



ADDRESSING THE INTERSECTION:

Preventing Violence and Promoting Healthy Eating and Active Living

EXECUTIVE SUMMARY

This document was prepared by Prevention Institute with funding from Kaiser Permanente

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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.

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Executive Summary

“Lasting changes will come from deep work by individuals to create systemic change.”

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



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

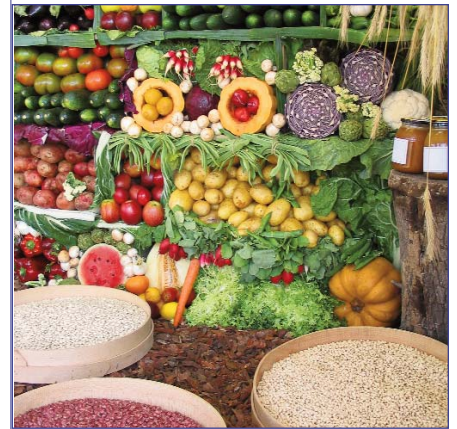
Addressing the Intersection highlights five key ways that violence affects healthy eating and active living, which can be clustered in the following categories: a) violence and fear of violence affect individual **behaviors** related to healthy eating and active living, and b) violence and the fear of 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.¹ 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.

picion, and isolation. Compromised social interactions contribute to decreased social cohesion² 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-



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.)

tainable success also requires addressing broader environmental and systems-level issues through a well-structured plan. *The Spectrum of Prevention*³ 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.⁴

- **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 remedying 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.

“An obesity effort, [focused on] access to food, community gardens...Part of that has been how we make youth jobs as part of it...we try to provide paid opportunities for youth in communities with high youth violence.”

3 Cohen L, Swift S. The spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999;5:203-207.

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>

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.



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Introduction

“Lasting changes will come from deep work by individuals to create systemic change.”

Reducing violence in neighborhoods enhances the community environment and allows people to thrive. The prevention of violence facilitates community cohesion and participation, fosters neighborhood improvements, expands employment and educational opportunities, and improves overall health and well-being.

Violence influences where people live, work, and shop; whether parents let kids play outside and walk to school; and whether there is a grocery store or places for employment in the community. Violence jeopardizes health and safety directly—causing injuries, death, and emotional trauma. Witnessing or directly experiencing violence, as well as the fear of violence, are damaging, with consequences that also contribute to unhealthy behavior and a diminished community environment. Violence and fear undermine attempts to improve healthy eating and active living, thereby exacerbating existing illnesses and increasing the risk for onset of disease, including chronic disease. They affect young people, low-income communities, and communities of color disproportionately. Violence and food- and activity-related chronic diseases are most pervasive in disenfranchised communities, where they occur more frequently and with greater severity, 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. One striking example is the increasing prevalence of diabetes in the United States. Researchers predict that by 2034, the number of people suffering from diabetes will likely double to 44.1 million, and related health care costs will triple to \$336 billion.¹ Improving healthy eating and active living environments and behaviors is the crucial link to preventing many forms of chronic disease. Health leaders have been making great strides in mounting a strong, effective response to chronic disease and in improving community environments to support healthy eating and activity. However, chronic disease prevention strategies—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. As more communities grapple with chronic disease, health practitioners and advocates are becoming increasingly aware of the need to address violence as a critical part of their efforts, and they are seeking further guidance on effective strategies. Similarly, experts on preventing violence are increasingly aware of the intersection. For exam-



“We know in Newark and in cities all across America that there are families that don’t let their children play because there’s no safe places to play, no green spaces to play. They want to keep their kids in the house for the basic human need of security.”

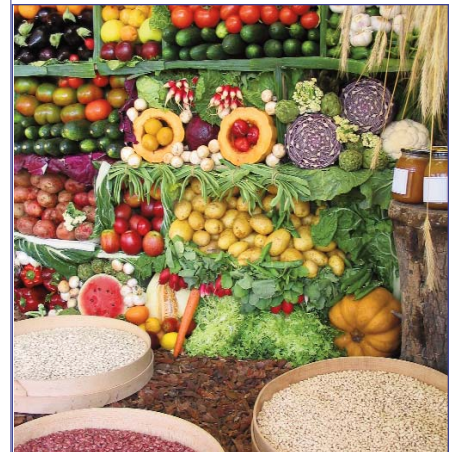
Mayor Cory Booker
Press conference
Office of the First Lady
April 1, 2010

ple, at an April 2010 UNITY Strategy Meeting in Washington DC, representatives from 12 large cities endorsed the *UNITY Urban Agenda for Preventing Violence Before It Occurs: Bringing a Multisectoral Prevention Approach to Scale in US Cities*, which includes attention to the linkages between violence and healthy eating and active living.²

Over the past three decades, a growing field of prevention has delineated the risk and resilience factors for violence, developed policies and programs to address them effectively, and moved us closer to a shift in violence-related norms. 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 place-based, coordinated strategy. Traditionally, the United States has relied on law enforcement and criminal justice to handle violence. Now, police chiefs, probation officers, and mayors are insisting that we cannot arrest our way out of this problem—they cannot do it alone. Prevention advocates are pointing the way, reframing violence as a health and prevention issue and creating effective, sustainable results by taking a comprehensive approach that addresses the underlying conditions that increase the likelihood of violence occurring *in the first place*.

Advocates in the field of healthy eating and active living have pivotal roles to play—recognizing the impact of violence, raising their voices to broaden advocacy efforts, and undertaking cross-cutting strategies to help eliminate the causes of violence and chronic disease. Yet preventing violence is a complex issue, and advocates promoting healthy eating and active living are faced with a dilemma. On the one hand, they cannot stand by silently working to reduce the likelihood and severity of diabetes, heart disease, stroke, and related issues without approaching the violence that exacerbates them. On the other hand, in most cases they cannot play the leadership role in preventing violence—they lack the skills, resources, and mandate to do so alone. Most efforts have been siloed, resulting in a fragmented and unresponsive system. Groups pioneering cross-cutting strategies have often lacked the capacity to bring these initiatives to scale. It's important to note that many prevention-focused groups have become involved in cross-disciplinary work and are *already* contributing significantly to finding solutions. A key issue now is to develop more engagement and traction on effective community and policy solutions.

The purpose of this paper is to provide guidance and deepen the understanding of the inter-relationship between violence and healthy eating and activity. It presents first-hand evidence based on a set of interviews Prevention Institute facilitated with community representatives—advocates and practitioners working in healthy eating and active living. Direct quotes from these interviewees appear in italics throughout this paper. In addition to the interviews, the Institute conducted a scan of peer-reviewed literature and professional reports that confirm the intersection between violence and healthy eating and active living.³⁻¹² Institute team members identified consistent points and themes and clustered them into a set of initial findings using an iterative process that included team discussions and referral to the research. Finally, Prevention Institute facilitated a series of strategy sessions with national strategic experts in both fields of prevention, which confirmed, broadened, and refined initial learnings. These three methods yielded aligned results, strengthening the analysis, approach, and strategies outlined in this paper. (See Appendix A for details on methodology.)



Primary sponsorship for this work came from Kaiser Permanente in order to strengthen the communities they serve and the healthy eating and active living coalitions they support—wherein violence has emerged as a critical concern. On a broader front, Kaiser Permanente is helping Prevention Institute to advance national knowledge on the relationship between violence and chronic disease prevention. This backing has enabled Prevention Institute to deepen its understanding of the inter-relationship between reducing violence and nurturing healthy environments and further evolve appropriate strategies for satisfying community concerns in these areas. The findings and recommendations offered here are primarily aimed at practitioners and advocates working to prevent chronic disease in communities stymied by violence. This paper is also intended as a resource for a broader audience, such as funders, violence prevention professionals, policymakers, researchers, and others working towards building safe and healthy communities.

Findings

The health advocates and practitioners Prevention Institute interviewed represented resource-poor localities with large populations of African Americans, Latinos, and other people of color. Their communities are located primarily in urban settings in California. Interviewees highlighted that historical neglect and disinvestment in their communities have led to pervasive poverty and created an environment of violence and related social problems. Community representatives emphasized the role of safety as a key contributor to health issues, particularly chronic disease. One key learning consistently emerged—community representatives not only recognized the importance of making the connection between safety and chronic disease, but also were committed to integrating solutions that addressed both violence prevention and healthy eating and active living. Analyzing their efforts to prevent the onset of chronic diseases, the community representatives identified a set of pathways, which trace the negative impact of violence on their communities and on their campaigns to promote healthy eating and active living. They confirmed two central themes with regard to these pathways:

- Violence and fear of violence affect individual *behaviors* related to healthy eating and active living
- Violence and fear of violence diminish the *community environment*, reducing support for healthy eating and active living

The community leaders, having described these pathways, are now looking to address these health issues simultaneously. The strategic experts all agreed that it is crucial to fully activate this connection in order to improve outcomes in health, safety, and health equity. Community representatives want guidance in pinpointing the intersection of these efforts, catalyzing the right partnerships, and crafting comprehensive, braided prevention strategies. They voiced three sets of overarching questions related to these goals:

- What are the most effective overall community strategies for preventing violence?
- What approaches and strategies can health leaders develop, replicate, or revise to help make their communities safer while advancing healthy eating and active living efforts?
- What roles can healthy eating and active living advocates play in preventing violence? What is their niche? Who are potential collaborators?

The responses to these questions and the set of recommendations offered in this paper are framed and informed by the extensive learnings in preventing violence that Prevention Institute and the panel of strategic experts have derived from their previous



applied work. The framework to prevent violence in this paper serves as a valuable model for the cross-disciplinary strategies that are being successfully implemented across the country today. 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. The five linkages outlined below require tailored, cross-sectoral solutions as presented in the Emerging Strategies section of this paper.

OVERVIEW

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.
2. Violence and fear of violence alter people's purchasing patterns, limiting access to healthy food.
3. Experiencing and witnessing violence decrease motivation and capability of eating healthfully and being active.

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.
5. Violence acts as a barrier to investments in community resources and opportunities that support healthy eating and active living.

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.

Community representatives talked about the widespread fear of violence in their neighborhoods, both during the day and at night. In all of the sample communities, people restricted their physical activity and outdoor time due to violence and fear of violence, causing people to walk and bike less frequently. As one community leader shared, "People do not want to walk because they fear for their safety. They see drugs, gangs, dogs." When asked where parents bring children for play and physical activity, one of the participants summed up the community's experience this way, "Every answer is that we don't do it because it's too dangerous on the streets... We keep our children inside because we don't want to take them outside."

Another community representative explained, "In regard to parks in urban communities, there are some neighborhood or pocket parks that are not being accessed by residents due to their unsafe conditions." He went on to point out that the very absence of people in that park further exacerbates its misuse for criminal activities, such as drug dealing. In his words, "[There is] a lack of open recreational space, but another issue is that even if there were those open spaces, it wouldn't be safe for them



"Reality and perceptions of violence are justifications for people not being outside, not letting children outside, and not walking to places that they normally would."

to go out and engage in them because there is a presence of gangs.” When community members cannot utilize neighborhood parks due to safety concerns, the presence of such assets will have less of an impact on the objectives of increasing physical activity and improving health outcomes.

The perception of violence exerts the same weathering effect as violence itself does, because people’s worries are constant and pervasive. Violence or the fear of violence is associated with lower activity levels, especially among females, both children and adults.¹³⁻¹⁵ According to Harrison, Gemmell, and Heller, “Feeling safe had the largest potential effect on a population’s levels of physical activity.”¹⁶ Furthermore, “strategies to increase physical activity in the population need to consider the wider determinants of health-related behavior, including fear of crime and safety.” In one study, people who classified their neighborhood as “not at all safe” were three times more likely to be physically inactive during leisure time than those who considered their neighborhood to be “extremely safe.”¹⁷ Likewise, parents who fear for their children’s safety are less apt to promote physical activity. Weir, Etelson, and Brand found that urban parents were much more concerned about their children’s safety than suburban parents and that parental anxiety was negatively associated with children’s physical activity.¹⁸

In addition to the negative health impacts associated with a lack of physical activity, the pattern of spending increased time indoors in response to violence also has a negative effect on eating behaviors. According to Yancey and Kumanyika, “less time spent outdoors not only displaces physical activity but also increases television viewing and, thereby, exposure to ethnically targeted commercials for fast food and fatty and/or sugary snacks.”¹⁹ High levels of television viewing are consistently correlated with unhealthy eating behaviors,²⁰ therefore further impacting health.

2. Violence and fear of violence alter people’s purchasing patterns, limiting access to healthy food.

The perception of violence alters residents’ walking patterns in the neighborhood, which negatively impacts their access to healthy food. One of the community representatives said emphatically that individuals who fear violence only attempt shopping trips during perceived “safe” hours. They also tend to shop at nearby convenience outlets that sell mostly unhealthy foods versus traveling farther distances to outlets carrying healthy foods. As another spokesperson said, “Often people shop after work and if it’s dark, people do not want to venture out in public places with their kids and bags of groceries.”

Community representatives stated that groups they characterized as “gangs” have a strong presence around food outlets; they can therefore influence people’s willingness to go to the stores, and even help determine what is sold and promoted in communities. As one respondent shared, “food trucks become fixtures in communities,” which might be positive for the community, except that in this respondent’s community, “gangs have staked claim on the trucks to promote their ‘own agenda,’” insisting that the trucks sell unhealthy items, “like sodas, candy, cigarettes, etc.”

In San Francisco’s Bayview–Hunters Point community, a community-based participatory research project identified both unhealthy corner store food offerings and high levels of loitering, vandalism, and crime near corner stores as responsible for

“We have a wonderful gym in the park, but the kids don’t use it because they are afraid of the park.”



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

reducing resident access to healthy foods.²¹ Similarly, in a comprehensive review of healthy food availability and access in African American communities, Odoms-Young, Zenk, and Mason observe that the same indicators of neighborhood disorder associated with lower rates of physical activity, such as crime, violence, and neighborhood unattractiveness,^{22,23} “are likely relevant for measuring neighborhood food access as well...”²⁴ Study participants identified safety concerns, which have been cited as a significant barrier to walking in African American neighborhoods,²⁵ as an impediment to accessing neighborhood food outlets as well.²⁶ Thus, the study concluded that “approaches that consider only density or residents’ proximity to food outlets may not capture food resources perceived as inaccessible by community residents because of social barriers.”²⁷

One community representative spoke about efforts to transform corner stores so they include healthy foods options and reduce alcohol/cigarette advertising. These projects are underway in some communities, however, the benefits to community members cannot be fully realized if problems related to resident safety are not simultaneously addressed.

3. Experiencing and witnessing violence decrease motivation and capability of eating healthfully and being active.

Violence impacts victims’ and witnesses’ desire and physical ability to eat. This is not an issue of access; rather, it’s a psychological, emotional, and visceral response. As Chilton and Booth report, “food deprivation was a physical experience that could have been attributed to psychological and emotional anguish related to...exposure to violence.”²⁸ They found that women’s experience of violence can lead to various consequences, such as stress and depression, violence, and the inability to eat. In some cases, the adoption of coping mechanisms included a dependence on alcohol, tobacco, and drugs. Further, they found that both the consequences and the coping mechanisms had an impact on the ability to eat. One study participant stated, “I think, for a while, that [witnessing someone being beaten] is what caused me to really get this acid reflux and anxiety. And anxiety more or less eats on your stomach, you know, because that’s your nerves. I just can’t eat...I bring all of it right back up.”

Additional research has confirmed that living in a community that is violent, or is perceived to be violent, increases the risk of adverse psychological conditions, including anxiety, depression, and stress.²⁹⁻³¹ Research findings have demonstrated the connection between such mental health problems and unhealthy behaviors, such as poor diet and lack of physical activity, supporting the conclusion that the psychological impact of violence has a significant effect on diet and activity.^{32,33} As documented in the seminal Adverse Childhood Experiences study³⁴ and in a recent review article by Jack Shonkoff et. al.,³⁵ early trauma significantly elevates the risk of chronic disease, such as heart disease and cancer, as well as other problems related to substance use, sexually transmitted diseases, and mental health disorders. The impact of trauma, such as from violence, can be long lasting; Shonkoff concludes that “the relation between early life conditions and long-term health outcomes remains robust.”³⁶ A recent study by the CDC National Center for Injury Prevention and Control con-



firms that promoting children’s good health and development requires “safe, stable, and nurturing relationships and environments.”³⁷

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 in the environment promotes a deep level of community-wide fear, which can lead to pervasive feelings of distrust, suspicion, and isolation and a subsequent drop in social interactions. 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. Several community representatives contrasted current levels of social cohesion with those experienced by previous generations and underscored the need for concerted community-building initiatives. One community spokesperson noted, “Communities don’t exist in the traditional sense... [we need deeper] community engagement.”

In addition, a study of Chicago residents provided evidence that among youth, lower levels of neighborhood social cohesion were associated with increased likelihood of not participating in general types of physical activity.³⁸ Conversely, strong social networks and connections correspond with significant increases in physical and mental health, academic achievement, and local economic development, as well as lower rates of homicide, suicide, and alcohol and drug abuse.^{39,40} An added benefit of community cohesion is that participation in social networks serves as a way to shape community norms. Not only can these community norms support healthy eating, active living behaviors, they can also reduce violent behavior.

5. Violence acts as a barrier to investments in community resources and opportunities that support healthy eating and active living.

Community representatives spoke strongly about public and private reluctance to invest in their areas based on concerns about actual or potential violence. They felt in general that local resources in their communities were inadequate. For example, representatives described many areas as being “food deserts.” These neighborhoods often have only corner stores for food, —instead of grocery stores stocked with healthy, fresh foods—putting residents at higher risk for chronic disease and other adverse health conditions. Efforts by healthy eating and active living coalitions and others to eliminate these food deserts can be thwarted by ongoing violence. A scan of the literature provided notable support for these community findings. One report by the Center for Food and Justice cites actual and perceived crime as one of several reasons



Food deserts “are a form of structural violence and structural inequity, a form of violence, apartheid. It didn’t happen by accident.”

* 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.)

for a lack of supermarkets in low-income communities.⁴¹ Corporations believe that “shrink”—lost revenue due to employee theft, backdoor receiving errors, and customer shoplifting—will be greater in high-violence areas. They are also required to pay higher insurance rates and find it more difficult to secure bank loans when attempting to locate in neighborhoods with more crime. This is not a new issue: according to California Food Policy Advocates’ *Neighborhood Groceries: New Access to Healthy Food in Low-Income Communities*, crime* and the perception of crime have been factors in major supermarket chains’ decisions to abandon many inner city locations since the 1960s.⁴²

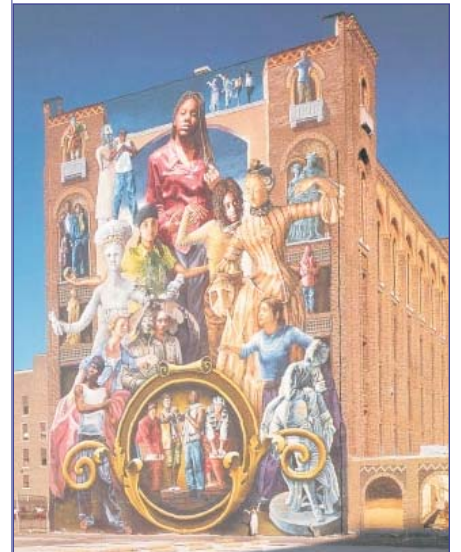
Violence—both actual and perceived—can also lead owners to configure stores in ways that preclude easy access to fresh and healthy foods. In inner city Baltimore, one study found that “many corner stores do not permit children and non-regular customers to come inside the store. Thus, food selections are made based on what has been purchased before or on the small portions of the store interior that can be viewed via the Plexiglas window through which transactions occur between customers and store owner.”⁴³

According to community leaders, disinvestment in communities has implications for physical activity, as well. They described neighborhoods with underdeveloped parks and recreation facilities that do not support social gathering and physical activity. Furthermore, disinvestment in communities contributes to neighborhood blight (just as neighborhood blight contributes to disinvestment in communities—the issues are cyclical), compounding negative impacts on physical activity. Neighborhood physical appearance influences perceptions of safety, and blighted conditions contribute to fear, discouraging the use of parks or walking to markets. As one community spokesperson stated, “Graffiti and physical appearance will cause young people to stay indoors,” since graffiti often signifies gang “ownership” of a particular community space. Research supports these community findings: in one article, Loukaitou-Sederis evaluates issues of safety and security and the degree to which blight influences walking habits: “General neglect of the building stock and public environments, graffiti and litter, empty buildings, and broken windows are signs that no one really cares about or regulates a street, neighborhood, or public space.”⁴⁴ The author concludes that eliminating environmental blight can promote significant increases in physical activity.

Affirming the learnings put forth by community representatives and research, strategy experts emphasized the impact that disinvestment in communities has on limiting opportunities that support healthy eating and active living. One expert pointed out that people use fear of vandalism and violence—in addition to funding considerations—as a justification to block innovative joint use agreements, such as those with schools, whereby neighborhood residents can access the facility after school hours for a variety of uses, including physical activity.

“Community safety is our number one concern. If our employees feel unsafe coming to work, or our patrons are scared to shop in the area, we won’t open a store there.”

Head of security for a major retail corporation
(Gang Violence Prevention and Crime Control Meeting, The White House, Washington DC, August 24, 2009)



* While crime and violence are not interchangeable terms, crime includes violence crime. The kinds of crime described here are a form of violence.

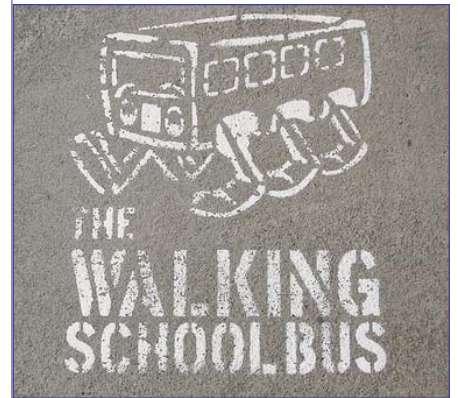
Emerging Strategies for Making the Connection

For a healthy eating, active living practitioner wondering how best to have an impact, making the connection between preventing violence and promoting healthy eating and active living starts with a better understanding of a community-wide environmental approach to preventing violence—especially in highly impacted neighborhoods. Prevention Institute’s framework for preventing violence, which is laid out below in Section 1, provides the background health leaders need to assess what it takes to reduce violence and for the two fields to intersect. The framework illuminates individual, family, and community risk and resilience factors, which are central to addressing the individual behavior and community environment pathways delineated in this paper’s Findings. Prioritizing risk and resilience factors can help communities intervene and alter these pathways. Many of the underlying factors are the same for chronic disease and violence prevention; thus, they represent a vital intersection. Examples of intersection include poverty and economic disparity, structural racism, increased density of alcohol, mental health problems, unhealthy norms, and deteriorated communities. Many factors are also at the core of promoting health equity. Additionally, the framework for preventing violence serves as a model for developing comprehensive, cross-sectoral strategies that intersect the two fields. These are examined in Section 1’s environmental and policy change strategies, which apply a lens for preventing violence to endeavors for supporting healthy eating and active living. The framework for preventing violence and emerging strategies in Sections 1 and 2 respectively also establish the foundation for Section 3’s exploration of ways that healthy eating and active living practitioners can elevate their role in fostering safer communities through advocacy and partnership. Section 3 identifies four pivotal roles that healthy eating and active living practitioners are uniquely qualified to assume.

1. Understanding a community-wide framework for preventing violence—especially in highly impacted neighborhoods

“[Violence] is not the problem of one neighborhood or group, and the response and solutions are not the responsibility of one sector of the community or of one agency, professional group, or business. Coming together and owning this problem and the solutions are central.”

Dr. Deborah Prothrow-Stiith, Harvard School of Public Health



Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.⁴⁵ Customarily, law enforcement and the criminal justice system are provided with vast resources, and they can play an important role in addressing violence. However, their interventions generally come after the fact, dealing with one issue at a time—responding to violence, solving crimes, and punishing offenders. This approach is insufficient because violence is a preventable public health issue. Violence is a learned behavior that responds to environmental influences and social norms, and it can be reversed or not learned at all. Thus we need to couple—and even balance—our criminal justice approach with a prevention approach, which remedies the underlying conditions that increase the likelihood that violence will occur *in the first place*. This is best accomplished through a comprehensive, sustainable 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.* The same process is at the core of preventing chronic disease as well.

The solution should involve a multi-sectoral response framed according to community-identified needs and priorities. All sectors—from community organizations to municipal departments and agencies—must look at their own activities and mandates and carry them out in a way that contributes to preventing violence. Community and political leaders need to scrutinize the actions that localities and government take and emphasize the opportunities to augment them through a lens to prevent violence. We need to go beyond individual programs, such as skill-building in schools, and examine the activities of seemingly unrelated sectors. For example:

- What is the economic development agency doing to expand quality employment opportunities and business ownership in neighborhoods highly impacted by violence and among individuals at risk for violence?
- Is the planning commission setting zoning restrictions on alcohol density and fostering social connections through community design in highly impacted neighborhoods?
- How is the parks and recreation department strengthening youth leadership through its programming?
- How is the department of education ensuring quality early childhood development in under-resourced areas? What are they doing to improve outcomes and close the educational gap for underserved children and youth?
- Perhaps most importantly, are these sectors engaging community thinking and leadership in these efforts? Are separate elements encouraged and designed to work together?

All of these domains are inter-related and inter-dependent. Ultimately, a comprehensive strategy will coordinate actions in a unified response that sparks momentum

* 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.

VIOLENCE IS PREVENTABLE

- Minneapolis has documented a 40% drop in juvenile crime in focus neighborhoods in 2 years since implementing its 4 point, public health based Violence Prevention Blueprint for Action.⁴⁶
- San Diego documented a 17% decrease in gang related violence in 2009 compared to 2008 and a drop in gang related homicides from 21 to 9. The key was combining aggressive police efforts with prevention and intervention efforts such as extending Friday hours at three recreation centers, employing 3,000 youth through the Hire A Youth Summer Program, and twice monthly community collaborative curfew sweeps in specific areas.⁴⁷
- Oakland's City-County Neighborhood Initiative engages Sobrante Park residents in community-strengthening efforts such as neighbor-to-neighbor bartering and youth economic development programs. Evaluation data from 2007 shows a more than 40% reduction in Sobrante Park's violent crime since the initiative began in 2004, even while overall rates of violent crime in Oakland increased.⁴⁸
- The CeaseFire Chicago model has demonstrated 41 to 73% drops in shootings and killings and 100% drops in retaliation murders.⁴⁹
- Schools can reduce violence by 15% in as little as 6 months through universal school-based violence prevention efforts.⁵⁰
- The High/Scope Perry Preschool Program, serving low-income African American three- and four-year-olds, demonstrated that over participant lifetimes, each \$15,000 investment in a child saw a savings of over \$170,000 in money that was not spent in the criminal justice system. There was also a 20% increase in the number of students graduating from regular high schools.⁵¹

and shifts community norms, which are some of the most powerful societal and community influences in shaping behavior.

The city of Salinas, California, exemplifies the effectiveness of multi-sectoral coalitions and strategies. Salinas launched a comprehensive plan to prevent violence that included the mayor, grass roots activists, local businesses, the faith community, and major city and county leaders from varying sectors, including law enforcement and health. During the course of a year, they developed a framework, *Cultivating Peace in Salinas*,⁵² for reducing violence that comprised twelve areas—from literacy to youth jobs to parental participation in the schools. The library was one example of a non-traditional partner. The city was equipped to apply for, and received, nearly \$10 million dollars in grant funds, which they allocated to local projects and groups that worked toward outcomes of this plan. With a clear, all-encompassing action framework in place, violence rates dropped and local residents noted improved perceptions of safety. Healthy eating and active living approaches also make use of cross-sectoral partnerships. For example, when Salinas engaged in making its neighborhoods more walkable, it brought together not only health practitioners, but land use and transportation planners, businesses, and schools.

In a different type of example, the City of Minneapolis, Minnesota, successfully brought a public health/prevention approach to a violence issue. The city documented significant decreases in juvenile crime in its neighborhoods with the highest rates of violence since implementing its four-point public health-based *Violence Prevention Blueprint for Action*. The four goals of the *Blueprint* are: 1) connect every youth with a trusted adult; 2) intervene at the first sign that youth are at risk for violence; 3) restore youth who have gone down the wrong path; and 4) unlearn the culture of violence in the community. In the Minneapolis precinct that includes four neighborhoods on which the *Blueprint's* implementation focused, juvenile crime dropped 40% from 2006 to 2008.⁵³ This measured success resulted from the totality of strategies, relationships, and efforts undertaken by city, community, and law enforcement entities.

These kinds of successes require a comprehensive strategy. Key elements of a comprehensive strategy include prioritizing key risk and resilience factors, convening partners from institutions and the community, developing a multifaceted plan, and ensuring adequate funding.

PRIORITIZING KEY RISK & RESILIENCE FACTORS: There is no single cause that accounts for violence. Rather, the interplay of underlying risk and resilience factors contribute to violence happening or to preventing it. (See Appendix B for a chart of risk and resilience factors.) Risk factors are community, family, or individual characteristics or circumstances that increase the likelihood that violence will occur. Examples include poverty, community deterioration, media portrayals of violence and abuse as the way to solve problems and achieve success, substance abuse, ineffective educational systems, fragmented families, lack of quality jobs, and firearms. Resilience factors are community, family, or individual characteristics or circumstances that reduce the likelihood that violence will take place, even in spite of the presence of risk factors. Examples include economic opportunity, strong social networks, meaningful opportunities for participation, a positive school climate, positive



norms, and strong attachments. No one factor accounts for much by itself. It is the accumulation of risk without a compensatory accumulation of assets that puts people and communities in jeopardy.⁵⁴ Communities should prioritize the risk and resilience factors most relevant to their violence problems and identify and build on local assets that strengthen their efforts. This process helps communities pinpoint which programs to select as part of a community approach to preventing violence. Prioritizing these factors is also relevant for practitioners working to prevent chronic disease and can help inform their strategies and reveal key points of intersection between the fields.

CONVENING PARTNERS FROM INSTITUTIONS AND THE COMMUNITY:

Encouraging collaboration among community partners early in a planning process will serve to build a common understanding and language, forge a shared vision, and enhance buy-in into selected strategies. Potential partners can be drawn from many sectors, and the analysis of risk and resilience will help identify key members for a coalition. The adjoining table references a list of sample partners for preventing violence. Clearly, many of these groups are also strong partners for groups focused on healthy eating and active living.

It is equally vital that collaborative efforts rally strong community participation. Community members, particularly youth and adults from neighborhoods highly impacted by violence, should help to define and prioritize the problems, design and implement a strategic plan, and advance collaborative efforts. Community engagement, input, and leadership are critical in ensuring that planning, programming, and policies will best meet community needs and that they will encourage equitable outcomes. Community engagement in achieving safety as well as healthy eating and active living can be mutually supportive. Furthermore, meaningful community engagement can help build the capacity of individuals, organizations, and communities to forge solutions for their community.^{55,56} As Makani Themba Nixon observes:

Policy initiatives—concerted campaigns to advance specific policies—can affect a community in at least two ways. First, enactment of the policy itself can address problems that put communities at risk and help improve quality of life... Second, the act of organizing a community to engage in the policy initiative can increase social networks and reduce isolation and alienation, which can be as effective in reducing problems as the policy itself... Efforts that engage community residents and give them a sense of their own power can make a real difference in their ability to solve problems as well as strengthen individual members' sense of community. Community-based efforts to change policy not only address problems through the policy changes they achieve but also aid communities in addressing the factors that put them at risk in the first place.⁵⁷

DEVELOPING A MULTIFACETED PLAN: The *Spectrum of Prevention*⁵⁸ is a tool developed by the Founder and Executive Director of Prevention Institute to help individuals and coalitions construct a comprehensive, layered strategy while building on existing efforts. Past campaigns to prevent violence have too often focused solely on individual skill-building or educational approaches; but sustainable success requires addressing broader environmental and systems-level issues as well. When the six levels of the *Spectrum* are used together, they are mutually reinforcing, producing a more effective

SAMPLE PARTNERS FOR PREVENTING VIOLENCE

- Developers
- City planners
- Local civic organizations
- Local parks, playgrounds, and recreation facilities
- Local schools
- Local elected officials
- Law enforcement
- Community coalitions
- Youth development organizations
- Community watch programs
- Boys and Girls Clubs
- YMCA
- Faith leaders
- Public health department
- Youth and families

SPECTRUM OF PREVENTION

Transforming neighborhood parks into vibrant community spaces

SPECTRUM LEVEL	LEVEL DEFINITIONS	EXAMPLES
1. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes.	Ensure that adequate funding is dedicated to the improvement and maintenance of neighborhood parks in neighborhoods highly impacted by violence with the goal of increasing lighting, decreasing blight, ensuring park clean up, and enhancing multi-generational programming to increase park usage
2. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety	Parks and Recreation can integrate youth leadership into decision-making and advisory structures, incorporate mentoring and youth development into programming, and employ young people from the neighborhood. Community policing beats can be expanded to include park coverage. Local businesses can “adopt” the whole or a section of the park and provide release time to employees for park clean up. Local transportation can ensure that getting to the park is accessible and affordable for all neighborhood residents.
3. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact	Engage local parent groups, neighborhood organizations, youth, law enforcement, schools, local businesses, and local arts groups in collaboration to ensure a safe, healthy neighborhood park.
4. Educating Providers	Informing providers who will transmit skills and knowledge to others	Train Parks and Recreation staff in effective violence prevention strategies that can be integrated into their overall approach and programming (e.g. conflict resolution, bystander skills training, positive youth development, etc.).
5. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety	Engage community leaders, including youth, in mapping out community “Safe Spots,” such as small business allies, trustworthy adults, and community centers so young people in the neighborhood know about safe places they can rely on in the neighborhood adjacent to the park. Distribute the maps to children who can use them to identify Safe Spots on their walks to and from the park.
6. Strengthening Individual Knowledge and Skills	Enhancing an individual’s capacity to prevent injury and promote safety	Train members of walking groups on bystander skills that can be used to de-escalate potentially violent situations as they utilize the park to help make it a safe space for community residents.

strategy than would be possible by implementing a single initiative or program in isolation. The *Spectrum* can be used to develop initiatives that build on the shared strengths of groups concerned with preventing both violence and chronic disease.

Separate components of a multifaceted plan can correspond to primary, secondary, or tertiary prevention measures. In a planning process for preventing violence, Philadelphia youth renamed these categories as *Upfront*, *In the Thick*, and *Aftermath*, respectively. *Upfront*, or primary prevention, explicitly focuses on action taken *before* there are symptoms and includes strategies that benefit all individuals and the overall community. Examples include positive social connections in neighborhoods; economic development; reducing the availability of alcohol, drugs, and firearms; quality early care and education; parenting skills; quality after-school programming; conflict resolution; and youth leadership. *In the Thick*, or secondary prevention, focuses on strategies *after* risks have appeared. It addresses the impact of risk and relies on the presence of risk factors to determine action. Examples include street outreach and violence interruption; family support services; mentoring; substance abuse treatment; and mental health services (e.g., therapeutic foster care, functional family therapy, and multi-systemic therapy). *Aftermath*, or tertiary prevention, centers on *longer-term* responses—dealing with the consequences of violence *after* it has happened in order to reduce the chances it will reoccur. Examples include successful reentry, restorative justice, and mental health services. Although efforts at all three levels are important, mutually supportive, and reinforcing, the ideal prevention strategy addresses problems *before* they occur, rather than waiting to intervene after the risk has escalated or violence has already taken place.

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. While numerous agencies and organizations working to prevent violence have multiplied in recent years, much of the work has been in starts and stops and woefully under-resourced. Funding is critical to effectively prevent violence. It is needed for implementation, including planning and strategy development; interdisciplinary collaboration and staffing; training and capacity building; communication; data and evaluation; and facilities. It is also needed for expenses associated with successful outcomes, scalability, and sustainability. Communities require support for putting effective strategies into place on a scale at which they can have a significant impact. They also need funding to build the skills of people on the ground and in service institutions so they can help inform and sustain effective prevention approaches. Private funders, including foundations, have important roles to play in backing violence prevention initiatives directly; in supporting linkages with other funded efforts in areas such as healthy eating and active living; and most importantly, in catalyzing government spending, which has the breadth and reach to make a significant difference. Currently, funders such as Kaiser Permanente and the Healthy Eating and Active Living Convergence Partnership are catalyzing initial efforts by supporting innovative pilot programs and partnerships that promote the integration of efforts among prevention groups. Increasingly, collaborative work is emerging, as the implementation of pilot programs builds momentum across communities.

“I used to work in Washington DC. We focused on violence prevention but we did it through soccer. They just came out with an evaluation: one of the most effective ways of doing violence prevention with youth was through soccer in those communities. All interrelated. A good strategy is to open up strategies that we’re using and not confine them.”



An investment in the prevention of violence will pay off. Such an investment won't just reduce violence, but will also yield other significant outcomes. In addition to enhancing the efficacy of measures that promote healthy eating and active living, reducing violence is the single most effective way to stimulate economic development in affected communities. The economic benefits of reducing violence include saving unnecessary after-the-fact costs in both criminal justice and medical domains, including costs associated with treating chronic disease as well as injury and trauma among first responders, who bear daily witness to violent outcomes. Other economic benefits include the return of businesses to neighborhoods and the creation of jobs provided directly by the intervention itself. Further, multi-sectoral collaboration promotes efficiencies within government and community organizations, reducing duplication of efforts and leveraging existing resources.

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

This section examines strategies aimed at making community improvements that promote healthy eating and active living as well as safety. In some cases, these represent measures to reduce chronic disease that are being augmented or shaped with an eye toward preventing violence. For example, in designing a walking path, efforts can be made to enhance visibility and lighting and establish safe zones in local businesses along the way. Key opportunities to integrate a violence prevention perspective into healthy eating and active living strategies include, a) creating safe spaces; b) promoting community development and employment; and c) fostering social cohesion. This section highlights community examples of healthy eating and activity strategies that align well with and/or integrate efforts to prevent violence. Although they are delineated here as three separate categories, many strategies cross-over, which enhances the benefits they provide.

CREATING SAFE SPACES: Creating safe spaces supports healthy and active living and allows residents to maximize use of community resources. Factors such as the availability of open space for play and the “walkability” of neighborhoods influence the choices that residents make in their daily lives. Echoing a similar perspective, the research-based, peer-reviewed *Irvine-Minnesota Inventory to Measure Built Environments* features a category titled “Safety from Crime,” which itself includes neighborhood maintenance (e.g., the absence of graffiti) and pleasurability (e.g., aesthetic appeal, such as trees).⁶¹ Both community improvements and the programming they potentially support—such as events that can take place in a neighborhood park once it is cleaned up and restored—invite participation and foster a sense of community. Examples of specific strategies include joint use agreements, Safe Routes to School, after-school programming, aesthetic enhancements to neighborhoods, and prioritization of safety enhancing features in community design.

To date, modifications to the built environment provide some of the most promising emerging strategies and community solutions for preventing violence and increas-

“We converged on parks with loitering and alcohol, and organized the community to clean up parks, get corporate sponsors, mobilize residents for neighborhood watch, to take over that public space, so the park became a safe zone for community residents so that they feel safe letting children go...without feeling vulnerable.”

“We participated in [the development of a Small Area Plan] with a Health Impact Assessment methodology, and were able to incorporate notions of walkability, safety, aesthetics, and landscaping that lead to a sense of safety. We packed it together in a way that was interesting for the community and hopefully will be implemented.”

“We made changes in the park, and naturally things like drug use, vandalism, and prostitution went away.”

CREATING SAFE SPACES

Potential partners include housing authorities, law enforcement, parks & recreation departments, planners, public works, schools, school districts, transportation, and youth/youth serving organizations.

STRATEGY: Establish joint use agreements that allow use of public schools and facilities for recreation by the public during non-school hours

EXAMPLES: **Pixley, CA:** A joint-use agreement between Pixley Union School District and the local *Ballet Folklorico* allows the dance group to use a school's gym and for students from other schools to participate in the *Ballet Folklorico's* after-school program. The school's outdoor space is also accessible by the public during after school hours and on weekends, which helps foster pride and ownership by community residents.

New York, NY: Schoolyards to Playgrounds

Project is part of the PlanNYC initiative to ensure that all New Yorkers live within a 10-minute walk of a park or playground. The project is opening up 256 schoolyards in underserved communities. The city has committed millions of dollars in capital funding for playground improvements. Approximately 360,000 New York children will have access to playgrounds after school, on weekends, and during school breaks.

STRATEGY: Support before, during, and after school programming to foster positive relationships and academic achievement, curb violence, and provide children and youth with a safe place to go where supervised, constructive activities are available

EXAMPLES: **Oakland, CA:** DESTINY (De-Escalation Skills Training Inspiring Nonviolence in Youth) Arts Center offers classes at its center in martial arts, dance, theater, and youth leadership and trains all of the youth in self-defense and conflict resolution skills through their Five Fingers of Violence Prevention curriculum. The Center also has a school-based program, Project DESTINY, which provides intensive martial arts, dance, and de-escalation training during after-school hours in local pre-elementary, elementary, middle, and high schools.

Oakland, CA and nationwide: Playworks is a national nonprofit organization that trains and staffs full-time coaches in low-income, urban schools across the country. Coaches help transform recess and play into safe and inclusive experiences. The Playworks Junior Coach program builds play into leadership by having teams of students work together to learn games, fair play, and positive conflict resolution and to teach these skills and lessons to their classmates. In a Playworks survey of school staff at sites with the program, 80% reported that there was decreased bullying at recess and 89% said that the students' use of conflict resolution at recess had increased.

STRATEGY: Support health- and safety-promoting features (e.g., lighting and visibility) in public spaces through community design

EXAMPLES: **Boyle Heights, CA:** The Evergreen Jogging Coalition, community residents and activists, and government agencies collectively transformed cracked and broken sidewalks into the Evergreen Cemetery Jogging Path. Daily use of the path has increased from 200 to more than 1,000 people, including seniors and families. The path serves as both a recreational space and social resource, resulting in a stronger sense of community identity and pride.

Chula Vista, CA: The Chula Vista Community Collaborative, a group of neighbors and community organizations, worked with the city and police department to make physical changes to a neighborhood park. Changes included increased lighting, more picnic tables, a walking path, play equipment, rubberized play areas, a restroom, drinking fountain, and new landscaping. These changes increased community use of the park and improved perceptions of safety.

Fresno, CA: Kern County and Greenfield Walking Group worked in partnership with city staff to make park improvements, which included street and park light repairs, graffiti removal, control of aggressive stray dogs, and increased maintenance efforts. The park's transformation has given Kern residents who want to be healthy and active the opportunity to do so.

CREATING SAFE SPACES, cont'd

Potential partners include housing authorities, law enforcement, parks & recreation departments, planners, public works, schools, school districts, transportation, and youth/youth serving organizations.

STRATEGY: Improve the physical appearance of neighborhoods (removing blight, picking up trash, etc.), which influences perception of safety, reduces crime, and fosters pride and connectedness within communities

EXAMPLE: Philadelphia, PA: The Mural Arts Program works with more than 100 Philadelphia communities each year to create murals that reflect the culture of the neighborhood and revitalize open spaces. The program was originally designed to provide alternatives to young people engaged in graffiti and other minor crimes. The murals, created in cooperation with multiple neighborhood partners including block captains, neighborhood associations, public schools, community development corporations, local nonprofits, and city agencies, improve aesthetics and transform neighborhoods. The creation of the murals brings community members together and involves them in every step of the process, from selecting a theme to celebrating the mural's creation, fostering partnerships and social cohesion that last long after the mural is complete.

STRATEGY: Ensure that children can walk and bicycle safely to school, including Safe Routes to School programs

EXAMPLES: Flagstaff, AZ: Bushmaster Park served as a barrier to students' walking to Thomas Elementary, a neighborhood school serving a predominantly low-income population. The park was a home to criminal activities, including drug and alcohol use and gang activity. In addition to establishing walking school bus* stops throughout the park, the neighborhood committee sought a "No Sales 40" initiative, which banned the sale of 40-ounce glass bottles of alcohol around the park. A local business owner also provided free retail space for the establishment of a police sub-station in the neighborhood, which eased the safety concerns of residents.

Chicago, IL: The Logan Square neighborhood experienced elevated rates of gang violence and drug activity as well as traffic safety problems. One strategy to ensure that inner city students could get to school safely was through a Parent-Mentor program, in which parents served as crossing guards and captains for walking school buses. The program served 70 children in its first year, with 11 adult captains along 10 routes.

* A walking school bus is a group of children walking to school with one or more adults.

ing physical activity through strategic design and planning. Active Living Research, a national program of the Robert Wood Johnson Foundation, is contributing to the body of literature by developing a multidisciplinary field of researchers, including public health, public administration, law, economics, transportation, recreation, urban planning, and architecture to explore the environmental and policy changes that can increase physical activity levels and prevent chronic disease. Ideas for built environment improvements include creating urban meeting places and youth clubs; ensuring "eyes upon the street" from the front-line buildings; encouraging sidewalk usage at nearly all hours; sprinkling a neighborhood with a large number of shops and public places, particularly those that are bustling at night; designing good lighting;⁶² fostering human scale development (e.g., size of the district, density, and differentiation of dwellings); reducing the density of alcohol outlets and blight; and establishing neighborhood focal points. For example, youth in Chula Vista, CA have used the multidisciplinary CPTED

approach, which incorporates some of these ideas, to implement built environment improvements in their neighborhood park.

Spaces used by children, particularly schools, were highlighted by many strategy experts as critical starting points. “[We need to] try to make it a policy of the different schools and areas to provide access for young people from the time before school until it starts and then after school, up until late... policies that really create access for students across the board.” Another expert from a rural community shared, “The school is the largest landholder in the community. It’s often the only show in town. Looking at their assets, looking at existing opportunities—that people haven’t recognized before... If you want to get more ambitious, we’re looking at school properties that have been vacant for more than twenty-five years. That could be a park. Couldn’t that be a park? The asset is sitting there.” Other contributing strategists described community-based initiatives: “One of the things we created, and are launching as a non-profit right now, is a bike depot in a low-income community... It’s had a big impact [in] improving the feeling of safety on the street. It has also gotten more people out volunteering, working with kids, as well as bicycling in the community. It helped balance things out—people feel safer.”

PROMOTING COMMUNITY DEVELOPMENT AND EMPLOYMENT: In order to address underlying inequities that contribute to violence, it is essential to prioritize community development and advance efforts that provide employment initiatives—especially those that ensure equitable access to opportunities and resources for all members of a community, most notably for the disenfranchised. Equitable access includes the availability of quality education and jobs that pay living wages. It also involves creating environments that are free of racism, sexism and other forms of oppression and bias. In many cases, the limited opportunities for formerly incarcerated individuals to find jobs is a significant barrier to successful reentry into society. One strategy that some communities are exploring to address this is a “ban the box” policy, which would postpone consideration of conviction history until after a person’s qualifications had been fully considered. Issues such as access and equal opportunity greatly influence both health and safety, and are at the heart of building vibrant, intact communities. Research confirms the associations between economic opportunities and rates of violence and stress in a community.⁶³⁻⁶⁵

Several strategy experts highlighted a particular need for youth employment and illustrated successful programs in their communities. Primary relevant examples found in the research include the benefits of fostering healthy food retail in low-income communities and communities of color, while simultaneously leveraging opportunities for green jobs and providing job skills development in the healthy food sector. Such efforts directly improve chronic disease outcomes by providing healthier food options, offering active work, and improving the broader community environment.

FOSTERING SOCIAL COHESION: Social cohesion encourages feelings of inclusion, social order, ownership, and community participation. Social networks foster mutual trust and increase community members’ willingness to intervene on behalf

“An obesity effort, [focused on] access to food, community gardens...Part of that has been how we make youth jobs as part of it...we try to provide paid opportunities for youth in communities with high youth violence.”

“The answer is a social and economic [one], because perception of danger, requires something other than more basketball courts.”

“[Our juvenile detention centers] bring horticulture therapy programs...the idea is to increase knowledge of healthy produce and nutrition, to gain the nurturing and therapeutic effects of working in a garden.”

PROMOTING COMMUNITY DEVELOPMENT

Potential partners include businesses, community colleges, criminal justice, economic development, green initiatives, merchants' associations, planning, re-entry partners, school districts, youth/youth-serving organizations.

STRATEGY: Establish grants and loans, technical assistance, and other incentives to attract food retail development in underserved communities

EXAMPLE: Rochester, NY: The mayor's office negotiated with TOPS grocery stores to bring a full service grocery store to an underserved community, as well as to five other areas. TOPS also agreed to hire a percentage of employees from the neighborhood. The city used public funds for the development of the grocery store and the surrounding shopping area, which includes the reassignment of a police station to help improve public safety.

STRATEGY: Ensure public transportation is safe, affordable, and accessible by all residents and provides connections to worksites, healthy food retail, health care, parks and recreation, and other desirable destinations

EXAMPLE: Detroit, MI: The Helping Ourselves Overcome Disparities pilot project is a collaboration among residents, youth, and community stakeholders to create a community bus system in the Osborn neighborhood, with the long-term goal of sustaining economic vitality. Once implemented, the bus system will safely connect underserved residents to community organizations and businesses promoting healthy eating and active lifestyles.

STRATEGY: Implement Healthy Corner Store initiatives that enable local stores to carry more healthy food options and decrease the availability of alcohol and of alcohol advertising

EXAMPLES: San Francisco, CA: The Literacy for Environmental Justice's Good Neighbor program offers economic incentives to corner stores in the Bayview-Hunter's Point area to carry fresh, healthy foods. In 2007, Good Neighbor was adopted as a statewide model for the AB 2384 Healthy Food Purchase Program.

South Los Angeles, CA: The Community Coalition works in partnership with local residents and other community organizations to eliminate what it refers to as nuisance sites, such as liquor stores. Forty percent of Los Angeles' off-sale alcohol licenses are in South LA, and prior to 1992 there were more than 700 off-sale alcohol licenses issued in South Central LA. Between 1992 and 1995, the coalition successfully fought against the re-opening of 24 liquor stores when many were destroyed in the 1992 riots, closed more than 200 operating liquor stores, and converted several dozen others into positive businesses and non-profits. The IMOYASE Group has documented an average 27% reduction in violent crime/felonies and drug-related felonies or misdemeanors within a four block radius of each liquor store that was closed. The Community Coalition Land Use Committee continues to work to reduce and prevent crime, violence and blight in South LA through advocating for better land use policies that promote positive economic development and healthier, safer communities.

STRATEGY: Provide education, skill development, and job opportunities within the green economy sector for those in low-income, highly impacted communities

EXAMPLES: Chicago, IL: GreenCorps Chicago provides training for individuals with barriers to employment, primarily those who were formerly incarcerated, in landscaping and urban gardening, household waste handling, and home weatherization.

Oakland, CA: People's Grocery is a community-based organization in West Oakland that calls for food justice through the creation of a local food system and local jobs.

South Bronx, NY: Sustainable South Bronx is a poverty reduction program that provides job skills and job placement support. The program aims to create a pathway out of poverty into living wage, green-collar jobs that include green-roof installation and maintenance, brown-field remediation, urban forestry design and maintenance, wetland/estuary restoration, and stream bank stabilization training.

Richmond, CA: Solar Richmond is a community-based organization that provides low-cost solar power installation to low-income households while training low-income residents in green jobs.

PROMOTING COMMUNITY DEVELOPMENT, cont'd

Potential partners include businesses, community colleges, criminal justice, economic development, green initiatives, merchants' associations, planning, re-entry partners, school districts, youth/youth-serving organizations.

STRATEGY: Provide job skill development and employment in the healthy food sector, particularly for populations that are at increased risk for violence (e.g., gang-involved youth, formerly incarcerated/re-entry populations, etc.)

EXAMPLES: **Berkeley, CA:** The Bread Project provides training in food preparation, commercial baking, and job readiness to residents in low-income areas who are struggling to enter the job market. Throughout the program, they assess students on their technical progress and improvement of life skills. They provide an enriched training experience through tours to supermarkets, bakeries, and restaurants; cooking demonstrations from food professionals; and lectures from the Bakers' Union and employment agencies.

Los Angeles, CA: Food from the Hood is a non-profit organization, staffed by youth in the Crenshaw neighborhood of Los Angeles. The group cultivates a community garden and sells the produce or gives it to the needy. Surplus profit goes towards scholarships for the graduating class of Crenshaw High School.

Los Angeles, CA: Homeboy Industries provides job education, training, and placement assistance to young people who are at-risk, disadvantaged, and/or formerly gang-involved. Homeboy Industries has several small businesses, including the Homeboy Bakery and Homegirl Café, that hire young people in transitional positions, where former rivals can work together in a comfortable, supportive environment.

of each other and to get involved in community-building activities. Networks also encourage supportive relationships based on sharing, reciprocity, and recognition that the needs of others are needs of all.⁶⁶ When a society is cohesive, negative behavior and violence tend to diminish greatly.

Explicit community-building initiatives are a promising strategy for establishing social cohesion. Respondents described the positive impact of various initiatives—including community gardens and walking/jogging groups—on a community's social environment. One participant in the strategy sessions highlighted the Greenfield Walking Group in Bakersfield, CA “as a great example of the benefits of social cohesion as a deterrent to safety and violence issues.” The Greenfield Walking Group began as an effort by a group of women to take back the streets and serves as an example of a strategy that applies a preventing violence lens while creating opportunities for physical activity. It also is an example of a strategy that fosters community cohesion. As they walked together daily, the affinity of the women for each other deepened to the point that they decided to broaden their mission. They sought out the help of the mayor's office, law enforcement, and public works in assessing and addressing major neighborhood concerns. Through the strength of their bonds, they continued to encourage broad participation in this clean-up effort and eventually undertook infrastructure improvements as well—such as creating safe walking paths in the park. Several community representatives echoed the critical role that residents can play in advocating for and determining the direction of neighborhood improvements, implicitly confirming the fundamental importance of fostering a deep sense of community cohesion.

“It's going to start with the people who live in that neighborhood. For folks who live there, they determine where they see the place to be safe and physically active. The whole idea of sustainability—people in the neighborhood wanting to take ownership and transform the community to make it a place to be physically active.”

FOSTERING SOCIAL COHESION

Potential partners include community groups, neighborhood associations, parks & recreation departments, community gardeners, senior centers, youth/youth-serving organizations.

STRATEGY: Improve health and safety outcomes through coordinated community programs and activities that foster social cohesion

EXAMPLES: **Chicago, IL:** NeighborSpace is an intergovernmental agreement creating a municipally funded nonprofit to help community groups protect their community gardens and parks from potential development. Community-managed gardens and parks help build cohesion and decrease anonymity.

Flint, MI: Community Garden Storytelling Project tells the benefits of community gardens for residents. The study found that community gardens create open spaces; provide access to free, healthy foods; and foster positive youth development, increased social interaction, and neighborhood cohesion. The community gardens improved neighborhood appearance and increased sense of ownership, which led to increased monitoring of the garden site and indirectly helped to decrease neighborhood crime.

Los Angeles, CA: ALMA (Adolescents Learning Movement Arts) Vida Foundation connects urban at-risk youth from economically under-resourced areas with Capoeira, a holistic art combining traditional music and singing, history, movement, and a profound sense of community. Through movement arts and a strong mentor community, programs provide conflict-resolution tools and develop self-esteem and critical analysis.

3. 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 have several pivotal roles to play in advancing efforts to prevent violence. These food, activity, and health leaders know what it takes to accomplish prevention *in the first place*—changing community conditions that shape behavior. They can be bold spokespeople, voicing the urgency of preventing violence and explaining that violence is an inter-related issue that affects everyone. Food and activity leaders have established credibility in the community. People listen to them when they say that safety matters and that violence impedes their work in creating communities that support healthy eating and active living. Their recommendations on preventing violence carry extra weight, because this is not their mandate. Thus, they can be more effective in helping people see the broader picture and in galvanizing support for greater action, resources, and policies to prevent violence.

Healthy eating and active living practitioners can also play a pivotal role in catalyzing and encouraging the collaboration of multi-sectoral campaigns on preventing violence. Their niche is in broadening and unifying groups—encouraging participation, sharing the benefit of their experience, and bringing a health and prevention perspective to collaborative campaigns. Practitioners can get partnerships moving and develop critical mass. They have the knowledge, relationships, and leadership capaci-

ROLES FOR HEALTHY EATING, ACTIVE LIVING ADVOCATES IN PREVENTING VIOLENCE

- Spokesperson: bring attention to the need for greater action, resources, and policies to prevent violence.
- Catalyst: identify groups or individuals in the community to take on leadership and primary implementation of effective violence prevention in the community.
- Coordinator: coordinate and ensure linkages between chronic disease and violence prevention efforts.
- Integrator: integrate overlapping strategies into chronic disease prevention efforts and ensure that strategies are implemented in a way that also contributes to preventing violence.

ty to help link with and integrate key efforts across sectors. Food and activity advocates typically don't assume the lead in coalitions to prevent violence. Yet, knowing how to identify partners in different disciplines, they can help attract the best local leadership. Ideally, national leaders in preventing violence will join forces, and food, activity, and health advocates may be instrumental in bringing them on board as well. A unified approach that assembles people from multiple fields and combines their strengths can forge a path that simultaneously promotes safety, health, and health equity. Such collaboratives have the capacity to solve complex root problems, benefiting society overall and, in particular, communities of color and low-income populations.

To some extent, healthy eating, active living groups may already be familiar with or engaged in cross-sectoral efforts to prevent violence. Models of this work are already being developed across the country with varying levels of intensity. Some of the coalitions may have formed in an unintentional way as groups responded to the urgency of the situation. In some situations, implementation has occurred without the involvement of preventing violence groups. At other times, they have relied too heavily on partnering with law enforcement instead of joining forces with those already engaged in effective community efforts to prevent violence. Advocates for preventing violence greatly appreciate it when healthy eating, active living advocates reach out. They understand the importance of collaborating in multi-sectoral work, since it's the key to their own success. They value pursuing enhanced collaboration and integrated strategies; and, in some cases, are already partnering with food and activity groups on joint initiatives. As a testament to the value of an integrated approach, a national *UNITY (Urban Networks to Increase Thriving Youth)* assessment entitled, *An Assessment of Youth Violence Prevention Activities in USA Cities* revealed that cities with the greatest coordinated approach also had the lowest rates of youth violence.⁶⁷

The time is right to invest in community prevention efforts—strengthening ones that complement and coordinate with existing enforcement and violence suppression strategies as well as broadening the scope of primary prevention. Passionate, dedicated leadership must emerge from both sides—safety and healthy eating, active living—and be committed to viewing these challenges in a new light, since they are breaking fresh ground. Healthy eating, active living advocates should approach leaders in preventing violence, reaffirming that their efforts are crucial to improving chronic disease outcomes and the overall well-being of the community. Food, activity, and health leaders should communicate that they have the capacity and willingness to make the case with other sectors. They should share the urgency and the braided strategy this paper offers. They have the interest and skill in representing an integrated prevention perspective with the press, with funders, across government, and at community meetings. They can emphasize the importance of investing resources in resolving these issues.

Simultaneously, groups focused on preventing violence should continue to welcome healthy eating, active living partners into their coalitions and value their contributions. They can share crucial information from this source document widely, educating people on the vital role that safety plays in improving chronic disease outcomes. They should further evaluate how their expertise can help support healthy food and activity efforts and be proactive in pinpointing intersections of their work.



“We need more examples of collaboration, because more people feel comfortable if others have done it before.”

Safety advocates can also continue to explore ways that multi-sectoral measures can help prevent violence. Some examples include creating more quality after-school programs to get children off the streets and investing in jobs and overall economic development—especially in underserved areas where children are most at-risk.

If broad-based efforts to prevent violence are not yet in place within the community, the next steps are more complex—they involve learning from communities that are achieving success and adapting these success models to their own situations. A key step is to identify advocates who can co-create an initiative and a coalition for preventing violence to launch comprehensive efforts collaboratively in their own locales. Typically, groups organized in work aimed at the risk and resilience factors—for example, youth development groups, alcohol and drug prevention groups, school and neighborhood improvement efforts—might be looked to for partnership. It cannot be emphasized enough that without skilled leadership, political will, and community resources and support, this is a very difficult challenge in every case. Healthy eating, active living practitioners have a pivotal advocacy role to play in encouraging a diverse, high-level leadership commitment to ending adverse conditions in their communities.

Pursuing overlapping actions and strategies is the other pivotal role that healthy eating and active living practitioners can play. They can make greater intentional use of their own initiatives, programs, and strategies as part of emphasizing how important preventing violence work is to food and activity advocates. They can also help pilot and promote coherent, coordinated strategies that address both violence and chronic disease, such as making parks safe, attracting healthy retail, and improving local transit systems. Their strength lies in integrating resources, policies, and strategies to achieve better joint outcomes and in building community momentum to accomplish these results. These advocates know how to create comprehensive, integrated strategies that use the multiple levels of the *Spectrum of Prevention* to maximum advantage. The best strategic approaches will be braided, providing mutual supports for well-conceived cross-prevention efforts that produce effective, sustainable change. Community and health leaders must draw upon the success of existing initiatives, using these examples as a starting point for re-examining healthy eating and active living strategies with an eye towards preventing violence. The previous section gave numerous detailed examples of strategies that address both. As cross-sectoral efforts increase and collaboration grows, practitioners and advocates will know more about which are the most promising, what enhances the collaboration, and what helps eliminate identified barriers to success.



“People doing this work don’t always think about who needs to be at the table. Sometimes once you have them at the table, sometimes the solutions become much easier. It’s almost like a prompt.”

Conclusion

Good health is precious—it provides the opportunity for families and communities to thrive. In order to accomplish this goal within all communities, we must address the inter-related challenges to achieving good health. There is growing interest in and momentum for solving safety concerns as a crucial component of supporting healthy eating and activity environments. Over the last generation, a large evidence-informed foundation for effectively preventing violence has taken shape. The next goal is to understand which approaches for preventing violence most effectively support healthy eating and active living. This paper serves as the beginning of a movement to overcome the impediments to good health. Together, we can systematically break new ground and search for braided approaches to transform our neighborhoods into violence-free communities that support healthy eating and active living. A great deal of experimentation and discovery lie ahead, and applying the learnings from other prevention fields and collaborations will also be valuable. Continuing to research what strategies are most effective will enable us to increase our ability to utilize a good solution to solve multiple problems—with the ultimate goal of creating safe, healthy, and equitable communities.

Appendix A: Methodology

Prevention Institute held a series of interviews with community representatives, the advocates and practitioners working in healthy eating and active living. In conjunction, the Institute conducted a scan of peer-reviewed literature and professional reports focused on the intersection of violence and healthy eating and active living. Based on these interviews and the literature scan, Prevention Institute team members identified consistent points and themes, which they clustered into a set of initial findings through an iterative process. They then confirmed and further refined these initial learnings through strategy sessions with nationwide thought leaders and a supplemental literature scan.

Details of the three primary methodologies are outlined here:

Interviews with Community Representatives

Prevention Institute interviewed advocates and practitioners from nine community chronic disease collaboratives—including those working in public health, community health initiatives, sustainable food system development, and local city councils. All were engaged in efforts related to food and active living and primarily represented communities in California with African American and Hispanic populations in urban settings. Using a semi-structured format, two Prevention Institute staff members conducted 45 minute phone consultations with these leaders.

Interviews were designed to capture wisdom and knowledge around: 1) the effect of violence on community-based chronic disease prevention efforts; 2) effective community responses to violence, and the types of support from which they could benefit; and 3) key strategies (existing/prospective) with the potential for integration of efforts in preventing violence and improving food and physical activity environments.

Literature Scans

Prevention Institute conducted an initial literature scan to collect the available evidence concerning the inter-relationship between violence and healthy eating and active living. This research informed the overall approach and helped to shape and enhance the interview queries. Notably, the literature base revealed much stronger links between violence and active living than it did between violence and healthy eating. The Institute also did a brief literature scan following the interviews and strategy sessions to address issues that arose from the findings.

Strategy Sessions

Prevention Institute moderated strategy sessions with 22 experts working in the fields of preventing violence and fostering healthy eating and active living. These web-based discussions were designed to confirm and refine the initial findings and recommendations, which were drawn from the interviews and literature scans.

These three methods yielded aligned results, contributing to the findings and to the recommended strategies included in this paper.

Appendix B: Risk and Resilience Factors

RISK FACTORS

RESILIENCE FACTORS

COMMUNITY

- Diminished economic opportunities, including economic disparity, poverty, and high concentrations of poverty
- Low levels of community participation
- Discrimination and oppression
- Firearms
- Availability of alcohol and other drugs
- Community deterioration, including blight, graffiti, vacant buildings and lots
- Housing issues including high levels of transiency
- Incarceration/reentry

- Economic capital, including living wage opportunities and ability to access capital
- Social capital, including strong social networks and trust and willingness of the community to act on its own behalf
- Meaningful opportunities for participation
- Positive ethnic, racial, and intergroup relations
- Built environment, including absence of blight and graffiti; good lighting; and community design that fosters interaction
- Artistic and creative opportunities

SCHOOL

- Illiteracy
- School system failure
- Truancy
- Bullying

- High graduation rates
- Positive school climate
- School connectedness
- High expectations

FAMILY

- Negative family dynamics, such as poor family functioning, high level of family disruption, and family violence
- Poor discipline practices, such as authoritarian childrearing attitudes and harsh, lax or inconsistent disciplinary practices
- Parental substance abuse or mental illness
- Parental criminality and/or incarceration
- Unengaged parents, such as low parental involvement and poor monitoring and supervision of children

- Positive parenting skills
- Engaged family members, including frequent shared activities with parents and consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or going to bed
- Strong attachments, including connectedness to family or adults outside the family
- Structured home environments, including predictable consequences

INDIVIDUAL

- Mental illness and trauma, including experiencing and witnessing violence and high emotional distress
- Substance use/abuse, including involvement with drugs, alcohol or tobacco
- Peer relations, including association with delinquent peers and social rejection by peers
- Lack of involvement in conventional activities
- School problems, including poor academic performance, school failure, and low commitment to school
- Antisocial beliefs and attitudes

- Mental health
- Positive attachments and relationships, including with family and peers and ability to discuss problems with a trusted adult or caregiver
- Emotional and cognitive competence, including the ability to regulate emotions and impulses and to have empathy
- Involvement in social activities
- Religiosity, including participation in organized religion

Endnotes

- 1 Huang ES, Basu A, O'Grady M, Capretta JC. Projecting the future diabetes population size and related costs for the U.S. *Diabetes Care*. 2009;32(12): 2225-2229.
- 2 Prevention Institute, UNITY City Network. The UNITY Urban Agenda for Preventing Violence Before it Occurs: Bringing a Multisectoral Prevention Approach to Scale in US Cities. Paper presented at: UNITY City Network Convening; April 18-20, 2010; Washington DC.
- 3 Loukaitou-Sideris A. Is it safe to walk?: Neighborhood safety and security considerations and their effects on walking. *Journal of Planning Literature*. 2006;20(3):219-32.
- 4 Weir LA, Etelson D, Brand DA. Parents' perceptions of neighborhood safety and children's physical activity. *Preventive Medicine*. 2006;43(3):212-7.
- 5 Molnar BE, Gortmaker SL, Bull FC, et al. Unsafe to play? Neighborhood disorder and lack of safety predict reduced physical activity among urban children and adolescents. *American Journal of Health Promotion*. 2004;18(5):378-386.
- 6 Harrison RA, Gemmell I, Heller RF. The population effect of crime and neighbourhood on physical activity. *Journal of Epidemiology and Community Health*. 2007;61:34-39.
- 7 Sallis JF, King AC, et al. Perceived environmental predictors of physical activity over 6 months in adults: Activity counseling trial. *Health Psychology*. 2008;27(2):214.
- 8 Eyler AA, Matson-Koffman D, et al. Quantitative study of correlates of physical activity in women from diverse racial/ethnic groups: The women's cardiovascular health network project summary and conclusions. *American Journal of Preventative Medicine*. 2003;25(3Si):93-103.
- 9 Bennett GG, McNeil LH, et al. Safe to walk? Neighborhood safety and physical activity among public housing residents. *PLoS Medicine*. 2007;4(10):e306.
- 10 Yancey AK, Kumanyika SK. Bridging the gap: Understanding the structure of social inequities in childhood obesity. *American Journal of Preventive Medicine*. 2007;33(4S1): S172-S174.
- 11 Neckerman KM, Bader M, et al. Measuring food access in urban areas. National Poverty Center Working Paper 2009. Available at: www.npc.umich.edu/news/events/food-access/index.php. Accessed July 2009.
- 12 Rohrer JE, Arif AA, et al. Unsafe neighborhoods, social group activity, and self-rated health. *Journal of Public Health Management and Practice*. 2004;10(2) 124-129.
- 13 Bennett GG, McNeil LH, et al. Safe to walk? Neighborhood safety and physical activity among public housing residents. *PLoS Medicine*. 2007;4(10):e306.
- 14 Gomez J, Johnson B, Selva M., Sallis J. Violent crime and outdoor physical activity among inner-city youth. *Journal of Preventive Medicine*. 2004;39(5):876-881.
- 15 Molner B, Gortmaker S, Bull F, et al. Unsafe to Play? Neighborhood Disorder and Lack of Safety Predict Reduced Physical Activity Among Urban Children and Adolescents. *American Journal of Health Promotion*. 2004;18(5):378-386.
- 16 Harrison RA, Gemmell I, Heller RF. The population effect of crime and neighbourhood on physical activity: An analysis of 15,461 adults. *Journal of Epidemiology and Community Health*. 2007;61:34-39.
- 17 Vest J, Valadez A. Perceptions of neighborhood characteristics and leisure-time physical inactivity—Austin/Travis County, Texas, 2004. *CDC Morbidity and Mortality Weekly Report*. 2005;54(37):926-928.
- 18 Weir LA., Etelson D. Brand DA. Parents' perceptions of neighborhood safety and children's physical activity. *Preventive Medicine*. 2006;43(3):212-217.
- 19 Yancey AK, Kumanyika SK. Bridging the gap: Understanding the structure of social inequities in childhood obesity. *American Journal of Preventive Medicine*. 2007;33(4S1):S172-S174.

- 20 Bowman SA. Television-viewing characteristics of adults: Correlations to eating practices and overweight and health status. *Prevention of Chronic Disease*. Available at: www.cdc.gov/pcd/issues/2006/apr/05_0139.htm. Accessed July 2009.
- 21 Vasquez VB, Lanza D, et al. Addressing food security through public policy action in a community-based participatory research partnership. *Health Promotion Practice*. 2007;8(4):342-349.
- 22 Wilson DK, Kirtland KA, Ainsworth BE, Addy CL. Socioeconomic status and perceptions of access and safety for physical activity. *Annals of Behavioral Medicine*. 2004;20-28. (as cited in Odoms-Young, Zenk, Mason)
- 23 Evenson KR, Birnbaum AS, Bedimo-Rung AL, et al. Girls' perception of physical environmental factors and transportation: Reliability and association with physical activity and active transport to school. *International Journal of Behavioral Nutrition and Physical Activity*. 2006;3:28.
- 24 Odoms-Young AM, Zenk S, Mason M. Measuring food availability and access in African-American communities: Implications for intervention and policy. *American Journal of Preventive Medicine*. 2009;36(4S1):S145-S150.
- 25 Wilson DK, Kirtland KA, Ainsworth BE, Addy CL. Socioeconomic status and perceptions of access and safety for physical activity. *Annals of Behavioral Medicine*. 2004;20-28.
- 26 Odoms-Young AM, Zenk S, Mason M. Measuring food availability and access in African-American communities: Implications for intervention and policy. *American Journal of Preventive Medicine*. 2009;36(4S1):S145-S150.
- 27 Odoms-Young AM, Zenk S, Mason M. Measuring food availability and access in African-American communities: Implications for intervention and policy. *American Journal of Preventive Medicine*. 2009;36(4S1):S145-S150.
- 28 Chilton M, Booth S. Hunger of the body and hunger of the mind: African American women's perceptions of food insecurity, health and violence. *Journal of Nutrition Education and Behavior*. 2007;39(3):116-125.
- 29 Clark C, Ryan L, et al. Witnessing community violence in residential neighborhoods: A mental health hazard for urban women. *Journal of Urban Health*. 2008;85(1):22-38.
- 30 Curry A, Latkin C, Davey-Rothwell M. Pathways to depression: The impact of neighborhood violent crime on inner-city residents in Baltimore, Maryland, USA. *Social Science and Medicine*. 2008;67(1):23-30.
- 31 Latkin CA, Curry AD. Stressful neighborhoods and depression: a prospective study of the impact of neighborhood disorder. *Journal of Health and Social Behavior*. 2003;44(1):34-44.
- 32 Felitte VJ, et. al. Relationship of Child Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*. 1998;14(4).
- 33 Chilton M, Booth S. Hunger of the body and hunger of the mind: African American women's perceptions of food insecurity, health and violence. *Journal of Nutrition Education and Behavior*. 2007;39(3):116-125.
- 34 Felitte VJ. The Relationship of Adverse Childhood Experiences to Adult Health: Turning gold into lead (English translation). Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. *Z psychosom Med Psychother*. 2002;48(4):359-369.
- 35 Shonkoff et. a. Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention. *Journal of the American Medical Association*. 2009;301(21):2252-2259.
- 36 Shonkoff et. a. Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention. *Journal of the American Medical Association*. 2009;301(21):2252-2259.
- 37 Creating a Healthier Future through Early Interventions for Children. *Journal of American Medical Association*. 2009; 301(21).
- 38 Cradock, et. al. Neighborhood social cohesion and youth participation in physical activity in Chicago. *Social Science & Medicine*. 2009;68:427-435
- 39 Wandersman A, Nation M. Urban neighborhoods and mental health: psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist*. 1998;43:647-656.
- 40 Buka S. Results from the project on human development in Chicago neighborhoods. Presented at: 13th Annual California Conference on Childhood Injury Control; October 25-27, 1999; San Diego, CA.
- 41 Shaffer A. The Persistence of L.A.'s Grocery Gap: The Need for a New Food Policy and Approach to Market Development. Los Angeles, CA: Center for Food and Justice; 2002.

- 42 California Food Policy Advocates. Neighborhood groceries: New access to healthy food in low-income communities. Oakland, CA; 2003.
- 43 Gittelsohn J, Sharma S. Physical, consumer, and social aspects of measuring the food environment among diverse low-income populations. *American Journal of Preventive Medicine*. 2009;36(4S1):S161-S165.
- 44 Loukaitou-Sideris A. Is it safe to walk?: Neighborhood safety and security considerations and their effects on walking. *Journal of Planning Literature*. 2006;20(3):219-32.
- 45 World Health Organization (WHO). Violence. Available at: www.who.int/topics/violence/en/. Accessed March 2009.
- 46 Minneapolis Police Department. 2008 Fourth Precinct Juvenile Crime Suspect & Arrest Statistics. Available at www.ci.minneapolis.mn.us/police/crime-statistics/codefor/2008_YearlyJuvenileStats.pdf. Accessed April 2010.
- 47 Personal correspondence. March 2010
- 48 Alameda County Public Health Department. Available at: ww.acphd.org/healthequity/ccni/docs/evaluation/AEA_nov07_ppt.pdf. Accessed January 2010.
- 49 Skogan WG, Hartnett SM, Bump N, Dubois J. Executive Summary: Evaluation of CeaseFire-Chicago, May 2008. Available at: http://www.northwestern.edu/ipr/publications/ceasefire_papers/executivesummary.pdf. Accessed April 2010.
- 50 Hahn R. Effectiveness of universal school-based programs to prevent violent and aggressive behavior. *American Journal of Preventive Medicine*. 2007;33(2S):S114-S129
- 51 Schweinhart LJ, Montie J, Xiang Z, Barnett WS, Belfield CR, Nores M. *Lifetime effects: The High/Scope Perry Preschool study through age 40*. Ypsilanti, MI: High/Scope Press; 2005.
- 52 Cohen, L., & Erlenborn, J. *Cultivating Peace in Salinas*. Oakland, CA: Prevention Institute; 2001.
- 53 Minneapolis Police Department. 2008 Fourth Precinct Juvenile Crime Suspect & Arrest Statistics. Available at www.ci.minneapolis.mn.us/police/crime-statistics/codefor/2008_YearlyJuvenileStats.pdf. Accessed April 2010.
- 54 Reported by Garbarino J (personal communication, March 2002).
- 55 Hambleton BB, Clark G, Sumaya CV, Weissman G, Horner J. HRSA's strategies to combat family violence. *Academic Medicine*. 1997;72(1):S110-S115.
- 56 Bowen, L.K., Gwiasda, V., and Brown, M.M. Engaging community residents to prevent violence. *Journal of Interpersonal Violence*. 2004;19:356.
- 57 Chavez, V, Chehimi, S, Cohen, L. *Prevention is Primary*. San Francisco, CA: John Wiley & Sons, Inc; 2007.
- 58 Cohen L, Swift S. The spectrum of prevention: Developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999;5:203-207.
- 59 Bollinger, C.R. & Ihlanfeldt, K.R. The Intra urban spatial distribution of employment: Which government interventions make a difference? *Journal of Urban Economics*. 2003;53:396-412.
- 60 Leher, E. Crime fighting and urban renewal. *The Public Interest*. 2000;91-103.
- 61 Day K, Boarnet M, et al. The Irvine-Minnesota inventory to measure built environments: Development. *American Journal of Prevention & Medicine*. 2006;30(2):144-52.
- 62 Newman, Oscar. *Creating Defensible Space*. U.S. Office of Housing and Urban Development; 1996.
- 63 Sabol WJ, Coulton CJ, Korbin JE. Building community capacity for violence prevention. *Journal of Interpersonal Violence*. 2004;19:322.
- 64 Adler N, Newman K. Socioeconomic disparities in health: pathways and policies. *Health Affairs*, 2002; 21(2):60-76. Available at: <http://content.healthaffairs.org/cgi/content/full/21/2/60>. Accessed November 2008.
- 65 Centers for Disease Control and Prevention: Injury Prevention and Control. Youth Violence: Risk and Protective Factors. Available at: www.cdc.gov/ViolencePrevention/youthviolence/riskprotectivefactors.html. Accessed April 2010.
- 66 Prevention Institute. THRIVE: Social Networks and Trust Factor. Available at: http://thrive.preventioninstitute.org/thrive/factors/social_networks.php#_edn14#_edn14. Accessed April 2010.
- 67 Weiss, B. *An Assessment of Youth Violence Prevention Activities in USA Cities*. Los Angeles, CA; Southern California Injury Prevention Research Center, UCLA School of Public Health; 2008.