

The Role of Community Safety in Obesity

Prevention:

Exploring How Exposure to Crime
and Violence Impact Physical
Activity and Healthy Eating

Robert Wood Johnson Foundation Thought Leaders Forum
September 22-23, 2011
Atlanta, GA

Table of Contents

EXECUTIVE SUMMARY	3
1. INTRODUCTION	10
2. FORUM HIGHLIGHTS	12
Background, Planning, and Agenda	12
Day 1: A Call to Action.....	13
Day 1 Morning: Field Perspectives on Violence Prevention Approaches	14
Day 1 Afternoon: Case Studies of Community-based Partnerships that Address Violence Prevention and Obesity Prevention	15
Day 1 Afternoon: Break-out Groups.....	16
Day 2: Perspectives on Research in this Emerging Field.....	16
Day 2: Avenues of Action and Opportunity	17
3. RECOMMENDATIONS FROM FORUM PARTICIPANTS.....	18
Partnerships and Linkages	18
Measurement and Data Collection	22
Policy and Regulations	24
4. SUGGESTIONS FOR NEXT STEPS.....	27
Appendix A: Meeting Agenda	28
Appendix B: Breakout Activity Instructions, Assignments, and Questions.....	33
Appendix C: Participant Biographies.....	36
Appendix D: Organizational Biographies	52

EXECUTIVE SUMMARY

Violence and fear play crucial roles in the health of Americans. They affect where people live, work, and shop, and influence whether children are allowed to play outside or walk to school.¹ Neighborhoods with high levels of community violence tend to have under-developed or poorly maintained green spaces, limited healthy food options, and numerous alcohol and tobacco outlets, factors associated with obesity among residents.² Obesity prevention strategies -- among all Americans, in all communities -- must appreciate the pivotal role community violence prevention can play in helping individuals gain access to healthy foods and physical activity. Furthermore, a new field of research and practice is needed that links violence prevention to healthy eating and active living, two important factors associated with obesity prevention.

This report explores the importance of developing a new field at the intersection of violence prevention, healthy eating, and active living. The report distills and synthesizes discussions from a Robert Wood Johnson Foundation-sponsored thought leaders forum on *The Role of Community Safety in Obesity Prevention: Exploring How Exposure to Crime and Violence Impact Physical Activity and Healthy Eating*, which took place at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, on September 22-23, 2011. Led by co-chairs Larry Cohen of the Prevention Institute and Caterina Roman of Temple University, this meeting included 54 national thought leaders in violence prevention, healthy eating, and active living.

The forum objectives were:

- to build a shared understanding of how community safety and perceptions of safety influence physical activity and access to healthy foods;
- to share innovative, effective, community-based violence prevention practices allowing people to feel more safe, become more physically active, and gain access to healthy food;
- to discuss the measurement challenges in community safety, physical activity and healthy eating; and
- to identify ways to collectively advance this emerging interdisciplinary field through partnerships, research, information-sharing, organizational practice change and policies.

Recommendations from Forum Participants

A goal of this forum was to bring thought leaders together to advance the field of violence prevention, healthy eating, and active living. The recommendations identified by the participants focused on: 1) partnerships and linkages, which includes information-sharing and dissemination; 2) data collection and measurement, and 3) policy and regulations.

¹ Cohen, L., Davis, R., Lee, V., & Valdivinos, E. (2010). Addressing the intersection: Preventing violence and promoting healthy eating and active living.

² Ibid.

Partnerships and Linkages

The need for partnerships and linkages dominated all forum discussions and presentations, and informed numerous recommendations forwarded by the thought leaders, particularly those relevant to issues of working group formation, publications, philanthropic investment and leadership, communications, and research strategies.

Create new interdisciplinary partnerships with academic experts and practitioners from violence prevention, healthy eating, and active living

To enrich research and practice in this new field, experts need to leverage content and field knowledge of those working in relevant disciplines, such as public health, criminal justice, psychology, sociology, and urban studies. This needs to include forming partnerships with practitioners who are field experts in these topic areas. The thought leaders recommend that experts form cross-disciplinary partnerships through new working groups and panels at annual professional conferences, such as those held by the American Psychological Association (APA) or the American Public Health Association (APHA). These working groups ought to include both researchers and practitioners. Collaborations also are needed to publish and disseminate information in this field. Field-specific journals that publish articles should include a mix of authors from relevant violence prevention, healthy eating, and active living disciplines. Funders working in these fields ought to form co-funding arrangements to stimulate shared work.

Develop common language and models in this field that work across disciplines

Building a common language and shared models across disciplines is a critical early step. Not surprisingly, experts in criminology, public health, and psychology currently define “community safety,” “crime,” and “violence,” differently. To work together, language is needed that provides clear, mutually agreed upon definitions for concepts used in this new field. Also, current field-specific research models often examine select elements of violence prevention, healthy eating, or active living. That is, they fail to comprehensively link variables from violence prevention to those in obesity prevention, and vice versa. New, more comprehensive research models are needed that highlight how contextual variables, such as crime and violence, influence opportunities, perceptions, and behaviors relate to healthy eating and active living.

Use community experience and knowledge to guide interventions and field research

Residents, youth, and community-based organizations are important partners in violence prevention, healthy eating, and active living because they have necessary knowledge about on-the-ground conditions and practice that are fundamental to advance effective research and practice in this field. As examples, community members know what kinds of interventions are

most needed in their neighborhoods to prevent violence and promote healthy living. They also have insights into needed research questions, which could guide the design of research models or measures. Furthermore, community members can participate in data collection and the dissemination of findings in their communities, which can be particularly helpful in instances where messages are sensitive. They can identify and support ways to translate research into practice.

Youth play a unique role enriching the quality of research and practice in this field. They can challenge conventional thinking, provide generational insight, and offer inspiration to researchers and practitioners through their energy and creativity.³ They also can motivate other youth to get involved in research and/or practice, potentially fostering a new generation of leaders for this field in the future.

Build awareness of promising community-based programs and field-specific resources and of the value of a multi-sectoral and a multi-issue approach

To date, no complete synthesis of promising community strategies linking violence prevention and obesity prevention exists. The thought leaders agreed that increasing knowledge about promising strategies in violence prevention and health promotion, such as those highlighted in the forum presentations on collaboration work in Providence, Philadelphia, and Pittsburgh, is critical to the field's development. To help advance this information-sharing objective, funders were urged to support qualitative research and evaluation to identify core elements of strong programming. Lessons learned from community program successes and failures are needed to shape future practices and replicate them in other communities.

Violence prevention, healthy eating, and active living each have publications, meetings, associations, expert lists, and other resources, which, if more readily accessible, could benefit the development of this field by giving it early momentum. As examples, existing field-specific community-based strategies could be adapted for practice in this field just as existing measures could be adapted for research. In addition, experts from relevant fields could be identified and brought in as early partners to develop this interdisciplinary field.

The participants suggested the creation of an online repository that could house shared information in user-friendly and accessible ways. They suggested adding and linking these resources to existing websites of the following organizations or groups: National Collaborative Childhood Obesity Research (NCCOR), Prevention Institute, RWJF, CDC's Division of Violence Prevention, CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO), Department of Justice, Active Living Research, Urban Networks to Increase Thriving Youth (UNITY), and PolicyLink.

³ Centers for Disease Control Best practices user guide: youth engagement state and community interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center on Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

Measurement and Data Collection

Recommendations on measurement and data collection focused on research tools (including new models that need to be developed and existing measures that can be adapted), linkage strategies for existing and future data sources, and related technical assistance needs.

Improve existing surveillance tools to better inform research in this field

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, annual national telephone health survey, tracking health conditions and risk behaviors in the United States since 1984.⁴ In its current form, the BRFSS does not provide the kind of information envisioned by forum participants because it has no items that specifically link violence (and fear of violence) to healthy eating and active living behaviors. Even so, surveillance tools like the BRFSS have potential to inform this field if new or revised items are developed for them that target this linkage between violence (and fear of violence) and health. Technical assistance might be necessary to help researchers develop skills to create new items for these tools.

Develop strategies to more effectively link multi-level data in this field

Research and practice in this new field can benefit from cost-effective ways to connect local-level data, such as survey data on individual behavior and neighborhood-level factors, to other levels of data, such as crime statistics. These linkages will allow for richer, multi-level analyses to be conducted in this field. The thought leaders discussed the opportunity to utilize the Center for Applied Research and Environmental Systems (www.cares.missouri.edu) website to link individual-level data to the GIS data already contained on that site. Training and technical assistance should be a component of data-linkage efforts because experts working in this field will benefit from having skills to link multi-level data.

Policies and Regulations

The thought leaders stressed the importance of using reliable data to inform policy and regulations change in this field. They identified existing proven policies and regulations that show promise in building safer and healthier communities. In addition, they identified holistic community design approaches as an important component of this work.

Employ Health Impact Assessments (HIAs) to inform public policy in this field

Health Impact Assessments (HIAs) were discussed as tools that can be helpful in informing policy change in this field. An HIA can examine neighborhood factors that contribute to neighborhood violence and help target policy and regulations changes that can reduce violence

⁴ <http://www.cdc.gov/brfss/>

and improve community health. As an example, using an HIA, communities can identify where alcohol outlets are located and shape policy and regulations that limit the number of alcohol outlets allowed near green spaces. This environmental change can render green spaces more appealing to residents which may increase their use of those spaces.

Engage communities as equal partners in the research process to build consensus and develop a strong advocacy platform for policy change

Community-based Participatory Research (CBPR) is another appropriate tool for shaping policy decisions in this field because it is conducted as an equal partnership between traditionally trained "experts" and community members. By integrating community participation into every phase of the research process, from planning through dissemination, CBPR can highlight policy and regulations changes that community members find most important to reduce violence and improve health in their neighborhoods. Including youth in CBPR projects is especially warranted because their voices are so often absent from conversations that affect their communities.

Fund and implement place-based organizational practices and policies that result in violence prevention, healthy eating, and active living

The thought leaders identified several place-based policies as effective strategies that can make areas safer for healthy eating and active living. Place-based policing represents one kind of place-based strategy. This strategy can include the use of increased surveillance on concentrated crime-filled areas, or "hot spots," to reduce crime in those areas. The development of Business Improvement Districts, or BIDs, represents another specific place-based strategy that can reduce violence by improving identified areas. BIDs are often developed by cleaning vacant lots, installing new lighting, and/or removing graffiti, and these improvements are often associated with lower crime rates.

The thought leaders also discussed the importance of applying holistic design principles to policy and regulations change in this field because they foster the development of environmental changes that improve housing, community infrastructure, transportation, and green spaces, all of which can make communities more ready and appealing for physical activity. Policies and regulations that support the design or improvement of roadways, sidewalks, lighting, and mixed-use zoning can promote individual senses of safety and connect people to resources or neighbors. Safe-street housing design, which includes building houses with front porches and stoops, can promote interactions between residents and allow people to spend time outside, which can put more "eyes on the street" and aid in reducing violence. Furthermore, mixed-use development can attract new businesses to neighborhoods and support pedestrian travel, which can contribute to reductions in violence and increases in physical activity.

They discussed several known examples of violence prevention work that has used place-based strategies. For instance, Project CeaseFire reduced violence and changed community resident norms about violent behavior in Chicago by training community members to intervene in potentially violent encounters before they escalate to dangerous levels.⁵ Furthermore, the CDC's Urban Networks to Increase Thriving Youth (UNITY) RoadMap highlights key action steps cities can follow to prevent violence. Its formative evaluation suggests that cities that used cross-

⁵ <http://www.preventioninstitute.org/unity-resources/unity-roadmap/what-does-it-take/programs-organizational-practices-a-policies.html>

sector partnerships to implement place-based violence-prevention strategies were more effective in reducing violence.⁶

Suggestions for Next Steps

To bridge current fields, internal working groups are needed, particularly with funding organizations like the CDC that have separate divisions for violence prevention and obesity prevention. At the forum, thought leaders Rita Noonan and Terry O’Toole offered to initiate a CDC working group. Once this group has solidified its membership and goals, it might collaborate with external members, such as a subgroup of the RWJF Childhood Obesity team, to discuss ways in which this field can develop.

Travel constraints limited some federal agencies, such as the Department of Housing and Urban Development, National Institutes of Justice, and the Department of Health and Human Services, from attending this meeting. A follow-up meeting on this topic might be conducted in 2012 in Washington, DC, so that representatives from those agencies can help develop this field. Additional thought leaders might be invited to this meeting, including representatives from other private and public funders working in relevant topic areas, experts from CARES and PolicyLink, and editors and editorial board members of journals that can offer opportunities for cross-cutting publications in this field, such as the *American Journal of Preventive Medicine*, *American Journal of Public Health*, *Journal of Pediatrics*, and *Journal of Community Health*.

Forum participants can facilitate the development of this field by embracing and supporting cross-disciplinary work in spheres where they exert influence. Those who serve as editors or editorial board members of influential journals might create special issues on violence prevention and obesity prevention or champion editorial approaches that allow for new, non-traditional collaborations with authors working in relevant fields. Those who plan professional organization meetings can advocate for cross-sector networking and programming at annual meetings. Researchers can develop research approaches that tap expertise across disciplines and sectors and engage community members, youth, and community-based organizations. In addition, funders can mandate multi-disciplinary partnerships in requests for proposals and/or give priority to grantees that exhibit readiness and commitment to work across the fields of violence prevention and obesity prevention. Furthermore, thought leaders can highlight the importance of this emerging field in their own speaking engagements and publications. They also might use social networking media, such as Twitter and Facebook, to stimulate discussions about it. Creating a united field of violence prevention, healthy eating, and active living is an attainable goal, but it requires participation from many, starting with the thought leaders who attended this forum.

⁶ <http://www.preventioninstitute.org/unity-resources/unity-roadmap/what-does-it-take/programs-organizational-practices-a-policies.html>

1. INTRODUCTION

Violence and fear play crucial roles in the health of Americans. They influence individual behaviors by affecting where people live, work, and shop. They have an impact on whether children are allowed to play outside or walk to school. They also undermine communities' abilities to provide supportive contexts for healthy individual choices. Neighborhoods with high community violence rates tend to have underdeveloped or poorly maintained green spaces, limited healthy food access, and numerous alcohol and tobacco outlets, factors associated with increased rates of obesity.⁷

A growing body of research and practice links actual violence and the fear of violence with serious health risks and chronic disease, including asthma, diabetes, and obesity.⁸ Community violence affects people in all regions, of every income level, and of every race and ethnicity; however, it is more prevalent in low-income communities, which bear the added burden of having higher rates of obesity and other food- and activity-related chronic disease compared to more affluent communities.⁹ Strategies developed to prevent obesity—among all Americans, in all communities—must take into account the pivotal role community violence prevention can play in fostering equal access to health-promotion opportunities. With this in mind, a new field of research and practice is needed that links violence prevention to healthy eating and active living, two specific health-promotion opportunities associated with obesity prevention.

Experts in violence prevention already know the value of cross-sector collaborations in implementing place-based community violence prevention programs.¹⁰ There are ample field examples of sectors, such as law enforcement, community organizing, and housing, that successfully work in tandem to prevent violence at the local level.

Linking violence prevention to the public health and chronic disease prevention fields – and framing violence prevention as a public health issue – is a newer practice, and

“We need to reframe violence as something that affects the entire nation. It is not only a problem for ‘others’.”

***Thought Leader Lisa Gary,
University of Alabama, Birmingham***

one that expands beyond simple community-based partnerships. To advance this framework, among diverse practitioners and fields, it will be necessary to develop a common language of terms and definitions, identify and create mechanisms for sharing knowledge and resources, and forge cooperative, mutually beneficial approaches to research, program design, and advocacy.

Recognizing the need to mobilize diverse sectors and fields in order to explore the links between community safety and obesity prevention, the Robert Wood Johnson Foundation (RWJF) sponsored a thought leaders forum that took place on September 22-23, 2011. Entitled *The Role of Community Safety in Obesity Prevention: Exploring How Exposure to Crime and Violence*

⁷ <http://preventioninstitute.org/focus-areas/improving-environments-for-health-and-health-equity.html>. Accessed on October 13, 2011.

⁸ Cohen, L., Davis, R., Lee, V., & Valdovinos, E. (2010). Addressing the intersection: Preventing violence and promoting healthy eating and active living.

⁹ Ibid.

¹⁰ Ibid.

Impact Physical Activity and Healthy Eating, this gathering brought together 54 national thought leaders in the areas of violence prevention and healthy eating and active living. Over the course of two days, participants shared case studies and presentations; met in small and large groups; raised questions about issues ranging from equity to research methodology; and ultimately forged recommendations about collaborative actions that can foster community safety and individual health.

This report synthesizes discussions and findings from the forum. It underscores the importance of mobilizing to link violence prevention and health promotion. It is hoped that field leaders from diverse sectors can build upon the information and action steps highlighted herein. “We need to reframe violence as something that affects the entire nation,” said forum participant Deborah Prothrow-Stith. “It is not only a problem for ‘others.’”

2. FORUM HIGHLIGHTS

Background, Planning, and Agenda

Advisory Team

A collaborative team, drawn from the philanthropic, government and nonprofit sectors, undertook a thoughtful six-month planning process to establish forum goals, develop the agenda, and identify thought leaders and speakers. Led by Laura Leviton and Vanessa Farrell of the Robert Wood Johnson Foundation, the advisory team also included Laura Kettel Khan and Rita Noonan of the Centers for Disease Control and Prevention, Jim Sallis of Active Living Research, Sarah Strunk of Active Living by Design, and Elaine Cassidy and Gerri Spilka of the OMG Center for Collaborative Learning.

The team selected two meeting co-chairs: Larry Cohen, Executive Director of the Prevention Institute, and Caterina Roman, Assistant Professor of the Department of Criminal Justice at Temple University.

Forum Objectives

Early planning efforts established the following forum objectives:

- to build a shared understanding of how community safety and perceptions of safety influence physical activity and access to healthy foods;
- to share innovative, effective, community-based violence prevention practices allowing people to feel more safe, become more physically active, and gain access to healthy food;
- to discuss the measurement challenges in community safety, physical activity and healthy eating; and
- to identify ways to advance collectively this emerging interdisciplinary field through partnerships, research, information-sharing, and policies.

Participants and Agenda

The 54 thought leaders included a diverse mix of experts in violence prevention and healthy eating and active living.¹¹ Eleven speakers -- with expertise in psychology, criminology, public health, housing, transportation, community and economic development, nutrition, and parks development —offered perspectives and case studies that fueled discussion and analysis. These speakers represented a mix of community-based practitioners, researchers, funders, and advocates. Biographic sketches of the thought leaders are presented in Appendix C, and participant organizational summaries are provided in Appendix D.

¹¹ On September 21, 2011, the day before the forum, the U. S. Senate Appropriations Committee announced that it would not provide the CDC with an expected \$17 million to fund youth violence prevention efforts in FY2012. This decision will have a significant impact on CDC's violence prevention budgetary decisions in the coming year, and, as reported by numerous meeting participants, negatively affected morale during this meeting.

The agenda, which is presented in Appendix A, included presentations, break-out groups, large group discussions, and a culminating large-group discussion that addressed recommendations and next steps. Break-out group topics and assignments are provided in Appendix B.

Meeting Location

The decision to convene the meeting at the Chamblee campus of the Centers for Disease Control and Prevention (CDC) provided significant collaborative opportunities. Along with Robert Wood Johnson Foundation (RWJF), the CDC is uniquely positioned to lead efforts in bridging violence prevention with healthy eating and active living. Strong interest from its National Center for Injury Prevention and Control (NCIPC) and National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) helped set the stage for effective cross-pollination of ideas and strategies. CDC staff in attendance included 29 members from the CDC's two National Centers (NCIPC and NCCDPHP), representing a mix of staff from the Division of Violence Prevention; Division of Nutrition, Physical Activity, and Obesity; and the Division of Adult and Community Health. Eight CDC staff (in addition to the two CDC advisory board members) sat at the table throughout the forum; the other 19 sat in a gallery just behind the table, with an invitation and opportunity to participate in all discussions.



Day 1: A Call to Action

The forum got underway with welcoming comments from representatives of the RWJF and CDC. Speakers included Laura Leviton of RWJF; Jim Marks, Senior Vice President of the Health Group at RWJF (via video); Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion; and Linda Degutis, Director of the National Center for Injury Prevention and Control. Each conveyed their respective institutional commitments to the forum topic.

Co-chairs Larry Cohen and Caterina Roman next set the stage by framing the forum discussions. Cohen urged participants to view violence as an equity issue. It affects all people, but disproportionately has an impact on people of color and/or those living in low-income communities. Cohen emphasized the forum's potentially catalytic role—inspiring those assembled to work collaboratively and igniting interest and engagement from a widening circle of potential advocates and stakeholders. To advance linkages between those engaged with

violence prevention and obesity prevention, Cohen stressed the need to share case studies of effective community-level collaborative practice. “It’s time to make violence prevention a winnable battle,” he concluded. Building on Cohen’s remarks, Caterina Roman encouraged thought leaders to focus on concrete outcomes: identify gaps in the research on violence prevention, healthy eating, and active living; create an interdisciplinary menu of options for community use in increasing pathways to prevent violence and reduce obesity; and work toward developing common terminology across sectors to facilitate effective research, communication and program planning.

Day 1 Morning: Field Perspectives on Violence Prevention Approaches

A key focus of the first morning was to create a learning laboratory for forum participants, with presentations that addressed violence prevention efforts from three different perspectives: criminology, community-based health promotion, and public health. A central question under exploration was: What have practitioners and researchers from these differing domains learned that is relevant to link efforts that work to build safe communities and address obesity?

The criminology perspective: Place-based violence prevention strategies

Addressing violence prevention from the viewpoint of criminology, John MacDonald of the University of Pennsylvania presented on effective place-based violence prevention efforts. The development of Business Improvement Districts (BIDs), he explained, can decrease community-level violence by making areas less attractive for violence. This place-based strategy may include increased surveillance, cleaned vacant lots, graffiti removal, or improved lighting. Since effective violence prevention necessitates holistic approaches, MacDonald also addressed policy changes that might bolster law enforcement strategies. He noted, for example, that zoning changes and code enforcement can de-concentrate low-income housing areas, by promoting mixed-income and mixed-use housing.

The community-health promotion viewpoint: The intersection of safety and health

A community-health promotion agenda must take violence prevention into account, argued Virginia Lee of Prevention Institute. Lee presented observational and anecdotal data from an Oakland neighborhood to highlight how violence and fear of violence hinder people’s abilities to be active, spend time outside, purchase healthy foods, and develop strong social connections with community members. Examples of effective environmental and policy-change strategies include promoting economic development by using financial incentives to attract new retailers into a community; supporting employment through job-skill development in the healthy food sector; developing safe places to play by promoting safe routes to school or afterschool programming opportunities; supporting social connections through youth engagement; and implementing zoning changes that limit liquor outlets in communities.

Violence prevention through a public health lens

Deborah Prothrow-Stith, formerly of Harvard University and currently with the Urban Networks to Increase Thriving Youth (UNITY), offered a public health perspective on violence prevention.

She called for creative, “outside-the-box” approaches. All disciplines and sectors need to take ownership of the issue of violence prevention; it is neither the problem of a single field nor of “the other.” Experts from diverse fields need to work towards establishing common vocabulary, since terms like “crime” and “violence” have different connotations across fields. She shared examples of how violent behavior often is culturally supported. For some youth, they risk peer backlash if they turn away from violent behavior. When developing violence prevention strategies, experts working in this emerging field need to appreciate the role youth can play in influencing peer behavior. Finally, when cataloguing community-based violence prevention strategies, failures as well as successes need to be shared to inform future practice.

Day 1 Afternoon: Case Studies of Community-based Partnerships that Address Violence Prevention and Obesity Prevention

The afternoon of Day 1 shifted focus, with presentations that addressed promising community-based violence prevention strategies in Providence, Philadelphia, and Pittsburgh. Speakers highlighted key partnerships that helped both prevent violence and promote healthy eating and/or active living among community residents.

Case Study #1: Law Enforcement and Affordable Housing (Providence, RI)

Frank Shea of Olneyville Housing Corporation (OHC) in Providence, RI shared examples of ways a long-term relationship between law enforcement and OHC community developers decreased crime and increased park use in a low-income area of Providence. Before developing its neighborhood-improvement strategy, the partnership conducted focus groups with residents and interviewed community members to identify where and how the partnership could make target areas safer for active living. This collaborative approach resulted in the renovation of blighted buildings in and around crime “hot spots” and the redesign of a nine-acre park. After these improvements were made, residents’ use of the park’s bike path increased and the number of police calls to the crime “hot spots” significantly decreased.

Case Study #2: Youth Engagement (Philadelphia, PA)

Jorge Santana of Hunting Park United and Allison Karpyn of The Food Trust presented on revitalization efforts in Hunting Park, an 87-acre park in an area of Philadelphia that has high rates of obesity and crime. Their project embraced a multidimensional agenda: redesign parts of Fairmount Park, improve local housing to stimulate community pride, get youth involved in job training and education about park maintenance, and create a community garden and farmer’s market. Other environmental changes focused on improved lighting and surveillance as crime reduction measures. The partnership tracked whether community violence and crime in and around

“Active youth engagement should be central to all violence prevention efforts. Youth feel better about themselves and their communities when they are engaged and their efforts are valued.”

*Thought Leader Howard Spivak,
Centers for Disease Control and Prevention*

renovated parks were influenced by environmental changes. In addition, workforce development, mentorship, education, and entrepreneurship opportunities were built into the revitalization plan in order to help youth gain skills and experience a sense of ownership of the community improvement efforts. Youth involvement in recycling jobs, not only helped them learn about “green” living, but also helped them acquire helpful work experience.

Case Study #3: Parks Management and Research (Pittsburgh, PA)

Meg Cheever of the Pittsburgh Parks Conservancy (PPC) described an effective partnership between PPC and Mindy Fullilove Thompson, a research psychiatrist affiliated with Columbia University, which focused on the collection of park usage data. Fullilove detailed factors that link to increased park usage, such as removing barriers to park entry, promoting civic investment, connecting parks to all modes of transportation, and aligning advocates’ agendas and timelines with those of the parks’ management. Staff members from PPC and Columbia not only engage in internal dialogue about their collaboration, they also talk publicly about the links between research and parks restoration at cross-sector conferences and professional meetings. In this way, they model effective cross-field collaboration for their professional peers and colleagues. This partnership also uses research to inform its park-improvement strategies. For instance, it uses surveys of Pittsburgh residents to track whether park improvements influence residents’ perceptions and use of the city’s parks.

Day 1 Afternoon: Break-out Groups

Day 1 concluded with break-out groups on four topics: Partnerships, Information and Dissemination, Policy and Regulations, and Measurement and Data. Each group of thought leaders identified and prioritized six specific changes required to advance the field in their assigned discussion area. These sessions helped lay the foundation for closing discussions on recommendations, which took place the following day. For break-out group instructions and group assignments, see Appendix B.

Day 2: Perspectives on Research in this Emerging Field

Day 2 launched with an exploration of research issues and challenges, setting the stage for a closing conversation about recommendations and action steps for this emerging field. Speakers reaffirmed the need for multidisciplinary approaches to research and practice in this field. This theme surfaced in a presentation by Jim Sallis of San Diego State University and the RWJF-funded Active Living Research program. Sallis identified a vast field of potential contributors to the emergent field of violence and obesity prevention--criminology, public health, sociology, anthropology, urban studies, ethnic studies, urban planning, economics, and policy science---but cautioned that interdisciplinary research models in violence prevention and obesity prevention must be improved and more fully developed.

Sallis added that, as new research models are developed, clear, consistent definitions of the concepts “crime,” “violence,” and “safety” are also needed to improve the way those concepts are measured in this new interdisciplinary field. In addition, researchers ought to clearly conceptualize outcomes, including health-related behaviors and perceptions, to better understand how they are influenced by contextual variables, including community violence and crime. Any survey measures that are developed ought to be pilot-tested and evaluated for effective use in this new field. Finally, crime data at the local and national levels need to be consistently and systematically coded so they offer more reliable assessments of contextual risk.

Erin Bunger of the New Jersey Office of Nutrition and Fitness addressed some of the practical challenges that arise in collaborative survey administration. When the state of New Jersey undertook efforts to

collect data around the intersection of violence and healthy eating and active living, it formed a statewide, public-private partnership with experts from community-based obesity prevention programs, university research, and others to create

“The Active Living website has information about measures, including some tested measures for national surveillance. Let’s educate those working in state governments to use common measures so that we can make better comparisons across states.”

***Thought Leader Jim Sallis,
San Diego State University***

policy and environmental change. This partnership sought community input on appropriate phrasing of survey items. Better-resourced partners contributed funds to add items to existing state surveys such as the Behavior Risk Surveillance System (BRFSS), but all partners share data and get a comprehensive view of safety and obesity within the state. While New Jersey is not actively engaged in efforts to share lessons learned around data collection with other states, Bunger indicated that such sharing among states could help advance state-level research on safety and health issues.

Day 2: Avenues of Action and Opportunity

The forum concluded with reflections on next steps and recommendations. A synthesis of this discussion can be found in the next section of this report.

3. RECOMMENDATIONS FROM FORUM PARTICIPANTS

A primary goal of the forum was to bring thought leaders together to identify pathways that might foster cross-disciplinary partnerships among those working in violence prevention, healthy eating, and active living. Over two days of presentations, discussion and analysis, leaders identified many steps that can advance the field, focusing particularly on the areas of: 1) partnerships and linkages, which includes information-sharing and dissemination; 2) data collection and measurement, and 3) policy and regulations. Their discussions about opportunities and potential action in each of these domains provide a roadmap for understanding field challenges and a primer for action.

Partnerships and Linkages

The dominant theme of the forum was the need for partnerships and linkages. It animated all discussions and presentations at the forum. It is the backbone of the recommendations forwarded by the thought leaders, relevant to issues of working group formation, publications, philanthropic investment and leadership, communications, and research strategies.

Create new, interdisciplinary partnerships with experts from violence prevention, healthy eating, and active living

A first step in creating a cohesive interdisciplinary field is to help experts appreciate the benefits of collaboration by leveraging the expertise of those working in other disciplines, such as public health, criminal justice, psychology, sociology, or urban studies. These partnerships should have a rich mix of informants from different backgrounds so members of those partnerships can plan and conduct well-informed, comprehensive projects in research and practice that go beyond focusing on violence prevention or obesity prevention in isolation.



Such partnerships could be formed through new working groups and cross-disciplinary panels at annual professional conferences, such as those held by the American Psychological Association (APA) or the American Public Health Association (APHA). Ideally, these working groups and panels could be expanded to welcome a diverse mix of participants, including community members, who can share their on-the-ground experience and knowledge to inform community-based strategies and research in this emerging field. Funders and policymakers likewise have an

important participatory role to play, so their needs can be understood and their content and field knowledge can broaden understanding.

Create and seek out opportunities for cross-pollination of ideas

Professionals often rely on discipline-specific journals and publications as their primary resources to keep abreast of field developments. Showcasing research and practice from this new field in both discipline-specific and interdisciplinary journals offers opportunities for a cross-pollination of ideas that researchers and practitioners might not find within their own field literature. Furthermore, co-authorship of articles in violence prevention, healthy eating, and active living should include a mix of experts from different disciplines so that a range of perspectives can be presented. Ideally, journal editors will commit to developing special issues on violence prevention, healthy eating, and active living, so that publishing outlets for cross-disciplinary work increase and target audiences can more easily be reached. The possibility of publishing the papers presented at this forum in a special journal was discussed as an information-sharing opportunity of this kind.

Use community experience and knowledge to guide interventions and field research

Research and practice in violence prevention, healthy eating, and active living are greatly improved when they include input from community members, including local residents, youth, and representatives from community-based organizations. As offered in the forum presentation about community work in Providence, community members can offer helpful ideas about the interventions that are needed to make their communities safer and more hospitable to physical activity and healthy eating. The forum presentation about state-level data collection in New Jersey also sheds light on how community members can provide input about optimal ways in which survey items can be worded.

Community members can also inform and advance effective research and practice in this field. They are experts on neighborhood needs, understand first-hand what types of questions merit investigation, and can provide valuable input by vetting the wording of survey items. As partners in shaping the research agenda, community members are more likely to feel ownership of the research findings and participate in relevant dissemination of those findings in their communities. This latter step may be particularly helpful when sensitive messages and findings must be communicated. Through participation in these partnerships, community members are more likely to become local champions of work in violence prevention, healthy eating, and active living, thereby sustaining local efforts over time.

Engage youth in all stages of research and practice in this field

Youth play a unique role enriching the quality of research and practice in this field. They can challenge conventional thinking, provide generational insights, and offer inspiration to

researchers and practitioners through their energy and creativity.¹² They also can motivate other youth to get involved in research and/or practice, potentially fostering a new generation of partners who can lead this field in the future.

Increase funder-driven efforts that promote cross-disciplinary philanthropic partnerships

Thought leaders encouraged funders that focus on specific program areas, such as health, justice, or housing, to co-fund research and/or promising community practices that address violence prevention and health promotion.

Such collaboration might signal to potential grantees that those funders see important linkages among violence prevention, healthy eating, and active living.

Knowing that researchers and practitioners often respond to funders' requests, the thought leaders discussed the potential impact of stimulating cross-disciplinary partnerships in this field through mandated funding requirements. Funders might



require grantees to create cross-disciplinary teams in order to receive funds, or they might choose grantees based on grantee ability to forge linkages across fields.

Develop common language in this field that works across disciplines

Not surprisingly, experts in criminology and psychology currently define “community safety,” “crime,” and “violence” differently. To address these variations, common language is needed that provides clear, mutually agreed upon definitions for concepts central to this new field. Also, language choices can influence public perceptions about the reach of problems such as violence and healthy living: it is not “their” problem, but rather a public health issue that affects all people, regardless of whether they live in high-crime areas or not.

¹² Centers for Disease Control Best practices user guide: youth engagement state and community interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center on Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

Build awareness of promising community-based programs and field-specific resources

To date, no synthesis of promising community strategies in violence prevention and obesity prevention exists. However, increasingly more attention is being given to understanding the inter-relationship between these variables and potential solutions, as delineated in *Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living*, a report funded by Kaiser Permanente. Furthermore, a video shared by thought leader Virginia Lee described the Chula Vista, California community partnership, which is part of an innovative pilot project funded by the Convergence Partnership, a national collaboration of funders. This project provided training and technical assistance to six community partnerships to implement policy and environmental approaches to prevent violence and improve healthy eating and active living at the neighborhood level. The community teams consist of representatives from multiple sectors and disciplines, including healthy eating and active living advocates, groups focused on preventing violence, public health departments, local government, law enforcement, and youth.¹³

Thought leaders agreed that increasing knowledge about promising programs is critical to the field's development; the forum's case study presentations on collaborative work being carried out in Pittsburgh, Philadelphia, and Providence, for example, sparked lively discussion about strategy, research methodology and effective partnership building. Lessons learned from a community's successes and failures can shape future practice and guide replication efforts. To help advance this information-sharing objective, funders were urged to support qualitative research and evaluation, such as case studies and syntheses of promising practices used in this field, to help identify core elements of strong programming.

The thought leaders also think it is important to conduct research scans of promising field-specific strategies used in other disciplines. These strategies might have components that can be adapted or expanded for use in cross-sector violence prevention and obesity prevention initiatives.

Create a central repository that links standardized measures, data, and tools in this field

Most of the fields represented at the forum have resources, in the form of publications, meetings, associations, and expert lists, which, if more readily accessible, could be a valuable resource to future collaborative work in the area of violence prevention and healthy eating and active living. The participants suggested the creation of a shared repository, in the form of an online resource, which could house shared information in user-friendly and accessible ways. The thought leaders offered several examples of existing websites that could be useful to this new field if relevant information were added or linked to them. The Active Living Research website (www.activelivingresearch.org) offers access to measures in active living and could be expanded

¹³ <http://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/connecting-safety-to-chronic-disease/community-pilot-projects.html>

to include measures related to violence prevention. Likewise, the website for the National Collaborative on Childhood Obesity Research (NCCOR; www.nccor.org) includes resources on measures, surveillance tools, programs and interventions, and technical assistance strategies related to childhood obesity; it could additionally post resources related to violence prevention, healthy eating, and active living. The websites for RWJF (www.rwjf.org), Prevention Institute (www.preventioninstitute.org), CDC's Division of Violence Prevention, CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO), Department of Justice, Active Living Research, Urban Networks for Thriving Youth (UNITY), and PolicyLink (www.policylink.org) might be used to disseminate products from this field, such as information about promising policies or community strategies. Thought leaders also discussed the opportunity to build upon the Center for Applied Research and Environmental Systems (www.cares.missouri.edu) website, which provides access to numerous GIS data sets, creating place-based linkages to other data collected in this field.

Measurement and Data Collection

Recommendations on measurement and data collection focused on research tools (including new models that need to be developed and existing measures that can be adapted), linkage strategies for existing and future data sources, and related technical assistance needs.

Build comprehensive research models that link variables in violence prevention, healthy eating, and active living

Current field-specific research models often examine select elements of violence prevention, healthy eating, and active living in isolation. Therefore, they are limited in their power to comprehensively link variables from violence prevention to those in healthy eating and active living, and vice versa. For example, a comprehensive research model in this field is one that might depict crime and fear of crime as contextual variables that influence *opportunities* for physical activity and healthy eating, which in turn influence *actual* physical activity and healthy eating behaviors. Another model might show how certain adaptive behaviors, such as finding an alternate route to the grocery store, can serve as moderators to healthy eating among



individuals living in high-crime contexts.

Improve existing surveillance tools to better inform research in this emerging field

Surveillance tools, such as the Behavioral Risk Factor Surveillance System (BRFSS), can offer national, longitudinal data on health topics. The BRFSS is the world's largest, annual national telephone health survey, tracking health conditions and risk behaviors in the United States since 1984.¹⁴ However, in its current form, it does not provide the kind of information envisioned by forum participants because it does not include items that specifically link violence (and fear of violence) to healthy eating and active living behaviors. While there are challenges associated with using surveillance tools like the BRFSS, such as limited response options for certain items, no option for write-in responses for others, and the cost of adding items to a national survey, new or revised surveillance tools are needed to inform this field with national, longitudinal data on the relationships between violence (and fear of violence) and health.

Developing new surveillance tools is ambitious in terms of cost and time. Researchers may need technical assistance to find optimal ways to create items for existing surveillance tools. Input from cross-discipline working groups, about which survey items can be revised and what type of new items may be introduced, will be valuable. Pilot-testing of new items for the BRFSS or other surveillance tools is essential. So too is information sharing about successful efforts to adapt existing research tools, which can be done through posts on a shared repository/website (yet to be developed) and through publication.

Develop strategies to link multi-level data in this field

Research in this new field can benefit from cost-effective ways to connect local-level data, such as survey data on individual behavior, to other levels of data, such as crime statistics. These linkages will allow for richer, multi-level analyses to be conducted. The possibilities are intriguing and compelling: What if individual behavior data could be linked to community-level data, such as crime data, ER visits, and health-care costs? What if data from a Health Impact Assessment (HIA) at a specific location could be compared with another HIA from a different location? Linking such assessments could help researchers deepen their understanding of common and unique community contexts, and offer insights into factors that influence the larger landscape.

The thought leaders suggested exploring whether existing websites, such as the CARES website, could be expanded so that individual-level data can be linked to the GIS data already contained on that site. Because experts working in this field will benefit from knowing how to link multi-level data, training and technical assistance that can help them build those skills will likely need to be a component of data-linkage efforts.

¹⁴ <http://www.cdc.gov/brfss/>

Provide technical assistance to build community capacity for data collection

Thought leaders noted that technical assistance is needed to improve community capacity to engage in research and practice in violence prevention, healthy eating, and active living.

Technical assistance providers who can deliver practical, hands-on skills to representatives from schools, public safety agencies, youth-serving organizations, neighborhood groups, community-based organizations, and human service settings have an important role to play in strengthening data collection efforts that can inform local practice and meet the needs of policymakers and funders.

Policy and Regulations

In forwarding recommendations related to policy and regulations, thought leaders stressed the importance of using reliable, high-quality data for advocacy and other functions. They identified existing policies and regulations and that merit wider implementation, as they have proved to be effective approaches to building safer and healthier communities. Thought leaders also identified holistic community design approaches as important components of this work.

Employ Health Impact Assessments (HIAs) to inform public policy in this field

Existing data collection tools, such as Health Impact Assessments (HIAs), can be especially helpful in informing policy change in this field. The HIA can examine neighborhood factors that contribute to neighborhood violence and help target policy changes that can reduce violence and improve community health. In neighborhoods with high numbers of alcohol outlets or blighted buildings, for example, residents' abilities to establish trust with their neighbors and feel safe outdoors may be hindered,¹⁵ and parents may restrict outdoor play opportunities for their children out of safety concerns. An HIA can help identify the location and distribution of alcohol outlets and blighted buildings, which can directly shape policy and regulations that limit the number of alcohol outlets permissible near green spaces. This environmental change can render green spaces more appealing to residents, which



¹⁵ Ross, C., Mirowsky, J., & Pribesh, S. (2001). Powerlessness and the amplification of threat: Neighborhood disadvantage, disorder, and mistrust. *American Sociological Review*, 66, 4, 568-591.

in turn may influence residents to use those green spaces with greater frequency.

Engage communities as equal partners in the research process to build consensus and develop a strong advocacy platform for policy change

Community-based Participatory Research (CBPR) is an especially appropriate tool for shaping policy decisions in this field. CBPR is conducted as an equal partnership between traditionally trained "experts" and community members. By integrating community participation into every phase of the research process, from planning through dissemination, CBPR can highlight the policy and regulations changes that community members find most important to reduce violence and improve health in their neighborhoods. The inclusion of youth in CBPR projects is especially warranted because their voices are often absent from conversations that directly affect their communities.

Fund and implement place-based policies that result in violence prevention, healthy eating, and active living

Research suggests that place-based policing can make areas safer for healthy eating and active living. Place-based policing begins with an assumption that characteristics of specific places may facilitate criminal activity. Strategies are therefore focused on target areas where crimes are most likely to take place, known as "hot spots." Successful approaches may include increased surveillance and security around those "hot spots." Place-based violence prevention efforts can be further abetted by the development of Business Improvement Districts (BIDs), which can reduce community-level violence by making areas less attractive for violence; cleaned vacant lots, graffiti removal, or improved lighting can augment and further strengthen security and surveillance provided through policing.

During the forum, thought leader Candice Kane highlighted how CeaseFire has successfully used place-based strategies to reduce violence in Chicago and other urban communities. CeaseFire's strategy is to place "interrupters" in community areas that are hot spots for crime and violence. These "interrupters" are community residents who are trained to disrupt violent encounters before they happen. This intervention played a critical role in reducing violence in Chicago and changing community norms about violent behavior. The thought leaders also discussed the CDC's Urban Networks to Increase Thriving Youth (UNITY) as a successful example of using place-based policy to reduce community violence. This RoadMap highlights key action steps cities can follow to prevent violence before it occurs. RoadMap components were developed from literature reviews on violence prevention and extensive interviews with violence prevention practitioners, mayors, police chiefs, public health directors, and school superintendents. Its formative evaluation suggests that cities that used cross-sector partnerships to implement place-based violence-prevention strategies were more effective in reducing violence.¹⁶

¹⁶ <http://www.preventioninstitute.org/unity-resources/unity-roadmap/what-does-it-take/programs-organizational-practices-a-policies.html>

Recognize and support the role of community design in reducing violence and building socially healthy communities

Holistic design principles foster the development of comprehensive policies that improve housing, community infrastructure, physical appearance, green spaces, transportation, and other factors to prevent violence and promote health. Safe-street housing design, including building more houses with front porches and stoops, can promote interactions between residents and foster relationships of trust among neighbors. Porches also may allow residents to spend more time outside and put more “eyes on the street,” which can help reduce violence. Additionally, the thought leaders advocated for mixed-income housing and mixed-use development policies. Mixed-income housing can de-concentrate poverty areas and reverse social deterioration, rendering neighborhoods more fit for outdoor, active living. Mixed-use development policies can attract new businesses to neighborhoods and support pedestrian travel, which also can lead to decreases in crime and increases in active living.¹⁷

¹⁷ Christopher Browning, <http://researchnews.osu.edu/archive/mixeduse.htm>

4. SUGGESTIONS FOR NEXT STEPS

Forum participants identified numerous ways to catalyze this emergent field of violence prevention, healthy eating, and active living. The following initial steps are suggested to accelerate change and foster forward momentum.

To bridge current fields, internal working groups are needed, particularly within organizations like the CDC, which already have separate divisions working in violence prevention and obesity prevention. At the forum, Rita Noonan and Terry O'Toole of the CDC offered to initiate a cross-disciplinary CDC working group on violence prevention and obesity prevention. It is suggested that this CDC group collaborate with external members once it has solidified its membership and goals. As a start, this CDC group could meet monthly via phone with a subgroup of RWJF's Childhood Obesity team to discuss ways in which this field can develop.

Travel constraints limited some federal agencies from participating in the forum. A follow-up meeting might take place in Washington, DC, or a location accessible by those agencies, so that representatives from the Department of Housing and Urban Development, National Institutes of Justice, and the Department of Health and Human Services can be brought into conversations about developing this field. Additional thought leaders might be invited to this meeting, such as representatives from other private and public funders working in relevant program areas, experts from CARES and PolicyLink, and editors and editorial board members of journals that can offer cross-sector opportunities for field-relevant publication. Examples of such journals include the *American Journal of Preventive Medicine*, *American Journal of Public Health*, *Journal of Pediatrics*, and *Journal of Community Health*.

As the recommendations from forum thought leaders suggest, in almost every aspect of professional practice, whatever their discipline, thought leaders can facilitate the work of this developing field by embracing and supporting relevant cross-disciplinary work in spheres where they exert influence. This includes by championing more expansive editorial approaches within discipline-specific journals (including the creation of special issues that address violence prevention and community health); by developing research approaches that tap expertise across sectors and engage community members and youth; by advocating for cross-sector programming at professional annual meetings; and by supporting and developing funding initiatives that mandate multi-disciplinary partnerships and/or give priority to grantees that exhibit readiness and commitment to work across the fields of violence prevention and obesity prevention.

Thought leaders can function as powerful ambassadors for this work through their own speaking engagements and publications. Social networking media, such as Twitter and Facebook, provide another mechanism to stimulate discussion about the important links between violence prevention and public health. Creating a united field of violence prevention, healthy eating, and active living is a goal within reach; it requires participation from many, beginning with the thought leaders who gathered at the forum.

Appendix A: Meeting Agenda

Goal Statement: Understanding how to reduce violence and address community barriers to physical activity and healthy eating is crucial to preventing childhood obesity. Goals of this meeting relate both to practice and to research.

For practice:

- Share innovative, effective community-based violence prevention strategies that help people feel more safe, become more physically active, and gain access to healthy food.
- Inform future efforts headed by national funders, including the Robert Wood Johnson Foundation and Centers for Disease Control and Prevention, to build community strategies to prevent childhood obesity.

For research:

- Review and discuss how community safety and perceptions of safety may influence physical activity and access to healthy foods.
- Discuss the challenges in measuring community safety and linking it to physical activity and healthy eating.
- Identify ways in which research and practice might improve measurement, policy and environmental change, interdisciplinary partnerships, and information-sharing across fields.
- Move toward developing an interdisciplinary definition of “community safety” that can best inform practice and research.

Practitioners will be encouraged to provide information about the following topics:

- Intervention strategies
 - What types of policy and/or environmental changes are used to address violence prevention?
 - What are the effects of their strategies on the community?
 - What were the most important factors that got their interventions off the ground?
 - What needs to happen or be present to get their strategies working/moving? And more specifically, what tangible/intangible resources are needed?
- Partnerships
 - Which sectors/groups do they work with?
 - How do they connect the different groups to each other so all are informed?
 - Ideally, which, if any, other people/groups need to be included as partners in their work to help their strategies get implemented? Operate better?
- Information-Sharing and Dissemination of Ideas
 - What have they learned from their experiences in implementing these interventions?
 - What would they have done differently, knowing what they know now?

- Research and data collection
 - What research and data collection have they used to support development of effort? In other words, did research guide the strategy? What research and data collection have they used as effort got off the ground?
 - Have they measured community violence and safety? If so, how?
 - How have they measured the “success” of their strategy?
 - Have they tracked whether their violence prevention strategies helped increase physical activity, access to healthy food, or healthy eating? If so, how?
 - Did they have to rely on police department records or other government collected data?
 - What are some of the constraints and realities in collecting data?
 - How might research and measurement better inform their work?

DAY 1: MORNING

- | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:00 – 8:30 a.m. | Continental breakfast |
| 8:30 – 9:00 a.m. | Welcome, Introductions, Review of Site Logistics <ul style="list-style-type: none"> • Laura Leviton (RWJF) <ul style="list-style-type: none"> ○ Welcome ○ Introduction of Co-Chairs • Elaine Cassidy (OMG Center for Collaborative Learning) <ul style="list-style-type: none"> ○ Introduction of participants ○ Introduction of OMG team ○ Overview of facilities • Gerri Spilka <ul style="list-style-type: none"> ○ Review of rules for conversation ○ Roles of facilitators and co-chairs |
| 9:00 – 9:05 a.m. | Introduction of Ursula E. Bauer and Linda C. Degutis from Laura Kettel Khan, Senior Scientist for Policy and Partnerships, DNPAO, the Centers for Disease Control and Prevention (CDC) |
| 9:05 – 9:15 a.m. | Welcome comments from Ursula E. Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, CDC |
| 9:15 – 9:25 a.m. | Welcome comments from Linda C. Degutis, Director of the National Center for Injury and Control, CDC |
| 9:25 – 9:35 a.m. | Welcome comments from James S. Marks, Senior Vice President of the Health Group, RWJF (via video) |

- 9:35 – 9:45 a.m. VIDEO CLIP FROM CEASEFIRE, presented by Candice Kane, Chief Operating Officer of the Chicago Project for Violence Prevention, University of Illinois - Chicago
- 9:45 – 10:15 a.m. Framing of the Day
- Co-Chairs: Larry Cohen (Prevention Institute) and Caterina Roman (Temple University)
- 10:15 – 10:30 a.m. MORNING BREAK WITH SNACK
- 10:30 – 10:35 a.m. Introduction of Presenters (Co-Chair Larry Cohen)
- 10:35 - 11:35 a.m. A BROAD LOOK AT VIOLENCE PREVENTION FROM DIFFERENT POINTS OF VIEW: WHAT DO WE KNOW AND WHAT DO WE CURRENTLY DO? WHAT DO WE NEED TO KNOW AND DO?
- 10:35 – 10:55 a.m.
- What do we know about violence and how it affects the lives of parents and children? Views from the criminology field
- Speaker: John MacDonald (Penn)
- 10:55 -11:15 a.m. Understanding how violence prevention can promote physical activity and healthy eating
- Speaker: Virginia Lee (Prevention Institute)
- 11:15 – 11:35 a.m. What do we know about violence and how it affects the lives of parents and children? Views through a public health lens
- Speaker: Deborah Prothrow-Stith (Harvard; UNITY)
- 11:35 -12:00 p.m. Guided Q&A (led by co-chairs)
- 12:00-12:40 p.m. LUNCH

DAY 1: AFTERNOON

- 12:40– 12:45 p.m. Introduction of Presenters (Co-Chair Caterina Roman)
- 12:45 – 1:15 p.m. PRACTITIONER EXPERIENCE: ENGAGING THE RIGHT PARTNERS IN COMMUNITY-BASED VIOLENCE PREVENTION THAT CAN PROMOTE CHILDREN’S PHYSICAL ACTIVITY AND ACCESS TO HEALTHY EATING

PARTNERSHIPS WITH LAW ENFORCEMENT

Speaker: Frank Shea (Director of Olneyville Housing Corporation in Providence, RI)

1:15 - 2:15 p.m. MORE PRACTITIONER EXPERIENCE: HOW DIFFERENT PARTNERSHIPS CAN HELP US LEARN ABOUT CONNECTIONS BETWEEN VIOLENCE PREVENTION AND CHILDREN’S PHYSICAL ACTIVITY AND ACCESS TO HEALTHY EATING

1:15 – 1:45 p.m.
MEASURING CHANGES IN HEALTHY EATING ACCESS
Speakers: Jorge Santana (Hunting Park United of Philadelphia, PA) and Allison Karpyn (The Food Trust)

1:45 – 2:15 p.m.
CREATING STRONGER PARTNERSHIPS BETWEEN THE RESEARCH AND PARKS AND RECREATION COMMUNITIES
Speakers: Meg Cheever (Pittsburgh Parks Conservancy) and Mindy Fullilove (Columbia University)

2:15-2:45 p.m. Guided Q&A (led by co-chairs)

2:45 – 3:00 p.m. BREAK WITH AFTERNOON SNACK

3:00 – 3:15 p.m. Introduction of Breakout Group Activity (Gerri Spilka, OMG)

3:15 – 4:15 p.m. Break-out Groups Meet and Discuss Their Topics
Groups will suggest 6 changes that are needed to improve future research and practice in this field and then prioritize the 6 changes ranking them from: 1) The one that is easiest to implement to 6) the one that is most difficult to implement.

4:15 – 4:45 p.m. GROUPS REPORT BACK (Led by OMG)

4:45 – 5:30 p.m. LARGE-GROUP DISCUSSION (Led by co-chairs)

5:30 p.m. ADJOURN FOR THE DAY

6:30 – 8:30 p.m. OFF-SITE DINNER AT ATLANTA PERIMETER HOTEL

DAY 2: MORNING

- 8:30 – 9:00 a.m. Continental breakfast
- 9:00 – 9:15 a.m. Welcome, Goals for the Day (Co-Chairs)
- 9:15 – 9:25 a.m. VIDEO CLIP FROM CHULA VISTA (San Diego), presented by Virginia Lee, Program Manager, Prevention Institute
- 9:25 – 9:30 a.m. Introduction of Presenters (Co-Chair Caterina Roman)
- 9:30 – 10:30 a.m. PRESENTATIONS ON “NOW WHAT”?
Moving forward, how do we apply what we’ve learned to inform research and practice?
- 9:30 – 10:00 a.m.
What is not working with the current research agenda? How might we promote better research on violence prevention that can promote physical activity and/or access to healthy eating?
Speaker: Jim Sallis, San Diego State University
- 10:00 – 10:30 a.m.
How might we balance our need for high-quality evidence with the challenges of working in real-world settings? The pros and cons of collecting qualitative vs. quantitative data.
Speaker: Erin Bunger, NJ Office of Nutrition and Fitness
- 10:30 – 10:45 a.m. GUIDED Q&A (Led by Co-chairs)
- 10:45 – 11:00 a.m. BREAK
- 11:00 – 12:00 FINAL LARGE-GROUP DISCUSSION, INCLUDING A DISCUSSION OF NEXT STEPS (Led by the co-chairs)
- 12:00 p.m. ADJOURN

Appendix B: Breakout Activity Instructions, Assignments, and Questions

Instructions

How might interdisciplinary partnerships, policy and regulations that promote environmental change, information-sharing across fields, and measurement and data be changed to improve research and practice in violence prevention? This question is the focus of our breakout group activity.

Your group will discuss one of the following topics:

- Partnerships and working across fields – with physical activity/active living, with nutrition, with community health, etc.
- Information-sharing and dissemination of ideas; what we've learned from other fields that can inform our work here
- Policies and regulations
- Measurement and data

Your group will suggest 6 changes that need to take place related to partnerships, policy and regulations, information-sharing, and measurement in order to improve future research and practice in violence prevention. Your group will prioritize the 6 changes, ranking them from 1) The change that is easiest to implement to 6) the change that is most difficult to implement.

Each group has an assigned leader and will need a scribe. We ask that someone in the group volunteer to take notes during your group's discussion and then submit their written or electronic notes to Monica of OMG after this activity has taken place. The group leader will receive a list of questions to guide the group's discussion. Leaders will report back to the larger group when we reconvene

You have 45 minutes to convene as a group. After the 45-minute breakout discussions, we will reconvene to report back and engage in a large-group discussion.

Breakout Group Assignments

<p>Group 1: Partnerships</p> <p>Virginia Lee (Lead) Ralph Taylor Michelle Sternthal Becky Bunnell Janet Fulton Annie Carr Steve Eldred</p>	<p>Group 2: Info-sharing and Dissemination; Lessons Learned from Other Fields</p> <p>Keshia Pollack (Lead) Julia Ryan Arlene Greenspan Joan Dorn Lisa Gary John MacDonald</p>	<p>Group 3: Policy and Regulations</p> <p>Larry Cohen (Lead) Marci Hertz (co- Lead) Howard Spivak Monica Brown Amy Peebles Ursula Bauer Mindy Fullilove</p>	<p>Group 4: Measurement and Data</p> <p>Caterina Roman (Lead) Laura Leviton (co- Lead) Erin Bunger Robert Ping Alicia Hunter Sarah Lee Phil Bors</p>
<p>Group 5: Partnerships</p> <p>Rita Noonan (Lead) Meg Cheever Jorge Santana Greta Massetti Carol MacGowan Rich Puddy Terry O'Toole</p>	<p>Group 6: Info-sharing and Dissemination; Lessons Learned from Other Fields</p> <p>Laura Kettel Khan (Lead) Elaine Cassidy (scribe) Frank Shea Candice Cane Kate Reddy Corinne Ferdon Vanessa Farrell</p>	<p>Group 7: Policy and Regulations</p> <p>Deborah Prothrow- Stith (Lead) Wendy Sedlak (scribe) Dean Isabella Candace Rutt Sarah Bacon Sara Patterson Linda DeGutis Bill Dietz</p>	<p>Group 8: Measurement and Data</p> <p>Jim Sallis (Lead) Monica Getahun (scribe) Allison Karpyn James Moreland Roseanne Farris Neil Rainford Janet Saul Natalie Wilkins</p>

Questions to Guide Breakout Group Discussions

Partnerships

- Which partners need to be brought into this work to help violence prevention be better implemented?
- Which changes are most needed in the types of partnerships that are formed – and the quality of partnerships that are formed -- to improve violence prevention practice and research?

Information-sharing and Dissemination; Lessons Learned from Other Fields

- Which fields might violence prevention better connect to and learn from in order to improve its research and practice related to obesity prevention?
- What changes need to be made in information-sharing and dissemination to connect different groups/fields so that all are informed and learn from each other?
- What changes are needed to better connect research and practice in violence prevention?

Policy and Regulations

- What changes are needed in local, state, and federal policies and regulations to improve violence prevention practice, especially as it relates to obesity prevention?
- How might local, state, and federal policies and regulations improve the climate for research in violence prevention, especially as it relates to obesity prevention?

Measurement and Data

- How might measurement and data be better used to track whether violence prevention strategies helped increase physical activity, access to healthy food, or healthy eating?
- How might measurement and data be improved to help violence prevention researchers and practitioners learn about/from each other?

Appendix C: Participant Biographies

Ursula Bauer

Dr. Bauer is the director of CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). In that role, she sets the strategic direction for the center's "Winnable Battles" of tobacco use prevention, improved nutrition and physical activity, and prevention of teen and unintended pregnancy, as well as key priorities related to the leading causes of death. NCCDPHP has an annual budget of about \$1 billion and 1,300 staff dedicated to preventing chronic diseases and promoting health across the life span, in key settings, and with attention to the primary chronic disease risk factors. Before becoming director of NCCDPHP, Dr. Bauer was director of the Division of Chronic Disease and Injury Prevention in the New York State Department of Health. Her entire public health career has been in state service, in Louisiana, Florida, and New York.

Philip Bors

Mr. Bors is a Project Officer for Active Living By Design (ALBD), where he provides technical assistance for community partnerships and other organizations. He joined ALBD in its initial days, helping to develop the Community Action Model-5P Strategies and establish ALBD as a national leader promoting active living community design. Mr. Bors also serves as coordinator for evaluation for ALBD and led the development, implementation, data analysis and reporting for a web based extranet progress documentation system for community change. Mr. Bors also provides assistance and consultation to the North Carolina Department of Health (DHHS) and previously provided testimony and input to the NC Department of Transportation, NC Institute of Medicine, and task forces of the NC General Assembly.

Monica Brown

Ms. Brown currently serves as the Director for Neighborhood Transformation with the Shawnee Christian Healthcare Center in partnership with the Shawnee Neighborhood Association. The Shawnee Neighborhood Association is a non-profit corporation committed to developing and supporting neighborhood programs, services, businesses and activities that empower and improve the quality of life for all residents in the neighborhood. Ms. Brown has over 15 years' experience in community development, program management, and grant writing for local government, nonprofit organizations and neighborhood-based ministries.

Erin Bunger

Ms. Bunger works as the Surveillance Specialist with the Office of Nutrition & Fitness, New Jersey Department of Health and Senior Services. In this capacity, she is responsible for the planning, development, implementation and monitoring of evaluation and surveillance efforts related to obesity prevention through the implementation of policy and environmental change strategies. Prior to coming to the Office of Nutrition & Fitness, Ms. Bunger coordinated and

provided assistance with projects around worksite wellness, smoke-free policies and tobacco advertising at the University of North Carolina-Chapel Hill. She also worked at the Bloustein Center for Survey Research at Rutgers University where she administered statewide data collection projects for student health and wellness surveys.

Rebecca Bunnell

Dr. Bunnell is the Acting Division Director for CDC's Division of Community Health (proposed). In this capacity, Dr. Bunnell oversees CDC's community health programs, including Healthy Communities, REACH, Communities Putting Prevention to Work, and the Community Transformation Grants. CDC's community health portfolio is focused on preventing chronic disease by producing sustainable, positive and improved health outcomes through the implementation of policy, environmental, programmatic and infrastructure change. The Division of Community Health works closely with other Divisions and partners on key public health issues with a special emphasis on obesity and tobacco prevention. Prior to this appointment, Dr. Bunnell served as the Program Director for the *Communities Putting Prevention to Work* Initiative within the Division of Adult and Community Health at CDC.

Annie Carr

Ms. Carr is a Public Health Nutritionist at the Centers for Disease Control and Prevention, in the National Center for Chronic Disease Prevention and Health Promotion, in the Division of Nutrition, Physical Activity and Obesity (DNPAO), Program Development and Evaluation Branch (PDEB). Currently, she is serving as Public Health Advisor for four funded states (MI, IN, NJ, & RI) and Technical Consultant to four unfunded states (LA, MS, AL and DC) for the Nutrition, Physical Activity and Obesity Programs. She is also the CDC representative to the National Cancer Institute for the Body and Soul: A Celebration of Healthy Eating and Living Programs. Presently, Ms. Carr is DNPAO's liaison to the African-American Collaborative Obesity Research Network (AACORN). She has over 30 years of experiences in public health nutrition at the local, state, and federal levels.

Meg Cheever

Ms. Cheever is the Founding President and CEO of the Pittsburgh Parks Conservancy, a 15 year old non-profit organization in Pittsburgh, Pennsylvania. The Parks Conservancy's mission is to "improve quality of life for the people of Pittsburgh by restoring the park system to excellence in partnership with the city". Prior to founding the Pittsburgh Parks Conservancy, Ms. Cheever spent 18 years at local media company, WQED, Pittsburgh, where she served as General Counsel and later as publisher of *Pittsburgh* magazine from 1991-1997. During her tenure as publisher, the magazine received the City and Regional Magazine Association's gold medal for general excellence, the highest national award given a city magazine. Ms. Cheever, a lawyer by training, has extensive experience in communications and marketing, parks management and fundraising.

Larry Cohen

Mr. Cohen, founder and Executive Director of Prevention Institute, has been an advocate for public health, social justice, and prevention since 1972. He established Prevention Institute in 1997 as a national non-profit center dedicated to improving community health and well-being by building momentum for effective primary prevention. The Institute's work is characterized by a systems approach to prevention, a strong emphasis on community participation, and promotion of equitable health outcomes among all social and economic groups. Previously, Mr. Cohen served as founding Director of the Contra Costa County Prevention Program, where he engaged the American Cancer Society and the American Heart and Lung Associations in forming the first coalition in the United States to change tobacco policy by passing the nation's first multi-city smoking ban. Mr. Cohen also created the Food and Nutrition Policy Consortium, whose work led to a county food policy that sparked momentum for the U.S. food labeling law.

Linda Degutis

Dr. Degutis joined CDC in 2010 as Director of the National Center for Injury Prevention and Control. Dr. Degutis most recently was Research Director for the Department of Emergency Medicine at Yale School of Medicine and Director of the Yale Center for Public Health Preparedness (YCPHP) at the Yale School of Public Health. In addition, she directs the Connecticut Partnership for Public Health Workforce Development, part of the New England Alliance for Workforce Development. Dr. Degutis' research interests have centered on issues related to alcohol and injury, with a particular focus on interventions and policy issues. Her work has been funded by the CDC, National Institutes of Health, Robert Wood Johnson Foundation, the Substance Abuse and Mental Health Services Administration, and the National Highway Traffic Safety Administration. She was a Robert Wood Johnson Health Policy Fellow, serving in the office of the late Senator Paul Wellstone (D-MN).

William Dietz

Dr. Dietz is the Director of the Division of Nutrition, Physical Activity, and Obesity at the CDC. Prior to his appointment to the CDC, he was a Professor of Pediatrics at the Tuft's University School of Medicine, and Director of Clinical Nutrition at the Floating Hospital of New England Medical Center Hospitals. Dr. Dietz is a member of the Institute of Medicine, a recipient of the Holroyd-Sherry award from the AAP for his contributions to the field of children and the media, and the recipient of the 2006 Nutrition Research award from the AAP for outstanding research in pediatric nutrition. In 2005 he received the George Bray Founders Award from the North American Association for the Study of Obesity. In 2008 he received the Oded Bar-Or award from the Obesity Society for excellence in pediatric obesity research. He is the author of over 200 publications in the scientific literature, and the editor of five books.

Joan Dorn

Dr. Dorn is the Chief of the Physical Activity and Health Branch in the Division of Nutrition, Physical Activity and Obesity at CDC. Dr. Dorn recently joined CDC after serving as Professor and Chair of the Department of Exercise and Nutrition Sciences and Research Professor in the Department of Social and Preventive Medicine in the School of Public Health and Health Professions at the State University of New York, University at Buffalo. Dr. Dorn holds a Bachelor's degree in physical education, a Master's degree in physical education/exercise physiology and a PhD. Degree in Epidemiology and Community Health. Dr. Dorn's research interests include the role of physical activity in the primary and secondary prevention of chronic diseases, particularly cardiovascular diseases and obesity.

Steve Eldred

Mr. Eldred has worked in the San Diego Regional office for The California Endowment since 2001. He currently leads The Endowment's Building Healthy Communities strategy for San Diego County, with a targeted focus in the City Heights neighborhood in central San Diego. This strategy is a comprehensive, 10-year commitment to support fundamental policy and systems changes at local and state-levels to build healthy communities where children are healthy, safe, and ready to learn. The strategic vision for healthy communities is to achieve significant improvements in issues such as childhood obesity, youth violence, and access to prevention-oriented health care through improvements in physical, social, and economic environments and through systemic integration of efforts among health, human service, education, and other systems of care that impact opportunities for health among children and their families.

Roseanne Farris

Dr. Farris is currently the Program Development and Evaluation Branch Chief in the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion in Atlanta. This Branch leads the Nutrition, Physical Activity and Obesity Prevention program in 25 funded state health departments, as well as the Community Putting Prevention to Work-State and Territory Initiative in 58 states, and territories. Dr. Farris is the lead for 3 teams in this branch. They include a Program Advancement Team that manages the grantee cooperative agreement and implements project officer training, technical assistance, operations and management and program monitoring for performance assessment and risk mitigation. A second team that Dr. Farris directs is devoted to science translation and resource development. Finally, an evaluation team is guided by Dr. Farris to conduct program evaluation, evaluation research, monitoring for accountability and evaluation technical assistance for local evaluation capacity building.

Corinne (“Cory”) Ferdon

Dr. Ferdon is a Behavioral Scientist at the Centers for Disease Control and Prevention’s Division of Violence Prevention leading the *Striving To Reduce Youth Violence Everywhere* (STRYVE), a national initiative to prevent youth violence before it starts. Through this work, she assists communities in prioritizing the prevention of youth violence and implementing and evaluating evidence-based youth violence prevention strategies. She also is responsible for developing partnerships with federal and nonfederal organizations to develop comprehensive, multi-sector approaches to youth violence prevention. Prior to joining CDC, Dr. Ferdon was an Assistant Professor at Emory University School of Medicine where she conducted research and provided psychological services to youth and families affected by sexually transmitted diseases, HIV/AIDS, and other chronic health conditions. Her areas of expertise include adolescent development and the prevention of youth violence, child maltreatment, and adolescent suicide.

Mindy Fullilove

Dr. Fullilove is a research psychiatrist at New York State Psychiatric Institute and a professor of clinical psychiatry and public health at Columbia University. She has conducted research on AIDS and other epidemics of poor communities, with a special interest in the relationship between the collapse of communities and decline in health. From her research, she has published *Root Shock: How Tearing Up City Neighborhoods Hurts America and What We Can Do About It*, and *The House of Joshua: Meditations on Family and Place*. Dr. Fullilove has also published numerous articles, book chapters, and monographs. She has received many awards, including inclusion on “Best Doctors” lists and two honorary doctorates (Chatham College, 1999, and Bank Street College of Education, 2002). She is finishing a new book, *Elements of Urban Restoration: Rebuilding America’s Cities after Blight, Flight and Disinvestment*.

Janet Fulton

Dr. Fulton is an epidemiologist and team leader in the Division of Nutrition, Physical Activity, and Obesity at The U.S. Centers for Disease Control and Prevention in Atlanta, Georgia. Prior to her appointment in 1998 she held teaching positions in the Department of Epidemiology at the University of Texas-Houston and in the Department of Kinesiology at Texas Woman's University. She was also a Research Associate at the Center for Epidemiologic Research at The Center for Health Promotion and Research Development at the University of Texas-Houston. Dr. Fulton has published articles on topics such as assessing physical activity and attitudes in children, the levels of physical activity among elementary and middle school children during their physical education classes, weight loss and weight gain prevention among youth, the association between physical activity and changes in cardiovascular disease risk factors.

Lisa Gary

Dr. Gary is an Assistant Professor Department of Health Care Organization and Policy at the University of Alabama at Birmingham (UAB). Dr. Gary's research interests are focused on the experiences of vulnerable populations in the health care system and the application of epidemiologic methods in health services research. More specifically, she has studied racial differences in measures of patient-centered health care quality, social determinants of childhood obesity, and health care quality disparities for people with chronic illnesses (e.g. - obesity, depression, osteoarthritis, and diabetes). She is also interested in examining how patient-level factors (such as attitudes about medical decision-making and patient trust) and organizational factors (such as managed care and health workforce diversity) influence consumer empowerment and health care quality.

Arlene Greenspan

Dr. Greenspan is a senior scientist on the Motor Vehicle Injury Prevention Team at the National Center for Injury Prevention and Control (NCIPC). Dr. Greenspan conducts research in the area of motor vehicle safety focusing on child occupant and teen driver and occupant injuries. Prior to joining CDC in 2003, Dr. Greenspan was an Assistant Professor in the Department of Rehabilitation Medicine at Emory University, where her research focused on traumatic brain injury, injury outcomes, and prevention of falls. Dr. Greenspan has authored numerous peer-reviewed publications in the area of injury prevention and control and has given presentations related to a variety of injury areas including teen driving, graduated driver licensing, and child passenger safety.

Marci Hertz

Ms. Hertz is a Health Scientist in the Division of Violence Prevention at CDC. She is the lead programmatic support and contact for communities awarded funds to implement a public health approach to prevent youth violence, provide training and technical assistance to these communities in partnership with other CDC partners or designees, provide consultation to communities using on-line tools and resources, and work with other Division initiatives on preventing youth violence. Prior to this position, Ms. Hertz served as a Health Scientist in the Division of Adolescent and School Health (DASH), in the National Center for Chronic Disease Prevention and Health Promotion at CDC. In this role, Ms. Hertz served as the lead content expert for violence and unintentional injury prevention in schools.

Alicia Hunter

Ms. Hunter currently serves as the team lead for policy and partnerships in the Division of Nutrition, Physical Activity, and Obesity. She joined the CDC in 2000 as a fellow in the Office on Smoking and Health where she provided assisted CDC in its efforts to produce supporting material for the Department of Justice's lawsuit against the tobacco industry, implemented CDC's reporting activities under the Federal Cigarette Labeling and Advertising Act and worked

with other federal agencies to identify the scope and prevent the illicit trade of tobacco products. Ms. Hunter joined the National Center for Chronic Disease Prevention and Health Promotion in 2004 where she worked as a public health analyst on public health priorities related to workplace health promotion, law, and obesity. Prior to joining CDC, Alicia was a social worker at Duke University Medical Center.

Dean Isabella

Lt. Isabella is Commanding Officer for District 5 in the Providence Police Department. He has been recognized for his community work and active engagement with the Olneyville neighborhood of Providence. After an unsettling fire in March 2011, Lt. Isabella brought the Providence Police Chief, Olneyville Housing Corporation, and the Local Initiatives Support Corporation together to create a foreclosure response project. He has worked with these organizations to help develop a number of strategies to decrease the impact of a distressed economy by addressing vacant and unmaintained nuisance properties. Working to renovate and develop more housing opportunities for low income residents of the neighborhood.

Candice Kane

Dr. Kane is the Chief Operating Officer of the Chicago Project for Violence Prevention, a strategic public health initiative to support community-based and city-wide violence prevention. Her responsibilities with the Chicago Project include day-to-day oversight of all program activities, including those related to CeaseFire, the campaign to stop shootings and killings, and evaluation. In addition to her management duties, Dr. Kane is actively involved in the framing and implementation of policy, program development, drafting of program-related materials including training curricula and brief performance reports, and budget projections. Prior to joining the staff of the Project, Dr. Kane was director of a state planning and research agency and part of the University of Chicago team that developed, implemented and tested the Office of Juvenile Justice and Delinquency Prevention Comprehensive Gang Model.

Allison Karpyn

Dr. Karpyn serves as the Director of Research and Evaluation for The Food Trust, a Philadelphia-based non-profit organization committed to providing access to affordable nutritious foods. Her current research efforts include the study of Farmers Market's operating in underserved neighborhoods and the study of in-store marketing approaches in Supermarkets to promote purchasing and consumption of healthy food. In addition to her position at The Food Trust, Dr. Karpyn teaches program planning and evaluation as well as community assessment courses in the MPH and DPH programs at Drexel University. Additional research and evaluation work experiences include time at the Center for Policy Research in Education at The University of Pennsylvania as well as work with the Johns Hopkins Center for Technology in Education.

Laura Kettel Khan

Dr. Laura Kettel Khan is the Senior Scientist for Policy and Partnerships in the Office of the Director in the Division of Nutrition, Physical Activity, and Obesity at the Centers for Disease Control and Prevention. The Division is the primary public health agency working to prevent obesity and chronic diseases in the United States. Their programs focus on state health departments, communities, schools, worksites and medical care systems. Dr. Kettel Khan serves on numerous national advisory committees related to evaluation and evidence for community environmental and policy efforts. She represents the Agency on our national partnerships with private foundations which focus on obesity prevention such as the Convergence Partnership including Kaiser Permanente, WK Kellogg Foundation, Kresge Foundation, Nemours, Robert Wood Johnson Foundation, and The California Endowment and NCCOR (National Collaboration for Childhood Obesity Research) including NIH, USDA, and the Robert Wood Johnson Foundation.

Sarah Lee

Dr. Lee is the physical activity health scientist in the Division of Adolescent & School Health at the Centers for Disease Control and Prevention, where she provides content expertise on numerous documents, resources, surveillance studies, and CDC-funded programs related to youth physical activity, physical education, and childhood obesity prevention. Her interests include school policies and environmental influences on physical activity among youth, physical activity assessment, and the coordinated school health model applied to designing effective comprehensive physical activity programs for young people. Dr. Lee is the lead author on CDC's *Physical Education Curriculum Analysis Tool (PECAT)* and the upcoming second edition of CDC's *Guidelines for Schools to Promote Lifelong Healthy Eating and Physical Activity Among Young People*.

Virginia Lee

Ms. Lee is a Program Manager at Prevention Institute, which provides training and consultation to government agencies, community collaboratives, and foundations on advancing prevention approaches and building effective interdisciplinary partnerships to support policy and organizational practice changes focused on health equity, healthy eating, active living, and injury prevention. Ms. Lee also oversees project efforts to promote cross-cutting strategies that address the intersection of violence and chronic disease. She is a co-author of the report, *Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living*, and manages the Convergence Partnership pilot project that brings together diverse partners to implement approaches that simultaneously prevent violence while promote healthy eating and activity. Prior to joining the Institute, Ms. Lee completed a three-year fellowship with the Public Health Prevention Service at the Centers for Disease Control and Prevention (CDC).

John MacDonald

Dr. MacDonald is the associate professor of criminology at the University of Pennsylvania and Director of the Jerry Lee Center of Criminology. Dr. MacDonald works on a wide variety of research topics that include the study of interpersonal violence, race and ethnic disparities in criminal justice, and the effectiveness of social policy responses to crime. His research agenda includes evaluations of crime prevention interventions and health impacts. Dr. MacDonald has served as a principal investigator and co-principal investigator on health, injury prevention, and crime research projects through funding provided by the American Statistical Association, the National Institute of Justice, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and the National Institutes of Health. He was awarded the Young Experimental Scholar Award by the Academy of Experimental Criminology for significant contributions to experimental research.

Greta Massetti

Dr. Massetti is Lead Behavioral Scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention. As Lead Scientist in the Division of Violence Prevention, Dr. Massetti is responsible for providing scientific leadership on activities related to evaluation of programs, policies, and strategies to prevent youth violence, sexual violence, and community violence. Dr. Massetti leads the division's Academic Centers of Excellence in Youth Violence Prevention program, which involved establishing research-community partnerships to implement and evaluate comprehensive strategies to prevent violence in high-risk communities through multisectoral collaborations. Dr. Massetti has conducted research evaluating the effects of comprehensive, school-based prevention and intervention strategies for children in high-risk urban environments. Dr. Massetti's research also addresses contextual factors affecting youth development, including academic achievement and youth violence.

James Moreland

Mr. Moreland is the Chairman of the Eastside Taskforce and the East Chattanooga Weed and Seed. The Eastside Taskforce is a grass roots organization comprised of leaders from all nine communities located in the east side area of Chattanooga, Tennessee. It has grown to be one of the strongest community organizations in the Chattanooga Area. The Taskforce has partnered with more than fifty other organizations and has become recognized by most community and civic organization in Chattanooga. In October 2007 the Eastside Taskforce was awarded a Million-Dollar Federal Weed and Seed Grant to continue the work of the Eastside Taskforce with other community organizations. The Taskforce focuses on areas including crime prevention, housing-landlord issues, health issues, youth concerns, and economic development for the East Chattanooga Area.

Rita Noonan

Dr. Noonan is the Leader of the Home and Recreation Team, Division of Unintentional Injury Prevention at the CDC. This team of scientists conducts epidemiologic, intervention, and programmatic research on a diverse array of injury topics, including the prevention of older adult falls, prescription drug overdose, and drowning. She joined CDC's Division of Violence Prevention in 2001 as a Behavioral Scientist, where she focused on creating a bridge between research and practice. Dr. Noonan worked on several projects related to sexual and teen dating violence prevention, program planning and evaluation, and translation research. The published results of this work can be found in *Health Promotion Practice*, *The American Journal of Community Psychology*, and *Violence Against Women*. Prior to joining CDC, Dr. Noonan worked as a sociology and women's studies professor at the University of Iowa. Dr. Noonan has been the recipient of several prestigious awards, including a Fulbright Scholarship and a MacArthur Fellowship.

Terry O'Toole

Dr. O'Toole serves as Senior Advisor on the Communities Putting Prevention to Work: State and Territory Initiative with the Division of Nutrition, Physical Activity, and Obesity at the Centers for Disease Control and Prevention. The Communities Putting Prevention to Work program is focused on preventing chronic disease by producing sustainable, positive and improved health outcomes through the implementation of programmatic efforts through policy, systems, and environmental level change. Prior to his current assignment, Dr. O'Toole served as a Health Scientist in CDC's Division of Adolescent and School Health providing technical and scientific planning, implementation, dissemination, and analysis of healthy eating directed at school-age populations; and, as a technical expert and adviser in design, conduct, and analysis of intervention and surveillance studies and projects related to healthy eating among school-age populations for CDC, other state and federal entities, and NGOs.

Sara Patterson

Ms. Patterson is the Associate Director for Policy at CDC's Injury Center, where she oversees policy and partnership activities in an effort to increase the visibility of injury as a critical public health issue and reduce the burden of injuries and violence. She has been with the Injury Center since 2007, when she joined the organization as the Deputy Director of the Office of Policy, Planning, and Evaluation. Prior to joining the Injury Center, Ms. Patterson spent 5 years in CDC's Financial Management Office, focusing on Congressional relations, budget and policy development, and performance management. Ms. Patterson joined CDC as a Presidential Management Fellow (PMF) in 2002 after serving as a legislative and policy intern with Kids PEPP (Public Education and Policy Project) for the Ounce of Prevention Fund in Chicago, a state-level organization specializing in legislative and policy issues related to children age zero through three.

Amy Peeples

Ms. Peeples currently serves as the Deputy Director of the National Center for Injury Prevention and Control (NCIPC), at the Centers for Disease Control and Prevention (CDC). Prior to assuming this position, Ms. Peeples was the Associate Director for Policy where she lead a team that had responsibilities for responding to legislative inquiries, planning and implementing long-term health policy strategies, and developing partnership acquisitions and maintenance efforts for unintentional and intentional (violence-related) injuries. Before joining the National Center for Injury Prevention and Control in April 2006, Ms. Peeples served in CDC's Financial Management Office (FMO) as Team Lead and Acting Branch Chief for the Budget Formulation and Public Health Policy Branch. In this capacity, she served as the principal point of contact for all congressional staff holding membership on the Appropriation committees having jurisdiction over CDC.

Robert Ping

Mr. Ping is the State Network Director for the Safe Routes to School (SRTS) National Partnership, supervising twenty state policy networks, three regional policy networks, and five SRTS school programs, and providing technical assistance to other national organizations. Mr. Ping served on the National SRTS Task Force in 2007-2008. From 2003-2007 he was the Safe Routes to School Program Director for Oregon's Bicycle Transportation Alliance and Willamette Pedestrian Coalition, providing Safe Routes to School (SRTS) technical services to Oregon communities. He supervised the BTA's Youth Bicycle Safety Education program, and was the founding Program Project Manager for Portland's comprehensive SRTS program serving 19 schools. Robert is a member of many local, state and national SRTS-related committees. From 1987-2003 he worked with the SF Bay Area's Transportation and Land Use Coalition (now Transform) and directed bicycle advocacy and youth education programs including the Bicycle Community Project, Pedal Power, Youth Homes, and Trips for Kids-Marin.

Keshia Pollack

Dr. Pollack joined the faculty of the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health in 2006 as the Leon S. Robertson Faculty Development Chair in Injury Prevention. In addition to teaching graduate level courses, Dr. Pollack is engaged in research to formulate policies that create safe and healthy environments focusing on where people live, work, and play. Her research utilizes both quantitative and qualitative methods to identify risk factors for, and strategies to prevent, injuries related to occupation, obesity, sports and recreation, physical activity, and the built environment. Dr. Pollack is committed to ensuring that relevant research is included in the policymaking process, which she accomplishes by conducting health impact assessments and translating their results to policymakers, and through her work as a health policy advisor for an elected official in the Maryland House of Delegates.

Deborah Prothrow-Stith

Dr. Prothrow-Stith is a nationally recognized public health leader. As a physician working in inner-city Boston, she broke new ground with her efforts to have youth violence defined as a public health problem; not just a criminal justice issue. Her passion for prevention was not satisfied with the emergency room work of “stitching people up and sending them out.” She turned to public health and, with others, created a social movement to prevent violence that has had an impact on Boston and the nation. In 1987, Governor Dukakis appointed her as the first woman Commissioner of Public Health for the Commonwealth of Massachusetts. In that role, Dr. Prothrow-Stith established the first Office of Violence Prevention in a state department of public health, expanded prevention programs for HIV/AIDS and increased drug treatment and rehabilitation programs.

Richard Puddy

Dr. Puddy joined CDC's Division of Violence Prevention in March 2007. Dr. Puddy is the Branch Chief of the Program Implementation and Dissemination Branch (PIDB) at CDC. PIDB has two main functionalities: 1) providing technical assistance and support to state and community partnerships, and 2) research, synthesis, and application of dissemination and implementation science. He previously served as the Lead Behavioral Scientist for the Research, Synthesis, and Application Team in PIDB. In addition to this work, Richard also focuses on the application of complex systems science to prevent violence across the life span. Dr. Puddy has over 20 years' experience working in the field of prevention across all levels of the social ecology to prevent child maltreatment, suicide, youth violence, intimate partner violence, and sexual violence.

Neil Rainford

Mr. Rainford is a Public Health Advisor in the Division of Violence Prevention (DVP) within the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC). As a Project Officer, he provides programmatic oversight and direction for grants and cooperative agreements in the violence topical areas of sexual violence, child maltreatment suicide and youth violence. He presently works on the Rape Prevention and Education Grant, the Urban Networks to Improve Thriving Youth (UNITY) Project, and serves as a SME on youth violence. In addition, he previously served as the Chair for the CDC Division of Violence Prevention Youth Violence Working Group and lead Project Officer for the Enhancing Child and Adolescent Health through Violence Prevention (ESCAPE) Project.

Kate Reddy

Ms. Reddy is a Program Development Fellow at the Centers for Disease Control and Prevention (CDC), in the Division of Nutrition, Physical Activity, and Obesity (DNPAO). At the CDC, she serves as a liaison for Food Policy Councils and State Health Department Fruit and Vegetable Coordinators, among other activities. Kate also co-coordinates the Sustainable Food System Work Group, in partnership with State Health Department Nutrition Coordinators. Her

Fellowship work is also focused upon sustainable food systems and the built environment. Her work in public health prior to the CDC focused upon urban garden development, food policy council, establishment, and community wellness.

Caterina Roman

Dr. Roman joined the faculty in the Department of Criminal Justice at Temple University in Fall 2008 after nearly two decades with the Urban Institute in Washington, DC. Her research interests include the relationship between neighborhood characteristics, fear, and violence; the influence of social networks on delinquency and gang membership; and the role of community organizations and institutions in crime prevention and neighborhood well-being. Dr. Roman is particularly interested in how environmental and personal characteristics influence how people use public spaces. She recently has published research examining the impact of crime and disorder on fear of walking, and the pathways among perceptions of violence and disorder, fear, physical activity, health and obesity. Her research has been published in both public health and criminology journals and she has authored two books, “Schools, Neighborhoods, and Violence: Crime Within the Daily Routines of Youth” (2004) and “Illicit Drug Policies, Trafficking, and Use the World Over” (2005).

Candace Rutt

Dr. Rutt has been working at the centers for Disease Control and Prevention focusing on built environment and Health Impact Assessment (HIA) research. She has been involved in numerous HIAs ranging from walk to school programs, farmers markets, urban redevelopment projects, and natural resource development projects. In addition to performing HIAs around the country Dr. Rutt received a grant from the Robert Wood Johnson Foundation to develop and implement a US based HIA training course and has trained over a thousand individuals in HIA around the U.S. In addition her research focuses on how the built environment influences physical activity nutrition and obesity.

Julia Ryan

Ms. Ryan is the director of the Community Safety Initiative, a national program at the Local Initiatives Support Corporation (LISC). LISC is the nation’s largest community development support organization, providing financial, technical and policy assistance to local neighborhood revitalization efforts around the country. The Community Safety Initiative (CSI) links police departments and community development organizations in strategic partnerships to promote reduced crime and increased economic investment. Since 2004, Ms. Ryan has helped grow CSI’s portfolio of sites across the country, fostering national partnerships with Congressional leaders and the criminal justice industry and supporting the integration of crime prevention strategies into comprehensive community development. She has provided training and technical assistance to more than 20 police departments and dozens of community development organizations on topics such as crime problem-solving, Crime Prevention Through Environmental Design and building high impact community-police alliances.

James Sallis

Dr. Sallis is a Professor of Psychology at San Diego State University and Director of Active Living Research. His primary research interests are promoting physical activity and understanding policy and environmental influences on physical activity and nutrition. His current focus is using research to inform policy and environmental changes that will increase physical activity and reduce childhood obesity. Dr. Sallis has made contributions in the areas of measurement, correlates of physical activity, intervention, and advocacy. His health improvement programs have been studied and used in health care settings, schools, universities, and companies. Dr. Sallis has received awards from the American College of Sports Medicine, Society of Behavioral Medicine, and American Psychological Association Division of Health Psychology. He is the author of over 500 scientific publications and was identified as one of the world's most cited authors in the social sciences.

Jorge Santana

Mr. Santana is the Co-Founder and Treasurer of Hunting Park United (HPU), a community based organization working to use an environmental stewardship model as a driver for community and economic development. He also serves as Chairman of the Hunting Park Revitalization Project for Esperanza USA. Mr. Santana also formerly served as Chief of Staff to Pennsylvania State Representative Tony Payton, Jr. In this role he served as Representative Payton's community and economic development officer, tasked with improving the safety and economic stability of several large neighborhoods in North Philadelphia. Mr. Santana is currently the co-founder and managing partner of better|capital Group, a financial services firm and business incubator based in SE Pennsylvania. Better|capital is currently focusing on the development of products that promise to give individuals freedom to better manage their own finances.

Janet Saul

Dr. Saul has been a research psychologist at the U.S. Centers for Disease Control and Prevention (CDC) for 23 years. She currently serves as the Acting Special Advisor for Strategic Directions in the Division of Violence Prevention (DVP). In this role, Dr. Saul serves as a principal advisor to the director on all strategic directions and special initiatives. Dr. Saul has also provided leadership within DVP on the rigorous evaluation of violence prevention strategies, as well as linking science and practice. In addition to her work at CDC and her formal training, Dr. Saul has worked and volunteered in numerous community-based organizations, including a parent support program, a tutoring program, a domestic violence shelter, and a reproductive health center.

Frank Shea

Mr. Shea has been Executive Director of the Olneyville Housing Corporation, a community based development organization in the Olneyville neighborhood of Providence since January 2000. Prior to coming to OHC, he was director of Program Development for the National

Association of Housing Partnerships (now known as the Housing Partnership Network), a national network of large, public private housing development organizations. Mr. Shea has shared OHC's expertise on numerous occasions including the US Conference of Mayors 2009 meeting, the US Department of Justice Community Capacity Building Conference in 2009, the Center for Problem-Oriented Policing 2010 Conference, Harvard Joint Center for Housing Studies and the International Crime Prevention Through Environmental Design Conference in 2006.

Howard Spivak

Dr. Spivak is the Director of Violence Prevention at the CDC. Prior to coming to the CDC, Dr. Spivak, was chief of the Division of General Pediatrics at New England Medical Center, professor of pediatrics and community health at Tufts University School of Medicine, and chair of the American Academy of Pediatrics task force on violence. Dr. Spivak co-founded the Boston Violence Prevention Program (the first community-based public health violence prevention program in the nation) and developed the Office of Violence Prevention for Massachusetts (the first such state level initiative in the nation). Dr. Spivak chaired the Center's Advisory Board (Boston-based subcommittee of the full Advisory Committee) and was a member of the committee that reviews community requests for seed grants.

Michelle Sternthal

Dr. Sternthal is an Executive Branch Fellow with the American Association for the Advancement of Science at the Department of Housing and Urban Development (HUD). In her Fellowship year, Dr. Sternthal focused on the role of housing and community development as a vehicle to promote health, especially among populations at risk. She worked extensively on the National Prevention Strategy as well as ongoing working groups between HUD and HHS. Prior to her fellowship year, Dr. Sternthal was a post-doctorate fellow at Harvard School of Public Health in the Department of Environmental Health. During her post-doctorate fellowship, she researched the intergenerational effects of maternal trauma and stress on fetal respiratory health and the adverse health effects of stress. Her research interests center around racial disparities in health, with a focus on the "upstream" social determinants of such disparities.

Ralph Taylor

Dr. Taylor is a professor of Criminal Justice at Temple University, having previously held positions at Virginia Tech and Johns Hopkins. He also has been a visiting fellow at the National Institute of Justice. Current projects include a meta-theoretical examination of community and crime models, one-year look-ahead crime forecasts for municipalities in a metropolitan area with Liz Groff, David Elesh, and Jerry Ratcliffe (Principal Investigator), and modeling long- and short-term risk factors predicting micro-scale crime changes. Early work in the 1980s with Doug Perkins developed structured on-site assessments of streetblock features (i.e., ecometrics) and considered how and why these features linked to person-place processes, crime and reactions to crime. In the 1990s Dr. Taylor examined impacts of incivilities (aka broken windows or disorder) on long term changes in neighborhood structure, crime, and reactions to crime.

Natalie Wilkins

Dr. Wilkins is a Behavioral Scientist at the Centers for Disease Control and Prevention's Division of Violence Prevention, Program Implementation and Dissemination Branch. Her current role focuses on dissemination/implementation research, evaluation for improvement of violence prevention strategies, synthesis and translation of research for practice, and technical assistance/capacity building for state and local grantees particularly in the areas of evidence-based decision making, evaluation, and program improvement for youth violence and suicide prevention. A community psychologist by training, Dr. Wilkins has spent the last ten years working on child and youth development in both research and applied settings, focusing particularly on the role of culture and processes of resilience in the psycho-social and behavioral health of youth.

Appendix D: Organizational Biographies

Active Living By Design

Active Living By Design was founded in 2001 by the Robert Wood Johnson Foundation and was a founding program in its Active Living initiative. Active Living By Design creates community-led change by working with local and national partners to build a culture of active living and healthy eating. ALBD is part of the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill, North Carolina. Our vision is healthy communities where routine physical activity and healthy eating are accessible, easy and affordable to everyone. We are currently the national program office for Robert Wood Johnson Foundation's Healthy Kids, Healthy Communities grant program.

Active Living Research

Active Living Research is a national program of the Robert Wood Johnson Foundation® (RWJF) that has managed \$28 million in research grants since 2001. Active Living Research supports research that examines how environments and policies impact physical activity and aims to identify promising approaches for preventing childhood obesity, especially among ethnic minorities and children living in low-income communities. At our [annual conference](#), researchers, policy makers and funders come together to share findings and learn about the latest thinking and research methods related to [active living](#) among children and families. We support using sound [scientific research](#) to impact public policy and serve as a [resource](#) for policy makers and other researchers.

CeaseFire

CeaseFire, is a Chicago based violence prevention program. The program is administered by the Chicago Project for Violence Prevention (CPVP), which is located at the University of Illinois' School of Public Health. CeaseFire is a unique, interdisciplinary, public health approach to violence prevention. We maintain that violence is a learned behavior that can be prevented using disease control methods. CeaseFire works to interrupt the cycle of violence and to change norms about behavior. Some program elements focus on risky activities by a small number of carefully selected members of the community with a high chance of either "being shot or being a shooter" in the immediate future. The job of outreach workers is to mentor and counsel them, assess their needs, and connect them with a broad range of services. CeaseFire is a data-driven model - through a combination of statistical information and street knowledge we identify where we concentrate our efforts, focus our resources, and intervene in violence. This data guides us to the communities most impacted. It provides a picture of those individuals at the highest-risk for violence. And, most importantly, it shows us how we can intervene.

Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity (DNPAO)

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) focuses on improving communities to support healthy eating and active living. The Division provides support (i.e., program implementation and evaluation, technical assistance, training, surveillance and applied research, translation and dissemination, and partnership development) to states, communities and national partners to implement policy, system, and environmental strategies that will improve dietary quality, increase physical activity and reduce obesity across multiple settings—such as child care facilities, workplaces, hospitals and medical care facilities, schools, and communities.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Adolescent and School Health (DASH)

Our mission at NCCDPHP is to lead efforts that promote health and well-being through prevention and control of chronic diseases. DASH is housed within NCCDPHP and promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. To achieve its mission, DASH works to 1.) Collect and report data on youth health risk behaviors and school-based health policies and programs, 2.) Expand the knowledge base to understand and address critical health risk behaviors among youth 3.) Review research findings, identify effective policies and programs, and develop guidelines and implementation tools for schools to promote health among young people and 4.) Provide funding and assistance to education and health agencies and national organizations to plan, implement and evaluate effective school health policies and programs.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP)

In 1992 the CDC established the NCIPC as the lead federal organization for violence prevention. The DVP is one of three divisions within NCIPC. DVP's mission is to create a society where people can live to their full potential by preventing violence and reducing its consequences. DVP is committed to stopping violence through primary prevention, and its work involves: monitoring violence-related injuries; conducting research on the factors that put people at risk or protect them from violence; creating and evaluating the effectiveness of violence prevention programs; helping state and local partners plan, implement, and evaluate prevention programs; and conducting research on the effective adoption and dissemination of prevention strategies.

Columbia University: Mailman School of Public Health

The Mailman School addresses today's health challenges through a broad lens, creating public health programs that can serve as models and be replicated across the country and around the world in order to reach large numbers of people with life-saving interventions. Located in Washington Heights in Northern Manhattan, the Mailman School has been a partner in the community for decades. We have embraced our location as an opportunity to plunge into every aspect of urban healthcare. The School works with diverse populations throughout the City's five

boroughs on HIV/AIDS education, prevention, and care; smoking cessation initiatives; school-based clinics; and programs to stem the growing asthma epidemic in our urban environment.

Harvard University Department of Health Policy and Management (HPM)

The Department of Health Policy and Management is committed to training and inspiring the next generation of health care leaders. Our students and faculty are passionate about making the world a better place by improving health and health care. We work on compelling and important problems, from making the delivery of care safer and more efficient, to expanding health insurance coverage and eliminating disparities, to designing and improving the performance of entire health systems. Our educational programs focus on helping students develop the critical thinking and applied problem-solving skills needed to address a wide variety of public health challenges. All of our students have significant prior work experience and they enrich the classroom with their insights and perspectives.

Healthy Kids, Healthy Communities

A national program of the Foundation with the primary goal of implementing systems, policy and environmental change strategies that can increase opportunities for physical activity and improve access to affordable healthy foods for children and families across the United States. The program places special emphasis on reaching children who are at highest risk for obesity on the basis of race/ethnicity, income and geographic location. On December 2, 2008, the Foundation announced grants to nine leading sites (Chicago, Columbia, Mo, Louisville, KY, Seattle; Somerville, Mass, Washington; and Baldwin Park, Central Valley and Oakland, CA) and issued an open call for proposals to fund up to 40 additional communities by the fall of 2009.

Hunting Park United

Hunting Park United was formed as part of a major revitalization of a large park in the center of the distressed North Philly neighborhood of Hunting Park. The main mission is to serve as stewards of Hunting Park, the 87-acre park for which the neighborhood is named, we have recently expanded our scope of work to include youth environmental stewardship development; food and nutrition advocacy and action; and the repurposing of the built environment to create better opportunities for physical fitness and active living; and violence prevention through participatory community engagement, workforce development, and entrepreneurial activities.

Johns Hopkins Bloomberg School of Public Health (JHSPH)

JHSPH was founded in 1916, and is the # 1 ranked school of public health in the world. The mission of the Department of Health Policy and Management, within JHSPH, is to advance the public's health through the development, implementation, and evaluation of effective health and social policies. The Johns Hopkins Center for Injury Research and Policy (CIRP) is housed within HPM, and is one of the 11 Injury Control Research Centers currently receiving core funding from the CDC. The CIRP was created in 1987 and its mission is to address all phases of injury control within its theme of "Science Informing Program and Policy".

Local Initiatives Support Corporation (LISC)

LISC is dedicated to helping nonprofit community development organizations transform distressed neighborhoods into healthy and sustainable communities – good places to work, do business and raise children. LISC mobilizes corporate, government and philanthropic support to provide local community developers with financial, policy and technical assistance delivered through both national programs and our staff based in every city and many of the rural areas where our partners are working. LISC staff helps identify priorities and challenges, delivering the most appropriate support in areas including: expanding investment in housing and other real estate; increasing family income and wealth; stimulating economic development; improving access to quality education; and supporting healthy environments and lifestyles.

Olneyville Housing Corporation

The Olneyville Housing Corporation is a comprehensive, neighborhood based community development corporation that has worked since 1988 to revitalize the Olneyville section of Providence through the renovation and development of housing opportunities for low income residents of the neighborhood. While OHC's primary function is to facilitate the creation and revitalization of affordable housing, the organization takes a holistic approach to community strengthening which includes economic development, individual wealth building; and collaboration with residents and similarly charged organizations with the goal of helping Olneyville residents to build wealth and strengthen their community bonds.

Pittsburgh Parks Conservancy

Pittsburgh Parks Conservancy is a [nonprofit](#) organization whose mission is to improve the quality of life for the people of Pittsburgh by restoring the park system to excellence in partnership with the City. Work is conducted primarily in the four regional parks of [Pittsburgh, Pennsylvania, United States: Frick Park, Schenley Park, Highland Park, and Riverview Park](#), although the Conservancy works in other city parks as resources permit. The Conservancy was founded in 1996 by [Meg Cheever](#), who modeled it on other private/public partnerships in [Louisville, Kentucky, New York City, and Buffalo, New York](#). It has a constituency of over 8,000 members.

Prevention Institute

Prevention Institute was founded in 1997 to serve as a focal point for primary prevention practice—promoting policies, organizational practices, and collaborative efforts that improve health and quality of life. As a national non-profit organization, the Institute is committed to preventing illness and injury, to fostering health and social equity, and to building momentum for community prevention as an integral component of a quality health system. Prevention Institute synthesizes research and practice; develops prevention tools and frameworks; helps design and guide interdisciplinary partnerships; and conducts training and strategic consultation with government, foundations, and community-based organizations nationwide and internationally.

Safe Routes to School

Launched in August 2005, the Safe Routes to School National Partnership is a fast-growing network of hundreds of organizations, government agencies and professional groups working to set goals, share best practices, leverage infrastructure and program funding, and advance policy change to help agencies that implement Safe Routes to School programs. The Safe Routes to School National Partnership's mission is to advocate for safe walking and bicycling to and from schools, and in daily life, to improve the health and well-being of America's children and to foster the creation of livable, sustainable communities.

ShapingNJ

Located in the New Jersey Department of Health and Senior Services, the Office of Nutrition & Fitness seeks to promote healthier, more active communities and reduce and prevent obesity in New Jersey. The Office coordinates the Fruit and Veggies More Matters Program, the New Jersey Council on Physical Fitness and Sports, and several other initiatives. One of the primary areas of focus of the office is to develop and coordinate *ShapingNJ*, the statewide, public-private partnership that is working to create policy and environmental change in the Office's Nutrition, Physical Activity, and Obesity Program.

Shawnee Neighborhood Association

The Shawnee Neighborhood Association (SNA) is a non-profit corporation committed to developing and supporting neighborhood programs, services, businesses and activities that empower and improve the quality of life for all residents in the neighborhood. As part of the "Healthy Zone" initiative in Louisville, KY, the project team is working closely with youth and local businesses to encourage neighborhood residents to walk to their local grocery stores and access spaces for recreation and activity. The project promotes safety with an "eyes on the street" approach, decreasing visual obstructions to the street by limiting alcohol advertisements in Shawnee neighborhood stores, increasing lighting and decreasing graffiti and neighborhood blight.

Temple University Department of Criminal Justice

Temple University's Department of Criminal Justice consists of an eclectic body of scholars committed to deepening our understanding of crime, governance and social justice. Faculty and student research emphasizes inter-disciplinary and multi-method inquiries that make a difference to policy and practice. Faculty pursue cutting-edge research and innovation that draws from and extends many strands of social science, including criminology and criminal justice, geography, history, experimental psychology, social psychology, social work, sociology, and social ecology. Faculty and students explore critical issues in Philadelphia and across the United States in the context of global developments and concerns.

The California Endowment

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. This conversion set the groundwork for our mission: The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

The Food Trust

The Food Trust strives to make healthy food available to all and helps to expand the supply of food resources available to low-income communities by advocating policies that increase the availability of fresh food in communities, creating model programs, undertaking research studies on food disparities and disseminating findings to government officials and policy-makers. The Food Trust was a partner in creating the Pennsylvania Fresh Food Financing Initiative, the nation's first statewide program to address the lack of access to healthy food in low-income neighborhoods. With RWJF funding, The Food Trust is working with partners in Illinois, Louisiana and New Jersey to explore state-level solutions to the problem of poor food access.

University of Alabama-Birmingham: School of Public Health

The challenges for the future of public health find an ideal home at UAB. The interests of our faculty and staff extend from community organization in the Black Belt regions of rural Alabama to understanding the dynamics of the HIV epidemic in Sub-Saharan Africa. Few universities offer the almost limitless interdisciplinary collaborative atmosphere available to students at the UAB School of Public Health. Located in the heart of the largest academic health center in the Southeast, the UAB School of Public Health is embracing these challenges in Alabama and around the world, building the next generation of bold professionals leading innovation in public health.

University of Pennsylvania Department of Criminology

The Department of Criminology at the University of Pennsylvania includes the study of a wide range of victims and actors with research from a host of related disciplines, including public health, statistics, psychology, epidemiology, sociology, law, and the neurosciences. The University of Pennsylvania has the longest continuous program of research and teaching in criminology of any American university, with a rich history, strong tradition, and distinguished group of alumni. Today, Penn offers an interdisciplinary undergraduate major in Criminology, a unique professional M.S. in Criminology, and a Ph.D. program for a highly select group of students.