



PREVENTING VIOLENCE: *Roles for State Public Health Agencies*

EXECUTIVE SUMMARY • OCTOBER 2011

BACKGROUND

Violence is a leading cause of death and disability in the US¹. While there has been a growing recognition of the unique skills and solutions the public health community can offer to prevent violence², the role of public health is often overlooked and many times public health practitioners themselves do not know the appropriate roles they should assume to contribute to solutions.

In April 2010, the Safe States Alliance, with funding from the CDC, convened a roundtable of twenty-four violence prevention experts and stakeholders to address this issue. Recommendations resulting from these discussions are offered as a resource for public health departments in identifying specific roles for their organizations in a full report on the Safe States website. This is a summary of recommended roles for state public health agencies.

THE PUBLIC HEALTH APPROACH

The Public Health Approach to Violence Prevention is a four-step process designed to guide practitioners through program planning, evaluation, and dissemination (Figure 1)³.

The first step in the public health approach is to clearly define the problem by collecting and analyzing epidemiological data. The second step is to identify the factors that protect

Figure 1. Public Health Approach to Violence Prevention



people or put them at a higher risk for experiencing or perpetrating violence. The third step is to select and adapt a preexisting

intervention or develop and test new prevention strategies to appropriately address the issue. The final step is to broadly disseminate the intervention strategies and evaluation results to facilitate adoption in other communities.

OVERARCHING ROLES

Public health leaders at national, state, and local levels must continuously demonstrate an interest in and commitment to the multi-disciplinary approach needed to prevent violence. Throughout the roundtable meeting four overarching goals

were identified that must be addressed at all levels of public health in order to successfully prevent violence:

1. Institutionalize visible, high-level leadership that prioritizes violence prevention;
2. Prioritize a balanced approach that includes the primary prevention of violence;
3. Focus on disparities and the role of social determinants, including racism and poverty; and
4. Re-frame the issue of violence as a community-level problem that involves all of us, and not simply “them.”

RECOMMENDATIONS FOR STATE PUBLIC HEALTH AGENCIES

1. Develop a statewide agenda for preventing violence;
2. Develop and implement policy approaches to violence prevention;
3. Collect, analyze and disseminate data;
4. Build local capacity;
5. Contribute to national violence prevention efforts;
6. Conduct needs assessments and strategic planning;
7. Maximize existing resources and identify new funding streams; and
8. Translate research into practice.

State public health agencies (SHAs) have a responsibility to improve the health and safety of communities by reducing health and safety hazards and assuring the quality and accessibility of health services. While some of the roles identified for the state level parallel national and local roles, some roles are particularly unique to state public health departments.



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1. Develop a statewide agenda for violence prevention

A key role for SHAs is to conduct statewide health planning, improvement, and evaluation. In many states, the SHA serves in a leadership capacity to identify and convene stakeholders, coordinate agendas across state organizations and agencies, assess statewide needs and resources, and develop plans for prevention.

2. Convene stakeholders

SHAs should work with coalitions and advocates to inform public policy at national, state and local levels. State programs may: develop health department testimony on proposed legislation; utilize surveillance data to inform policy makers; and identify model legislation, policies, or ordinances to be adopted at the state and local levels.

3. Collect, analyze and disseminate data

SHAs have a responsibility to provide leadership in the development of infrastructure that allows for statewide data collection, analysis, and dissemination that aligns with national standards and collection methods; assesses the contexts in which violence occurs; and ensures translation of data into evidence-informed actions.

4. Build local capacity

SHAs must build capacity to help local practitioners identify, select, and evaluate evidence-informed practices, programs, and policies. This capacity can be built through regular communication and networking; developing and sharing tools and other resources; and providing mentorship, technical assistance, and training.

5. Maximizing existing resources and identifying new funding streams

In an effort to maximize resources, SHAs can identify and coordinate state and federal opportunities to support effective and sustainable violence prevention programs.

6. Contribute to national violence prevention efforts

SHAs can share experiences, highlight examples of effective violence prevention efforts, and provide feedback on barriers and challenges to preventing violence before it occurs.

7. Conduct needs assessments and strategic planning

Strong strategies, rooted in evidence and the public health approach to violence prevention, are necessary to realize goals, enhance inter-organizational collaboration, and effectively measure progress. SHAs have a responsibility

to assess statewide conditions and convene partners for planning.

8. Translate research into practice

SHAs can serve as a resource in translating research into action by providing training, technical assistance, and resources to communities to implement interventions with fidelity and ongoing evaluation.

USEFUL TOOLS & RESOURCES

- [Healthy People 2020](#)
- [National Forum on Youth Violence Prevention](#)
- [National Intimate Partner and Sexual Violence Surveillance System \(NISVSS\)](#)
- [The Community Guide](#)
- [The National Prevention Strategy](#)
- [Violent Death Reporting System \(NVDRS\)](#)

CONCLUSION

This is an important call to action for state public health to provide leadership and support in accelerating the prevention of violence across the United States. The costs to individuals, communities and society at large require that public health, in addition to other key multi-disciplinary stakeholders; contribute its expertise toward the prevention of violence. While, the roles of public health in violence prevention are often overlooked, even among public health practitioners themselves, public health approaches complement criminal justice approaches, saving lives, saving money, and building thriving communities.

REFERENCES

- ¹ Centers for Disease Control and Prevention. (2011, June 7). Violence Prevention. Retrieved August 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/violenceprevention/peribus-aut-facilenis-qui-quiatis-acillenis-qui-qu>
- ² Dahlberg, L., & Krug, E. (2002). Violence-a global public health problem. In E. Krug, L. Dahlberg, J. Mercy, A. Zwi, & E. Lozano, World Report on Violence and Health (pp. 1-56). Geneva, Switzerland: World Health Organization.
- ³ Centers for Disease Control and Prevention. (2008, March 5). The Public Health Approach to Violence Prevention. Retrieved August 2011, from Injury Center: Violence Prevention: <http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html>

The complete report, "Preventing Violence: Roles for Public Health Agencies," can be found at www.safestates.org.