PREVENTION IS PRIMARY

Strategies for Community Well Being

SECOND EDITION



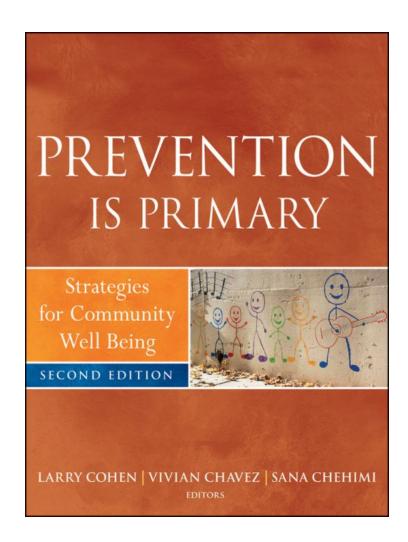


Table of Contents

<u>Title Page</u> <u>Copyright Page</u>

List of Tables
Table of Figures
Table of Exhibits

Dedication
Acknowledgments
Foreword
REFERENCES
THE CONTRIBUTORS
Introduction
REFERENCES

PART ONE - DEFINING THE ISSUES

Chapter 1 - The Imperative for Primary Prevention

MOVING UPSTREAM WITH PRIMARY PREVENTION
THE HISTORY OF EFFECTIVE PREVENTION EFFORTS
EXAMPLES AND CHALLENGES OF PRIMARY PREVENTION
THE CASE FOR PRIMARY PREVENTION
PUTTING PRIMARY PREVENTION INTO PRACTICE
CONCLUSION
DISCUSSION QUESTIONS
NOTE
REFERENCES

<u>Chapter 2 - Achieving Health Equity and Social Justice</u>

WHAT IS HEALTH EQUITY?

DETERMINANTS OF HEALTH DISPARITIES

ISSUES IN ADDRESSING RACIAL DISPARITIES

STRATEGIES TO REDUCE DISPARITIES

CONCEPTUAL FRAMEWORK

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 3 - Individual, Family, and Community Resilience</u>

RISK-BASED APPROACHES

THE GIFT OF RESILIENCE RESEARCH

RESILIENCE, YOUTH DEVELOPMENT, AND COMMUNITY

DEVELOPMENT

RECOGNIZING RESILIENCE IN COMMUNITIES

MAPPING COMMUNITY ASSETS

A FOCUS ON COMMUNITY RESILIENCE

A FRAMEWORK FOR RESILIENCE AND COMMUNITY AND

YOUTH DEVELOPMENT

YOUTH DEVELOPMENT, RESILIENCE, AND PRIMARY

PREVENTION

CREATING A RESILIENCE PERSPECTIVE

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

PART TWO - KEY ELEMENTS OF EFFECTIVE PREVENTION EFFORTS

<u>Chapter 4 - Community Organizing for Health and Social</u> <u>Justice</u>

	F	FΙ	N	IT		NS	Λ	N		TEI	RI	VΠ	N		10	16	Y
U		ГΙ	IN	11	IU	LVI	H	IV	ט		ПΙ	VΙΙ	IN	U	L	JU	

COMMUNITY

HISTORICAL CONTEXT

WOMEN'S HEALTH AND ORGANIZING

YOUTH ORGANIZING

CULTURE

THE WHEEL OF COMMUNITY ORGANIZING

ESSENTIAL QUALITIES

EMPOWERMENT

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 5 - Working Collaboratively to Advance Prevention</u>

ADVANTAGES OF COALITIONS

EIGHT STEPS TO BUILDING AND MAINTAINING AN

EFFECTIVE COALITION

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

Chapter 6 - The Power of Local Communities to Foster Policy

COMMON STAGES IN POLICY INITIATIVE DEVELOPMENT

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 7 - Using Media Advocacy to Influence Policy</u>

STEPS FOR DEVELOPING EFFECTIVE MEDIA ADVOCACY

CAMPAIGNS

TIPS AND TECHNIQUES FOR SUCCESSFUL MEDIA
ADVOCACY

OVERCOMING CHALLENG!	<u>ES IN MEDIA ADVOCACY</u>
EXPECTED OUTCOMES	
CONCLUSION	
DISCUSSION QUESTIONS	

REFERENCES

<u>Chapter 8 - The Impact of Corporate Practices on Health and</u> Health Policy

TRANS FATS, VIOXX, AND SPORT UTILITY VEHICLES
HOW CORPORATE PRACTICES INFLUENCE HEALTH
CORPORATE PRACTICES AND THE SOCIAL PRODUCTION
OF POPULATION HEALTH
BEYOND LIFESTYLE
A POLICY AGENDA FOR HEALTH-PROMOTING
CORPORATE PRACTICES
CONCLUSION
DISCUSSION QUESTIONS
REFERENCES

<u>Chapter 9 - Primary Prevention and Evaluation</u>

THE BENEFITS OF EVALUATION
THE EVALUATION PROCESS
DEVELOPING EVALUATION QUESTIONS
EVALUATION DATA
MEASURING AND EVALUATING PRIMARY PREVENTION
PROGRAMS
ETHICAL AND LEGAL CONSIDERATIONS
MULTICULTURAL AND CULTURALLY COMPETENT
EVALUATION
CHOOSING AN EXTERNAL EVALUATOR
CONCLUSION
DISCUSSION QUESTIONS
REFERENCES

PART THREE - PREVENTION IN CONTEXT

<u>Chapter 10 - Preventing Injustices in Environmental Health and Exposures</u>

ENVIRONMENTAL HEALTH

THE IMPACT OF ENVIRONMENTAL EXPOSURE

DISPARITIES IN HEALTH OUTCOMES

ENVIRONMENTAL JUSTICE

TWO PREVENTIVE APPROACHES TO ENVIRONMENTAL

HEALTH

PRECAUTIONARY PRINCIPLE

COMMUNITY-BASED PARTICIPATORY RESEARCH

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 11 - Health and the Built Environment</u>

THE SMALL SCALE

THE INTERMEDIATE SCALE

FROM NEIGHBORHOOD TO METROPOLIS

POPULATIONS AT SPECIAL RISK

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 12 - Creating Healthy Food Environments to Prevent</u> Chronic Disease

THE STATUS AND CONSEQUENCES OF CURRENT EATING HABITS

THE FOOD ENVIRONMENT

PREVENTION SOLUTIONS
CONCLUSION
DISCUSSION QUESTIONS
REFERENCES

<u>Chapter 13 - A Public Health Approach to Preventing Violence</u>

UNDERSTANDING VIOLENCE

THE ROLE OF THE PUBLIC HEALTH FIELD IN PREVENTING

VIOLENCE

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 14 - The Limits of Behavioral Interventions for HIV</u> Prevention

EPIDEMIOLOGY OF HIV IN THE UNITED STATES

ROOTS OF HIV PREVENTION

TYPES OF BEHAVIORAL INTERVENTIONS AND THEIR

SUCCESS

STRUCTURAL-LEVEL SOLUTIONS TO PREVENTING HIV

THE STRUCTURE OF SEXUAL NETWORKS

CONCLUSION

DISCUSSION QUESTIONS

REFERENCES

<u>Chapter 15 - Mental Health in the Realm of Primary Prevention</u>

MENTAL HEALTH IN THE UNITED STATES

VETERANS

IMMIGRANT CHILDREN IN THE UNITED STATES

URBAN YOUTH

CONCLUSION DISCUSSION QUESTIONS REFERENCES

<u>INDEX</u>

Table of Figures

- Figure 1.1 The spectrum of prevention
- Figure 2.1 Age-adjusted mortality from all causes, United States, 2006, by educational attainment and gender
- Figure 2.2 Age-adjusted mortality, United States, 2006, by region
- Figure 2.3 Trajectory of health inequities
- <u>Figure 2.4 Framework for a comprehensive public health</u> <u>strategy to eliminate health disparities</u>
- **Figure 3.1** The community youth development process: Resilience in action
- Figure 4.1 The cultural proficiency continuum
- Figure 4.2 The wheel of community organizing
- **Figure 5.1** Developing effective coalitions with the eightstep process
- Figure 6.1 Stages in the development of a policy initiative
- Figure 9.1 The CDC evaluation framework
- Figure 9.2 The PRECEDE-PROCEED model
- Figure 13.1 Classifcation of injury in public health
- <u>Figure 13.2 Two categories of intentional injuries in public</u> health

List of Tables

- **Table 1.1** A lesson in responsible spending
- **Table 3.1** Protective factors and processes in families, schools, and communities
- **Table 3.2** How to recognize resilience in individuals, families, and communities
- **Table 3.3** Paradigms for prevention
- Table 4.1 Four historical periods in community organizing
- **Table 7.1** Traditional health communication versus media advocacy
- **Table 9.1** Evaluation markers for progress and outcomes in the North Philadelphia Firearms Reduction Initiative
- **Table 9.2** Elements of the CDC's VERB campaign logic model
- **Table 9.3** Evaluation Phases of the PRECEDE-PROCEED model
- **Table 9.4** The pros and cons of quantitative and qualitative approaches to data collection
- <u>Table 9.5</u> Useful evaluation measures by data collection method
- <u>Table 9.6 Summary of evaluation designs and measures for</u> behavior change and other interventions
- <u>Table 9.7 Summary of evaluation designs and measures for policy adoption and implementation</u>
- **Table 13.1** Prioritized Strategies to Prevent Violence
- **Table 13.2** Risk and resilience factors for violence and preventing violence

Table of Exhibits

EXHIBIT 1.1 THREE LEVELS OF PREVENTION FOR
CHILDHOOD LEAD POISONING
EXHIBIT 1.2 TRANFORMING THE U.S. HEALTH CARE SYSTEM

INTO A HEALTH SYSTEM

EXHIBIT 5.1 COLLABORATIVES AND COALITIONS

EXHIBIT 10.1 BENCHMARK ACHIEVEMENTS IN

ENVIRONMENTAL HEALTH

EXHIBIT 10.2 LANDMARK EVENTS IN ENVIRONMENTAL JUSTICE

EXHIBIT 13.1 VIOLENCE IS A PUBLIC HEALTH ISSUE

PREVENTION IS PRIMARY



STRATEGIES FOR COMMUNITY WELL-BEING

Second Edition

Larry Cohen • Vivian Chávez • Sana Chehimi Editors Foreword by Georges C. Benjamin





Copyright © 2010 by Prevention Institute. All rights reserved. Published by Jossey-Bass A Wiley Imprint 989 Market Street, San Francisco, CA 94103-1741—www.josseybass.com

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400, fax 978-646-8600, or on the Web at www.copyright.com. Requests to the publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, 201-748-6011, fax 201-748-6008, or online at www.wiley.com/go/permissions.

Readers should be aware that Internet Web sites offered as citations and/or sources for further information may have changed or disappeared between the time this was written and when it is read.

Limit of Liability/Disclaimer of Warranty: While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Neither the publisher nor author shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Jossey-Bass books and products are available through most bookstores. To contact Jossey-Bass directly call our Customer Care Department within the U.S. at 800-956-7739, outside the U.S. at 317-572-3986, or fax 317-572-4002.

Jossey-Bass also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Library of Congress Cataloging-in-Publication Data

p. cm. Includes bibliographical references and indexes. ISBN 978-0-470-55095-3 (pbk.); ISBN 9780470873342 (ebk); ISBN 9780470873359 (ebk); ISBN 9780470873366 (ebk)

1. Medicine, Preventive—United States. 2. Community health services—United States. 3. Medical policy—United States. 4. Social medicine—United States. I. Cohen, Larry, 1947 May 21- II. Chávez, Vivian. III. Chehimi, Sana.

[DNLM: 1. Primary Prevention—organization & administration—United States. 2. Community Health Services—organization & administration—United States. 3. Health Policy—United States. 4. Social Justice—United States. WA 108 P942235 2010]

RA445.P6585 2010 362.1—dc22 2010023126 We dedicate this book to Dr. Beverly Coleman-Miller, a physician and nurse who understood prevention with every bone in her body. She made magic and inspired us with her vision and commitment. She emphasized that every heartbeat matters, and in our limited heartbeats every one of us can have a profound impact in improving the world. In Beverly's memory, we hope that this book will move hearts and make magic.

ACKNOWLEDGMENTS

We gratefully acknowledge the following individuals and institutions for their contributions to this edition of *Prevention Is Primary*.

To the entire Prevention Institute team of staff, interns, and fellows for their continuing and unwavering support and assistance. In particular, a great big thank-you to:

Alice Ricks, for her role as a graduate student editor, researcher, and writer.

Andy Riesenberg, for providing significant editorial assistance and writing on several chapters.

Ann Whidden, for extensive writing and editorial assistance, particularly on the preventing violence chapter.

Linda Shak and Nicole Schneider for editorial assistance and writing on the mental health chapter.

Melissa Murrin and Katherine Rea, for their role as student researchers on several chapters.

Omar Sahak, for providing content, editing, writing, and organizational assistance.

Shakirah Simley, for pitching in wherever needed and providing support on several chapters.

To San Francisco State University and the Department of Health Education, gratitude for a vision

grounded in social justice and a mission enriched with multicultural perspectives.

To past, present, and future students, thank you for trusting Vivian Chávez with the creative freedom to teach prevention.

To Dan Perales and the San Jose State University MPH Distance Education Program, our appreciation for your using the first edition of *Prevention Is Primary* as an underlying framework. To Barbara Krimgold and Kalahn Taylor-Clark, our thanks for your facilitating the collaboration with past and current Kellogg Health Scholars, whose contributions to chapters and sidebars are evidenced throughout the second edition.

And last, but certainly not least, our heartfelt gratitude to all of the readers of the first edition whose enthusiasm and support made the text such a hit and this edition a reality.

Larry Cohen Vivian Chávez Sana Chehimi Editors

FOREWORD

Georges C. Benjamin

The United States spends \$2.4 trillion annually on health care delivery and millions more on alternative treatments. The sum of these expenditures means we spend more per capita than any other industrialized nation; yet we rank fiftieth in the world in terms of life expectancy.

The current U.S. health care delivery system does little to promote health. It has great difficulty delivering consistent quality and struggles to eliminate disparities in health outcomes. Almost 50 million Americans do not have health insurance. These people often receive medical care late in the course of their disease, often without having had the opportunity for preventive care. Hundreds of thousands of underinsured individuals also frequently suffer the same fate.

In 2010, the nation passed historic legislation to expand quality, affordable health insurance coverage to more than 30 million Americans. The supporters of this legislation recognized that having an insurance card is not enough and added \$15 billion in provisions to promote wellness and to fund prevention. Basic elements of healthy communities, such as healthy food, opportunities for physical activity, and clean air and water, are too often missing in low-income communities and communities of color. These disparities schism demonstrate the between the extraordinary potential of primary prevention and the reality of health policy and practice at the population level. As the nation becomes older, more ethnically diverse, and more deeply

plagued by chronic illness, these disparities will become more apparent and will widen.

Public health improvement is part of a continuum that includes health promotion and disease prevention as well as timely and appropriate clinical care. It is delivered in a social and economic context that affects health and quality of life. Understanding this context improves our ability to efficiently address our most pressing health concerns.

Good public health practice creates a community benefit. It is science-based and prevention-oriented. A good public health system should reduce morbidity and mortality and improve quality of life. It might even right a wrong. It can save money, but, like most things, it usually requires an investment in time, money, and effort.

A 2009 survey by Lake Research Partners and Public Opinion Strategies showed bipartisan support for prevention, with 71 percent of Americans favoring an increased investment in disease prevention. Despite this support, getting people to practice prevention continues to be a problem. Whether this is due to a lack of knowledge, lack of belief in preventive measures, or inability to connect the dots from preventive measures to outcomes, this text strives to fill that void. It does so by addressing prevention in its purest form: primary prevention.

The authors of the chapters assembled here are foremost authorities in the field of population health. They represent an important collection of experts in a range of public health and prevention disciplines. Examples include Deborah Prothrow-Stith, who was a trailblazer in defining violence as a public health problem and in proposing prevention strategies for its reduction; and Howard Frumkin and Andrew Dannenberg, who have been effective advocates for changing the way we design, build, and rebuild communities. Their work offers clear guidance about the

intersection between the built environment and health. The authors from Prevention Institute, led by Larry Cohen, along with his coeditors Vivian Chávez and Sana Chehimi, are an exceptional group who have made it their life's work not only to think about prevention in the academic sense but to go one step further and put their ideas into practice by working directly with communities.

This book tackles emerging issues such as community resilience and revisits old strategies such as social justice and community organizing. The latter are viewed as primary prevention tools. The need to invest in strategies to empower communities more effectively was brought into our communal consciousness during Hurricanes Katrina and Rita, which hit the Gulf Coast of the United States in 2005, and which were followed by a number of social failures.

Using prevention as a tool to improve health and reduce costs is being increasingly touted as a component of the solution to controlling health care costs and improving national health. Primary prevention is about cost avoidance as well. The challenge is to understand its use, practice it, and evaluate its success. This book is designed to help readers understand the complex concepts of primary prevention in their purest form and incorporate them into practice. The old adage that "an ounce of prevention is worth a pound of cure" is the substance of this book; this book is also about proving the adage to be true.

REFERENCES

Holmes, M., Ricketts, T. C., & King, J. (2009, March). Updating uninsured estimates for current economic conditions: State specific estimates. Cecil G. Sheps Center for Health Services Research and North Carolina Institute of Medicine.

Lake Research Partners and Public Opinion Strategies. (July 13, 2009). New national polling data on health care system reform.

<u>http://old.preventioninstitute.org/documents/AmericasAgenda-PACMemo.pdf</u>

World Health Organization. (2004). *The world health report* 2004: Changing history. Retrieved November 14, 2006, from http://www.who.int/whr/2004/en/index.html

THE CONTRIBUTORS

Dolores Acevedo-Garcia, PhD, is associate professor in the Bouvé College of Health Sciences and associate director of the Institute on Urban Health Research at Northeastern University. Prior to joining Northeastern in September 2009, she was associate professor in the Department of Society, Human Development and Health at the Harvard School of (HSPH). She project director for Health is DiversityData, a multiyear project studying racial and ethnic equity in U.S. metropolitan areas, supported by the W.K. Kellogg Foundation. Her research focuses on the effect of social determinants (such as residential segregation and adaptation) immigrant on racial and ethnic disparities; the role of nonhealth policies (such as housing and immigrant policies) in reducing those disparities; and the health and well-being of children with special needs.

Deborah Balfanz, PhD, is on staff at the Stanford Health Improvement Program (HIP) division within the Stanford Prevention Research Center at the Stanford University School of Medicine. Her role includes coordinating several behavior-change programs that guide participants through gradual lifestyle change. In addition to her work with individuals, Balfanz and her colleagues have worked with the YMCA of the USA (Y-USA) on projects to bring about more global change. She coauthored *Building Generation Play: Addressing the Crisis of Inactivity Among America's Children*, a paper that outlined the relationship between inactivity among children and the rising childhood obesity epidemic. With Y-USA, Balfanz and her colleagues have developed the Community Healthy Living Index (CHLI), a

tool that allows communities to assess their own opportunities for healthy eating and active living and then guides them through a change process.

Bonnie Benard, MSW, is a senior program associate in WestEd's Health and Human Development Program in Oakland, California. She writes widely, leads professional development, and makes presentations in the field of prevention and resilience and youth development theory, policy, and practice. Her book Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community is credited with introducing resilience theory and application to the fields of prevention and education. Her most recent book, Resiliency: What We Have Learned, synthesizes the latest developments in resilience research and describes how it has been applied most successfully to support young people. Benard's work in resilience led to the development of the Resilience and Youth Development Module of the California Department of Education's Healthy Kids Survey, which polls students on their perceptions of supports and opportunities in their schools, homes, communities, and peer groups.

Georges C. Benjamin, MD, is executive director of the American Public Health Association (APHA). At APHA, Benjamin publishes the nonprofit's monthly publication, *The Nation's Health*, the association's official newspaper and *The American Journal of Public Health*, the profession's premier scientific publication. He is the author of more than one hundred scientific articles and book chapters. Formerly, he was secretary of the Maryland Department of Health and Mental Hygiene, where he oversaw the expansion and improvement in the state's Medicaid program. Benjamin was chief of the acute illness clinic at Madigan Army Medical

he managed a 72,000-patient Center. where ambulatory care service and later was chief of emergency medicine at the Walter Reed Army Medical Center. Benjamin department of community health chaired the ambulatory care at the District of Columbia General Hospital, became acting commissioner for public health for the District, and later directed the emergency ambulatory bureau of the District's fire department, one of the busiest ambulance services in the nation. Benjamin serves on the boards of Research! America, Partnership for Prevention, and the Reagan-Udall Foundation, and is a member of the Institute of Medicine of the National Academies. In 2008 he was named one of the top twenty-five minority executives in health care by *Modern Healthcare Magazine* in addition to being voted amongst the one hundred most powerful people in health care in 2007 through 2009 and one of the nation's Most Powerful Physician Executives in 2009.

Vivian Chávez, DrPH, is an associate professor in the Department of Health Education at San Francisco State University. Her current research examines the role of expressive arts, somatic movement and cultural humility in the classroom as well as in public health practice. She is a registered yoga teacher whose scholarship includes innovative pedagogy to integrate the mind/body split characteristic of higher education. Chávez is a media advocacy trainer and coauthor of *Drop That Knowledge: Youth Radio Stories* with Elizabeth Soep.

Sana Chehimi, MPH, is a program manager at Prevention Institute, where she oversees projects related to healthy eating and active living by developing tools and strategies to promote healthier, more equitable food environments. Chehimi oversees national media advocacy efforts

supporting prevention and health reform and also leads a statewide Rapid Response Media Network, providing tools and resources for effective media advocacy to promote healthy eating and active living. She leads the development of the Environmental Nutrition and Activity Community Tool (ENACT), a Web-based resource designed to improve local nutrition and physical activity environments and oversees the institute's media advocacy efforts through the Rapid Response Media Network. She has authored numerous reports and publications for the organization.

Molly Chidsey, BA, is the sustainability coordinator for Metro, the regional government in Portland, Oregon. With Multnomah County's Sustainability Program, Chidsey led efforts to prevent waste, increase recycling, reduce toxics, sustainable. and make purchases more She development of several projects. including а waste prevention and recycling plan for county facilities, a toxics reduction strategy in partnership with the City of Portland, and a city-county sustainable procurement strategy. She also coordinated a voluntary mercury-free campaign with health care facilities and the international Health Care Without Harm coalition.

Larry Cohen, MSW, is founder and executive director of Prevention Institute, a national nonprofit center dedicated to improving community health and well-being by building momentum for effective primary prevention. He was founding director of the Contra Costa County Prevention Program, where he engaged the American Cancer Society and the American Heart and Lung Associations in forming the first coalition in the United States to change tobacco policy by passing the nation's first multi-city smoking ban. The coalition ignited other statewide and national efforts,

including smoking bans on airplanes and restrictions in public places, restaurants, and workplaces. Cohen also created the Food and Nutrition Policy Consortium, whose work led to a county food policy that sparked momentum for the U.S. food labeling law. He helped shape strategy to secure passage of bicycle and motorcycle helmet laws, strengthen child and adult passenger restraint regulations, and set fluoridation requirements in California. Among his previous publications are A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety for the Institute of Medicine Roundtable on Health Disparities and Good Health Counts: A 21st Century Approach to Health and Community for California. Cohen currently heads Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY), a national initiative designed to strengthen and support the forty-five largest cities in the United States to more effectively prevent violence. Cohen developed one of the first courses in the country on preventing violence for UC Berkeley's School of Public Health. He has authored several seminal texts, including A Public Health Approach to the Violence Epidemic in the United States, and Poised for Prevention: Advancing Promising Approaches to Primary Prevention of Intimate Partner Violence. Among his numerous awards are the Injury Control and Emergency Health Services Section Public Service Award from the APHA, the Secretary's Award for Health Promotion from the U.S. Department of Health and Human Services, and recognition from the American Cancer Society and the Society for Public Health Education.

Dionne Smith Coker-Appiah, PhD, is an assistant professor in the Department of Psychiatry at Georgetown University School of Medicine. Coker-Appiah, a licensed psychologist, has expertise in adolescent health and using community-based participatory research (CBPR)

approaches. Her research focuses on adolescent dating violence prevention, adolescent mental health. adolescent sexual health. She has collaborated on research projects in the United States that focus on mental health utilization among African American women (In Their Own Voices), adolescent HIV/AIDS prevention (Project GRACE), and adolescent dating violence prevention (Project LOVE). She has conducted quantitative and qualitative research among African Americans in rural and urban settings. Coker-Appiah publishes in peer-reviewed journals, consults, and presents her research at local, national, and international conferences. She has won numerous awards for her scholarship, maintains memberships in professional development organizations, and volunteers with communitybased organizations.

Andrew L. Dannenberg, MD, is associate director for science in the Division of Emergency and Environmental Health Services at the National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention. He oversees NCEH activities on the health aspects of community design (the built environment), such as land use, transportation, and urban planning. He is exploring the use of a health impact assessment as a tool to inform community planners and the use of model zoning codes to promote health. Dannenberg is an adjunct professor of epidemiology and of environmental occupational health at the Rollins School of Public Health at Emory University. He has served as director of CDC's Division of Applied Public Health Training with oversight responsibility for the Epidemic Intelligence Service and other training programs, as preventive medicine residency director and injury prevention epidemiologist at the Johns Hopkins School of Public Health, and as a cardiovascular epidemiologist at the National Institutes of Health.

Rachel Davis, MSW, is managing director at Prevention Institute, overseeing management of projects related to prevention of violence, community health and reducing inequity, health care reform, and mental health. She creates tools and materials to support local and state initiatives and educates government agencies. foundations. community groups throughout the country. Davis is project director for UNITY, Prevention Institute's CDC-FUNDED national initiative to strengthen and support the forty-five largest U.S. cities in more effectively preventing violence. Davis codeveloped THRIVE (Toolkit for Health and Resilience in Vulnerable Environments), an interactive web-based tool to help identify and foster factors in the community environment that improve health outcomes and reduce inequity. Her publications include First Steps: Taking Action Early to Prevent Violence. She coauthored A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety, Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Disparities in Health, and Good Health Counts: A 21st Century Approach to Health and Community for California. Prior to joining Prevention Institute in 1997. Davis was a social worker for the San Francisco Unified School District.

Lori Dorfman, DrPH, directs the Berkeley Media Studies Group, a project of the Public Health Institute, where she oversees BMSG's research on the news, media advocacy training for advocates, and professional education for journalists. Her recent research examines how local television news and newspapers portray a variety of public health issues, including racial discrimination, children's health, nutrition and agriculture, paid family leave, youth and violence, intimate-partner violence, and alcohol,

tobacco, and other drugs. Dorfman cowrote major texts on media advocacy, Public Health and Media Advocacy: Power for Prevention and News for a Change: An Advocates' Guide to Working with the Media, and teaches a course for master's students on mass communication and public health at UC-Berkeley's School of Public Health. She media advocacy training for conducts arassroots public health leaders, organizations and consults for government agencies and community programs across the United States and internationally, and publishes articles on public health and mass communication.

Jonathan M. Ellen, MD, is professor and vice chair of the Department of Pediatrics at the Johns Hopkins University's School of Medicine and director of the Johns Hopkins Center for Child and Community Health Research. His research has focused on prevention of sexually transmitted diseases including HIV, among (STIs). adolescents on effectiveness of innovative community-based strategies for controlling STIs. He has cochaired the Community Prevention Leadership Group for Adolescent HIV Prevention Trials Network, leads multisite research HIV prevention protocols. has consulted with STI investigators internationally, has been invited to lecture at international meetings, and advises the CDC and the Jamaican Ministry of Health in Jamaica on STI prevention and control.

Catherine S. Erickson, MPH, has participated in research related to fresh-food access in low-income neighborhoods and links between the sustainable agriculture and health care communities.