

PUBLIC HEALTH INSTITUTE
DIALOGUE4HEALTH WEB FORUM
DEBORAH PROTHROW-STITH AND LARRY COHEN IN CONVERSATION ABOUT
PREVENTION DIARIES
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REMOTE CART Captioning

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>> Dave Clark: Greetings and welcome to today's dialing web forum, a special conversation on the role of prevention and equity in our current climate brought to you by the Langeloth Foundation. My name is Dave Clark, host for today's event. Before we get started there are a couple of things I would like you to know about.

First of all, realtime captioning is available for today's web forum provided by Home Team Captions. The captioning panel is located on the right side of your screen. It can be toggled on and off by clicking the Media Viewer icon on the top of screen. On the Mac it's the bottom right of the screen. If you would like to use captioning you will see a link in the captioning panel that says show hide header. You see also show hide chat. You will be able to see the captioning more easily if you click that. If the captioning window disappears, and it probably will, click the Media Viewer icon I mentioned to bring it back again. Concerning the audio, today's web forum is listen only. That means you can hear us but we can't hear you. That doesn't mean that today's event won't be interactive. We will have a Q&A session at the end of the forum. You can type your questions at any time into the Q&A panel. The Q&A panel is also located on the right side of your screen. It can be toggled on and off by clicking the Q&A icon you'll see at the top right of the screen. Again on a Mac you'll see the icon at the bottom of the screens, all of the icons on the bottom right of your screen.

This is important. If you have a question, in the Q&A panel before you type your question make sure that all panelists is selected from the dropdown menu you'll see in the Q&A panel. If it doesn't say all panelists make sure to choose that option. That guarantees the question gets to the right place. If it doesn't say all panelists it might get lost out there in the ether somewhere. Make sure it says all panelists. By the way you can use that panel to communicate with me and my colleague, Laura Burr. We will be behind the scenes today. If you have technical problems or other issues, let us know about it. Type your issue or concern into the Q&A panel. We'll help you out.

We are really interested today in your thoughts and questions. After all this is a conversation. We want to bring your voice into the conversation. Like I said, make sure to get all of your

questions and comments into the Q&A panel. The panelists today will answer as many of them as we can, I promise.

In fact, why don't we bring your voice into the conversation right now. Let's get interactive right now. We thought you might be interested in seeing who you are attending this event with today. What we are going to do is bring up a quick poll so you can tell us whether you're attending alone or whether you are attending in a group. You will see the poll on the right side of your screen. Go ahead and select from one of the four choices. When you made your selection don't forget to submit the -- click the submit button at the bottom of the screen. If you don't click submit, it won't get it submitted.

Are you attending today's event today by yourself? Maybe here with a small group of 2 to 5 people? Maybe in a larger group of say six to 10 people? Perhaps you gathered all of your colleagues in a big conference room and you're with more than ten people. Who are you attending today's web forum with? We will have a couple other interactive polls in the web forum today. This is a good practice poll to give you a sense of how this functionality works. Let's look at the results. Who is attending our dialing web forum today? If you are not seeing the results appear right away, give them a few moments to tabulate. Sometimes at this time takes ten to 15 seconds. If you made a choice and didn't click the submit button, you'll see that right now. We know who you are. Go ahead and click your answer and click submit. As usual, a high percentage of you are attending individually, alone, all by yourself today. 88 percent.

And it looks like we have about 6 percent of you in a relatively small group of 2 to 5 people. If you are in a group you may want to assign a single person in your group the responsibility of submitting questions, either on behalf of the entire group or on behalf of individual group members. That might make things go smoother for you when we get to the Q&A session later on. On the other hand if you are attending alone, all by yourself, we don't want you to feel like you're by yourself. As I said this is a conversation today. We want you to join in on the conversation. We want this to be very interactive today. Like I said, make sure to get all of your questions into the Q&A panel today and join in on the conversation.

All right. Let's get started with today's conversation. To kick things off, starting with Dr. Carmen Nevarez who will say a few words and give us background. She leads the Dialogue4Health health program at the Public Health Institute. Over to you.

>> Carmen Nevarez: Thank you so much, Dave. Good morning, everybody, good afternoon to those of you who are starting your weekend. This is a really important and exciting conversation that we are going to hear today. I think everybody right now is thinking: How valuable is prevention? How do we know that it works? Well, there are numerous case studies and lots and lots of stories. Today I hope we will get to go into a number of them. Our speakers are very, very carefully selected and very excited about them. We have two national luminaries on the topic of prevention. We are going to have a chance to hear a little bit about a new book that Larry Cohen has just written and just hear some of the stories related to that book.

Dr. Deborah Prothrow-Stith is going to lead the conversation, currently Dean and Professor of Medicine for the College of Medicine at Charles R. Drew University of Medicine in Los Angeles. One of the things I remember best about Deborah is that she really did break some important new ground with her efforts to define youth violence as a public health problem. This is really important work. It really changed a lot of our thinking about what is, where does violence fit within the spectrum of public health issues, and why it is in fact preventable.

Larry Cohen is the founder and Executive Director of the Prevention Institute, a national nonprofit that shapes the way the country thinks about health. Larry has been working with communities for many years to address health inequities. I remember him best, working on some of the first multicity no smoking laws, defining, helping to build that national awareness and commitment to understanding violence as a preventable health issue. Really, moving on and including, getting into more inclusionary broader reaching issues such as food and activity environments as strategies for reducing chronic disease and preventing chronic disease. I think this will be a very vibrant conversation and I welcome everybody, welcome Deborah and Larry, and good luck.

>> Deborah Prothrow-Stith: Thanks, Carmen.

>> Larry Cohen: Very excited.

>> Deborah Prothrow-Stith: We are definitely pleased to be here. I think we have another polling question that we want to introduce. Around hopefulness. You'll see it on the screen.

>> Larry Cohen: Not surprisingly, this is around some of the political climate.

>> Deborah Prothrow-Stith: Yes, in this climate.

>> Dave Clark: All right, our poll question is: To what extent has your optimism changed about our capacity to advance public health and equity and prevent violence. You'll see that poll appear on the right side of your screen. Select from one of the three choices. When you made your selection, just click the submit button. Has there been a significant shift in your optimism? Some shift in your optimism or no shift at all in your optimism about our capacity to advance public health and equity and prevent violence. Let us know. To what extent has your optimism changed about our capacity to advance public health and equity and prevent violence?

Let's get the results up on the screen. Take a look. At the extent to which your optimism has changed. Again, just give those polling results a few moments to tabulate. You'll see the results momentarily. About 60 percent of you say that there has been some shift in your optimism. Another quarter of you, 25 percent say there has been a significant shift. And it looks like about 14 percent of you say there has been no shift whatsoever. No shift in your optimism.

All right. I'll pass it back to our panelists for their thoughts on these numbers.

>> Deborah Prothrow-Stith: Sure. Thanks, Dave. It's interesting because I think what we see here is that this is a very dynamic time. It is not clear whether the shift is more optimistic or less optimistic.

>> Larry Cohen: Probably less.

>> Deborah Prothrow-Stith: It's interesting. There are times when I certainly feel less optimistic, like we're facing serious headwinds with this administration. But then there are times when I'm even more optimistic because of the response and because people are rallying.

>> Larry Cohen: Yes.

>> Deborah Prothrow-Stith: You, Larry, are someone who has really stayed the course over these years from early political days around ballot initiatives to the policy work. I'm so, so pleased that you wrote Prevention Diaries. It is at this time in our history that this kind of contribution is so important.

So maybe you can start by telling us a little bit about why you wrote it and how you think it can be best used in this context.

>> Larry Cohen: Well, I wrote it at a time when it seemed like there was some growing potential for prevention, but still a lot that is not fully understood about prevention. I deliberately titled it diaries to make it clear that it is easy, interesting things to read. It is not a technical book. It is not a textbook though we hope it will be used academically.

Probably the most important thing is that health really matters to all of us.

>> Deborah Prothrow-Stith: Yes.

>> Larry Cohen: Sometimes we don't fully take the importance of health into account until we or our friends or family members get sick or injured. Then we realize how we wish we had paid more attention to prevention.

>> Deborah Prothrow-Stith: Yes.

>> Larry Cohen: We really, really now know what to do in a lot of areas. And in many of the leading causes of death, of illness and injury, of inequity. Some of the major expenses. Because health is now something close to 18 percent of the entire gross domestic product of the country. We really do know what to do to have a tremendous impact. And the goal of diaries is to start to promote the kind of strategies and make them simpler to understand because many people say, okay, what can I do? They are talking about what they should eat or how much they should be physically active or how they can stay safer and clearly what we need to do requires community-wide commitment. Requires policies. Requires organizational changes.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: Too often prevention is trivialized and misunderstood. The first piece of work I did, I entitled beyond brochures. People said if we just give out information about prevention, that will be sufficient. And so I wrote Prevention Diaries so it would be clear to people all over the country, including to policymakers, that if we focus systematically, build on what has been done, which is save lives, save misery, saved a lot of misery and also saved money. There's a lot that is really possible now.

As you say, it is designed for immediate action on prevention, which frankly I'm less optimistic about except for the fact that there's going to be a lot more attention to local. Whether local means city or state or neighborhood or community or rural community.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: I think a lot of prevention is really about community.

>> Deborah Prothrow-Stith: So --

>> Larry Cohen: There is an opportunity there.

>> Deborah Prothrow-Stith: Interestingly, one of our probably most significant public health successes is around smoking and tobacco. Why don't you tell us a little bit about that work and that success? Because I think that's somewhat inspiring for us dealing with a lot of other issues.

>> Larry Cohen: Well, starting in a small locality we did the first Contra Costa county, California, we did the first no smoking laws consistent across the 18 cities in the county. And the county-wide non-city areas. It was the first multi-city coalition. I was working for county public health at the time and we partnered with the cancer society, the heart association, the lung association in the region. And together, it was a very -- it wasn't an audacious effort. It was 40 percent of restaurants, only certain workplaces, only certain offices were no smoking. But at the same time people approached me very quickly and said: Larry, you're crazy. What you are trying to do is impossible. Until then what prevention of tobacco was about was

getting people to quit after they smoked and telling people, giving people information that prevention was dangerous.

What we learned by policy was that we could have an impact on information as well because there's tremendous coverage. There was probably more coverage in the newspapers than a thousand years of brochures as we started to touch policy.

Also that 40 percent led to 50 percent in the next community, then 80 percent, like a bidding war. Then no smoking at all in restaurants and now, of course, more and more of that.

California, and we see it all over the world, but California is one example of that where we had dramatic reductions just in the period from 1985 to 2006, just in one piece of that. You know, more than a 50 percent drop. And all in all we are maybe at a third of where we were at before. That's one example.

But the important thing is, we shouldn't assume we can't have an impact. We need to assume it needs to be system-wide. It needs to have an impact on communities. And ultimately one of the words I use is norms. It's all about norms change. That policies and environmental conditions trigger norms change and norms change triggers good health.

>> Deborah Prothrow-Stith: Right and trigger policy. It's interesting to think about that as cyclical. Once norms change, people start demanding other policies. We can get some synergy for that. Certainly with smoking, I think that -- and California really led the nation in the smoking effort.

>> Larry Cohen: It is very, very exciting to see what happened. So I wrote Prevention Diaries for two audiences. I wrote it for an immediate audience that we can take action now, start to improve our health in our communities. We can identify the levers that will do that.

But I also deliberately wrote it for an academic audience, for people now thinking about going into medical school. For people in public health or people in nursing, all kind of deals. Social work, public policy, to understand these issues.

So we deliberately wrote it with stories, but stories with a long shelf life. I'm hoping that those of you listening who have academic contacts, you can help make connections so we can make part of this a reader for schools. Frankly the price, about \$20 for the worth, I want it to be \$1.98. The publisher had a different perspective. We are not interested in money. We are interested in spreading the word.

(Laughter.)

>> Deborah Prothrow-Stith: That is so important. Again, it is important for those of us trying to work on some of the more intractable issues or some of the newer issues to remember the smoking success. It took a long time. It took -- I remember being on a plane when there was a smoking section.

>> Larry Cohen: That's right, that's right. When I tell the older flight attendants about that, I immediately get a glass of wine.

(Laughter.)

>> Larry Cohen: They are very appreciative.

>> Deborah Prothrow-Stith: I didn't know I could do that with that story and experience.

As we move on, tell us a little bit more about the hopes that you have for Prevention Diaries and some of the other stories that are there? I know there's one that is particularly dear to you.

>> Larry Cohen: Yes. Well, I think that maybe what would be best, let me read a little bit from Prevention Diaries.

>> Deborah Prothrow-Stith: Is that the Coney Island?

>> Larry Cohen: Let me start. I was actually born in Coney Island and even after I moved to another part of New York City at about five years old, I returned every weekend. My grandparents lived there. It really was like the picture on the screen. It was a really special place. You know, the soft Sandy beaches that stretched along the shoreline and Coney Island was famous for the roller coaster and the now icon I can parachute jump that was built for the world's fair in 1939 and installed there. It was the country's first permanent amusement park and the community kind of had a carnival atmosphere to it. It was irresistible for New Yorkers looking for a get away on the weekend, from people coming all over to gawk at what were called the freak shows, to eat Nathan's famous French fries. I cherished walking there myself. At age five I would walk long distances alone. Unlike other places there were no streets to cross. My family didn't worry about me walking or getting hit by a car. Didn't worry about my safety in other ways either. The environment was peaceful. The local people were attentive to me. Many of them knew my grandfather. Venturing down the board walk I would often sample the street food, bite sized treats from many cultures. It was a precursor to fast food.

Appealing, unique innovation. I'm not sure I appreciated that people gave me pretty much whatever I asked for, usually pizza, French fries and frozen custard for free.

And Coney Island was a tight-knit, off beat community. To the outside world Coney Island was known more as the home of drifters or freaks, the world's strongest man. He pulled a car, I remember watching when I was very young. He pulled a car across the beach with his teeth. He was probably in his 50s or 60s then.

The shortest man and the two headed woman. These were all my companions. I thought they were normal and it was the visitors who were the odd people. And the visitors gawked and laughed at members of the freak shows for 25 cents a view. As far as my young eyes could see the freaks weren't self conscious or angry about any of it.

The shortest man was 4 feet tall. He lived in a very small, cheap, shoddily sparse, sparsely furnished room that my grandparents rented out for extra income. He became really famous for his TV commercials during the dawn of televisions. In those commercials he posed in what was caused the hotel Barker, the people who would walk around the lobby because no one had phones then. The phones came into the hotel himself and dressed in a jester suit he walked through the lobby announcing phone calls, among other things. He was famous ultimately for his tobacco commercial. Call for Philip Morris! Was the commercial that was a really clever play of words. I liked visiting him and was proud every time I saw his ads on TV. But one weekend when I came to my grandparents, I learned he had moved out. I was told, lung cancer. I was too young to think about the irony and tragedy of this. But it's an interesting thing to think about.

So thinking about the Coney Island spirit, you know, and how it has been coopted and I would say corrupted and exaggerated in our country. Street food became fast food. Went from being an occasional treat to a daily norm cloaked in new and improved and heart healthy labels. Rather than going of their own free will to a unique place for weekend's entertainment where deception was really understood to be part of the climate, people are now faced with daily deceptions for profit, as ads for unhealthy products fleece not only our pocket books but more importantly our wellbeing. This is kind of a lesson I learned from my Coney Island experience.

>> Deborah Prothrow-Stith: Sure.

>> Larry Cohen: The book was also about equity and inequity. And I wanted to talk a little bit from another section of the book. I want to read very briefly a section on red lining. I tried to

get a mortgage, not that long ago when I moved to Oakland, for a superb house in east Oakland near my office. My application was denied without explanation. Later I learned off the record that banks were unwilling to lend in that neighborhood. And refused to support either residential or commercial development. This neighborhood was extraordinarily racially, ethnically and economically diverse with a huge percentage of people with color and low household incomes. These were typical red lining targets.

You can see a map that showed the red lining of Oakland. We have maps like this, cities and communities across the country.

>> Deborah Prothrow-Stith: All over.

>> Larry Cohen: Wealthier white neighborhoods needless to say were not subject to this kind of treatment. Eventually I was able to get the loan but only because I had a realtor with a long standing relationship with the local bank and other business connections that helped me get around the standard of practice.

Surely, the fact that I was a white man with a good income made a big difference both in my ability to get the realtor and in the bank's willingness to lend money to me. While I had the means and access to buck the system, that oppressed others in the neighborhood, the vast majority of East Oakland residents didn't. It was just about unfairness and a little bit later Dr. Tony Iton when he was the Public Health Director in Alameda County, where Oakland is, did a study of zip codes. He found that a Black child born in low income Oakland compared to White child a few miles away in Oakland Hills had a 15 years difference in life expectancy. As appalling as this finding is, it is only a part of the story. Life expectancy is a relatively blunt measure that reveals just one element of inequity.

>> Deborah Prothrow-Stith: That is so important to recognize. It is interesting, you shared in the Coney Island story how smoking became a part of your portfolio in public health. Certainly the origins of it. Even though we celebrate our successes in smoking, we know there are populations where the impact wasn't as great. And in most of the problems we try to address in public health and from a prevention perspective. These racial policies like red lining have such an impact on what we are able to accomplish. So I remember the green lining coalition out of San Francisco and many of the efforts around the CRA nationally helping us to address some of that.

I know there's another passage I would like you to read from the book. Then we can talk some more about that.

>> Larry Cohen: You know that at the Prevention Institute most of our important work has been on race and ethnicity and somewhat on economic issues. In writing the chapter of the book called burden of inequity, it felt very important to talk about gender issues, sexual orientation issues, disability issues and others.

>> Deborah Prothrow-Stith: Sure.

>> Larry Cohen: And a long time ago, going to Washington, D.C. to speak with policymakers, I met someone who had a huge effect on my life. His name was Ed Roberts. Ed Roberts was the legendary leader of the equal rights movement for people with physical disabilities. I met him at an airport. Frankly, I was surprised and awed he was even getting on the airplane. He had contacted polio when he was 14. Thereafter, he had to come to terms with not being able to play sports all of a sudden and more so not being able to walk again.

Polio rendered him quadriplegic. He breathed through what I remember being called the miracle of an 800-pound iron lung until against all odds he taught himself to breathe without it. Accompanied that day by his attendant and daunting array of medical equipment and other

supplies, he was pushing it to new limits, taking cross country flights to indicate more broadly for the rights of people with disabilities.

Roberts, you know, he died in 1995, was one of the most perceptive, creative, brilliant people I met. He founded the nationally and worldwide renowned Center for Independent Living at the University of California. One of his tactics was to introduce the concept we now recognize as the principles of universal design which emphasizes commonalities of people rather than differences. A remarkable victory was to secure the country's first curb cuts, the sloped ramps that usually lead from the sidewalk to a crosswalk. For a pedestrian on 2 feet they might have gone unnoticed. For a mother with a stroller, a person with a Walker or wheelchair, those of us now with our rolling suitcases, they are a small transition. For others, you know, there were legislators who disdain fully marked Ed. Why do you need curb cuts? We never see people with disabilities out on the street. Who is going to use them? Of course, a tremendous success.

A little bit later Ed told me he got a job through Jerry Brown as director of the California department of rehabilitation. He told me a story about riding in an elevator, his first day to work. He heard two people next to him talking. They hadn't even noticed him. He was used to being overlooked. Somehow people in wheelchairs weren't seen. One of the men said hey, I hear we are getting a new boss. It's a cripple. Roberts looked at them, smiled and said allow me to introduce myself. I'm Ed Roberts. Your new boss. Ed Roberts, in his memory it formed one of the great campuses for all people emphasizing people with diverse abilities and disabilities attached to the Ashby Bar at the Oakland-Berkeley border. There is someone with a guide dog, there's someone with a wheelchair. Tremendous contributions from Ed and tremendous strategic thinking.

>> Deborah Prothrow-Stith: You know, I started by saying how much I appreciated the book and the timing of it. I wonder how you -- I know the spectrum of prevention is one of the contributions you've made to the public health knowledge bank and literature. How do you tie those individual, the policy, the place-based and environmental issues together and address the multiple areas of real discrimination that we have in this country? As you mentioned, not just race and class is a huge one, but we learning that based on religion, based on sexual orientation, there is really just a number of ways that we made progress.

But how do you tie all that together and how do you stay optimistic?

>> Larry Cohen: I stay optimistic some days.

(Laughter.)

>> Larry Cohen: But I think it is about strategy and the recognition that different people and different groups have different contributions. If we can see the big picture we can start to really understand the synergy in our work. I gave the example of education on tobacco. That education was not a waste of time. That education built momentum that I don't believe would have gotten far enough without attention to organizational change and policy change and then talking about how the organizational and policy change led to all the media coverage. I think it is important for us to understand that systems and policies need to change.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: In terms of equity, Rachel Davis and others on our staff did a brilliant piece of work recently for Robert Wood Johnson foundation called the production of inequities where we really emphasize that inequity didn't just happen, but it is institutions, it's organizations, it is decisions that are made. And the positive implication of that is we can make other decisions. Probably what makes me optimistic is we've really seen a growth in the understanding of the

importance of prevention, a real strong attention now to social determinants of health and the notion that there are elements in the community that we can emphasize that really can have an impact on health. And the fact that increasingly and more and more with younger people, we are seeing a determination and movement building to kind of say wait a minute, there's stuff going on that is crazy. It doesn't have to be that way and it is not going to be that way.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: That's why I said I really wrote Prevention Diaries for a now audience but also for an audience that is starting to say how do we start stronger strategies?

>> Deborah Prothrow-Stith: I think that we can do something about these things is really the great part of the public health message. We can measure them, but then we can and have some accomplishments that demonstrate that we are able to do something.

Well, you and I worked a long time together on the issue of violence prevention. Sometimes it seems so intractable. Other times it seems more possible. So before we get into that, I think there's another polling question that we want to bring up for our audience.

>> Dave Clark: That polling question reads as follows: How strongly does your organization treat violence as a public health issue? Very strongly? Somewhat strongly? Or not at all strongly? Again you'll see the poll on the right side of your screen. Select from one of those three choices and then click the submit button. Let us know how strongly does your organization treat violence as a public health issue? Very strongly? Somewhat strongly or not at all strongly?

Let's see those results, get the results up on the screen right now. Member remember, it might take a few moments to tabulate. Hang on.

It looks like about 42 percent of you say somewhat strongly. You are there in the middle. 32 percent, very strongly. 21 percent say that their organization treats violence as a public health issue not at all strongly. Kind of a mixed bag there. Deborah, Larry, back to you.

>> Larry Cohen: Actually, it looks like there's some progress. I think the question, Deborah, is at least the question encompasses the beginning of recognition and people are engaged.

>> Deborah Prothrow-Stith: Almost a third are very strongly there. We can remember a day when, you know, that would have been -- well, not very much at all. In fact, we remember days when violence wasn't a public health problem.

>> Larry Cohen: You really helped to define violence as a public health issue. I wanted to read this quote from you, Deborah. In the emergency room we were stitching people up and sending them out and not paying attention to prevention or our responsibility to reduce people's risk for violence.

I remember when I saw this, and of course this is --

>> Deborah Prothrow-Stith: That was awhile ago. I have gray hair now.

(Laughter.)

>> Larry Cohen: And we were building on that coalition idea in the county I was working in that had a very strong coalition and all kinds of violence. I was so thrilled because coming from the medical community it was really critical. You were really starting to define that violence was a public health issue. That it was preventable. And you were getting a lot of attention around the country for that.

>> Deborah Prothrow-Stith: Well, I think we were getting attention because it was sort of a new concept. And one, people just felt so overwhelmed by the tragedy that they were experiencing in their communities. And that there were some of us who said, look, this can change. This is a preventable problem. This is learned behavior.

That really, I think, was the reason we sort of got this attention. But fortunately, I met you and Howard Spivak and Howard Rosenberg and others across the country who were starting to ask some of the same questions, willing to get outside of the box and think about this issue of violence. I have to say over the years I'm really impressed with the ripples, the programs that are out there, the people who are really doing the work making a difference, reducing rates of fighting in school. Reducing rates of homicide in neighborhoods. These are the kinds of things that I find inspiring and kind of keep me optimistic.

We told the Boston story in *Murder is No Accident*. Howard and I had the opportunity to experience some of this success in Boston and be able to write about the multiple groups and multiple coalitions and strategies of the coaches and the clergy and the media to help us with this message of preventing violence.

>> Larry Cohen: We had mayors and law enforcement leaders who started to say we can't arrest our way out of this problem.

>> Deborah Prothrow-Stith: Exactly.

>> Larry Cohen: As you said, it can't be any one group preventing violence in isolation. It is really the notion of coordinated, comprehensive efforts, cooperation of sectors and fields. This needs to happen in every community. That is why I said it was really important when we worked together starting to raise the notion of training all over the country.

>> Deborah Prothrow-Stith: Exactly.

>> Larry Cohen: We need to do leadership development so people not only say I want to do something about this or I recognize that the polling showed, but that we can capture the results. Like with tobacco and other issues, start to move from it is impossible to clearly it is possible. We know what to do. I mean, I like to say now that we could cut the rates of homicide and serious violence by 50 percent in any city. It is not a question of a lot of new resources, though we sure could use some resources before the fact not after the fact. It is really a question of a different kind of strategy that really, really focuses on prevention. And some of the best folks, people -- this is something I really learned from you as well -- some of the spokes people are survivors, people who have been shot, injured in other violent ways themselves, or sometimes the family members. Often they are children who have been -- often their children have been tragically killed. You had some of the early insight in terms of learning from and talking to many survivors both in Boston and across the country.

>> Deborah Prothrow-Stith: They reminded me a lot of the early days of mothers against drunk driving. I felt like that potential of survivors to have an impact on our policies and on our professional practices was so important to include. You're right, this issue of violence cuts across neighborhoods. We need everybody at the table. That is probably the experience that really grew out of the early work in Boston. I think one of the exciting outgrowths of our work together was the UNITY project and our ability to gather local leaders from all over the country. You mentioned the training. We trained local leaders and then we gathered throughout the country people from cities where the mayors were open, where they were collecting evidence and energy towards VP. UNITY is really an important contribution pretty much across the board.

>> Larry Cohen: Rachel Davis is really the lead on UNITY now. When we first started Billy Weiss at UCLA talked to mayors, educators and law enforcement, police chiefs. What she learned was quite astounding. She found that the cities with the greatest success in preventing violence were not cities that had one particular program. Though the program

could be important but a program is probably going to be more important in a small institution like a day care center than for a city which needs a variety of strategies.

It wasn't even progressive law enforcement strategies, which also are very, very important. But the number one finding was that it was the cities with the greatest collaboration across different sectors.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: And the cities with the greatest collaboration between government and community. Those were the ones that were going to be most successful.

That's a very, very freeing learning because it is not a learning that requires some technical skill. It is not a learning that requires a massive transformation. It just requires leadership and participation. Out of that emerged the notion of the UNITY roadmap.

>> Deborah Prothrow-Stith: Exactly. I think that's really what the effort was, was to develop the partnerships and the collaboration so that all the strategies and the activities were authentic. They came from the communities and the programs and it was this sort of coordinated approach that allowed cities to be successful. I think Minneapolis is one where we had a UNITY city that worked out of the mayor's office and with lots of local partners and developed the blueprint and developed success.

Larry, you may want to tell us a little bit about Minneapolis.

>> Larry Cohen: It is important as we talk about this that the roadmap and the thinking emerged from physicists but in another important way. It was the coherent leadership of different places. So I would say the number one success of Minneapolis came from the mayor. When you talk to the mayor about it, he said it wasn't UNITY, but before UNITY I met this doctor, Deborah Prothrow-Stith who was inspiring.

(Chuckles.)

>> Larry Cohen: But at the same time you inspired the Minneapolis leadership, the Minneapolis leadership carried it much further. Really, Minneapolis used to be called Murderopolis and what it was was that the mayor, I remember sitting at a meeting he convened with all his agency heads, with his cabinet, as you might say. He went around the table. And he asked each person in the last month what have you done differently to advance violence prevention? And the parks director talked about an initiative like the parks after dark program. Here where we are today in Los Angeles, to engage youth and give them evening alternatives and the economic development person talked about local hiring and the transportation person talked about changing their routes so that they were more attentive to people in neighborhoods that previously had been typically ignored. This wasn't just a show and tell because I was there. This is something he did every month or two, to say to his different department leaders. As you can see on this chart, we had a tremendous drop. And we saw massive reductions in violence. First a 50 percent reduction in Minneapolis. Then an additional 20 percent reduction. And the gist of this and the gist of UNITY is there's some kind of overarching learning, overarching approaches. Equally as important, there are cities talking with one another, cities problem solving. We try to capture this on a website.

>> Deborah Prothrow-Stith: Sure.

>> Larry Cohen: Right now there's no funding for UNITY and somehow we need to keep it going. It is critical that we save lives by helping cities talk to one another and play a role.

>> Deborah Prothrow-Stith: I think I refer, oh, probably two or three people a week to the UNITY website because they call looking for strategies and programs and I mention the roadmap and go directly to the UNITY website.

You mentioned that other cities, Philadelphia is one where in fact a blueprint was another name for it, Philadelphia's effort.

But Los Angeles is one as well. You mentioned Billy wise. She is the founder of the violence prevention coalition here in Los Angeles. It celebrated 25 years a couple of years ago. So you know, people have not only invested in the public health approach to violence prevention, but really in the prevention notion that we can do something about it. And I think that's what is particularly inspiring when we think about the cities and the work that has been done. It's really been on multiple forms of violence.

>> Larry Cohen: It is not only that we can do something about it. It's now we know what to do. What I wanted to kind of discuss with you at this point is where you see violence prevention going. As you started to talk about that, there really, it is really time to connect the different forms of violence. Both because they are interrelated and also because our political power and our voice will be much, much stronger if the people who are concerned about child abuse and the people who are concerned about family violence and violence against women and the people who are concerned about street violence, if we all work together and say: Wait a minute! None of this is necessary.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: We know what to do. It is all related. Trauma is another area where we see a great deal of thought about it.

>> Deborah Prothrow-Stith: It is interesting to really try to connect those dots, to connect child abuse to intimate partner violence, to gang violence and understand that exposure to violence is such a robust risk factor. Even though our violence prevention movement grew out of sort of silos, you know, child abuse prevention, intimate partner violence, school violence. It grew out of these silos, but we know now that connecting those dots, connecting those silos is extremely important and when you ask what do I see? I see us emerging beyond our professional perspectives. And really looking at this more holistically and appreciating that the experiences, you've heard the adverse childhood experiences. But to really talk about those ACEs more broadly and talk about adverse community experiences and the exposure and the witnessing.

We need to address more holistically.

>> Larry Cohen: That's right, we need to address it more holistically and not only as adverse community experiences, not discounting adverse childhood experiences which is important to start thinking about and I expect that many people listening in are aware of those issues. But to move it to the understanding that it is about community. It goes back to issues like production of inequity and importantly to link it to resilience and to go back to the notion that adverse community experiences can be healed and supported by identifying some of the ways that communities thrive. That people support one another, social support is important. Norms, as I said, are important. The arts as --

>> Deborah Prothrow-Stith: Healing!

>> Larry Cohen: A key healing element in Philadelphia for many people. Outdoor space, the parks I mentioned, parks after dark. I have this favorite picture here of Prospect Park where when I grew up was a beautiful and unsafe place to go, was converted by a parks Commissioner to be a safe jewel of energy, of relaxation, of calm. There has been tremendous research that shows whether we are talking about vacant lots or parks or views, that green space is a tremendous healer, reduces violence. Not just violence but going back to Prevention Diaries, so many of these issues are interrelated. When we have a community

that is safe we have people who are able to eat healthier, walk more. That has an impact on heart disease. That has an impact on diabetes.

What we are saying, all these issues can be interrelated and safe communities is an essential piece of that. A good solution, which is violence prevention will solve multiple problems.

>> Deborah Prothrow-Stith: One of the things that is interesting is the notion of adverse community experiences or the ACEs, Adverse Childhood Experiences is that you remember the 40 developmental assets.

>> Larry Cohen: Right.

>> Deborah Prothrow-Stith: Right, that was sort of out of Colorado, some of the earlier work. And the ACEs are almost a flip on the 40 assets. But the community was one of those categories of assets that you need. I think we are learning in public health more and more how to change that social, ecological system to really put together some community assets to counter the ACEs.

>> Larry Cohen: The last point I want to make about this is that if we think about our health momentum, 97 percent of the health is healthcare, which is why I'm so thrilled that you are now running the Drew medical center. Healthcare needs to play a very, very different kind of role. We need to start linking healthcare with violence prevention. We need to start linking healthcare with prevention.

Over the last five years or so we are hearing more and more from healthcare leaders about social determinants of health. Sometimes it worries me that while they think about that they think somehow the decisions in Washington, D.C. about employment or about racism which are absolutely fundamentally critical, but that there's momentum we can take on a local level. Healthcare can be part of the will solution. That means the physicians you are training.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: That is current doctors and it also means nurses and the institutions themselves, whether talking medical schools, whether we are talking the hospitals, healthcare institutions and also the insurance institutions.

When we get our funding mechanisms straight so that people save money by keeping people healthier we will see more momentum on violence prevention. It's coming soon, I'm certain of it, irrespective of where the national leadership is. It's time to further those links and further the technology.

We have to bring what we know about prevention to healthcare. We have to say wait a minute, it is not just giving information to your patients. It is being engaged systematically in community change. We are seeing more and more and more of that.

>> Deborah Prothrow-Stith: Community change and practice change. I know we have a polling question and we've gotten questions from the audience here. And we have five minutes left. Larry, it has been -- I love talking to you. I'm so glad we just talk, talk, talk, but let's get the polling question up and see what we've gotten from the audience.

>> Dave Clark: All right. Our final polling question is: Are you more prepared to be audacious than you were before this web forum?

Are you somewhat more prepared to be audacious, very prepared to be audacious or not at all prepared to be audacious?

>> Larry Cohen: This is a test question.

>> Dave Clark: Let us know from the polling questions and then we'll try to squeeze in a couple of questions from the audience.

So let's see the results. 66 percent say you are somewhat audacious, about a quarter say very audacious and a small percent, 8 percent say not at all. Deborah, Larry?

>> Deborah Prothrow-Stith: Thanks for that. Let's see what questions we have from the audience. Maybe we have time for one?

>> Dave Clark: We have time for one or two. Our first question, let's go to Laura. Laura, this is a question for you, Larry. Laura is very interested in publishing an excerpt of Prevention Diaries online along with a review. Whom should she contact? You?

>> Larry Cohen: Why don't we start there. We also have a Prevention Diaries website which is particularly designed for academic reasons. It's PreventionDiaries.org. She can simply probably communicate with the website, but my email address is Larry at presentence institute.org. I'm thrilled to hear from anyone about this and would love to have excerpts published.

Also we retain the right to, in case anyone has capacity here, we retain the rights for Spanish translation and are looking for someone who might be interested in translation and dissemination. We would like to do it, unlike the English version, we would like it to be available to people for free, Spanish speakers here in the U.S. and across the world. That holds not only for not only Spanish versions but other languages as well. If she would like to publish that bilingually, we're very excited.

>> Dave Clark: Lorraine says she finds public health goes around in circles, focusing on populations or health issues or focusing on settings.

In your thinking does focusing on inequity Trump this endless shifting of focus?

>> Deborah Prothrow-Stith: Well, you know, that's a very important question. And I find that when I'm working at the community level, what is important is to have the focus of that work really reflect where people have concerns and more importantly where they have strengths. So if there is a strength in building a community around a particular issue, you can start there. The equity focus can be overwhelming for some communities, as can violence prevention. But if you start where they have a question and where they have capacity as a community, you can then get to those bigger issues.

>> Dave Clark: All right. We have final --

>> Deborah Prothrow-Stith: That is always an issue.

>> Dave Clark: Thank you, Deborah.

>> Larry Cohen: One way I like to describe equity to try to capture everyone's understanding and everyone's compassion is to say that we are all facing many of the same problems, but in certain communities whether it be geographic communities or ethnic communities or other types of communities, it is the same problems, but it's even more so.

>> Deborah Prothrow-Stith: Right.

>> Larry Cohen: When you are feeling overwhelm understand and late and you have no money and you think about someone who is much deeper, who has less economic promise and wealth, it's a direct line to your feeling as opposed to this otherness.

>> Deborah Prothrow-Stith: And the distance you have to travel to get to a certain point is another way to think about it, when you start thinking about issues of equity. You might have the same finish line, but if you start a mile ahead of somebody, your privilege there is apparent. I think we've all seen the kid standing on the boxes trying to see the baseball game. Another, one kid needs three boxes. Another kid needs one. It is really, how do we make it so everybody sees the baseball game?

>> Dave Clark: Okay.

>> Deborah Prothrow-Stith: We all need boxes.

>> Larry Cohen: And we are all together going to be building those boxes.

>> Deborah Prothrow-Stith: That is the developmental assets in some ways. I think what was important about that work is that if you have, I think it was 29 or more of the assets, you can see the game.

>> Larry Cohen: Let me say, Deborah, as always in conversation with you, I'm emerging feeling more audacious.

(Laughter.)

>> Deborah Prothrow-Stith: High five, Larry.

>> Dave Clark: Thanks to everyone who submitted a question. That's just about all the time we have. I know we didn't get to your questions but we will follow up via email if your question requires an answer. Thank you to our panelists, Larry Cohen and Dr. Deborah Prothrow-Stith. Thanks also to the Langeloth Foundation for making this web forum possible. A recording of today's session as well as the presentation slides will be available shortly at Dialogue4Health.org. We will email you when those materials are available. We have a survey with a link take we'll send you that we hope you will take. We would like to know your thoughts concerning today's web forum and what topics we you would be interested in for future Dialogue4Health forums.

Thank you for joining us today. That concludes our web forum. Have a great day and weekend.

>> Larry Cohen: Thanks so much, Dave.

>> Deborah Prothrow-Stith: Thank you.

(The webinar concluded at 2:00 o'clock p.m. EDT.)

(CART provider signing off.)

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