CURE VIOLENCE
FEASIBILITY STUDY: ANALYTICAL REPORT
ALLENTOWN, PENNSYLVANIA
APRIL 9-11, 2019

Section 1: Overview of the Cure Violence Model

For nearly 20 years, Cure Violence (CV) has successfully worked to reduce violence in communities across the United States and around the world, advancing a new health paradigm on violence and a scientific approach to preventing it. This approach is grounded in an understanding that violence exhibits hallmarks of a health issue. It spreads from person to person: it is acquired and biologically processed, perpetuated through social norms and peer reinforcement, and can be prevented using disease control and behavior change methodology.

The Cure Violence model advances an epidemic-reversal methodology to detect and interrupt potentially violent situations; identify and change the thinking and behavior of the highest risk transmitters; and change group norms that perpetuate violence. This begins with an analysis of violence clusters and transmission dynamics, and uses several new categories of health workers to interrupt transmission and change norms around the use of violence.

Central to the approach is the use of workers viewed as trustworthy and credible by the population being served. Through community-based partners, carefully-selected individuals with similar background and experiences as individuals most prone to violence are hired as Violence Interrupters and trained by CV to detect where violence may occur (tapping into their pre-existing networks) and intervene before it erupts. Similarly, Outreach Workers are hired and trained to work with high-risk individuals over 6-24 months, in their homes, on the streets, and in the program's community-based office, to change thinking and behavior related to violence and connect participants to community resources. Many replication sites have implemented an additional hospital-based violence intervention component. Hospital Responders (drawn from similar backgrounds as victims) are deployed to local hospital trauma centers when a gunshot, stabbing, or blunt force trauma victim arrives, to intervene during the critical window of opportunity immediately after a violent incident. This intervention has been successful in preventing retaliation, connecting victims to necessary services, and interrupting the cycle of violence.

In the U.S., the CV model is being replicated in more than 60 communities and has undergone multiple, rigorous external evaluations. Each evaluation found large, statistically significant reductions in gun violence. Multi-site studies by Northwestern University and Johns Hopkins University showed 41% to 73% reductions in shootings in neighborhoods in Chicago and 34% and 56% percent decreases in neighborhoods in Baltimore. In New York, an evaluation by John Jay

College found that the Cure Violence approach creates safer and healthier communities. The study states, "New York City neighborhoods operating Cure Violence programs show steeper declines in acts of gun violence and the expression of pro-violence social norms compared with similar neighborhoods not operating Cure Violence programs." The study examined two communities and found reductions across all measures of violence, including a 63% reduction in shootings in one community and a 50% reduction in gun injuries in the other community.

Additional results from Cure Violence projects throughout the world can be found in *Appendix A*.

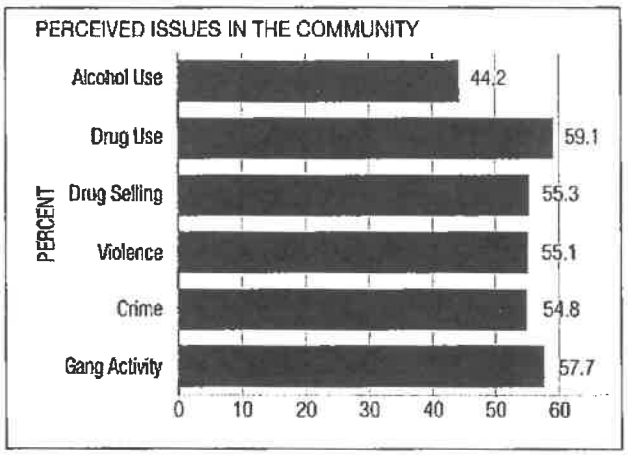
Section 2: Feasibility Study: Analytical Report

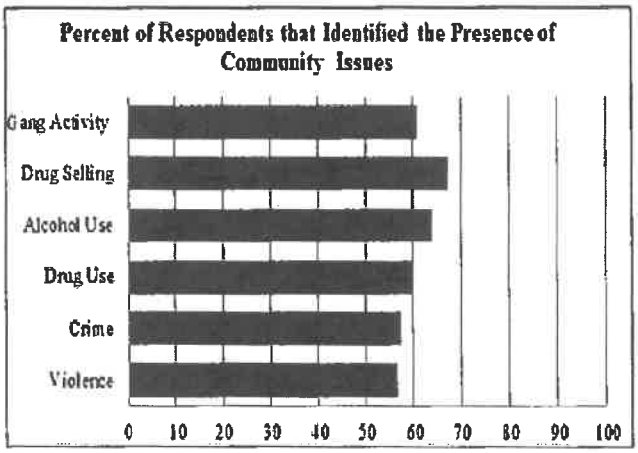
This report seeks to describe the feasibility of implementing the CV model in Allentown, Pennsylvania. The CV model can only be adapted to the context of Allentown if local institutional and individual capacities exist to implement its three main components. To evaluate the local capacities, an Assessment Visit was performed during the time period of April 9-11, 2019 to answer the following questions: (1) Is there a governmental or non-governmental agency with the capacity and the will to implement the CV model with fidelity? (2) Does official and unofficial data exist about violent incidents to focus and monitor the implementation of the model? (3) Does official and unofficial data exist about the nature of violent incidents to determine if the CV model is appropriate? (4) Does official and unofficial data exist to create criteria to identify a high risk target population for focusing implementation of the model? (5) Do community organizations exist who fit the CV criteria to serve as partners to implement the model? (6) Do individuals exist who could fulfill the role of Violence Interrupters and/or Outreach Workers?

To complete the feasibility study CV team members met with representatives from Promise Neighborhoods of Lehigh Valley (PNLV), Allentown Police Department, Mayor Ray O'Connell, City Council members, Lehigh Valley Health Network, St. Luke's Hospital, Allentown School District, Lehigh Valley Community Foundation, Office of Congresswoman Susan Wild, and Neighborhood Health Centers, reviewed official data provided by the Allentown Police Department, and conducted informal interviews with city stakeholders, community-based organizations and community members. The agenda of the assessment visit, compiled and coordinated by PNLV, is included as *Appendix B* of this report.

Section 3: Scope of Violence

There is data available with regard to the scope of violence present in Allentown. In 2017, there were 165 gun related crimes, which included 14 homicides. This represented nearly a doubling of homicides from the previous year. Community Health Needs Assessments (CHNA) conducted by both the Lehigh Valley Health Network (LVHN) (2019) and St. Luke's Hospital (2016) show that of residents surveyed 55.1% and 56.7% respectively identified violence as an issue present in the community (see graphs below). Both CHNAs indicate an even higher percentage response related to gang activity being present (57.7% & 60.9%).





LHVN, CHNA, 2019

St. Luke's Hospital, CHNA, 2016

Data from these CHNAs, in addition to anecdotal data, collected during the Assessment Visit indicate that school related violence and conflict is an issue. The LVHN 2019 CHNA states:

> "In the past 12 months, 23.7 percent of students in this district reported being threatened with violent behavior on school property (compared to 20.5 percent at the state level). 10.7 percent of students reported having actually been attacked on school property (2.6 percent reported being attacked with weapons). 2.2 percent of students had brought a weapon to school (state rate: 1.2 percent). 23.7 percent of students reported they had been threatened to be hit or beaten up on school property in the past 12 months (compared to a state rate of 20.5 percent)."

Prior to the Assessment Visit, the Allentown Police Department provided the CV team with the following four slides detailing 1. Citywide firearm crime by density, 2. Citywide firearm crime by location of incidents, 3. Firearm crime within the proposed target area, and 4. Citywide firearm crime stats for 2016 to 2018:

Slide 1:

2016 – 2018 Citywide Firearm Crime (Density)