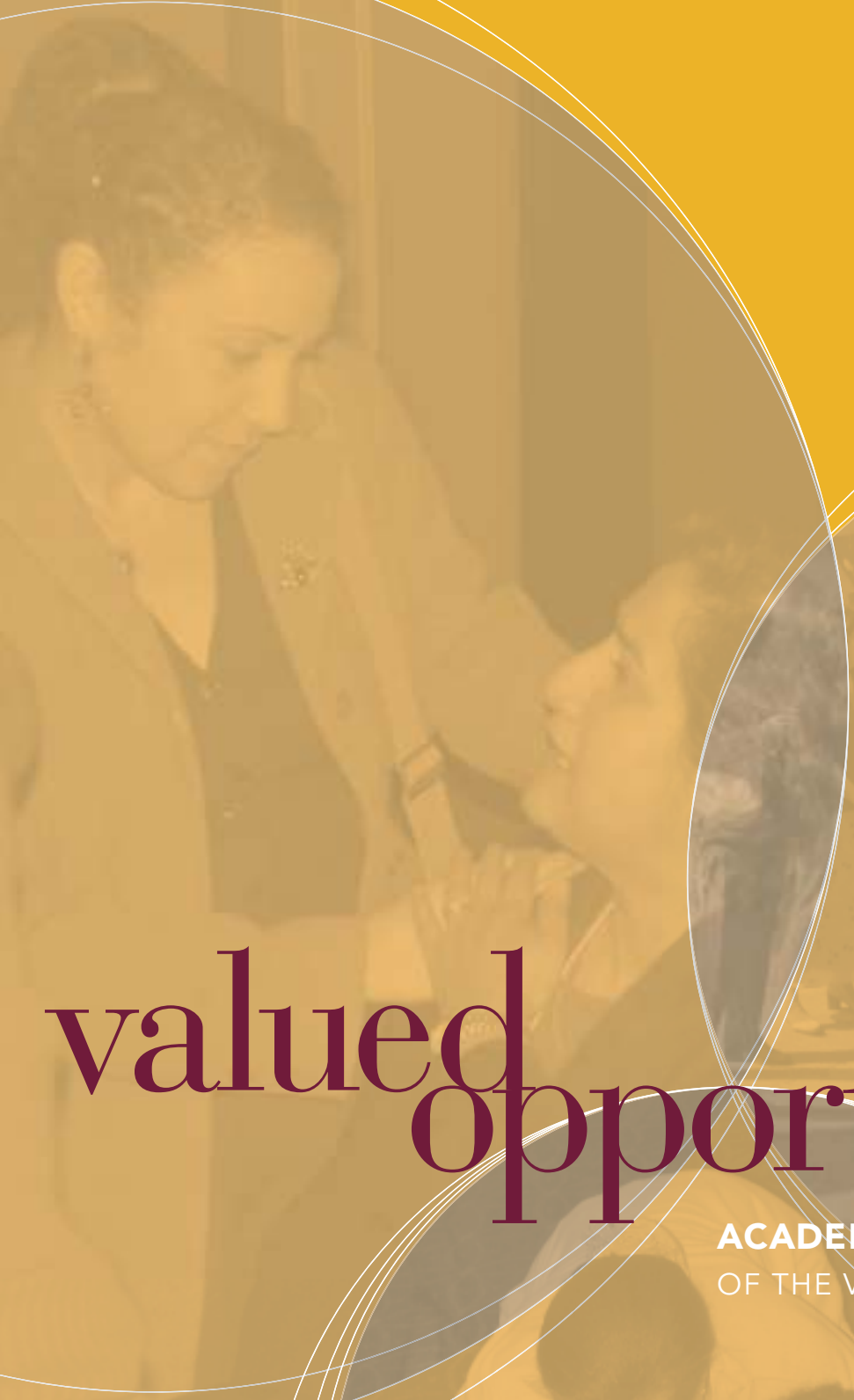
SUMMER 2003



valued opportunities

ACADEMIC FELLOWSHIP PROGRAM

OF THE VIOLENCE PREVENTION INITIATIVE

This report: From 1993 to 2003, the Violence Prevention Initiative mobilized thousands of Californians to work together toward a safer, healthier and more productive future for youth. It was funded primarily by The California Wellness Foundation.

This report tells a story about one part of this Initiative—the Academic Fellowship Program. This Fellowship program aimed to increase the critical mass of health professionals, particularly women and ethnic minorities, who would incorporate violence prevention work into their professional and personal lives.

We offer this account to those interested in aspects of this story: the Violence Prevention Initiative, leadership fellowships, post-graduate education of health professionals, health professionals involved in social issues, policy and media advocacy training, university-foundation partnerships, and violence prevention in general.

Authors: Elizabeth McLoughlin, ScD, Peg Skaj BA, Kim Ammann Howard, PhD

The three authors have worked with the Fellowship since its beginning. Dr. McLoughlin and Ms. Skaj coordinated the Fellowship program through the Pacific Center for Violence Prevention. Dr. Howard served as an evaluator of the Initiative in three different positions: 1993–1996 with the Johns Hopkins University, 1996–2000 with Stanford University, and 2001–2003 as an independent evaluator for the Trauma Foundation. She also works with the Leadership Learning Community to evaluate the Initiative's entire leadership program. For more information, contact Dr. McLoughlin (liz@tf.org).

The Trauma Foundation, founded in 1981, has as its mission, to reduce the number of injuries and deaths due to injuries, through prevention, improved trauma care, and improved rehabilitation. The Pacific Center for Violence Prevention (the policy center of the Violence Prevention Initiative) is a program of the Trauma Foundation (www.tf.org).

The Leadership Learning Community, founded in 2001, has as its mission, to build a learning community that strengthens leadership development by sharing ideas, resources, the results of inquiry, lessons learned, and innovative practices (www.leadershiplearning.org).

The California Wellness Foundation, founded in 1992, has as its mission, to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention (www.tcwf.org).

Public Health Foundation Enterprises, Inc. received and dispersed funds from **The California Endowment** to supplement components of the Violence Prevention Initiative. The Fellows Fund and the preparation and distribution of this report were supported by these funds.

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the violence prevention initiative

In 1992, the Board of Directors of the brand new The California Wellness Foundation approved funding for a ten-year Violence Prevention Initiative to reduce violence against youth in California. The Foundation wanted to focus the insight, energy and expertise of people of very different backgrounds upon a single goal—to help California's youth have a safer, healthier, less violent future. As a Foundation committed to "wellness," they framed the problem in terms of public health, and sought insight from public health history and practice.

The Initiative charted new or unfrequented paths in foundation funding, with its focus on youth violence, coordinated grant-making and long-term commitment to grantees. The Foundation made the first grants of the Initiative in April of 1993. The official period of Initiative funding extended to June of 2003, although the Foundation will continue grant-making in the area of violence prevention.

The designers of the Initiative recognized that interpersonal and random violence was complex to the core. Isolated interventions would never suffice to make real changes in the root causes or manifestations of violence. Solutions would require the integration of many different perceptions, skills, resources, life experiences and professional training.

POLICY, COMMUNITY ACTION, RESEARCH

LEADERSHIP & DEVELOPMENT

ACADEMIC FELLOWS

The Violence Prevention Initiative included four interactive components: Policy and Public Education, Community Action, Research, and Leadership & Professional Development. After 1998, Initiative Support and Capacity-Building replaced the Research component.

Leadership & Professional Development included three components: a Peace Prize honored three outstanding community leaders every year; the Community Leader Fellowships honored 70 community leaders with a monetary award and a two-year program to develop additional leadership and violence prevention skills; the **Academic Fellowships** permitted nine institutions to recruit and train health professionals about violence prevention.

the academic fellowship progra

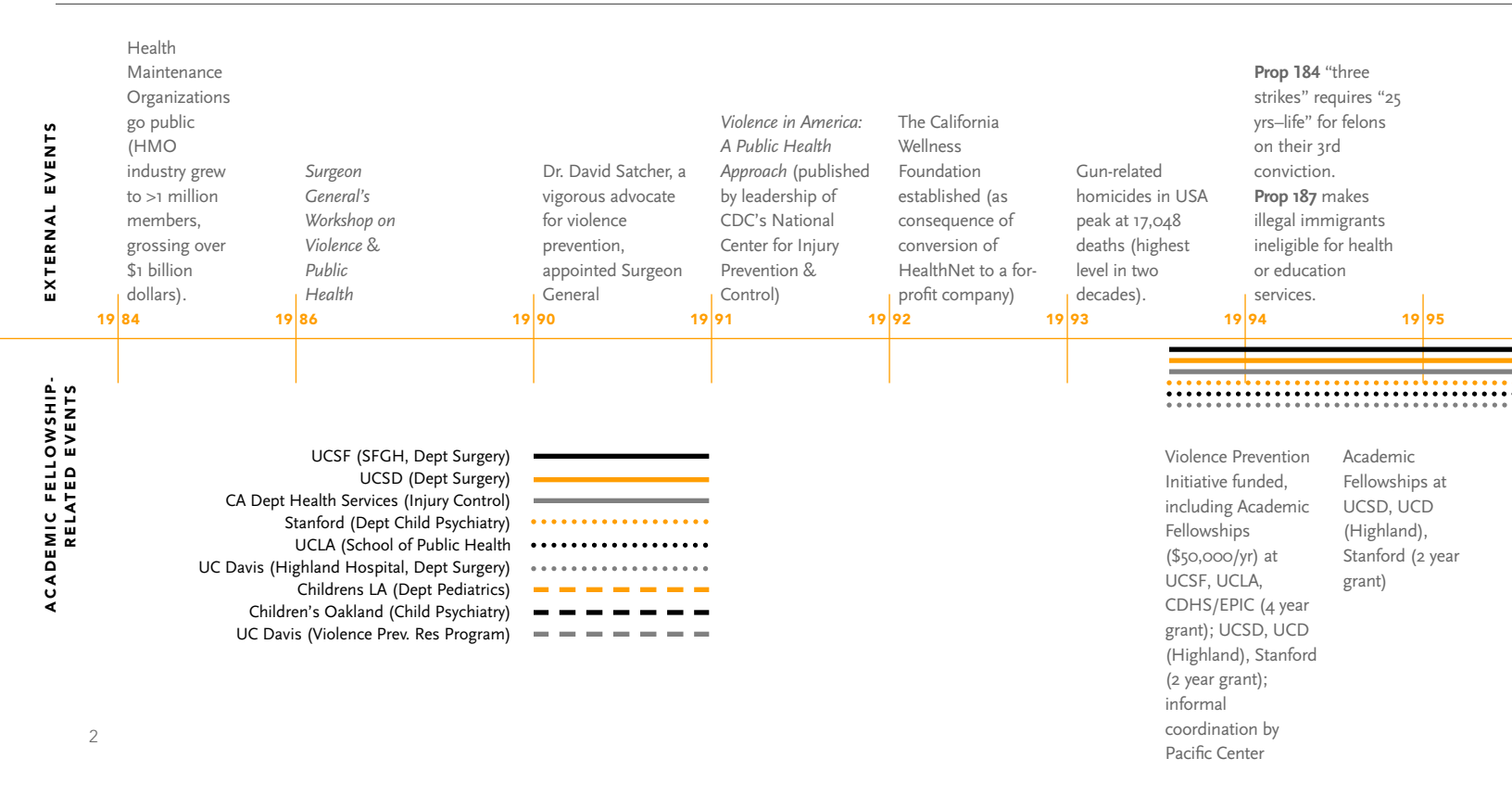
"Never doubt that a small group of committed individuals can change the world; indeed, it's the only thing that ever does." Attributed to Margaret Mead.

Social policy is determined at various levels of governmental, institutional and professional bodies. Power to create social change derives from community mobilization; it is also exercised by policy decision-makers. Although California has a racially and ethnically diverse population, members of traditionally privileged populations (male, white, middle-class) have been over-represented at the decision-making table.

The Foundation wanted to deepen the knowledge and broaden the diversity among health professionals who would participate in decision-making about violence prevention and incorporate violence prevention work into their professional careers.

It issued a "request for proposals" for violence prevention fellowship programs to all the major health-related academic and clinical institutions in California. Grantees were to attract trained health professionals, primarily women and members of minority communities, who wished to engage in violence prevention work. Fellows would learn about and advocate for violence prevention policy in addition to providing medical care and public health services.

Six institutions were granted $50,000 per year for five years. Each site identified its own program coordinator or Principal Investigator. Four original grantees were University of California campuses. Three were Departments of Surgery (at San Francisco [UCSF], at San Diego [UCSD], at Davis [UCD–Highland Hospital]) and the UCLA School of Public Health. The other two were Stanford's Department of Child Psychiatry, and the California Department of Health Services' Division of Emergency Preparedness and Injury Control.



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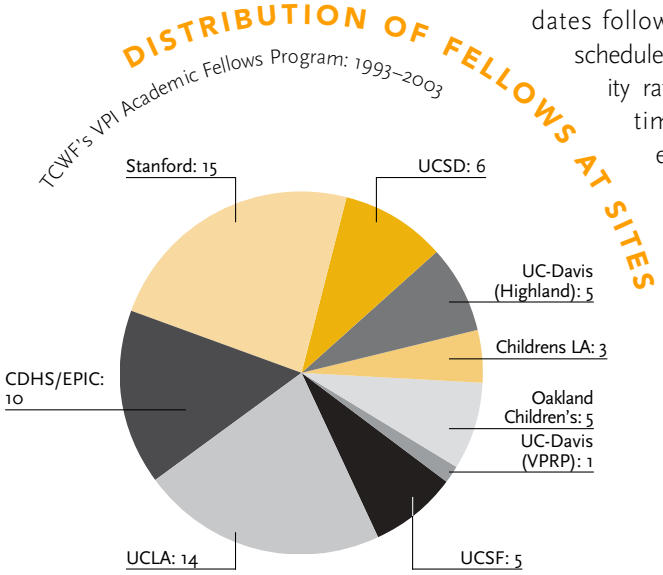
The second half of the Initiative brought some changes. Site funding increased to $65,000 per year. UCLA chose not to submit a proposal, due in part to the ban on affirmative action. Three new sites were added: the Division of Adolescent Medicine at Childrens Hospital Los Angeles, the Department of Child Psychiatry at Oakland Children's Hospital and the Violence Prevention Research Program that is affiliated with UC Davis.

Throughout the 10 years, almost nothing applied uniformly across sites or cohorts. The number of Fellows at a site at one time ranged from one to six. The duration of an individual Fellowship ranged from three months to three years. Start and stop dates followed academic training schedules and candidate availability rather than a pre-ordained timetable. Fundamentally, each experience was tailored to the individual Fellow.



COORDINATORS ROLE: Dr. McLoughlin and Ms. Skaj of the Pacific Center coordinated the Academic Fellowship Program throughout its 10 years. Their goals were to connect the Academic Fellows with the larger initiative, to share training responsibilities with the Principal Investigators, and to represent the program to the Foundation. They oriented new Fellows, organized monthly training meetings and an annual Fellowship review, maintained contact with current and former Fellows, kept Fellows informed about Fellowship activities and resources, and administered the Fellows Fund.

The accompanying time line provides a context for the Violence Prevention Initiative and its Academic Fellows Program. The external events noted are those with major impact on the Initiative. Changes in health care delivery affected recruitment of Academic Fellows. Public health professionals were beginning to frame violence as a public health epidemic. Gun homicide deaths in the USA (an indicator of overall levels of violence) peaked in 1993, and began a dramatic decrease by the end of the decade. Voters in California passed many propositions in the 1990s that had direct negative impacts upon youth and people of color, despite grassroots community mobilizations throughout the state.

Prop 209 bans all forms of affirmative action.

Gun-related homicides in USA bottom out at 10,128 deaths (lowest level in three decades).

Prop 21 requires that youth 14 or older be tried as adults for murder and sexual crimes.

Youth Violence: A Report of the Surgeon General published

19 96 | 19 97 | 19 98 | 19 99 | 20 00 | 20 01 | 20 02 | 20 03

UCSF, UCLA, CDHS/EPIC, UCSD, UCD (Highland), Stanford grants extended for one year.

UCSF, CDHS/EPIC, UCSD, UCD (Highland), Stanford, Childrens Hospital LA, Oakland Children's (funded for 2 years); Pacific Center funded to coordinate Academic Fellows Program (2 years; $75,000/year); awards increased to $65,000/year.

UCSF, CDHS/EPIC, UCSD, UCD (VPRP), UCLA, Stanford, Childrens Hospital LA, Oakland Children's (funded for 3 years)

Pacific Center re-funded to coordinate Academic Fellows Program (3 years, $150,000/yr; supplemental funds from the Public Health Foundation, Inc.)

Formal end of the VPI

fellowship responsibilities

Fellows community visit, San Diego, 2000

The Fellowship guidelines gave the sites flexibility regarding the allocation of Fellows' time. However, at least 40% was to be safeguarded for Fellowship activities, which included:

Learning plan: Each Fellow with his or her Principal Investigator (PI) was required to develop a written plan on how to acquire new knowledge and skills about violence prevention and to fulfill obligations required by each host institution (e.g., patient care, course work, program management).

Fellowship project: Each Fellow identified a specific violence-related project to complete during the Fellowship. While not required, publication in peer-reviewed journals was encouraged. Examples of Fellows' projects include:

- study of violence against women in Japan;
- survey of violence prevention knowledge and practices among trauma surgeons;
- analysis of the source of firearms used in suicides among California youth;
- needs assessment of Latino youth discharged from juvenile probation residential facilities;
- development of a screening instrument for young victims of violence to help prevent re-injury by violence after discharge from a hospital;
- tattoo removal program for youth, to erase gang identification;
- mental health assessment of inmates in the California Youth Authority; and
- community/university collaboration in a comprehensive welfare-to-work project.

Ray Catchalian, 1946–2003

Annual Violence Prevention Initiative Conference: Each Fellow was expected to attend the Violence Prevention Initiative's Annual Conference. Held for two days each December, the Conference gathered all the Initiative grantees together to share experiences, achievements, struggles and dreams, to renew old friendships and to make new ones. Academic Fellows could meet and learn from people whose lives and exposure to both education and violence often differed from their own.

Portfolio: Each Fellow was to prepare a portfolio to document activities and other exposures to the core competencies, and to submit it at the end of the Fellowship to the evaluators (first five years) or coordinators (second five years).

Training meetings: Every month, a Fellows' meeting convened to focus on one of the core competencies, through review of journal articles and meeting with people immersed in violence prevention practice. As the program evolved, Fellows began to organize these meetings at their sites. They invited speakers, or took the group on field trips. While meeting primarily in the Bay Area, at least one meeting a year was held in Sacramento and in Southern California. Attendance was voluntary.

core competencies

Fellows briefing, San Diego County Office of Education, 2003

The core competencies are a set of skills considered valuable for health professionals involved in violence prevention. They were articulated during the first year of the fellowship. Fellows were expected to acquire some proficiency in each skill, and to achieve a degree of mastery in several of them. These skills were to be acquired through institution-specific training, Fellowship activities, collaboration with community-based organizations, readings, conferences, contact with experts, practice, and experience.

THE LIST OF CORE COMPETENCIES

1. **Epidemiology of injuries due to violence:** Discuss knowledgeably the epidemiology of injuries related to youth violence; identify high risk groups for inflicting and sustaining injuries due to interpersonal violence.

2. **Causes of and potential policy interventions to prevent youth violence:** Discuss the root causes of violence from at least two perspectives: sociological, behavioral, economic, psychological, legal, physiological; identify the strengths and weaknesses of at least three policy alternatives designed to address the root causes of youth violence; explain the substance of the VPI's policy goal to address the root causes of youth violence.

3. **Epidemiology of firearm injuries, and policy interventions to prevent them:** Explain the role of firearms in injuries due to interpersonal violence; identify the strengths and weaknesses of at least three policy alternatives designed to reduce the incidence of firearm-related injuries; explain the substance of the VPI's policy goals to prevent firearm injuries.

4. **Community perspectives on violence and its prevention:** Demonstrate an understanding (attained through direct interactions with community members, leaders, and youth) of the concerns, values, and cultures within communities plagued by violence as they relate to youth violence and its prevention; identify and discuss at least two community-based youth violence prevention efforts.

5. **Policy advocacy:** Demonstrate policy advocacy skills through one or more direct activities intended to influence policies related to the prevention or promotion of violence, considering policies of institutions (e.g. schools, hospitals, youth service agencies, professional organizations) as well as policies made by elected officials.

6. **Media advocacy:** Demonstrate media advocacy skills through one or more direct activities intended to influence the way the media frames a story related to violence by or against youth, its manifestations, or its prevention.

HOST INSTITUTIONS:

mental health

Violence has a profound influence on the human psyche. Environmental and social forces and learned behavior all shape how individuals and groups respond to violence. Psychiatrists and psychologists regularly treat patients who are either the victims or perpetrators of violence. Not infrequently, given the insidious nature of the cycle of violence, a patient may be both. The Fellowship encouraged mental health practitioners to develop new knowledge and skills to prevent violence, so that they could become advocates for interventions that could break this cycle.

STANFORD UNIVERSITY (Fellowship 1993–2003; 15 Fellows): Stanford's Principal Investigator was Dr. Hans Steiner, Professor of Psychiatry, Stanford University School of Medicine. All the Fellows were either child psychiatrists or psychologists, who combined involvement in the Fellowship with some aspect of clinical and professional training. Seven of the fifteen Fellows were people of color. During their Fellowships, almost all were involved in some way with the California Youth Authority (CYA).

Hans Steiner, MD (PI): "The Fellowship changed the Stanford landscape. For the past 10 years, we could bring people in that have a somewhat different view and agenda and they are now part of the system. It also had a stimulating effect on the field of child psychiatry. For example, this year at the American Academy of Adolescent and Child Psychiatry, we will have a whole day-long institute just on mental health in the juvenile justice system. In 1990, there were eight presentations about delinquency and conduct disorder. In 2000, I counted 40."

Zakee Matthews, MD: "Hans made concerted efforts to get as many minorities as possible, and I certainly try to influence things every opportunity I have. It's hard to get medical schools to get past the argument: 'We can't find anyone who is qualified enough ...' It helps to have a core group of people of color at an institution to push issues, to reach out to the community ..."

CHILDREN'S HOSPITAL OAKLAND (Fellowship 1999–2003; 5 Fellows): The Principal Investigator was Dr. Lisa Hardy, Director, Division of Psychiatry at Children's Hospital Oakland. She was unique, having been an Academic Fellow at Stanford before becoming a Principal Investigator.

Children's Hospital Oakland was established in 1912 as the first hospital on the Pacific coast to care exclusively for babies and children, no matter what their family circumstances. Almost a century later, its Division of Psychiatry serves children, the majority of whose families have few material or financial resources and live in communities at high risk for violence. Its five Fellows were doctorally

trained psychologists who combined the Initiative Fellowship with activities required for licensure. All five worked on assessment of post-traumatic stress in very young children.

Lisa Hardy, MD (PI): "The Fellowship intended to train MDs and PhDs to better integrate clinical and research responsibilities while looking at the root causes of violence ... to see how they are connected ... to focus more on prevention ... to make clinicians feel more competent in asking about violence. Now I train PhDs —and my MD and Fellowship training lets me bring up different issues and factors and help them conduct richer assessments."

Dr. Hardy & daughter, Retreat, 2000

Daphne Anshel, PhD: "I do think our peer group of post-docs [at Children's] were very excited about what we were doing. We were able to share our experiences informally and a bit formally through talks we gave that they attended. I think we were able to spark a different way of thinking, to highlight violence prevention issues for this group."

SYSTEM CHANGE: THE STRUGGLE FOR MENTAL HEALTH SERVICES IN THE CALIFORNIA YOUTH AUTHORITY Dr. Hans Steiner figured that many incarcerated young people had a lifetime exposure to violence, causing mental health problems untreated in the California Youth Authority (CYA). For ten years, he involved almost all the Stanford Fellows in mental health studies among CYA wards. "The Fellowship allowed us to push a mental health agenda within juvenile justice. Last December, the Fellows and I gave a big report to Governor Davis on the status of the mental health system within the CYA, and what needs to be done. That has never been done before, to my knowledge."

Dr. Hans Steiner & Dr. Zakee Matthews

Dr. Zakee Matthews was a Stanford Fellow (1993–95): "Among the 83 wards we assessed, the majority had been exposed to horrific traumatic experiences. We developed new assessment tools to better diagnose PTSD (Post Traumatic Stress Disorder) and used the information to develop treatment plans. One-third of these kids would not have been diagnosed with PTSD based on typical questionnaires, others would have been under-diagnosed. This may help to reduce recidivism ..." He continues clinical work at the CYA, following about 200–300 young people there.

In April 2002, Allison Redlich organized a Fellows' field trip to the CYA in Stockton CA. Five wards presented on their mountain rescue training, and Dr. Matthews spoke on his mental health work there. Fellows left the CYA that day amid sirens and a lock-down, haunted by the image of hundreds of young black and brown faces watching us. The visit added a profoundly disturbing human dimension to our statistics about incarcerated youth.

HOST INSTITUTIONS:

medicine

Surgeons in urban trauma centers operate on victims of violence with horrifying regularity. They also have high status and credibility for journalists and policymakers. The Foundation wanted to enlist trauma surgeons as advocates for violence prevention. Thus three Departments of Surgery were selected: UCSF, UCSD, and UCD–Highland Hospital. In order to expand the reach of the Fellowship, the Foundation added the Division of Adolescent Medicine, Childrens Hospital Los Angeles in 1998.

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

(Fellowship 1993–2003; 5 Fellows): The Principal Investigator was Dr. Robert Mackersie, Chief of the Trauma Service at the San Francisco General Hospital (SFGH) and UCSF Associate Professor of Surgery. Four Fellows were doctors and one was a lawyer with a MPH. SFGH is located in the Mission District in San Francisco, a densely populated community with deep Latino roots.

Robert Mackersie, MD (PI): "Prior to 1993, prevention was virtually unheard of and now we (surgeons) are considering making it a much more concrete requirement for Level 1 trauma centers. Did the Initiative cause this? No, but it was an important contributor."

Geno Tellez, MD: "Having been on the other side, I know that people don't like academics who come into your community and do a rectal exam and then leave and don't even tell you whether you have cancer. As a Fellow, I went beyond writing papers. I was able to go out in the community to try to engage the people the hospital served. People were thankful that I did that."

UNIVERSITY OF CALIFORNIA SAN DIEGO

(Fellowship 1993–2003; 6 Fellows): The Principal Investigator was Dr. David Hoyt, Head, Division of Trauma/Burn and Professor of Surgery. The Fellows included two medical doctors, a nurse, an educator, a PhD university professor and a foster parent concerned about mentoring at-risk youth. All Fellows earned MPHs during their Fellowship.

David Hoyt, MD (PI): "The Fellowship has created a sense of responsibility to broader social issues among physicians. I didn't understand public health when I was a medical student ... now I know that trauma systems should follow a public health model: disease focus, interest in the public good, prevention, acute care, and rehabilitation."

Vivian Reznik, MD, MPH: "The Fellowship allowed academic physicians to learn how to advocate and implement violence prevention strategies and link university and community-based efforts. UCSD now includes violence prevention in the medical school curriculum and has increased research efforts linked to community needs." *(Dr. Reznik, a UCSD Professor of Pediatrics pre-fellowship, has established the new CDC-funded UCSD Center of Excellence in Youth Violence Prevention.)*

VPI Conference, 2001

HIGHLAND HOSPITAL (Fellowship 1993–2000; 5 Fellows): Dr. Caesar Ursic, Director of Trauma Services, became the primary mentor to the Fellows at Highland Hospital. The three surgeons and two public health Fellows worked with *Caught in the Crossfire* and *Youth Alive*, established by VPI Peace Prize Awardee, Deane Calhoun.

Caesar Ursic, MD (PI): "Deane said that Janet Reno was coming to the Bay Area. I suggested that she visit Highland Hospital, because it is such a busy trauma center and *Youth Alive* is focused here. So she did. I spoke and some of the kids in the program talked about their experience ... Janet Reno really thought this was something we should be doing more across the whole country instead of just concentrating on throwing kids into jail."

Varsha Vimalananda, MPH: "We sought out opportunities to talk to people about gun violence and violence prevention. It was a little scary to get up and talk with 30 surgeons about socio-political causes of violence but the discussions at the end were very interesting. People would stop by our offices and chat about what we were doing."

CHILDRENS HOSPITAL LOS ANGELES (Fellowship 1999–2003; 3 Fellows): The Principal Investigator was Dr. Curren Warf, Assistant Professor at the Division of Adolescent Medicine at Childrens Hospital Los Angeles. All three Fellows were pediatricians, who combined clinical responsibilities and adolescent medicine training with Fellowship projects.

Curren Warf, MD (PI): "We were recruiting docs post-residency, $100,000–$150,000 in debt, and we were asking for another two years. Amazingly, we had applicants, mostly those who were personally passionate about social medicine ... Fellows taught 75 adolescent medicine residents here. We also had an impact on professional societies, especially how violence prevention became a more common topic in adolescent medicine. That's new, and an outgrowth of the Initiative."

Lisa Richardson, MD: "I feel more empowered to try to solve a problem ... to do something! I've always known there were issues, but I didn't have all the skills to tackle them. I never wrote a letter to an official before. I never went to a hearing for gun policy. I never thought my voice was heard. It's given me more insight. Voices are heard—but you have to go to certain forums to get them heard."

HOST INSTITUTIONS:

public health

Attention to violence as a public health epidemic grew greatly during the 1990s, spurred by the 1986 *Surgeon General's Workshop on Violence and Public Health*, and *Violence in America: A Public Health Approach* (1991). CDC's National Center for Injury Prevention and Control funded violence-related research and state and local health department violence prevention programs.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES/ EPIDEMIOLOGY AND PREVENTION FOR INJURY CONTROL BRANCH (EPIC) (Fellowship 1993–2003; 10 Fellows): The Principal Investigator was Dr. Alex Kelter, Chief of EPIC. His Division made a commitment to injury and violence in the 1980s, and won one of the first federal grants to build a state infrastructure to work on injury and violence prevention. All the Fellows had MPHs or MAs, and combined responsibility for aspects of state programs with fellowship projects.

Alex Kelter, MD (PI): "Even before the VPI, there was a growing awareness that violence prevention could use public health methods and institutions. I think that the VPI accelerated that a great deal. It began as a huge magnifying glass examining the issue of youth violence. The Fellows, in learning what they learned and doing what they did, made a lot of acquaintances and partnerships. So our program's partnerships accelerated and deepened faster because of this."

Carolina Guzman, MPH: "Having the Fellowship added diversity to the state in terms of leadership. Alex understands and respects fellows. He lets young people who are somewhat naive pursue their ideas. This can lead to new ways to work at the health department. For example, I worked with the Sacramento police department on domestic violence. Both the police department and EPIC were able to show each other tools that could benefit each other."

Fellows meeting, Sacramento, 2003

Fellows meeting, UCLA, 1994

UNIVERSITY OF CALIFORNIA LOS ANGELES (Fellowship 1993–1998; 2001–2002; 14 Fellows): The Principal Investigator was Dr. Susan Sorenson, Professor, Public Health & Community Health Sciences. In the first five years, 13 students enrolled in masters and doctoral degree programs received Fellowship funding. Many were able to publish research that was supported in part by the Fellowship. Then UCLA took a break from the Fellowship, and in 2001, recruited one more fellow with a PhD in criminology.

Susan Sorenson, PhD (PI): "At first, our Fellows fit a more traditional graduate student profile, so going out into communities was new and an important benefit of the VPI. Later, we had students who came with more experience working in communities on violence prevention ... I think the program really had an impact but it will be very hard to evaluate correlations between the VPI and what happened to Fellows here at UCLA. For example, Japan passed its first law making wife-beating illegal only a year or two ago. Our Fellow Mieko Yoshihama was active in Japan in that process. She's now on the faculty of the University of Michigan, but she had a profound influence on public policy in Japan ... I think the Fellowship helped her develop skills and confidence."

Mark Chekal-Bain, MPH: "The Fellowship really defined my entire career. My previous work had been with individuals through education and public service announcements as opposed to creating policy level changes. I wanted to have more breadth of influence. I began work as a staffer for the California Select Committee on Gun Violence. The 1999 legislative session had several major bills related to firearm safety. The governor signed eight of these into law."

VIOLENCE PREVENTION RESEARCH PROGRAM, UC DAVIS (Fellowship 2001 – 2003; 1 Fellow): The Principal Investigator was Dr. Garen Wintemute, Director of the Violence Prevention Research Program (VPRP) and Professor at UC Davis. Dr. Wintemute's *The Ring of Fire*, published in 1994, was pivotal in informing policymakers on the need to ban the manufacture and sale of cheap handguns in California. The VPRP received Foundation research funding in the first five years of the Initiative to address the causes, nature and prevention of firearm violence. In 2001, it received Fellowship funding and recruited a Fellow with an MPH in epidemiology to further the Program's research.

Garen Wintemute, MD (PI): "I helped Mike to see that while there are lots of good ideas for projects, it is worth triaging them based on utility in the real world—the "so what" question ... I really hope that the Fellowship program continues at some level. It has been very productive. Unfortunately, rates of violence are going back up at the same time that principal private funders are curtailing their funding. Just when we need more people in the labor force, the labor force is diminishing."

assessing the effects of the fell

The fundamental measure of success was whether Fellows continued to incorporate violence prevention in their careers five to ten years post-fellowship. Two-thirds of the former Fellows said that they were doing some violence prevention work currently. Among the remainder, 75% reported doing violence prevention (either paid or volunteer) at some time since leaving the Fellowship.

VIOLENCE AND ITS PREVENTION The root causes of violence stem from the social, economic and political inequalities inherent within most human societies, and the forces that shape individual, group and corporate behavior. Violence kills and maims bodies and spirits. It takes many forms, such as the physical or emotional abuse of children, intimate partners, elders and strangers. The tools of violence include guns, bombs, sharp and blunt objects, fists and words. The fuels of violence include alcohol and other drugs, greed, hatred, rage, disrespect, and the glorification of violence in the media.

The prevention of violence also takes many forms. Each facet of violence mentioned above creates specific opportunities and strategies for its reduction. Furthermore, a primary strategy is to foster realistic hope in a livable future. A variety of efforts, such as community development, education, skill-building and involvement with the arts, can contribute to violence prevention. This broad understanding of violence prevention complicates efforts to answer the fundamental question: are former fellows involved in violence prevention?

ASSESSMENT METHODS During the spring of 2002, forty-nine former Fellows were asked to complete an on-line survey. Forty-two did so, giving an 86% response rate. During the summer, in-depth telephone interviews were conducted with the nine Principal Investigators and 27 survey respondents, selected to assure good representation of site, discipline, gender, race and cohort. The information presented here represents the reflections of these respondents.

CONTINUED INVOLVEMENT IN VIOLENCE PREVENTION The survey provides a single snapshot, taken in April 2002. It changes as the Fellows' circumstances change. Former Fellows have fluid employment records caused by, for example, entrance to graduate or medical school, openings for faculty positions, grant cycles, availability of research funding, job openings at preferred employment, and relocations to accompany spouses. Lack of jobs and competition with other work commitments seem to be the most significant reasons for Fellows who are no longer working in violence prevention.

Since there is no career path in violence prevention within the medical and health professions, most efforts were integrated into clinical or public health work or accomplished through volunteer work. Also, since violence and its prevention takes many forms, it was not surprising that Fellows reported a broad range of types of involvement in violence prevention.

owship

Trauma surgeons

- create linkages between trauma services and community organizations
- educate surgical residents about violent injuries and their prevention

Pediatricians

- direct an adolescent medicine clinic that focuses on primary and secondary violence prevention with high-risk youth and the treatment of youthful victims of violence
- direct a CDC-funded Center of Excellence in Youth Violence Prevention

Psychiatrists

- treat youth and their families who have been perpetrators of violence and/or exposed to violence
- explain the impact of prolonged exposure to violence to the court

Psychologists

- work as a researcher at a federal Crime, Justice Policy and Behavior Program
- consult on a violence prevention program for preschoolers

A nurse

- serves as a member of a multidisciplinary Sexual Assault Response Team through the emergency medical services office

Public health professionals

- teach and conduct research on violence against women at a state university
- evaluate violence prevention interventions at a private research firm
- manage a grant-making program in youth violence and gun violence prevention at a private foundation

As volunteers, Fellows

- work to teach self-reliance and self-esteem with abused women in a sailing program
- organize a local church to support a gun resolution being introduced to the city council
- serve as President of a medical students' chapter of the Physicians for Social Responsibility
- conduct a statewide violence prevention seminar for health professionals

FELLOWS FUND Relatively small amounts of money can provide resources, eliminate small financial barriers, and sustain involvement in a movement. In 1998, the coordinators created a Fellows Fund to support continued involvement in violence prevention. All Fellows could apply for up to $1,000 a year, receive approval, and then be reimbursed for invoiced expenses. The most common request was to pay travel and registration expenses to attend violence-related conferences, often to make a presentation. Fellows bought statistical consultation and materials for research projects, books, subscriptions to journals and were able to participate in and even conduct training workshops and conferences. Of the 19 former Fellows who used the fund, 69% said that it was "extremely helpful" and an additional 23% said it was "moderately helpful" in facilitating their ongoing work in violence prevention. Former and current Fellows drew $26,194 from the fund.

diversity

VPI conference, 2002

An unstated goal of the Violence Prevention Initiative was to bring together diverse groups in ways that fostered true partnerships. Both Fellows and Principal Investigators were unanimous that the diversity of the Initiative and the potential for collaboration was a strength.

Diversity has many facets. Fellows brought their backgrounds, perspectives, and experiences with them (e.g., being poor or rich, urban or suburban, black, brown or white), along with their academic credentials. For many, the program provided a safe forum to rethink sensitive issues (e.g., race, class, root causes of violence) and work through personal issues related to diversity (e.g., being an African American male or upper middle class white), although a few Fellows did not feel safe to share their views. Having Fellows from many health disciplines together weakened stereotypes, enriched conversations and overcame intimidation or previously held assumptions.

Vivian Chavez (now PhD): "I had never been with so many upper middle class highly educated people in my field, even with my master's degree from UC Berkeley. Surgeons, doctors, psychiatrists ... the Fellowship was a way of getting beyond the façade of education."

Joani Marinoff, MPH: "It made me really realize the importance of listening. What was most challenging for me was the spectrum of political views, not gender or ethnicity. Some people defined themselves as researchers and not part of a community. There was a great diversity in how people saw themselves and the work they did, but we weren't adversarial. There was mutual support from everyone."

A Pacific Center celebration, 2003

Mary Weitzel, JD, MPH: "Coming from Johns Hopkins, I had a good sense of epidemiology and policy, so the most important part of the fellowship for me was working with people who have different life perspectives and ideas about ways to work. It helped a lot to learn about priorities, sensitivities, perspectives ... how different people look at the same thing and come to completely different conclusions based on their experience."

Mieko Yoshihama, PhD: "The initiative created opportunities for participants to deal directly with race, class, and gender. But people need to move beyond customary approaches to these issues. For example, because you're the one from the different race, you talk about it and help others understand. But it isn't a one-way process. Everyone needs to take responsibility for themselves and examine how their position of power and privilege affects their views and research regarding violence prevention."

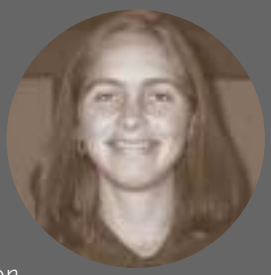
Zakee Matthews, MD: "The group provided a sounding board to work on our own issues and identity ... I'm a minority male, and minority males are often the focus of violence. It is very painful to look at this and feel helpless, to identify with so many of them. I hate to have my community so devastated. But the flip side of that is I can provide encouragement and increase self-esteem and rekindle the hope that things can change for them."

Fellows with two Peace Prize Awardees & colleagues, San Diego, 2003

people power: networks & mentoring

UCLA Fellows, 1997

The Fellows were unanimous about the importance of being part of the Initiative network, regardless of how involved they actually were with other Initiative members. Relationships with other Fellows were highly valued. When surveyed about their relationships with people from various components of the Initiative, 63% of Fellows reported that "other Fellows in their cohort" were very important, significantly higher than for any other person or group.



Andrea Spagat, MS: "Two Latina women who had fellowships before me at EPIC recommended me to the Fellowship. I worked with one on finishing up a project for a few months and then took it over. We formed a really good bond. The three of us have had a couple of get-togethers recently, looking at how we can continue to work together on Latina-focused work and offer our special perspective on evaluation or program development."

Daphne Anshel, PhD: "The Fellows' meetings were an oasis to us because there was a hopeful energy at them. It was a way for us to get refueled."

Relationships with people in other parts of the Initiative were harder to establish. Most Fellows desired more contact with the Community Fellows than they were able to have. Fellows who worked most closely with community groups tended to have had previous community-based advocacy experience and sought out their own opportunities. Nevertheless, Fellows valued being part of the Initiative; people were always willing to return a fellow participant's phone call and to explore ways to work together.

Patti Culross, MD, MPH: "I met a lot of people in violence prevention in the state who were researchers and advocates. It was useful for me to know that they existed. After the Fellowship, I realized that I was very well informed regarding who was doing what in violence prevention, far more than I appreciated while I was a Fellow."

Hilary Hahn, EdM: "We held monthly meetings that included Academic and Community Fellows in San Diego. There weren't always specific outcomes on the agenda, but the meetings created an environment for something to develop. If you know Community Fellows well, you are much more likely to contact them when you have a project that might benefit from collaboration."

Stephanie Hawkins, PhD: "When Fellows interact with people who are committed to violence prevention, sometimes it is contagious. To see how people are willing to work with others in a group is motivating—to see the realities of the work and the barriers—to see how people struggle but at the same time are still committed."

Angela Gallegos-Castillo (now PhD): "As a researcher who has done community-based research for a long time, it is invaluable to be able to have a directory of people that I know I can call up and say 'I was with you in the Initiative,' and get collaboration almost immediately because we have been part of a common goal and vision."

MENTORING

It used to be that people wanting to learn a trade became apprentices to skilled artisans, and they acquired skills through listening, watching, practicing and mastering. Ideally, the Fellowship offered opportunities for Fellows to find people who could serve as "master craftsmen" in the practice of violence prevention. In many cases, that is what happened.

Randal Henry, MPH: "Billie Weiss is not just my mentor; she is my public health hero. She didn't just help me. After I met her I said 'wow I want to do what you do and want to be like you' ... I went to learn from her." *[Billie Weiss, MPH, is the Executive Director of the Violence Prevention Coalition of Greater Los Angeles.]*

Monet Parham, MPH: "The three people that I worked with at EPIC were most instrumental. They encouraged all of us to go out and do things. They would have us do speaking engagements that they would normally do. They forced us to get out there and take some leadership, to be prepared to help set the agenda. Now I won't shut up. They were definitely like professional guardian angels."

Carolina Guzman, MPH: "I was passionate about violence prevention as an advocate but a lot of times would communicate with anger. I needed to make sure I communicated in a way where people would listen. At the annual meetings, I met activists who were so well versed. They had amazing skills. This is something that I learned more about in the fellowship ... how to play the role of both researcher and activist."

skill building for advocacy: policy & media

The Fellowship worked to build the Fellows' advocacy skills in order to inform policy—something foreign to medical school curricula and even to most schools of public health. Policy and media advocacy are inextricable. In fact, one cannot have an effective public health media strategy without articulated goals.

The Initiative had two policy goals: increase resources for violence prevention for youth and reduce youth injuries and deaths from firearms. Over 80% of the Fellows reported that they knew more about policy and media advocacy because of the Fellowship, although only a few made policy advocacy central to their work.

Sharon Pacyna, RN, MPH: "The Fellowship opened my eyes to how important policy is to accomplish what needs to be done. You have to go out there and educate the public or your colleagues, and do media advocacy too. When I was going through the media training, I had no idea why I was doing it. Finally it sunk in and I got it. Now I have an appreciation of how to respond and use current events in the community to focus on violence prevention."

Jessica Yasnovsky (nee Berkowitz), MA: "Media advocacy training taught me skills I can use to promote violence prevention and other public health concerns. The training helped me formulate ideas quickly and present them clearly. Watching myself on videotape showed me ways that I could improve my responses. The Berkeley Media Studies Group (BMSG) is a wonderful resource that I will consult when I voice concerns through the media."

Stephanie Hawkins, PhD: "I knew how research could impact policy at a theoretical level but it is a different beast when talking about actually moving research towards policy and making people aware of the issues. I saw that happen in the VPI. I didn't have the opportunity to engage in it, but it is good to know people who do."

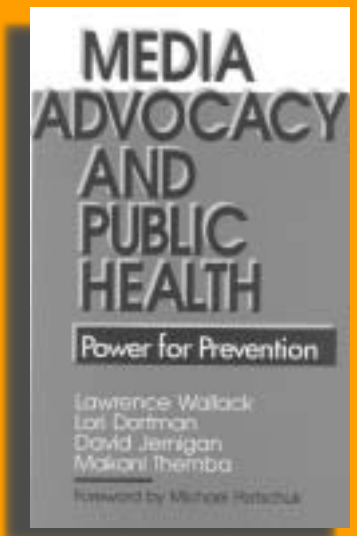
Mark Chekal-Bain, MPH: "If you are going to do policy work, by definition you have to do collaborative work. Elected officials are diverse people in gender, class, political party, rural/urban. You've got to have that representation in your work or you won't be successful ... And media advocacy is also important. We had a campaign for several years led by BMSG doing editorial boards, letters to the editor, articles in newspapers—that is so important to getting policy changed."

Andrea Spagat, MS: "Because of gangs, drug dealing, and prostitution, we are working with students to organize, so the school can move to another location. Kids are testifying at school board meetings, and doing media work. They've been on the KPFA Morning Show, were the headline story on Channel 5. Hopefully this gives them a sense of power over their own lives. We got all that press because we used BMSG tools. I couldn't have done it without that training."

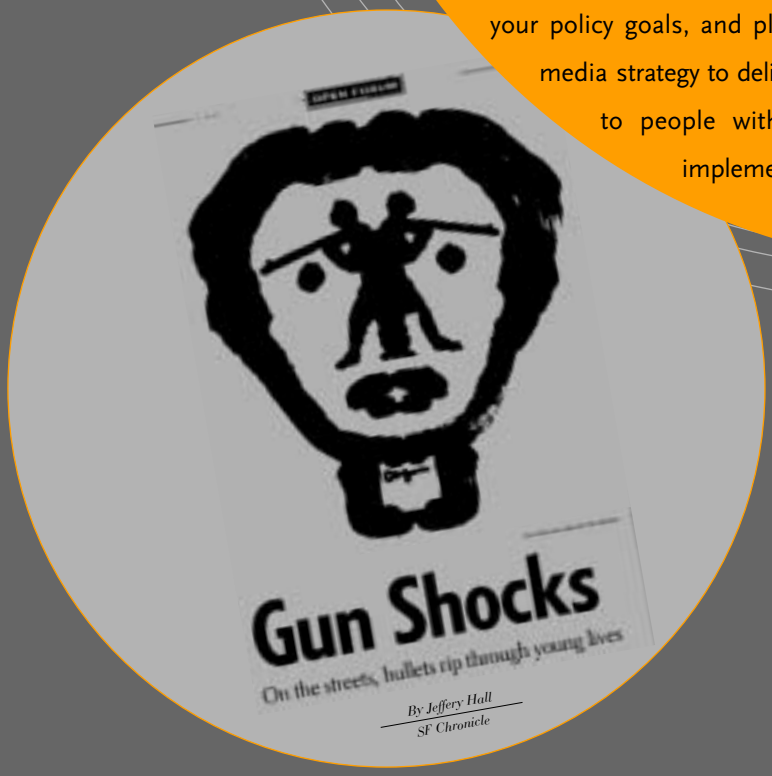
Monet Parham Lee, MPH: "We learned how to make the local media work for our causes—how to bring the issue home to local communities—how people can make their issue important to others and keep the fires burning. We did this with the gun ordinance in Sacramento. We found examples in our own communities and brought them to our local Latino and African American newspapers and to our own groups (e.g., churches) and reminded them how guns have impacted our families and communities. We contacted BMSG for assistance and they suggested key things to put into the OpEd piece ... and it was published."

SKILL BUILDING FOR ADVOCACY:

The motto of the Berkeley Media Studies Group (BMSG) is: "We help public health advocates raise their voices, break through the din and be heard when it is most important—when policy decisions are being made."



Every year, BMSG staff conducted a full day media advocacy training for Fellows, distributing their text: *News for Change: An Advocates Guide to Working with the Media*, and combining theoretical discussions with group critiques of Fellows' "live video interviews." The take-home message was—practice articulating your policy goals, and plan out an effective media strategy to deliver those messages to people with the power to implement them.



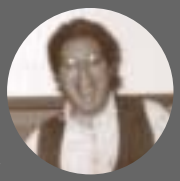
personal growth: knowledge & self-respect

The Academic Fellowship aimed to attract and train a group of young health professionals to work on the leading edge of violence prevention. Over 80% of the survey respondents said that the Fellowship had a large or moderate effect on strengthening their commitment to violence prevention and on strengthening their support network for this work.

Knowledge gains in support of the core competencies (listed on page 5) was a goal of the monthly training meetings. Fellows recognized several learning resources in addition to these trainings—the annual conferences, meetings with Principal Investigators, discussions with other Fellows, journal reading and discussion, and doing their fellowship projects.

The formal Fellowship focused more on how Fellows could contribute to the field, less on how that process would contribute to their personal growth. Nevertheless, about 40% said that the Fellowship had a large or moderate effect on their values and appreciation of other's cultures and communities, while about a third said that experiences prior to the Fellowship had a greater influence. The Fellows were very specific about how the Fellowship empowered them.

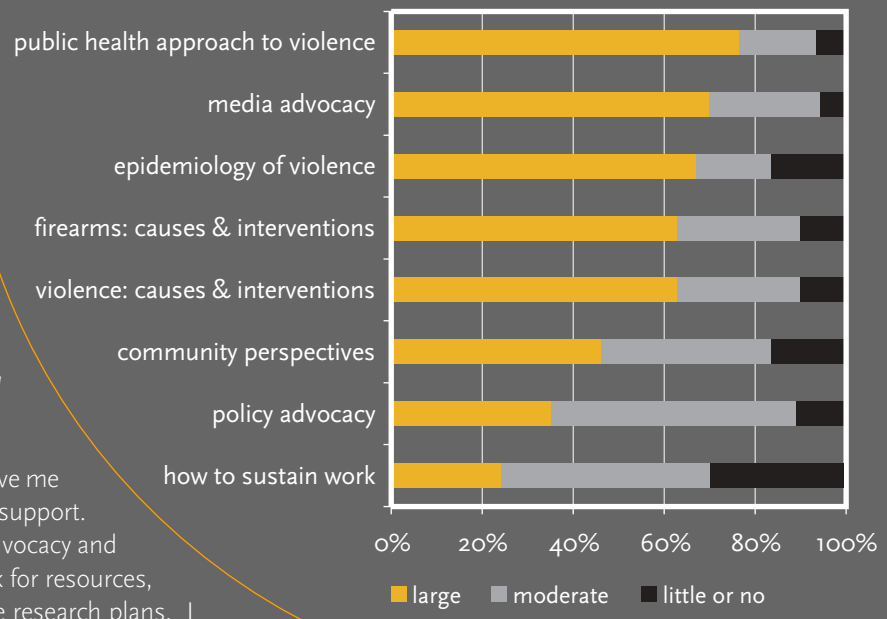
Jeffery Hall, MA: "It was quite a transformative experience for me personally and professionally. I hadn't had recent exposure to such amazing academic mentors. It was really energizing to be around these intelligent and passionate colleagues and be treated as an equal ... treated as a violence prevention professional ... I was able to attend conferences and present my work which was empowering. I recall an encounter after the Fellowship when I was at the Los Angeles Violence Prevention Coalition conference. Someone recognized me as the 'trigger locks' guy. It felt good to hear that someone had 'got' my message. The VPI Fellowship was a place where my personal and professional ideals merged ... It definitely got my creative juices flowing." *(Jeffery now works at a non-profit public health advocacy agency in Sacramento.)*



Geno Tellez, MD: "My uncle always said something is going to happen to Latinos only when we get out there and become part of the process. Now, I go around Fort Worth and meet elected officials, and because I am the trauma director, I get to set the agenda and take what I learned from the Fellowship as well as who I am—being a Latino." *(Geno is Trauma Medical Director, JPS Health Network, Fort Worth, TX.)*

KNOWLEDGE OF CORE COMPETENCIES

Survey responses about fellowship's impact on knowledge of core competencies



Randal Henry, MPH: "The Fellowship allowed me to attend a student conference at UMass Boston to present a paper on adolescent perceptions of violence risks. This gave me an opportunity to work in a much larger arena, and to share ideas with colleagues around the country." *(Randal is now a doctoral student at UCLA.)*

Varsha Vimalananda, MPH: "The Fellowship gave me a good sense of self-efficacy. I received so much support. I realize now that I can integrate public health advocacy and policy with a clinical career. I know where to look for resources, how to connect with other people, how to make research plans. I feel like I have all of these skills that most of my peers don't have. It has really enriched my background, my understanding of the world and what I see myself doing in the future." *(Varsha is now a medical student in Philadelphia.)*

Vivian Chavez, (now) PhD: "Before, I had certain assumptions about people with advanced degrees. During the Fellowship, I was in a good group of highly educated people who are activists. I brought a decade of violence prevention experience to the Fellowship. I had a lot of experiences that others did not, and I felt very acknowledged. I was a teacher in meetings. Just seeing that academics were interested in what I had to say was great." *(Vivian went on from the Fellowship to get a doctorate at UC Berkeley, and is now on the faculty of San Francisco State University.)*

Summer retreat, 2000

reflections to ponder

The ending of any endeavor offers a chance to reflect on its meanings, its accomplishments—how its experiences can guide subsequent work. The Academic Fellows Program was a ten year experiment in attracting and training health professionals to engage in violence prevention work. We offer these reflections, integrating our own thinking with that of the Fellows and Principal Investigators.

The success of any fellowship depends upon the qualities and talents of the Fellows and all who mentor them.

Violence prevention as a public health responsibility was a new activity. The learning curve about effective violence prevention was steep throughout the Initiative, each component struggling with its unique challenges. In large measure, Principal Investigators, Fellows and coordinators were learning by doing throughout the Fellowship. For the Academic Fellowship Program, the challenges included a dearth of role models within the health disciplines, a body of literature more prone to describe the problem than to suggest or evaluate solutions, an isolation from community and political action, and a profound suspicion of the media. The published literature about violence prevention has expanded exponentially in the 1990s (contributed in part by Initiative participants), and subsequent practitioners can build upon this base.

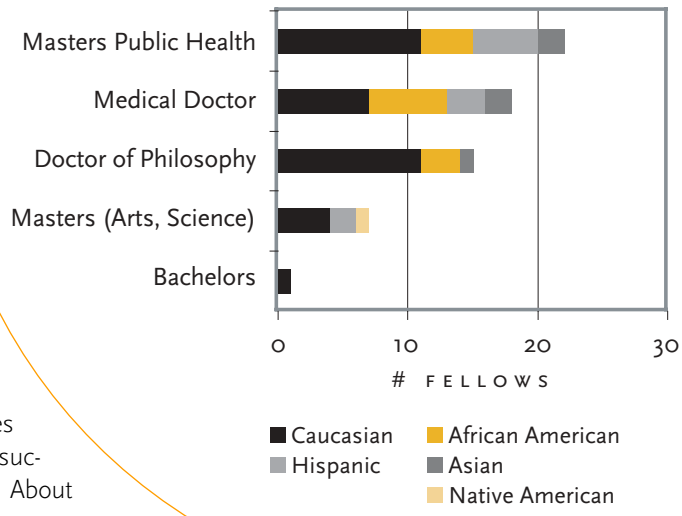
The evolutionary, heterogeneous nature of the Fellowship was both a strength and a weakness. This Fellowship was unique, being part of a larger leadership program, which itself was part of a comprehensive violence prevention initiative. The Initiative had no one specific model for the Fellowship. It took characteristics from several designs:

- hospital-based fellowships associated with specialty training in medical disciplines;
- fellowship support of students in graduate education;
- specialized fellowships at policy "think-tanks" and institutes; and
- leadership fellowships.

In response to the lack of a role model, Fellowship participants had both the advantages and difficulties of "starting from scratch." The strengths lay in the ability to tailor activities to the needs and interests of each Fellow and cohort. This strength favored the "self-starter," a characteristic of most of the Fellows. However, some did struggle initially to find a niche. The Fellowship did evolve, and the coordinators and PIs were able to fine-tune activities in response to its annual review. However, they were never able to escape the inherent tensions between the desire for more structured training exercises and the constraints of time, budget, competing responsibilities and geography. The long-term influence of this experience on the Fellows has yet to be determined.

Mentoring, in all its forms, is quite important. Mentoring was not an explicit element of this Fellowship, but through it, most Fellows did find people who inspired, taught, and encouraged them in very positive ways. Fellows were mentored by Principal Investigators, other Fellows, the coordinators, colleagues, teachers, and professional and community activists in the field. Peer mentoring occurred, especially at sites having more than one Fellow, and during the monthly meetings. Some Fellows could have used more help in finding appropriate mentors.

RACE/ETHNICITY BY GRADUATE DEGREE



The goal to recruit fully-trained health professionals from communities of color posed difficulties for most sites. Sites used a variety of methods to find good candidates, and in later years, former Fellows became very effective recruiters of applicants. The Initiative desired health professionals who were women and/or from other under-represented communities (primarily African Americans and Latinos). The Fellowship was successful in attracting women, as 81% of the Fellows were women. About half (47%) of the Fellows were people of color.

Three social forces affected recruitment of Fellows from the health professions.

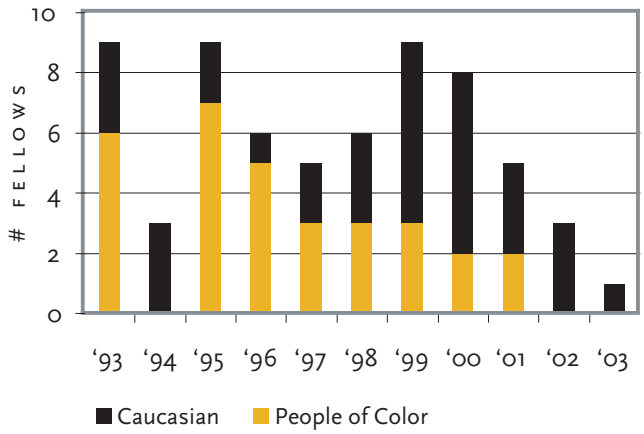
Racial diversity in the health professions: The racial composition of medical and public health schools diversified in the 1980s. Thus sites were able to recruit Fellows of color from a variety of disciplines.

Affirmative action: In the 1997 election, California voters enacted Proposition 209, which banned all forms of affirmative action in the operation of public employment, public education, or public contracting. This ban was one of the reasons that UCLA did not re-apply for the Fellowship in 1998. As can be seen in the graph below, the majority of fellows of color were enrolled during the earlier years of the Fellowship.

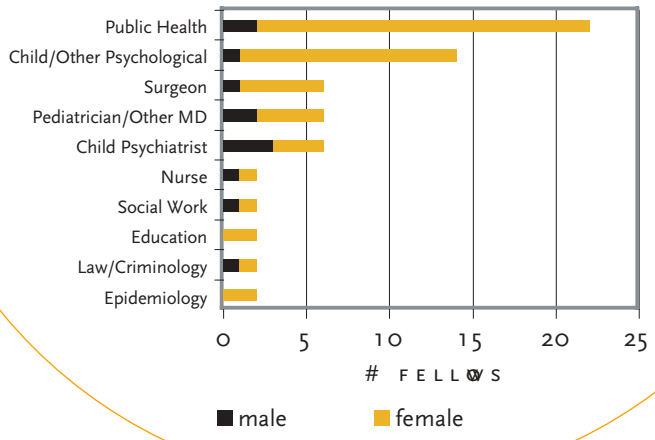
Health care: Health maintenance and preferred provider organizations radically changed how physicians were paid for services. Federal policies shifted how institutions were reimbursed for medical education. The shift from hospital-based to ambulatory treatment made physicians, particularly surgeons, wary about leaving secure positions to explore new areas such as violence prevention. Eighteen of the 64 Fellows were medical doctors, of whom 6 were trauma surgeons and 6 were child psychiatrists.

Some Fellows questioned whether graduate-level health professionals were the right candidates for this program. Would inclusion of other disciplines, such as sociology, law and criminology, be useful? The health mandate of The California Wellness Foundation determined the composition of this Fellowship. Some suggested that undergraduates would be easier to recruit and more easily guided in career choices. Decisions made by future fellowships will be guided by their own goals, as well as by the lessons learned by this and other fellowship programs.

NEW FELLOWS: YEAR BY RACIAL DIVERSITY



PROFESSIONS OF ALL ACADEMIC FELLOWS



Resources of money, time and proximity influence what host institutions and Fellows can accomplish. California is a big state and health professionals are extremely busy people. Scheduling of any Fellowship event was difficult in the extreme, and rarely was it possible for all current Fellows to gather except at the Initiative's Annual Conference. Fellows' attendance at common meetings meant that at least some Fellows had to fly in and out—expensive in time, money and energy.

The relatively modest funding for the Fellowships ($50,000/year/institution, $65,000 after 1998) gave valued opportunities to Fellows, Principal Investigators, and institutions. However, the funding did not go far in California's urban areas, the locations of the host institutions. Some salary support for Principal Investigators would help with hospital and university requirements that faculty cover costs for time spent on projects. For clinical fellows, more substantial stipends could protect additional time for Fellowship activities. A fellowship-wide discretionary fund (similar to the Fellows Fund) could help reimburse Fellowship-related expenses (e.g., statistical support for a research project or travel to present the results of a Fellowship project).

It takes time, energy and desire to make collaboration work. The Fellowship held the promise of opportunities to build solid collaborative relationships between academics and those who did community-based work. Although these relationships did flourish with some Fellows, primarily those who had community experience prior to the Fellowship, most regretted that they could not or did not take advantage of these opportunities. There could have been many reasons: hesitancy due to cultural and personality differences, differing priorities, a perceived lack of interest among Community Fellows, "labeling" of both groups (e.g., as academic vs. community), and in large measure, the barriers of time and geography.

Building trust and respect between individuals from different age groups, social classes, life experiences, races and ethnicities is very time-consuming. Over the years, friendships and trust enabled a core of collaboration at the Initiative level, but it continued to be a struggle at the local and individual level. The Fellowship could have done more to facilitate collaboration by more vigorous planning of joint activities with Community Fellows, utilizing facilitators to prepare individuals for diverse gatherings, and using non-traditional approaches to diversity (e.g., forums where individuals examine their own issues related to power, class, and race).

post-fellowship challenges for violence prevention work

During the Initiative, the coordinators made extensive efforts to keep in touch with former Fellows. Efforts included:

- maintaining current contact information (email, telephone, address) for all Fellows;
- administering a Fellows Fund to reimburse Fellows for expenses related to violence prevention;
- including them on the Initiative listserv, providing daily posting of links to news stories relevant to violence prevention, as well as to message exchanges among Initiative participants;
- sending them minutes and copies of journal articles discussed at monthly meetings;
- mailing them books and slide shows periodically; and
- inviting them to teach at the annual UCSF seminar on violence prevention for medical and nursing students.

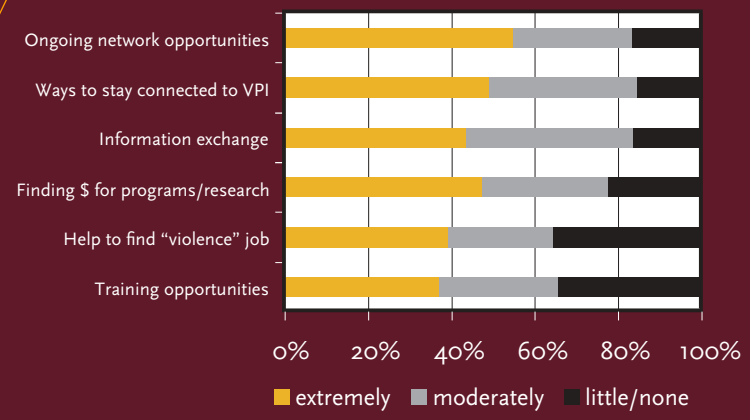
The survey asked Fellows what would be helpful in facilitating their on-going work in violence prevention. As shown in the graph, over 60% of respondents said that all of the mentioned activities would be extremely or moderately helpful. Not surprisingly, over half the Fellows said that resources to maintain networks and connections would be extremely helpful. Information exchange was also highly valued.

During the Fellowship, more attention could have been paid to ways Fellows could prepare themselves to integrate violence prevention into their careers. The availability of funding, trends in rates of violence and social and political forces, over which the Fellowship has no control, all shape what is possible. However, beyond job opportunities, it is the networks, friendships, mentors and information which help sustain former Fellows' resolve to continue doing violence prevention.

The challenge to those who shaped, directed and participated in the Fellowship is to devise creative ways to maintain the connections which bolster this resolve.

RESOURCES FOR FORMER FELLOWS

Survey respondents assess usefulness of resources



SELECTED LIST OF FELLOWS' PUBLICATIONS:

1994 Yoshihama M, Sorenson S. Physical, sexual, and emotional abuse by male intimates: experience of women in Japan. *Violence and Victims.* 1994;9(1):63–77.

1995: Tellez ML, Mackersie RC, et al. Risks, costs and the expected complication of re-injury (recidivism). *Amer J Surg.* 1995;170:660–664.

1996: Chavez V, Dorfman L. Spanish language television news portrayals of youth and violence in California. *International Quarterly of Community Health Education.* 1996–97;16(2): 121–137.

1997: Benton LD, Henderson VJ, Organ CH. Evaluation of maternal and fetal outcomes of trauma during pregnancy. *Surgical Forum.* 1997;XLVIII:589–590.

1998: Benton-Hardy LR, Lock J. Disruptive behavioral disorders. In Steiner H, (ed) *Treating School Children.* San Francisco: Jossey Bass, Inc., 1998. Pages 93–122.

1999: Araujo K, Ryst E, Steiner H. Adolescent defense style and life stressors. *Child Psychiatry and Human Development.* 1999;30(1):19–28.

2000: Chaffee, TA, Bridges M, Boyer, CB. Adolescent violence prevention practices among California pediatricians. *Arch Pediatr Adolesc Med.* 2000; 154:1034–1041.

2001: Zelenko, M, Huffman L, Brown BW, Daniels K, Lock J, Kennedy Q, Steiner H. The child abuse potential inventory and pregnancy outcome in expectant adolescent mothers. *Child Abuse and Neglect.* 2001;25:1481–1495.

2002: Hawkins S, Pitts T, Steiner H. Weapons in an affluent suburban school. *Journal of School Violence.* 2002;1(1):53–65.

2003: Grassel KM, Wintemute GJ, Wright MA, Romero, MP. Association between handgun purchase and mortality from firearm injury. *Injury Prevention.* 2003;9:48–52.

COMING FULL CIRCLE:

From 1993 to 1996, Dr. Geno Tellez, UCSF Academic Fellow and trauma surgeon, built links between San Francisco General Hospital and the surrounding Mission District. At that time, Henry Morales was a street-smart 14 year old Mission resident who liked Geno and what he brought to the Mission. By his own admission, Henry's life could have gone in many directions, many of them destructive.

However, at 24, Henry is now a straight A student at San Francisco City College and on the staff at H.O.M.E.Y. (Homies Organizing the Mission to Empower Youth). Recently, he and colleague, Taishi Duchicela, presented to a monthly Fellows meeting, and offered to work with Dr. Rochelle Dicker, the current UCSF Academic Fellow and trauma surgeon. She is building upon Geno's work (see 1995 citation in accompanying list), linking youth admitted to the SFGH Trauma Center with community-based services in order to prevent their re-hospitalization with yet another violent injury. At SFGH, about 40% of youth hospitalized for care of violent injuries had been previously treated for violent injuries within the past five years.

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