

# Violence Prevention Initiative Public Health Convening Summary and Notes

June 6, 2018



# Public Health Convening Background

Public health plays an increasingly vital role in violence prevention efforts in California. The California Department of Public Health (CDPH) is committed to preventing violence and exploring innovative approaches to address this complex issue through the lens of public health. The Department established a Violence Prevention Initiative with the purpose of elevating violence as a departmental priority and to frame the public health state governmental role in addressing violence.

On June 6th, 2018, CDPH hosted the *Violence Prevention Initiative: Public Health Convening* in Sacramento. This convening was a gathering of public health leaders and local champions brought together to start a conversation about developing a shared agenda to prevent violence in California.

Over 50 public health professionals attended the event. Nearly half of the attendees represented local health departments across the state. This group engaged in robust conversation on public health approaches to violence prevention, discussed a preliminary overview of homicide and suicide data, and began the process of identifying priorities for a shared public health agenda.

This document is a summary of the conversations that took place during this convening. There are two major sections. The first section includes highlights of the violence prevention priority themes and strategies, reflecting the high level outcomes of the convening discussion, and providing a potential frame for future work. The second section provides detailed notes from small group discussions, and a summary of key insights shared. The summary includes critical feedback on how to address root causes in community-responsive ways, examples of innovative public health violence prevention initiatives, and funding sources for public health violence prevention work.

For more information, please visit the [Violence Prevention Initiative webpage](#).

To contact the Violence Prevention Initiative team or sign up to receive regular updates, please contact: [violenceprevention@cdph.ca.gov](mailto:violenceprevention@cdph.ca.gov)

# Section 1:

## Violence Prevention Priority Themes and Strategies

The chart below outlines the violence prevention priority themes identified as well as potential strategies discussed at the Violence Prevention Initiative Convening. These priority themes and strategies will help to provide direction for future collaborative work. An overarching theme across all conversations focused on building community empowerment and capacity to design, implement, and evaluate prevention efforts.

### Priorities Identified at the Violence Prevention Initiative Convening:

Theme	Potential Strategies Discussed
<b>Root Causes</b>	<ul style="list-style-type: none"><li>• Prioritize place-based, community-driven efforts where community members are engaged in all aspects: analysis, planning, implementation, and evaluation of efforts.</li><li>• Go deeper into the values and drivers that shape root causes like poverty, racism, housing, economics, etc. What frames come together to form social determinants of health? What is the role of hope?</li><li>• Promote policies to address root causes of violence.</li><li>• Build on common shared values of collective well-being.</li><li>• Break down social determinants of health into measureable outcomes; co-present social determinants of health data and violence data.</li></ul>
<b>Public Health Messaging</b>	<ul style="list-style-type: none"><li>• Develop shared, standard, and aligned messaging for state and local levels.</li><li>• Develop a common language and understanding of violence prevention from a social determinants of health lens.</li><li>• Develop statewide effort to change the narrative to shared responsibility (we are all affected; violence is preventable).</li><li>• Message the public health role in violence prevention in order to reduce violence in CA. Be clear in how we define violence.</li><li>• Reframe current public health activities to be explicitly described as violence prevention efforts (e.g. MCAH programs, outreach to HIV homeless, lead prevention case management, health equity, mental health, etc.).</li><li>• Identify or develop common indicators across programs and jurisdictions in an effort to collect outcome measures across sectors to show that we ARE doing violence prevention and progress is being made.</li></ul>

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# Section 1:

## Violence Prevention Priority Themes and Strategies

Theme	Potential Strategies Discussed
<b>Building Local Capacity</b>	<ul style="list-style-type: none"><li>• Identify and collect data regarding violence (beyond death data), risk and protective factors, Adverse Childhood Experiences (ACEs), etc. (qualitative and quantitative data).</li><li>• Utilize qualitative data/stories to paint a picture of violence in communities and to really understand the issue. Use these stories to inform violence prevention efforts.</li><li>• Involve local health departments and communities in data collection.</li><li>• Collect and share violence prevention best practices, models, and resources from California, other states and national organizations (related to such topics as restorative justice, racial equity trainings, re-entry programs that include community-based mentorship, use of “cultural brokers,” and equity-based environments).</li><li>• Establish statewide communities of practice to support violence prevention priorities.</li></ul>
<b>Gun Violence</b>	<ul style="list-style-type: none"><li>• Develop a strategic approach and commitment to address gun violence from a public health primary prevention perspective.</li><li>• Shift cultural norms around violence, gun carrying, and toxic/hyper-masculinity.</li><li>• Research innovative initiatives such as gun buy-backs and groceries for guns.</li><li>• Promote and expand use of legal tools such as gun violence restraining orders and recovering firearms from prohibited individuals.</li><li>• Find ways to partner around gun safety; identify common ground, reframe in the media.</li></ul>
<b>Community Trauma and Resilience</b>	<ul style="list-style-type: none"><li>• Use adverse community experience as a frame for harnessing contributions from all sectors and those most impacted by violence to identify policy, systems, and environmental changes.</li><li>• Address and prevent community trauma (including issues like community relationships with law enforcement and mass incarceration).</li><li>• Share ways to address trust-building in communities affected by poverty, lack of affordable housing, and trauma.</li><li>• Highlight community assets and foster resilience.</li><li>• Engage communities and youth.</li><li>• Foster community engagement and increase social cohesion.</li></ul>

# Section 2:

## World Café Summary Notes

### Summary of Key Insights Shared After the World Café Discussions

#### Overall

- Good work is happening. Great opportunity for collaborative action. No one has “tons” of money for this. When equitable policies, systems, and practices are the strategy, we can have collective action and impact. Community-led. Interesting to think about how we can weave those efforts together.
- What stood out was the way various promising initiatives sat with different sectors – e.g. economic development; CA Accountable Communities for Health Initiative (CACHI); Government Agency on Race and Equity (GARE) as an existing platform throughout California, led by public health departments.
- It would be helpful to have an overview of local efforts, including the impact / return on investment of programs that prevent youth violence and high levels of suicide.
- Interventions happening that we can use as models. Need to think WAY upstream – and still make it relevant.
- Re-entry - working with corrections and creating a pipeline from prison to economic stability, thriving community. Stronger partnerships with law enforcement.
- Reclaiming public spaces as a physical manifestation of the need to come together across age, income, race, and culture.

#### Changing the Narrative – Defining Violence Prevention

- Consider how to message suicide in violence prevention.
- Reframe what we are doing so it is explicitly described as violence prevention effort (e.g. MCAH programs, outreach to HIV homeless, lead prevention case management, etc.) Identify indicators in common.
- Go deeper into what values come before poverty, racism, etc. What frames the items that come together to form social determinants of health (especially housing and economics)? What is the role of hope? What is the role of spirituality into framing values, which may then frame social determinants of health?
- Changing the narrative to shared responsibility (we are all affected, violence is preventable) by:
  - a) co-presenting social determinants of health data and violence data; and
  - b) engaging with communities and their experience of violence, priorities and assets – sharing that story.
- Look at why violence is a normative behavior.

# Section 2:

## World Café Summary Notes

### **Strategic Planning with Communities**

- Need for strategic planning for health departments, including key informant interviews at the start. Include authentic engagement and building community capacity.
- Engage community based organizations (CBOs) in the evaluation process and outcome and impact measurement. What measures matter to them?
- Need to meet people/communities where they are – not dictate and take power – give power to them.

### **Funding and Policies**

- Collaborate funding from CDPH/DHCS/Mental Health (California Department of Public Health, California Department of Health Care Services) – strategize and allocate more effectively to local communities. Coordinated approach to funding.
- We need POLICIES to address root causes! Eg: living wage/minimum wage; equal school opportunities; job opportunities; etc. We need systemic (funding, policies) approaches.
- Reframing budget/funding mechanisms related to violence as a public health issue, not criminal justice/law enforcement (so city/county budgets are not directed overwhelmingly to police/sheriff, etc.).
- Consider taxes on alcohol, cannabis, ammunition, or other funding streams through taxes.
- Excited to engage private funders (including businesses) in violence prevention initiatives because it impacts their bottom line.

# Section 2:

## World Café Summary Notes

### World Café - Small Group Discussion Summary

#### **Question 1: How to address ROOT CAUSES in community-responsive ways?**

*Root causes mentioned: structural racism; economic insecurity and un/underemployment; housing instability; cultural norms around violence; gun carrying; toxic/hyper-masculinity.*

*“With limited resources, is it best to build the protective factors, go after top risk factors, or do a little of both?”*

- Build political will and community empowerment/engagement (authentic community voices should be at the table). Identify community assets and gaps. Place-based, community driven efforts. Elevate the voices of those who are impacted in the development of solutions. Jointly design strategies with communities focused on social determinants of health, equity, community capacity building, preventing adverse childhood experiences (ACEs). Actively address structural racism and use a racial equity lens.
- Address and prevent community trauma (including over-policing, militarization of police, and mass incarceration). Adverse community experience as a frame for harnessing all sectors and those most impacted by violence to identify policy, systems, and environmental changes. This could help focus the discussion on violence in general and not specific types. Focus on role and assets of public health in fostering collective action at state and local level.
- Collect data (qualitative and quantitative) re: violence, risk and protective factors, and ACEs. Use data to refine broad categories of root causes (eg: if poverty is a root cause, what causes the poverty? Low wages? High rents? Etc.)
- Shift cultural norms around violence, gun carrying, toxic/hyper-masculinity.
- Build on protective factors and social cohesion.
- Break down social determinants of health into measurable outcomes.
- Address structural inequities, transportation barriers, and geographic isolation. Reclaim public spaces.
- Shape and change the dialogue – it’s everyone’s issue; prevention is possible! Identify connections between multiple forms of violence (multiple root causes).
- Funding to address poverty in explicit ways - For example: “home visits on steroids” with whole family as client, seed money to counteract complex challenges, school improvements/interventions: Kindergarten readiness, 3rd grade reading proficiency, and take back the parks/neighborhood project.
- Intervene early through home visitation and early childhood education programs.
- Youth as change agents in their own communities (youth leadership, after school programs, etc.).
- Integrate public health into criminal justice reform.

# Section 2:

## World Café Summary Notes

### World Café - Small Group Discussion Summary

#### Question 2: Examples of innovative public health violence prevention initiatives

##### Themes Discussed:

- Increase community power/engagement – implement at community level with local input/community-driven planning processes
- Restorative justice practices
- Equity-based environments – removing structural physical barriers; blight reduction; increase access to parks/opportunities for recreational activities
- Engagement with law enforcement
- After school programs (affordability, mentorship, empowerment)
- Re-entry programs- community-based mentorship
- Address racial inequities
- Engage faith communities
- Gun violence (find ways to partner with NRA around gun safety – identify common ground); statewide policies; gun buy-backs – groceries for guns; expand health officer authority to address gun industry and protect communities

##### Innovative Initiatives:

- The [Building Healthy Communities Initiative](#) of the California Endowment
- CDC's [Violence Prevention Initiatives](#)
- Cultivating Resilience To Address Adverse Community experiences in an Accountable Community for Health: [The East San Jose PEACE Partnership](#) (Grant-funded initiative – multi-sector, community-driven, highly experimental)
- [Reinvent South Stockton Coalition](#) and City of Stockton – building trust with disenfranchised residents.
- Community discussion and presentations by university faculty (medical and professional organizations against violence in film, video and gaming).
- [Nurse Family Partnership](#)
- [ASK Initiative \(Asking Saves Kids\)](#)
- A paper on [Oakland's Gun Violence Reduction Strategy](#) can be found on the [National Institute for Criminal Justice Reform \(NICJR\)](#) website
- [Cure Violence](#)
- [Parks After Dark Program \(LA\)](#) has demonstrated a reduction in crime. An evaluation brief on this project can be found on the [Los Angeles County Department of Public Health/The Injury & Violence Prevention Program \(IVPP\)](#) webpage.



# Section 2:

## World Café Summary Notes

### World Café - Small Group Discussion Summary

#### Question 2: Examples of innovative public health violence prevention initiatives

- [LA County DPH / Violence Against Women Work Group](#) works with community partners to advance policy, system and practice change to prevent and address IPV, human trafficking, and sexual violence among women of all ages.
- In 1992-93, the **State of California / [Wellness Foundation](#)** and others invested ~\$10 M annually for a 10-year period to foster local public health-led coalitions, violence prevention fellows, and state level policy/TA/epidemiology and surveillance for state and local policy action. This effort helped to establish CA as a leader in gun control, expand professional and research capacity, increase funding in criminal justice for youth violence prevention, and contribute to reductions in youth violence injuries and deaths. The new VPI would benefit from a close review of this effort, its impacts, and challenges.
- [Futures Without Violence Workplace Resource on DV](#)
- [MyStrength](#) – youth development, leadership and support program for young men
- [Alameda – Community Health Improvement Plan](#) – asking the community what is needed to improve health (priorities) – community safety became a priority
- [Futures Without Violence in SF](#) – Coaching Boys Into Men curriculum – could be expanded into schools.
- [California Reducing Disparities Project](#) – addresses social determinants of health
- [UNITY Model](#) – UNITY (Urban Networks to Increase Thriving Youth), an initiative of Prevention Institute, the Harvard School of Public Health, and the UCLA Fielding School of Public Health, builds community safety in cities through comprehensive, multi-sector strategies that prevent violence and support community resilience.
- [The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement](#) – an article on healing-centered engagement.

# Section 2:

## World Café Summary Notes

### World Café - Small Group Discussion Summary

#### Question 3: How are you funding public health violence prevention work?

##### Funding strategies discussed:

- *Education (CA Dept of Education– working with schools, lottery money); Sexual health education, new federal funds, county-led through Title IV (Part B?); County Office of Education; Behavioral Health; SBHCs (School-Based Health Centers)*
- *Title IV-A (Student Support and Academic Enrichment Grants) funding increased to \$1.1 billion, a 250% increase. School districts have some choices in how they spend the money once it comes to them. 20 percent of Title IV-A funds must be spent on “safe and healthy students” activities which can include school climate and training on trauma-informed practices as well as positive behavioral interventions and supports (PBIS) and mental health.*
- *Home visiting – federal funding, First 5*
- *HUD funding*
- *Community benefits program (SB 697 – Community Benefits – charities/public work)*
- *Whole Person Care program – coordinated care approach*
- *Medi-Cal managed care requirements to address social determinants of health*
- *Are there opportunities to work with firearm manufacturers?*
- *Explicitly frame VP as a risk factor for other public health/health outcomes*
- *Identify/leverage public health violence prevention efforts already incorporated into grants/existing funding, e.g. suicide prevention, domestic violence prevention*
- *Leverage opioid funding to address the impact of trauma in youth*
- *Need to show results (via evaluation) of current VP efforts to help justify additional funding*
- *Engaging/forging partnerships with law enforcement and other sectors such as mental health (sustainable sources of funding). Try to cross into already funded programs.*
- *Find a sustainable source of funding – e.g. tax (alcohol, tobacco, marijuana, ammunition – association with violence)*
- *Community benefit plans required by hospitals – work with them on plans – increase prevention funding*
- *Earned income tax credit as an evidence-based primary prevention strategy*

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### World Café - Small Group Discussion Summary

#### Question 3: How are you funding public health violence prevention work?

##### How are you funding violence prevention?

- San Mateo County – discretionary funding – local tax – Measure K – allows county to decide where to put funding; Santa Clara County -housed under race and health equity (general funds, probation, wellness fund)
- CDC and our larger coalition is staffed by the City, with some agencies receiving grants from the CA Board of State and Community Corrections.
- Some General Fund and a grant-funded CA Accountable Communities for Health Initiative (CACHI) project to reduce violence in a specific geographic area.
- Foundation grants (Blue Shield, The California Endowment)
- Community wide ACES collaborative (MCAH and General Fund dollars)
- National research grants
- LA County: local county tax dollars, local Measure B (trauma prevention funding), and various other County Departments: Probation Department, Mental Health, Parks and Recreation, and Public Social Services.
- We are not funding VP in a comprehensive way. We use MCAH Title V funds for some community level work in intimate partner violence and child abuse prevention and child maltreatment, grants, and county funds for individual level interventions through home visiting.
- We are drawing on the talents of non-paid volunteers, minimally supported by memberships, and sporadic grants.
- Currently we do not have any violence prevention specific funding, so we are getting at the issue through our work to start exploring ACES, through participating on our local violence-related coalition, and a little bit through our health equity work (for which we also do not have specific funding). We provide technical assistance, promoting violence prevention vs. crime suppression wherever the opportunity arises - it's awkward to compete with community partners so we end up as "in-kind" support on grants that others are awarded.