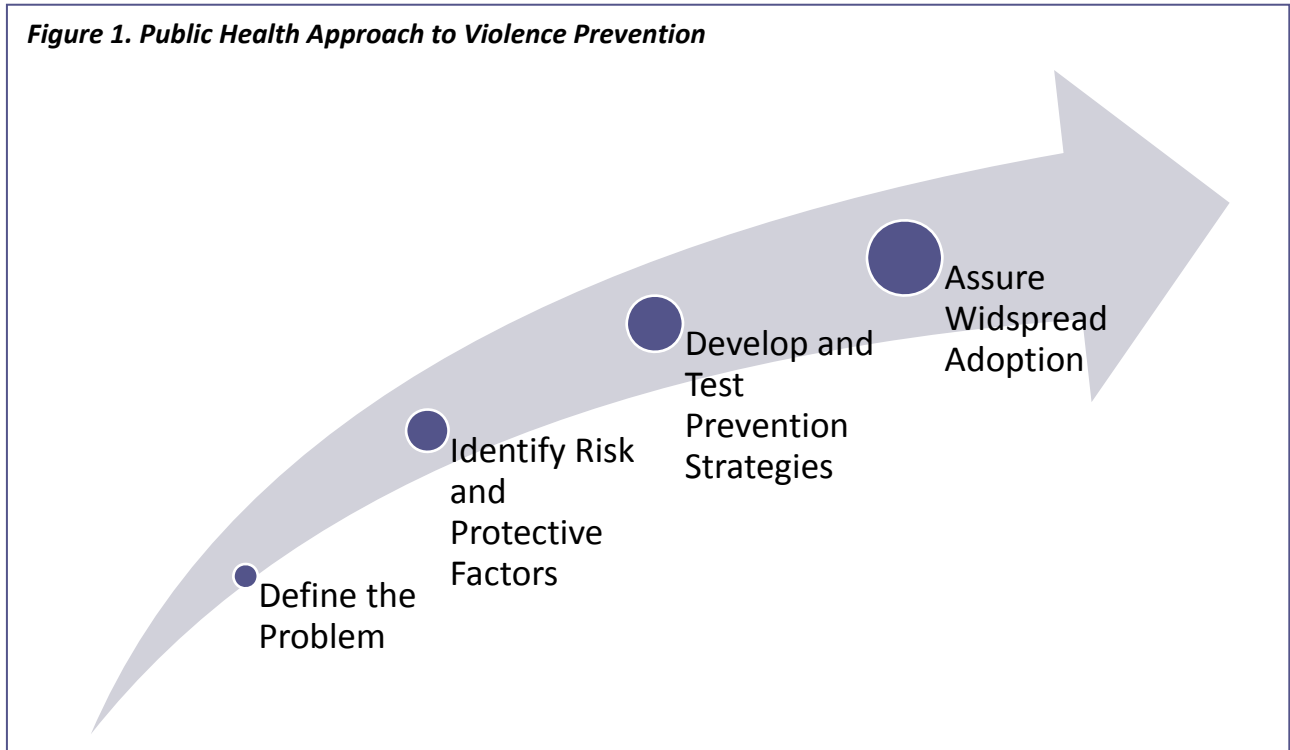
The recommendations presented in this report are offered as a resource for public health departments in identifying specific roles for their organizations. While not all of the recommendations will be appropriate for every public health agency, it is hoped that public health leaders and violence prevention advocates will see these recommendations as a call to action.



PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

Given that violence is a complex problem, solutions require a comprehensive, multi-sectoral approach. According to the CDC and the World Health Organization (WHO), united and coordinated action is needed from a variety of areas, including public health, education, justice, public safety, and human service systems. Furthermore, solutions must be implemented with the support of community leaders, businesses, and faith-based organizations⁵. The Public Health Approach to Violence Prevention is a four-step process designed to guide practitioners through program planning, evaluation, and dissemination (Figure 1)⁶.

Figure 1. Public Health Approach to Violence Prevention



1. Define the Problem

The first step in the public health approach is to clearly define the problem. Collecting and analyzing epidemiological data helps to determine where and how often violent acts occur, as well as identifies and differentiates victims and perpetrators. Violence-related data can be found in police reports, medical examiner files, vital records, hospital charts, registries,

Figure 2. Select Data Sources

- ChildStats.gov
- [Youth Risk Behavior Survey](#)
- [Web-based Injury Statistics Query and Reporting System](#)
- [Kids Count](#)
- [NVDRS](#)

⁵ Dahlberg, L., & Krug, E. (2002). Violence-a global public health problem. In E. Krug, L. Dahlberg, J. Mercy, A. Zwi, & E. Lozano, *World Report on Violence and Health* (pp. 1-56). Geneva, Switzerland: World Health Organization.

⁶ Centers for Disease Control and Prevention. (2008, March 5). *The Public Health Approach to Violence Prevention*. Retrieved August 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html>

population-based surveys, and other sources (Figure 2). Surveillance systems, such as the CDC-funded [National Violent Death Reporting System \(NVDRS\)](#), provide tools for linking such data.

2. Identify Risk and Protective Factors

Identifying the factors that protect people or put them at a higher risk for experiencing or perpetrating violence can help determine where prevention efforts should be focused. Risk factors are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. Protective factors have the reverse effect; they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk⁷. However, just as the presence of risk factors does not guarantee that a person will experience violence, the presence of protective factors does not ensure that a person will be shielded from violence. Risk and protective factors should be assessed at all levels of the Social-Ecological Model (see Figure 3), a framework that illustrates the complex intersections between individual, relationship, community, and societal factors that put individuals and communities at risk for experiencing or perpetrating violence⁸.

It is essential that efforts to address and prevent violence take into account risk factors that are linked to violence, as well as protective factors that can prevent violence within families and communities (see Figure 4). Collaborative approaches that involve public health and address risk and protective factors at all levels

Figure 3. The Social-Ecological Model⁸

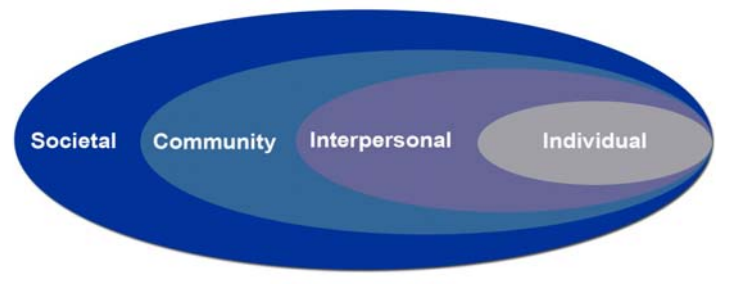


Figure 4. Selected Risk and Protective Factors for Violence



⁷ Jessor, R., Turbin, M. S., & Costa, F. M. (1998). Risk and Protection in Successful Outcomes Among Disadvantaged Adolescents. *Applied Developmental Science*, 2 (4), 194-208.

⁸ Centers for Disease Control. (2009, September 9). *The Social-Ecological Model: A Framework for Prevention*. Retrieved August 8, 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html>

of the Social-Ecological Model are essential to successful prevention initiatives.

3. Develop and Test Prevention Strategies

Once public health practitioners have a deeper understanding of the population and problem, multi-faceted prevention programs can be selected from a host of existing evidence-based resources and adapted to fit a population. If there are no existing evidence-based programs that fit a given population or can be adapted appropriately, a program can be specifically developed for targeted populations. [The National Academic Centers for Excellence \(ACEs\)](#) on Youth Violence Prevention connect academic and community resources to study and create lasting ways to prevent youth violence. Prior to and following program implementation, an evaluation should be conducted to ensure that the desired outcomes are appropriate and achievable, and that the program is effective.

4. Assure Widespread Adoption

Once prevention programs have been proven effective, they should be disseminated broadly to ensure that other communities are able to widely benefit from their successes. Practitioners and researchers have the responsibility to make successful programs accessible to other communities and to clearly communicate the strength of the programs' evidence base. Widespread adoption requires that public health practitioners are aware of effective, evidence-informed interventions, are trained to implement them with fidelity, and can assure ongoing evaluation and cost-effectiveness studies. Turn to page 11 for a list of resources for disseminating evidence-informed interventions.



OVERARCHING ROLES

Throughout the roundtable meeting and in subsequent discussions, participants identified four overarching goals that must be addressed at all levels of public health (national, state, and local) in order to successfully prevent violence:

1. Institutionalize visible, high-level leadership that prioritizes violence prevention;
2. Prioritize a balanced approach that includes the primary prevention of violence;
3. Focus on disparities and the role of social determinants, including racism and poverty; and
4. Re-frame the issue of violence as a community-level problem that involves all of us, and not simply “them.”

“Where justice is denied, where poverty is enforced, where ignorance prevails, and where one class is made to feel that society is organized in a conspiracy to oppress, rob and degrade them, neither persons nor property will be safe.”

– Frederick Douglass⁹

Public health leaders at all levels must continuously demonstrate an interest in and commitment to the multi-disciplinary approach needed to prevent violence. There are several national public health initiatives that have identified violence prevention as a priority. These initiatives include [Healthy People 2020](#), which set national objectives to improve the health of Americans, and the [National Prevention Strategy](#), a framework for national prevention and health promotion efforts created by the Patient Protection and Affordable Care Act. These nationally recognized public health efforts emphasize the need to prevent violence altogether rather than relying on law enforcement and criminal justice systems to address violence after it occurs. Public health leaders can visibly and vocally demonstrate their commitment to initiatives such as these by: promoting policy changes; assuring financial and staffing resources; engaging other leaders; and developing strong and consistent messages to clearly communicate that violence is preventable and public health is part of the solution.

Finally, all levels of public health must recognize the overwhelming influence of the social determinants of health on the occurrence of violence. These social determinants – such as racism and poverty – are significant issues that disproportionately affect certain populations and have the power to negate prevention strategies if they are not addressed. Communities disproportionately impacted by violence include young people, low-income populations, and people of color¹⁰. Understanding the social determinants of health and their influence on the how, where, and why violence occurs is essential for public health professionals to implement effective prevention strategies.

⁹ Douglas, F. (1986, April). Speech on the twenty-fourth anniversary of Emancipation in the District of Columbia. Washington, D.C. , United States of America .

¹⁰ Department of Health and Human Services. (2011, June 22). *Determinants of Health*. Retrieved August 11, 2011, from Healthy People 2020: <http://healthypeople.gov/2020/about/DOHAbout.aspx>

RECOMMENDED ROLES FOR NATIONAL PUBLIC HEALTH AGENCIES AND ORGANIZATIONS

The CDC National Center for Injury Prevention and Control (NCIPC) is the key federal agency that provides a focal point for public health approaches to preventing injuries and violence. However there are many other federal departments, agencies, and offices that are involved in violence prevention and response:

- Department of Health and Human Services
 - CDC, National Center for Injury Prevention and Control (NCIPC)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Administration for Children and Families (ACF)
 - Health Resources and Services Administration (HRSA)
 - National Institutes of Health (NIH)
 - Indian Health Services (IHS)
- Department of Justice
 - Community Oriented Policing Services Agency
 - Office of Justice Programs
 - Office on Violence Against Women
 - Office of Juvenile Justice and Delinquency Prevention
- Other Federal Agencies
 - Department of Education, Office of Safe & Drug-Free Schools
 - Department of Housing & Urban Development
 - Department of Labor

There are also a host of national non-governmental public health organizations that lead and support violence prevention efforts at the national, state, local, and tribal levels.

By effectively collaborating with one another, federal agencies and national public health organizations can work together to identify prevention priorities to form a national agenda, effectively utilize limited prevention dollars, and create a lens through which the broader causes of violence can be better understood. Ideally, these national agencies and organizations can serve as a model for states and communities by showing how multi-sectoral partnerships can work effectively and successfully to plan, implement, and evaluate violence prevention efforts.

Roundtable participants identified eight key roles for national public health agencies and organizations (Figure 5).

Figure 5. Eight Key Roles for National Public Health Agencies and Organizations

- 1 Strengthen public health systems;
- 2 Convene stakeholders;
- 3 Improve surveillance;
- 4 Provide funding and other resources;
- 5 Educate and advocate for violence prevention policies;
- 6 Develop and disseminate effective policies, programs and tools;
- 7 Identify connections between different types of violence and other key areas of public health concern; and
- 8 Conduct needs assessments and strategic planning.

1. Strengthen public health systems

As a network of organizations tasked with assuring conditions for a healthy population, it is critical that the agencies within the public health system work collaboratively to improve the quality, performance, and impact of violence prevention initiatives. At the national level, efforts needed to strengthen the public health system include:

- Building capacity by strengthening and increasing the public health violence prevention workforce;
- Improving and expanding health information and data systems, such as the NVDRS;
- Evaluating and disseminating promising policies, programs, and practices;
- Systematizing communication and feedback loops;
- Ensuring high-quality implementation of evidence-informed policies and programs to effectively transition research into practice; and
- Promoting accreditation, performance

management, and quality improvement standards for public health professionals and organizations.

One way that NCIPC is working to strengthen the capacity of public health systems to prevent violence is through the [Public Health Leadership Initiative](#) – a three-year effort to identify best practice models of state public health leadership in the prevention of child maltreatment and the promotion of safe, stable, and nurturing relationships for children. The initiative will ultimately provide recommendations for essential program components and tools to support state-based public health efforts to reduce child maltreatment.

2. Convene stakeholders

Given that no one group, agency, or organization can solve the problem of violence, it is vital that national organizations and agencies provide the leadership necessary to offer focus and direction, effectively coordinate activities, identify common ground among partners, and maximize available resources at the national level. In 2010, at the direction of the President, the U.S. Departments of Justice and Education launched the [National Forum on Youth Violence Prevention](#). By collaborating with local and federal agencies, the administration created the forum to allow participating localities to share challenges and promising strategies for violence prevention, as well as explore how federal agencies can better support local efforts.

3. Improve surveillance

Public health practitioners rely upon data to understand the nature of public health problems, determine contributing risk and protective factors, and identify intervention opportunities. Surveillance of violent deaths and injuries can be improved at a national level through:

- The development of uniform definitions;
- Improvements in the timeliness of data;
- Assessment of the contexts in which violence occurs;
- Creation of appropriate models for data linkage; and
- Translation of data into actions for national, state, and local level agencies.

Several federal agencies have made strides to improve surveillance. In addition to the NVDRS, CDC also works to improve surveillance through a collaborative effort with the National Institutes of Justice and the Department of Defense. Through this collaboration, CDC has been able to collect data related to intimate partner and sexual violence, dating violence, and stalking victimization through the [National Intimate Partner and Sexual Violence Surveillance System \(NISVSS\)](#). The Health Services and Resources Administration (HRSA) also funds and supports the [National Child Death Review Resource Center](#). Through this national level effort, states and local jurisdictions have been able to more effectively review cases involving the deaths of infants, children, and adolescents. By improving their systems and review processes, states and localities can better identify opportunities for implementing strategies that can prevent the deaths of children and youths nationwide.

CDC found that the lack of available information about the circumstances that surround violent deaths impeded progress for developing effective prevention efforts. In response, NCIPC developed the National Violent Death Reporting System (NVDRS) to link fatality data from multiple sources including: death certificates, police reports, medical examiner and coroner reports and crime laboratories. Currently, 18 states are funded to conduct surveillance of violent deaths.

4. Provide funding and other resources

Limited resources are a concern faced by all public health agencies, and those working in violence prevention are no exception. States depend heavily on federal grants as they provide at least 50% of the funding used for violence prevention efforts¹¹. These limited resources can be maximized by:

- Coordinating federal investments;
- Providing incentives for the alignment of resources at the state and local levels;
- Demonstrating where public health violence prevention efforts align with existing federal investments; and
- Funding strategies rather than discrete projects.

¹¹ Association of State and Territorial Health Officials. (2007). *Profile of State Public Health Volume 1*. Association of State and Territorial Health Officials.

In 2009, the U.S. Department of Transportation, the U.S. Department of Housing and Urban Development, and the U.S. Environmental Protection Agency formed the interagency [Partnership for Sustainable Communities](#). This partnership was established to create a new, more sustainable structure for aligning federal investments, policies, and programs to ultimately help communities become economically strong and environmentally sustainable. The partner agencies have agreed to identify and remove barriers that cause inefficiencies and wasteful spending, and have created a model for federal agencies involved in preventing and responding to violence to consider.

5. Educate and advocate for violence prevention policies

National agencies and organizations are well positioned to identify and utilize policy change as a means of preventing violence. Specifically, national agencies can utilize national authorizations and appropriations such as the [Violence Against Women Act](#), as well as identify and disseminate effective policy guides. To this end, CDC has developed several publications to support organizational policy changes to prevent violence, such as [Preventing Child Sexual Abuse Within Youth-Serving Organizations: Getting Started on Policies and Procedures and School Health Guidelines to Prevent Unintentional Injuries and Violence](#). Additionally, the *Safe States Alliance*, the Association of State and Territorial Health Officials (ASTHO) and the National Association of City and County Health Officials (NACCHO) co-sponsored a [webcast series](#) in 2010 to highlight policy approaches to injury and violence prevention. One webcast featured presentations by professionals and advocates involved in shaping anti-bullying policies in states and communities. During this webcast, speakers shared their experiences with anti-bullying legislation (including legislation related to cyberbullying), described the process needed to get such policies enacted, and provided insights on how state and local public health professionals can get more involved in the development and implementation of these policies. Furthermore, Prevention Institute has provided leadership in developing a [policy platform](#) describing what needs to be in place on the ground in cities to prevent violence, and delineates the supports cities need for their efforts to be successful and sustainable.

The Violence Against Women Act (VAWA) was initially passed in 1994 to improve criminal justice and community-based responses to domestic violence, dating violence, sexual assault and stalking. It was reauthorized in 2000 and 2005 and is up for reauthorization in 2011.

6. Develop and disseminate effective policies, programs, and tools

A key role of federal agencies and national organizations is to develop and support the implementation and dissemination of evidence-informed and culturally appropriate strategies, interventions, model programs, standards, messages, tools, and other resources. NCIPC, for example, has worked to develop and disseminate a variety of policies, programs, and tools, including:

- [VETO-Violence](#) – A portal to CDC and other federal trainings, as well as tools that focus on violence prevention;
- [Striving to Reduce Youth Violence Everywhere \(STRYVE\) Online](#) – Tools and resources for communities to prevent youth violence;
- Publications including [Youth Violence: Measuring Violence-Related Attitudes, Behaviors and Influences Among Youths: A Compendium of Assessment Tools](#) and [CDC's Best Practices of Youth Violence Prevention: A Sourcebook for Community Action](#); and

- [Violence Against Women Electronic Network](#) – A full-text, searchable website with resources on intimate partner violence, sexual violence, and related issues. .

Federal and national agencies have also been integral in creating central databases of existing evidence-informed interventions to support their dissemination and adoption. These databases include:

- [The Substance Abuse and Mental Health Services Administration’s \(SAMHSA\) National Registry of Evidence-Based Programs and Practices](#)
- [Preventing Youth Violence: Program Activities Guide](#)
- [Striving to Reduce Youth Violence Everywhere: Prevention Strategies That Work](#)
- [The Community Guide](#)
- [Blueprints for Youth Violence](#)
- [CDC Best Practices for Youth Violence Prevention](#)
- [OJJDP Model Programs Guide](#)

7. Identify connections between different types of violence and other areas of public health concern

While research and funding often focus on the immediate effects of violence, there is growing recognition that exposure to violence can substantially impact long-term health. For instance, prolonged child maltreatment has been linked to extreme stress that can disrupt early nervous and immune system development and leave children vulnerable to chronic diseases later in life. Victims of maltreatment may also be susceptible to other negative health behaviors, such as smoking and alcohol abuse, and may suffer from anxiety, depression, and thoughts of suicide¹².

According to WHO, “different types of violence share common risk factors, and often occur together; one may cause the other, and they have common consequences¹³.” WHO recommends utilizing violence risk reduction strategies – such as fostering the development of safe, stable, and nurturing relationships – to address shared underlying risk factors.

One initiative supported by the CDC, the [Healthy Teens Project](#), looks at developmental pathways to dating violence and suicidal behavior, including different levels of risk and protective factors that children and young adults experience between sixth and 12th grade. The Prevention Institute report, [Addressing the Intersection Between Violence and](#)

CDC research on the effects of adverse childhood experiences, such as maltreatment, has found increased risks in adulthood for heart disease, cancer, obesity, high blood pressure, and high cholesterol

¹² Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14:245–258.

¹³ World Health Organization. (2008). *Preventing violence and reducing its impact: how development agencies can help*. France: World Health Organization.

[Active Living and Healthy Eating](#) describes strategies for making connections between preventing violence and chronic diseases by promoting healthy eating and active living. Strategies suggested in this report include:

- Understanding a community-wide approach for preventing violence—especially in highly impacted neighborhoods;
- Applying a violence prevention lens to environmental and policy change strategies to promote healthy eating and active living efforts; and
- Elevating the role of healthy eating and active living practitioners in fostering safer communities through advocacy and partnerships.

8. Conduct needs assessments and strategic planning

Strong strategies, rooted in evidence and the public health approach to violence prevention, are necessary to realize goals, enhance inter-organizational collaboration, and effectively measure progress. However, in order to identify these strategies, national efforts are needed to support state and local needs assessments and strategic planning efforts.

In June 2008, the Prevention Institute, with funding from CDC, conducted a [national assessment](#) to establish baseline measurements of the magnitude of youth violence, the level of concern within the city, and collaborative efforts to address and monitor the issue. The study included standardized interviews with mayors, police chiefs, health department directors, and school superintendents (or their designees) in a representative sample of the largest cities across the U.S. with populations of 400,000 or more. [The assessment](#) found that:

- Most cities did not have a comprehensive violence prevention strategy
- Public health departments were not generally included in existing city strategies;
- Most prevention strategies used were in *response* to violence (i.e., law enforcement and criminal justice approaches) rather than as a means of *prevention*; and
- Cities with the greatest coordinated approach to violence prevention also had the lowest rates of youth violence.

RECOMMENDED ROLES FOR STATE PUBLIC HEALTH AGENCIES

State public health agencies (SHAs) have a responsibility to improve the health and safety of communities by reducing health and safety hazards and assuring the quality and accessibility of health services. While some of the roles identified for the state level parallel national and local roles, some roles are particularly unique to state public health departments. According to ASTHO, in approximately 30 percent of states, the SHA is responsible

Figure 6. Eight Key Roles for State Public Health Agencies and Organizations

- 1 Develop a statewide agenda for prevent violence;
- 2 Develop and implement policy approaches to violence prevention;
- 3 Collect, analyze and disseminate data;
- 4 Build local capacity;
- 5 Contribute to national violence prevention efforts;
- 6 Conduct needs assessments and strategic planning;
- 7 Maximize existing resources and identify new funding streams; and
- 8 Translate research into practice.

for providing local public health services as well as state level resources. In these cases, SHAs should consider both state and local recommendations¹⁴. Eight priority roles have been identified by roundtable participants for state public health departments (Figure 6).

1. Develop a statewide agenda for violence prevention

According to the ASTHO's [Profile of State Public Health, Volume 1](#), a key role for SHAs is to conduct statewide health planning, improvement, and evaluation. In many states, the SHA serves in a leadership capacity to identify and convene stakeholders, coordinate agendas across state organizations and agencies, assess statewide needs and resources, and develop plans for prevention. State agencies also play a critical role in working across communities, developing regional approaches, and providing leadership in underserved communities.

In 2008 and 2009, the Virginia Department of Health developed statewide sexual violence

prevention plans in partnership with the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA), sexual assault crisis centers, and other public and private partners. In California, staff members from the office of the SHA meet regularly with the state Domestic Violence Coalition and Sexual Violence Coalition to plan statewide activities. Recently, the groups developed and disseminated a document titled, [Shared Strategic Directions](#), to identify shared objectives across prevention partnerships and programs.

¹⁴ Association of State and Territorial Health Officials. (2007). *Profile of State Public Health Volume 1*. Association of State and Territorial Health Officials.

Illinois formed a statewide Injury and Violence Prevention Authority (IVPA), which is co-chaired by the state Attorney General and Director of the Department of Health. IVPA describes their leadership role as one of “linking together violence prevention efforts throughout the state.”¹⁵ IVPA accomplishes these linkages by coordinating efforts and collaborating with other state and local agencies on violence prevention initiatives. These state and local agencies are represented on the IVPA Board, emphasizing the importance of multi-disciplinary and collaborative prevention efforts. IVPA also actively works with other agencies and organizations in the private sector, and encourages networking and the exchange of best practice models. As a result, statewide violence prevention initiatives benefit from the diversity and efficiency of these unique partnerships.

In Massachusetts, the Governor has launched a [Safe and Successful Youth Initiative](#) – a multi-faceted strategy for eliminating youth violence. The initiative is a coordinated intervention strategy led by the state public health department to identify and address young men ages 14-24 that are recognized as a high risk for becoming perpetrators or victims of gun violence. The initiative includes an Executive Order emphasizing the Administration’s commitment to partnering with local officials to address youth violence, tougher gun legislation that holds “high impact” individuals accountable, and \$10 million in additional funding to support implementation efforts.

2. Develop and implement policy approaches to violence prevention

SHAs should work with coalitions and advocates to inform public policy at national, state, and local levels. State programs may:

- Review and recommend health department positions on proposed legislation;
- Develop health department testimony on proposed legislation;
- Provide information on the effectiveness of existing state or local policies;
- Utilize surveillance data to inform policy makers; and
- Identify model legislation, policies, or ordinances to be adopted at the state and local levels.

In California, for instance, the SHA produced a document entitled, [Statewide Policy Recommendations for the Prevention of Violence Against Women](#), which proposed state-level policies that could be enacted to prevent violent acts against women throughout the state.

3. Collect, analyze and disseminate data

SHAs have a responsibility to provide leadership in the development of infrastructure that allows for statewide data collection, analysis, and dissemination that aligns with national standards and collection methods; assesses the contexts in which violence occurs; and ensures translation of data into evidence-informed actions. These processes require an integrated approach to surveillance which allows for the collection and analysis of data that comes from multiple sources and is coordinated with cities and counties statewide.

¹⁵ Illinois Violence Prevention Authority. (n.d.). *About IVPA*. Retrieved 2011, from Illinois Violence Prevention Authority: <http://ivpa.org/about>

For example, states with funding from CDC to implement NVDRS have developed targeted suicide prevention programs based on demographic and circumstantial data compiled through the system¹⁶. States have also used NVDRS data to identify key areas in which to focus resources for prevention and intervention activities. In Utah, NVDRS data enabled a statewide task force to identify trends and risk factors for prescription drug-related suicides. As a result, a number of prevention strategies are underway in Utah, including training on prescribing practices and providing health professionals with improved access to a controlled substances database¹⁷.

4. Build local capacity

SHAs must build capacity to help local practitioners identify, select, and evaluate evidence-informed practices, programs, and policies. This capacity can be built through regular communication and networking; developing and sharing tools and other resources; and providing mentorship, technical assistance, and training. With funding from CDC through the [Domestic Violence Prevention Enhancements and Leadership Through Alliances \(DELTA\)](#) program, state health departments provide prevention-focused training, technical assistance, and financial support for local community efforts. Communities then develop and implement strategies focused on preventing domestic violence. Additionally, SHAs can serve to connect national and local public health efforts to increase efficiency, encourage cooperation, and represent areas that lack local public health services.

5. Maximizing existing resources and identifying new funding streams

Leadership from SHAs is needed to maximize existing funding sources, as well as identify new funding opportunities and other resources for violence prevention. According to a 2007 study of SHAs conducted by ASTHO, SHAs receive the bulk of their funding from federal and state sources¹⁸. The average state public health agency receives 50% of its funding from federal grants, contracts, and cooperative agreements and 24% of its funding from state sources. In an effort to maximize resources, SHAs can identify and coordinate state and federal opportunities to support effective and sustainable violence prevention programs. Some states have been successful in identifying prevention resources through state special funds, such as batterers' fines. In Illinois, specially designed "Prevent Violence" (PV) license plates are sold to support violence prevention activities. Since the PV plate became available in 1996, over \$8.4 million has been generated for violence prevention efforts¹⁹.

6. Contribute to national violence prevention efforts

SHAs are often called upon to provide input and technical expertise for national strategic planning and other consensus building efforts. SHAs can share experiences, highlight examples of effective violence prevention efforts, and provide feedback on barriers and challenges to preventing violence before it occurs. For example, in

¹⁶ Centers for Disease Control and Prevention. (2011, July 13). *National Violent Death Reporting System*. Retrieved 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/violenceprevention/nvdrs/index.html>

¹⁷ Safe States Alliance. (2011). *2011 Resources for Injury & Violence Prevention Stakeholders*. Retrieved March 2011, from Safe States Alliance : <http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=254>

¹⁸ Association of State and Territorial Health Officials. (2007). *Profile of State Public Health Volume 1*. Association of State and Territorial Health Officials.

¹⁹ Illinois Violence Prevention Authority. (n.d.). *IVPA License Plates*. Retrieved 2011, from Illinois Violence Prevention Authority: <http://ivpa.org/license-plates>.

2011, CDC convened subject matter experts to identify promising strategies for evaluation regarding sexual and intimate partner violence.

7. Conduct needs assessments and strategic planning

SHAs also have a responsibility to assess statewide conditions and convene partners for planning. Currently, CDC provides funding to all states, territories, and the District of Columbia through the [Rape Prevention and Education Program \(RPE\)](#), which encourages state health departments to develop state sexual violence prevention plans. CDC has also supported statewide strategic planning for violence prevention through the [Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention \(ESCAPE\)](#) project. HRSA, with funding from the Maternal and Child Health Block Grant (Title V), requires State Title V agencies to conduct needs assessments every five years and to use the findings of the assessments to identify priorities and to guide resource allocation and program planning²⁰. Based on findings from these assessments and other national data, HRSA's Maternal and Child Health Bureau set a national performance measure for youth suicide prevention.

In Oklahoma, the SHA, along with other key stakeholders conducted a statewide sexual violence assessment to develop and identify: a demographic profile; cultural and economic factors; indicators of health and social conditions; sexual violence prevalence; risk and protective factors; and resources and opportunities for the primary prevention of sexual violence. The results of the assessment were used to develop a [comprehensive plan for sexual violence prevention in Oklahoma](#).

8. Translate research into practice

A key step in the public health approach to violence prevention is scaling up effective interventions and widely implementing pilot programs in practice. SHAs can serve as a resource in translating research into action by providing training, technical assistance, and resources to communities to implement interventions with fidelity and ongoing evaluation. In Oklahoma's development of a comprehensive sexual violence prevention plan, the SHA and other stakeholders identified programs and curricula for K–12 schools, colleges, and universities by gathering information from a variety of sources. Oklahoma then developed a resource list based on several criteria including: the existence of a sound evidence base; appropriateness for the identified target population; alignment with the comprehensive state plan goals; perceived benefits; and perceived deficits/drawbacks.

²⁰ U.S. Department of Health and Human Services, Health Resources and Services Administration. (2009). *Maternal and Child Health Services Title V Block Grant Program: Guidance and Forms For the Title V Application/Annual Report*: <ftp://ftp.hrsa.gov/mchb/blockgrant/bqguideforms.pdf>

RECOMMENDED ROLES FOR LOCAL PUBLIC HEALTH DEPARTMENTS

Local health departments (LHDs) are critical access points for the assurance of community health. According to NACCHO, LHDs protect and improve community well-being by preventing disease, illness, and injury, as well as impacting social, economic, and environmental factors fundamental to excellent health²¹. LHDs have a critical role in facilitating, promoting, and supporting community-level violence prevention efforts. Nine priority roles have been identified by roundtable participants for LHDs (Figure 7).

Figure 7. Nine Key Roles for Local Health Departments

- 1 Build coalitions and partnerships;
- 2 Conduct needs assessments and strategic planning;
- 3 Identify and support effective policy approaches to violence prevention;
- 4 Seek sustainable financial resources;
- 5 Implement evidence-based policies, programs and practices to prevent violence;
- 6 Enhancing public awareness;
- 7 Conduct surveillance;
- 8 Build public health practitioner capacity and skills to prevent violence; and
- 9 Support the medical community to assess and respond to violence

1. Build coalitions and partnerships

LHDs can provide essential leadership to develop community coalitions that can convene stakeholders (including established and non-traditional partners); develop and monitor coordinated local plans; provide mechanisms for the regular dissemination of information; and reduce duplication and gaps among stakeholder efforts. As part of CDC's STRYVE initiative, known as the [Urban Networks to Increase Thriving Youth \(UNITY\) program](#), cities receive training and technical assistance from the Prevention Institute to learn how to build support for effective, scalable, and sustainable efforts to prevent violence. With this support from UNITY, cities can work to ensure that their urban youth can thrive in safe and supportive environments.

2. Conduct needs assessments and strategic planning

Like SHAs, LHDs must conduct assessments to identify gaps in strategies, services, and initiatives, as well as develop local plans to prevent violence. LHD strategic plans and needs assessments can build from those created by

SHAs by being narrower in scope and more specific to individual communities. LHDs can then use the information gathered in both local and state assessments to identify effective interventions for communities.

²¹ National Association of County and City Health Officials. (2008). *Local Health Department Injury and Violence Prevention Infrastructure and Activities*. National Association of County and City Health Officials.

3. Identify and support effective policy approaches to violence prevention

LHDs can help identify and support organizational and community-wide policies – from school policies to zoning ordinances – to support community violence prevention efforts. While there is more to be done to identify effective policies to support violence prevention, recent research has found that the city-level risk of intimate-partner homicides can be reduced by decreasing access to firearms for defendants with domestic violence restraining orders (DVRO), increasing police staffing levels, and allowing the warrantless arrest of DVRO violators²².

4. Seek sustainable financial resources

While state and federal funds are often used to plan and implement violence prevention measures, LHDs can provide leadership in identifying sustainable local sources of funding. For example, in 2004, Oakland, CA voters passed [Measure Y: The Violence Prevention and Public Safety Act of 2004](#), which supports prevention programs through a parcel tax and parking surcharge on commercial lots.

5. Implement evidence-based policies, programs and practices to prevent violence

LHDs are well positioned to collaborate with key stakeholders to implement culturally appropriate and evidence-informed violence prevention programs that are targeted toward the most at-risk communities. The state of Minnesota, in partnership with community stakeholders in the city of Minneapolis, created the [Blueprint for Action: Preventing Youth Violence in Minneapolis](#). The goal of the *Blueprint* was to significantly reduce and prevent youth violence in Minneapolis by increasing law enforcement officers, while also implementing prevention-focused public health strategies.

6. Enhance public awareness

As part of a comprehensive strategy, LHDs can raise community awareness about the risk factors that can lead to violence, and perhaps more important, the protective factors necessary for preventing violence. By raising awareness about these factors, LHDs can engage community members, particularly youth, in prevention efforts and build social and political support for violence prevention programs. In Florida, communities have used media releases and toolkits to raise awareness rape prevention that have the tagline, “Rape. Talk About it. PREVENT IT” (Figure 8).

7. Conduct surveillance

LHDs should collaborate and coordinate with state and national surveillance efforts to develop an integrated approach to surveillance that addresses both risk and protective factors. Ideally,

Figure 8. Rape Awareness Prevention Poster from the Florida DHS



²² Zeoli, A. M., & Webster, D. W. (2010). Effects of domestic violence policies, alcohol taxes and police staffing levels on intimate partner homicide in large US cities. *Injury Prevention*, 16:90-95.

data collected to prevent violence should come from multiple sources – both within and outside of public health. Data should also be utilized and disseminated widely between the health department, schools, law enforcement, social services, city officials, and other community stakeholders.

8. Build capacity and skills

LHDs can help build the capacity and skills of public health professionals and other partners by providing training, technical assistance, and mentorship to prevent violence. Examples of how local public health staff can build capacity and skills include: training school staff to recognize the signs of violent victimization in children and how to respond when they identify that a child that has been victimized; training coaches to build teams that do not tolerate bullying; and working with caregivers of persons with disabilities to establish and enforce employee and volunteer training policies.

9. Link to and support the medical community's clinical response role

LHDs can provide essential support to the medical community to assess, respond to, and prevent violence. LHDs also work collaboratively with physicians to help ensure the American Medical Association's (AMA) Code of Ethics which requires physicians to:

- Familiarize themselves with the detection of violence or abuse, the community and health care resources available to abused or vulnerable persons, and the legal requirements for reporting violence or abuse;
- Familiarize themselves with current information about cultural variations in response to abuse, public health measures that are effective in preventing violence and abuse, and how to work cooperatively with relevant community services;
- Help in developing educational resources for identifying and caring for victims;
- Provide leadership in raising awareness regarding the need to assess and identify signs of abuse; and
- Support research in the prevention of violence and abuse and seek collaboration with relevant public health authorities and community organizations²³.

²³ American Medical Association . (n.d.). *Opinion 2.02 - Physicians' Obligations in Preventing, Identifying, and Treating Violence and Abuse*. Retrieved 2011, from AMA Code of Medical Ethics : <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion202.page>

CONCLUSION

This report is an important call to action for national, state and local public health to provide leadership and support in accelerating the prevention of violence across the United States. The costs to individuals, communities and society at large require that public health, in addition to other key multi-disciplinary stakeholders; contribute its expertise toward the prevention of violence. While the roles of public health in violence prevention are often overlooked, even among public health practitioners themselves, public health approaches complement criminal justice approaches, saving lives, saving money, and building thriving communities.



ROUNDTABLE PARTICIPANT LIST

Angela Ablorh-Odjidja, MHS

Program Manager, National Association of County and City Health Officials (NACCHO)

Tasha Akitobi, MPH

Senior Analyst, Adolescent Health and Injury Prevention, NACCHO

Nancy L. Bagnato, MPH

Coordinator, Domestic and Teen Dating Violence Prevention Project, Violence Prevention Unit, Safe and Active Communities Branch, California Department of Public Health

James Blessman, M.D.M

Medical Director, City of Detroit Health Department

Shannon Breitzman, MA

Director, Injury, Suicide and Violence Prevention Unit, Prevention Services Division, Colorado Department of Health

Teri Covington

Director, National Center for Child Death Review Policy and Practice

Sally Fogerty

Deputy Director, Center for Study & Prevention of Injury, Violence & Suicide; Director, Children's Safety Network, EDC

Corinne M. Graffunder, DrPH

Associate Director, Program Development and Integration, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC)

Tina Johnson, RN, MPH

Administrative Director, Pottawatomie, Hughes, Seminole & Okfuskee County Health Departments

Mel Kohn, MD, MPH

State Health Official, Oregon Public Health Division

Annie Lyles, MSW

Program Manager, Prevention Institute

Anne Parry, MA

Director, Office of Violence Prevention, Chicago Department of Public Health

Jamila Porter, MPH
Assistant Director, Safe States Alliance

Richard W. Puddy, PhD, MPH
Acting Branch Chief, Program Implementation and Dissemination Branch, Division of Violence Prevention (DVP),
NCIPC, CDC
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Neil Rainford
Public Health Advisor, DVP, NCIPC, CDC

Donald H. Reece
Deputy Director, Division of Epidemiology and Disease Prevention, Indian Health Service

Sally Schaeffer
Senior Public Policy Advocate, Family Violence Prevention Fund

Ellen Schmidt, MS, OTR
Senior Project Director, Education Development Center, Children's Safety Network

Barbara Shaw
Director, Illinois Violence Prevention Authority

Sharon P. Sheldon, MPH
Program Manager, Health Promotion / Disease Prevention Division, Washtenaw County Public Health
Department

Pat Smith
Coordinator, Violence Prevention Program, Michigan Department of Community Health
Injury & Violence Prevention Section

Albert Terrillion, DrPH, CPH, CHES
Senior Director- Family and Community Health, Association of State and Territorial Health Officials (ASTHO)

Amber Williams
Executive Director, Safe States Alliance



USEFUL RESOURCES

Addressing the Intersection between Violence and Active Living and Healthy Eating

<http://www.preventioninstitute.org/component/jlibrary/article/download/id-551/127.html>

Healthy People 2020

<http://www.healthypeople.gov/2020/default.aspx>

National Child Death Review Resource Center

<http://www.childdeathreview.org/home.htm>

National Forum on Youth Violence Prevention

http://www.findyouthinfo.org/topic_preventingViolence_nationalForum.shtml

National Intimate Partner and Sexual Violence Surveillance System (NISVSS)

<http://www.cdc.gov/violenceprevention/nisvs/index.html>

Preventing Child Sexual Abuse Within Youth-Serving Organizations: Getting Started on Policies and Procedures and School Health Guidelines to Prevent Unintentional Injuries and Violence

<http://www.cdc.gov/violenceprevention/pdf/PreventingChildSexualAbuse-a.pdf#page=1>

The Community Guide

<http://www.thecommunityguide.org/index.html>

The National Prevention Strategy

<http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices

<http://www.nrepp.samhsa.gov/Search.aspx>

Violent Death Reporting System (NVDRS)

<http://wisqars.cdc.gov:8080/nvdrs/nvdrsDisplay.jsp>