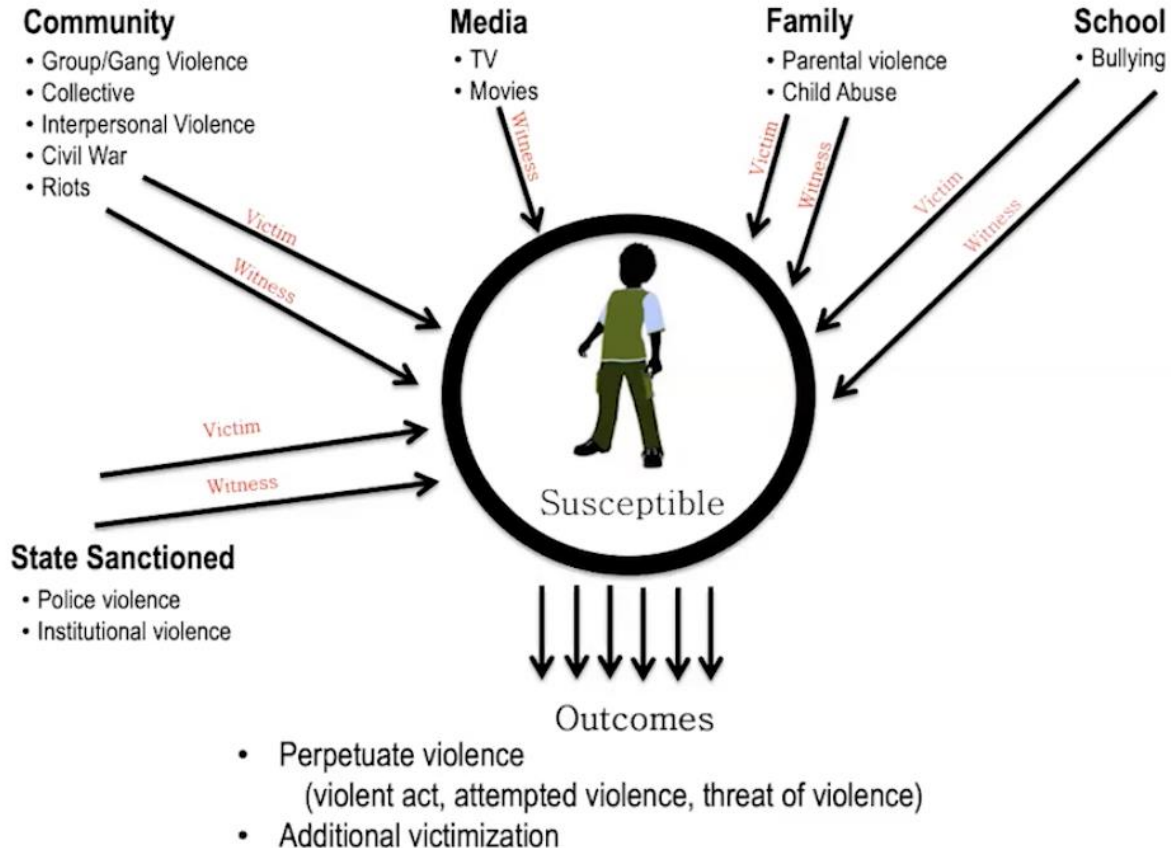


Violence Prevention, Public Health and Asheville



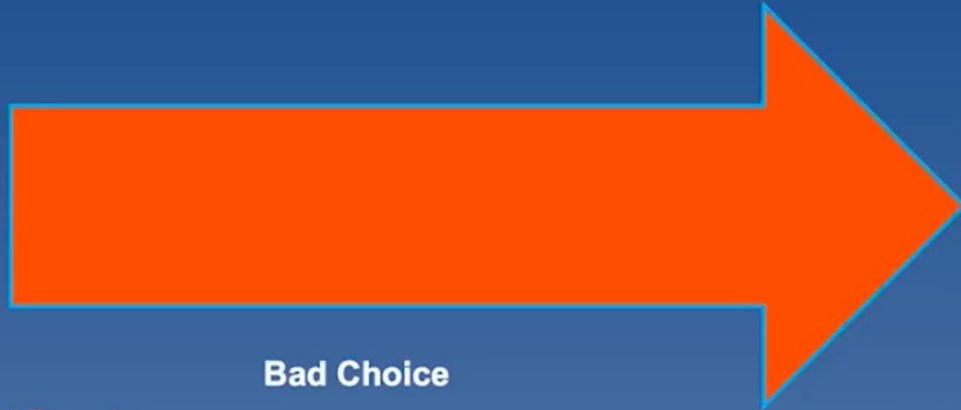
Methods of Exposure to Violence



Re-Understanding Violence

Reduces current inequity and promotes understanding

Moralism
(not helpful)



SCIENCE

Bad Choice

Bad People

**Adverse
Circumstances**
(contribute)

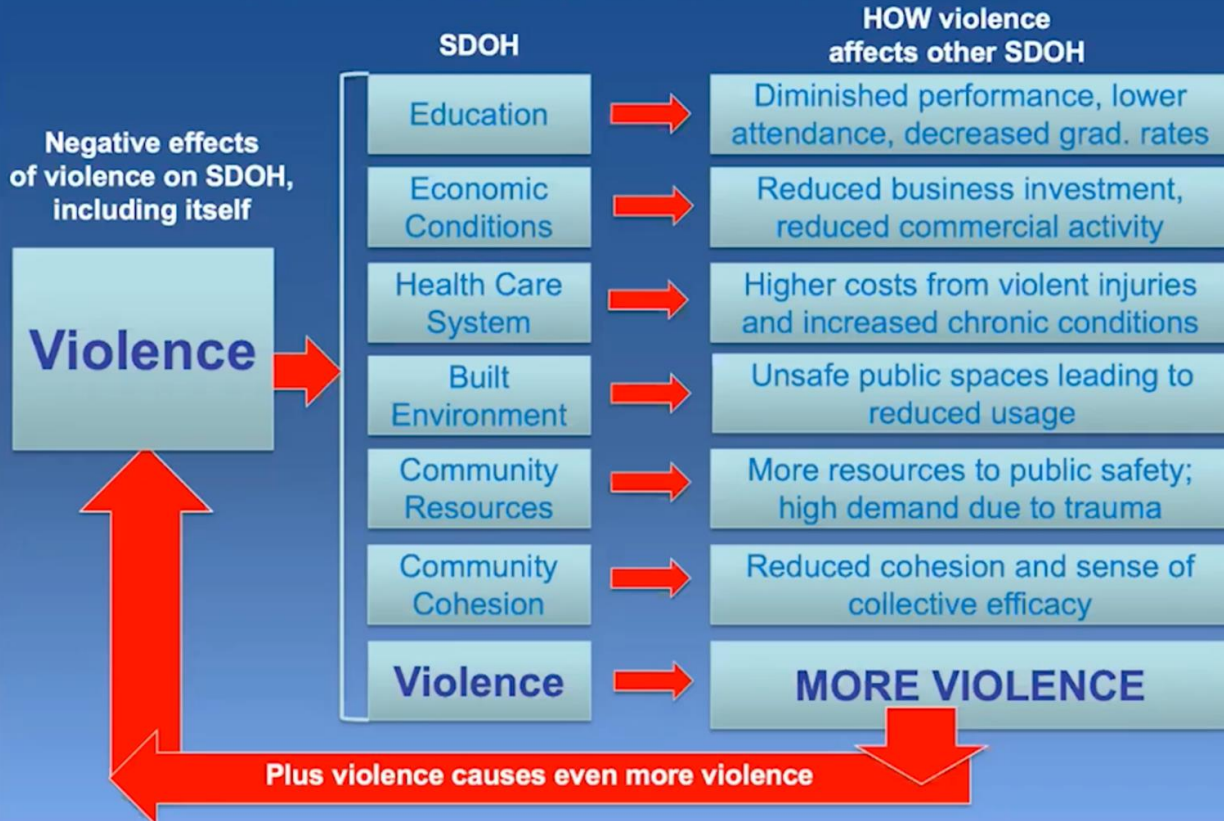
TRANSMISSION
(exposure)



**World Health
Organization**

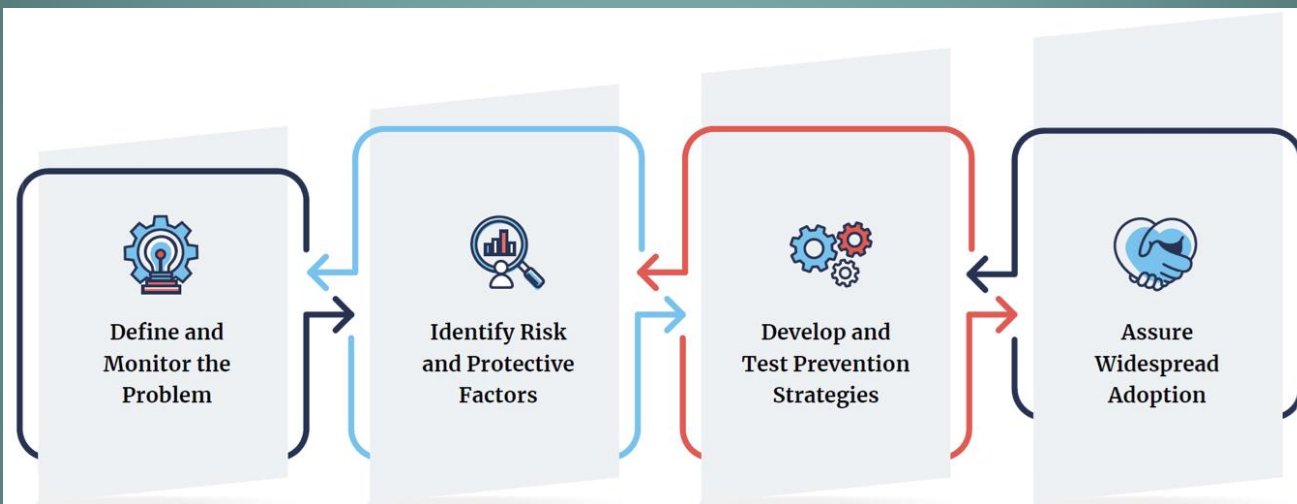
Violence is a Social Determinant of Health

(and violence negatively affects the other determinants)



Slide from
CVG

The Public Health Approach to Violence Prevention



The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations.

<https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>

Community Health Workers

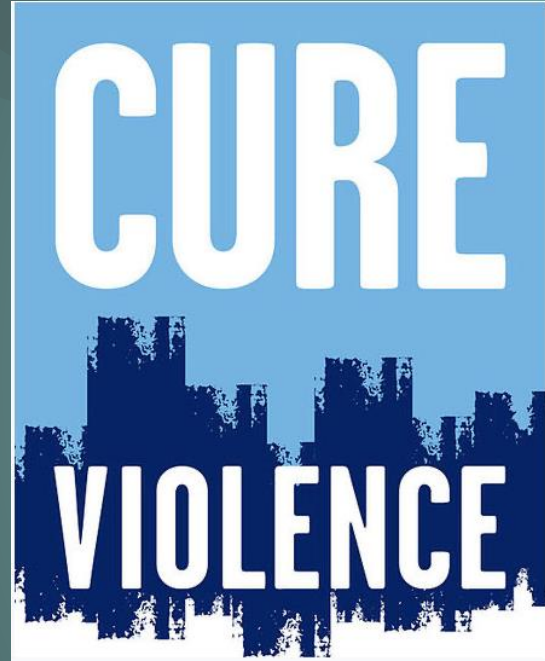
-Credibility within the Community

-An understanding of the root causes and eventual effects of violence, both theoretically and experientially

-Skilled at modeling and explaining the need for changing community norms around conflict

-Committed to generational healing by working to shift cultural and behavioral norms around conflict away from violence, and towards mediation and mutually beneficial solutions to community problems





and



THE MODEL

INTERRUPT TRANSMISSION

Mediate Conflicts

Keep Conflicts 'Cool'

Prevent Retaliations

REDUCE HIGHEST RISK

Assess Highest Risk

Change Behaviors

Provide Treatment

CHANGE COMMUNITY NORMS

Respond to Shootings

Organize Community

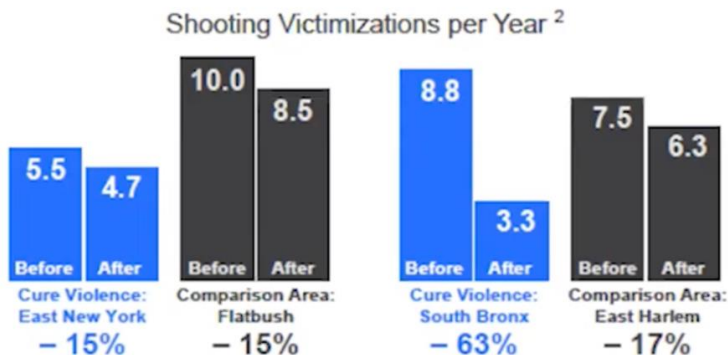
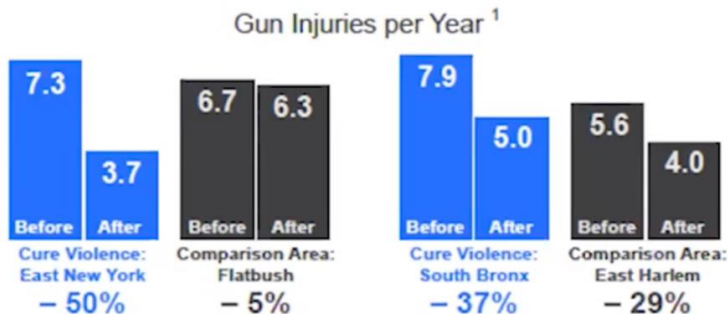
Spread Positive Norms

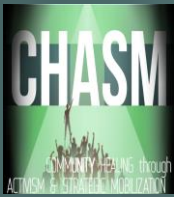
Assessment Phases

- Phase 1: CVG 101 presentations
- Phase 2: Key stakeholder meetings
- Phase 3: Visit with key stakeholders, community groups, and potential workers
- Phase 4: Report with budget and plan

Figure

3 Changes in Gun Injuries and Shooting Victimizations Before and After the Opening of Cure Violence Programs





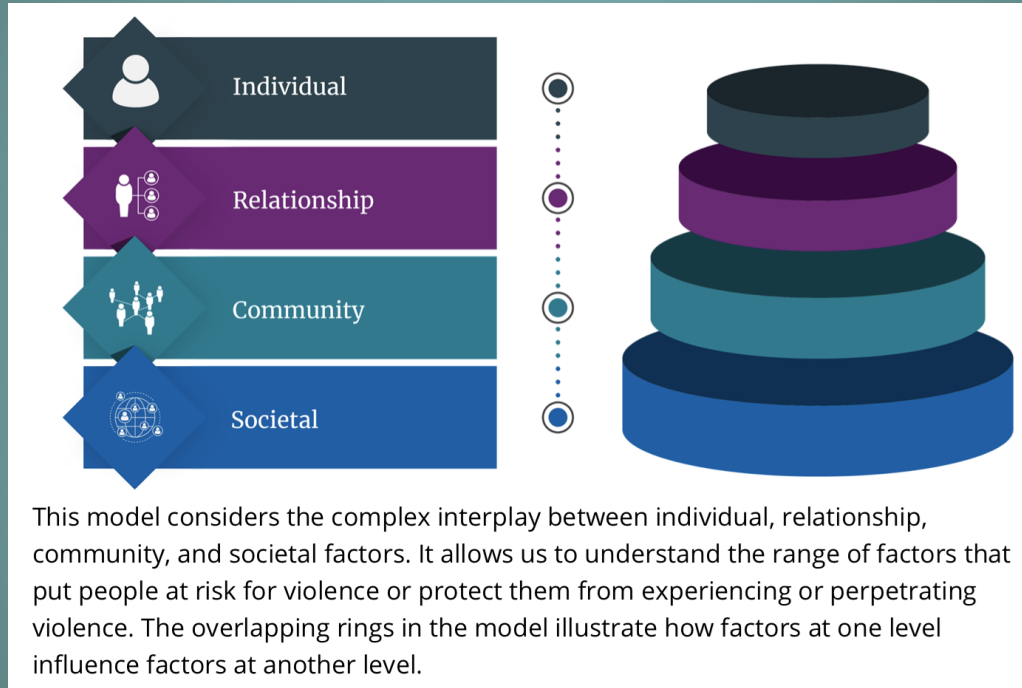
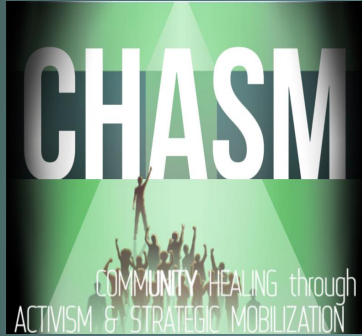
CHASM identifies three primary CHWVP roles:

1. Direct Service: Implementing a robust network of referral-based assistance that helps to support wrap-around services and social support for individuals and families.
2. Health Promotion, Community Organizers and Partners in Research: Developing, adapting and implementing training. This role also includes community level capacity building initiatives, advocacy, and equitable partnerships in research.
3. Executive Level Advocacy and Policy: Contributing to policy and strategic planning regarding decisions that impact the populations they serve and represent..

The Core Strategies of the CPrV approach are:




- **Community Professional Development:** CHWVP (Evidence Based)
- **Youth Leadership Development:** Youth Empowerment Solution (Evidence Based) ● **Repurposing the Built Environment:** Crime Prevention thru Environmental Design (Evidence Based)
- **Community Qualitative Research:** Community Based Participatory Research (Evidence Based)
- **Pedagogy of Empowerment:** Popular Education (Evidence Based)
- **Supportive Strategies:**
 - Multi-sectored Stakeholder Coalition (Evidence Informed)
 - Community Healing Initiative (Evidence Informed and Practice Based)

The Social-Ecological Framework



<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Stages of Implementation

Focus	Stage	Description
 <p>Should we do it!</p>	Exploration/Adoption	Decision regarding commitment to adopting the program/practices and supporting successful implementation.
	Installation	Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.
 <p>Work to do it right!</p>	Initial Implementation	Try out the practices, work out details, learn and improve before expanding to other contexts.
	Elaboration	Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.
 <p>Work to do it better!</p>	Continuous Improvement/Regeneration	Make it easier, more efficient. Embed within current practices.

Program Comparison

Both Programs:

- ❖ Utilize a public health approach
- ❖ Services provided by CHWs
- ❖ Require initial assessment
- ❖ Provide initial and ongoing support

CVG

- National/International
- NC sites in Charlotte, Greensboro, Durham
- Focus is gun violence
- \$10,000 Assessment Fee
- Min \$80,000 Annual Fee

CHASM

- Evidence based models used throughout US
- Originated in Wilmington, NC
- 5 Core Strategies - CHWVP
- \$80,000-\$85,000 Annual Fee



Costs to Implement Violence Interrupter programming

Year 1 Training and Support costs - \$80,000-\$90,000

Annual Program costs of wages and supplies - \$280,000-\$400,000 (4-6 staff)

Thanks so much
for your patience, attention and
awareness!

