Treating Violence as an Epidemic Health Issue

Gary Slutkin, MD
Founder and CEO, Cure Violence
Professor, Epidemiology & Global Health
Formerly World Health Organization
What we do

Reduce violence; help others reduce violence
Science, data
Guide, train
Design, innovate
Implement through partnerships
Educate, create new perspectives, catalyze
Create new technologies, ways forward
Work with communities, cities, countries, conflict zones
Background

25 U.S. cities, 15 countries, 5 continents

40 - 70% reductions in shootings and killings

7 independent evaluations

Multiple communities in U.S. have gone to zero shootings/killings

88% drop in shootings and killings in San Pedro Sula, Honduras (most violent city in world outside conflict zones)

Working internationally esp. Latin America, new paradigm for conflict zones - Syria, West Bank, other

Noted by The Economist as “the approach that will come to prominence”.

Heavy media coverage including NY Times, Wash Post, WSJ, BBC, PBS News Hour, CNN; Award Winning film, “The Interrupters”
Health problem
Untreated Health problem
Untreated epidemic
Health problem
Contagious
Contagious
Overview

1. Epidemic Health problem

2. Public health methods and systems
1. Epidemic Health Problem

Health effects

Unhealthy state untreated

Epidemic (contagious, transmissible)
Contagious

(Dorland’s medical dictionary, 2011)

transmissible
Contagious
(Dorland’s medical dictionary, 2011)

transmissible
-> causes more of itself
All behavior is contagious
Brain circuits for copying

Figure 7.1 Interaction between two agents.

Jeannerod M. in Gallagher S. Brainstorming 2008
Copying (-> exposure)
Contagion across syndromes

community
spousal
suicide
family
child
war
HOW TRANSMITTED

VIOLENCE exposure

Pain center
Dopamine
Limbic
Cortical
Violence exposure → to Violent behavior is Dose Dependent.

(Adapted from Spano, 2010)
Understanding Violence

Moralism

Bad People

Bad Choice

Adverse Circumstances

Epidemic disease w/in adverse circumstances
Epidemic
THE RESULT
KILLING EPIDEMIC CURVES
EXACTLY LIKE A CONTAGIOUS DISEASE
We know HOW TO STOP EPIDEMICS
STOPPING EPIDEMICS

1. Interrupt transmission
2. Prevent future spread
3. Change group norms
Interruption
Hospital intervention
INTERRUPT TRANSMISSION
Interruption
Figure C-9
Gang Networks in Logan Square

Before

After

Panel A: Beats 1413 and 2525

Panel B: 1411, 1414, 1421, and 2535
NEW NORMS
Public health methods, training, and support

Community

The way other epidemics are managed
Overview

1. Epidemic health problem

2. Public health methods
Public health methods

a. Results
b. Why it works
c. System
West Garfield Park, Chicago 2000

67% shootings

43 shootings to 14 in first year

Ref: CeaseFire Chicago 2001
Ref: Skogan, 2007
FIRST 6 CURE VIOLENCE COMMUNITIES, 2000–2004

-5%  -10%  -15%  -20%  -25%  -30%  -35%  -40%  -45%  -50%

6 CEASEFIRE ZONES  COMPARISON*  NEIGHBORING*  CHICAGO*

* These results are all statistically significant with p<0.01
W. Garfield, W. Humboldt, Logan Square, SW Chicago, Auburn Gresham, Rogers Park

CUREVIOLENCE
8 NEXT CURE VIOLENCE COMMUNITIES, 2005–2006

* These results are all statistically significant with p<.01  * * Results are significant with p<.05
Communities = Englewood, Brighton Park, E. Garfield, Albany Park, Little Village, Austin, Grand Boulevard, Woodlawn
Cure Violence Funding and Killings in Chicago

- CeaseFire tripled
- CeaseFire partially interrupted
- CeaseFire expansion stopped
- CeaseFire partially restored
- CeaseFire partially interrupted
- CeaseFire partially interrupted
- CeaseFire almost entirely interrupted

Data: Official Chicago Police Department data
CURE VIOLENCE – Englewood, Chicago

Before Cure Violence

After Cure Violence
Shooting Hot Spots Reduced

Community One

Community Two

Community Three

DOJ 2009
## INTERRUPTIONS

100% drop in retaliations

<table>
<thead>
<tr>
<th>Location</th>
<th>CURE VIOLENCE</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn Gresham</td>
<td>-100%</td>
<td>-25%</td>
</tr>
<tr>
<td>Englewood</td>
<td>-100%</td>
<td>-100%</td>
</tr>
<tr>
<td>Logan Square</td>
<td>-100%</td>
<td>+100%</td>
</tr>
<tr>
<td>Rogers Park</td>
<td>no change</td>
<td>n/a</td>
</tr>
<tr>
<td>Southwest</td>
<td>-100%</td>
<td>no change</td>
</tr>
<tr>
<td>West Garfield Park</td>
<td>-46%</td>
<td>+41%</td>
</tr>
<tr>
<td>West Humboldt Park</td>
<td>-50%</td>
<td>-57%</td>
</tr>
<tr>
<td>East Garfield Park</td>
<td>-100%</td>
<td>+60%</td>
</tr>
</tbody>
</table>

P< .05  Skogan,/DOJ 2009
<table>
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<tr>
<th>City</th>
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<th>Other</th>
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<td>-34 to – 56%</td>
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<td>DOJ, Court Innov, Butts, John Jay</td>
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<tr>
<td></td>
<td>-35%, -50%, -63%</td>
<td>Police relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-100%</td>
<td></td>
<td></td>
<td></td>
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<td>Chicago</td>
<td>-41 to – 73%</td>
<td>-100% drop in retaliations</td>
<td></td>
<td>DOJ, Northwestern, U of C</td>
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<tr>
<td></td>
<td>-31%</td>
<td></td>
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<td></td>
<td>-67%</td>
<td></td>
<td></td>
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<td>New Orleans</td>
<td>-48%</td>
<td>-85% retaliations</td>
<td>Streak to 200 days w/o killing</td>
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<td>-18%</td>
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<td>Thompson, UKC, 2013</td>
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## Measured success - Global

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<tr>
<td>Ciudad Juarez, Mexico</td>
<td>- 50% –75% killings</td>
<td>Community much safer</td>
<td>Observatorio Cuidadano, 2016</td>
</tr>
<tr>
<td>San Pedro Sula, Honduras</td>
<td>-88% (average 4 sites)</td>
<td>Streak to 17 mos.</td>
<td>In Press</td>
</tr>
<tr>
<td>Trinidad</td>
<td>- 60% shootings</td>
<td>-33% calls for people armed</td>
<td>MacGuire (unpub)</td>
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<tr>
<td></td>
<td>- 38% killings</td>
<td>Preliminary</td>
<td></td>
</tr>
<tr>
<td>Cape Town, S. Africa</td>
<td>- 30% to - 50%</td>
<td>-30% attempted Killings</td>
<td>S Africa site data</td>
</tr>
<tr>
<td>Halifax, Canada</td>
<td>-100%</td>
<td>See report</td>
<td>Ungar, 2016</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>- 50%</td>
<td>See report</td>
<td>PR site reports</td>
</tr>
<tr>
<td>UK prison</td>
<td>- 94% group attacks</td>
<td>-51% overall</td>
<td>UK Prison evaluators</td>
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</tbody>
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Hospital Violence Interventions

Reductions in Recurrence

Injury Recidivism
- up to 3 years

Victim of Violence
- 1 year

Injury Recidivism
- 6 years

ER Recidivism
- up to 6 years

Baltimore
Cooper et al. 2006

Chicago
Zun et al. 2006

San Francisco
Smith et al. 2015

Milwaukee
HRET. 2015
Applications to date

- Community/youth
- Prison
- Cartels
- Tribal
- Family
- Election violence
- Violent extremism
Cure Violence is rapid
Logan Square

Cure Violence
Logan Square

Cure Violence

X2.5
Baltimore – Cherry Hill (rapid)

34-56% drops in shootings and killings

Webster, 2012
Englewood: 48% Drop in Shootings in 1 week

Cure Violence is rapid
Prison Program
95% Reduction in Group Attacks

Cure Violence is rapid

Pre-program
7 group attacks
per month (2012)
Cure Violence has other positive effects also
Cure Violence has other positive effects also

family, education, jobs, parenting, police relations, community norms
Cure Violence – Effects on Life Problems

Clients received the assistance to change

Figure 4-1:
Client Problems and CeaseFire Assistance

- alcohol rehab
- STD testing
- drug rehab
- place to live
- pregnancy/parenting help*
- food assistance
- deal with emotions
- resolve family conflict
- leave a gang
- get an education
- need a job

76% reported the problem
87% received assistance

*clients with children only
<table>
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<th>Effect</th>
<th>Finding for clients</th>
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<td>Employment</td>
<td>87% helped with job interviews</td>
<td>Skogan/DOJ 2009</td>
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<td>52% assisted were later employed</td>
<td>Skogan/DOJ 2009</td>
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<td></td>
<td>82% helped preparing resume</td>
<td>Skogan/DOJ 2009</td>
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<td>86% helped with finding jobs</td>
<td>Skogan/DOJ 2009</td>
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<td>Education</td>
<td>45% assisted completing school/GED</td>
<td>Skogan/DOJ 2009</td>
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<td>Students less likely to fight</td>
<td>Cure Violence data</td>
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<td>87% reported home visits</td>
<td>Chicago/Skogan 2009</td>
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<tr>
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<td>53% reported assistance to family</td>
<td>Chicago/Skogan 2009</td>
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<td>18% of mediations had children present</td>
<td>Chicago/Skogan 2009</td>
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<td>Assistance to siblings and children of clients</td>
<td>Cure Violence data</td>
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<td></td>
<td>Improved behavior towards children</td>
<td>Cure Violence data</td>
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<td>26% Assisted resolving a family conflict</td>
<td>Chicago/Skogan 2009</td>
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<td>95% reported better parenting</td>
<td>Cure Violence data</td>
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<td>97% Reported children less exposed to violence</td>
<td>Cure Violence data</td>
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<td></td>
<td>4X more likely to show little/no support for gun use</td>
<td>Baltimore/Webster/CDC 2012</td>
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<td>Children/Family/Parenting</td>
<td>14% reduction in attitudes supporting use of violence</td>
<td>NYC/Butts 2017</td>
</tr>
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Figure 1: Treatment Effect on Social Norms Supporting the Use of Violence in Hypothetical Petty Disputes

Average Score on Violence Index

If Cure Violence Area Had Followed Comparison Area

Comparison Area

Cure Violence Area

Treatment Effect ($p < .001$)
Figure 2

Treatment Effect on Social Norms Supporting the Use of Violence in Hypothetical Serious Disputes

Data Source: John Jay College Research and Evaluation Center.
Cure Violence Improves Police/Community Relations

Confidence in Police

When violence breaks out in my neighborhood, we can count on the police to help.

- Bed-Stuy, NYC
  - June 2014: 43%
  - June 2015: 48%
- Morrisania, NYC
  - June 2014: 35%
  - June 2015: 43%

When violence breaks out in my neighborhood, I would call the police.

- Bed-Stuy, NYC
  - June 2014: 46%
  - June 2015: 55%
- Morrisania, NYC
  - June 2014: 53%
  - June 2015: 56%
Figure 3
Changes in Gun Injuries and Shooting Victimization Before and After the Opening of Cure Violence Programs

Gun Injuries per Year

- Cure Violence: East New York
  - Before: 7.3
  - After: 3.7
  - Change: 50%

- Comparison Area: Flatbush
  - Before: 6.7
  - After: 6.3
  - Change: 5%

- Cure Violence: South Bronx
  - Before: 7.9
  - After: 5.0
  - Change: 37%

- Comparison Area: East Harlem
  - Before: 5.6
  - After: 4.0
  - Change: 29%

Shooting Victimization per Year

- Cure Violence: East New York
  - Before: 5.5
  - After: 4.7
  - Change: 15%

- Comparison Area: Flatbush
  - Before: 10.0
  - After: 8.5
  - Change: 15%

- Cure Violence: South Bronx
  - Before: 8.8
  - After: 3.3
  - Change: 63%

- Comparison Area: East Harlem
  - Before: 7.5
  - After: 6.3
  - Change: 17%
New York City

Shootings

-63%
“I just shook my head in disbelief at what they could do …. And it works. It’s really changed my view about what’s possible.”

Daniel Webster
Professor/Researcher
Johns Hopkins University

“I’ve seen this work. I’m in the middle of watching this work. I firmly believe in it.”

Charlie Beck
Police Chief
Los Angeles Police Department
“I just shook my head in disbelief at what they could do, that the program staff were able to sit down and get people to work out their differences. Following that set of mediations that community did not have a homicide for nearly two years.”

Daniel Webster
Professor/Researcher
Johns Hopkins University

“Their interrupters and outreach workers get in the middle of the conflict and calm the storms before they erupt into bigger problems. They are a great asset.”

Jerry Chlada
Police Chief
Cicero, IL Police Department
“Thinking of this epidemic of preventable deaths as an infection that can be diagnosed, treated and perhaps cured, I feel more hopeful than I have been in a long time.”

- Dr. Sanjay Gupta
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2. Public health methods

a. Results

b. Why it works

c. System
Why it works:
public health methods
Epidemic control

Detect events early
Epidemic control

Detect events early
Prevent spread
Epidemic control

Detect events early
Prevent spread
Community acceptance
Epidemic control

Detect events early
Prevent spread
Community acceptance (does it)
Public health methods, training, and support

Community

The way other epidemics are managed
Epidemic control

Detect events early
Prevent spread
Community acceptance (does it)
Epidemic control

Detect events early
Prevent spread
Community acceptance (does it)
Reaches hardest to reach
Epidemic control

Detect events early
Prevent spread
Acceptable ways
Reaches hardest to reach
Changes behaviors & norms
Public health methods, training, and support

Community

The way other epidemics are managed
2. Epidemic control methods

a. Results (rapid)
b. Why
c. System
Violence as a Health Issue
National Movement
National Movement:  
*Violence is a Health Issue*

40 cities  
100 organizations  
>500 practitioners
National Movement
Violence is a Health Issue
40 cities, 100 organizations, >500 practitioners
3 Main Lines of Work

1. Health understanding and language
2. Health Policies
3. Health System
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<th>Co-chairs Dr. David Satcher, Dr. Gary Slutkin, Dr. Al Sommer</th>
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<td>Lurie Children’s Hospital</td>
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<td>Blue Ribbon Commission</td>
<td>Multnomah County Health Department</td>
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<td>Baltimore City Health Department</td>
<td>Law Center to Prevent Gun Violence</td>
</tr>
<tr>
<td>Berkeley Media Studies Group</td>
<td>Natl. Assoc. for the Advancement of Colored People</td>
</tr>
<tr>
<td>Boston Public Health Commission</td>
<td>Natl. Assoc. of County and City Health Officials</td>
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<tr>
<td>Center on Gender Equity and Health</td>
<td>Natl. Children’s Alliance</td>
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<td>Catholic Health Initiatives</td>
<td>Natl. Collaborative for Health Equity</td>
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<tr>
<td>Cities United</td>
<td>Children’s Hospital of Philadelphia</td>
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<td>Equal Justice USA</td>
<td>Natl. Network of Hospital-Based Violence Intervention Programs</td>
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<td>The CHOICE Program at UMBC</td>
<td>Natl. Network of Public Health Institutes</td>
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<tr>
<td>Cure Violence</td>
<td>New Orleans Health Department</td>
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<td>New York University School of Medicine Department of Population Health Philadelphia Dept. of Behavioral Health and Intellectual Disability Services</td>
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<td>St. Louis Health Department</td>
<td>Safe States Alliance</td>
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<td>San Francisco Dept. of Public Health</td>
<td>Trust for America’s Health</td>
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<tr>
<td>Youth ALIVE!</td>
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*currently referred to as Partners Reducing Epidemic Violence

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<td>David Satcher, MD Former US Surgeon General</td>
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<td>Patricia Cobb, YES</td>
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<tr>
<td>Ann Burgess, Boston College</td>
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<tr>
<td>Al Sommer, MD Former Dean of Johns Hopkins School of Public Health</td>
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<td>Daniel Woznica, Johns Hopkins University</td>
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<tr>
<td>Ronal Serpas, PhD Tulane University</td>
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<tr>
<td>Gary Slutkin, MD CEO/Founder of Cure Violence</td>
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<tr>
<td>Jennifer Wagman, University of California</td>
</tr>
<tr>
<td>Tonya Sharpe, PhD University of MD</td>
</tr>
<tr>
<td>Theodore Corbin, MD Drexel University</td>
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<td>Akosoa McFadgion, Howard University</td>
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<td>John Reuwer, Saint Michael’s College</td>
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<tr>
<td>Carnell Cooper, MD Shock Trauma</td>
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<tr>
<td>Whitney Witt, Truven Health Analytics</td>
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<tr>
<td>Kyle Fischer, MD University of MD</td>
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<tr>
<td>Jonathan Purtle, MC Drexel University</td>
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<td>Vanessa Micale, Multnomah County Health Department</td>
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<tr>
<td>Michael Fu, MD Stanford University</td>
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<tr>
<td>Leon Andrews, National League of Cities</td>
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<tr>
<td>Alice Bauman, MD Department of Health and Mental Hygiene</td>
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<td>Joshua Sharfstein, MD Bloomberg Health Initiative</td>
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<td>David Grant, Nonviolent Peaceforce</td>
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<td>Rhea Boyd, MD Harvard University</td>
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<td>Marie Crandall, MD, University of Florida</td>
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<td>Michael Crowley, Brennan Center for Justice</td>
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<td>Susan Robinson, MS</td>
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<td>Marlene Melzer, Medical College of Wisconsin</td>
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<td>LeVar Michael, LISC</td>
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<td>Woodie Kessel, MD Dartmouth College</td>
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*As of 9/2016*
Health approach = health institutions leading violence prevention work, including hospital interruption or community outreach programs.
National Movement
Violence is a Health Issue
40 cities, 100 organizations, >500 practitioners
3 Main Lines of Work

- Health understanding and language
- Health Policies
- Health System
National Movement
Violence is a Health Issue
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Health spokespersons & language

Health Policies

Health System
New Language

health  public health  exposure

community  transmission  prevention

interruption  behavior

contagious  behavior change

trauma  social pressure

norms  epidemic

community
Movement Strategy Areas

1. Spokespersons
   Language and understanding

2. Policies, Practices

3. System Development
Violence as a Health Issue
National Movement
40 cities, 100 organizations, >500 practitioners

Health understanding & language

Health Policies

Health System
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<td>San Francisco Dept. of Public Health</td>
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<tr>
<td>Berkeley Media Studies Group</td>
<td>Natl. Assoc. for the Advancement of Colored People</td>
<td>Trust for America’s Health</td>
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<tr>
<td>Boston Public Health Commission</td>
<td>Natl. Assoc. of County and City Health Officials</td>
<td>Youth ALIVE!</td>
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<tr>
<td>Center on Gender Equity and Health</td>
<td>Natl. Children’s Alliance</td>
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<tr>
<td>Catholic Health Initiatives</td>
<td>Natl. Collaborative for Health Equity</td>
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<tr>
<td>Cities United</td>
<td>Children’s Hospital of Philadelphia</td>
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<tr>
<td>Equal Justice USA</td>
<td>Natl. Network of Hospital-Based Violence Intervention Programs</td>
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<tr>
<td>The CHOICE Program at UMBC</td>
<td>Natl. Network of Public Health Institutes</td>
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<tr>
<td>Cure Violence</td>
<td>New Orleans Health Department</td>
<td></td>
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</tbody>
</table>

*currently referred to as Partners Reducing Epidemic Violence*
Main initiatives

U.S.
Replications/adaptations – 20 cities
*Movement and systems – 40 cities
Transformation of approach: language, policies, systems
Justice reform overlay through public health (in formation)

Global
Latin America, Middle East, Africa
Syria, Israel/West Bank
New approach to Conflict Zones (pilot)
International policies, norms, infrastructures

New Interventions
Interruption app; family violence/combined approach;
prison through health lens; prev. violent recruitment
Summary

1. Epidemic health problem

2. Public health/epidemic control methods work

3. Systems, infrastructures next

4. Understanding, language, spokespersons

5. New applications, adaptations

5. Next frontier of public health
Thank you!

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@CureViolence
Biggest Needs
(organizational, local, national, global)

Infrastructure(s) and expansion (organic and other)
Efficiencies, capacities
Partnership maintenance
National reframing toward health
Monitoring national system indicators
Global Conflict Zone proof points
International health advocacy movement
Chicago CeaseFire Evaluation Results
Shooting Hot Spots Reduced

Englewood (Chicago’s south side)
-40% reduction in shooting density

West Garfield (Chicago’s west side)
-24% reduction in shooting density

Auburn Gresham (Chicago’s south side)
-15% reduction in shooting density

DOJ 2009
Chicago now

Back on-line
10 communities
Approx 75 workers
5 Major Trauma centers
Approx 1,600 hospital responses this year