

Public Health's Role in Preventing Street Violence  
A report of Contra Costa Health Services' Public Health Division  
June 2006  
Executive Summary

***Introduction: Purpose of this Report***

This report was developed in response to the dramatic increase in street violence, particularly gun violence, and the West Contra Costa community's request for health department support and leadership in addressing this problem. The report describes two key concepts in understanding violence and violence prevention: violence as a public health issue and the role of risk and resiliency factors. It summarizes what is being done locally and in other counties to address this large and complex problem, with an emphasis on the role of local health departments.

***Definition of the Problem***

Contra Costa is experiencing a shocking escalation of street violence in our communities. Both homicides and the number of shootings have increased dramatically from their 2001 low. Although the data shows that the impact on young African American men and on West County residents is extraordinary, no community in our County escapes the impact. Much of the impetus for this report came from community residents, leaders and local elected officials, several of whom defined community or "street violence" as including homicides, drive-by shootings, gang activities, robbery, assault, rape, car jacking and verbal intimidation. There are many other broad definitions of violence, including from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). Contra Costa Health Services defined it in its 2001 Action Plan for Violence Prevention as: "*Violence is any action that is an abuse of power, where the intent is to control by causing pain, fear, or hurt; actions and words that cause harm.*"

***Public Health Approach***

A Public Health approach emphasizes the prevention of violence and includes the following:

- 1) Defining the causes of the problem within a social, economic and environmental context
- 2) Identifying risk and resilience factors that influence the occurrence of violence
- 3) Engaging community stakeholders to define the issues and solutions from a local perspective;
- 4) Creating solutions along a spectrum of strategies that include mobilizing neighborhoods, developing public policies and creating organizational and institutional change
- 5) Developing measurable objectives so progress can be tracked; and
- 6) Implementing and testing prevention interventions.

**Risk and Resiliency Factors**

Violence is a complex problem that is influenced by a host of inter-related individual, social, economic and environmental risk and resilience factors. *Risk factors* for violence are "those conditions or characteristics that put an individual, family, or community at higher risk of experiencing or perpetrating violence." The effects of risk on violence are complex, interactive, and cumulative and the combination, frequency and severity of risk influence whether or not problems develop. *Resilience factors* are individual or environmental aspects that can buffer people from the effects or risk. Research suggests an interrelationship between risk and resilience, the potential for resilience factors to mitigate some of the effects of risk, and the need to focus on both sets of factors.

### ***History and Current efforts within CCHS***

Contra Costa developed its first violence prevention plan in 1994, outlining 25 recommendations that were approved by County voters but not funded. In 1999, CCHS' Community Wellness and Prevention Program (CW&PP) received funds and worked with a countywide Violence Prevention Coalition to revise the 1994 plan. Both plans recommended a broad prevention approach to eliminate the risk factors for violence and reinforce protective factors. The 1994 plan focused on community issues such as firearm control, media influences, alcohol and other drugs/illicit drug trade, incarceration vs. prevention, treatment and rehabilitation, and efforts to counter community deterioration and loss of services and supports. The 2001 plan added strategies to address intimate partner, child and elder abuse and hate crimes.

While the 2001 plan has not been formally implemented, a number of efforts to prevent violence through risk factor reduction and resiliency building are being carried out within CCHS and with other partners. These efforts include a domestic violence prevention initiative, community violence education, neighborhood-level organizing against street violence, safe street campaigns, and several initiatives focused on youth leadership, mentoring and alternative programs and activities.

### ***Key Findings from Other Local Health Department Plans***

Local county violence prevention plans that were reviewed incorporated a mix of countywide, neighborhood-based, and other population-specific strategies that align with the Spectrum of Prevention, a recognized public health framework. They outlined a set of strategies that focused on not only individual and family issues, but also on social, environmental and organizational change efforts throughout each county. Key findings included:

- Plans proposed strategies to address both individual and community risk and resiliency factors associated with violence, with resiliency efforts focused primarily on youth
- County plans involved multiple agencies and sectors of the community, with a role for the local health departments (LHDs) as a partner in planning, oversight, implementation, and evaluation of efforts.
- Comprehensive planning processes and plans did not necessarily translate into extensive implementation by LHDs

### ***Next Steps***

This report is a working draft and is being utilized as a tool for internal Public Health and Health Services-wide discussions to determine how we can effectively respond to the issue of street violence. The ultimate goal is to develop a set of recommendations to present to Dr. Brunner, Public Health Director and Dr. Walker, CCHS Director. As CCHS develops its response, several issues are being discussed in order to learn from the experiences of other counties:

- Are we moving in the right strategic direction given our own resources, and the unique role Public Health can play in preventing violence?
- Are our efforts consistent with risk and resiliency factors and are we focusing them in the right places (e.g., geographic locations, population groups, settings)?
- What additional data do we need to define the problem and track it?
- How do we help support and develop better internal coordination?
- What kinds of external partners are we already working with or should we be working with?
- How can we make our efforts support and dovetail with other activities going on in the community and with other agencies and organizations?
- How do we engage the community in helping us to develop our role and response?

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**Public Health's Role in Preventing Street Violence**  
**A Report of Contra Costa's Public Health Division**  
**Public Health Outreach, Education and Collaboration unit**  
**June 2006**

**Introduction**

This report has been developed in response to the increase in street violence, particularly gun violence, and the community's request for support and leadership. It summarizes what is being done locally and elsewhere to address this large and complex problem, with an emphasis on the role of local health departments. We hope it will help local leaders, including the Board of Supervisors, Contra Costa Health Services, city officials and staff and community leaders make decisions about where to focus local violence prevention efforts.

**What is the Problem?**

Contra Costa is experiencing a shocking increase in violence in our communities. Both homicides and the number of shootings have increased dramatically from their 2001 low. Although the data shows that the impact on young African American men in our county is extraordinary, no community in our County escapes the impact of violence. A sampling of statistics illustrates the scope of this public health problem<sup>1</sup>:

- Homicide is the third leading cause of death among all Contra Costa residents under 25 years of age
- Nearly half of the homicides occur among people living in Richmond
- Concord and Antioch have the next highest percentage of homicides, at 9% each in 2003.
- 60% of all firearm-related homicides are African American males age 15-34 years
- 80% of the homicide deaths in West County are due to firearms.

Violence costs everyone in our county. According to Supervisor John Gioia, the average cost to the county for a single shooting victim is \$40,000 in hospital bills, plus \$15,000-30,000 in emergency medical response and transport.

**I. Background**

Three concepts are useful in understanding violence and violence prevention: the definition of violence, violence as a public health issue, and the role of risk and resiliency factors. Each is briefly described here.

*Definition of violence*

One frequently cited definition of violence comes from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC): *Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.*"<sup>2 3</sup> Contra Costa Health Services offered a more concise definition of violence in its 2001 Action Plan for Violence Prevention: "*Violence is any action that is an abuse of power, where the intent is to control by causing pain, fear, or hurt; actions and words that cause harm.*"

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<sup>1</sup> *Community Health Indicators for Selected Cities and Places Report 2005*, produced by the Community Health Assessment, Planning and Evaluation unit of CCHS

<sup>2</sup> *World Report on Violence and Health*, 2002. World Health Organization.

<sup>3</sup> *Youth Violence: Overview*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Accessed on 12/21/2005.

More specifically, community residents, leaders and local elected officials have requested that the health department provide leadership and support to help stem the rising tide of street violence in their communities. They have defined **street violence** as a symptom of a larger societal problem, resulting from inequities in the social, political and economic environment in local communities. They described street violence as activities such as homicides, drive-by shootings, gang activities, robbery, assault, rape, car jacking and verbal intimidation.

#### *Public Health approach to violence prevention*

The CDC describes four basic steps in a public health approach to violence:

- (i) detect and define the problem through surveillance, to help decision makers allocate resources effectively (i.e., describe the scope and scale of the violence problem, when and where it occurs, characteristics of perpetrators, the circumstances surrounding the violence, and societal costs);
- (ii) determine the causes of the problem (i.e., risk factors to target for interventions);
- (iii) develop and test prevention interventions; and
- (iv) implement the interventions.<sup>4</sup>

Locally, our own and other county health departments have added several key components to this public health approach: 1) engaging community stakeholders in defining the issues from a local perspective and developing relevant violence prevention plans; 2) incorporating community input in developing measurable objectives for tracking progress; and 3) developing solutions that promote public policies and support organizational and institutional factors that can strengthen a community's resiliency against violence.

#### *Risk & Resilience Factors*

Violence is a complex problem that is influenced by a host of inter-related individual, social, economic and environmental risk and resilience factors. *Risk factors* for violence are "those conditions or characteristics that put an individual, family, or community at higher risk of experiencing or perpetrating violence."<sup>5</sup> The effects of risk on violence are complex, interactive, and cumulative and the combination, frequency and severity of risk influence whether or not problems develop.<sup>6</sup> *Resilience factors* are individual or environmental aspects that can buffer people from the effects or risk.<sup>7</sup> Research suggests an interrelationship between risk and resilience, the potential for resilience factors to mitigate some of the effects of risk, and the need to focus on both sets of factors.

Local health departments have identified a core group of overall **risk factors** associated with various kinds of violence, including involvement with alcohol and other drugs; firearms; incarceration/lack of support for re-entry; violence in the media; personally witnessing and/or experiencing violence; lack of emotional health; community deterioration (e.g., lack of community resources and social networks that help reinforce positive values, etc.); poverty and economic disparity; and discrimination and oppression.

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<sup>4</sup> *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia, June 2002 (Revision). Compiled and edited by: Thornton TN, Craft CA, Dahlberg LL, Lynch BS, Baer K, Potter L, Mercy JA, Flowers EA.

<sup>5</sup> *A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint*, July 2005.

<sup>6</sup> *ibid.*

<sup>7</sup> *Youth Violence Fact Sheet*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Accessed 12/21/05.

Researchers have identified a number of risk factors that are particularly associated with youth violence:<sup>8</sup>

- Individual factors such as antisocial beliefs and attitudes; early aggressive behavior; involvement with alcohol and other drugs;
- Family factors such as exposure to family violence and conflict; lack of parental supervision and involvement in the child's life; low emotional attachment to parents or caregivers; low parental education and income; parental substance abuse and criminality;
- Peer/school factors such as association with delinquent peers; gang involvement; lack of involvement in conventional activity; poor academic performance; low commitment to school and school failure
- Neighborhood/community factors such as diminished economic opportunity; high concentrations of poor residents; high levels of family disruption and transiency; low community participation; and socially disorganized neighborhoods.

*Resilience factors* have not been studied as extensively as risk factors, but preliminary research suggests that intolerant attitudes toward deviance (we need to define this here, as well as in the model), positive social orientation, commitment to school, and involvement in social activities may protect youth from risk.<sup>9</sup> Other potential resilience factors include: economic capital, meaningful opportunities for participation, positive attachments and relationships, good physical and mental health, social capital, safe built environments, local services and institutions, artistic and creative opportunities, positive ethnic, racial and inter-group relations, and media that promotes positive, anti-violence messages.<sup>10</sup>

## **II. Contra Costa Health Services Approach**

### *Historical background*

Contra Costa developed its first violence prevention plan in 1994. The plan outlined 25 recommendations that were approved by County voters; however, no funding was included. In 1999, CCHS' Community Wellness and Prevention Program (CW&PP) received funds to update and revise the 1994 plan, focusing on family violence issues. CW&PP staffed a countywide Violence Prevention Coalition that conducted a community assessment process that identified strategies, priority areas, objectives and activities. The resulting 2001 *Action Plan for Violence Prevention* was not presented to the Board of Supervisors. While there was significant support, energy and collaboration in the plan's development, a combination of staffing changes and lack of continued funding resulted in very limited implementation. The Plan was also very ambitious, complex and comprehensive, which made it difficult to determine where to start.

### *General approach*

Both plans recommended a broad prevention approach to eliminate the risk factors for violence and reinforce protective factors. The 1994 plan focused on community issues such as firearm control, media influences, alcohol and other drugs/illicit drug trade, incarceration vs. prevention, treatment and rehabilitation, and efforts to counter community deterioration and loss of services and supports. The 2001 plan added strategies to address intimate partner, child and elder abuse

<sup>8</sup> *Youth Violence Fact Sheet*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Accessed 12/21/05.

<sup>9</sup> National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Youth Violence Fact Sheet, accessed 12/21/05. (Source cited in fact sheet: DHHS 2001; Lipsey and Derzon 1998)

<sup>10</sup> *A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint*, July 2005.

and hate crimes, and reduced some of those that addressed youth development and community deterioration.

*Basic strategies*

The 2001 Action Plan described a comprehensive set of strategies along the Spectrum of Prevention that included interventions at the individual, community, organizational and policy level. The strategy recommendations are organized around six priority areas or locations where violence occurs, in order to:

- create healthy families and safe homes: examples included making resources available and accessible to families, developing culturally appropriate parent/caregiver education programs, and coordinating interagency efforts to intervene early with at-risk families
- ensure safe schools: through educational and experiential programs addressing root causes, teacher training on conflict resolution, and others
- support violence-free neighborhoods: carry out neighborhood-based projects to mobilize residents to prevent violence, conduct violence prevention campaigns, Youth Safety Commissions, partnerships with police
- create accessible and engaged workplaces: provide workplace education and develop employment opportunities for youth
- strengthen government involvement: through annual collection and reporting of violence data to monitor trends, and facilitation of planning and coordination of prevention and intervention efforts
- promote policy advocacy: for example to reduce tolerance of hate crimes and reduce firearm injuries

*Current Activities, Staffing and Resources*

Many of the activities described in the 2001 plan were intended to be implemented by other organizations besides CCHS. While the 2001 plan has not been formally implemented, in fact a number of efforts described in the plan are being carried out, within CCHS and with the Violence Prevention Coalition (VPC) and other partners:

- 1) The Zero Tolerance for Domestic Violence (DV) Initiative. Regional Medical Center and Health Center staff participates in a Multidisciplinary DV review Team, provides DV training to medical residents and other internal and external health providers, and participates in community educational forums to raise awareness of DV issues.
- 2) Neighborhood-Level Organizing. PHOEC staff is working with the North Richmond Neighborhood Action team to implement a resident-led violence prevention plan. Staff is also working with the Monument Community Partnership on street safety and substance abuse issues.
- 3) Community Education. The VPC hosts annual Violence Prevention forums.
- 4) Coordination among county programs. Public Health's Child Health and Disabilities Project program has established a Memorandum of Understanding between CCHS, Probation, Mental Health and Environmental Health Services to coordinate services for school-aged youth experiencing violence. CHDP staff are also working with both the Child Welfare Redesign Initiative and the newly funded Criminal Justice Initiative to prevent violence among children and youth in Contra Costa.

Additional activities that were not listed in the plan, but are currently being carried out do address identified risk and resiliency factors to prevent violence:

- Youth education, leadership development and mentoring: peer education on healthy relationships and substance abuse prevention (Teenage Program and Alcohol and Other Drugs (AOD) through contract providers); training of teen leaders in community action and

mobilizing around health (Empowerment Through Action and AOD contracts); curriculum on violence prevention for schools (VPC); mentorship for health professions (Pegasus Project at Richmond High); mentoring for young boys in East County to prevent DV (DELTA Project).

- Reduction of youth access to alcohol and other drugs: The West County Alcohol Policy Workgroup (WCAPWG), a collaboration between Public Health, Alcohol and Other Drugs, West County residents, local merchants and Supervisor Gioia's office, is spearheading community education and advocacy to reduce youth access. Two coalitions, called Alcohol License Review Committees, similarly operate in the Rodeo and Bay Point communities.
- Youth alternative activities: Family Maternal and Child Health staff are working with Supervisor Gioia's office on the planning for a youth community center in Richmond
- Built environment/safe streets: CW&PP, City of Richmond and others are focusing on changing neighborhood infrastructures that will promote safe streets.
- Outreach to youth at risk of or homeless, to link them to needed resources including housing (Public Health's Homeless Program)

#### *Key partners in existing efforts*

In conducting the above activities, staff in various health department programs work with a diverse range of community and institutional partners. These include the public and private medical and social service provider community, including Kaiser; local high schools; the City of Richmond; law enforcement in Concord, Richmond and West County sheriff; resident groups in Bay Point, Monument Corridor and Richmond; merchants in West County; community-based organizations such as STAND, Child Abuse Prevention Council, Community Violence Solutions, New Connections, Neighborhood House, ECO Village; First Five; and other county departments (EHS, Probation, County Administrator's Office, District Attorney's Office).

### **III. Information Collection**

In March 2006, the Public Health Outreach, Education and Collaboration (PHOEC) unit was designated to conduct research to determine how other local health departments are addressing violence prevention and to catalogue what CCHS is doing to prevent community violence. PHOEC's role is to help assure that communities and CCHS work effectively together to identify and act on community-identified health priorities, particularly around emerging or cross-categorical health concerns. PHOEC and Community Health Assessment Planning and Evaluation (CHAPE) unit staff worked together to gather the information and produce this document.

The research for this report was conducted by: a) doing a preliminary literature search, b) reviewing other county violence prevention plans, c) conducting interviews with other local health department violence prevention staff, and d) soliciting and reviewing community input through personal interviews, one focus group, attendance at several community dialogues, and a review of the proceedings, minutes and plans developed in various community-hosted forums held over the last six months. As PHOEC and CHAPE staff met and reviewed the materials, a number of consistent themes emerged that may be helpful for to Contra Costa leaders to consider as we develop our own response.

It is important to acknowledge that this report provides only a glimpse into how others in public health are addressing the issue of violence in the community, focusing on a small number of health departments that are considered local leaders in the effort. There are no doubt promising practices that could be identified, borrowed and adapted for use in Contra Costa. Research into these promising practices would require additional time and resources.

*From Community Leaders and Residents*

Much of the impetus for this report came from community residents, leaders and local elected officials in West County who requested that the health department provide leadership and support in their efforts to stem the rising tide of violence in the community. While the literature and experts in the field do not define community violence key community leaders interviewed by staff had quite a lot to say about it. They emphasized that we can't define violence without acknowledging that it is a symptom of a deeper and more pervasive community problem. They defined community or street violence as resulting from breakdown of the family, erosion of societal values, lack of community connection, diminishing local resources and supports, and alienation of youth who don't feel they are respected as contributors to society. Examples they gave of this kind of violence included homicides, drive-by shootings, gang activities, robbery, assault, rape, car jacking and verbal intimidation.

Community leaders felt that violence prevention needs to be reframed to focus on transforming our culture of violence and rebuilding a sense of community and an appreciation for all cultures and age groups. Stemming the current tide of violence will require a long-term plan (5-10 years) and commitment on the part of local government, institutions and the community all working together- it will take that long to demonstrate successful outcomes. Community residents stressed the importance of engaging the "dynamic cultural diversity" of the West County community in a dialogue from the beginning, to help define the issues and solutions from a local perspective.

*Other County Violence Prevention Plans*

In order to better understand how other counties have approached the violence issue and what role local health departments can play in addressing this problem, we reviewed violence prevention plans from several Bay Area counties: San Francisco's "RoadMaps for Prevention Violence,"<sup>11</sup> <sup>12</sup> Santa Clara County's "Violence Prevention Action Plan,"<sup>13</sup> and Alameda County's "Lifetime Commitment to Violence Prevention: The Alameda County Blueprint."<sup>14</sup>

The following provides some key insights about these county plans – their approaches to violence prevention, the roles they identify for public health and how actual implementation of these efforts differs from the intentions of these plans.

*Overview of Local Health Department Efforts*

Local county violence prevention plans incorporate a mix of countywide, neighborhood-based, and other population-specific strategies that align with the Spectrum of Prevention<sup>15</sup>, a recognized public health framework.

Countywide violence prevention strategies tend to focus on social, environmental and organizational change efforts throughout the county. These efforts are consistent with several Spectrum of Prevention strategies, including "educating providers," "changing organizational

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<sup>11</sup> *San Francisco RoadMap for Prevention Violence, 1<sup>st</sup> edition*, February 2001. San Francisco Violence Prevention Network, San Francisco Department of Public Health, Community Health Education Section.

<sup>12</sup> *San Francisco RoadMap for Prevention Violence, 2<sup>nd</sup> edition-A Working Document*, July 2005. San Francisco Violence Prevention Network, San Francisco Department of Public Health, Community Health Education Section.

<sup>13</sup> *Santa Clara County Violence Prevention Action Plan*, 1998. Santa Clara County Violence Prevention Council.

<sup>14</sup> *A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint*, 2005. Prevention Institute.

<sup>15</sup> Rattray T, Brunner W, Freestone J. *The New Spectrum of Prevention: A Model for Public Health Practice*. Contra Costa Health Services. April 2002.

practices,” “promoting community education,” and “influencing policy and legislation.” Examples include *provider education* to teach clinicians and others service providers how to identify, intervene and prevent various kinds of violence; *protocols* for medical, mental health and social services providers to assess and address post-traumatic stress disorder in children who have witnessed violence; *public education campaigns* to change community norms about the violence problem and build an understanding that violence is preventable, and various kinds of *policy efforts*, such as regulating firearm sales and limiting alcohol advertising in order to prevent alcohol- and firearm-related injuries and deaths.

Neighborhood-based violence prevention strategies are designed to address more local issues and leverage local assets to foster safe, thriving communities. These efforts align with the Spectrum’s “mobilizing neighborhoods and communities” and “fostering coalitions and networks” strategies. Examples include *community organizing and capacity building* efforts at the neighborhood level, to reduce the availability and usage of guns, alcohol and other drugs, promote employment and economic development, and foster social connectedness and a sense of hope, particularly in neighborhoods with high rates of violence and crime.

Other population-focused violence prevention strategies address the needs of people at greatest risk for experiencing and/or perpetrating violence, including youth and those already involved in gangs and/or the criminal justice system. These are consistent with the Spectrum’s “strengthening individual knowledge and skills” strategy. Examples include *gang prevention programs* that include education, job training and employment opportunities for gang members and those likely to become members; and *violence prevention skill-building programs* for youth in detention facilities.

### Key Findings

#### **1. Local county violence prevention plans propose strategies to address both individual and community-level risk and resiliency factors associated with violence, and the emphasis on resiliency is focused primarily on youth.**

All the local county violence prevention plans reviewed included strategies to reduce the following commonly recognized risk factors for violence:

- Alcohol and firearms. Strategies include policies to reduce the density of alcohol outlets and advertising in neighborhoods with high crime and violence and policy and norm changes to reduce availability and usage of firearms;
- Witnessing or experiencing violence. Strategies include trauma reduction services, including mental health and case management services for children and youth who have been traumatized by witnessing or experiencing violence;
- Media portrayal of violence. Strategies include media literacy programs to help youth and parents make informed media choices; policies and media advocacy to reduce violence in the media and improve the media’s portrayal of realistic risks and consequences of violence as well as prevention solutions.

Strategies to address other risk factors associated with violence, including *mental health/illness, incarceration/reentry issues, and social determinants of health* (such as poverty and economic disparity, community deterioration, and discrimination and oppression) are less common in county plans. Some examples of strategies to address these issues are, however, included in San Francisco and Alameda County’s plan:

- Mental Health. Strategies include providing mental health services at juvenile hall and to former inmates, and support services such as counseling, therapy, case management, anger management classes, home visiting and substance abuse treatment for families experiencing or at-risk for violence.
- Poverty/economic disparity; community deterioration. Strategies include career path programs with internship, apprenticeship and vocational skill-building opportunities; other job training and employment programs for community residents tied to neighborhood infrastructure and commerce development; and female economic empowerment programs.
- Incarceration/reentry. Strategies include support services for transition from the criminal justice system to the community through mental health services, substance abuse treatment, job training and employment services, housing, and other support for families and incentives for hiring ex-felons.

Most county plans also include some strategies to promote resiliency, primarily among young people. These efforts focus on school-based violence prevention curricula, mentoring and other youth development programs that promote healthy emotional and social development, offer artistic, recreational, leadership, and employment skill-building opportunities, and foster positive attachments and relationships among young people and between youth and adults.

**County plans often involve multiple agencies and sectors of the community, with a role for local health departments as a partner in various aspects of planning, oversight, implementation, and evaluation of violence prevention efforts.**

#### Planning

Local public health departments in all three counties staffed and/or participated in countywide violence prevention planning efforts with multiple agencies and sectors, including individuals from the faith and business communities, health and social service agencies, other city and county agencies and departments, community-based organizations, special interest groups, labor, education, law enforcement, justice, elected officials, and others. In Santa Clara and San Francisco, the public health departments in each county staffed diverse planning groups -- the Santa Clara County Violence Prevention Council and the San Francisco Violence Prevention Network -- that developed their respective county's violence prevention plans. In Alameda County, the Public Health Department participated in such a group as part of the county's violence prevention planning process, which was facilitated by Prevention Institute, a nonprofit organization brought on board to help the county develop and write its plan.

#### Oversight

Both Alameda and Santa Clara counties' violence prevention plans outline organizational structures that are intended to help oversee implementation of their plans and describe the Health Department's role in these structures. San Francisco's plan does not describe either implementation structures or the Health Department's role.

To ensure accountability, coordination, and information sharing, Alameda County's plan created two broad oversight councils and several topic-specific committees. The *Public/Private Leadership Council* is co-chaired by the Directors of Public Health and Probation and includes representatives from other county and city departments and agencies, legislative representatives, community members, business and faith communities, community organizations, schools, media, and others. The Council provides advice about priorities and resource allocation, coordination of efforts, appropriate county policies, community engagement, and effective public/private partnerships. It oversees five subcommittees, including the *Neighborhoods, Data and*

*Evaluation, School Curriculum, Media, and Reentry/incarceration Committees.* Public health staff leads the Neighborhoods Committee and participates in all but the latter two. Lastly, the

Leadership Council oversees the *County Coordinating Council (CCC)*, which includes the Director of Public Health and other County department and agency directors with mandates related to the plan recommendations and whose budgets are controlled by the Board of Supervisors. The CCC is responsible for governmental coordination and leadership, sharing and coordinating data, and establishing mechanisms to pool prevention resources across jurisdictions.

(Note: Alameda's plan also established a new Violence Prevention Coordinator position, reporting to Probation, to help oversee and coordinate the plan; this person will staff the Leadership Council and its interdisciplinary subcommittees. It's unclear what role public health will have with this position.)

In Santa Clara, the Board of Supervisors directed the Public Health Department to be the lead agency with administrative responsibility for the County Violence Prevention Coalition, an organizational entity that is intended to coordinate the county's multi-sector, multi-level and multi-faceted violence prevention programs and strategies. As such, Public Health's role is two fold: (1) staff all of the Coalition's committees and (2) the Director of Public Health will be a member of the Coalition's Executive Committee, the governing body of the coalition, along with other elected members and members appointed by the Board of Supervisors.

#### Program/service strategies

Santa Clara and Alameda each recommend a specific set of program strategies for implementation. By comparison, San Francisco's plan offers a large number of potential strategies, which are not prioritized. While some strategies outlined in these plans do involve the health department, many will be implemented by other public, private or community partners. Each county plan takes a slightly different approach to defining the health department's role in implementation, based on a number of factors, including the strengths, interests, expertise and resources of the health department.

Alameda County's plan was completed prior to the hiring of the new Violence Prevention Coordinator. Since this staff person will help determine the priorities, timing and responsibilities, the Public Health Department's role in implementation is not articulated in their plan.

Santa Clara County's plan identifies specific roles, responsibilities, and timing for many of its recommended strategies. The Public Health Department's proposed role in implementation involves partnering with other public and private agencies to: offer provider and parent education and media literacy programs; expand effective youth development/leadership and school-based violence prevention programs; conduct public awareness and outreach to communicate "zero tolerance" for family violence; and media advocacy to improve coverage of violence and violence prevention.

Unlike Alameda and Santa Clara, San Francisco's plan is not meant to be a centralized county action plan with prescribed roles, responsibilities, and timing for implementing its strategies. Instead, it is intended to offer "guidance to different entities interested in preventing violence in their areas ... to help communities identify problem areas, offer strategies to address them, and

suggest other partners to work with.”<sup>16</sup> However, the plan does suggest that the Department of Public Health might partner with others in implementing numerous strategies, including: provider education about violence risk factors and prevention strategies; protocols for clinicians to assess and address health risks associated with risk of experiencing and/or witnessed violence; support for providers addressing incarceration and recidivism; pre- and post-release support services for those in the criminal/juvenile justice systems; community organizing with youth and neighborhood-based community action teams to address risk factors associated with violence; advocacy to reduce alcohol advertising and limit violence in the media; and public media campaigns to increase knowledge about the violence problem.

#### Assessment & evaluation

Several key assessment and evaluation functions are identified in these plans to support violence prevention efforts, including: surveillance (i.e., collecting data about violent incidents and risk factors associated with violence), compiling information about violence prevention resources, and evaluating the implementation and impact of violence prevention strategies. Santa Clara County’s plan calls for a number of surveillance and evaluation activities in which the Public Health Department is supposed to be involved, along with other health, social service and law enforcement agencies. These include: a Comprehensive Violence Information System to capture data about violence and its precursors, a violence prevention resource inventory, and a comprehensive evaluation plan to monitor and evaluate the county’s violence prevention efforts. San Francisco’s plan suggests a more narrow scope for the Department of Public Health’s data-related functions, including: data collection and analysis to demonstrate the link between alcohol and violence, and assess household gun ownership. Alameda County’s plan calls for establishing coordinated data systems that enable effective tracking of associated risk and resilience factors, violence indicators and milestones, and good decision-making across departments and agencies and help inform policy. Public Health’s role in these activities was not defined in Alameda County’s plan, but it is likely that the Health Department will collaborate with other city and county agencies and departments to capture this information.

#### **Comprehensive planning processes and plans have not necessarily translated into extensive implementation by local health departments**

All local county violence prevention plans we reviewed involved extensive planning processes, engaging a wide range of stakeholders in defining the violence problem and identifying potential solutions, resulting in comprehensive plans with dozens of strategies. However, based on conversations with staff from several local public health departments, it seems that implementation of these strategies by the local health departments has been limited for a variety of reasons. Most consistent among these are resource constraints, political issues, limited staff expertise, or the plan was developed recently and implementation is just getting underway, as is the case in Alameda County.

In Alameda County, the Public Health Department is currently involved in: implementing *comprehensive, community capacity-building efforts* in two neighborhoods in Oakland and developing several other neighborhood-based efforts throughout the county (in collaboration with residents and city, school and other community-based organization staff); *intervention/treatment services for high-risk populations*, including those involved in and/or leaving the juvenile/criminal justice systems (in collaboration with Probation and others); and *leading and/or*

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<sup>16</sup> *San Francisco RoadMap for Prevention Violence, 1<sup>st</sup> edition*, February 2001. San Francisco Violence Prevention Network, San Francisco Department of Public Health, Community Health Education Section.

*participating in several subcommittees* established to address the county's initial priorities, including the Neighborhoods, Data and Evaluation, and School Curriculum Committees.

San Francisco's Department of Public Health is implementing: *city-wide educational workshops* about the root causes and risk factors for violence with the members of the public as well as government and community-based agency staff; *a multi-systems epidemiology effort* to assess victim- and perpetrator-related factors associated with violent deaths in the county (in collaboration with other County agencies and departments); and a "*critical response*" intervention system, which provides mental health support after violent incidents.

Santa Clara County Public Health Department's violence prevention efforts are currently focused on providing training and materials to schools for *Peace Builders, a school-based violence prevention program*.

While Los Angeles County Health Department was initially contacted, it was eliminated from inclusion in this report because it is not involved in comprehensive violence prevention. The Local Health Department had been involved for over ten years in a broad violence prevention coalition, however, that coalition disbanded and the health department now focuses exclusively on domestic violence issues.

#### **IV. Next Steps**

The research into what is being done to address violence was as enlightening in terms of what not to do as it was in terms of what to do to prevent violence. It became clear that the Contra Costa experience was, in many ways, mirrored in other counties. All the county health departments contacted had conducted extensive planning with a wide range of stakeholders and developed detailed and comprehensive violence prevention plans. Most of the health departments are carrying out only a limited number of activities and are in support roles for most of the plan's implementation. In some cases due to loss of staff, their efforts are on hold or they are subcontracting to a community organization.

As Contra Costa Health Services moves forward to develop its response to violence, there are a number of issues that will need to be discussed in order to learn from the experiences of other counties. These include identifying and prioritizing a manageable number of activities to start with, creating concrete outcomes and measures for tracking progress, establishing clear roles and accountability, and being realistic in identifying and getting commitments to the resources needed to be effective. The following questions are being discussed within the Public Health Division and among other Contra Costa Health Services Divisions as a next step to this report:

- Have we captured the essential activities and programs in PH/CCHS that are currently contributing to preventing community violence or reducing its impact?
- Are we moving in the right strategic direction given the problem, its contributors, our own expertise and resources, and the unique role Public Health and CCHS can play in preventing violence? Are our efforts consistent with risk and resiliency factors and the Spectrum of Prevention concepts? Are we focusing our efforts in the right places given where the problem is occurring (e.g., geographic locations, population groups, settings)?
- Do we need to collect additional data and if so, what?
- How do we help support and develop better internal coordination? Who should be our priority internal partners?
- What kinds of external partners should we be working with? How can we build on existing partnerships?

- What criteria can we develop to guide our decision making about what we do and how?
- How can we make our efforts dovetail with and support other activities going on, in the community and with other agencies and organizations?
- How do we engage the community in helping us to develop our role and response?
- How do we determine designated responsibilities for oversight of the overall effort within CCHS and implementation of key activities?
- How do we ensure adequate resources and support, including making better use of existing resources and staff as well as fostering funding and internal champions?
- What are the immediate next steps we need to take, what is the timeline, and who should be involved?

### **Update on Recent Activities**

This report is a working draft and is being utilized as a tool for internal Public Health and Department-wide discussions about how CCHS can be an effective partner in preventing street violence. A group of CCHS staff has met 3 times to share information and give input on how the health department can be involved and supportive of community efforts to address this problem. The group includes representatives from the Health Services Director's Office, the Reducing Health Disparities Initiative, Public Health, Mental Health, Alcohol and Other Drugs Services and Ambulatory Care. The group has: 1) reviewed and given feedback to the draft violence prevention report; 2) given input into a planning process for CCHS; 3) agreed to a working definition of "street violence"; 4) begun to discuss when and how to engage the community in this dialogue; 5) reviewed and adapted a conceptual model for thinking about prevention of street violence; and 6) begun to document some of the CCHS programs most involved in preventing the problem. This process is providing valuable information and perspectives to help staff catalogue what programs already exist in CCHS and what resources and expertise we can make available to the community. The ultimate goal is to develop a set of concrete recommendations to strengthen and enhance the health department's contribution, which will be presented to Dr. Brunner, Public Health Director and Dr. Walker, CCHS Director.