



# Health in All Policies Task Force Action Plan to Promote Violence-Free and Resilient Communities

Projected Timeline: 2016-2018

Endorsed by the Strategic Growth Council April 11, 2016

## Summary

This plan was developed by the Health in All Policies Task Force to direct their collaborative work around violence prevention from April 2016-December 2018. With a focus on cross-sector action, the 2016 California Health in All Policies Task Force Action Plan to Promote Violence-Free and Resilient Communities seeks to build State agency capacity and support coordination to address structural drivers of violence and promote communities that are safe, free of violence, and resilient. This is based on the Task Force's aspirational goal of creating communities "where all Californians are able to live and be active in their communities without fear of violence or crime."<sup>1</sup> Understanding that violence is a very broad and complex issue, this plan is not a comprehensive solution to violence, but is a collection of specific objectives and actions that a) reflect the Five Key Elements of Health in All Policies (see page 7), b) were prioritized by the Health in All Policies Task Force and agreed upon through a consensus process, c) are feasible based on current resources, d) leverage existing partnerships and efforts, and e) are aligned with the State's sustainability and health goals. Additionally, this Action Plan is a "living document" that allows for the Task Force to remain flexible and pursue opportunities as they arise.

Preventing violence and promoting resiliency are important strategies for promoting health, safety, and equity, and reducing greenhouse gas emissions, all of which have been identified as policy priorities by California's State leadership. The same social factors and conditions that shape health and mental health (e.g., education, income, and environment) are strongly linked to violence as well. Exposure to violence is preventable and influences nearly all health and mental health outcomes ranging from an individual's ability to adopt healthy behaviors and manage stress, to chronic disease, trauma, and other serious health issues, to a community's weakened social ties and lack of economic investment.<sup>2</sup> This Action Plan is based on the idea that violence is not only preventable, but is a cross-sectoral public health issue, and not solely the responsibility of the criminal justice or law enforcement systems. People in many other fields, such as public health, land use planning, education, housing, social services, transportation, and more, are essential partners in addressing the underlying determinants of violence. Therefore, this plan takes a multilevel and multifaceted approach, promoting policies and programs that encourage collaboration, increased government efficiency, and a focus on equity.

Although no community is immune to violence, violence in California is neither randomly distributed nor distributed evenly across the population. The most socioeconomically disadvantaged populations face a disproportionate burden of violence,<sup>3</sup> and there are also



inequities in exposure to violence across population demographics such as race, gender, age, and class. Therefore, a public health approach to reducing violence includes addressing structural violence<sup>i</sup> and building community resilience factors<sup>ii</sup> which can strengthen the capacity to withstand and overcome adverse experiences and can counteract the negative effects of violence.

The short-term objectives of this plan are:

1. Support agencies to make data-informed decisions, increase efficiency, and limit duplication of efforts on violence prevention and community resiliency by **increasing communication and improving coordination and collaboration** between State departments and agencies and between ongoing State initiatives.
2. Promote **policies and practices** that prevent violence and support community resilience, including those related to the built environment.
3. **Build capacity and increase understanding** among state employees of violence as a public health issue and the influence of violence on California's communities, and assess and identify opportunities for cross-sector action.

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<sup>i</sup> Structural violence can be defined as the social structures and institutions (e.g., inequality, institutionalized racism, sexism, heterosexism, and other isms, poverty, oppression, and power dynamics) that put populations in harm's way and prevents them from meeting basic needs.

<sup>ii</sup> Examples of resilience factors include employment and economic opportunities, strong social networks, community leadership and civic engagement (e.g., voting), coordination of resources and services among agencies, community design that promotes safety, and high quality schools.



# Health in All Policies Task Force

## Action Plan to Promote Violence Free and Resilient Communities: Table

Projected Timeline: 2016-2018

*The actions listed below are all contingent upon available resources.*

Action Plan Goal: With a focus on cross-sector action, the Health in All Policies Task Force will build State agency capacity and support coordination to address structural drivers of violence and promote violence-free and resilient communities.		
Short-Term Objectives and Actions	Partner Agencies	Short-Term Deliverables
1. Support agencies in making data-informed decisions, increase efficiency, and limit duplication of efforts on violence prevention and community resiliency by <b>increasing communication and improving coordination and collaboration</b> between State departments and agencies and between ongoing State initiatives.		
1a. Convene a multi-agency violence prevention workgroup. The workgroup will engage in the following priority activities: <ul style="list-style-type: none"> <li>• Developing a work plan to guide and prioritize activities of the group</li> <li>• Sharing information and aligning efforts where appropriate</li> <li>• Identifying opportunities for collaboration and action, including identifying key programmatic and policy questions that require cross-sector exploration</li> </ul> Activities of the group may also include: <ul style="list-style-type: none"> <li>• Identifying opportunities to jointly apply for funding and/or leverage existing funding sources</li> <li>• Identifying opportunities to improve coordination of State referral systems across government sectors</li> <li>• Identifying data gaps and considering options to address those gaps and promote greater cross-sector data coordination and data sharing</li> </ul>	CDPH; DOJ; DSS; CDCR; CSD; CDE; OES	<ul style="list-style-type: none"> <li>• Group convened</li> <li>• Work plan developed</li> <li>• Increased collaboration between participating entities</li> </ul>
1b. To support ongoing communication and promote collaborative action, coordinate meetings between the Defending Childhood Initiative, Essentials for Childhood, Health in All Policies, and other state groups, as appropriate, working on issues related to decreasing Adverse Childhood Experiences, and promoting safe, stable, and nurturing environments and strengthening families.	CDPH; DOJ; DSS	<ul style="list-style-type: none"> <li>• Group convened</li> <li>• Increased coordination and collaboration between participating initiatives</li> </ul>



Action Plan Goal: With a focus on cross-sector action, the Health in All Policies Task Force will build State agency capacity and support coordination to address structural drivers of violence and promote violence-free and resilient communities.		
Short-Term Objectives and Actions	Partner Agencies	Short-Term Deliverables
2. Promote <b>policies and practices</b> that prevent violence and support community resilience, including those related to the built environment.		
2a. To support violence prevention considerations in active transportation <sup>iii</sup> policies and practices, Task Force members will: <ul style="list-style-type: none"> <li>Disseminate materials and facilitate capacity building related to active transportation and violence prevention to State agencies and local partners.</li> <li>Provide input on violence prevention strategies for consideration in State active transportation efforts.</li> </ul>	Caltrans; CDE; CDPH	<ul style="list-style-type: none"> <li>Materials disseminated</li> <li>Input gathered and provided</li> </ul>
2b. To support violence prevention considerations in land-use planning efforts, Task Force members will: <ul style="list-style-type: none"> <li>Provide input on violence prevention to OPR's Healthy Planning Leadership Series.</li> <li>Partner with CDE and Local Education Agencies (LEA) to highlight how LEAs can support communities' violence prevention efforts through the built environment.</li> <li>Disseminate information on opportunities to promote social cohesion and community safety through community greening and land-use design.</li> <li>Identify opportunities to disseminate information about the climate change mitigation and adaptation co-benefits of violence prevention activities.</li> </ul>	CAL FIRE; CDE; CDPH; OPR	<ul style="list-style-type: none"> <li>Materials disseminated</li> <li>Input gathered and provided</li> </ul>
3. <b>Build capacity and increase understanding</b> among state employees of violence as a public health issue and the influence of violence on California's communities, and assess and identify opportunities for cross-sector action.		
3a. Submit a summary report to the Task Force and the Strategic Growth Council including the recommended actions collected by staff from internal and external stakeholders during the process of developing this Action Plan.	Task Force	<ul style="list-style-type: none"> <li>Summary developed</li> </ul>
3b. Facilitate at least 3 forums for agency staff to learn more about the underlying causes of structural violence (e.g., poverty, racism, sexism, heterosexism, oppression etc.), the intersection of violence and their sector, implications for equity and disadvantaged populations, risk and resilience factors for violence, and opportunities for cross-sector intervention.	CDCR; CDE; CDPH; CSD; DOJ; DSS	<ul style="list-style-type: none"> <li>Forums held</li> </ul>

<sup>iii</sup> Active transportation includes walking, biking, rolling, or public transportation.



<b>Action Plan Goal:</b> With a focus on cross-sector action, the Health in All Policies Task Force will build State agency capacity and support coordination to address structural drivers of violence and promote violence-free and resilient communities.		
<b>Short-Term Objectives and Actions</b>	<b>Partner Agencies</b>	<b>Short-Term Deliverables</b>
3c. To support ongoing stakeholder engagement, convene an ad hoc group of external stakeholders at least 2 times a year to inform violence prevention activities of the Health in All Policies Task Force.	Task Force	<ul style="list-style-type: none"><li>• Group convened</li></ul>

CAL FIRE: California Department of Forestry and Fire Protection  
Caltrans: California Department of Transportation  
CDCR: California Department of Corrections and Rehabilitation  
CDE: California Department of Education  
CDPH: California Department of Public Health  
CSD: Community Services and Development  
DOJ: Department of Justice  
DSS: Department of Social Services  
OES: Governor’s Office of Emergency Services  
OPR: Governor’s Office of Planning and Research  
Task Force: California Health in All Policies Task Force



## Violence Prevention Action Plan Narrative

Following is a summary of the purpose and history of this Action Plan, a summary of research supporting this work, and a description of the objectives and actions highlighted in the preceding table.

### California Health in All Policies Task Force Background

Recognizing that health and mental health are largely shaped by the environments in which people live, work, learn, and play, the California Health in All Policies (HiAP) Task Force was created under the auspices of the Strategic Growth Council as a multi-agency effort to identify priority programs, policies, and strategies of State-level government agencies to improve health, equity, and sustainability in California across policy fields that fall outside of the traditional realms of public health and health care. The Task Force is made up of 22 State agencies, departments, and offices, and seeks to establish multi-agency goals, identify and leverage co-benefits, and create win-win solutions to some of California's greatest challenges such as growing inequities, chronic disease, injury, environmental degradation, and climate change. The Task Force is facilitated by the California Department of Public Health and staffing is provided through a partnership with the Public Health Institute, with funding from multiple sources including The California Endowment and Kaiser Permanente Community Benefit.

### Purpose Statement

With a focus on cross-sector action, the 2016 California Health in All Policies Task Force Action Plan to Promote Violence-Free and Resilient Communities seeks to enhance coordination and collaboration to help build State agency capacity to address structural drivers of violence and promote communities that are safe, free of violence, and resilient. This goal is based on the Task Force's aspirational goal of creating communities "where all Californians are able to live and be active in their communities without fear of violence or crime."<sup>4</sup>

This plan was developed by the HiAP Task Force to direct its collaborative work around violence prevention from April 2016-December 2018. Preventing violence and promoting resiliency are important strategies for promoting health, safety, and equity, and reducing greenhouse gas emissions, all of which have been identified as policy priorities by California's State leadership. Recognizing that many factors contribute to community safety, this plan takes a multilevel and multifaceted approach, promoting policy and programs that encourage collaboration, increased government efficiency, and a focus on equity. This plan is not a comprehensive solution to violence, but is a collection of specific objectives and actions that a) reflect the Five Key Elements of Health in All Policies, b) were prioritized by the HiAP Task Force and agreed upon through a consensus process, c) are feasible based on current resources, d) leverage existing partnerships and efforts, and e) are aligned with the State's sustainability and health goals.

### Plan Development

The HiAP Task Force has prioritized violence prevention since its inception and nearly all Task Force member agencies have identified violence as a barrier to their work. This is the second violence prevention Action Plan the Task Force has created and the 2012 plan, titled "Crime



Prevention through Environmental Design,” largely focused on how the built environment can reduce crime and violence. The 2016-2018 Action Plan takes these efforts further by moving beyond the built environment to create opportunities for increased State agency collaboration, coordination, and capacity building around the social policies and conditions that impact community safety and resiliency.

This 2016-2018 Action Plan was developed over a twelve-month period through an in-depth collaborative process. Numerous individuals participated from across State government, local public health departments, and non-government stakeholder groups, through more than sixty one-on-one and small working group meetings. The purpose of the meetings was to gather information on current priorities related to violence prevention, facilitate connections between government agencies, and identify opportunities for collaboration. Recommendations were collected and synthesized into action steps for prioritization and implementation. This process was facilitated by Task Force staff, and final decisions were made by Task Force members using a consensus process. This plan is written to be aspirational and point to big goals, but describes a number of discrete action steps that can be taken in the near-term.

It is important to acknowledge that the work of the Task Force sits within the context of a number of other State initiatives and efforts to reduce violence and create resilient communities. The plan coordinates and collaborates with these groups as appropriate. The following California agencies participated in developing this Action Plan: Board of State and Community Corrections, the California Departments of Community Services and Development, Corrections and Rehabilitation, Education, Forestry and Fire Protection, Justice, Public Health, and Social Services, and the Secretary of State’s office. A number of staff within the Department of Public Health participated, including those from the Safe and Active Communities Branch, the Maternal, Child and Adolescent Health Division, and the Office of Health Equity.

## Stakeholder Engagement

During the many individual and large group meetings with State government, local departments of public health, and non-government stakeholders, a number of themes arose that influenced the development of this plan.

- Interagency collaboration: Addressing violence and building resilient communities will require action from a range of sectors and partners. The Task Force provides a unique opportunity to increase communication and coordination between these sectors and partners and to align existing efforts.
- Equity: Because of the unequal distribution and impact of violence, the Task Force must approach this work with an equity lens and identify opportunities to embed racial equity, gender equity, and other equity considerations in decision making.
- Stakeholder engagement: This plan will be most successful if stakeholders are regularly engaged throughout Action Plan implementation. External stakeholders have a wealth of knowledge and experience and offer an important perspective in creating violence-free and resilient communities.
- Using what works: Data-informed decisions are a critical component of effective action to address risk and protective factors for violence, and opportunities should be identified for State agencies to share, disseminate, and elevate practices that effectively prevent violence and promote health.



## The 5 Key Elements of Health in All Policies

Five Key Elements<sup>5</sup> have been identified as essential for ensuring success of Health in All Policies efforts. All objectives and action steps in the 2016 Action Plan reflect some, if not all, of these elements:

1. Promote health, equity, and sustainability
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Engage stakeholders
5. Create structural or procedural change

## Theory of Change

This Action Plan is based on the idea that violence is not only preventable, but is a cross-sector public health issue that reaches far beyond the law enforcement and criminal justice systems. Therefore, while law enforcement plays an important role in addressing crime, people in many other fields, such as public health, land use planning, education, housing, social services, and more, are essential partners in addressing the underlying determinants of violence. In addition, while each sector plays an important role, we know that collaboration and coordination leads to greater outcomes. In fact, a national assessment of large cities found that communities with more intersectoral coordination and communication had lower violence rates.<sup>6</sup>

Through programs, policies, grants, guidance documents, and data collection and dissemination, state government has opportunities to embed violence prevention and community safety considerations into decision-making. Given the importance of intersectoral collaboration, the Task Force has a unique and important role in promoting violence-free and resilient communities. Through this Action Plan, the Task Force will bring multiple sectors together to use increased coordination, capacity building, policy analysis, and healthy decision-making to promote vibrant, safe communities.

While the California Health in All Policies Task Force is a state-level body, much of the work of building healthy communities takes place at the local and regional level, and by the private sector, community-based organizations, and local governments. The Task Force coordinates multi-agency collaborative projects at the state level to foster healthy, equitable communities and to embed health and equity into government decision-making. These actions are meant to facilitate and create opportunities for regional and local entities to promote health, equity, and sustainability.

## Research and Rationale

**Introduction.** Healthy communities are safe communities. In California, reported violent and property crimes have decreased over the last thirty years,<sup>7</sup> however in many families and communities the real dangers and threat of violence continue to impact physical, mental, and emotional health outcomes throughout the life course and often across generations.

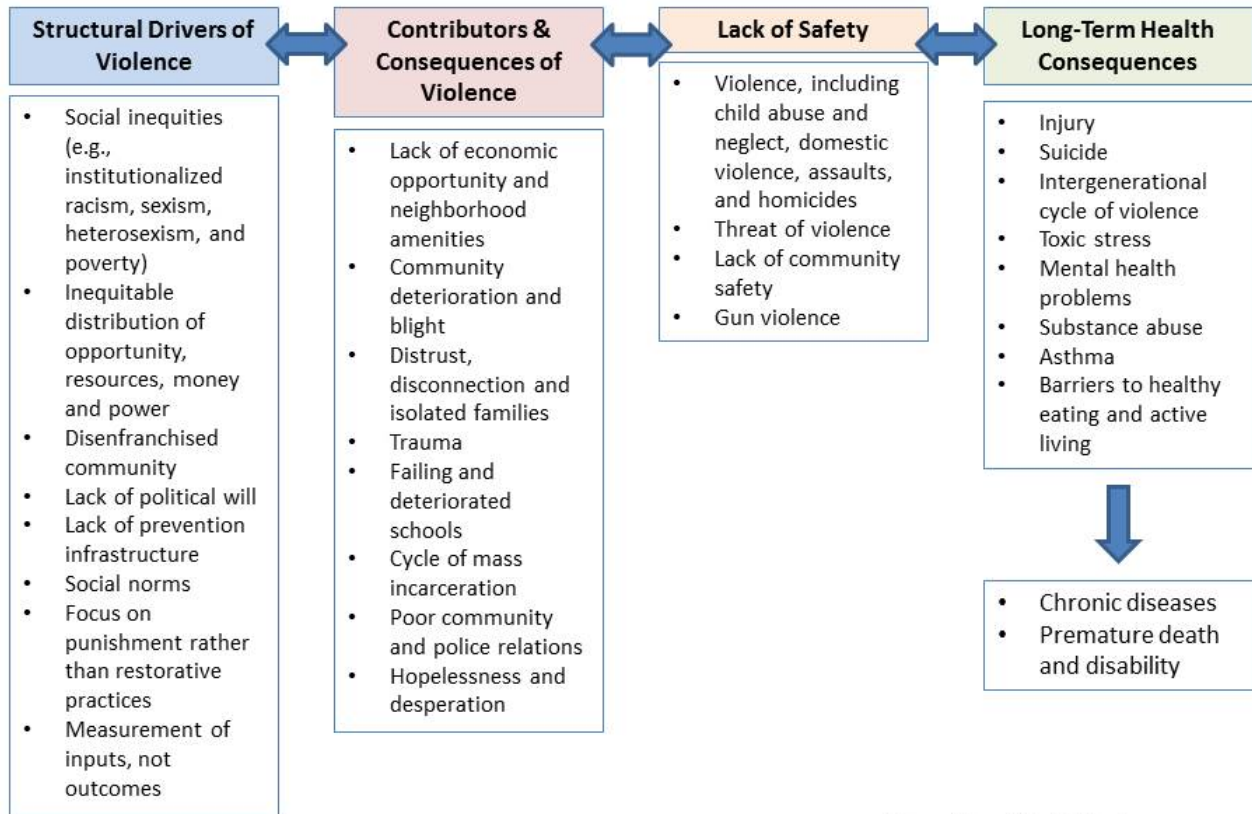
Although crime and violence are often conflated, it is important to distinguish between them. Whereas decisions about crime are often thought of as solely the responsibility of the criminal justice system, characterizing safety issues to focus on the contributors of violence broadens





the spectrum of partners and solutions.<sup>8</sup> For example, family (e.g., domestic violence and child maltreatment) and sexual violence are not always included when safety is framed as community crime. 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, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."<sup>9</sup> Crime is a legal construct and includes both violent and nonviolent activities. In addition, some violent behaviors are not described in the law and are not considered crimes. Therefore, while addressing crime as a law enforcement and criminal justice issue is one critical element of violence prevention, it is essential that we frame the discussion and solutions inclusively to cover the full range of violence and threats of violence.

**Health outcomes of violence.** The same social factors and conditions that shape health and mental health (e.g., education, income, and environment) are strongly linked to violence as well. As Image 1 below shows, exposure to violence is preventable and influences nearly all health and mental health outcomes from an individual's ability to adopt healthy behaviors and manage stress, to chronic disease, trauma, and other serious health issues, to a community's weakened social ties and lack of economic investment.<sup>10</sup> In order to address violence and improve health and mental health outcomes we must address the root causes of inequity and social disadvantage.



Adapted from The California Endowment's Causes of Unsafe, Unhealthy Communities Diagram, 2015

## Image 1. Causes of Unsafe, Unhealthy Communities<sup>11</sup>

**Violence impacts Californians unequally.** Although no community is immune to violence, violence in California is neither randomly distributed nor distributed evenly across the population. There is a disproportionate burden of violence among the most socioeconomically disadvantaged populations.<sup>12</sup> Nationally, children living in low socioeconomic status households are more than five times as likely as other children to experience maltreatment.<sup>13</sup>

There are also inequities in exposure to violence across population demographics such as race, gender, and age. In California, almost 60 percent of hate crimes are motivated by race or ethnicity, followed by sexual orientation (24 percent) and by religion (14 percent) of the victim.<sup>14</sup> When looking at inequities by race we see that African Americans in California are 9 times more likely to die of assault and homicide than Whites.<sup>15</sup> Men and women also experience violence differently, and women and girls report regular incidents of street harassment starting at very young ages.<sup>16</sup> The 2010 National Intimate Partner and Sexual Violence Survey estimates that about 33 percent of California women, about 4.5 million, experience rape, physical violence, or stalking by an intimate partner at some point in their life



time,<sup>17</sup> and women of color are disproportionately likely to be affected by these types of violence. With potential life-long impacts, violent crime disproportionately impacts young people, with youth more than twice as likely as the general population to be victims of violent crimes.<sup>18</sup> Young women and children are also particularly impacted by human trafficking, one of the world's fastest growing violent criminal enterprises.<sup>19,iv</sup> Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) youths face particular challenges. Over their lifetime, LGBTQQ youth are at greater risk of childhood maltreatment, interpersonal violence, and trauma<sup>20</sup> and as youth, have higher levels of suicide attempts and suicide completion<sup>21</sup> and higher rates of incarceration for status offenses or sexual exploitation.<sup>22</sup> Violence and injury are also among the most common health problems in correctional facilities, where suicide is a leading cause of death.<sup>23</sup>

Furthermore, there is growing evidence of the impact of community and physical environment on violence showing “that residents in socially disadvantaged communities are at greater risk of experiencing violence, even after considering their own individual-level socioeconomic characteristics.”<sup>24</sup> This emphasizes the need to address structural and community level factors to strengthen communities and support healthier behaviors.

**Addressing structural drivers of violence.** In order to impact community level violence, it is critical to consider structural violence. Structural violence refers to the social structures and institutions that put populations in harm's way and prevents them from meeting basic needs; structural violence is “embedded in the political and economic organization of our social world.”<sup>25</sup> Examples of structural violence include inequality, institutionalized racism, sexism, heterosexism, other “-isms,” poverty, oppression, and power dynamics.<sup>26</sup> Structural violence contributes to poor health and mental health outcomes, including trauma, at the individual and community level and has a negative effect on community norms, social relations and networks, and institutions.<sup>27</sup> As is shown in Image 1 above, dismantling the structural drivers of violence is complex and requires cross-sector collaboration at multiple levels of prevention (e.g., individual, relationship, community, and society).<sup>28</sup> For example, as we address structural violence, we must recognize and address California's high incarceration rates, which disproportionately impact men of color and families and communities of color more broadly. These high incarceration rates are driven by a number of structural violence factors, including racially disproportionate contact throughout the criminal justice process. As Californians have begun to recognize the fiscal and moral impacts of these incarceration rates, efforts such as the programs established through Proposition 47 are starting to reduce the high rates of incarceration and are intended to reduce recidivism by re-directing potential cost savings towards prevention strategies across a variety of sectors such as education, substance abuse treatment, and mental health services.

**Building community resilience.** In addition to direct efforts to mitigate violence, a public health approach includes more primary prevention activities to build community resilience factors in order to strengthen people's capacity to withstand and overcome adverse experiences and can counteract the negative effects of violence.<sup>29</sup> Resilience refers to the

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<sup>iv</sup> The California Department of Social Services Child Trafficking Response Unit works with across systems with counties, law enforcement, educators, foster families, victim service providers, medical providers, and survivors to address trafficking.



ability of a person or community to positively adapt and develop in the face of new or different experiences and environments. Fostering resiliency in people has been shown to improve academic, emotional, social, and cognitive outcomes.<sup>30</sup> Similar to other public health challenges such as climate change adaptation or disaster preparedness, building resiliency requires thinking more broadly about what communities need to be strong and healthy. Strategies to create these strong and healthy communities must be comprehensive and address the sociocultural, the physical/built, and the economic environments.<sup>31</sup> Examples of resilience factors include employment and economic opportunities, strong social networks, community leadership and civic engagement (e.g., voting), coordination of resources and services among agencies, community design that promotes safety, and high quality schools.<sup>32</sup>

## **Rationale for Health in All Policies Task Force Action**

This Action Plan reflects a growing understanding by agencies and organizations across a wide range of policy areas that preventing violence and crime, including reducing the threat of violence and crime, is an essential factor in achieving their goals. In fact, nearly every member of California's twenty-two agency California Health in All Policies Task Force has identified violence or threat of violence as a barrier to their work in fields as diverse as education, mental health, substance abuse, urban planning, parks and recreation, food and agriculture, environmental protection, transportation, affordable housing, criminal and juvenile justice, and public health.

Beyond community and personal safety, safety from violence is a key factor in achieving California's environmental and climate change goals. Building vibrant, sustainable communities where residents have safe and supportive active transport infrastructure and are motivated to walk and bike to jobs, school, and other amenities and services is a key strategy to mitigating climate change through reducing greenhouse gas emissions. However, in order to achieve these sustainable communities, residents need to feel safe, and be safe in their homes, and when they leave their homes. Meeting other goals of the Strategic Growth Council, such as encouraging greater infill and compact development and revitalizing community and urban centers also require a focus on violence and safety.

## **Agency Commitments: A Narrative Description of Specific Objectives and Actions**

This Action Plan guides the Task Force's actions to promote violence-free and resilient communities through 2018, and represents significant commitments from a wide variety of government institutions. Due to the many factors outside the control of the Task Force, this plan is non-binding and is a "living document" that allows for the Task Force to remain flexible and pursue opportunities as they arise. This section provides a discussion of the three objectives and the many actions listed in the table at the start of this document. While the Task Force is committed to completing all actions, additional resources will be required for some items.

While there are many government mechanisms that can be used to tackle the root causes of violence, this Action Plan will focus on the key functions of strengthened cross-sector coordination and information sharing, dissemination of promising practices, and enhanced government knowledge and understanding of structural and institutionalized violence.



**Objective 1:** Support agencies to make data-informed decisions, increase efficiency, and limit duplication of efforts by **increasing communication and improving coordination and collaboration** between State departments and agencies and between ongoing State initiatives.

**Background:** Although violence impacts the work of all Task Force member agencies, there is currently no single state department or agency that oversees violence prevention work, which means that while there are overlapping goals and objectives between agencies, there are incongruent funding structures, service provision systems, and other institutional barriers to partnership. In addition, state agencies often make policy decisions in isolation. State agencies identified the need to come together to share information and key messaging, answer violence-related questions relevant to a number of different agencies, and use information to inform data-driven decisions. The Task Force provides an opportunity to bring together the different sectors and agencies working on violence prevention to improve coordination.

In addition, California has a number of different initiatives seeking to address childhood trauma, including the California Essentials for Childhood Initiative<sup>v</sup> and the Defending Childhood Initiative.<sup>vi</sup> While these initiatives have a related goal of reducing and addressing childhood trauma they have different funding streams, stakeholders, partners, and opportunities for action, providing an opportunity to increase coordination and alignment.

**Activities:** The Task Force will convene a multi-agency violence prevention workgroup to share information across sectors and strengthen relationships. The workgroup will begin by developing a work plan to guide and prioritize activities of the group. The workgroup will provide an opportunity to more regularly share information and align efforts. Over time, the workgroup will identify opportunities for collaboration and action, including identifying key programmatic and policy questions that require cross-sector exploration. The workgroup will coordinate with existing efforts (e.g., Essentials for Childhood Initiative, Defending Childhood Initiative, State Interagency Team for Children Youth, and Families<sup>vii</sup>, and Let's Get Healthy California<sup>viii</sup>) as feasible and appropriate.

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<sup>v</sup> The California Essentials for Childhood Initiative is partnership between the California Department of Public Health and the California Department of Social Services, which addresses child maltreatment as a public health issue and aims to develop a common agenda across multiple agencies and stakeholders and align activities, programs, policies and funding so that all California children, youth and their families have safe, stable, nurturing relationships and environments. [More information is available on the CPDH website.](#)

<sup>vi</sup> In 2015, Attorney General Kamala D. Harris unveiled the Bureau of Children's Justice within the California Department of Justice, to protect the rights of children and focus the attention and resources of law enforcement and policymakers on the importance of safeguarding every child so that they can meet their full potential. Through the Defending Childhood Initiative, the California Department of Justice is working collaboratively to improve outcomes for children exposed to trauma. More information is available on the [Office of the Attorney General website](#) or the [Department of Justice website](#)

<sup>vii</sup> Chaired by the California Department of Social Services, the State Interagency Team brings together representatives from a variety of government sectors to improve systems and



As needs are identified, activities of the group may also include: identifying opportunities to jointly apply for funding and/or leverage existing funding sources; identifying opportunities to improve access to and enrollment in social services that improve health and mental health outcomes through increased efficiency and coordination of State referral systems; and identifying data gaps and considering options to address those gaps and promote greater cross-sector data coordination and data sharing.

In addition, Task Force staff will support increased coordination and communication between a number of governmental and non-governmental initiatives working on issues related to decreasing Adverse Childhood Experiences (ACEs), and promoting safe, stable, and nurturing environments and strengthening families, including the Defending Childhood Initiative, Essentials for Childhood, Health in All Policies Task Force, and other initiatives as appropriate.

Objective 2: Promote **policies and practices** that prevent violence, including those related to the built environment.

Background: The built environment plays an important role in shaping health and mental health outcomes, health behaviors, and factors such as violence. For example, active transportation (e.g., walking, biking, rolling, or public transportation) is important for achieving physical activity and climate change goals, relies heavily upon a supportive built environment, and can be diminished if people are not safe in their community. One way that communities respond to these concerns is through Safe Routes to School programs, which provide infrastructure and non-infrastructure support to ensure that children are able to bike and walk safely to and from school. While many programs promote pedestrian/bicycle safety, Safe Routes to School programs can also help protect children from community violence (e.g., bullying, gang violence, etc.). In addition, California transportation and land use agencies are currently working to address safety issues in a number of plans and programs, which provides opportunities to embed violence prevention strategies. Community greening infrastructure, maintenance, and enhancement contributes to resilient, safe communities and support climate change mitigation and adaptation goals.

Activities: Task Force members will disseminate materials relevant to using the built environment to support community safety to State agencies and local partners including the

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services that affect children, youth, and families. Example goals of this body include 1) building community capacity to promote positive outcomes for vulnerable families and children; 2) maximizing funds for shared populations, programs and services; and 3) removing systemic and regulatory barriers. [More information is available in the 2015-2019 Child and Family Services Plan](#)

<sup>viii</sup> Executive Order B-19-12 established the Let's Get Healthy California Task Force to develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity. The Let's Get Healthy California Task Force is co-chaired by the Secretary of the California Health and Human Services Agency and the former President and CEO of the Institute for Healthcare Improvement. [More information is available on the California Health and Human Services website](#)



Safe Routes to School National Partnership’s “Taking Back the Streets & Sidewalks: How Safe Routes to School and Community Safety Initiatives Can Overcome Violence and Crime.”<sup>33</sup> The Task Force will also provide input on violence prevention strategies for consideration in state land use and transportation efforts including, but not limited to, OPR’s Healthy Planning Leadership Series and CDE updates to school facility guidance. Task Force members will also identify opportunities to disseminate information on the violence prevention co-benefits of community greening using best management practices.

**Objective 3: Build capacity and increase understanding** among state employees of violence as a public health issue and the influence of violence on California’s communities, and assess and identify opportunities for cross-sector action.

**Background:** Violence is a broad topic that touches the work of most government agencies, and as a cross-sectoral issue, it is essential that agencies learn about work in other fields. Over the course of the Action Plan development process numerous recommendations on a wide range of topics were proposed for the Task Force to address. This highlights the need to bring government agencies together to explore and learn about various causes of structural violence and identify potential opportunities for collaboration and action. Engaging external stakeholders and key experts is an important part of this process.

**Activities:** Task Force staff will submit a summary report to the Task Force and the Strategic Growth Council including the recommended actions collected by staff during the process of developing this Action Plan. Task Force staff will give opportunities for community-level stakeholders, including those from communities heavily impacted by violence, to review and provide feedback in the development of the summary.

To help build state agency capacity to address violence, in collaboration with the multiagency violence prevention group (described in Objective 1), the Task Force will facilitate a series of forums for agencies to learn more about the underlying causes of structural violence (e.g., poverty, racism, sexism, heterosexism, oppression, etc.), the intersection of violence and their sector, implications for equity and disadvantaged populations, risk and resilience factors for violence, and opportunities for cross-sector intervention. Potential topics include the relationship between the built environment and violence prevention (e.g., housing, community greening); the root causes of family and community trauma and opportunities to promote resilience, including ACES; opportunities to support reentry populations and reduce recidivism; and tools and approaches to preventing violence and supporting social and economic policy change (e.g., “Safety in All Policies,” Health Impact Assessment, Racial Impact Statements, and Implicit Bias Training).

Finally, engaging stakeholders will be essential to the success of this Action Plan. The Task Force will engage key stakeholders and experts, including the many statewide coalitions that represent community based organizations and programs with expertise in violence prevention strategies, through an ad hoc group.

## Evaluation and Accountability

There is value in tracking and evaluation for several reasons: 1) To demonstrate accountability to these commitments; 2) To determine whether the listed objectives and actions in fact lead to



meaningful change in policies, practices, programs, and ultimately population health, equity, and environmental sustainability; and 3) To learn from this process, because the Task Force is an important “learning laboratory” for the Health in All Policies approach, and has a role to play in contributing to the national and international body of knowledge about this field. Evaluation of this Action Plan will be limited unless additional resources are secured. The HiAP Task Force will report out periodically on progress toward the listed objectives, through written reports to the Strategic Growth Council. These will become part of the public record. Task Force staff will pursue grant funding for some of these activities, and if grants are awarded, they are likely to include evaluation components.

## Contact

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