WINNABLE BATTLES
CASE STUDIES
UPON ARRIVING AT CDC AS THE AGENCY’S NEW DIRECTOR, DR. THOMAS FRIEDEN INTRODUCED THE CONCEPT OF "WINNABLE BATTLES" ON WHICH CDC AND ITS PARTNERS SHOULD FOCUS "BASED ON THE MAGNITUDE OF HEALTH PROBLEMS AND THE ABILITY OF CDC AND ITS PUBLIC HEALTH PARTNERS TO MAKE SIGNIFICANT PROGRESS TO IMPROVE OUTCOMES."xxiv

THESE INCLUDE:xxv

• REDUCING TOBACCO USE
• IMPROVING NUTRITION, PHYSICAL ACTIVITY, AND OBESITY
• ENSURING FOOD SAFETY
• PREVENTING HEALTHCARE-ASSOCIATED INFECTIONS
• IMPROVING MOTOR VEHICLE SAFETY
• REDUCING TEEN PREGNANCY
• REDUCING NEW HIV INFECTIONS

Urban LHDs have proven to be critical innovators in the process of creating solutions for these important Winnable Battles. Indeed, cities are often ideal laboratories for policy because their leaders’ authority and focus are so concentrated. To illustrate these advances that have developed to address some of the nation’s most pressing health problems, following are case studies detailing innovative programs and notable achievements made by BCHC LHDs regarding food safety; HIV/AIDS; injury and violence; obesity/physical activity/nutrition; and tobacco. Additional data for each of these topics are included in the online platform.

While these examples focuses on very different health problems in cities of different sizes, populations, and geographic locations, each story shows the potential of innovative LHDs to create an environment where the healthy option is the default option.
PERCENTAGE POINT INCREASE

Using high-tech tools, Chicago increased its discovery of critical health violations in restaurants by 4 percentage points (from 16% to 20%) in just 10 months.

Source: Chicago Department of Public Health
**DIGITAL SLEUTHING, ENGAGEMENT TO BATTLE FOODBORNE ILLNESS IN CHICAGO**

**FOODBORNE CHICAGO**

In 1876, Chicago’s first health commissioner, Oscar Coleman De Wolf, made history when he called for sanitary inspectors to inspect the city’s slaughterhouses and confiscate tainted meat. Today, the Windy City, like most jurisdictions, battles foodborne illness largely through a gaggle of inspectors randomly checking its 16,000 food establishments. Sometimes inspectors get leads from the public — some hot, some not — which occasionally can prevent or halt a foodborne illness outbreak.

Considering that one in six Americans experience a food-related illness each year, this traditional method to combat foodborne illnesses has room for improvement. In fact, according to the CDC, foodborne illness costs the nation as much as $4 billion annually, hospitalizing 128,000 people; 3,000 of whom die from their illness.xxxiii

To reduce these numbers, Chicago’s Department of Public Health has embraced innovation and turned to 21st century technologies in an effort to gain an upper hand on one of public health’s most incessant problems. By turning to social media, information technology, and smart computing, the department is able to more quickly identify foodborne illness and can better squelch potential food-poisoning outbreaks. Such tools, for instance, led to the discovery of more critical health violations than traditional means could identify — 20 percent vs. 16 percent — in the first 10 months alone.

This new approach causes the department to identify and respond to potential outbreaks that might otherwise go unreported. In 2012 Chicago launched a system whereby residents can call 311 to file a suspected food-poisoning report, which is then immediately investigated by the health department’s Food Protection Services unit.

However, residents may not be aware that they can file a complaint, much less how to do so. The CDC estimates that about 45 percent of foodborne illnesses go unreported. With the help of community partners, Chicago’s health department made it easier for those potentially afflicted with food poisoning to lodge a complaint with the launch of a new program in 2013 called, Foodborne Chicago.
Foodborne Chicago would not have been possible had department leadership not embraced innovation. Luckily, innovative ideas were brimming at the department — in 2011, the department unveiled an open data portal, publishing food inspection results, and officials were attending Tuesday “Hack Nights” that drew the city’s brightest minds in technology to improve civic engagement. That led to a partnership among the department, Code for America, and the Smart Chicago Collaborative to launch 311. The department made all its coding on Foodborne Chicago public. “Publicly publishing codes also allows other civic techs, universities, and health departments to apply [the code] locally, customizing it as they see fit, thus spreading the tech knowledge and spurring further innovation in the field,” notes Raed Mansour, who serves as the project’s lead at Chicago’s Department of Public Health.

**CHALLENGE**

Foodborne illness costs the nation $2 billion to $4 billion annually.

**STANDARD INTERVENTION**

Sending health inspectors to food establishments.

**INNOVATION**

Foodborne Chicago, a website that identifies and responds to residents’ food poisoning complaints on Twitter, was awarded a 2015 Top 25 Innovations in American Government by Harvard University’s ASH Center for Democratic Governance and Innovation at the Kennedy School of Government.

**RESULTS**

Leading to more complaints that result in “critical” violations, capturing additional real-time complaints, and helping residents better engage with city public health officials.
The Foodborne Chicago website aims to improve food safety in the city by identifying and responding to complaints on Twitter about possible foodborne illnesses. The website tracks Twitter messages around Chicagoland, using an algorithm that fixates on local mentions of “food poisoning.” Project staff use Twitter to reply to the “food poisoning” tweets, encouraging those individuals to file a complaint and providing them a direct link to the 311 complaint page.

“There are conversations going on around us,” says Mansour. “We could ignore those conversations, or engage.” Thanks to Foodborne Chicago, “we are getting complaints that we previously hadn’t been—and getting them in real time — and we’re getting more critical violations overall,” said Mansour.

For example, in the first 10 months after launching Foodborne Chicago, project staff identified 270 tweets with specific complaints of foodborne illness, leading to 193 complaints of food poisoning submitted to Foodborne Chicago. Ten percent of those who filed complaints sought medical care, and as a result of their complaints, 133 food establishments received health inspections. Nearly 92 percent of those immediately targeted for inspection received at least one violation. More importantly - 20 percent - compared to 16 percent of inspections not prompted by Foodborne Chicago, revealed at least one critical violation, or an “immediate health hazard.” Critical violations are more likely to result in foodborne illness and must be fixed immediately or else the establishment gets shuttered.

But here’s the thing: Machine learning explores the construction and study of algorithms and learns from data. In other words, it becomes smarter and more precise over time with regard to prediction making. “We’re working on a 2.0 version,” said Mansour, adding that officials are looking to use this technology for other applications, such as tracking influenza or other communicable diseases. The department also is working with Yelp to integrate Foodborne Chicago into its ratings platform, and with New York City, St. Louis, Baltimore, and Boston to help these jurisdictions launch similar efforts.

City officials say Foodborne Chicago is a big win, as it helps to keep residents healthy; improves the health conditions of restaurants; leads to collaborations across the city, with more organizations tackling foodborne illness; and allows the public health department to better engage with residents. “We find people thanking us on Twitter,” says Mansour.
The number of foodborne illness hospitalizations was reduced by about 20% when public health letter grades were placed in Los Angeles restaurants’ windows.

Source: Los Angeles Department of Public Health
Winnable Battles Case Studies — Los Angeles

ICES ANGELES RESTAURANT GRADES
LOWER ILLNESS, BOOST AWARENESS
AND CONSUMER ENGAGEMENT

After getting food poisoning from a Newport Beach restaurant, Southern California restaurant critic Brad A. Johnson declared in the Orange County Register that had Orange County adopted the same restaurant letter grading system that nearby Los Angeles County put in place in 1998, he would not have gotten sick. Wrote Johnson: “If this restaurant had opened in Los Angeles instead of Newport Beach, it would have to display a letter grade of C, or possibly B, in the front window – and I never would have dined there.”

Almost two decades ago, the nation’s most populous county, Los Angeles, instituted an innovative school-like letter rating system for what today totals more than 25,000 restaurants. The effort to publicly grade food establishments — and require restaurants to post their most recent health department inspection results in the form of a letter grade in their front window — has contributed to safer food facilities in the county, reduced foodborne illness hospitalizations by about 20 percent,\textsuperscript{26} and, according to Los Angeles Department of Public Health officials, improved consumer information and created a cultural awareness of food safety. The department conducts nearly 50,000 restaurant inspections each year.

“There isn’t anyone in LA County who doesn’t know what an A, B, or C is,” says Terri S. Williams, assistant director of environmental health at the LA County Department of Public Health. Restaurant letter grades have become part of the culture in LA County. Patrons regularly check restaurant letter grades before dining, and in late 2013 the user-reviewer website Yelp made that easier when it incorporated LA County restaurant letter grades into its reviews. Letter grades “increase the awareness of food safety everywhere, and that’s a big plus,” notes Williams.

LA County initially turned to letter grades in a further step to reduce foodborne illness, which each year sickens roughly 1 in 6 Americans (or 48 million people), hospitalizes 128,000, and kills 3,000, according to the CDC.\textsuperscript{34} About half of the foodborne disease outbreaks nationally occur at restaurants and commercial eating establishments. In the six years prior to LA County’s letter grade system, foodborne disease hospitalizations increased in

Food Safety
Food Safety

LA County can point to data to show the effectiveness of the restaurant letter grade system, but public health officials admit they want more robust data. While LA County’s move to apply Hazard Analysis and Critical Control Point (HACCP) Principles to risk-based retail and food service inspections should help, it’s a reminder of “how much we need evidence in public health and better data,” notes Betty Bekemeier, associate professor of psychosocial and community health at the University of Washington. That’s beginning to change with public health practice-based research networks (PBRNs) and other efforts, says Bekemeier, who recently authored a study in the American Journal of Public Health showing that higher spending on food safety measures correlates to lower rates of foodborne illness. A goal of the study: to show policymakers that public health investments yield good returns.

the county, and ran 20 percent higher than the rest of California. One-third of California’s restaurants are located in LA County according to the California Restaurant Association.

Letter grades have had an impact. A 2005 Journal of Environmental Health study found that foodborne illness hospitalizations dropped by nearly 19 percent in the first year letter grades were implemented. Researchers attribute more than two-thirds of the decrease specifically to the grades. The decrease was sustained in subsequent years. Stanford University and University of Maryland researchers also found that letter grades reduced hospitalizations by 20 percent, and further found that while only about 25 percent of LA County restaurants would have earned an A prior to 1998, more than 50 percent did in the first year letter grades were implemented.

For restaurants, the letter grades can be a badge of honor or a scarlet letter. With the grades, consumers vote with their feet. Research shows that shortly after letter grades started, LA’s A-rated restaurants earned an average of 5.7 percent more revenue than before 1998, while revenue among B-rated restaurants remained flat, and for C-rated establishments, dropped 1 percent.

“Letter grades have opened a whole other element in our efforts to make food safety more effective,” says Williams. In essence, letter grades give officials another arrow in the quiver.
Winnable Battles Case Studies — Los Angeles

Food Safety

FOODBORNE ILLNESS SICKENS ROUGHLY 1 IN 6 AMERICANS (OR 48 MILLION PEOPLE), HOSPITALIZES 128,000 AND KILLS 3,000 EACH YEAR.

to battle foodborne illness. LA County continues to build on its letter grade success. In the past few years, the County aligned its inspections with the state inspection report, which provides several benefits, mainly uniformity, not only for regulators but for industry entities with operations up and down California.

Going forward, the health department wants to work with industry to get ahead of potential problems by supporting chain restaurants in employee training, working with corporate offices to identify outliers among their restaurants, or helping food establishments improve certain food-preparation practices.

At least six other BCHC jurisdictions have established and implemented a restaurant letter grading system, including: Atlanta (Fulton County)xvii, Chicagoxviii, New Yorkxix, Phoenix (Maricopa County)x, San Franciscoxxi, and San Jose (Santa Clara County)xxii.
57,000 HIV TESTS


Source: Houston Health Department
The Houston Health Department truly understands that if you want to affect behavior you must reach out to those whose behavior you want to change, not wait for them to come to you. Otherwise, you may never reach them. That’s the motivation behind Houston Hits Home, a public health initiative targeting some of the highest-risk groups for HIV, the human immunodeficiency virus, which can lead to acquired immunodeficiency syndrome, or AIDS. One of these vulnerable groups is youth of color, and it’s Houston’s goal to get members of this demographic tested so they know their status.

How do you do that? Put on hip-hop concerts and invite the city’s youth to sporting events, where the only price of admission is getting tested for HIV and other sexually transmitted diseases (STDs). Listen to some basic education about the diseases, and enjoy yourself.

The innovative approach seems to be working. Since 2007, 57,000 HIV tests have been administered at the annual events, with most of those concertgoers also getting screened for gonorrhea, chlamydia, Hepatitis C and other STDs. Age-appropriate immunizations are also provided. Each concertgoer receives about one hour of education on HIV and other STDs — and information on seeking care should they need to do so—while their tests are processed onsite. Thirty percent of concertgoers report it’s the first time they’ve been tested.

“HIV is getting to be a younger epidemic,” says Marlene McNeese, chief of the department’s Bureau of HIV/STD and Viral Hepatitis Prevention. In Houston, rates of HIV among those aged 20 to 24 are about double that of Houstonians in their 30s and 40s, while rates for those in their late 20s run about 1.5 times higher than their older peers. Further, nearly 80 percent of the transmission risk for males is among men who have sex with men, and the epidemic is largely concentrated among those with low incomes.

Moreover, the epidemic has become one that disproportionately impacts communities of color. There are 1 million Americans living with AIDS, and nearly half are black, says McNeese. In Houston, 60 percent of new HIV cases annually are concentrated among blacks. Meanwhile, 1 in 5 people living with HIV in the metro area don’t know they have it. Of the nearly 23,000 Houstonians diagnosed with HIV, 75 percent are receiving medical care.
“One of our initial goals, or aims, was to destigmatize HIV in these communities,” says McNeese. Several years of events seem to have made an impact. In recent years, each annual event has attracted about 15,000 people. “We have young people who look forward to this each year,” she adds. Several cities have since rolled out similar events, including Chicago, Dallas, New York (the Bronx), Oakland, and Philadelphia.

Houston’s event got its start in 2007 with a local radio station initially developing the Hip Hop for HIV intervention, offering a free concert to attract black youth in exchange for a free screening test. The event drew 7,500 people, but organizers “quickly realized they needed more capability,” says McNeese. “They didn’t know how to provide care.” After the department got involved, it took the lessons learned from the first summer concert and applied them to the second year’s event. “We needed the ability to offer more types of testing and we needed more staff,” says McNeese.

In 2008 the department applied those lessons and added a 60-minute HIV/STD education class, while staff processed test results. The event was also smaller so that the department and its multiple sponsors (see following page) could successfully apply the first year’s lessons. When participants register, they consent to testing and get a confidential code, and volunteer staff from state and local health departments, hospitals, phlebotomy schools, and elsewhere collect and process specimens. Skilled youth facilitators conduct an hour-long education class while tests are processed. On site treatment also is available.

Of the 57,000 tests, administered since 2007, one in 193 people have tested positive for HIV, one in 48 have tested positive for gonorrhea, while one in nine have tested positive for chlamydia. Pre- and post-assessments have found significant positive changes in knowledge level and beliefs about the diseases. “We haven’t reached the point of saturation to see a decline in new incidence,” says McNeese, “[but] I’m hoping we’re at a tipping point.”

New challenges have arisen recently, it’s become harder to draw artists to do free stand-alone shows, and there has been a rise in HIV rates in Houston’s Latino community. “We’ve had to be more creative,” notes McNeese. In 2014, the city’s health department rebranded the effort, calling it Houston Hits Home in recognition of a new partner, the Houston Astros baseball team, and the department’s attempt to reach a broader population, especially the Latino community. “Baseball is pretty incentivizing,” McNeese says.

On July 26, 2014, thousands of Houston’s youth were provided free admission to the ballpark to see the Astros play the Miami Marlins. The game was followed immediately by a Jason Derulo concert. “We had a pretty good success,” says McNeese, who is busy planning the next event.

| 60% | annual percentage of new HIV cases in Houston that are concentrated among blacks |
| 1 IN 5 | number of people living with HIV in the metro area don’t know they have it |
| 73% | percentage of the nearly 23,000 Houstonians diagnosed with HIV who are receiving medical care |

Source: Houston Health Department
HOUSTON USES PARTNERSHIPS, EMERGENCY RESPONSE MODEL TO INCREASE HIV TESTING, AWARENESS

Houston Hits Home, the Houston Health Department-led effort to increase the testing for and knowledge of HIV and other STDs, is rooted in a vibrant collaboration of partners. The health department, the Houston Astros, KRBE-104.1, Planned Parenthood Gulf Coast, Memorial Hermann, and Harris County Public Health & Environmental Services are just a few of the entities that have rallied to implement a personalized HIV/STD prevention and intervention strategy and to standardize service delivery. “It’s only because of our partners that we are able to reach the numbers of people we do each year,” says Marlene McNeese, chief of the department’s Bureau of HIV/STD and Viral Hepatitis Prevention. The partnership approach grew out of the department’s efforts at teaming up with public schools and other entities during the emergency preparedness efforts in the face of Hurricanes Ike and Katrina a decade ago. “We took that experience in developing our Houston Hits Home model,” says McNeese.
359

NEW HIV DIAGNOSES

THE NUMBER OF HIV DIAGNOSES IN SAN FRANCISCO IN 2013, WHICH IS FEWER THAN HALF OF THOSE RECORDED IN 2002.

Source: San Francisco Department of Public Health
San Francisco is on a mission to be the first city in the nation to reduce HIV infection and HIV/AIDS deaths to zero. Yes, zero. To achieve that lofty goal, the San Francisco Department of Public Health and a broad-based coalition of more than 35 organizations launched the San Francisco Getting to Zero Consortium in 2014. The consortium set a short-term goal of reducing HIV infections and HIV/AIDS deaths by 90 percent by 2020.

From the very beginning of the HIV epidemic, San Francisco has been a leader in its response and in setting standards for prevention, care, and treatment. The city has a strong HIV surveillance system, plentiful testing services, syringe access programs, comprehensive care in the public and private sectors, and robust linkages between community organizations and scientists. To see where San Francisco is headed, it’s valuable to understand how far the city has come in combatting the epidemic.

“We would not be where we are without the leadership of the department of health,” says Jeff Sheehy, communications director of the AIDS Research Institute at the University of California, San Francisco (UCSF). The San Francisco Department of Public Health is the only health department with its own clinical trials unit, Bridge HIV, which has been working since the start of the epidemic to find innovative ways to fight HIV/AIDS. In 2011 the department refocused HIV prevention on increasing testing — resulting in more than doubling the number of HIV tests performed annually. About five years ago, the widely respected, health department-run San Francisco General Hospital (SFGH) was the nation’s first to recommend treatment for all persons living with HIV, and the department was the first in the nation to make the recommendation citywide, a policy that has since been adopted nationally.

Such efforts have helped to reduce the number of new HIV diagnoses in the city; for example, in 2013 there were 359 new diagnoses, fewer than half the number in 2002. HIV death rates have dropped by nearly half. The percentage of those with HIV who don’t know they have it has plunged by two thirds—from 18 percent to 6 percent. Nine of 10 patients are linked to medical care within 90 days of their diagnosis, while about 65 percent of all HIV-infected patients in San Francisco have achieved undetectable viral loads with antiretroviral therapy.

Source: San Francisco Department of Public Health
percent of all HIV-infected residents have achieved undetectable viral loads with antiretroviral therapy, according to the health department. Patients who have undetectable virus levels are 96 percent less likely to transmit HIV to their uninfected partners.

Still, to achieve the UNAIDS vision of “Zero new HIV infections, Zero HIV deaths and Zero HIV Stigma,” more needed to be done. That message came during a citywide gathering on World AIDS Day 2013, where a variety of stakeholders said even more could be done if efforts were better integrated with community partners. The city listened. “The community has changed this epidemic from the start,” says Susan Buchbinder, director of the department’s Bridge HIV, Population Health Division, and Getting to Zero represents a “renewed effort” to battle HIV/AIDS in the city. “This really is a collective effort; there is no one entity in charge or owning it,” says Buchbinder, adding that a steering committee representing multiple institutions helps guide the work.

“Stigma still is a really important issue,” says Buchbinder. Nationally, HIV diagnoses are increasing among those aged 25 to 29, and the highest rate of new infections is among African Americans and Latinos. “It’s an important reason why people don’t get tested, why they don’t get or stay in treatment,” says Buchbinder, adding, “it’s difficult to get the care you need when care is lower on your list of priorities than getting housing or food.”

An FDA-approved medication that reduces the risk of HIV by more than 90 percent is a new tool San Francisco’s Department of Public Health is using to help get the city’s HIV infections and HIV deaths to zero. Taken once daily, a new pre-exposure prophylaxis (PrEP), Truvada®, does not come without controversy. Some suggest Truvada can diminish the public health message of protected sex and could potentially lead to an increase in sexually transmitted diseases. “We think the community has embraced PrEP and we have demonstrated evidence” of its effectiveness, says Susan Buchbinder, director of the department’s Bridge HIV, Population Health Division. The city is expanding its PrEP studies and access to the medication. In doing so, it is training primary care providers to offer PrEP to at-risk patients, creating systems to link at-risk persons to prevention services, helping patients obtain PrEP cost coverage, providing information about PrEP, and monitoring the its impact.

THE PERCENTAGE OF SAN FRANCISCANS WITH HIV WHO DIDN’T KNOW THEY HAD THE DISEASE PLUNGED FROM 18% IN 2002 TO 6% IN 2013 – A DECREASE OF TWO-THIRDS.

Source: San Francisco Department of Public Health
In order to get to zero, the effort has taken on three elements. “Focusing just on prevention or just on treatment will never be enough,” notes Buchbinder. The three-pronged Getting to Zero effort aims to reduce the number of new HIV infections, cut HIV transmission, and preserve health via early treatment and care retention. The initiative includes:

- **PREP EXPANSION:** Pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of HIV infection by more than 90 percent among individuals who are considered high risk. The use of anti-HIV medications by HIV-negative individuals to prevent infection is a fairly new, promising prevention method, and the department is expanding its ongoing studies of — and access to — a medication called Truvada®, which is U.S. Food and Drug Administration approved and recommended by the CDC.

- **RAPID ART:** Early diagnosis and treatment of HIV prevents further transmission during the highest-risk period: when a newly infected person is most contagious but unaware of their infection. So the Getting to Zero Consortium is expanding the SFGH/UCSF-based Rapid ART Program Initiative for HIV Diagnosis, which aims to facilitate the start of antiretroviral therapy (ART) and counseling the same day someone is diagnosed with HIV, as well as help transition clients to sustainable long-term HIV care.

- **RETENTION IN HIV CARE:** Consistent, reliable medical care is critical in Getting to Zero. People with lower incomes, individuals with mental health or substance abuse, and other vulnerable populations face more acute challenges in receiving consistent care. The consortium is convening HIV providers, service organizations, community advocates, and government to identify gaps and coordinate new outreach and retention strategies to keep people in HIV care.

“With one of the highest prevalence levels, San Francisco is dramatically reducing community viral load, and thus incidence,” says Jeff Levi, executive director of the Trust for America’s Health, a non partisan public health nonprofit. The city “has fully embraced PrEP. They are the model for making HIV a winnable battle.”
6.3% decrease

The percent reduction in Philadelphia childhood obesity rates between the 2006/07 and 2012/13 school years.

Source: The Philadelphia Department of Public Health
The Philadelphia Department of Public Health’s persistent, multi-pronged population health approach to get residents of one of America’s poorest big cities to live healthier is getting some eye-catching results, particularly among the city’s youth. A 24 percent drop in kids’ intake of soda, along with healthier eating and increased physical activity, has helped drive a 6.3 percent reduction in childhood obesity rates.

What really sets Philadelphia apart from other cities: the larger reductions in obesity among kids of color, which have been tougher for other jurisdictions to achieve. The City of Brotherly Love (and Sisterly Affection), for example, saw the largest drops among Asian and African American boys — 18.8 percent and 11.3 percent, respectively — between the 2006/07 and 2012/13 school years. This is even more compelling when compared with national numbers, where there was no change in obesity prevalence between 2007 and 2012 (according to the NHANES).

The achievements have come as part of the health department-led Get Healthy Philly initiative, an innovative and collaborative public health approach that brings together government agencies, community-based organizations, academic institutions and the private sector to lower obesity and smoking rates in the Philadelphia area. (Smoking rates have dropped 18% among adults and 30% among youth since 2007).

With the 2010 Get Healthy Philly launch, officials wanted to revitalize environments to make it easier to engage in healthy habits. The poorest of America’s 10 largest cities, Philadelphia for too long provided many residents with an overabundance of unhealthy choices: children could buy almost 350 calories of candy, chips or soda for about one dollar at more than 1,500 corner stores in the city; city schools had minimal physical education requirements; and safe recreation places were a rarity. As a result, some 1,600 Philadelphians died each year as a result of poor diet and physical inactivity, with obesity adding $750 million annually to health care costs in the city.

Key activities that primed the pump for Get Healthy Philly included a “universal feeding” initiative in the 1990s that provided greater access to free and low-cost school meals to students in schools with high levels of poverty;
THE BENEFITS OF COLLABORATION

The Food Trust works across the nation to ensure that everyone has access to affordable, nutritious food and information to make healthy decisions. But “Philly is special,” notes Food Trust Executive Director Yael Lehmann. “There are some special things happening there, especially around food and food access.” Of the 100+ organizations working with Get Healthy Philly, The Food Trust is a particularly special partner. It has led efforts to get more than one-third of the city’s corner stores to offer healthier food options, even offering cooking demonstrations in neighborhood bodegas; worked to bring 18 supermarkets and grocers to the city’s food deserts; and helped to make Philadelphia a vibrant city for farmers’ markets. “There are very smart and innovative people in Philadelphia’s Department of Public Health.”

Through Get Healthy Philly, city health officials fostered health-promoting environments for all city residents. By building on earlier achievements, the initiative has:

• **SEEN NUTRITIONAL-RELATED SUCCESSES:** 13 new farmers’ markets opened in low-income communities, which helped increase an innovative SNAP (food stamp) redemption at farmers’ markets by 335 percent; 650 corner stores today sell healthy items such as produce, water, and low-fat dairy; 200 Chinese take-out restaurants are reducing the sodium content of popular dishes by 20 to 30 percent; and school officials removed junk food from classrooms and school stores.

a large-scale, school-based nutrition education program begun in 1999; and a comprehensive school wellness policy in 2006 that removed soda from vending machines and set nutrition standards for all foods served in cafeterias. These were supplemented by city-wide policy changes, such as the 2007 trans-fat ban and 2008 menu labeling law. “These were important successes, but we needed to do more,” says Giridhar Mallya, MD, MSHP, the department’s former director of policy and planning. “We wanted to give Philadelphians the opportunity to be healthy where they live, learn, work, and play.”

Through Get Healthy Philly, city health officials fostered health-promoting environments for all city residents. By
• **ADOPTED PHYSICAL ACTIVITY INFRASTRUCTURE AND POLICIES:** 9.7 miles of conventional bicycle lanes, 6.7 miles of new buffered bike lanes, 2.0 miles of green bicycle lanes and 8.9 miles of "sharrrows" (shared bicycle lanes) installed; and Wellness Councils in 171 public schools serving 100,000 students have incorporated physical activity into the school day.

• **LED TO POLICY CHANGE:** healthy living and health impact assessments are integrated into Philadelphia 2035, the city's new comprehensive plan, and into five district plans; Mayoral executive order establishing nutrition standards for all 22 million meals and snacks purchased and served by city agencies passed; and

• **LAUNCHED MASS MEDIA EFFORTS:** campaigns have been implemented to focus on reducing sugary drink and sodium consumption.

To make Get Healthy Philly truly effective, “we needed to have interventions in several settings,” says Mallya. “This required partnerships across government and with the private sector.” The effort works on many levels, including a big emphasis on media and public awareness, policy changes from healthy vending standards to removing barriers in the operations of the city’s robust farmers’ markets, and youth-based initiatives that include offering free, healthy meals in summer and after-school programs. Public health officials also work with retailers and manufacturers to improve healthy eating options: collaborate with city planners to make walking- and biking-friendly improvements, and work with employers, insurers and health care providers on ways to control hypertension and diabetes.

“The results are awesome,” notes Yael Lehmann, executive director of The Food Trust, one of the many Get Healthy Philly partners. The success lies in the effort’s focus “to remove as many barriers as possible, while looking at the larger context.”

While Philadelphia public health officials have made substantial progress, Mallya knows there is a long way to go to make healthy lifestyles the easy option for residents. While the city has seen drops in youth obesity rates overall and among some racial/ethnic minority groups, reductions among girls have been more limited, particularly among Hispanic girls. Already, city officials are partnering with key organizations to develop initiatives and gather insight on how better to reach these groups.
EMBARGOED UNTIL WEDNESDAY, NOVEMBER 18 AT 12 NOON EST

OBESITY RATES AMONG SOUTHERN NEVADA ADULTS HAVE DECREASED FROM 31.3% IN 2008 TO 25.8% IN 2012

5.5 POINT DECREASE

Source: Southern Nevada Health District
GETTING PHYSICALLY ACTIVE AND CUTTING CALORIES VIA MOBILE APPS, SOCIAL MEDIA AND TECHNOLOGY

The Southern Nevada Health District (SNHD), which serves 2.1 million residents of Clark County and more than 40 million visitors annually to Las Vegas, has added new, innovative strategies to the Office of Chronic Disease Prevention and Health Promotion’s “Get Healthy Clark County” campaign in the form of mobile applications. The apps — one focused on finding walking, biking, and other trails throughout southern Nevada; and another that lets the public calculate the amount of sugar in soda, juices, and energy drinks — are among the most recent free, consumer-friendly tools that many public health departments are employing to make their campaigns not only more effective, and but also increasingly resonate with the public.

“The SNHD is fortunate to have an innovative Information Technology Services program that collaborates across SNHD to create these popular apps,” says Cassius Lockett, director of community health for the district. This mutual relationship launched the Neon to Nature app in late 2014, which allows users to find and customize routes across 1,000 miles of walking, hiking, biking and equestrian trails.

“The Neon to Nature app has been well received by the community,” says Lockett. The app has been downloaded nearly 3,600 times. “I love this app,” notes resident Laura Fucci in a user review. “It takes me quickly to trails close to me so I can plan a walk or ride. Very convenient.”

The department also released its Sugar Savvy app in 2014 to support and expand its annual summer campaign, called “Soda Free Summer,” to get school-age children and their families to reduce their intake of sugar. The Soda Free Summer campaign and other efforts have helped to reduce sugary drink intake among Clark County adolescents from 23.3 percent in 2007 to 15 percent in 2013. Officials believe the new app, which has been downloaded nearly 200 times already, will help further reduce sugar intake among residents. In early
2015, the department also released an app that allows Nevadans to see the letter grades resulting from health department inspections of 14,500 restaurants. Within six months, more than 3,000 people have downloaded the app.

“In the next five years, most companies, including public health organizations, will have to invest moderately in information technology,” says Lockett. “The use of mobile technology and open data portals is driving public innovation and encouraging essential collaboration with public partner agencies and the private sector to develop mobile apps to promote and protect public health. While public health agencies have developed many free mobile apps, increasingly they’ll have to be prepared to improve apps and measure their scientific effectiveness. Continuous improvement and application evaluation of technologies therefore must be indispensable components of all future public health mobile app development.”

To be sure, public health departments nationwide are introducing apps — as the CDC has recognized their value, and now offers several to consumers and health care clinicians — as complements to brochures, television ads and other traditional public outreach efforts. According to the Pew Research Center, nearly two-thirds of Americans owned a smartphone as of late 2014. Further, more than 60 percent of smartphone users have looked for health-related information on their smartphones — more than for any other reason.

Apps not only allow public health officials to get messages and helpful information to the community and subpopulations, but mobile technology can track analytics about how the apps are being used and provide insight for developers to enhance the experience for users. In the future, the technology may also provide metrics for public health officials to use for planning and evaluation activities. And the department continues to look at expanding its stable of apps. “Currently in development at SNHD are the Walk Around Nevada and Nutrition Challenge program app, and we are in the early stages of exploring resources to produce or adopt an existing salt intake app in the future,” says Lockett. Clark County has seen hypertension prevalence jump in the last decade, from less than a quarter of area adults in 2003 to nearly one third in 2013.
LAS VEGAS (CLARK COUNTY) ISN’T THE ONLY BIG CITY HEALTH DEPARTMENT DEVELOPING APPS. OTHERS INCLUDE:

• New York City’s Department of Health and Mental Hygiene. NYC Health smartphone apps are connecting residents to services and information from their mobile devices at no cost, from ABCEats, which gives New Yorkers and visitors instant access to health inspection grades of city restaurants; to CalCutter, which estimates the number of calories for submitted food recipes; to NYC Condom, which finds free condom distribution locations; and Teens in NYC, which discreetly links young people with nearby sexual health services.

• San Francisco and Los Angeles are among several cities that have teamed up with Yelp, the web-based platform that connects people with local businesses, to post city health officials’ restaurant inspections reports and letter grades. The partnership to get restaurant grades into the hands of consumers is among the latest efforts to reduce incidents of foodborne illness, which sickens more than an estimated 48 million people a year, according to CDC estimates. Meanwhile, Chicago health officials have turned to social media, information technology, and smart computing to quickly identify foodborne illness and to squelch potential food-poisoning outbreaks through Foodborne Chicago, a website allowing residents to report cases of food poisoning. City officials monitor social media to invite those who discuss issues of food poisoning to lodge a complaint on the website.

• Santa Clara County (San Jose and its immediate surroundings) Vector Control District’s SCCVECTOR mobile app lets residents report problems and get help dealing with possible disease-causing vectors from mosquitoes, rats, fleas, mites, wildlife, and other animals.
THE INCIDENCE OF TYPE 2 DIABETES HAS DOUBLED TO NEARLY 12 PERCENT IN RECENT YEARS IN FULTON COUNTY, GEORGIA.

Source: Fulton County Department of Health & Wellness
A COLLECTIVE IMPACT GAINS TRACTION IN ATLANTA (FULTON COUNTY)

Seeing the incidence of Type 2 diabetes double to nearly 12 percent in recent years, Fulton County, Georgia health officials are targeting elementary school-aged children to stem the tide. They are hoping to reach 20,000 students in the Atlanta area within the first year of a focused effort officials say is essential to turning off the faucet on a fast-expanding epidemic.

“Unless we turn the tap off, we can’t reduce the prevalence,” says Nazeera Dawood, deputy chief of staff for operations, at the Department of Health and Wellness. The focus is unique. “We didn’t see anyone focused on the prevention of the future cases of diabetes among youth specifically,” she says, although there are other, more general efforts underway to address obesity and diabetes. Diabetes prevention is sometimes included in broader anti-obesity campaigns or similar efforts, but the health risks of diabetes are often overshadowed. Fulton County officials wanted to zero in on changing habits among the youngest of school-aged children to best impact prevalence.

What makes Fulton County’s approach unique is that the effort is a non-budgeted model that pulls disparate community players together for a common purpose, with public health officials facilitating rather than leading the effort. To be sure, an effort that prides itself on lacking a hierarchical structure and that relies on bringing together committed-yet-busy stakeholders — ultimately requesting them to pony up resources — has a high risk for failure. Fulton County is far from achieving tangible results, but stakeholders are planning a pilot for late 2015.

But don’t bet against Fulton County or Dawood, who has started six similar coalitions focused on managing asthma, diabetes, heart health, and other health challenges. The asthma coalition, for example, connected the health department’s preventive services with the clinical services at a major metropolitan community hospital to reduce asthma emergency room visits by 90 percent and school absenteeism by 92 percent, according to Dawood.

“The seeds were planted and now they need to be watered to produce fruit, or long-term outcomes,” says Dawood of the six very functional coalitions. The approach Fulton County health officials are taking — tapping and organizing
local partners and resources, often doing so with no or very limited budgets, and being comfortable giving up the reins — is one other public health departments would like to emulate.

“A lot of us in the community touch diabetes in some way, and what’s tragic is we don’t talk to one another,” says Lucienne Ide, CEO of Rimidi, an Atlanta company developing chronic illness management solutions. That’s before Dawood pulled together Rimidi and a dozen other key team members, including Emory University’s business school, Georgia Public Broadcasting, and an urban and community design firm. “We won’t move the needle dramatically if we don’t work together,” says Ide.

In starting the coalitions, Dawood uses the Collective Impact Model, which focuses on getting the commitment of a group of stakeholders from different sectors to a common agenda for solving a specific social problem, and doing so by using a structured form of collaboration. “I already knew the power for collective impact,” says Karl Smith, program manager at the Georgia Campaign for Adolescent Power & Potential, a nonprofit working to improve the overall health and well-being of young people by focusing on teen pregnancy prevention, physical activity and nutrition, and healthy relationships. “I was onboard on day one.”

In order for the team to meet its mission to reduce the prevalence of Type 2 diabetes among Fulton County children through education, policies, systems, and environmental changes, assessors from the Rollins School of Public Health at Emory University recommended that efforts be focused on improving connections with schools and after-school providers to, among other things:

- Develop hands-on and interactive lessons and activities, and use technology when available;
- Promote a curriculum infusion approach to health education;
- Involve parents via PTAs, providing children with take-home material to engage families, and have parents run school gardens and bring in fresh fruit to school regularly; and
- Ban food as a reward in schools and make school lunches more nutritious and appealing.

Under Dawood’s initial guidance, different stakeholders are onboard that can advance the strategies and goals toward achieving the team’s mission. For example, Emory’s Goizueta Business School is developing the measures to track kids’ eating habits, soda consumption, and other health-related behaviors to guide the effort’s success, while Rimidi is developing technology, such as gamification and social media, to engage young students in the diabetes prevention effort. Smith’s organization can contribute 90% DECREASE IN ER VISITS

Asthma coalitions in Fulton County, GA have reduced asthma emergency room visits by 90 percent and school absenteeism by 92 percent.

Source: Fulton County Department of Health & Wellness
programming around healthy eating, cooking demonstrations, and physical activity programs that it already sponsors for a range of community-based organizations in the county.

“This is not a government intervention, it’s a team intervention,” says Dawood, who also has told each partnering organization to put up seed money to support the coalition’s ongoing efforts. “Everything is there. Every ingredient is in a different room, and you want to create a tasty dish so you’ve got to bring it together.”

“There are a lot of people in the community across sectors... who really care about the community in the same way public health officials do,” says Ide, adding that Dawood knows how to bring the parties together, leverage commitments and resources, and then set an environment where the public health officials step back and let stakeholders collaboratively run efforts to achieve improvements. “Nazeera is a force because she’s decided to do the right things despite all the bureaucracy in the way, and she saw a gap in how diabetes is being addressed in the community and wanted to fix that.”

“The biggest lesson here is county government and non-profits and for profits can work together for a common goal and as a result, good things can get done.”

— Karl Smith, program manager at the Georgia Campaign for Adolescent Power and Potential
“About 80 percent of New York City smokers started before the age of 21.”

— Kevin Schroth, Senior Legal Counsel in the Department’s Bureau of Chronic Disease Prevention and Tobacco Control.
PREVENTING THE HABIT ANCHORS THE BIG APPLE’S TOBACCO 21 AND MINIMUM PRICE LAWS

Seeing youth smoking rates stall at 8.2 percent in 2013 after slashing them by half in the early 2000s, New York City took big steps in 2015 to regain the upper hand in fighting tobacco use. The Big Apple boosted the minimum sales age for tobacco products from 18 to 21—the first big city to do so—and raised the minimum sales price on cigarettes and little cigars to $10.50 a pack throughout the five boroughs.

In the spring of 2015, department officials said it was too soon to see any impact of the changes, but data from elsewhere provides reassurance. A 21-minimum-age effort in Needham, Massachusetts, for example, cut youth smoking rates more than 50 percent between 2006 and 2012.

The Institute of Medicine projected in its March 2015 report, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, that if the rest of the nation followed New York City’s lead and raised the minimum legal age to 21, there would be a 12 percent decrease in the number of smokers by the time today’s teenagers are adults. In other words, “there would be approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019,” the IOM estimated. xiv

The Tobacco 21 law prohibits retailers from selling cigarettes, cigars, chewing tobacco, powdered tobacco, other tobacco products, and electronic cigarettes to customers under age 21. At the same time, the city approved a “sensible tobacco enforcement law,” says Schroth. Along with establishing

MORE THAN 100,000 YOUNG ADULTS (AGES 18-24) IN NEW YORK CITY SMOKE, ALONG WITH AN ADDITIONAL 21,000 PUBLIC HIGH SCHOOL STUDENTS.

Source: New York City Department of Health & Mental Hygiene
a price floor on cigarettes and small cigars, the law includes provisions to deter “unintended consequences of having high prices,” such as the practice of shifting to use tobacco products that are less expensive than cigarettes or dual-use cigarettes and other tobacco products. The law also:

- Sets a flat minimum price of $10.50 on packs of cigarettes and requires changes in packaging of little cigars (which have to be sold in packs of at least 20 and for at least $10.50 per pack) and cigars (which have to be sold in a pack of four, among other changes);

- Prohibits city retailers from redeeming manufacturers’ coupons, multi-pack deals, buy-one-get-one bargains or any other price-reduction promotions, as well as giving away or discounting lighters and other tobacco-related swag;

- Clamps down on cigarette tax evasion in several ways, including by increasing the monetary amount of individual penalties and by decreasing the number of penalties that can result in the suspension or revocation of a license to sell cigarettes; and

- Requires the clear posting of an age-restriction sign and a tax stamp sign by retailers.

Schroth says that while nearly half the states have minimum-price laws for tobacco, they were designed to prevent unfair competition—not to promote public health. As a result, those laws involve complex pricing and mark-up schemes, making them less effective than New York City’s “flat and easy” law. Another benefit of the price floor: Schroth says “it alerts people to the black market,” which can lower the price of cigarettes for youth—undermining the deterrent of higher prices—and robs the city of tax revenue to the tune of more than $500 million annually.

The department continues to use the tobacco control playbook — which highlights the use of high taxes, legal authority and actions, cessation programs, education, and evaluation — introduced by then Mayor Michael Bloomberg and Thomas Frieden, the city’s former health commissioner and current director of the U.S. Centers for Disease Control and Prevention. “Tobacco control had a real strong evidence base,” notes Elizabeth Kilgore, the bureau’s communications director. “Starting in 2002,” she continues, “we had a very supportive Michael Bloomberg, who was a game changer in tobacco control.” Along with vibrant collaborations with community partners and flexibility given to the department, the city’s innovative approach to tobacco lives on.

If the rest of the nation followed New York City’s lead and raised the minimum legal smoking age to 21, by the time today’s teenagers are adults, there would be:

- A 12 PERCENT DECREASE IN SMOKERS
- 223,000 FEWER PREMATURE DEATHS
- 50,000 FEWER DEATHS FROM LUNG CANCER
- 4.2 MILLION FEWER YEARS OF LIFE LOST FOR THOSE BORN BETWEEN 2000 AND 2019

Source: The Institute of Medicine
Mass Media Wields Might in Tobacco Control

New York City residents and visitors may be familiar with Ronaldo Martinez, aka the man with the hole in his throat, from the powerful anti-smoking public service announcements run on television by the city’s Department of Health and Mental Hygiene. Produced in Massachusetts, the ads ran in the mid-2000s, building what became the department’s decade-long mass media campaign to show the impact of smoking. Ads show Martinez, who had his larynx removed and talks via an artificial voice box, cleaning the hole in his throat, showering, and showing the effects of his smoking. “We had never seen our call volume to 311, our general information line, for quit smoking assistance go up like we did then,” says Elizabeth Kilgore, the Bureau of Chronic Disease Prevention and Tobacco Control communications director. Since 2006 the department has rolled out four or five different media campaigns a year. “We have a lot of ads that range from the graphic to the emotionally provocative,” she says. The mass media effort became a staple at the department when evidence emerged from Australia and Massachusetts in the mid-2000s on the efficacy of campaigns that aggressively show the health effects of smoking.

In the spring of 2015, Santa Clara County raised the legal age to purchase tobacco products from 18 to 21 years old, though this law only applies to unincorporated areas of the county, not the cities, such as San Jose. As of August 2015, more than 90 cities – and one state (Hawaii) – have passed Tobacco 21 laws.
In the wake of the Great Recession, Washington State's tobacco cessation dollars were slashed from $29 million a year in 2008 to less than $1 million in 2014.

Source: Public Health – Seattle & King County
EARLY E-CIGARETTE BAN REIGNITED

SEATTLE-KING COUNTY’S EFFORT TO

SNUFF OUT TOBACCO SMOKING

In 2010, when electronic cigarettes were little more than novelties, King County, home to Seattle, restricted their sale and use, along with nicotine electronic juices and other unapproved nicotine delivery devices. In doing so, Seattle became the first big-city to: (1) prohibit the sale of e-smoking devices to those under 18; and (2) ban the devices in restaurants and other public places and workplaces, mirroring tobacco smoking restrictions already in place.

The ban aims to protect youth from nicotine addiction and preserves county public spaces as smoke-free zones. Use of e-cigarettes is slightly lower among middle and high school students in King County versus the rest of the state. Just as important, the e-cigarette ban represented something even bigger for Seattle public health officials: it jump-started a moribund effort to reduce tobacco use in the county.

After seeing smoking rates get cut in half over the decade ending in 2007, officials at the Seattle & King County public health department watched smoking rates flatten for several years. State tobacco funding shriveled from about $29 million a year in 2008 to less than $1 million in 2014. Turning to grants to help fill the void, officials feared they may be rejected, as smoking rates in King County were among the lowest in the nation — only 10 percent of adults smoked.

“A closer examination of the data revealed that King County had the most extreme smoking disparities of the 15 largest metropolitan counties in the country,” says Scott Neal, tobacco prevention program manager at the county health department. The smoking rate for black adults in the county — more than one in five smoked — was double that of whites, while King County adults in low-income households were three times more likely to smoke than were high-income adults. Nearly 20 percent of lesbian, gay, bisexual, or transgender adults were smokers. And by 2010 smoking among local youth became common, with one in four 12th graders using cigarettes or other tobacco products.

While the e-cigarette ban potentially could have a spillover effect on tobacco rates, local health officials won several grants in a strategy to address smoking among vulnerable populations. Grants from the Centers for Disease Control and Prevention’s (CDC) Communities
Putting Prevention to Work, a national initiative to prevent chronic disease and promote health through policy, systems, and environment changes, allowed county health officials to collaborate with others to snuff out smoking. As a result, health officials have:

• Seen all local housing authorities and many low income housing providers implement smoke-free policies, creating nearly 14,000 smoke-free units. Now officials are looking to expand smoke-free policies to market-rate housing complexes. “Any exposure to second hand smoke is bad,” says Neal, adding that most high-end apartment operators already ban smoking. But for any smoke-free policy to work, Neal says, tobacco users need access to cessation programs. To that end, officials are working with local health plans to standardize cessation benefits.

• Made inroads integrating tobacco treatment in publicly funded mental health and substance abuse agencies. Forty-seven provider agencies, representing more than 100 publicly funded treatment sites in King County, have implemented tobacco screening and treatment policies. Nearly all provider agencies have tobacco-free campus policies.

People who have a mental health and/or substance abuse disorder use tobacco up to four times more than the general population, so making inroads among provider agencies is crucial.

• Taken other steps to target smoking among youth and young adults, including leading the effort to get the county and 13 area cities to adopt tobacco-free parks’ policies. Health officials also are working with the many college, university, and technical campuses in King County to adopt tobacco-related policies. Currently, about half have some policy in place. As 95 percent of smokers start before age 25, and as the tobacco industry targets this age group, Neal says that de-normalizing smoking on campus is essential in preventing future tobacco-related death and disease. While health officials continue to target the root of some of the county’s smoking-related disparities, Neal says it’s also time to step up efforts on e-cigarettes, as their overall use has jumped both locally and nationally. For example, the CDC reports e-cigarette use tripled among youth between 2013 and 2014. As of spring 2015, the Obama administration had not finalized e-cigarette restrictions.
Seattle-area businesses were concerned in 2010 when suddenly people—particularly youth—seemingly lit up both inside and outside stores, snubbing a well-respected ban on public and workplace smoking. “We got a lot of complaints,” recalls Scott Neal, tobacco prevention program manager at Public Health - Seattle & King County. As it turned out, e-cigarettes were becoming a trend. For example, e-cigarette use now eclipses tobacco use by youth, according to the CDC. But e-cigarettes did not fall under public smoking bans, and Seattle businesses wanted local health officials to take the lead. “We knew e-cigarettes were addictive because of their nicotine,” says Neal. Will they transition young users to tobacco? “We don’t know, but that’s a concern,” he notes. Between e-cigarettes’ nicotine content and that, “kids were being able to buy these things pretty easily,” Neal says. Department officials worked with the King County Board of Health on the ban on electronic smoking devices and unapproved nicotine delivery products, which the Board unanimously passed in 2010.

Because of the dramatic increases in e-cigarette use among youth, the health department is looking into potential strategies that will reduce youth access and use of these addictive products. Now that recreational marijuana is legal in Washington, the health department also is considering how this impacts the use of tobacco and e-cigarettes. “Many e-cigarettes can now be refilled with liquid marijuana so it’s difficult to tell exactly what people may be vaping in their e-cigarettes and that adds a layer of complexity to the situation,” says Neal.

Several other BCHC jurisdictions have also passed laws to regulate e-cigarettes, including: Boston, Chicago, Los Angeles, Minneapolis, New York, Philadelphia, Sacramento and San Francisco.
Having supportive leadership is essential and has been key to our success... Overall, our big picture is that violence is a preventable outcome.

— Sasha Cohen, Youth Violence Prevention Coordinator at the Minneapolis Health Department.
Violence, particularly among youth, is an epidemic in American cities. Youth violence is the leading cause of injury and death for people aged 10-24 years old and in many of the country’s largest jurisdictions, homicides and violent crime rose significantly in the first half of 2015. Meanwhile, the Attorney General’s National Task Force on Children Exposed to Violence reports that 46 million of the nation’s 76 million children - roughly 60 percent - are exposed each year to violence, crime, and abuse. The result: the nation pays a high price in lives, money, and in lost potential.

Those who experience repeated exposure to violence can begin to process those experiences as something that is part of normal social life. Consistent exposure to violence at home or in the community can become desensitizing to individuals. Violence makes it hard to feel safe, leading to anxiety, depression, less physical activity in communities, and social isolation.

Many cities look to law enforcement-driven policies to stem violence, but in recent years more and more cities have taken a public health approach to violence. Boston, Kansas City, and Minneapolis are among those showing that when violence — and its root causes — is addressed as a contagious disease, significant progress can be made in reducing and preventing it.
TRAUMA AWARENESS HELPS BOSTON REDUCE THE COMMUNITY IMPACT OF VIOLENCE

In Boston, where violence is the leading cause of death among black and Latino children, and nearly 50 percent of high school students report knowing someone who has been shot or killed, the Boston Public Health Commission (BPHC) has been working hand in hand with the police department and other city agencies to address and prevent youth violence. Its Division of Violence Prevention has invested in strategies that prevent violence through skill development for children and youth, training and capacity building among providers, effective service delivery to individuals who have experienced violence, and resident leadership.

In 2012 BPHC received a grant from the Department of Justice’s Defending Childhood Initiative, to take a trauma-informed approach to violence prevention. The extra resources helped the city develop and test practical, sustainable strategies for implementing trauma-informed practices in six early care and education centers. The trauma-informed practices, policies and environments were deemed a success by evaluators. Using grant funds, officials developed tools to make it easier to teach and learn about trauma, and initiated a 3-day training institute that has reached thousands of health care providers, teachers, parents, and others. Similarly, BPHC programming also includes a network of eight community health centers with specially trained staff who lead activities in the neighborhoods with the highest rates of violence. Staff provide trauma response and recovery services to affected residents and lead prevention-oriented events through the health center. The focus: provide specialized support to residents and give them the skills and resources they need to recover from a violent incident.

BPHC has undertaken a number of other activities to help stem the tide of violence and address those impacted by events, including:

- Building out services for survivors of violence to ensure that they get needed support to recover from such an event. This includes partnering with Boston Medical Center, the city’s primary Level 1 trauma center, to implement a case management program for survivors of shootings and stabbings and their family members.
Violence

Winnable Battles Case Studies — Boston, Kansas City and Minneapolis

Boston is beginning to see evidence that this multisector approach to violence prevention is having an effect. Rates for nonfatal assault-related gunshots/stabbing emergency department visits have fallen since 2008, and, importantly, rates for black and Latino residents also decreased from 2008-2012. And, from 2011 through the end of 2014 homicide rates have decreased by 16%, and overall violent crime has decreased by 9%.

• Working with the Boston Police Department to identify and provide services for the 300 young men identified as being at high risk of being a victim or perpetrator of gun violence. This initiative— Partners Advancing Communities Together (PACT) — is a multidisciplinary, comprehensive service delivery strategy targeted at high-risk youth. Partners work together to connect youth to long-term, meaningful relationships with trusted adults and to education and employment services. A 2014 evaluation found that “a dollar invested in Boston’s PACT program could be expected to gain a savings of nearly $7.40 in crime-related cost savings.”
MINNEAPOLIS: TAKING ON YOUTH VIOLENCE

From 2002 to 2011, homicide was the leading cause of death among Minneapolis residents, aged 15 to 24, accounting for 39 percent of deaths in this age group.\textsuperscript{iii} Nationally, homicide was the third-leading cause of death for this age group during that time.\textsuperscript{liv}

In 2008 Minneapolis implemented a multi-faceted, multi-sector plan, called Blueprint for Action: Preventing Youth Violence. The Blueprint takes a population-based, public health approach to violence, treating it as an epidemic, like tuberculosis or polio. The public health approach promotes strategies that reduce the factors that put people at risk of experiencing violence and that increase the factors that protect or buffer people from risk.

Multiple efforts involving nearly 80 Minneapolis agencies and organizations have achieved impressive results:

- In 2013 and 2014 combined, two children under age 18 were homicide victims in Minneapolis, whereas a total of nine died by homicide in 2006;\textsuperscript{lv}
- From 2006 to 2012, violent crime among youth (under 18) in the city fell 57 percent, incidents with guns among youth dropped 67 percent, youth homicides decreased 60 percent and youth gun-related assault injuries decreased 62 percent.\textsuperscript{lvi}
- For youth age 24 and under, homicides dropped almost by half, from 25 in 2006 to 13 in 2013.\textsuperscript{lvii}

“Overall, our big picture is that violence is a preventable outcome,” says Sasha Cohen, youth violence prevention coordinator at the Minneapolis Health Department. The Blueprint’s collaborative approach brings local government, schools, juvenile corrections, nonprofits, and philanthropy organizations together to identify problems, design solutions, set goals, and measure results. “That’s the strength of our program: we bring partners together. We can’t police ourselves out of a youth violence problem,” says Cohen.

Every other Monday, a core group of the Blueprint partners meets to gather intelligence and ensure that the city and involved partners are working toward common goals of reducing youth violence. Tweaks are made when needed. The initiative boasts an array of innovative efforts to tamp down violence, including the Juvenile Supervision Center (JSC).

\textbf{FROM 2006 TO 2012, VIOLENT CRIME AMONG MINNEAPOLIS YOUTH FELL 57 PERCENT.}

Source: Minneapolis Health Department
The JSC provides supervision and referral services to youths aged 10-17 picked up by police officers in Hennepin County for truancy, curfew and minor offenses that do not warrant admission to the Hennepin County Juvenile Detention Center. Open around the clock, the JSC attempts to assess and address juvenile delinquency risk factors, while reconnecting kids with their families. The JSC provides a range of services—from assisting with parental involvement, providing enriching activities and information on rights and responsibilities, and connecting kids and families to resources, case management services, housing and mental health counseling.

“We’ve seen great success with this program,” says Josh Peterson, youth intervention coordinator at the health department, adding that “80 percent of young people who show up don’t come back within the year.” That’s the point: Youth potentially heading down the wrong track get put back on the straight and narrow. In 2014, the JSC had visits from nearly 1,400 young people. Of those, nearly 500 participated in case management aftercare services. Among those receiving case management services, 83 percent decreased high-risk behavior, 88 percent did not re-enter the JSC within six months of case closure, and 86 percent increased school attendance by at least 5 percent, says Peterson.

**UPDATED IN 2013, MINNEAPOLIS’ BLUEPRINT SETS FORTH FIVE GOALS:**

1. **Foster violence-free social environments**
2. **Promote positive opportunities and connections to trusted adults for all youth**
3. **Intervene with youth and families at the first sign of risk**
4. **Restore youth who have gone down the wrong path**
5. **Protect children and youth from violence in the community**
Kansas City: It’s About Interpersonal Relationships

Kansas City officials began addressing violence as a contagious disease a decade ago. That’s when a city-appointed commission issued a report recommending that violence be treated as a public health issue, not from a traditional policing approach, in order to reduce the city’s consistently high annual homicide rates.

Homicides, aggravated assaults, and firearm assaults, were “happening at an epidemic level,” says Tracie McClendon-Cole, justice program manager and director of the Aim4Peace Violence Prevention Program at the Kansas City Health Department. Aim4Peace operates in the city’s neighborhoods with the highest rates of killings and shootings. Rather than believing violence is inevitable, Kansas City officials today see violence as an unacceptable learned behavior resulting from preventable and controllable factors, including family instability, poverty, domestic abuse, educational failure, and substance abuse.

Accordingly, officials have put in place a series of strategies to “cure” violence, especially retaliatory violence. Treating violence as an epidemic has gotten eye-catching results in the city. For example, Aim4Peace has seen a 70 percent reduction in the number of homicides between 2010 and 2014.

“Violence is definitely a public health issue,” notes McClendon-Cole, adding that the sections of the city with the highest violence rates also had some of the highest health disparities and inequities. “We began to see some patterns emerging,” she says. For example, retaliations and arguments were the main reasons for homicides and these were driven by firearms, particularly handguns.

Public health officials “know how to stop epidemics,” McClendon-Cole notes. Putting in place a public health-focused program that interrupted the transmission of violence, prevented it from spreading, and changed group norms was essential. City officials looked at the evidence and considered 50 different anti violence programs worldwide. One stood out: a Chicago-based effort that today is called Cure Violence, for both its potential to be replicable and its focus on cultivating interpersonal relationships.

Kansas City created Aim4Peace, which looks at violence as a learned behavior and sets out to rewire some of those learned behaviors by those who are most
prone to retaliate after a violent act. “We engage people in the community who are at the highest risk of the disease spreading,” says Rashid Junaid, the department’s violence prevention manager. “We try to interrupt that process.”

In the city’s East Patrol section, they use a proactive team of first responders who work to change the language, expectations, and responses to violence with those closest to the victims of a violent act in order to prevent retaliatory violence. Supported by a partnership involving schools, police, faith-based organizations, hospitals, and neighborhood and civic associations, the effort works to identify high-risk individuals (loved ones of those who have been the victim of violent crime, for example), interrupt the spread of retaliatory violence, change behaviors of victims and offenders, and reshape community norms around violent behavior.

To do so, the city sends “credible messengers,” respected individuals from the community, who can help calm individuals after violence erupts and broker peace in high-risk neighborhoods. The city has a core group of 25 outreach workers and violence interrupters to be called upon to intervene. Aim4Peace workers also are embedded in the Truman Medical Center’s trauma team. Program workers are notified as soon someone arrives with an intentional penetrating injury (i.e., a gun or knife wound) in order to work with victims and loved ones to mediate conflict and change expectations around retaliation. Aim4Peace is heavy on conflict resolution and mediation and does so via neighborhood outreach teams as well as the hospital outreach program.

Kansas City’s violence prevention program has broad support and is funded in part by a voter-approved “health levy.” A 2013 Office of Juvenile Justice and Delinquency Prevention grant is enabling the city to expand the program beyond the target area. In addition to reducing homicides by 75 percent in the target zone, the citywide homicide rate fell 28 percent between 2010 and 2014.\textsuperscript{30}