

*A Public Health  
Approach to  
Preventing Violence:  
FAQ*

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Prevention Institute

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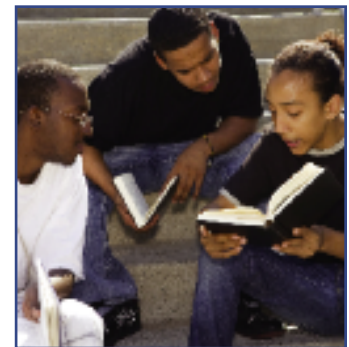
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## INTRODUCTION: We cannot arrest our way out of violence

Often referred to as “street,” “gang,” “community,” or “youth” violence, violence against young people remains a serious problem in the United States. More than 696,000 young people aged 10 to 24 years were treated in emergency departments in 2007 for injuries sustained from violence. Homicide is the second leading cause of death among youth between the ages of 10 and 24<sup>1</sup> and for each such homicide there are approximately 1,000 nonfatal violent assaults.<sup>2</sup>

Mayors and police chiefs, however, are increasingly asserting that *we cannot arrest our way out of this problem*. In June 2008, the US Conference of Mayors adopted a resolution calling youth violence a public health crisis and urged the federal government, states, and cities to recognize youth violence as a public health epidemic that requires a sustained multi-faceted approach focused on prevention.<sup>3</sup> Invited Mayors have signed on to be part of a national UNITY City Network to advance a prevention/public health approach.

With a public health approach, we have the opportunity to forge a new set of solutions that build on what we have learned over the last 20 years to *prevent* violence. While law enforcement naturally makes sense as the home of enforcement and suppression efforts, there is currently no single place within most city and county governments charged with the prevention side of the continuum. Public health, therefore, has a pivotal role to play, building on its own capacities, to help support those who are demanding: *what should we do to prevent violence and how should we do it?* Developing a coordinated public health prevention infrastructure will enable the law enforcement sector to focus on chronic criminal perpetrators and violent predators.



### This FAQ answers the following questions:

- **Why is violence a public health issue?**
- **Is violence preventable?**
- **What is a public health approach to preventing violence?**
- **What does public health bring to solving our nation’s violence problem?**
- **What is the role of public health in efforts to prevent violence?**
- **Where can I get more information about advancing a public health approach?**

# 1. Why is violence a public health issue?

Violence is among the most serious health threats in the nation today, jeopardizing the health and safety of the public. It is a leading cause of injury, disability, and premature death; a significant disparity, disproportionately affecting young people and people of color; and it increases the risk of other poor health outcomes.

## Violence is a leading cause of injury, disability and premature death

- 5.5% of high school students feel too unsafe to go to school, 18% report carrying a weapon, 35.5% were in a physical fight per year, 12% report having been forced to have sex, and 14.5% report having seriously considered attempting suicide.<sup>4</sup>
- More than 720,000 young people ages 10 to 24 were treated in emergency departments for injuries sustained from violence in 2006.<sup>5</sup>
- Homicide is the second leading cause of death among youth between the ages of 10 and 24<sup>6</sup> and for each such homicide there are approximately 1,000 nonfatal violent assaults.<sup>7</sup>

*Violence is among the most serious health threats in the nation today, jeopardizing the public's health and safety.*

## Violence is a significant disparity, disproportionately affecting young people and people of color

- There are disproportionately high rates of community/street violence in low-income communities and communities of color, and disparity contributes heavily to overall health inequities.
- Among African Americans between the ages of 10 and 24, homicide is the leading cause of death. In the same age range, homicide is the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives, and Asian/Pacific Islanders.<sup>8</sup> Homicide rates among non-Hispanic, African-American males 10 to 24 years of age (58.3 per 100,000) exceed those of Hispanic males (20.9 per 100,000) and non-Hispanic, White males in the same age group (3.3 per 100,000).<sup>9</sup>

## Violence increases the risk of other poor health outcomes

- Violence is a factor in the development of chronic diseases<sup>10</sup> which account for a majority of premature US deaths, lost productivity, and the majority and fastest growing percentage of our health-care spending.<sup>11</sup>



- Violence and safety concerns in some neighborhoods affect other determinants of health, such as whether or not parents will allow their children to be physically active outside or walk to school.
- The consequences of violence for victims and those exposed to it are severe, including serious physical injuries, post traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and other longer term health problems associated with the bio-psycho-social effects of such exposure.<sup>12</sup>
- Many urban youth experience trauma and may have PTSD from exposure to violence. One study found that over 75% of urban ele-



mentary school children living in high-violence neighborhoods had been exposed to community violence,<sup>13</sup> and other studies have shown that 35% of urban youth exposed to community violence develop PTSD.<sup>14</sup>

- A growing body of research confirms the intersection between violence and healthy eating and active living.<sup>15-24</sup> Violence, and the fear of it, can undermine attempts to improve nutrition and activity levels, thereby exacerbating existing illnesses and increasing the risk for onset of disease.

## 2. Is violence preventable?

Most violence is preventable, not inevitable. There is a strong and growing evidence base, grounded in research and practitioner and community wisdom. We know how to reduce shootings and killings within months, and we know what needs to be in place in communities to reduce the likelihood of violence in the long-term; prevention works.

- Violence is a learned behavior that can be unlearned or not learned at all; it is preventable.<sup>25-27</sup> Rooted in complex underlying issues, it is often a predictable behavior in the unsafe environments in which people live.
- Cities with more coordination, communication, and attention to preventing violence have achieved lower violence rates.<sup>28-30</sup>
- Schools can reduce violence by 15% in as little as six months through universal school-based violence prevention efforts.<sup>31</sup>
- The City of Minneapolis has documented *significant* decreases in juvenile crime since implementing its 4-point, public health based *Violence Prevention Blueprint for Action*. In the Minneapolis precinct that includes four neighborhoods targeted in the *Blueprint*, juvenile crime dropped 43% from 2006-2008.<sup>32</sup> This measured success is the result of the totality of strategies, relationships, and efforts undertaken by city, community, and law enforcement entities.
- The CeaseFire Chicago model has been replicated 16 times and has been validated by a 3-year US Department of Justice study conducted by four universities, showing 41 to 73% drops in shootings and killings, and 100% drops in retaliation murders.<sup>33</sup> The first year of impact regularly shows 25 to 45% drops in shootings and killings. The return of businesses have been seen in these neighborhoods.<sup>34</sup>

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## 3. What is a public health approach to preventing violence?

Preventing violence *before* it occurs involves comprehensive and multidisciplinary efforts to address the complex underlying contributors to violence and builds on assets in youth, families, and communities. This is what people mean when they say “a public health approach to preventing violence.” The public health approach to youth violence is similar to the public health approach to all other injuries. It

involves data collection and analysis, identifying the populations and locations at greatest risk, identifying risk and protective factors, and developing and utilizing evidence-based strategies and programs to address violence at the individual, family, community, and societal levels. The violence prevention movement is actually broader—both in concept and in participation—than public health, but is based on some fundamental public health tenets, including:



- **primary prevention orientation:** efforts designed to prevent violence before it occurs;
- **data-driven:** approaches based on data that describes the nature of the problem as well as contributing risk and resilience factors;
- **collaborative:** multiple partners from public health, law enforcement, education, recreation, economic development, mental health, substance abuse, business, and others working together to produce change; and
- **population-based:** seeking community wide or “environmental” solutions.

## 4. What does public health bring to solving our nation’s violence problem?

Public health has the ability to bring a comprehensive solution to the nation’s multifaceted violence problem. Public health has a track record in addressing threats to the public’s health, improving the health and safety of a population, and can maintain a focus on preventing violence before it occurs. Because violence is preventable, it is critical that leaders and practitioners who understand effective, quality prevention are part of the leadership and implementation in efforts to reduce violence.

- **Public health has a track record in addressing threats to the public’s health.** By definition, public health is charged with addressing serious threats to health and safety in the population and it has a track record of doing so. While its history lies in addressing acute conditions, public health has increasingly taken on more chronic and persistent epidemics and pandemics. It has a track record in improving the health of populations. As a society, we turn to public health to address other leading causes of premature death and disability, and we hold them accountable. Public health can bring to bear the same kinds of skills, approaches, and methods that have proven effective in addressing other threats to the public’s health.
- **Public health improves the health and safety of a population.** The overall levels of violence cannot be prevented by targeting one person at a time. The most effective and sustainable strategies for preventing violence are community- or population-based, addressing the complex interplay of social, behavioral, and environmental contributors to violence: poverty, homelessness, school failure, lack of activities, oppression, mental health problems, substance abuse, victimization history, etc. Preventing violence requires changing environments and norms within communities. Other disciplines

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have a clear role to play in different pieces of the solution, yet as a discipline, public health seeks community-wide or environmental solutions—critical for effective prevention—and can help bring others together into a workable mosaic.

- **Public health provides and can maintain a focus on prevention of violence before it occurs.** Violence cannot and will not be solved by “after the fact” approaches. Until recently, violence has been framed as a criminal justice concern *after the fact* without also prioritizing what can



be done upfront. Law enforcement professionals now recognize that criminal justice alone should not and has not solved the problem. Increasingly, violence is acknowledged as preventable, not inevitable. Building on such momentum, public health can help maintain a fundamental focus on and commitment to identifying programs and policies aimed at preventing violence *before* it occurs. Channeling diverse resources for preventing violence within public health can help ensure that the discussion shifts from solely a criminal justice emphasis on enforcement and suppression to a public health discussion that addresses the underlying contributors to violence.

## 5. What is the role of public health in efforts to prevent violence?

There are a number of roles for public health to play in preventing violence, including how to measure the problem and progress in addressing it; coordinating the range of needed efforts; and building capacity among multiple players to prevent violence. In addition, public health professionals can develop data-informed strategies and serve as an invaluable advocate for the prevention of violence.

- **Public health can measure the problem and progress in addressing it.** A science-based public health approach has considerable strengths, including, for example, the capacity to describe the nature of the problem, as well as contributing risk and resilience factors. Effective efforts for preventing violence must be firmly grounded in evidence and conscious of unique community perceptions and conditions. Such collated statistics from locales allows useful conclusions to be drawn about those conditions that are conducive to violence. Further, a multitude of efforts have been implemented around the nation and their impacts evaluated. Such research can guide program and policy development to maximize health and safety.
- **Public health can play a key role in coordinating the range of needed efforts.** Preventing violence requires coordination among many partners including public, private, and multiple disciplines and sectors. Most solutions span many providers and sectors and many are not within the purview of a specific sector. There is a need for a focal point to hold the range of strategies and foster collaborative efforts. Public health brings a tradition of integrative leadership, by which it can organize a broad array of scientific disciplines, organizations, and communities to work together to prevent violence. It is equipped to coordinate, convene, and cat-

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alyze a combination of diverse and multidisciplinary perspectives and resources. By unifying the various scientific disciplines relevant to violence prevention, public health can engender comprehensive knowledge that is more useful than the separate, discipline-specific parcels of information often provided.<sup>35</sup> Indeed, as defined by the Institute of Medicine, public health is “what we as a society do *collectively* to assure the conditions in which people can be healthy.” Further, public health, rather than being a single discipline, includes professionals from many fields with the collective purpose of protecting the health of a population.<sup>36</sup> In order to assure that efforts are not duplicative, that major gaps are being addressed, and that scarce resources are being coordinated and leveraged, there is a need for a focal point that serves as a hub for all efforts, and public health can play this role. Public health can also advise on models for coordination.



- **Public health can build capacity among multiple players to prevent violence.** Public health can serve as a clearinghouse or hub for vital prevention efforts. No other sector has a mandate to do it all, but other sectors do have mandates that limit their ability to be engaged in all facets. For example, schools deal with young people in schools, on campus. Law enforcement works in school and communities but is primarily charged with enforcement and suppression. Social services works with families at risk for child or elder abuse and/or connecting people with needed services. These are among the usual suspects; it doesn't include the others—economic development, public works, zoning, recreation and parks, etc. Public health can provide the big tent to help ensure all understand their own stake in and contributions to the solutions.
- **Public health can develop data-informed strategy.** Building on its capacity to measure a problem and what's contributing to the problem, public health can develop strategies that address the reasons that are contributing to violence in the first place.
- **Public health can be an invaluable advocate for prevention of violence.** Health and public health practitioners see the end result of unnecessary death, injury, and disability, and given their empathy for victims, can be powerful advocates for prevention. For example, they can speak up in their professional organizations and associations, and to the public, the media, and policymakers. By speaking up in public meetings, serving as experts to the media and testifying to legislators, public health providers can shape issues, influence the debate, and challenge public and political discourse. Examples include advocating for decreases in the portrayal of violence in the media and supporting state and national legislative efforts.

## 6. Where can I get more information about advancing a public health approach?

- **UNITY** (Urban Networks to Increase Thriving Youth through Violence Prevention) builds support for effective, sustainable efforts to prevent violence before it occurs so urban youth can thrive in safe environments with supportive relationships and opportunities for success. Funded by the Centers for Disease Control and Prevention and The California Wellness Foundation, **UNITY** has information and tools on advancing a public health approach, including the *UNITY RoadMap: A Framework for Effectiveness and Sustainability*.



- **Prevention Institute:** Determined to improve health and safety for all, especially those most in need, Prevention Institute builds health, safety, and equity into key policies and actions to transform the places where people live, work, play, and learn. Preventing violence is one focus area of the Institute.
- **Centers for Disease Control and Prevention,** National Center for Injury Prevention and Control and the Division of Violence Prevention.
- **World Health Organization:** Violence and Injury Prevention and Disability> Violence, including Violence prevention: the evidence.
- **The National Youth Violence Prevention Resource Center** provides key local government leaders and community leaders with resources to help support efforts to plan, develop, implement, and evaluate effective youth violence prevention efforts.

## CONCLUSION: Leaders and Community Members are Calling for Action

- Mayors, police chiefs, school superintendents, and public health directors have stated that violence is a serious issue and responses are inadequate.<sup>37</sup>
- The US Conference of Mayors declared youth violence to be a public health crisis. They called for cities to work with a broad range of stakeholders to develop a sustained multi-faceted approach focused on *prevention* and for the federal government to support investments in youth development throughout US cities.<sup>38</sup>
- Enforcement, suppression, and intervention efforts alone do not address the underlying reasons violence occurs and therefore cannot prevent violence before it occurs. Police chiefs and other enforcement leaders are increasingly saying *we can not arrest our way out of this problem*.

It's time to treat violence as the major threat to the public's health that it is. When people are injured or die from causes other than violence, we expect the public health sector to address the problem, and indeed, it plays a major leadership role, often with the support of many other sectors. Furthermore, we expect that this commitment will be maintained until the problem is no longer a threat. We would never address a long-term issue as complex as HIV/AIDS or smoking for just two years and then assume the problem has been resolved. Yet this is what we have consistently done with violence—when we do take action. We need a sustained investment in *preventing* violence in the US, and it's time for public health to play a critical role—at national, state, and local levels—along with the justice and education sectors.

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## APPENDIX: Timeline of Violence as a Public Health Issue<sup>39</sup>

- **1979** The United States Surgeon General's Report, *Healthy People*, identified stress and violent behavior among the key priority areas for public health. *Healthy People* emphasized that “the health community cannot ignore the consequences of violent behavior in efforts to improve health.”
- **1980** A landmark Department of Health and Human Services report, *Promoting Health/Preventing Disease: Objectives for the Nation*, established goals for violence prevention.
- **1983** CDC established the Violence Epidemiology Branch to focus its public health efforts in violence prevention.
- **1985** The Surgeon General's Workshop on Violence and Public Health focused the attention of the public health world on violence and encouraged all health professionals to become involved.
- **1985** The Report of the Secretary's Task Force on Black and Minority Health was released and underscored the importance of addressing interpersonal violence as a public health problem and identified homicide as a major contributor to health disparities among African-Americans.
- **1990** “Violent and Abusive Behavior” was included as 1 of 22 public health priority areas in Healthy People 2000, the national disease-prevention and health-promotion strategy. It called for “cooperation and integration across public health, health care, mental health, criminal justice, social service, education, and other relevant sectors.”
- **1992** A landmark issue of the *Journal of the American Medical Association* addressed violence as a public health issue.
- **1993** CDC published *The Prevention of Youth Violence: A Framework for Community Action* to mobilize communities to effectively address the epidemic of youth violence sweeping the nation.
- **1996** The World Health Organization declared that “violence is a leading worldwide public health problem.”
- **2000** WHO created the Department for Injuries and Violence Prevention.
- **2001** The US Surgeon General released a report on youth violence.
- **2002** WHO released the *World Report on Violence and Health*.
- **2002** The National Violent Death Reporting System launched in six states. This was the first state-based surveillance system to link data from multiple sources with the goal of enhancing violence prevention efforts.
- **2004** The National Violent Death Reporting System expanded to include 17 states.
- **2007** CDC published a study that estimated the cost of violence in the US exceeds \$70 billion each year.
- **2008** The US Conference of Mayors declares violence to be a Public Health Crisis.



UNITY builds support for effective, sustainable efforts to *prevent violence before it occurs* so that urban youth can thrive in safe environments with supportive relationships and opportunities for success.

### **Additional UNITY Resources to prevent violence**

- Information on what works
- Tools
- Training
- Consultation
- Peer networks
- City Voices & Perspectives
- Making the Case

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## Endnotes

- 1 Centers for Disease Control and Prevention (a). Web-based Injury Statistics Query and Reporting System(WISQARS) [Online]. (2005). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [2008 April 10] Available at: [www.cdc.gov/ncipc/wisqars/default.htm](http://www.cdc.gov/ncipc/wisqars/default.htm).
- 2 Bureau of Justice Statistics, Criminal Victimization in the United States, 2003: Statistical Tables. Available at: [www.ojp.usdoj.gov/bjs/pub/pdf/cvus03.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus03.pdf). Accessed August 1, 2006.
- 3 The U.S. Conference of Mayors, 2008 ADOPTED RESOLUTIONS: YOUTH VIOLENCE AS A PUBLIC HEALTH CRISIS76th Annual Meeting, June 20-24, 2008, Miami. Available at: [www.usmayors.org/resolutions/76th\\_conference/chhs\\_11.asp](http://www.usmayors.org/resolutions/76th_conference/chhs_11.asp). Accessed August 4, 2008.
- 4 National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. National Trends in Risk Behaviors. 2007 Youth Risk Behavior Surveillance System. [www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07\\_us\\_violence\\_trend.pdf](http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_violence_trend.pdf)
- 5 Centers for Disease Control and Prevention (a). Web-based Injury Statistics Query and Reporting System(WISQARS) [Online]. (2005). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [2008 April 10] Available at: [www.cdc.gov/ncipc/wisqars/default.htm](http://www.cdc.gov/ncipc/wisqars/default.htm).
- 6 Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control Web site. Available at: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars). Accessed August 1, 2006.
- 7 Bureau of Justice Statistics, Criminal Victimization in the United States, 2003: Statistical Tables. Available at: [www.ojp.usdoj.gov/bjs/pub/pdf/cvus03.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus03.pdf). Accessed August 1, 2006.
- 8 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Youth Violence. Available at: [www.cdc.gov/ncipc/dvp/YV\\_DataSheet.pdf](http://www.cdc.gov/ncipc/dvp/YV_DataSheet.pdf)
- 8 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Webbased Injury Statistics Query and Reporting System (WISQARS). Feb 2006. Available at: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars).
- 9 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Youth Violence. Available at: [www.cdc.gov/ncipc/dvp/YV\\_DataSheet.pdf](http://www.cdc.gov/ncipc/dvp/YV_DataSheet.pdf)
- 10 Feletti, Vincent J. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. Volume 14, Issue 4, Pages 245-258 (May 1998).
- 11 Thorpe KE, Florence CS, Joski P. Which Medical Conditions Account For The Rise In Health Care Spending? *Health Affairs*. 2004;Web exclusive:w4.437- 445. Available at: <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w4.437v1>.
- 12 Lynch M. Consequences of children's exposure to community violence. *Clin Child Fam Psych Rev* 2003;6(4):265-74.
- 13 (Hill, H.M., & Jones, L.P. (1997). Children's and parents' perceptions of children's exposure to violence in urban neighborhoods. *Journal of the National Medical Association*, 89, 270-276.)
- 14 (from: [www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_children.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html))
- 15 Loukaitou-Sideris A. Is it safe to walk?: Neighborhood safety and security considerations and their effects on walking. *Journal of Planning Literature*. 2006;20(3):219-32.
- 16 Weir LA, Etelson D, Brand DA. Parents' perceptions of neighborhood safety and children's physical activity. *Preventive Medicine*. 2006;43(3):212-7.
- 17 Molnar BE, Gortmaker SL, Bull FC, et al. Unsafe to play? Neighborhood disorder and lack of safety predict reduced physical activity among urban children and adolescents. *American Journal of Health Promotion*. 2004;18(5):378-386.
- 18 Harrison RA, Gemmell I, Heller RF. The population effect of crime and neighbourhood on physical activity. *Journal of Epidemiology and Community Health*. 2007;61:34-39.

- 19 Sallis JF, King AC, et al. Perceived environmental predictors of physical activity over 6 months in adults: Activity counseling trial. *Health Psychology*. 2008;27(2):214.
- 20 Eyster AA, Matson-Koffman D, et al. Quantitative study of correlates of physical activity in women from diverse racial/ethnic groups: The women's cardiovascular health network project summary and conclusions. *American Journal of Preventative Medicine*. 2003;25(3S1):93-103.
- 21 Bennett GG, McNeil LH, et al. Safe to walk? Neighborhood safety and physical activity among public housing residents. *PLoS Medicine*. 2007;4(10):e306.
- 22 Yancey AK, Kumanyika SK. Bridging the gap: Understanding the structure of social inequities in childhood obesity. *American Journal of Preventive Medicine*. 2007;33(4S1): S172-S174.
- 23 Neckerman KM, Bader M, et al. Measuring food access in urban areas. National Poverty Center Working Paper 2009. Available at: [www.npc.umich.edu/news/events/food-access/index.php](http://www.npc.umich.edu/news/events/food-access/index.php). Accessed on 7/30/09.
- 24 Rohrer JE, Arif AA, et al. Unsafe neighborhoods, social group activity, and self-rated health. *Journal of Public Health Management and Practice*. 2004;10(2) 124-129.
- 25 U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes for Health, National Institute of Mental Health.
- 26 Centers for Disease Control and Prevention: National Center for Injury Prevention and Control. *Understanding Youth Violence: Fact Sheet*. 2008. [www.cdc.gov/ncipc/pub-res/YVFactSheet.pdf](http://www.cdc.gov/ncipc/pub-res/YVFactSheet.pdf)
- 27 Butchart A, Phinney A, Check P, Villaveces A. *Preventing violence: a guide to implementing the recommendations of the World report on violence and health*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.
- 28 National Crime Prevention Council. *Six Safe Cities: On the Crest of the Crime Prevention Wave*. USA. 1999.
- 29 Prothow-Stith, Deborah, and Howard R. Spivak. *Murder Is No Accident*. San Francisco: Jossey-Bass, 2004.
- 30 Weiss, Billie. *An Assessment of Youth Violence Prevention Activities in USA Cities*. Southern California Injury Prevention Research Center, UCLA School of Public Health. June 2008.
- 31 Hahn R. Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior. *Am J Prev Med* 2007;33(2S):S114-S129
- 32 Minneapolis Police Department. 2008. 2008 Fourth Precinct Juvenile Crime Suspect & Arrest Statistics
- 33 Skogan, Hartnett, Bump, and Dubois, *Executive Summary: Evaluation of CeaseFire-Chicago*, May 2008. Conducted with the support of Grant Number 2005-MU-MU-003, National Institute of Justice, Office of Justice Programs. Available at [www.northwestern.edu/ipr/publications/ceasefire\\_papers/executivesummary.pdf](http://www.northwestern.edu/ipr/publications/ceasefire_papers/executivesummary.pdf)
- 34 Chicago Ceasefire, personal communication. December 2008.
- 35 *Public Health Policy for Preventing Violence*.
- 36 [www.apha.org/NR/rdonlyres/C57478B8-8682-4347-8DDF-A1E24E82B919/0/what\\_is\\_PH\\_May1\\_Final.pdf](http://www.apha.org/NR/rdonlyres/C57478B8-8682-4347-8DDF-A1E24E82B919/0/what_is_PH_May1_Final.pdf)
- 37 Weiss, Billie. *An Assessment of Youth Violence Prevention Activities in USA Cities*. Urban Networks to Increase Thriving Youth (UNITY) through Violence Prevention. June 2008.
- 38 U.S. Conference of Mayors. Youth Violence as a Public Health Crisis. 76th Annual Meeting Adopted Resolutions [www.usmayors.org/resolutions/76th\\_conference/chhs\\_11.asp](http://www.usmayors.org/resolutions/76th_conference/chhs_11.asp)
- 39 Centers for Disease Control and Prevention. Accessed 10.7.09. [www.cdc.gov/ncipc/dvp/timeline.htm](http://www.cdc.gov/ncipc/dvp/timeline.htm)