



OUR FIRST TWO DECADES OF ACCOMPLISHMENTS

1997-2017

Overview of Accomplishments

Innovation

1. Established a methodology for the practice of primary prevention.
2. Developed Adverse Community Experiences and Resilience, the first framework to recognize, address, and prevent community trauma.
3. Created a model to guide healthcare organizations' efforts to improve the community determinants of health.
4. Proposed innovative models to pay for population health.

Practice

5. Developed tools and frameworks to strengthen action for health equity.
6. Published the first graduate-level textbook on prevention principles and practice.
7. Brought a community prevention approach to improving mental health and wellbeing.
8. Strengthened the movement for prevention and health equity by connecting advocates and practitioners through "communities of practice."

Policy and Systems Change

9. Catalyzed and partnered to secure the first ever ongoing federal funding dedicated to prevention and public health through cutting edge research and advocacy.
10. Embedded health equity priorities in local land-use planning processes and public expenditure decisions.
11. Built partnerships and power for policy wins and systems changes in California.

Momentum

12. Supported a transformation from addressing violence solely as a criminal justice issue to including public health and prevention approaches.
13. Transformed the policy approach to diet and activity related chronic illness to address environmental influences, corporate practices, and government responsibility.
14. Brought community-level prevention into the public discourse.
15. Developed community and population metrics to drive community prevention.

These accomplishments are also available at: <https://www.preventioninstitute.org/featured-accomplishments#collapse2-0>

1. Established a methodology for the practice of primary prevention.

PI has taken the lessons learned from community practice and past successes in public health and other fields and created a methodology that can be applied to almost any issue that undermines health, safety, and wellbeing. Importantly, our methodology has been adapted over time based on our ongoing work with communities. One of our earliest tools, the Spectrum of Prevention, identified six possible types of prevention interventions to help public health leaders understand that prevention is about more than education. Our Tool for Health and Resilience in Vulnerable Environments (THRIVE) helps communities understand how structural drivers, such as racism, unfold at the local level, and allows them to assess and act on the community determinants of health. Our Adverse Community Experiences and Resilience (ACE|R) framework is used by communities that have experienced adversity to recognize their community strengths and incorporate healing into their plans to promote health, safety, and wellbeing. Most recently, PI created the System of Prevention framework, which draws from our lessons learned as an organization over the last 20 years. The System of Prevention describes how systems have created health inequities and explains how systems need to be redesigned to achieve health equity. Our Collaboration Multiplier tool helps diverse sectors forge a shared vision and joint strategies.

Resources (hyperlinked)

- [System of Prevention](#)
- [Spectrum of Prevention](#)
- [THRIVE](#)
- [Adverse Community Experiences and Resilience framework](#)
- [Collaboration Multiplier](#)

2. Developed Adverse Community Experiences and Resilience, the first framework to recognize, address, and prevent community trauma.

The predominant approach to dealing with trauma in the US is through the expansion of mental health services and the adoption of trauma-informed care, both of which focus largely on individuals. PI's contribution to the field has been to explain the need to understand trauma at the *population* level. Our Adverse Community Experiences and Resilience Framework is the first of its kind to advance an understanding of community trauma and what to do about it. Since PI released the framework in 2016, it has been implemented in communities throughout the country and incorporated into efforts to address violence, mental health and wellbeing, opioid misuse, Adverse Childhood Experiences, and climate resilience.

Resources (hyperlinked)

- [Adverse Community Experiences and Resilience Framework](#)
- [Developing a Community-Trauma Informed Approach to the Opioid Epidemic in Ohio](#)
- [Why? What? How? Answers to Frequently Asked Questions about the Adverse Community Experiences and Resilience Framework](#)

3. Created a model to guide healthcare organizations' efforts to improve the community determinants of health.

PI created the Community-Centered Health Homes model in 2011 to encourage healthcare organizations to address the community factors that shape health, safety, and wellbeing and provide them with a structure for doing that work in partnership with community organizations. Through more than 12 million dollars in funder investments, the model has been piloted in the Gulf Coast states, North Carolina, and Texas. The Community Centered Health Homes model demonstrates how healthcare organizations can be a valued partner in community-level prevention efforts to advance health equity and population health.

Resources (hyperlinked)

- [Community-Centered Health Homes: Bridging the Gap Between Health Services and Community Prevention, 2nd Edition](#)
- [The Community-Centered Health Homes Model: Updates and Learnings](#)
- [Community-Centered Health Homes video](#)

4. Proposed innovative models to pay for population health.

Inadequate funding is an ongoing challenge for communities and other locales that want to implement prevention efforts and bring them to scale. PI has long championed solving this problem. In an article published by the Institute of Medicine's Roundtable on Population Health Improvement, PI argued that we need to "close the loop" by ensuring that when prevention efforts save money, a substantial amount of that money is invested back into prevention. We have also interviewed health-system innovators to identify emerging approaches to capture funds already in the healthcare system and redirect them to pay for population health measures that prioritize community prevention.

Resources (hyperlinked)

- [Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention](#)
- [How Can We Pay for a Healthy Population? Innovative New Ways to Redirect Funds to Community Prevention](#)
- [Sustainable Investments in Health: Prevention and Wellness Funds](#)

5. Developed tools and frameworks to strengthen action for health equity.

PI developed and piloted a groundbreaking community resilience assessment tool for the US Office of Minority Health. The Tool for Health and Resilience in Vulnerable Environments (THRIVE) helps communities understand how structural drivers, such as racism, unfold at the local level. Since PI introduced THRIVE in 2002, communities and organizations across the country have used it to assess and take action on the community determinants of health and health equity. PI has also supported the development of the health equity field by collaborating with the US Centers for Disease Control and Prevention on a practitioner's guide for advancing health equity. For the Robert Wood Johnson Foundation, we also developed a systems framework to explain the creation of health inequities and how to achieve a culture of health equity.

Resources (hyperlinked)

- [Tool for Health and Resilience in Vulnerable Environments \(THRIVE\)](#)
- [A Practitioner's Guide for Advancing Health Equity](#)
- [Countering the Production of Inequities: An Emerging Systems Framework to Achieve an Equitable Culture of Health](#)

6. Published the first graduate-level textbook on prevention principles and practice.

Published in 2007, *Prevention is Primary: Strategies for Community Wellbeing* (Jossey-Bass/Wiley) was the first graduate-level textbook on primary prevention. Conceptualized and co-edited by PI staff members in collaboration with Vivian Chavez of San Francisco State University, *Prevention is Primary* defines the elements of quality prevention efforts, identifies best practices, and illustrates the application of prevention principles in a multitude of settings. The text is geared primarily for master's level students in public health, public policy, and social welfare along with medicine and nursing. A second edition was released in 2010.

Resources (hyperlinked)

- [Prevention is Primary: Strategies for Community Wellbeing](#)
- [Chapter 1: The imperative for primary prevention](#)

7. Brought a community prevention approach to improving mental health and wellbeing.

The evidence is clear: community conditions impact mental and behavioral health. Yet, too often, solutions are solely focused on access to clinical and addiction services. In support of preventing mental health problems like depression, trauma-related disorders, and substance misuse, PI has emphasized community-driven approaches that transform the community conditions associated with mental health and wellbeing. Through the Making Connections initiative, a partnership of PI, The Movember Foundation, University of South Florida, and 14 communities across the US, we are working with rural, urban, and suburban communities to implement strategies that strengthen protective factors, including social connections, economic and educational opportunities, and improvements in the physical environment. This approach isn't necessarily new—the decades-old movement for deinstitutionalization put community-level prevention at its core—just long-forgotten. Using reports, case studies, infographics, webinars, and communities of practice, PI has reignited interest in community approaches that build resilience by making the case that by improving community conditions, our society can reduce the likelihood, frequency, and intensity of mental health challenges, mental illness, and diseases of despair and disconnection.

Resources (hyperlinked)

- [Making Connections for Mental Health and Wellbeing Among Men and Boys](#)
- [Back to Our Roots: Catalyzing Community Action for Mental Health and Wellbeing](#)
- [Community Development Innovation Review: Catalyzing Community Action for Mental Health and Wellbeing](#)

8. Strengthened the movement for prevention and health equity by connecting advocates and practitioners through “communities of practice.”

Fostering communities of practice is a critical methodology for advancing prevention and health equity approaches to improving health, safety, and wellbeing. PI facilitates several communities of practice that cut across many areas of our work, including health systems transformation, land use and health, trauma, violence prevention, mental health, and opioid misuse. These communities of practice bring together groups working across diverse geographies, communities, identities, and systems to develop effective strategies and inform policy and systems change. PI's Safety Through Connection community of practice brings together collaboratives working to prevent domestic violence. Our Intersections Initiative is a community of practice that partners community organizations with local healthcare organizations. The Making Connections community of practice links communities working to improve mental health and wellbeing among men and boys. HEALU is community of practice made up of organizations working for healthy, equitable land use.

Resources (hyperlinked)

- [Safety Through Connection](#)
- [Intersections Initiative](#)
- [Making Connections for Mental Health and Wellbeing Among Men and Boys](#)
- [Healthy, Equitable, Active Land Use \(HEALU\) Network](#)

Policy and Systems Change

9. Catalyzed and partnered to secure the first ever ongoing federal funding dedicated to prevention and public health through cutting edge research and advocacy.

In early 2007, PI partnered with economists at Urban Institute to develop the first ever economic models demonstrating that investments in community prevention could reduce healthcare costs. This work was presented to the California legislature and was the foundation for further work with the Urban Institute and Trust for America's Health to advance an economic model of the impact of community-level prevention investments. The model demonstrated a savings of \$5.60 for every \$1 invested in community-based prevention. These findings bolstered advocacy efforts that secured funding for prevention in the American Recovery and Reinvestment Act of 2009 and informed the development of the Affordable Care Act's Prevention and Public Health Fund, which has allocated over six billion dollars to prevention and public health efforts since 2010.

Resources (hyperlinked)

- [*Reducing Health Care Costs through Prevention*](#)
- [*Prevention as Part of the Stimulus*](#)
- [*Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*](#)

10. Embedded health equity priorities in local land-use planning processes and public expenditure decisions.

The physical environments where we live, work, and play impact our health, safety, and wellbeing. Evidence shows that the ways our communities are designed, built, and maintained influence social connections, health behaviors and outcomes. PI has contributed to the evidence base, helped drive public understanding, and advocated with many partners to influence land-use plans, built environment decisions, and project funding with the goal of creating complete and stable neighborhoods where people can achieve full health and thrive. PI convenes the Healthy, Equitable, and Active Land-Use (HEALU) Network to influence land-use planning, zoning policy, and public infrastructure financing. Our work was instrumental in securing a monetary set-aside for parks and open space in "high need" areas; building health equity concepts into the Plan for a Healthy Los

Angeles; and winning passage of local policies that will decrease exposure to toxics, and improve access to walking and biking infrastructure, parks, and open space.

Resources (hyperlinked)

- *A Time of Opportunity: Water, Health, and Equity in the Los Angeles Region*
- *Healthy Development without Displacement: Realizing the Vision of Healthy Communities for All*
- *Community Safety by Design: Preventing Violence through Land Use*

11. Built partnerships and power for policy wins and systems changes in California.

Effective coalitions, networks, and alliances underpin many of the impactful policy and structural changes that PI has helped achieve. Applying our expertise in network facilitation and coalition building, we have convened and participated in diverse groups to shift policies, systems, resources, and institutional practices in California. In our early days, we facilitated a collaborative of more than twenty state agencies to coordinate violence prevention efforts and align resources. The collaborative's work informed the Little Hoover Commission's study of violence prevention, which shaped California violence prevention structures and investments. From 2003-2013, we convened the Strategic Alliance for Healthy Food and Activity Environments, which won legislation taking junk food out of CA schools, creating baby friendly hospitals, and providing new resources for safe routes to school and physical education. We regularly hosted an event in Sacramento to enable residents, including youth and monolingual Spanish speakers, to educate lawmakers about their community priorities. PI was an early champion for California's Health In All Policies Task Force, which works across state agencies to allocate grant funding to advance health equity and safety projects. In 2016, PI testimony led to the creation of Los Angeles County's first Community Prevention and Population Health Taskforce, which advises the LA County Board of Supervisors on community health priorities.

Resources (hyperlinked)

- *A Decade of Advocacy: The Strategic Alliance for Healthy Food and Activity Environments*
- *Maintaining Our Gains*
- *Safety in All Policies- A Brief to Advance Multi-Sector Actions for a Safer California*

12. Supported a transformation from addressing violence solely as a criminal justice issue to including public health and prevention approaches.

Through training, technical assistance, advocacy, and building the capacity of public health departments, PI has supported a major shift in how violence is addressed. This shift to treating violence as a public health issue is reflected in the actions of numerous communities, regions, and national agencies. With resources from organizations like the US Centers for Disease Control and Prevention (CDC), PI has assisted localities to develop and implement violence prevention plans and published reports, fact sheets, and other materials. In 2005, PI launched the UNITY Cities Network, a violence prevention initiative of public health departments and city governments in dozens of major US cities. In 2011, we successfully led a national advocacy effort to reinstate federal funding for CDC to prevent violence affecting young people. In 2013, PI was recognized by the American Public Health Association for outstanding contributions to the field. In 2014, we partnered with CDC's Division of Violence Prevention to co-author a paper that became the basis for its five-year strategic vision.

Resources (hyperlinked)

- *Connecting the Dots: An Overview of the Links Between Multiple Forms of Violence*
- *Shifting the Paradigm: UNITY's Impact on the Practice of Prevention*
- *A Health Equity and Multisector Approach to Preventing Domestic Violence*

13. Transformed the policy approach to diet and activity related chronic illness to address environmental influences, corporate practices, and government responsibility.

Over more than a decade, PI worked alongside diverse partners in government, philanthropy and the nonprofit sector to successfully change the narrative—and approach—to diet and inactivity. Collectively, we shined a light on the role that corporate and government practices have on the food and activity environments where people live, work, play, and learn. Media outlets began to cover the issues in new ways; corporations began adopting new practices; and government and foundation initiatives were launched to support local, regional and statewide collaboratives. That work was transformational, and its legacy can still be felt today as groups continue to insist that government and corporate entities do more to improve the access and availability of healthy food, clean water, and safe physical activity programs and environments.

Resources (hyperlinked)

- *Promising Strategies for Creating Healthy Eating and Active Living Environments*
- *Where's the Fruit? Fruit Content of the Most Highly Advertised Children's Food and Beverages*
- *Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living*

14. Brought community-level prevention into the public discourse.

Community-based prevention won't be considered as a valuable policy option if it isn't even on the radar screen of policymakers. That's why PI has invested in communications and media advocacy strategies to ensure that messages about the impact of prevention efforts are regularly delivered to policymakers and covered in the media. PI has provided thousands of public health practitioners and community leaders with media advocacy training and resources to effectively make the case for upstream community prevention and share their local successes. Our media outreach efforts have resulted in coverage of these issues in national and local media outlets, including *Politico*, the *New York Times*, *The Atlantic*, *USA Today*, *TheHill.com*, *STAT*, National Public Radio, *Modern Healthcare*, *Health Affairs*, the *Houston Chronicle*, *Minnesota Star Tribune*, *Los Angeles Times*, and many others.

Resources (hyperlinked)

- *California Health Report: To Truly Transform Health in California, We Need to Invest in Healthy Communities*
- *The Hill: 50 Years After the Fair Housing Act, Many Communities are Still in Need*
- *Modern Healthcare: Let's address hunger and other community determinants of health*

15. Developed community and population metrics to drive community prevention.

For more than ten years, PI has been working to identify local and regional metrics that can be used to measure community health and health equity. Measures and metrics drive action, accountability, funding, and policy. By shifting what we measure to the community level, we shift our strategies to changing the conditions where people live, work, play, and learn to support better outcomes. PI began by looking at community health metrics in California and later broadened our analysis to the entire nation with support from the Robert Wood Johnson Foundation, which was interested in developing health equity measures for its Culture of Health. PI has also provided communities with a methodology for evaluating prevention efforts focused on community violence and is currently working on developing measures for community resilience.

Resources (hyperlinked)

- *Good Health Counts: A 21st Century Approach to Health and Community for California*
- *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*
- *A Guidebook to Strategy Evaluation: Evaluating your City's Approach to Community Safety and Youth Violence Prevention*