

*Cape Fear's Comprehensive CommUnity  
Violence Prevention Strategy*

**Prepared by:**

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**Wilmington, North Carolina**

**October 2020**

Violence is a leading cause of injury and death among marginalized communities. It has also been connected to poor health outcomes such as depression, anxiety, and diabetes, as well as high-risk behaviors such as drug and alcohol abuse, and unhealthy intimate relationships. We know that communities of color are disproportionately impacted by violence, and among the many social determinants of health, violence has been identified as a primary driver of unfavorable health outcomes.

Decades of comprehensive research has established that ***multiple forms of violence*** (see appendix) intersect with each other, and exhibit shared risk and protective factors. Dr. Deborah Prothrow-Stith, MD, of the Harvard School of Public Health acknowledged said intersection in the 2014 CDC publication, *Connecting the Dots*, stating that “Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected.”<sup>1</sup>

Wilmington, North Carolina’s unique history, coupled with its current socioeconomic and political dynamic, cultivates and breeds an unacknowledged level of *toxic insecurity* that is perpetuated via laws, social norms, and regulations that diminish opportunities for historically marginalized populations. Racism and its systemic capacity to justify and execute discretionary treatment of individuals of color, continues to infiltrate the daily life of the citizens of Wilmington and its surrounding areas.

Therefore, racism has been declared a “public health crisis” because it continues to undermine the quality and longevity of human life in environments where it remains persistent in the lives of historically marginalized populations, as it has here in Wilmington. Within the multiple forms of violence, “racially motivated structural violence” encompasses two key forms that epitomize the reason we witnessed the declaration from our New Hanover County Commissioners, as well as a call to action made by Wilmington, North Carolina’s Mayor, Bill Saffo, and City Council.

WHEREAS, the New Hanover County Board of Commissioners has identified the reduction of Racial inequity as a critical priority and

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<sup>1</sup> Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

essential to effective and systemic delivery of health and human services in New Hanover County...<sup>2</sup>

The County Commissioners continue,

WHEREAS, the American Academy of Pediatrics states Racism is a socially transmitted disease passed down through generations, leading to the inequities observed in our population today... Racism has produced and perpetuates poverty through intentional and unintentional policies that create barriers to economic mobility; and is a social system with multiple dimensions: individual Racism that is internalized or interpersonal, and systemic Racism that is institutional or structural...<sup>3</sup>

On August 18, 2020, Wilmington City Council announced a call to action titled *Rise Together Initiative*, in which they outlined not only the city's traumatic past but also their proposed stance and support of creating a better future for Wilmington. They state:

... institutions and events like slavery, the 1898 Wilmington Massacre, racial segregation, and the Wilmington Ten prosecutions cast a long shadow in our City's history... and within the *1898 Wilmington Race Riot Commission's* Report, published in 2006, it was ... found that the organizers of the overthrow took part in a documented conspiracy; the leaders, who were members of the Democratic white elite in Wilmington and New Hanover County, achieved their political goals through violence and intimidation... They acknowledge ... the residual challenges stemming from episodes of such great magnitude as these are still felt today in ways that go both noticed and unnoticed by many in our community.<sup>4</sup>

Said inequity is further illuminated by statistical data published via the Cape Fear Collective Racial Equity Dashboard.

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<sup>2</sup> New Hanover County Board of Commissioners, "Resolution: Racism: A Public Health Crisis," (2020).

<sup>3</sup> Ibid.

<sup>4</sup> City Council of Wilmington North Carolina, "Resolution in Support of the City of Wilmington's *Rise Together Initiative* Initiative to Improve Understanding, Equity, and Civic Inclusion for All Our Neighbors," (2020).

- A. 65% of households have an annual income less than the Wilmington median of \$45,00.
- B. Arrests: Between the years 2011 to 2018, the percentage of all arrest charges associated with a Black suspect rose from 47% to 50%. Meanwhile, the percentage of Wilmington's population that is Black has decreased from 21% to 19%.
- C. Incidents: Between the years 2011 to 2017, the percentage of all incident charges associated with a Black suspect rose from 39% to 52%. Meanwhile, the percentage of Wilmington's population that is Black has decreased from 21% to 19%. (It should be noted that Wilmington's African American population is only 17.83 % of the overall city demographics).<sup>5</sup>

We intend to implement an adaptation of an evidence-based initiative titled STRYVE (Striving to Reduce Youth Violence Everywhere), originally introduced by the Centers for Disease Control & Prevention and executed by the Multnomah County Health Department. STRYVE, beginning in 2011 ending in 2016, was a national youth violence prevention program consisting of 4 demonstration sites: Salinas, CA; Houston, TX; Boston, MA; and Portland, OR. This model consists of a 5 year timeline: a 2 year planning period and a 3 year implementation of two evidence-based curricula. Our program will be based on Portland, Oregon's model as implemented by the Multnomah County Health Department (MCHD). In addition to the two evidence-based curricula, MCHD emphasized the role of Community Health Workers (CHW), with the primary focus on violence prevention and community-based participatory research.

Our approach is a very subtle, yet significant shift in the 2011-2016 Multnomah County Health Department STRYVE model. Whereas the STRYVE initiative in MCHD consisted of Health Department staff and executive personnel leading and then engaging multiple professional disciplines and community stakeholders in educating and collaborating in the implementation of violence prevention strategies, we intend to initiate this model utilizing existing community leadership and infrastructure as the primary developers and drivers.

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<sup>5</sup> Cape Fear Collective Racial Equity Dashboard, available at <https://cape-fear-collective.shinyapps.io/racial-equity/>

## Implementation strategies

Youth Empowerment Solutions (YES) - a nationally recognized evidence-based curriculum

- “YES is an evidence based program that empowers youth to make positive changes in their communities and to work with adults to support their efforts. The goals of the YES program are to provide youth with opportunities for meaningful involvement in preventing youth violence and creating community change, to enhance the ability of adults to support youth in an empowerment framework, and to change the social and physical environment to reduce and prevent violence (especially youth violence).”

Crime Prevention Through Environmental Design (CPTED) - a nationally recognized evidence based curriculum

- “CPTED refers to the effective design and use of the build environment to encourage a reduction in the fear of crime, a reduction in the actual number of crimes, an improvement in community safety, an improvement in the perception of safety, and an improvement in the overall quality of life in a community.”

Community Health Worker (CHW) ~ Violence Prevention

- "A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”<sup>6</sup>

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<sup>6</sup> American Public Health Association,. Community Health Workers. Community Health Workers Published. 2009

### Community-Based Participatory Research (CBPR) -

- “An approach to research that involves collective, reflective, and systemic inquiry in which researchers and community stakeholders engage as equal partners in all steps of the research process with the goals of educating, improving practice, or bringing about social change.”

### Community Healing Initiative (CHI)

- A health promotion campaign that facilitates increased understanding and supports a shift to behavioral norms that emphasize the healing of generational trauma and mitigates the negative effects of toxic stress.

### **Outcomes**

Per the STRYVE model, we will create a Multi-Sector Stakeholders Coalition whose purpose will be to engage in a collaborative process to define our priorities, identify expected outcomes, and create a timeline of implementation.

As a baseline, our initiative will seek to establish and measure *community cohesion and collective efficacy*.

CCCVPS will focus on preventing and mitigating the negative impacts of structural violence and community violence. (refer to Appendix, pg. 9, Understanding Violence Typology)

### **Principle Coordinators**

*Quality Life Blueprint (QLB)*: A community-based institute of learning, collaboration, and capacity building, with a focus on responding to the needs of the most vulnerable populations in America.

*Advanced Youth Outreach (AYO):* An organization dedicated to reducing negative behavior by equipping our youth with resources and opportunities, and to educate our youth to come up with community solutions.

*Lily Nicole Nichelle ~ Consultant (LNNC):* Using art and culture to support and empower individuals and communities to advocate and facilitate transformation within their personal and collective lives.

### **Preliminary Launch Funding Request**

Preliminary launch funds will be utilized to increase support and organize resources that build capacity towards securing the next phase of the ***Cape Fear's Comprehensive CommUnity Violence Prevention Strategy*** 3-5 year initial research & implementation.

- \$100k
- 12 months

Objective:

- Demonstrate capacity of Principle Coordinators
- Implement sample demonstrations of the two evidence-based curriculums (YES and CPTED)
- Recruit the Multi-Sector Stakeholder Coalition
- Develop a team of diverse professionals to support research and funding acquisition

### **Content Contributors:**

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- *Mayra Overstreet - Galeano, MD Chief Medical Officer - Speciality Family Medicine, Quality Life Blueprint Board Member*
- *Noelle Wiggins, EdD, MSPH- (Principal Investigator for STRYVE 2011-2016 CDC program)*
- *Eleanor Krassen Covan - Professor of Gerontology Emerita and Editor-in-Chief, Health for Women International*

## **APPENDIX**

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**Multnomah County Health Department Community Capacitation Center:  
Understanding Violence Typology (adaptation)**

1. **War:** This includes officially state-sanctioned acts of war, all methods of war for controlling populations, including sexual violence and abductions, military coups, and violent revolutions, as well as secret acts of violence perpetrated by governments and anti-government forces, even when unofficially acknowledged.
  
2. **Structural Violence-** “Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people ... neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress.” ~Paul Farmer- *Pathologies of Power*.

Examples of structural violence include unregulated police violence, racial profiling, gentrification, environmental racism, patriarchal structures, lack of accessible institutions for people with disabilities, abuse of disabled people by professional caregivers, poor treatment of POC in the hospital system, forced sterilization of women of color and women in general, normalization of violence portrayed by the media against marginalized groups, and numerous inequitable policies between high income communities in contrast to low income communities.

3. **Community Violence** - This includes violence that surrounds us in the community. It includes police violence, gang violence, sexual violence that is not inter-personal violence, and violence associated with human trafficking. Examples include date rape, work place harassment, and assault that happens outside your home or safe space.
  
4. **Domestic Violence** - This includes all forms of domestic violence that are laid out in the Children’s Exposure to Violence Training such as physical abuse, sexual abuse, emotional abuse, verbal abuse, identity abuse, financial abuse, or spiritual abuse

between partners or directed at children or elders, if they are family members. Domestic violence involves a trusted person or level of familiarity and typically occurs in your safe space or in a trusted location, regardless of permanent address.

5. **Self-Inflicted Violence** - where an individual commits acts of violence against her/his/their own body such as self abuse and suicide. Self-inflicted violence can occur as a result of the accumulated trauma from any of the above types of violence or any combination of the above types of violence. Trauma can be the product of the cumulative and co-occurring impact of regular incidents of interpersonal violence, oppression, isolation, historical and intergenerational violence, and continual exposure.
6. **Sexual Violence** - Sexual violence is sexual activity when consent is not obtained or not freely given. Sexual violence impacts every community and affects people of all genders, sexual orientations, and ages. Anyone can experience or perpetrate sexual violence.

The perpetrator of sexual violence is usually someone known to the victim, such as a friend, current or former intimate partner, coworker, neighbor, or even family member.

7. **Ideology Based Violence** - This includes acts of violence based on one person's or group's belief system or hatred of another type of person or their beliefs. This includes violence against different religious groups, against people based on gender identity, sexual orientation, race/ethnicity, ability status, immigration status, etc.

Examples include violence against trans-people of all ethnicities, lynchings, honor killings, ritual violence, mosque/church/temple burnings, clinic bombings, gay bashing, etc.

# New Hanover County Board of Commissioners Resolution - Racism: A Public Health Crisis

## NEW HANOVER COUNTY BOARD OF COMMISSIONERS

### RESOLUTION

#### RACISM: A PUBLIC HEALTH CRISIS

**WHEREAS**, the New Hanover County Board of Commissioners has identified the reduction of Racial inequity as a critical priority and essential to effective and systemic delivery of health and human services in New Hanover County; and

**WHEREAS**, the American Academy of Pediatrics states Racism is a socially transmitted disease passed down through generations, leading to the inequities observed in our population today; and

**WHEREAS**, Racism unfairly disadvantages specific individuals and communities of color, while unfairly giving advantages to other individuals and communities, and diminishes the strength of the whole society through the waste of human resources, New Hanover County's collective prosperity depends upon the equitable access to opportunity for every resident; and

**WHEREAS**, Racism has produced and perpetuates poverty through intentional and unintentional policies that create barriers to economic mobility; and is a social system with multiple dimensions: individual Racism that is internalized or interpersonal, and systemic Racism that is institutional or structural; and

**WHEREAS**, Racism causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, employment and criminal justice; and an emerging body of research demonstrates that Racism itself is a social determinant of health; and

**WHEREAS**, social determinants, conditions in which an individual is born and in which he or she lives, works, learns, or recreates are key drivers of health inequities. For generations, communities of color have faced vast disparities in job opportunities, income, and inherited family wealth. They are less likely to have housing security, access to health insurance, quality schools, healthy food, and green spaces, all of which can undermine physical and mental well-being; and

**WHEREAS**, it is well-documented that Racism itself has an adverse impact on health. Chronic stress caused by discrimination can trigger a cascade of adverse health outcomes, from high blood pressure, heart disease, diabetes, immunodeficiency, and accelerated aging, all of which are high in communities of color; and

**WHEREAS**, in New Hanover County, the greatest disparity in birth weight is among minority newborns. In 2018, 10.3% of Non-Hispanic Black newborns had a low birth weight, followed by 7.7% Hispanic, and 6.4% Non-Hispanic White; and

**WHEREAS**, diabetes affects minorities disproportionately. New Hanover County resident deaths due to diabetes were 5.5% Hispanic, 4.4% Non-Hispanic Black, and 1.8% Non-Hispanic White; and

**WHEREAS**, prostate cancer affects minority men disproportionately as well. Deaths due to prostate cancer were 4.4% Non-Hispanic Black, 1.8% Non-Hispanic White, and 1% Hispanic; and

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**WHEREAS**, microaggressions, defined as brief, commonplace, and often daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults have been found to increase suicidal ideation; and

**WHEREAS**, the American Public Health Association has stated that negative law enforcement encounters among African American youth and men are associated with depression; pregnant African American women experience stress related to the likelihood that their children will have future negative encounters with law enforcement. The homicide rate for African Americans is 12 times that for Non-Hispanic White; and

**WHEREAS**, the New Hanover County Board of Commissioners stands with the New Hanover County and City of Wilmington Community Relations Advisory Committee, the New Hanover County Commission on African American History, Heritage and Culture, the New Hanover NAACP, the New Hanover County Resiliency Task Force, and all residents of New Hanover County.

**NOW THEREFORE, BE IT RESOLVED**, that the New Hanover County Board of Commissioners believes that Racism has formed the basis for a public health crisis affecting our entire County and should be treated with urgency. This resolution calls upon legislators, health officials, and others in our community to research and analyze data, and make meaningful changes to dismantle systemic Racism. New Hanover County will seek to promote Racial equity through policies approved by the Board of Commissioners and will encourage other local, state and national entities to recognize Racism as a public health crisis and take action.

**ADOPTED** this the 13<sup>th</sup> day of July, 2020.

NEW HANOVER COUNTY

\_\_\_\_\_  
Julia Olson-Boseman, Chair

\_\_\_\_\_  
Patricia Kusek, Vice-Chair

\_\_\_\_\_  
Jonathan Barfield, Jr., County Commissioner

\_\_\_\_\_  
Woody White, County Commissioner

\_\_\_\_\_  
Rob Zapple, County Commissioner

ATTEST:

\_\_\_\_\_  
Kymberleigh G. Crowell, Clerk to the Board

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# Item R3-Substitute Resolution - City Council City of Wilmington North Carolina

ITEM R3  
Item R3-Substitute Resolution

## Resolution



City Council  
City of Wilmington  
North Carolina

Introduced By: Sterling B. Cheatham, City Manager

Date: 8/18/2020

### **Resolution in Support of the City of Wilmington's "Rise Together" Initiative to Improve Understanding, Equity, and Civic Inclusion for All Our Neighbors**

#### **LEGISLATIVE INTENT/PURPOSE:**

WHEREAS, the City of Wilmington is a diverse community with a long history of challenges related to race; and,

WHEREAS, institutions and events like slavery, the 1898 Wilmington Massacre, racial segregation, and the Wilmington Ten prosecutions cast a long shadow in our City's history; and,

WHEREAS, the 1898 Wilmington Race Riot Commission's Report Findings published May 31, 2006, observed that the racial violence of November 10, 1898, precipitated an armed overthrow of the legitimately elected municipal government; and,

WHEREAS, the 1898 Wilmington Race Riot Commission's Report found that the organizers of the overthrow took part in a documented conspiracy, the leaders, who were members of the Democratic white elite in Wilmington and New Hanover County, achieved their political goals through violence and intimidation; and,

WHEREAS, the residual challenges stemming from episodes of such great magnitude as these are still felt today in ways that go both noticed and unnoticed by many in our community; and,

WHEREAS, generations in our City have confronted these challenges, they still represent an ongoing mission for Wilmington to live up to its full potential as a place where citizens from every corner and walk of life share in the same opportunity for prosperity, participation, and quality of life; and,

WHEREAS, we strive to be an exceptional city where every citizen enjoys an equitable opportunity to flourish regardless of color, class, creed, or physical ability, this speaks to a broader concern for equity, diversity and full inclusion in civic life; and,

WHEREAS, in our port city home, we understand that a rising tide lifts all boats, we will rise together as we focus attention on including all of our neighbors in the City's vision for the future; and,

R3-1

WHEREAS, to better understand the City's progress in responding to challenges of equity and civic inclusion, and to facilitate an actionable plan for our ongoing response to these challenges.

**NOW THEREFORE, BE IT RESOLVED:**

THAT, the Mayor and City Council seek to nurture a better understanding of the ongoing challenges of equity, diversity and civic inclusion, the City's progress in responding to these challenges, and to facilitate an actionable plan for our ongoing response to these challenges; and

THAT, to accomplish this, city staff are directed to develop a report that addresses the following:

The City's efforts to address challenges related to equity, diversity and civic inclusion, including policy changes, investments, community partnerships, and community engagement.

Identify challenges not currently being addressed, including areas where disparity in conditions exists and opportunities for growth and improvement in our response efforts;

Identify community stakeholders that have a primary or secondary role in addressing situations where disparity in conditions exists;

Identify opportunities to increase awareness and understanding of these challenges, especially in the context of service delivery; and,

Develop options, recommendations, and identify resources required to accomplish measurable improvements to challenges related to equity, diversity and civic inclusion for citizens regardless of race and ethnicity, gender, socioeconomic status, physical ability, or other relevant factors, for the council's consideration; and,

THAT, the Mayor and City Council resolve to respond to this report and its options and recommendations with necessary and prudent actions to continue our City's important work of responding to deep-seated challenges of equity, diversity and civic inclusion, and to rise together as we work together as neighbors to ensure that all those who call Wilmington home have equitable opportunities for prosperity, participation, and quality of life.

Adopted at a \_\_\_\_\_ meeting  
on \_\_\_\_\_ 2020

\_\_\_\_\_  
Bill Saffio, Mayor

APPROVED AS TO FORM:

ATTEST:

\_\_\_\_\_  
Penelope Spicer-Sidbury, City Clerk

\_\_\_\_\_  
City Attorney

R3-2

**Striving to Reduce Youth Violence Everywhere  
(STRYVE)  
Final Evaluation Report**

**Prepared by:  
Noelle Wiggins, Sharon Vance, Archana Ranjith, Abdul'Hafidh bin'Abdullah  
Multnomah County Health Department  
Portland, Oregon  
March 31, 2017**



## Executive Summary

### Background

From September 2011 through August 2016, the Community Capacitation Center of the Multnomah County Health Department was funded by the Center for Disease Control and Prevention to implement a youth violence prevention project. This project, which went by the acronym STRYVE (Striving to Reduce Youth Violence Everywhere) aimed to bring a public health, preventive approach to work on youth violence. A major, innovative component of the program at MCHD was the integration of Community Health Workers (CHWs) as the primary agents of change in the program. CHWs are trusted community members who participate in training so they can promote health in their own communities.

### Purpose of the Evaluation

The purpose of the evaluation component of the STRYVE project was to understand the impact of the project on several groups involved in the project. A second, equally important purpose, was to understand the processes that brought about change, so that we can continually improve our youth violence prevention efforts.

### Methods

During the course of the 5-year project, we used word-based and number-based methods to assess both what the program was doing and the results of that action. Methods included focus groups, pre-post surveys, tracking of program actions and adaptations, collection and analysis of existing population-level data, and collection of stories shared in newspapers and social media.

### Key Findings

- Participants in the program experienced an increase in factors that help people and communities to avoid violence, and a decrease in factors that make it more likely people and communities will experience violence.
- Our program increased the awareness of those involved about the fact that violence is a public health issue, and their ability to use a public health approach to address violence.
- The integration of Community Health Workers (CHWs) into youth violence prevention work was very successful. This was probably the most important aspect of STRYVE in Multnomah County.

### Next Steps

- We will use **this report** to advance violence as a public health issue. The report will provide further evidence of the important role of public health professionals, including CHWs, in youth violence prevention efforts. Specifically, this report will inform planning for our new teen dating violence/youth violence prevention project.
- We will **share our evaluation findings** through newsletters, presentations to County decision-makers, local community-based organization networks, conference presentations and possibly, journal articles.
- In our new project, we will **continue to employ both word-based and number-based methods** to explore the action and results of the project. Lessons learned about appropriate secondary measures of risk and protective factors will inform that effort.

N/NE's youth. In 2009, the graduation rate for Jefferson High School was 52%, which is 14% below the Oregon average of 66%; and the drop-out rate at Jefferson was 7.5%, over twice the statewide average of 3.6% in 2009.<sup>2</sup>

Baseline data for protective factors for youth violence (academic achievement) showed that students attending Jefferson High School also had drastically lower academic achievement when compared to students statewide and nationally: in 2009, only 25% of Jefferson students took the SAT, compared to 54% of Oregon students and 47% of students nationwide. Jefferson students who did take the SAT performed very poorly: they scored, on average, 154 points lower in reading, 174 points lower in math, and 136 points lower in writing than Oregon students.<sup>3</sup>

### **Community health workers and youth violence prevention**

Community Health Workers (CHWs) are trusted community members who participate in training so that they can promote health in their own communities (Farquhar, Michael and Wiggins, 2005). The CHW model grew out of natural helping and healing mechanisms that have existed in all human communities. These mechanisms were formalized in communities that lacked access to health care and the conditions necessary for health. CHWs have played important roles in the US health system since at least the 1960s (Wiggins, Kaan, et al., 2013). Persistent work by CHWs, allies, and researchers over the last 30 years led, in 2010, to major recognition of the actual and potential role of CHWs in the Patient Protection and Affordable Care Act (2010). The ACA added motivation to an existing movement to credential CHWs and better integrate them into the health and health care system. Staff at the Community Capacitation Center (CCC) have been involved in this movement for more than 25 years, and brought substantial capacity to the project of pioneering a CHW model focused on violence prevention.

For the purpose of CHW programs, "community" can be defined in a variety of ways: by race/ethnicity, age, gender, sexual orientation, immigrant status, disability status, geography, other factors, or a combination of factor. For the purpose of this project, "community" was defined as the community of people with a lived experience of youth violence and its effects.

CHWs were integrated into the MCHD STRYVE Program in multiple ways. First and foremost, starting in Year 1, CHWs were hired as core staff. All project CHWs participated in the CCC's approved 90-hour curriculum which qualifies participants to become certified CHWs with the State of Oregon. In Year 4, STRYVE staff partnered with staff at the CCC to develop and conduct a special CHW certification training with a violence prevention focus. This training was offered free of charge to community members already working in violence prevention. It used the CCC's approved curriculum as a basis; however, the training was substantially adapted to center it in the lived experience of people who have experienced violence. In addition, this cohort also participated in a newly-developed seven-hour training titled, "Understanding Violence," and an existing 14-hour training on "Children's Exposure to Violence." The goals of the CHW trainings were to enhance CHWs' understanding of violence as a public health issue and of the protective and risk factors for youth violence and to provide the CHWs with tools/strategies needed to reach out to their communities and protect their youth. After meeting for several weeks, in the tradition of previous cohorts, this cohort chose a name. They chose "the CORE 27."

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<sup>2</sup> 2000 Census; Oregon Department of Education, 2010.

<sup>3</sup> Oregon Department of Education, 2010.

## Introduction

The National Crime Prevention Council, on behalf of the U.S. Department of Justice's Community Capacity Development Office, provided training and technical assistance to ten communities across the United States between 2007 and 2009 to address crime and community improvement through the use of Crime Prevention Through Environmental Design (CPTED) principles.

Crime Prevention Through Environmental Design refers to the effective design and use of the built environment to encourage a reduction in the fear of crime, a reduction in the actual number of crimes, an improvement in community safety, an improvement in the perception of safety, and an improvement in the overall quality of life in a community.

Using customized CPTED training to meet the needs presented by specific communities, NCPC's trainers and facilitators determined which issues members of the community wished to confront, assessed the status of those issues, generated strategies to ameliorate the local issues, and provided ongoing technical assistance to strengthen local efforts.

NCPC served ten communities that have significant crime and quality-of-life issues that were identified by the Community Capacity Development Office. To do so, NCPC drew upon the four CPTED principles—natural access control, natural surveillance, territorial reinforcement, and maintenance—to lead the communities to solutions. NCPC engaged all strata of the communities, including the varying dynamics of government agencies, local businesses, family, law enforcement, institutions, and individuals and was able to facilitate the changes that allowed the sites to invest in themselves to achieve their visions of being safer, healthier, more vibrant communities with improved qualities of life.

- **ACCESS CONTROL:** This involves designing streets, sidewalks, building entrances, and neighborhood gateways to clearly indicate transitions from the public environment to semi-private and private areas.
- **SURVEILLANCE:** A design principle that maximizes the visibility of people, parking areas, vehicles, and site activities. Strategies involve the strategic placement of windows, doors, walkways, parking lots, and vehicular routes.
- **TERRITORIAL REINFORCEMENT:** Sidewalks, landscaping, and porches help distinguish between public and private areas. This helps users display signs of "ownership" that send "hands off" messages to would-be offenders.
- **MAINTENANCE:** This addresses management and maintenance of space.
  - Proper upkeep (mowing grass, trimming trees and landscaping, picking up trash, repairing broken windows and light fixtures, and painting over graffiti)
  - Helps signal that a location or facility is well cared for and therefore would be inhospitable to a criminal
  - It also signals that an owner, manager, or neighbor is watching out for the property and could spot illegal behavior.