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The Prevention Institute provided training and technical assistance to Catholic Health Initiatives, which used its frameworks and tools throughout this Resource Guide. The Prevention Institute’s guidance, tools and publications have helped to shape and develop CHI’s violence prevention efforts.
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CHI’s Commitment to Violence Prevention

The mission of Catholic Health Initiatives (CHI) calls us to build healthy communities with a special concern for persons who are most vulnerable. Since its formation in 1996, in ministries across the country, CHI has been living out this commitment — a key dimension of which is the promotion of a culture of nonviolence.

As one of the nation’s largest faith-based health systems, CHI has heightened this commitment to building healthy communities by launching a comprehensive national campaign to eradicate the epidemic of violence. This multidimensional strategic initiative, United Against Violence, promotes community-based programs designed to address violence in all of its forms — domestic violence, gun violence, child and elder abuse, school violence and other behavior that affects the well-being of every community in the nation.

The struggle against violence is a moral imperative we cannot ignore. In 1994, in a pastoral message titled “Confronting a Culture of Violence: A Catholic Framework for Action,” the U.S. Conference of Catholic Bishops declared: “Our faith challenges each of us to examine how we can contribute to an ethic which cherishes life, puts people before things, and values kindness and compassion over anger and vengeance.”

In the coming years, CHI will continue to seek additional opportunities and new partners to advance its commitment to violence prevention in all the communities it serves — and elsewhere.

CHI MISSION STATEMENT

The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

To fulfill this mission, Catholic Health Initiatives, as a values-driven organization, will:

- Assure the integrity of the healing ministry in both current and developing organizations and activities;
- Develop creative responses to emerging health care challenges;
- Promote mission integration and leadership formation throughout the entire organization;
- Create a national Catholic voice that advocates for systemic change and influences health policy with specific concern for persons who are poor, alienated and underserved; and
- Steward resources by general oversight of the entire organization.
Tradition and Commitment

Working to promote a culture of non-violence carries on the legacy and traditions of CHI’s founding congregations and predecessor systems. CHI believes that to change the culture, we must move upstream — not just respond to the consequences of violence but work toward the eradication of violence. Rooted in our heritage and the Catholic tradition, CHI’s organizational efforts are focused on violence prevention through proactive approaches and community partnerships.

CHI has sought to leverage its position as a health care provider, employer, shareholder and advocate to work for violence prevention. We recognize that while we develop community-based initiatives that respond to the unique concerns of each community, we must also advocate for systemic change through public policy activism. It is also important to create workplaces that are free of violence and that promote peaceful and right relationships. CHI’s multidimensional and comprehensive organizational approach to violence prevention is an integral part of our mission to promote and nurture the overall health and well-being of our communities.

Organizational Strategic Priority

CHI has formalized its organizational commitment by launching a systemwide violence prevention campaign, United Against Violence, and establishing violence prevention as a strategic destination metric. Being the first effort of its kind sponsored by a nonprofit health system, the United Against Violence campaign demonstrates a unique allegiance to our communities, recognizing violence as a preventable public health epidemic and pledging commitment toward eradication.

CHI Destination Metrics 2012–2016 Aligned with CHI’s Vision

In establishing violence prevention as a strategic goal, CHI created the following destination metric which is a measure of progress and excellence toward the goal of advancing personal and community health beyond our traditional acute care focus: All Market-based Organizations (MBOs) achieve community-defined sustainable violence reduction targets by 2020.

“Violence has become pervasive in the culture of our nation — each day in our emergency departments, clinicians treat the results of violence. We recognize that there will always be a need to treat and alleviate the consequences of violence. But, it is crucial that we do more to prevent violence in our society. We will advance Catholic Health Initiatives’ commitment to the prevention of violence by working in a multidimensional manner toward the elimination of violence and all its harmful effects.” —Kevin Lofton, President and CEO, Catholic Health Initiatives
Violence is frequently referred to as a pervasive epidemic and a serious public health problem in the U.S. It is an epidemic that kills tens of thousands of people every year and injures millions more, destroys families and tears apart communities.

“The Catholic community cannot ignore the moral and human costs of so much violence in our midst... Commitment and conversion can change us and together we can change our culture and communities. Person by person, family by family, neighborhood by neighborhood, we must take back our communities from the evil and fear that come with so much violence. We believe our faith in Jesus Christ gives us the values, vision and hope that can bring an important measure of peace to our hearts, our homes and our streets.

— U.S. Conference of Catholic Bishops—Confronting a Culture of Violence, 1994

2010 CRIME CLOCK STATISTICS
(U.S. Department of Justice, Federal Bureau of Investigation)
50,000

More than 50,000 people die each year in the U.S. from violence-related injuries.

1,240,000

In 2010, there were more than 1.24 million violent crimes in the U.S., including almost 15,000 murders, approximately 85,000 rapes and more than 750,000 aggravated assaults.

2nd and 3rd

Homicide is the second-leading cause of death for persons aged 15–24 and the third leading cause of death for persons aged 10–14.
Navigating the Resource Guide

Developing a violence prevention program is a process specific to each community. Issues of violence exist everywhere, and are not partial to location, economic conditions or social demographics. Addressing violence in a logical and evidence-based manner can lead to the positive outcome of violence reduction and, ultimately, prevention. The benefit of investment in this work is the creation of a healthier and more prosperous community — a goal that ultimately meets the needs of all. The Violence Prevention Resource Guide is a road map for a community’s investment in violence prevention.

The Resource Guide is intended to provide a framework to begin this important work. Though volumes can be written about violence prevention, this resource is designed to be concise in the hope that it provides enough information and direction to build an effective violence prevention program in any community.

Throughout the Resource Guide, you will find links to further reading and additional information, as well as tip boxes that contain ideas, suggestions and cautions from those who are already engaged in this work.

What to Expect from This Resource Guide

- Identification of violence-related issues affecting your community
- Identification of violence-related issues that realistically can be addressed and reduced over the long term
- Building a community coalition to leverage maximum prevention and reduction
- Developing a strategy and action plan for violence prevention and reduction
- Finding a baseline measurement and setting standards for measurement
- Setting goals for reduction and realistic benchmarks for the short, middle and long term
- Enacting the plan
- Measuring and monitoring effectiveness

What the Resource Guide
Will Not Do

- Identify your community’s specific violence prevention initiative
- Identify the members of your violence prevention coalition
- Develop your specific violence prevention program plan
- Dictate your work (e.g., timelines, group structure, etc.)
Violence Prevention Basics

Violence in our homes and communities threatens human dignity. It also represents one of the greatest threats to our country’s health. Violence is a leading cause of injury, disability and premature death. In addition, the social impacts of violence—diminished academic achievement, employment productivity, and the deterioration of families and communities—are devastating.

The World Health Organization defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.” Violence can take multiple forms, including but not limited to:

- Domestic Violence/Intimate Partner Violence (IPV)
- Child Abuse and Neglect
- Sexual Violence
- Elder and Vulnerable Persons Abuse
- Weapon Violence
- Workplace Violence
- Bullying, School and Cyber-Violence
- Human Trafficking
- Gang Violence

Moving Upstream

While walking along the banks of a river, a passerby notices that someone in the water is drowning. After pulling the person ashore, the rescuer notices another person in the river in need of help. Before long, the river is filled with drowning people, and more rescuers are required to assist the initial rescuer. Unfortunately, some people are not saved, and some victims fall back into the river after they have been pulled ashore. At this time, one of the rescuers starts walking upstream. “Where are you going?” the other rescuers ask, disconcerted. The upstream rescuer replies, “I’m going upstream to see why so many people keep falling into the river.” As it turns out, the bridge leading across the river upstream has a hole through which people are falling. The upstream rescuer realizes that fixing the hole in the bridge will prevent many people from ever falling into the river in the first place.

*Prevention is Primary: Strategies for Community Well Being, Second Edition, © Prevention Institute, 2010
Larry Cohen; Vivian Chavez; and Sana Chehimi; editors*
**Violence is Preventable**

Understanding violence as a public health issue acknowledges that it can be prevented. It calls us to maximize limited resources and move from treating the effects of violence after the fact to stopping it from happening in the first place. It also calls us to understand that effective prevention cannot be directed to individuals, but must include a comprehensive community focus.

Understanding the root causes of a disease, injury or behavior can better inform effective prevention strategies. “Moving upstream” — taking action before a problem arises in order to avoid it entirely, rather than treating or alleviating its consequences, is called primary prevention.

**Primary prevention** involves actions, processes and policies that “fix the holes in the bridge” that result in sickness, injury or violence.

Two additional degrees of prevention form a comprehensive framework for sustainable prevention efforts:

**Secondary prevention** involves early detection and prompt intervention to control and minimize consequences.

**Tertiary prevention** involves treatment and rehabilitation to reduce further complications.

The following example from the Prevention Institute’s Urban Networks to Increase Thriving Youth (UNITY) highlights examples of primary, secondary and tertiary prevention:

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive early care and education</td>
<td>Mentoring</td>
<td>Mental health services</td>
</tr>
<tr>
<td>Positive social and emotional development</td>
<td>Mental health services</td>
<td>Successful re-entry</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>Family support services</td>
<td></td>
</tr>
<tr>
<td>Quality after-school programming</td>
<td>Conflict interruption</td>
<td></td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>and street outreach</td>
<td></td>
</tr>
<tr>
<td>Youth leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality education (including universal school-based violence prevention strategies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social connections in neighborhoods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Three Keys to Preventing Violence

Understanding the degrees of prevention and focusing on primary prevention as the most effective approach for long-term social change is the basis for beginning a violence prevention effort. Below are some basic elements for a sustainable effort that are an essential part of the CHI approach to violence prevention.

Developed by the Prevention Institute, the Three Keys to Preventing Violence are the identified core elements in violence prevention. This comprehensive framework includes and relies on successful collaboration with public health, law enforcement, social services and educational organizations.

Key 1 — Violence is complex and requires a comprehensive approach

The causes of violence are multiple, complex and interrelated. A successful strategy must involve community collaboration and include activities in every level of the Spectrum of Prevention. Developed by Larry Cohen, executive director of the Prevention Institute, the Spectrum of Prevention identifies six levels, or basic steps, necessary to develop a sustainable prevention program:

<table>
<thead>
<tr>
<th>Level of Spectrum</th>
<th>Definition of Level</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Individual Knowledge and Skills</td>
<td>Enhancing an individual’s capacity to prevent injury and promote safety</td>
<td>Bystander training</td>
</tr>
<tr>
<td>Promoting Community Education</td>
<td>Reaching groups of people with information and resources to promote health and safety</td>
<td>Stage community performances that reinforce positive cultural norms and models of bystander action</td>
</tr>
<tr>
<td>Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others</td>
<td>Train teachers to build skills to interrupt inappropriate comments and promote behaviors that foster nonviolence</td>
</tr>
<tr>
<td>Fostering Coalitions and Networks</td>
<td>Bringing together groups and individuals for broader goals and greater impact</td>
<td>Engage grassroots, community-based organizations and sectors of government</td>
</tr>
<tr>
<td>Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to improve health and safety</td>
<td>Implement and enforce sexual harassment and sexual violence prevention practices in schools</td>
</tr>
<tr>
<td>Influencing Policy and Legislation</td>
<td>Developing strategies to change laws and policies to influence outcomes</td>
<td>Establish policies at schools to provide sexual violence prevention curriculum to all students and training to all staff</td>
</tr>
</tbody>
</table>
Key 2 — Risk and resilience factors must be addressed

Successful violence prevention requires the strengthening of factors that protect and support individuals, families, and communities, as well as the reduction of factors that threaten their well-being.

Research demonstrates the interrelationship between risk and resilience — the ability of resiliency to mitigate the effects of some risks, and the importance of focusing on both sets of factors. The adjoining table delineates violence risk and resilience (protective) factors that are grounded in research and have been used in multiple planning processes and initiatives to prevent violence.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Resilience Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>The social, societal, physical and mental challenges that contribute negatively to the health of a person, interpersonal relationships, communities and society as a whole.</td>
<td>The positive social, environmental, physical and mental factors that build immunity to the risk factors.</td>
</tr>
<tr>
<td>- poverty and economic disparity</td>
<td>- economic capital</td>
</tr>
<tr>
<td>- discrimination and oppression</td>
<td>- meaningful opportunities for participation</td>
</tr>
<tr>
<td>- negative family dynamics</td>
<td>- positive attachments and relationships</td>
</tr>
<tr>
<td>- firearms</td>
<td>- good physical and mental health</td>
</tr>
<tr>
<td>- media violence</td>
<td>- social capital</td>
</tr>
<tr>
<td>- alcohol and other drugs</td>
<td>- built environment</td>
</tr>
<tr>
<td>- incarceration and re-entry</td>
<td>- high quality services and institutions</td>
</tr>
<tr>
<td>- experiencing and/or witnessing violence</td>
<td>- emotional and cognitive competence</td>
</tr>
<tr>
<td>- community deterioration</td>
<td>- artistic and creative opportunities</td>
</tr>
<tr>
<td>- illiteracy and academic failure</td>
<td>- ethnic, racial, and intergroup relations</td>
</tr>
<tr>
<td>- truancy</td>
<td></td>
</tr>
<tr>
<td>- mental illness</td>
<td></td>
</tr>
</tbody>
</table>

Key 3 — Preventing violence requires an integrated strategy for action

Successful efforts to prevent violence require an understanding of the complex issues, policies, and systems that affect individuals, families, and communities. That understanding must be integrated into an action plan that strategically coordinates, supports, and strengthens multiple efforts across all levels of the Spectrum of Prevention.

In addition to focusing on primary prevention, successful community initiatives may need to address secondary and tertiary prevention.

The Prevention Institute’s UNITY initiative uses the following examples to illustrate an integrated continuum of action:

The Prevention Continuum

<table>
<thead>
<tr>
<th>Primary Prevention: Up Front</th>
<th>Secondary Prevention: In the Thick</th>
<th>Tertiary Prevention: Aftermath</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies that everyone needs</td>
<td>Strategies directed toward those at increased risk</td>
<td>Strategies that address the consequences of violence after it has occurred to reduce the chances it will reoccur.</td>
</tr>
<tr>
<td>Examples: Parenting skills, quality after-school programs, youth leadership, conflict resolution, social conditions in neighborhoods, economic development</td>
<td>Examples: Mentoring, family support services, street outreach, violence interruption</td>
<td>Examples: Mental health services, successful re-entry</td>
</tr>
</tbody>
</table>

See Appendix I for examples of programs focused on violence prevention.

The information in this chapter is based on Preventing Violence: A Primer, Prevention Institute, 2009.
A System-Wide Approach to Violence Prevention

CHI’s approach to violence prevention builds upon our system’s mission and vision of creating healthy communities. Our healthy communities model is built on the following premise:

Well-informed people, working together in an effective process, can make a profound difference in the health and quality of peoples’ lives within communities.

The model includes the following basic principles:

- Health is a condition of physical, mental, social and spiritual well-being.
- Health exists at the individual, family and community level and is dependent on interrelated community systems and environmental factors.
- Healthy community initiatives use qualitative and/or quantitative data to determine priorities and measure progress toward achievement of intended outcomes.
- Collaboration is fundamental to creating healthy communities.
- Healthy community initiatives address long-term, systemic change and build the capacity of the community.

(Adapted from the CHI Healthy Communities Guide, 2002)

The CHI healthy communities model, adapted from the Health Care Forum, is an evidence-based framework that has served CHI well in numerous community efforts.

See Appendix II for the complete CHI Process for Building Healthy Communities.
1. Identify and involve key community stakeholders.

2. Conduct needs and assets assessment.

3. Identify focus area of violence and establish baseline.

4. Define goals and objectives.

5. Develop the action plan.

6. Do the work.

7. Monitor, measure, modify.

8. Communicate the results.

In implementing a violence prevention initiative, many CHI facilities may expand the work of their existing community coalitions, including previously conducted needs and asset assessments and healthy community plans.
The CHI Violence Prevention Model

In developing an approach to effective violence prevention, CHI expanded upon its model of building healthy communities. Using information and research from the Prevention Institute, the Centers for Disease Control and Prevention and leading violence prevention experts from around the world, CHI has adapted a violence prevention model for use in communities served by our facilities across the country.

Preventing violence is ultimately a long-term endeavor, but one with great rewards. CHI has adapted an eight-step model to fully implement a violence prevention initiative. The steps are:

1. Identify and involve key community stakeholders

One of the most important steps in starting a violence prevention program involves engagement. This will include internal organizational engagement as well as external community-based engagement. Education and collaboration are essential in this process to solidify support and increase understanding of the benefits of prevention. This Resource Guide will refer to the group ultimately formed in this process as the violence prevention coalition, though it can be named anything that makes sense for your organization and community. The following steps are involved in forming a violence prevention coalition:

- Identify people and organizations interested in and dedicated to the work of violence prevention.
- Include persons served by the initiative in addition to those responsible for the work of the initiative.

**Internally . . .**

- Engage leadership and communicate leadership investment throughout the organization.
- Form an internal violence prevention team, comprised of organizational violence prevention champions interested in committing to the initiative.

**Externally . . .**

- Engage community stakeholders - groups and individuals with an interest in safe and healthy communities through the prevention of violence.
- Ensure there is broad representation from the community to provide a comprehensive and balanced perspective of needs and assets.

**TIPS**

- Good internal communication about leadership investment in the violence prevention initiative may help to identify reliable and effective organizational champions.
- The internal team may be helpful in identifying external stakeholders.
- Inclusive and balanced representation of external stakeholders guards against promotion of individual biases and agendas.

**External stakeholders might include:**
- Law Enforcement
- Health and Human Services
- Schools
- Churches
- Local Nonprofit Agencies
- Local Businesses

**Internal stakeholders might include:**
- CEO
- Mission Team Member
- Advocacy/Government Relations
- Communications Team Member
- Nurses/Doctors
- Volunteers
2. Conduct needs and assets assessment

As the violence prevention coalition is convened, the initial work will include identifying the violence-related needs and assets of the community. This is a time for resource sharing and discussion of identified issues and potential problem areas. The assessment may include:

- An assessment of what types of violence exist and the areas of violence that are of concern to the community
- Levels and rates of violence
- Related risk and resilience (protective) factors
- Activities already in place to address identified issues of violence (for example, are there organizations, coalitions, etc., already working on the issues of concern?)
- Community assets, abilities, capacities to support prevention efforts
- Qualitative and quantitative information

When assembling data to support the assessment, information can and should come from numerous places that best represent the community. Here are some sources that might be helpful:

- For CHI facilities, Business Intelligence data on emergency department violence-related statistics
- Internal and external surveying
- Existing hospital initiatives focused on healthy communities and community benefit (e.g., the Community Health Needs Assessment)
- Law enforcement agencies
- U.S. Department of Justice
- Federal, state, city and county agencies
- Violence incidence mapping
- U.S. Department of Health and Human Services and statistics from local governmental health agencies
- School reports/school boards and administrations
- Universities/schools of public health
- Nonprofit organizations
- Churches/ministerial associations

As the assessment process unfolds, there are numerous considerations that will be helpful in both violence prevention coalition engagement and issue identification. Remain open and flexible as questions arise.

TIP

Being realistic about what can be sufficiently addressed does not mean that greater goals are not eventually attainable. It is important to start practically and to have confidence that violence reduction and prevention are achievable.
Are the violence issues being considered too broad? Is there a way to narrow the focus?

If community resources are already being used to address an area of violence, can they be enhanced by the involvement of a larger coalition?

Are the resources of the community sufficient to address the area of concern? Is prevention of that area of violence realistic, and would it be sufficiently mitigated with the available resources?

Are the right people on the violence prevention coalition? Do additions need to be made, or does the coalition need to be broadened?

Are the areas of violence being considered transient in nature, or is there an established pattern that supports identification of the issue as an ongoing problem, certain to escalate — or at least continue — without intervention?

If one of the areas of concern is being addressed by another community organization, is it being addressed sufficiently? Is there room for partnership, and would a partnership make sense?

Has the community been defined? What exactly is the geographic area being served? Will it be more beneficial to expand or reduce the size of the area being served?
3. Identify focus area of violence and establish baseline

In creating a successful violence prevention initiative, it is helpful to focus on a priority area of violence in your community, rather than attempt to address multiple areas of violence at one time. The violence prevention coalition should ultimately determine the focus area of violence, based on findings and verifications during the assessment process. For this step, the violence prevention coalition will need to:

- Identify and agree on the focus area of violence for prevention efforts
- Document a baseline measure of occurrence for the focus area of violence, based on reliable, measurable, standardized sources

The tasks above will establish the basis for the violence prevention initiative, providing a foundation for all who are or will be involved in the initiative (e.g., community organizations, the CHI facility and other community partners.) It is important to establish a baseline in order to define the scope of the violence and to measure the success of prevention initiatives.

After the violence prevention coalition has identified a priority area of violence, there may be a need for changes in the composition of the coalition. For example, it may be beneficial to seek additional community representatives and partners to provide expertise in the focus area of violence or on the population most affected. In addition, some members of the violence prevention coalition may no longer fit well with the identified initiative due to differing skill sets, interests, etc. Changes in the composition of the membership may be both beneficial and necessary to move the initiative forward.

**TIP**

It may be valuable to have a survivor as part of the violence prevention coalition.
4. Define goals and objectives

In defining goals and objectives, it is important to ensure that all members of the violence prevention coalition have a thorough understanding of the focus area of violence.

Questions to consider when setting goals and objectives are:

- Who is affected?
- What are the effects (long- and short-term) on individuals and families?
- What are the effects on the community?
- What are the consequences of inaction?
- What are the benefits of addressing the issue?
- What risk and resilience factors surround the issue?
- How can the issue be met “upstream” with a prevention solution?
- What are the “interrupters” for this kind of violence?

When everyone has a thorough understanding, begin to set goals and develop a clear long-term goal statement that includes a baseline and a measurement of reduction in violence.

**Violence Prevention Coalition Goal Statement**

Goal: Reduce incidence of child abuse/neglect in Richland County, ND, by 15% by 2017. Baseline: 159 cases

*Sample from St. Francis Healthcare Campus, Breckenridge, MN.

After the goal statement is created, define the objectives. Effective violence prevention objectives should address proven risk and resilience factors because they are measurable indicators over time. Clearly stated objectives will:

- Break down the goal and make it actionable.
- Include the anticipated measurable results.
- Define the timeframe for expected achievement.
- Answer questions of what, who, where, how much and when.
- Address every level of the Spectrum of Prevention over time.

Objectives are time-specific:

- Short-term — outcomes/events within one year
- Mid-term — outcomes/events within one to three years
- Long-term — outcomes/events within three or more years

Remember, there is no right or wrong way to begin the Spectrum of Prevention and no order in which the levels of the spectrum must be completed. The way that the spectrum is addressed will be unique to every organization.
Following are examples of risk and resilience factors that are proven indicators for violence prevention:

### RISK FACTORS
- Associated with increased violence among perpetrators and victims
- Not necessarily the direct cause of the violence

**Examples of Risk Factors for Youth Violence:**
- Unsafe neighborhood
- Identified gang activity and recruitment
- Unstable family structure
- Lack of parks and other community sites for safe, constructive activity
- Lack of access to health care and healthy foods
- Poor-performing schools and lack of resources

### RESILIENCE FACTORS
- Provide individuals or the community a buffer from violence and threats to their safety
- Associated with positive development despite adverse and unsafe circumstances

**Examples of Resilience Factors for Youth Violence:**
- Community structures that support healthy activity
- Church involvement in counseling and other protective services
- Active youth mentoring
- Programs to develop healthy families, healthy parenting, etc.
- Resources for schools to assist in student engagement
- Safe neighborhoods

When setting objectives, make them SMART:

**SMART**

<table>
<thead>
<tr>
<th>SPECIFIC</th>
<th>MEASURABLE</th>
<th>ATTAINABLE/ACHIEVABLE</th>
<th>RELEVANT</th>
<th>TIME SPECIFIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>What exactly are we going to do for whom?</td>
<td>Is it quantifiable and can we measure it?</td>
<td>Can we get it done in the proposed time frame with the resources and support we have available?</td>
<td>Will this objective have an effect on the desired goal or strategy? Does it fit the population and culture?</td>
<td>When will this objective be accomplished?</td>
</tr>
</tbody>
</table>
**Sample Objectives**

Sample Violence Prevention Goal Statement:

Goal: Reduce incidence of child abuse/neglect in Richland County, ND, by 15% by 2017. Baseline: 159 cases

<table>
<thead>
<tr>
<th>Objective</th>
<th>Level of Spectrum — Strengthening Individual Knowledge and Skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By 2012, 75% of parents will receive education on parenting and coping skills through an initial visit from the Healthy Families Program while still in the hospital after their baby is born.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Level of Spectrum — Educating Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By 2013, 90% of obstetrical service providers will inform their at-risk expectant parents about the Healthy Families program and encourage them to participate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Level of Spectrum — Promoting Community Education:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By 2013, 75% of stakeholders will be able to refer parents to other appropriate community resources beyond the Healthy Families program.</td>
</tr>
</tbody>
</table>

5. **Develop the action plan (The Work Plan)**

After objectives and indicators have been determined, develop an action plan for each objective. For each objective, define:

- Activities
- Accountability
- Timeframe
- Resources
- Measurement
- Desired outcome
- Budget
## WORK PLAN

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>ACCOUNTABILITY</th>
<th>TIME FRAME</th>
<th>RESOURCES</th>
<th>BUDGET</th>
<th>MEASUREMENT AND LINK TO DESIRED OUTCOME</th>
</tr>
</thead>
</table>
| Recruit and hire “Healthy Family” Program Coordinator (HF Coordinator). | St. Francis Healthcare Campus                      | HF Coordinator hired by September 2011         | ■ Recruitment costs  
■ Salary  
■ Benefits  
■ Office space  
■ Office equipment  
■ Continuing education | ■ $3,000  
■ $35,850–YR1  
■ $10,040–YR1  
■ $1,200/YR  
■ $6,400–YR1  
■ $1,000–YR2+ | Strengthening Individual Knowledge and Skills:  
By 2012, 75% of at-risk parent(s) will receive education on parenting and coping skills through the “Healthy Families” program. |
| Select and implement curriculum for parenting education and skills-building, i.e., “Healthy Families.” | HF Coordinator and Violence Prevention (VP) Task Force | Curriculum selected by December 2011, family visitations begin January 2012 and ongoing | ■ Staff time  
■ Curriculum  
■ Training  
■ Program materials  
■ Gifts  
■ Mileage | ■ Salary above  
■ $10,000  
■ $5,000  
■ $1,000/YR  
■ $5,000/YR  
■ $1,200/YR | Strengthening Individual Knowledge and Skills:  
By 2012, 75% of at-risk parent(s) will receive education on parenting and coping skills through the “Healthy Families” program. |
| Conduct community education, re: resources and access.                | HF Coordinator                                     | Begin January 2012 and ongoing                 | ■ Staff time  
■ Materials  
■ Mileage | ■ Salary above  
■ $250  
■ $500 | Promoting Community Education:  
By 2013, 75% of stakeholders will be able to refer parent(s) to other appropriate community resources beyond the “Healthy Families” program. |
| Establish process for educating expectant parents about program as part of prenatal visits. | HF Coordinator with appropriate VP Task Force members | Begin working with prenatal providers by January 2013 | ■ Staff time  
■ Provider meeting costs | ■ Salary above  
■ $600 | Educating Providers:  
By 2013, 90% of obstetrical service providers will inform their at-risk expectant parent(s) about the “Healthy Families” program and encourage them to participate. |
| Develop and implement mentoring program.                              | HF Coordinator                                     | Begin development of program by January 2014, program is ongoing | ■ Staff time  
■ Curriculum  
■ Training  
■ Materials and mentor training costs | ■ Salary above  
■ $10,000  
■ $5,000  
■ $2,500 | Strengthening Individual Knowledge and Skills/Fostering Coalitions and Networks:  
By 2014, a mentoring program will be implemented to assist parents needing additional support. |
| Continue Violence Prevention Task Force.                             | VP Task Force Chair                                 | 2011 and ongoing                               | ■ Meeting space  
■ Staff time  
■ Supplies  
■ Meals | ■ $800–YR1  
■ $5,485–YR1  
■ $100/YR  
■ $800–YR1 | Fostering Coalitions and Networks:  
Violence Prevention Task Force will continue to build a cohesive and comprehensive response to violence prevention in our community. |

*Sample work plan from St. Francis Healthcare Campus, Breckenridge, MN.*
6. Do the work

In setting the action plan in motion, communication with the violence prevention coalition, the community and other violence prevention coalitions is essential for successful implementation. To keep implementation on track:

- Share lessons learned with the violence prevention coalition, the community and other prevention coalitions.

- Participate in all opportunities for greater learning (e.g., CHI Learning Labs, webinars on violence prevention, community meetings, national conferences, etc.).

- Identify needs and opportunities that emerge as the work progresses. Do not be afraid to identify emerging issues. This is not an indication of failure, it is an indication that the violence prevention coalition is functioning well.

7. Monitor, measure, modify

As new needs, opportunities and issues are identified, modifications may, and likely will, become necessary. Continual monitoring of the implementation process is essential and should be built into the program objectives (Step 4). Things to monitor and measure are:

- The violence reduction destination goal and baseline progress

- Progress on each objective, using the SMART objective measurement (Step 4)

- The engagement, accuracy and credibility of the coalition

Based on learning from the above monitoring, modifications may be necessary. Don’t be afraid to make modifications. Be sure to communicate results from monitoring and measuring to the greater violence prevention coalition. Successful modification will depend on open and transparent communication.

8. Communicate the results

Though communication should be a part of the entire process, it is never more important than when results are ready to be shared. Chapter 6 of this Resource Guide will assist in developing a full communications plan.

Getting Started: Seed Money to Fund Violence Prevention Initiatives Across CHI

CHI has helped its facilities plan and begin community-based violence prevention initiatives through its Mission and Ministry Fund. This Fund provides grants to CHI facilities to promote healthy communities, including the eradication and prevention of violence. Since 2009, grant recipients have worked together in a “learning lab” model to share experiences and lessons learned to develop and strengthen violence prevention initiatives in communities throughout the U.S. To learn more about the grant-funded initiatives and lessons learned in the United Against Violence efforts, see Appendix III.
Sustainability

It is vital that we ensure the sustainability of current violence prevention programs and the replication of these programs across the CHI system — and elsewhere. For that reason, it is important that there is shared accountability and shared leadership; in other words, the success of a violence prevention program should not be completely reliant on one organization or one individual.

While the CHI Mission and Ministry Fund has provided millions of dollars to advance the United Against Violence effort, existing and future programs must look to other potential sources of funding as well — including federal and state governments and philanthropic organizations.

The national Catholic Health Initiatives Foundation (CHIF) Grant Department staff members are available to advise you and your local foundation staff members in the development of external funding strategies and grant proposals. The CHIF Grant Department has proposal development tools available and may offer technical assistance and review.
Basics of sustainability:
- Planning for sustainability must be part of initial program planning and budget development.
- Evaluation and measures of success are important to validate the project for future support.
- Consider external revenue sources.
- Do not count on perpetual grant funding for future sustainability.

Methods for sustaining the initiative over the long term:
- Funding beyond CHI
- Grant-writing skills
- Developing a strong coalition that can thrive despite organizational changes

Types of financial resources available:
- Public funding
- Private funding
- Hospital funding

Use the following steps to help ensure sustainability through outside funding:
- Develop fundraising goals.
- Estimate costs of fundraising.
- Develop a timeline.
- Identify potential sources of support.
- Continue to monitor and modify the plan as circumstances change.

Basics of an effective grant proposal:
Proposal writing is a creative activity. Success equals:
- Knowledge of the proposal
- Development of a collaborative relationship with funders
- Persistence, perseverance, and perspiration

Next steps:
If you fail to get funding:
- Call the funder to ask why.
- Make adjustments to the original proposal and resubmit, if possible.

If you get funding:
- Practice good etiquette — you can never be too grateful or too gracious.
- Set up process for monitoring.
- Begin to set the project in motion.
- Remember: The award is just the beginning. Grant management is the next step, and it includes progress reports and financial reports.

Resources
Association for Healthcare Philanthropy
www.ahp.org
The Philanthropy Collaborative
www.philanthropycollaborative.org/memberlist.asp

See Appendix IV for more online resources for grant funding.

TIPS
- Follow the grant guidelines!
- Only promise what is possible.
- Express cultural competency.
- Write to a seventh-grade level.
- Know your budget.
- Don’t use jargon or acronyms.
- If possible, review successful proposals.
- Double-check grammar, spelling and figures.
- Demonstrate collaboration, sustainability.
- Have a “cold” reader review the proposal.
- Remember your grant proposal is not the only one to be considered.
Working as a Team on Media Relations

Violence prevention coordinators should collaborate as much as possible to determine how to most effectively integrate the violence prevention initiative into the organization’s broader communication efforts.

Collaborate with your local communication or marketing leader, who can help coordinate all communication efforts to help provide consistent and effective connections with external audiences, particularly local media.

The communication leader has a key role in communicating violence prevention efforts, which represent a national priority for CHI. Be sure the communication leader at your facility is aware of these responsibilities:

- Continually look for opportunities to communicate information about violence prevention to external audiences, including print, broadcast and social media.
- Advise the violence prevention committee or coordinator on the best way to communicate information about the program.
- Work closely with all media to spread the word about the violence prevention program.

“Blessed are the peacemakers, for they will be called the children of God.”
— Matthew 5:9
Guide to basic media relations strategy:

Get to know the local media and how they work. Here are some simple tactics:

- Meet with the media to brief them about your violence prevention initiative.
- Invite members of the media to your coalition meetings.
- Provide real-life examples — human interest stories — that demonstrate how the violence prevention initiative is benefitting your community.
- Create a special section on the organization’s website to update information on the violence prevention initiative.
- Meet with the editorial boards of local newspapers to talk about the violence prevention initiative.
- Use media advisories and news releases to announce events, program results or the release of reports or other data on the initiative.

Suggestions for writing and distributing a news release:

A news release should have details, quotes and background information about an event or issue. It is written in the style of a news story. Make sure your news release does the following:

- Has a timely and interesting story
- Uses meaningful quotes
- Avoids jargon
- Is not more than two pages — ideally, it should be one page
- Ends with a basic summary about your organization
- Is sent to all applicable media outlets at the same time

Suggestions for writing and distributing media advisories:

A media advisory is a one-page or shorter announcement about an event. Use these to alert the media in advance to an event related to the violence prevention initiative. The media advisory, which should be distributed a week or so prior to the event, should include:

- Details about time, date, place and contact information
- Mentions of the visual elements of the program (for broadcast outlets)
- Explanation of why readers/viewers would be interested in the event

Call the media advisory recipients the day before the event as a reminder and to raise their interest.

Valuable resources and tools for media relations:

Review the CHI Community Benefit Communication Resource Bank. This resource, available on Inside CHI (for internal use only), includes all of the tools you will need to work with the local media and to develop internal and external communications to spread the word about your violence prevention work. It was developed for community benefit leaders across CHI, but the resources (outlined below) can be easily adapted and tailored to violence prevention work.

Resources in the Community Benefit Communication Resource Bank include templates or suggestions for:

- News releases
- Opinion pieces or columns and commentaries in the local newspaper's editorial page
- Letters to the editor
- Media advisories
- Media pitches
- Public service announcements
- Internal and external newsletters
I. Examples of Programs Focused on Violence Prevention

Model Programs and Success Stories

Blueprints for Violence Prevention  [www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)

Blueprints for Violence Prevention describe model programs and promising practices that the best available research suggests are effective at preventing violence and drug abuse. This University of Colorado Boulder database includes only those programs with published evaluation results, and is a starting point for communities to identify which evidence-based programs should be part of a larger strategy to prevent violence.

Minneapolis Blueprint for Action  [www.minnesotamn.gov/health/yyv/dhfs_yv](http://www.minnesotamn.gov/health/yyv/dhfs_yv)

The Minneapolis Blueprint for Action is a comprehensive strategic plan to prevent violence, and the National League of Cities has recognized Minneapolis’s approach as among the most innovative models in the U.S. Also read “City Voices and Perspectives: R.T. Rybak, Mayor of Minneapolis” and "Blueprint for Action: Preventing Violence in Minneapolis" for details.

Evidence-Based Program Fact Sheets  [www.promoteprevent.org/publications/ebi-factsheets](http://www.promoteprevent.org/publications/ebi-factsheets)

Evidence-Based Program Fact Sheets, compiled by the National Center for Mental Health Promotion and Youth Violence Prevention, describe programs for school districts and communities to foster resilience, promote mental health, and prevent youth violence, and mental and behavioral disorders.


UNITY’s City Voices and Perspectives publication series features voices from communities across the U.S. to showcase local efforts to prevent violence.

Other Resources

Prevention Institute  [www.preventioninstitute.org](http://www.preventioninstitute.org)

Prevention Institute is a nonprofit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Its focus areas include preventing violence and injury, traffic safety, mental health, and nutrition and physical activity.

UNITY—Urban Networks to Increase Thriving Youth  [www.preventioninstitute.org/unity.html](http://www.preventioninstitute.org/unity.html)

UNITY—Urban Networks to Increase Thriving Youth—builds support for effective, sustainable efforts to prevent violence before it occurs, so urban youth can thrive in safe environments with ample opportunities and supportive relationships.

STRYVE  [www.vetoviolence.org/stryve](http://www.vetoviolence.org/stryve)

STRYVE—Striving To Reduce Youth Violence Everywhere—is a national initiative led by the Centers for Disease Control and Prevention that takes a public health approach to preventing youth violence before it starts.

UNITY’s Making the Case  [www.preventioninstitute.org/unity-making-the-case.html](http://www.preventioninstitute.org/unity-making-the-case.html)

UNITY’s Making the Case publication series provides facts and language on why preventing violence is the right thing to do and also a smart investment in communities.
II. CHI Process for Building Healthy Communities

A. Organizing the Effort
1. Gather a coordinating committee.
2. Gain consensus of coordinating committee on the mission, values and principles of initiative.

B. Convening the Community
1. Define the community — i.e., neighborhood, county, etc.
2. Develop method of clear communication — “how to get the word out.”
3. Develop stakeholder matrix tools.
4. Invite stakeholders.
5. Build trust and credibility.

C. Creating a Shared Vision
1. Define vision.
2. Facilitate “putting aside personal agendas for common good.”
3. Determine how far into future to vision (5 years, 10 years).
4. Develop a process for creating a shared vision.

D. Assessing Current Realities and Trends
1. Must measure assets, not just needs and liabilities.
2. Map assets.
3. Summarize data.
4. Hold stakeholder meetings to set priorities based on data.

E. Action Planning
1. Define the purpose of the plan.
2. Develop a framework for the plan.
3. Determine who will develop the plan (Action Planning Teams based on priorities).
4. Identify vehicles for accountability for actions from the plan.
5. Small teams design the plan based on chosen/assigned priority.
6. Validate the plan from each team.
7. Disseminate the plan.

F. Doing the Job (Implementation Phase)
1. Capitalize on strengths.
2. Find more partners.
4. Get and maintain resources.
5. Get the word out.
6. Deliver the goods.
7. Stay focused and fine tuned.

G. Monitoring and Adjusting
1. Secure agreement as to what methodologies will be used to monitor and to evaluate progress.
2. Determine who will be involved in the monitoring, and be sure to clarify their role.
3. Determine benchmarks and outcomes BEFORE action begins (e.g., 96% of preschool-age children will be vaccinated by 2015).
4. Determine, in collaboration with action teams, success milestones for each action.
5. Develop evaluation design.
6. Collect, synthesize and analyze data.
7. Report results, findings, feedback.
8. Make adjustments.

III. Additional Information

To learn more about CHI’s United Against Violence campaign, visit the Violence Prevention pages on Inside CHI (for internal use only).

To review information shared in CHI’s Violence Prevention Learning Lab, visit the Violence Prevention Knowledge Community on Inside CHI (for internal use only).

To see a listing of all violence prevention initiatives funded through CHI’s Mission and Ministry Fund, go to www.catholichealthinitiatives.org/mission-and-ministry-fund.

CHI has produced three publications that accompany the United Against Violence initiative. These resources can be found at www.catholichealthinitiatives.org/violence-prevention:

Violence Prevention: Public Policy Approaches
Violence Prevention: State Public Policy
United Against Violence Brochure
IV. Online Resources for Grant Funding

Federal Funding

Grants.gov  www.grants.gov/index.jsp
An online source to find and apply for federal grants, offering discretionary grants from 26 federal agencies.

HHS Grants Forecast  www.acf.hhs.gov/hhsgrantsforecast
An online database of planned grant opportunities proposed by the issuing agency. Each Forecast record contains actual or estimated dates and funding levels for grants that the agency intends to award during the fiscal year. The site provides a link to register for email alerts.

National Private Funding

Foundation Directory Online  www.foundationcenter.org
A national online funding research tool developed by the Foundation Center.

GrantStation  www.grantstation.com
An online funding resource for organizations seeking grants throughout the world. Additional services require membership.

Guidestar  www.guidestar.org
A research tool for local and regional foundations and access to IRS 990 reports to guide decision-making about potential funding sources.

Regional

State Directories  www.councilofnonprofits.org/salocator
National Council of Nonprofits provides a locator link to nonprofits in each state.

Forum of Regional Associations of Grantmakers  www.givingforum.org/s_forum/index.asp
Provides funding guides and resources to work with local and regional grant-makers.