The Role of Community Safety in Obesity Prevention: Exploring How Exposure to Crime and Violence Affect Physical Activity and Healthy Eating


BACKGROUND

Violence and fear play crucial roles in the health of Americans. They influence behavior by affecting where people live, work, and shop. They have an impact on whether children are allowed to play outside or walk to school. Neighborhoods with high levels of community violence tend to have underdeveloped or poorly maintained green spaces, limited access to healthy food, and numerous alcohol and tobacco outlets, all factors associated with increased rates of obesity.

A growing body of research and practice links violence and the fear of violence with serious health risks and chronic disease, including asthma, diabetes, and obesity. Therefore, obesity-prevention strategies must appreciate the pivotal role community violence prevention can play in helping people gain access to healthy foods and physical activity. With this in mind, a new field of research is needed that explores the connections between violence prevention and healthy eating and active living. Framing violence prevention as a public health issue is new, and advancing this framework requires a common language of terms and definitions, mechanisms for sharing knowledge and resources, and cooperative approaches to research, program design, and advocacy.

Recognizing the need to mobilize diverse sectors and fields, the Robert Wood Johnson Foundation (RWJF) sponsored a thought-leaders forum September 22–23, 2011, at the Centers for Disease Control and Prevention (CDC) in Atlanta. The Role of Community Safety in Obesity Prevention: Exploring How Exposure to Crime and Violence Impact Physical Activity and Healthy Eating brought together thought leaders, both researchers and practitioners, in the areas of violence prevention, healthy eating, and active living. See Appendix 1 for a list of participants and Appendix 2 for summary descriptions of their organizations. The forum sought to:
- Build a shared understanding of how community safety and perceptions of safety influence physical activity and access to healthy foods
- Share innovative, effective, community-based violence prevention practices allowing people to feel more safe, become more physically active, and gain access to healthy food
- Discuss the measurement challenges in community safety, physical activity, and healthy eating
- Identify ways to advance collectively this emerging interdisciplinary field through partnerships, research, information-sharing, and policies

Participants shared case studies, worked in topic-specific 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.

Larry Cohen, MSW, executive director of Prevention Institute and Caterina Roman, PhD, assistant professor of the Department of Criminal Justice at Temple University co-chaired the forum, which was preceded by a six-month planning period guided by an advisory team.

This paper presents the main findings from the meeting with a focus on providing information that researchers can use. A companion paper presents the main findings from the meeting with a focus on providing information that practitioners can use.

**TOPICS COVERED**

The forum included presentations and breakout groups. Presentations covered the following topics:

- **Approaches to violence prevention**, including place-based violence prevention programs, community health initiatives that promote economic development, and public health approaches that reduce cultural factors that make it difficult to resist violence.

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1 Prevention Institute is an Oakland, Calif.-based nonprofit organization 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. See also [www.preventioninstitute.org](http://www.preventioninstitute.org).

2 Advisers were Laura C. Leviton, PhD and Vanessa I. Farrell, MPH, of RWJF; Laura Kettel-Khan, PhD, and Rita Noonan, PhD of the CDC; James Sallis, PhD, director of RWJF’s *Active Living Research* national program, Sarah Strunk, MHA, director of RWJF’s *Active Living by Design* and Healthy Kids, Healthy Communities programs; and Elaine F. Cassidy, PhD, and Gertrude J. Spilka, MA, of the OMG Center for Collaborative Learning.
Case studies of community-based partnerships. One case study described a research-practitioner partnership. Presenters Meg Cheever, JD, of the Pittsburgh Parks Conservancy and Mindy Fullilove Thompson, PhD, a research psychiatrist affiliated with Columbia University described their work in collecting park usage data. They described how this research and practice partnership uses research to inform Pittsburgh's park-improvement strategies, including using surveys of residents to track whether park improvements influence residents' perceptions and use of the city's parks. Others presented case studies of a project involving law enforcement and affordable housing officials in Providence, R.I., and a youth-engagement initiative in Philadelphia.

Perspectives on research in this emerging field. Speakers reaffirmed the need for multidisciplinary approaches to research and practice. James Sallis, PhD, director of RWJF's Active Living Research program noted:

- The research on the relationship between neighborhood violence and outdoor physical activity is mixed: in some studies they are negatively related, in others, positively related, and in still others there is no association. There are at least two reasons for this data-based puzzle:
  - The population at risk should be segmented to reflect different behaviors—for example, youth at risk of being victimized or committing violence are more active, while other segments may be less so
  - The wording of questions about violence and perceived violence needs improvement—something to which the violence prevention researchers can contribute.

Erin Bunger, MPH of the New Jersey Office of Nutrition and Fitness drew from a real-life experience in New Jersey to offer some perspectives and practical tips for researchers and staff of community agencies when they collaborate in administering surveys:

- New Jersey established a statewide public–private partnership with experts from community-based obesity-prevention programs, university research, and others.
- The partnership sought input from the community in phrasing survey items.
- Partners with more resources contributed funds to add items to existing state surveys such as the Behavior Risk Surveillance System, and shared the data with all partners.

Breakout groups addressed four issues: partnerships, information sharing and dissemination, policy and regulations, and measurement and data. Participants identified and prioritized six specific changes required to advance the field in their discussion area.
RECOMMENDATIONS WITH IMPLICATIONS FOR RESEARCH

Forum participants offered recommendations in three areas, all of which have implications for research: measurement and data collection, partnerships and linkages, and policy and regulations.

Measurement and Data Collection

The measurement and data breakout group was asked to consider two broad questions:

- 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?

Their recommendations focused on research tools (including new models and existing measures that can be adapted), linkage strategies for existing and future data sources, and 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 these elements in isolation and are limited in their power to link variables. For example, comprehensive research models 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.
  - Show how adaptive behaviors such as finding an alternate route to the grocery store, can serve as moderators to healthy eating behaviors among people living in high-crime areas.

- **Improve existing surveillance tools to better inform research in this emerging field.** For example, the Behavioral Risk Factor Surveillance System\(^3\) can offer national longitudinal data, but it does not include items that link violence and fear of violence to healthy eating and active living.
  - There are challenges associated to using or adapting this or other tools, including limited response options, no option for write-in responses, and the cost of adding items to a national survey. Yet, tools are needed to provide national, longitudinal data on the relationship between violence and fear of violence and health.

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\(^3\) 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. See also [www.cdc.gov/brfss](http://www.cdc.gov/brfss).
Researchers may need technical assistance to create new items to be added to existing surveillance tools. Input from cross-discipline working groups will be valuable. Pilot testing new items and sharing successful efforts to adapt research tools will be important.

- **Develop strategies to link multi-level data in this field.** Research will benefit from cost-effective ways to collect local-level data such as survey data on individual behavior to other levels of data such as crime statistics. The possibilities are intriguing:

  - 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 at a specific location could be compared with another health impact assessment from a different location?
  
  - Explore whether websites, such as that of the Center for Applied Research and Environmental Systems at the University of Missouri (CARES), could be expanded or modified so that individual-level data can be linked to geographic information systems (GIS) data already on the site. Technical assistance to researchers will likely be a component of data-linkage efforts.

- **Provide technical assistance to build community capacity for data collection.** 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 important roles to play in strengthening data-collection efforts that can inform local practice and meet the needs of policy-makers and funders.

**Partnerships and Linkages**

The dominant theme of the forum was the need for partnerships and linkages . . . 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.

Specific recommendations to further partnerships and linkages include:

- **Form partnerships of people working in other disciplines** such as public health, criminal justice, psychology, sociology, or urban studies. These partnerships can be formed through working groups or cross-disciplinary panels at annual professional conferences.

- **Create and seek out opportunities for cross-pollination of ideas** by involving researchers from multiple disciplines in co-authoring articles, by publishing in both discipline-specific and interdisciplinary journals, and perhaps publishing papers presented at the forum in a special journal.
Develop common language in this field that works across disciplines. Common language is needed to provide clear, mutually agreed upon definitions for concepts such as “community safety,” “crime,” and “violence,” which are often defined differently by various groups.

Use community experience and knowledge to guide field research and interventions. Residents know what their neighborhoods need, they understand what types of questions merit investigation, and they can vet the wording of survey items. As partners in shaping the research agenda, community members are more likely to participate in relevant dissemination of research findings.

Engage youth in all stages of research and practice in this field. Youth can challenge conventional thinking, provide generational insights, and inspire researchers and practitioners through their energy and creativity. They can also motivate other youth to get involved.

Increase funder-driven efforts that promote cross-disciplinary philanthropic partnerships for research and practice by co-funding studies and programs that address both violence prevention and health promotion. Researchers and practitioners often respond to funders’ requests, so that mandated collaborations can signal that these linkages are important.

Build awareness of promising community-based programs and field-specific resources. Funders were urged to support qualitative research and evaluation, such as case studies and syntheses of promising practices, to help identify core elements of strong programming. Participants also noted the importance of conducting research scans of promising strategies used in other disciplines.

Create a central repository that links standardized measures, data, and tools in this field. A shared online repository that could house information would be a valuable resource to future collaborative work. Participants identified several examples of existing websites that could be useful if relevant information were added or linked to them.4

Policy and Regulations

Forum participants stressed the importance of using reliable, high-quality data when seeking to inform policy or regulations. They identified existing policies and regulations that merit wider implementation, and discussed holistic community design approaches.

Employ health impact assessments (HIAs) to inform public policy in this field. HIAs can examine neighborhood factors that contribute to violence and can help target policy changes. An HIA can help identify the location and distribution of alcohol outlets, blighted buildings, and drug corners—information that can shape

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policy and regulations, such as those limiting the number of alcohol outlets allowed near green spaces, making them more appealing to residents.

- **Engage communities as equal partners in the research process to build consensus and develop a strong advocacy platform for policy change.** In community-based participatory research (CBPR), for example, trained researchers and community members participate as equal partners in every phase of the research process, from planning through dissemination. CBPR can highlight the policy and regulation changes that community members find most important. The inclusion of youth is especially important because their voices are often absent from conversations that directly affect their communities.

- **Fund and implement place-based policies, programs, and strategies that result in violence prevention, healthy eating, and active living.** Examples of place-based initiatives include:
  - Place-based policing focused on areas where crimes are most likely to take place
  - Business improvement districts, which can make areas less attractive for violence
  - CureViolence, a Chicago-based program originally called CeaseFire, in which community residents disrupt potentially violent encounters before they happen.\(^5\)
  - Urban Networks to Increase Thriving Youth (UNITY),\(^6\) a program of Prevention Institute that features a RoadMap\(^7\) of steps cities can follow to prevent violence.

- **Recognize and support the role of community design in reducing violence and building socially healthy communities.** Holistic design principles foster policies that improve housing, community infrastructure, physical appearance, green spaces, transportation, and other factor to prevent violence and promote health. For example, safe-street housing design, including more houses with front porches and stoops, may allow residents to spend more time outside and put more “eyes on the street,” which can help reduce violence. In addition, introducing mixed-use development in neighborhoods can attract new businesses and support pedestrian travel, which also can lead to decreases in crime and increases in active living.

**SUGGESTIONS FOR NEXT STEPS**

Participants identified some initial steps to accelerate change and foster momentum:

- **Internal working groups are needed to bridge fields,** particularly within organizations like the CDC that have separate divisions working in violence

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\(^5\) The national expansion of CeaseFire has been renamed CureViolence.

\(^6\) For more information about UNITY, go to Prevention Institute’s [website](#).

\(^7\) For more information about the UNITY RoadMap, go to Prevention Institute’s [website](#).
prevention and obesity. At the forum, the CDC’s Rita Noonan and Terry O’Toole offered to initiate a cross-disciplinary CDC working group.

- **Thought leaders can champion ideas** such as more expansive editorial approaches within discipline-specific journals and research approaches that tap expertise across sectors. They can also advocate for cross-sector programming at professional meetings, and support and develop funding initiatives that mandate multidisciplinary partnerships. In addition, thought leaders can function as powerful ambassadors for this work through their own speaking engagements and publications, and through using social networks such as Twitter and Facebook to stimulate discussion.

**CONCLUSION**

Building a field of research and practice that integrates work on community safety with work on obesity prevention is a noble goal. Some necessary elements are in place: a cadre of researchers and practitioners interested in building the field, early models of cross-sectoral collaboration, research findings that point to strategies to reduce crime and the perception of crime, and other strategies that support more active living and the availability of healthy food.

Fully developing the field, however, requires further attention to the partners who should be involved, the data that should be collected, the research that should be conducted, and the policies and regulations necessary to support the work. The RWJF thought-leaders forum, The Role of Community Safety in Obesity Prevention: Exploring How Exposure to Crime and Violence Impact Physical Activity and Healthy Eating, provided an opportunity for experts in many disciplines to share their perspectives on the specific actions that should be taken in each of these areas.
APPENDIX 1

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(Positions and affiliations current at the time of the forum)

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**Active Living by Design**

*Active Living by Design* (August 2001 to February 2010) was funded by the Robert Wood Johnson Foundation as a core program in its Active Living portfolio, which also included *Active Living Research*, *Leadership for Healthy Communities*, *Active Living Network*, and the *Active Living Resource Center*. *Active Living by Design* created community-led change by working with local and national partners to build a culture of active living and healthy eating. The program’s national program office was at the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill, N.C. Its vision was healthy communities where routine physical activity and healthy eating are accessible, easy and affordable to everyone. Since the end of *Active Living by Design*, the program’s management has become the national program office for Robert Wood Johnson Foundation’s *Healthy Kids, Healthy Communities* grant program. See Program Results on *Active Living by Design* for more information. See Progress Report for more information on *Healthy Kids, Healthy Communities*.

**Active Living Research**

*Active Living Research* (August 2000 to present) is a national program of the Robert Wood Johnson Foundation (RWJF) that is part of its Active Living Portfolio (also including *Active Living by Design*, *Leadership for Healthy Communities*, *Active Living Network*, and the *Active Living Resource Center*). It has managed $24 million in 221 research grants that that examine 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 the 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. The program supports using sound scientific research to impact public policy and serve as a resource for policy-makers and other researchers. See Program Results for more information.

**Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity in the National Center for Chronic Disease Control and Prevention**

CDC’s Division of Nutrition, Physical Activity, and Obesity 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, Division of Adolescent and School Health in the National Center for Chronic Disease Prevention and Health Promotion**

The mission at the National Center for Chronic Disease Prevention and Health Promotion is to lead efforts that promote health and well-being through prevention and control of chronic diseases. The Division of Adolescent and School Health, housed within the national center, promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. To achieve its mission, the Division of Adolescent and School Health 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, Division of Violence Prevention in the National Center for Injury Prevention and Control**

In 1992 the CDC established the National Center for Injury Prevention and Control as the lead federal organization for violence prevention. The Division of Violence Prevention is one of three divisions within the center. Its mission is to create a society where people can live to their full potential by preventing violence and reducing its consequences. The division 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 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. The school has embraced its location as an
opportunity to plunge into every aspect of urban healthcare. The school works with diverse populations throughout New York 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 urban environments.

**CureViolence**

*CureViolence* (formerly called CeaseFire), is a Chicago-based violence prevention program. It is administered by the Chicago Project for Violence Prevention (CPVP), which is located at the University of Illinois’ School of Public Health. CureViolence is an interdisciplinary public health approach to violence prevention. The program’s thesis is that violence is a learned behavior that can be prevented using disease-control methods. CureViolence 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. CureViolence is a data-driven model—through a combination of statistical information and street knowledge, program staff members identify where to concentrate their efforts, focus their resources, and intervene in violence. This data guides them to the communities most impacted. It provides a picture of those individuals at the highest risk for violence. And, most importantly, it shows staff members how they can intervene.

**Harvard University Department of Health Policy and Management**

The Department of Health Policy and Management is committed to training and inspiring the next generation of health care leaders. Its students and faculty seek to make the world a better place by improving health and health care. The department works on problems ranging 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. Its 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 its students have significant prior work experience and they enrich the classroom with their insights and perspectives.

**Healthy Kids, Healthy Communities**

A national program of RWJF, *Healthy Kids, Healthy Communities* (December 2007 to December 2013) has a 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 communities sites (Chicago; Columbia, Mo; Louisville, Ky.; Seattle; Somerville, Mass.; Washington; and Baldwin Park, Central Valley, and Oakland, Calif.). Forty additional communities received grants in December 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 Philadelphia 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. Staff has recently expanded its scope of work to include youth environmental stewardship development; food and nutrition advocacy and action; 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, Department of Health Policy and Management, Center for Injury Research and Policy**

The Johns Hopkins Bloomberg School of Public Health was founded in 1916, and is the number one ranked school of public health in the world. The mission of the school’s Department of Health Policy and Management 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, housed within the department, is one of the 11 Injury Control Research Centers currently receiving core funding from the CDC. The center 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)**

Local Initiatives Support Corporation (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 through staff members who are 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, R.I., through the renovation and development of housing opportunities for low-income residents of the neighborhood. While Olneyville Housing Corporation’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, Pa.: 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, Ky.; New York City; and Buffalo, N.Y. It has a constituency of more than 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 nonprofit 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 National Partnership**

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 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

ShapingNJ is located in the New Jersey Department of Health and Senior Services, the Office of Nutrition & Fitness. The office 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 for nutrition, physical activity, and obesity prevention. The goal of this partnership is to prevent obesity and improve the health of populations that are at risk for poor health outcomes in New Jersey by making “the healthy choice, the easy choice.”

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. 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 the understanding of crime, governance, and social justice. Faculty and student research emphasizes interdisciplinary 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 created the endowment because the value of Blue Cross had to remain in the nonprofit sector. 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 the University of Alabama (UAB) School of Public Health. The interests of 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 master of science in criminology, and a PhD program for a select group of students.