



## Meeting Synthesis: Advancing State Efforts to Prevent Urban Violence May 2, 2011, in Oakland, California

State health officials and others gathered to explore the role of state health leaders in preventing violence before it occurs. Co-sponsored by the Association of State and Territorial Health Officials (ASTHO), Prevention Institute, and Safe States Alliance, this UNITY\* meeting included discussion of how national health and safety organizations can support state health officials in incorporating strategies to prevent violence throughout the health department, bolstering local initiatives, and engaging other sectors to build momentum to prevent violence. The meeting objectives were:

- Raise the priority and profile of violence and preventing violence among state health leaders;
- Share models and emerging opportunities to address violence via health leadership;
- Identify realistic ways state health leaders can advance a prevention/public health approach to violence; and
- Delineate how national health and safety organizations can support state health leaders in preventing violence.

City health directors from the UNITY City Network, state injury directors, and representatives of Prevention Institute, ASTHO, Safe States Alliance, the American Public Health Association (APHA), and the Centers for Disease Control and Prevention (CDC) added their perspectives to the conversation.

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Key recommendations that emerged for state health agencies are (detailed on page 6):

- Reframe public perception of violence and of perpetrators.
- Monitor trends and take advantage of opportunities to connect violence with any related issue that gains momentum or unexpectedly captures the spotlight.
- Include strategies to prevent violence in health-related proposals.
- Leverage current resources to prevent violence.
- Collaborate with other state agencies, local health departments, and with APHA, ASTHO, CDC, Prevention Institute, UNITY and Safe States Alliance.

Organizations such as APHA, ASTHO, CDC/CDC initiatives, Prevention Institute/UNITY and Safe States Alliance can support state health departments in the following ways (detailed on page 6): raise the visibility of violence as a health issue at the state level; provide training and orientation to health leaders and staff; cultivate high-level leaders in other sectors to champion this issue at the state level; share information and the evidence base on preventing violence and on the linkages between violence and other health problems and community concerns; publicize successful efforts to prevent violence; strengthen the public health infrastructure to support effective and accountable collaboration, data sharing, and other coordinated activities to prevent violence; collaborate with state agencies, including state health departments, with local health departments, and with APHA, ASTHO, CDC/CDC initiatives, Prevention Institute/UNITY and Safe States Alliance; support efforts to increase effective collaboration; and support efforts to increase funding for states to prevent violence.

\* A Prevention Institute initiative, UNITY is funded by the U.S. Centers for Disease Control and Prevention (CDC) as part of STRIVE, Striving to Reduce Youth Violence Everywhere. UNITY is also funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness, education, and disease prevention programs.

## CONTEXT—THE UNITY INITIATIVE

This meeting built on the work of Prevention Institute’s Urban Networks to Increase Thriving Youth (UNITY), a national initiative funded by the CDC and The California Wellness Foundation to support effective, sustainable efforts to prevent violence in the first place. UNITY works directly with cities to develop, implement and evaluate local efforts so urban youth can thrive in safe environments with ample opportunities and supportive relationships. Evaluation results shows that since its inception, UNITY has engaged leading practitioners and scientists around the country to inform UNITY efforts, shaped how cities address violence, raised the profile of a public health-based approach to prevent violence, involved multiple sectors to advance this approach, and informed efforts to link safety and violence to healthy eating and active living, among other accomplishments.

Released in December 2010 and developed in partnership with city representatives from across the U.S., the [UNITY Policy Platform](#)<sup>\*</sup> describes what needs to be in place on the ground to prevent violence, and it also delineates the supports that cities need at the state and national levels for local efforts to be successful and sustainable. The recommendations for state and national levels include: allocating and aligning resources; creating a high-level focal point for preventing violence; establishing a mechanism for multi-sector collaboration; equipping people with necessary skills through high-quality training; establishing supportive data, research and evaluation systems; developing a communications campaign; and enhancing public health’s capacity and infrastructure at the federal, state and local levels to address violence.

The UNITY Policy Platform emphasizes the need to bring to scale a multi-sector approach to reducing violence in U.S. cities. Convening the health officials of states with UNITY cities was an opportunity to move this work forward. This meeting increased awareness of violence as a priority issue at the highest levels of government, and it represents one important step in making violence prevention a key element of state health.

## MAJOR CHALLENGES

Participants discussed the barriers to advancing state efforts to prevent violence, particularly from a health/public health perspective. To provide context for this conversation, city health directors described local efforts to prevent violence in Boston and Minneapolis, and Commissioner John Auerbach shared Massachusetts’ emerging plan to prevent violence as an example for what is possible at the state level. These models and others in California (Health in All Policies) and Illinois (Illinois Violence Prevention Authority) are summarized in the Appendix on page 9. The major challenges identified by participants are:

- Framing and Communications Issues:
  - **Violence is not currently identified as a “winnable battle”** so other issues tend to take precedence in setting health priorities.
  - **Effective strategies for preventing violence are not widely shared in all health departments and may not be universally understood.** Many people are not familiar with the research on how to effectively prevent violence and sustain a lasting peace.
  - **Most people do not usually associate health or public health with preventing violence.** Violence is a public health issue, not just a problem for criminal justice and law enforcement. Violence is a leading cause of death and can cause serious injury, and broader health implications of violence, such as chronic disease and mental illness, are often overlooked.
- Need for More State Leadership:
  - **Violence tends to be seen as a local problem for cities to address.** Many state health officials have yet to adopt the prevention of violence as a priority issue.
  - **Leadership turnover can undermine sustainability.** When a high-level leader who has supported efforts to prevent violence leaves office, the new leader may not champion the same issues and might stop investing in effective strategies that prevent violence.

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\* The UNITY Policy Platform is available at <http://www.preventioninstitute.org/unity-get-involved/unity-policy-platform.html>.

- Barriers to Collaboration:
  - **Agencies may not fully buy into collaborative efforts due to turf and funding concerns.** Agencies used to working in silos can be wary of collaborative efforts. Sharing work and resources can enhance everyone’s effectiveness, but agencies may fear losing their purview and/or funding to other agency priorities.
  - **Collaboration at the state level is not always mandated by federal grants,** so there is limited incentive for agencies to overcome tensions around turf and to develop integrated work plans.
- Funding Issues:
  - **There is inadequate money for preventing violence,** and not all states receive federal funds to do this work. Health departments often have no funding streams to support efforts to prevent violence. Budget pressures mean that the little money currently set dedicated to preventing violence may be diverted elsewhere, leaving many cities and states with inadequate resources and minimal support.
  - **“This is a good way to raise money, but a bad way to spend money.”** The best way to raise money is to rally constituents around a specific issue, but preventing violence requires that many different agencies work together. Defining violence narrowly in order to raise money makes it difficult to spend the money in a way that will maximize impact and address root causes.
  - **Efforts to prevent violence sometimes lose funding, especially when they start to succeed.** Funders may think that the problem is fixed for good once violence rates begin to drop. They may withdraw funding instead of investing in effective strategies to sustain these reductions in violence.

## PRIORITY ACTIONS & RECOMMENDATIONS

Participants agreed that there are many opportunities within the state health sector to prevent violence, such as by supporting local planning and grant development, integrating funding, and coordinating data collection and analysis. In small groups, participants shared their strategic and creative thinking on how to incorporate efforts to prevent violence throughout the state health department. They identified potential opportunities and actions for state health departments to advance an agenda to prevent violence.

Given that the root causes of violence span so many sectors, participants also explored ways to embed violence prevention across multiple sectors at the state level. They identified potential opportunities and actions for sectors besides health that could lend valuable support to local efforts to prevent violence.

After an initial brainstorm, the small groups identified priority actions for both the state health department and other sectors, particularly with health leaders playing a role as catalysts, leaders and/or conveners. The criteria used to select priority actions are: essential for this work to succeed, meaningful for preventing violence, would have a high impact relative to investment, and do-ability, that is actions that most state health departments could buy into and accomplish with existing resources.

The priority actions described below are organized according to the [UNITY RoadMap](#).<sup>\*</sup> Participants agreed that this framing would be helpful. Grouped by Partnerships, Prevention, and Strategy, there are a total of nine UNITY RoadMap elements, each selected for its importance in affecting and sustaining efforts to prevent violence before it occurs. The UNITY RoadMap builds on tools that have been effective for other challenging issues that are similar in complexity. In fact, many of the categories were drawn from the AIDS Program Efforts Index (API) developed by The POLICY Project, USAID and UNAIDS to measure the effort put into national HIV/AIDS programs throughout the world. Various components of the UNITY RoadMap have undergone a literature review and/or been informed by interviews with violence prevention practitioners and city representatives.

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<sup>\*</sup> The *UNITY RoadMap* is available at <http://www.preventioninstitute.org/unity-resources/unity-roadmap.html>.





## Key Recommendations for State Health Agencies

State health agencies can take concrete steps toward increased collaboration, communication and leadership to accomplish these priority actions. Key recommendations for state health agencies are:

- **Reframe public perception of violence and of perpetrators.** Make the case that violence is a public health issue, and emphasize the links between violence, health, education, social justice, and the economy. Discuss not only how violence causes human suffering but also how preventing violence is a sound investment. Speak with colleagues and emphasize that states can play a role in changing the culture around violence and in preventing violence.
- **Monitor trends and take advantage of opportunities to connect violence with any related issue that gains momentum or unexpectedly captures the spotlight.** Anticipate what issues funders and the public will focus on next and think about how violence exacerbates that problem. This of this like connecting the violence prevention car to a train about to move.”
- **Include strategies to prevent violence in health-related proposals,** such as Community Transformation Grants. Given the violence is a major determinant of poor health, preventing violence will enhance the effectiveness of all other efforts led by the health department.
- **Leverage current resources to prevent violence.** Re-evaluate funding allocations, and take advantage of existing violence-related funding beyond the health sector, such as from the Department of Justice. Approach funders that support sectors connected to violence, such as law enforcement, prisons, child protective services and probation, for example. Use data to make the case at the state and federal level that preventing violence pays off.
- **Collaborate with other state agencies, local health departments, and with APHA, ASTHO, CDC, Prevention Institute, UNITY and Safe States Alliance.** Examples include sharing data with other state agencies and with cities, and coordinating services at the local level. Consider working with education, mental health, neighborhood services, economic development, law enforcement and criminal justice. Effective cross-sector collaborations can more efficiently address violence and other shared issues, and may qualify for more funding as a result.

## SUPPORT FOR STATE HEALTH DEPARTMENTS

State health leaders cannot prevent violence on their own, especially given the breadth of their responsibilities and the challenging economic and political climate. Support from national health and safety organizations can help facilitate this work and make it easier for state health leaders to prioritize preventing violence. The contributions of groups such as APHA, ASTHO, CDC/CDC initiatives, Prevention Institute/UNITY and Safe States Alliance can strengthen state efforts to prevent violence and enhance support for local initiatives. Ways that these organizations can support state health departments are:

- **Raise the visibility of violence as a health issue at the state level.** A first step is to increase the visibility of this issue for state health departments, educate state health officials, and convince them that violence is a public health issue and something they can affect.  
ASTHO can inform and engage state health leaders through its conferences, leadership groups, newsletters and/or regular calls.
- **Provide training and orientation to health leaders and staff,** such as that provided through this meeting and through other vehicles, to increase state and local capacity to prevent violence. This may include developing advocacy skills, but first and foremost, this means helping people understand why violence as a critical health issue and the role for health/public health.  
Work with regional health offices to train health leadership around the country on advancing preventive approaches to violence and on specific roles for the health sector.

- **Cultivate high-level leaders in other sectors to champion this issue at the state level.** Creating a mandate for this approach would help advance efforts.

  - Engage the National Governors Association as a key next step to engage high-level leadership and create a mandate for this approach.
  - Broaden the constituency by reaching out to include the National Association of Attorneys General, National Conference of State Legislators and other organizations.
  
- **Share information and the evidence base on preventing violence and on the linkages between violence and other health problems and community concerns.**

  - Compile data that makes the case that violence is a public health issue, and emphasize the links between different kinds of violence (e.g., gang violence, family violence, child abuse, sexual violence), and between violence and health, education, transportation, social justice, land use, and the economy.
  - Determine the ultimate cost of violence, not just in terms of hospitalization and emergency room costs, but also for the victim’s colleagues, employers, children and friends. Preventing violence is a sound investment; sharing this data and these personal scenarios equip champions to messengers. The CDC could lend its research expertise to analyze the data, for example, and demonstrate the far-reaching impact of violence beyond homicide.
  
- **Publicize successful efforts to prevent violence, and develop materials for sharing evidence-based strategies that work.** By equipping high-level leaders with clear and consistent messages about the most promising strategies, champions for preventing violence can persuade people that violence is a pressing problem and also point to feasible, sustainable solutions that will make a positive difference.

  - Showcase states and cities that are successfully preventing violence in the short term and long term, and recognize their accomplishments.
  
- **Strengthen the public health infrastructure to support effective and accountable collaboration, data sharing, and other coordinated activities to prevent violence.**

  - CDC or another organization should support a UNITY-like effort for a minimum of three state health departments. This initiative would advance strategic approaches, provide training and technical assistance, and develop models, examples and case studies that highlight effective efforts at the state level and effective state-local collaboration.
  
- **Collaborate with state agencies, including state health departments, with local health departments, and with APHA, ASTHO, CDC/CDC initiatives, Prevention Institute/UNITY and Safe States Alliance.**

  - ASTHO could organize an effort by state health officials to urge the CDC to support integrated activities to prevent violence.
  
- **Support efforts to increase effective collaboration.** Create incentives for agencies and organizations to come together and accomplish a shared goal. There are many ways to do this. For example,

  - Promote regional approaches that incorporate several cities, rural areas and the state.
  - Establish a state entity similar to the Health in All Policies Task Force in California that is composed of several state agencies working together specifically to prevent violence.
  - Consider creative ways to promote inter-agency collaborative agreements across municipal jurisdictions, or mandate that agencies and organizations cooperate to receive funding.
  
- **Support efforts to increase funding for states to prevent violence,** and solicit new sources for funding, including from the foundations and the private sector (e.g., auto insurance, health insurance).

  - ASTHO could disseminate information about available funding so states are aware of all opportunities.

## ACTION ITEMS

Participants shared one action they would take as a result of the meeting, or one thing they would do differently to advance urban efforts to prevent violence. The next steps they proposed are:

- For State Health Officials and Deputies:
  - Prioritize preventing violence as a state health issue. Assess existing efforts across state agencies. Include preventing violence and chronic disease in the state strategic plan.
  - Push to make preventing violence a national issue, as well as a state and city issue.
  - Explore the possibility of expanding current work to include preventing violence and injury.
  - Share information with colleagues on violence as a public health priority and its links to other health and community concerns.
  - Meet with state injury and chronic disease prevention officers to share information gleaned from this meeting and on advancing efforts to prevent violence.
  - Recommend preventing violence as a discussion topic at ASTHO meeting of senior deputies.
  - Reach out to the directors of other state agencies to discuss opportunities to collaborate on violence and other health issues.
  - Integrate violence prevention into existing inter-agency efforts re: children and families. Adapt best practices to prevent violence for inclusion in multi-sector coalitions.
  - Craft persuasive messages for various stakeholders on their role in preventing violence.
  
- For Other Participants:
  - Connect the departments that work to prevent violence, injury and chronic disease at the state level and at the local level.
  - Develop connections between the state and local levels. Meet with state leadership and state health department to discuss preventing violence.
  - Practice making the link between violence and current advocacy work and program activities. Review and use resources on linkages, and discuss and share information with colleagues.
  - Promote the idea “A good solution solves multiple problems” throughout the organization.
  - Consider additional ways state and national organizations can support state health departments. Strengthen partnerships between APHA, ASTHO, CDC/CDC initiatives, Prevention Institute/UNITY and Safe States Alliance.
  - Integrate preventing violence into health policy discussions at the next year’s APHA conference.
  - Use communications capacity to increase exposure for preventing injury and violence.
  - Brainstorm ways to use data more persuasively.
  - Recommend actions to the new director of the CDC Division of Violence Prevention.

## PARTICIPANTS

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## APPENDIX: STATE AND LOCAL EXAMPLES

### State Example: Massachusetts Safe and Successful Youth Initiative

Governor Deval Patrick recently launched the Massachusetts Safe and Successful Youth Initiative, a comprehensive statewide plan that calls for state agencies to partner with local officials and community coalitions to prevent violence. State agencies have adopted a public health approach to violence that:

- **Focuses on community-wide prevention.** To promote a peaceful environment and prevent violence before it occurs, the Initiative will use state resources and apply its public health and public safety expertise to build strong and engaged communities, offer structured positive after-school and weekend activities, develop youth leadership, and provide opportunities for young people to learn peaceful conflict resolution.
- **Helps those are at greatest risk.** State agencies will identify service gaps for young men aged 14 to 24 years in neighborhoods with the highest youth homicide and serious assault rates. The state will work with communities to implement a coordinated intervention and ensure that those most at risk of being

victims or perpetrators gun violence receive the full continuum of services, from trauma-informed case management to employment, education and health care.

- **Facilitates community re-entry for ex-offenders.** Young people in Massachusetts adult correctional facilities will begin developing a life re-entry plan 12 months before release. By working closely with their case managers, ex-offenders will have housing, employment and education plans in place upon discharge.
- **Toughens gun laws.** The Administration will file legislation to equip law enforcement with more tools to investigate incidents involving firearms and increases the consequences for those who are convicted of gun-related crimes.

Governor Patrick will seek \$10 million in additional funding to implement the Initiative. This plan to prevent violence is grounded in the principles that young people are an asset and that violence is preventable. One of the advantages of a statewide plan is that it can prevent violence in smaller cities and rural areas, as well as in large cities where efforts are typically concentrated. Neighborhoods do not ordinarily receive direct funding for this work, so the state has taken the lead to identify hot spots in the state and invest resources in those communities most affected by violence.

### **State Example: Illinois Violence Prevention Authority**

Established by the Illinois Violence Prevention Act of 1995, the Illinois Violence Prevention Authority (IVPA) facilitates a comprehensive public health and public safety approach to prevent violence. Ad-hoc collaborative efforts are difficult to maintain, so Illinois created a focal point to support this kind of sustained collaborative work, rather than merely encourage it without any infrastructure.

IVPA is co-chaired by the Illinois Attorney General Lisa Madigan, and the Director of the Illinois Department of Public Health Damon Arnold. Initially funded through the sale of violence prevention license plates, IVPA now receives state general revenue.

IVPA has helped implement school-based counseling in 23 communities, introduce evidence-based cognitive-behavioral regulation and emotional self-regulation curriculum in schools, cultivate youth leadership, provide mentors and jobs for young people, develop parenting skills, and assist with re-entry for ex-offenders.

Visit the IVPA website for more information: [www.ivpa.org](http://www.ivpa.org).

### **State Example: Health in All Policies in California**

The Health in All Policies Task Force brings together the expertise of 19 state agencies and departments across state government to build safe, healthy communities. With improved community health as the common goal, the Health in All Policies Task Force connects people across sectors, coordinates their efforts, and promotes sustainable win-win strategies that benefit all stakeholders. Established by executive order in February 2010, the Health in All Policies Task Force introduces a health lens in all state public policy and program development.

Chaired by the Department of Public Health, the Health in All Policies Task Force was created under the Strategic Growth Council. The Task Force developed from discussions on ways to prevent obesity while also reducing greenhouse gas emissions through active transportation, and promoting local, sustainable healthy foods. The Health in All Policies Task Force acknowledged the connection between violence and these related issues, and it included recommendations on preventing violence in its final report (see [http://sgc.ca.gov/docs/workgroups/HiAP\\_Final\\_Report\\_12.3.10.pdf](http://sgc.ca.gov/docs/workgroups/HiAP_Final_Report_12.3.10.pdf)).

### **Local Example: Minneapolis Blueprint for Action**

In the mid-2000s, Minneapolis saw a spike in homicides, which was the leading cause of death for residents between 15 to 24 years old. The City Council wanted to develop a response other than hiring more police, and it eventually created a resolution that defined youth violence as a public health issue. The Minneapolis Department of Health and Family Support worked with the mayor, police department, local

leadership, residents and youth, philanthropy, and other state and local partners to develop the Blueprint for Action, a comprehensive plan to prevent violence affecting youth.

The four goals of the Blueprint for Action span the continuum of primary, secondary and tertiary prevention with media and communications overlay:

1. Connect every youth to a trusted adult
2. Intervene at first sign of trouble
3. Restore youth going down wrong path
4. Undo culture of violence

Minneapolis saw a 62 percent drop in the number of youth suspects in violent crimes since 2006, and the number of youth arrested for violent crime declined 52 percent. In Minneapolis, a different department presents on a set of indicators each week before the mayor, council member and some department heads; the presentation on preventing violence was the first multi-department presentation where local leaders could see the interplay between police, health and school data, and how everyone benefited from agency collaboration.

Minneapolis was able to carry out this work because the City Council designated funding for a youth violence prevention coordinator and because we were able to leverage other resources. Resources are not sufficient, however, and there is limited capacity to assist small communities in Minnesota in developing plans to preventing violence. The state health department can support this kind of technical assistance, build capacity for grant writing, and also align resources and increase access to state-level data sources. Minnesota also passed legislation that recognizes violence as a public health issue, and this forms the foundation for continued state-local collaboration (see <http://www.ci.minneapolis.mn.us/dhfs/2009-156.pdf>).

### **Local Example: Boston Public Health Commission**

Boston developed a new comprehensive city plan to prevent and reduce violence, with funding from the Department of Justice. Boston is one of six cities participating in the National Forum on Youth Violence Prevention, which brings together the Surgeon General's Office, U.S. Department of Justice, Department of Education, the Departments of Labor, Health and Human Services, Housing and Urban Development, and the Office of National Drug Control Policy. These agencies worked together to fund these six to build partnerships with community-based organizations and businesses, and collaborate to develop a multi-sectoral plan.

The Boston Public Health Commission led this inclusive process and worked with the police commission, jobs and economic develop, local business and faith-based organizations. The plan has three strategic goals:

1. Facilitate inter-agency communication and information-sharing
2. Promote city-wide civic engagement
3. Enhance and coordinate multidisciplinary data-driven planning and prevention

At its heart, this is a community engagement program. The health department made grants to community-based organizations to hire block captains and do outreach. Residents developed their own plans for creating peaceful streets and worked with the city to improve neighborhood conditions; a clean, well-taken-care-of neighborhood is a safe neighborhood.

In addition to intervention activities like programs for gang-involved or truant youth and ex-offenders, the public health commission made sure that people were connected to needed services that help prevent violence before it happens. This includes activities such as summer camp, after-school programming for youth, youth employment, peer health leadership training, and conflict resolution competency. City employees were also trained to work with young people and developed capacity around trauma response and recovery.

## EVALUATION SUMMARY

From the evaluators, a summary of the meeting evaluation:

Overall the findings are very positive. Participants were particularly pleased with the opportunity to dialogue and network with other meeting participants. Engaging state organizations was found to be very positive and helpful, and the state representatives felt that they had been left out of the picture for too long. They found the discussions regarding “moving forward together” in partnership with the other states and cities extremely important, and they found the support offered by UNITY to be an incentive for engaging diverse entities within the states infrastructure to be very helpful and strategic.

The explanation and discussion of the links between violence and other public health issues such as chronic disease provided a wealth of ideas that helped to set priorities and provided support for developing strategic thinking and developing strategies to move the UNITY agenda forward.

State officials mentioned that as a result of attending the meeting they would be much more likely to advocate for increased collaboration within their state, and they would push to included violence prevention in policy considerations.

The participants also had suggestions for improving their individual experiences. One participant, new to public health and to the issue, felt that more concrete examples of what exactly could be done, and had been done in the cities would be helpful. Looking at the responses of this individual, would suggest that when a person new to the field and their position attends a UNITY meeting, UNITY materials should be sent to them in advance describing UNITY, the roadmap, the policy agenda, and other pertinent information. In addition, a brief orientation is suggested prior to the meeting. Other suggestions included having more state health organizations involved, more high-level CDC leadership, representation from state governors’ offices, and more structured meeting times with the state representatives, and they would like to have a pro-active follow-up with the other participants.

All it all, the meeting was perceived to be effective in getting the message across, in engaging state health departments, and in giving the states and opportunity to become engaged in a very important issue.