About Us

The Langeloth Foundation's grant-making program is centered on the concepts of health and well-being. The Foundation's purpose is to promote and support effective and creative programs, practices and policies related to healing from illness, accident, physical, social or emotional trauma, and to extend the availability of programs that promote healing to underserved populations.

The Langeloth Foundation views the field of healing broadly, recognizing that in many cases helping people to heal may also help to prevent future problems. The constitution of the World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. For the Langeloth Foundation, healing is seen as including not only physical recovery from illness, accident or trauma, but also the emotional dimensions of recovery.

The Foundation is particularly interested in funding programs that address the health of individuals who, because of barriers to accessing care, experience poor and sub-optimal health, including: those with no or severely limited income, cultural differences, lack of English language skills, lack of health insurance or inadequate health insurance, limited access to health care services, mental illness, substance abuse, homelessness, incarceration, and exposure to trauma.
Executive Summary

What are the causes of persistent violence in so many U.S. communities? What impacts does this violence have on community health and thriving? How can collective action reduce violence and set a new course for peace, health, and well-being?

These were the questions that drove a Symposium Series held in five U.S. cities between October 2012 and February 2013. Supported by the Langeloth Foundation, the meetings drew about 75 thought leaders, advocates, civil servants, and practitioners, gathering in Chicago, Philadelphia, New Orleans, Oakland, and Washington, DC.

The discussions were designed to achieve three learning objectives: 1) identify approaches that are reducing the effects of chronic violence; 2) understand the challenges communities face in stemming violence; and 3) document models of effective collaboration in the field. In addition to the gatherings, research was also conducted to investigate community violence and understand the drivers of violence as well as positive responses to it. This report documents that research and the highlights of the symposia, capturing the essence of the five meetings with a particular emphasis on the lessons that local actors have learned through experience.

Over the course of the Symposium Series, no single factor or silver-bullet theory emerged to explain away the complexity of violent behavior. In fact, the conversations and the research suggest multiple and overlapping reasons why some individuals choose to engage in violence or why some communities experience persistent violence. Throughout the meetings, participants repeatedly raised three drivers of chronic violence: 1) poverty & economic marginalization; 2) trauma; and 3) social isolation common to resource-poor communities. This report examines each of these concerns and highlights community strategies for responding to each.

The Symposium Series also uncovered several important cross-cutting concerns that intersect with chronic violence, which this report organizes under three overarching themes: 1) Social Identities and Community Violence; 2) Structural Inequality and Chronic Violence; and 3) Collective Action and Violence Reduction. A primary concern of the study is the relationship between persistent violence and social factors that help determine the location and duration of violent behavior.

The symposia surfaced a number of commonsense actions that the social change sector should consider. These actions are clustered around five strategic options:

1) Convene diverse leaders and nontraditional actors to build coalitions of committed stakeholders;

2) Support innovative and catalytic organizations that are leading cutting-edge interventions and engaging peers in change efforts;
3) Back principals in the field and help groom future leaders;

4) Support efforts that inform the public and fiscal policy discourse on ending violence; and

5) Foster efforts that help build communities of practice and share information on promising and effective interventions.

This report begins with an analysis of key terminology, moves on to discussing the drivers of violence and three cross-cutting themes as they were articulated by symposia participants, and concludes with recommendations for how the social change sector can act on this issue.

The recommendations for action, informed by a contextual understanding of violence and related issues, could help fill troublesome gaps in the field, improve local results, and ultimately, lay a foundation for reducing chronic violence and establishing conditions for people to live safe, healthy lives.
Background

Over the course of five meetings in five different cities, the Symposium Series yielded robust conversations about the meaning of violence; the people in communities disproportionately impacted by chronic conflict; the drivers of violence; and the strategies that communities, public sector officials, and foundations can employ to advance community health and thriving.

A few key actions preceded the Symposium Series: one action carried out by the conveners was to recruit local partners to help secure local and national experts, collaborate on a symposium agenda, and frame the discussion so it was appropriate to the conditions and concerns of each selected city. Conveners and partners worked together to canvass their communities and gather essential information about violence in those cities. Two products emerged from this process: a symposium agenda and a report serving as a primer on each city’s priorities regarding violence prevention and community health. (A complete description of the research and planning for the Symposium Series can be found in Appendix A: Methodology.)

The conveners also framed the discussions for participants as clearly as they could. They began with an inquiry into key terminology. The discussion was propelled by asking what we mean when we talk about violence.

For the purposes of the meetings and written briefs, participants and researchers operated with a basic, working definition of “violence”: intentional behaviors or actions that cause harm between people. However, the literature review also surfaced a useful typology that offered a multi-faceted definition. That typology, articulated in the following four broad categories of violence, is widely cited in research published by the Centers for Disease Control (CDC) and the World Health Organization:

- **Collective**—the deliberate use of force or power to injure, exterminate, damage, or deprive a group or community of people.
- **Interpersonal**—according to the CDC, “the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.”
- **Self-directed**—the intentional use of force or power to injure, murder, mentally damage, or deprive oneself.
- **Structural**—attributed to Dr. Johan Galtung and defined as the harm caused to people by the political and economic systems and policies of their society. Structural and institutional racism, sexism, and classism are examples of this type of violence.

Of the forms of violence presented here, interpersonal violence was the most commonly discussed throughout the Symposium Series. However, meeting participants also
frequently cited structural violence as a collective concern with acute implications for low-income neighborhoods and communities of color.
The Drivers of Violence

Understanding the drivers of violence was a core element of every conversation in the Symposium Series. To maintain this focus, facilitators prompted dialogue that covered the issues of violence prevention, barriers to community health, and the ways diverse stakeholders, representing multiple sectors, can lead cooperative responses.

Over the course of the Symposium Series, no silver-bullet theory emerged to explain violent behavior, and no single factor surfaced to defuse the issue’s complexity. In fact, the feedback from the conversations and the literature review findings suggest there are multiple and overlapping reasons why some individuals choose to engage in violence or why some communities experience persistent violence. This section of the paper highlights three explanations that repeatedly emerged throughout the meetings and were prevalent in the literature.

Poverty and Marginalization

Resource-poor people and places remain concentrated in and around major American cities. Isolation from mainstream opportunities and markets is common to these communities and, to some significant degree, is fueled by a weakly administered public sector and an unaccountable private sector that has divested capital from communities. In many such places, the very public systems mandated to serve and protect human needs and welfare further harm and marginalize residents.

Under the worst circumstances, these broken systems drive individual behaviors and community-level dynamics that perpetuate inter-generational poverty, inter-personal violence, and economic exclusion—the products of structural violence. Living in resource-poor, violent, and underserved communities correlates directly with the perpetuation and widening of race, gender, and class inequities.

Families in these communities struggle to get ahead and prepare a better future for the next generation. Abject poverty, joblessness, violence, and related concerns appear intractable and serve to extinguish hope. Retail amenities such as full-service gas stations or supermarkets have typically fled these neighborhoods, following the well-traveled path of white-flight. The residents who remain are disproportionately people of color and unable to thrive because their communities are without 1) living-wage incomes; 2) high-quality public education; 3) fresh, healthy foods at a clean local market; 4) healthy homes; or 5) safe, reliable mass transit.

Achieving health and well-being in the context of chronically toxic communities is a remarkable challenge. The scope and intensity of equally pressing social concerns can upset the most promising strategy and overwhelm the fittest leaders. One symposium participant offered this summary: “It’s not just poverty that drives violence, or a lack of resources, but actually inequity, which is slightly different.” Social hierarchies based on personal identifiers too often shape access to opportunities. This social ordering is the
context for understanding wide inequities on measures of well-being such as health and morbidity rates. The feedback from the Symposium Series and the research suggest that strategies to reduce persistent violence must also integrate approaches to reduce inequities.

**The Built Environment and Violence**

City planning and land use laws have an effect on whether communities thrive. The planning and land use policies of a city can promote health and well-being and facilitate the location of amenities that encourage healthy behaviors. For example, city planners can craft master plans that require the construction of affordable and market-rate housing. Mixed-income housing helps ensure that low-income residents will have access to the same community amenities—full-service grocery markets, parks, walkways, and other public spaces—as the more affluent residents do.

With the benefit of hindsight and decades of social science research, city governments are now favoring lower-rise, mixed-income housing over large-scale housing projects. The new approach to housing development integrates low-income residents within larger community settings equipped with open spaces and other amenities. A symposium participant who conducted a study on violent crime and vouchers in Chicago shared insight on this issue: “At the end of the day what we saw was a net reduction of violent crime for the city overall by tearing down public housing, so that is the good news.” Planners and city leaders now better understand that the presence of full-service grocery stores affords residents healthier food options and hopefully better health.6 Communities that have undergone this transformation are also easier to police, have more public amenities, and in general are safer spaces for social contact between residents.

Research has also helped inform collective understanding of the relationship between the built environment and mental health. A study conducted in New York City found that residents of lower socioeconomic and higher crime areas are up to 64 percent more likely to have suffered from depression in their lifetime than counterparts residing in safer communities.7 Land use practices that reduce community violence would help to reduce the stress and mental health concerns related to chronic violence. Community health could also be improved if different government agencies collaborated more effectively worked across silos.

**Trauma**

Today, there is heightened awareness of trauma and its effects on individual and collective well-being. Symposia participants often cited the stress and trauma associated with real and perceived violence as a primary driver of aggression, particularly among youth. Many practitioners and advocates talked about their work to help young people resist violent behaviors and build resilience through coping mechanisms and communications skills. Several meeting participants readily acknowledged the difficulty
of abstaining from violence when violence is the normative means of problem solving in many low-income communities.

Research supports this sentiment. Traumatic events occur at a higher rate in low-income settings (see Figure 1). For all young people living in violence-plagued places, traveling to and from school or attending an afterschool program located in the “wrong community” can compromise their personal safety. Youth exposed to consistent forms of traumatic events will likely perceive the world as a threatening place more readily than their peers who have not experienced trauma. Fear of the world can lead to anxious behaviors, heightened stress, and an inability to discern between danger and safety. Youth who struggle to manage after a traumatic event are more likely to experience “social isolation, declining academic performance, behavioral problems, and other issues that can impact both current quality of life and future functioning.”

Symposia participants shared that some communities collectively experience trauma as a result of chronic violence such as gang conflict. One participant shared, “That’s why this stuff is so entrenched and so pervasive, and so consistent. There are multiple parts of the process of reproduction [of harm], and one of them is intergenerational, and I think it is rooted in the fact that we develop these community norms, we develop these community systems, ways
of evading, that we inflict trauma on each other.”

Along with social norms, several factors—including concentrated poverty, high rates of unemployment, and idleness among teens and young adults—contribute to violent disruptions in neighborhoods. In these contexts, public safety is jeopardized for the many by the few. Safe public amenities such as community centers and parks are often either nonexistent or poorly maintained and possibly dangerous. Sparse public spaces render communities less able to meet residents’ needs to engage in healthy outdoor and recreational activities. In the most challenged settings, broken public systems—like law enforcement, public health, or parks and recreation—are unable to mitigate the factors that place communities at risk and impair individual health and well-being. Such community conditions create stress and trauma for residents and offer little in the way of support to help people build resilience to the multiple stressors impacting their lives. Residents’ inability to cope could lead to mental health disorders—like post-traumatic stress—and violent disruptions.
Three Overarching Themes

In addition to shedding light on the issue of violence by framing and explaining factors behind it, the participants in the Symposium Series also raised a number of insights about community responses to violence. Pulling from participants’ collective experiences and comments, this section of the report more closely examines three overarching issues that directly relate to chronic violence: 1) Social Identities and Community Violence; 2) Structural Inequality and Chronic Violence; and 3) Collective Agency and Violence Reduction. For the purposes of this writing, these have been synthesized into cross-cutting priorities. Figure 3 (below) is an illustration of the drivers of violence discussed above and the overarching themes to be addressed here.

Social Identities and Community Violence

As with many social issues, the constructs that have come to define groups of people were primary concerns in the Symposium Series. Participants in each meeting explicitly called out correlations between race and gender identity with violence in urban communities. One participant commented, “I think we have to just be explicit, that one of the drivers [of violence] is racism.” The linkages are difficult to miss. Homicide is the leading cause of death among African-American and Latino males aged 15–24, and these young men comprise a disproportionate share of the perpetrators of homicides. Among Latinos in this age cohort, male mortality rates are four times that of females.

Other individuals voiced frustration with what they consider an unequal government response to chronic violence in communities of color. Said one participant, “The federal government didn’t invest in violence prevention until Columbine. And that frankly was a tragedy, but it was 12 white people who died.” Against the backdrop of the thousands of people of color whose lives are lost to gun violence annually, it seems that a government response to violence is most effectively triggered when the victims are Caucasian.

Violence, in all its forms, anchors communities of color to subpar health outcomes. There is a commonly held view among many people of color that the government is, at best, indifferent to suffering among black and brown people. On this matter, a meeting participant shared, “If you look at the conversation around Sandy Hook, it is about guns and certainly not about the guns that we see in our schools. And it is about mental health, but it is not about mental health for the kids that we work with and deal with.” In
communities where this assessment reflects reality, evidence of racial inequity is pervasive—it exists in the community’s schools, government institutions, economic markets, and health care facilities—and justifies the viewpoint that the state cares more about the lives of whites than the lives of others.

While examining intersections between race and violence, symposia participants often integrated class considerations as well. As referenced earlier in the report, there is significant research on the relationship between violence and poverty. Contributors to the symposia frequently conflated urban poverty with race when they discussed the impact of violence in resource-poor cities. One attendee noted, “We don’t talk about it, but this is about classism, racism, and color blindness. So let’s just accept that that’s part of this . . . poverty, crime, poor housing.”

Other participants raised concern about the impact of violence on males in their communities. Throughout the meetings, several participants talked about the high risks males of color face as victims of violence. One participant lamented, “I find the whole city unsafe for black males.” Another contributor, referencing a published report, pinpointed specific policies and practices that hinder well-being among males of color: “The report outlines the impact of [Philadelphia’s] zero-tolerance policies; [it] shows that the African-American males and then Latinos and then whites are much more likely to be expelled, arrested, and suspended from school and have punitive actions.”

Investigating the relationship between community violence and social identity seems to require a prism that examines, at least, the intersections between racism, sexism, and classism vis-à-vis community violence.

**Structural Inequality and Chronic Violence**

Symposia participants consistently rejected the notion that community violence is purely the product of choices residents make. On the contrary, many observers maintained that people living in chronically violent places are collectively harmed by the power of forces external to their communities. The systems and policies that govern society have created inequities and poor conditions that foster violence and reproduce more inequities. One participant offered, “ Structural violence leads to structural unemployment that then creates a process that just creates more violence. The reality is there is a cycle that has to be broken around structural violence and structural unemployment because [a criminal] record can preclude you from getting into some of these jobs.” Participants also suggested that structural inequities in education, health, and other areas of life exacerbate tensions in communities already plagued with persistent violence.

Prolonged disparities in access to power, decision-making processes, markets, and assets render entire communities isolated from mainstream opportunities. Some participants suggested that many inequities are so deeply embedded in public systems
and policies that social injustice is normative in the minds of marginalized people. In one person’s description, the “conditioned response to . . . constant and consistent levels of structural violence is that it deadens people’s spirits.” Other individuals called attention to the more practical consequences of structural violence. A participant said, “If people can’t get jobs, they gotta eat. That’s a euphemism for, you gotta do what you gotta do . . . and I’m gonna close my eyes to the violence that is associated with it.”

A structural analysis enables people to understand the violence in their communities within the context of a larger societal ecology. This viewpoint also provides a window into insights about the impact of the nation’s laws, rules, and practices as drivers of chronic violence.

Most symposia participants are advocates for their communities and possess deep passion for achieving social justice. In the view of many, change has to happen in two ways: bottom up (from communities to policymakers) and top down (from policymakers to community). One person describing the value of a systems change strategy suggested the following: “Systemic change [is what matters]. . . . We’re losing community-based organizations. [They’re] dying for a number of reasons: we are losing funding, one. But funding is pushing us into untenable positions . . . and it is a hard job. And yes, we have to do things. But I think neglecting the systemic fight is what is leaving communities behind.” Participants identified federal, state, and local systems and policies as primary barriers to community-based efforts to win peace, health, and well-being. If the local advocates are to experience greater success, a key early step may be collective action.

**Collective Action and Violence Reduction**

Participants in the symposia represented diverse communities from across the country. Many work in nonprofit organizations or units of government that either advocate on behalf of or directly engage resource-poor people and places. The Symposium Series afforded leaders in the field a rare occasion to interface and exchange ideas with like-minded peers across sectors, disciplines, and geographies. Participants discussed the need for greater awareness of work in the field, especially among those working in the same location.

Those assembled readily acknowledged that the skill and staying power needed to replace violent communities with thriving, healthy ones depends on the collective talents and efforts of diverse stakeholders. Many contributors viewed improving local coordination as a priority even if there was ambiguity about how best to build grassroots coalitions. One participant said, “If we can really find a way to understand how the mechanics of collective impact is built through actually building coalitions and through actually building organizations that are a part of coalitions . . . then you have a better opportunity to connect the dots.” In a moment of clarity, another person offered a more
pointed assessment: “What we don’t have is [a] really holistic strategy for these communities.”

One approach to crafting a holistic strategy is to engage community residents in the process. A local effort marked by full community involvement could turn the tide toward healthier outcomes; however, many residents elect to observe change efforts rather than directly engage with them. During one symposium, participants turned the conversation towards strategies for motivating community voice. Below are the strategies that they suggested may inspire increased resident engagement:

1. **Anger + hope + a plan**: In order to be engaged on an issue or set of issues, community members need to experience discontent with their current situation, feel hope that a better reality can be achieved, and have a plan to pursue that reality.

2. **Safe place + opportunity**: There are plenty of catalysts to motivate action for change, but communities need a safe place and opportunities to speak out.

3. **Consistent presence + building capacity + relationships**: Having a consistent presence in a community allows an organization to build capacity and identify resources. A long-term presence also leads to better relationships that can be leveraged to mobilize change.

4. **Organization + building power**: An organization often must start with simple services and slowly build power and name recognition before it can engage the community on major issues.

5. **Developing leadership + agency**: Leadership development of community members will facilitate residents taking direct action on issues facing their communities.

There is no simple formula or magic elixir for leaders to earn the trust and support of community residents. However, some mix of the aforementioned strategies will likely aid community mobilization efforts.

The Symposium Series also revealed that for communities wrestling with chronic violence, external actors are prone to hold too much sway, thereby discouraging collaboration or at least making it a dubious undertaking. One person commented, “What we don’t see enough of [is] community research collaborations that are on equal footing, and many people don’t fund them.”

A recurring point in the symposia was the need for funding that specifically supports greater collaboration. Participants, especially leaders of nonprofit organizations, discussed the organizational tension that arises when they commit staff time and resources to engage in a coalition that, while important, does not return revenue to the organization. Envisioning a solution to this challenge, a contributor offered, “Funding the coordination strategy and funding the coordination around the community-building piece are all really important because that creates a container to hold everything
together.” Collaboration is happening in some communities, but it remains a strain on organizations as many lack the bandwidth to sustain their involvement over time.

Private philanthropy can support greater collaboration and increased coordination in the field. On philanthropy’s role in advancing this interest, one participant suggested five possible strategies for strengthening the field. The following paraphrases those strategies.

1. Foundations can convene people to help them understand the challenges and opportunities in preventing and stemming violence.
2. Be a catalyst or an innovator. Government looks to the nonprofit community to play this role, and there are a number of emerging opportunities in the form of place-based interventions and approaches that think about trauma in a different way.
3. Leadership development is critical because the people working on the ground now could attain positions of influence in another decade’s time.
4. There are a number of opportunities to frame or shape discourse on public policy that should be pursued.
5. Fostering communities of practice is pivotal because they advance the pace of learning and uncover gaps in practice.

Each of the discussions revealed community stakeholders who might help shoulder the responsibility of building and sustaining collaboration. Leaders of business and finance were often cited as potentially valuable allies whose involvement might leverage greater public exposure and policy changes where necessary. However, there were different views on how best to secure involvement from businesses. One participant sharply stated, “The impact of violence on business is great but it’s like they have [on] blinders.”

Other people suggested a conciliatory tact to win the engagement of the private sector. An individual in this camp suggested, “With the business community, we have to change the mindset that it’s not just about locking down people; it’s not just about black and brown people. It affects everyone and so much of our budget is spent on law enforcement and public safety. Imagine if that money was in someplace else. It is about changing the economy of the neighborhoods where we have these issues.” While there were differing perspectives about effectively reaching local business leaders, participants generally agreed that a new value proposition is needed to engage the business community more effectively.

The feedback during the symposia expressed a similar sentiment about local media. As they had with business leaders, the participants called on local media to be more responsible in addressing violence. They acknowledged the power of local media’s ability to construct narratives and sway opinion about community violence. One participant asserted, “[W]hoever runs the newspaper or the media in your community is
a huge influencer.” On the matter of how media professionals choose to use their influence, a more skeptical observer maintained, “[Media] have often latched on to a particular viewpoint of how to solve the problems, and then they have continued to address how the city or other players are or are not doing that thing. But they have been less willing to throw down a constructive dialogue about the best way to [implement] the solution and to engage others in being a part of that.”

Symposia participants understood that media outlets are driven by bottom-line considerations like newspaper sales or television ratings. One participant, a journalist, offered the following guidance: “Messages need to be bulleted and explained efficiently in order to get extensive exposure.” The individual added, “These are great stories . . . but if you can make it really plain and simple and fast in your beautiful press release, the reporter will take it from there.” The suggestions were welcome advice for some. However, over the course of the meetings many participants were calling for a more balanced and constructive use of the industry’s capacity to shape public opinion about violence, particularly in communities of color.

The leaders viewed collective action as an absolutely necessary means toward stemming chronic violence and achieving community health. However, others saw collaboration as a necessary evil. Building and sustaining collaborations is time-consuming work; and too often it is presented to nonprofits as an unfunded mandate. While it is likely that more progress can come through working with peers, nonprofit leaders must first honor the obligation of ensuring the sustainability of their own organization. Depending on the state of the nonprofit, their business priorities may stand in conflict with their decision to join a coalition.
Recommendations for Action

The information and data documented in this report evidence the deep impact of sustained violence on far too many communities. Residents in these places are neither thriving nor living safe, healthy lives.

Below are three recommendations for general actions or “next steps” to chart a course toward reducing violence and advancing community health. Each action step is responsive to several, though not all, of the priorities raised by field leaders during the symposia and uncovered in the literature review for this report. These recommendations are directed primarily toward leaders in the philanthropic sector.

Support community responsiveness and coordination

Foundations could expand their support of local strategies aimed at improving healthy behaviors in low-income communities. Funds could be used to support gatherings among leaders in select locations. Philanthropy could also prioritize leadership development in the form of investments that identify and build the competencies of individuals committed to ending violence in their communities. Yet another option is to consider supporting public-private collaboration to bridge the gaps between local nonprofit organizations, faith-based groups, the business community, and units of municipal government, including law enforcement. Finally, foundations could either serve as a catalyst or support a grantee to play that role with an annual national meeting of diverse stakeholders across sectors, disciplines, and geographies.

Advance policy reform and systems change

The symposia conversations underscored the inexorable link between chronic community violence and public and fiscal policy decisions. Philanthropy could address this concern by directly engaging municipal and state policymakers in meetings with local stakeholders about the policies and budgetary choices that have perverse, unintended impacts on community violence. For example, the mayors of several major U.S. cities are implementing policies and programs to address persistent violence. These efforts could be augmented by the efforts of community-based stakeholders, but a common forum may be needed to facilitate dialogue and coordination between these parties. Foundations could support such gatherings.

Another gap that many participants addressed is the general lack of measured impact, specifically the impact of federal, state, and local funds designated for violence prevention. Foundations could support local groups and state groups in select locations to document and monitor the use and effects of public investments in interrupting chronic community violence.
Engage and partner with philanthropic peers

Meeting participants recommended that foundations use their role as conveners to engage peer donors in learning and collaboration at the local and national level. Collaboration could occur in two ways:

a) Engage, Learn, and Lead

Foundations and grantees could develop a yearlong learning agenda in tandem with a national donor partner, perhaps the Robert Wood Johnson Foundation, focused on donors sharing and learning together about public and nonprofit efforts to stem violence and achieve healthy communities. Joint learning opportunities could include site visits; guest presentations from experts, shared grantees, or thought leaders; and a special Grantmakers in Health (GIH) learning or work group. An important indicator of progress regarding such an effort would be the extent to which the initiative has engaged and retained the participation of donors belonging to other issue-based, identity-based, and geographically focused affinity groups. A second indicator would be the rate at which the donor commitment has increased during the general process—from engagement to learning to leading.

b) Public/Private Donor Forum

Foundations and grantees could create a meeting and learning space for public and private donors leading funding efforts that are focused on building healthy communities through ending violence. This forum would provide a donor-only space for sharing, learning, peer exchange, donor coordination, and possible collaborations. Importantly, it would afford donors opportunities to better understand how to leverage each other’s mandates, strategies, and funding. Foundations could assess the effectiveness of this forum by asking members to anonymously provide feedback that improves the group’s activity. Foundations might also track joint activity among donors to determine whether and how often cross-sector collaboration is occurring.
**Conclusion**

Prior to the recent spate of tragic mass shootings that again placed the issue of American gun violence in the national spotlight, the Langeloth Foundation, to its credit, had determined that advancing health in communities impacted by chronic violence warranted deeper examination. The series of meetings summarized in this report created a forum for the Foundation to learn about the state of the field. The gatherings also had the effect of connecting like-minded colleagues across the false divisions of sector, discipline, or place. Most of the symposium participants who gave of their time and expertise have been stalwart activists toiling in their communities to catalyze effective responses that would turn the tide. The meetings provided a forum for leaders’ voices to be heard, their work to be affirmed, and their efforts to be connected.

The participants contributed important insights into the disparate experiences people have with safety and violence in their communities. Their experiences informed a collective understanding of the structural and individual factors that sustain violence in communities. The lessons they shared made it clearer that improving community health and thriving will require more resources in the communities most affected by violence. Many systems, policies, and institutions were of great concern to all. Inadequate formal mental health treatment options; poor quality public schools; and draconian school discipline and community policing practices and policies were frequently cited as troubling factors that exacerbate tensions in violence-prone communities.

The duration and intensity of violence in many communities, particularly urban communities of color, has become commonplace. If there is media coverage, it too often seems rote, a predictable lead story of the morning newspaper or evening newscast. Horrible assaults in schools, movie theaters, and places of worship are reminders that violence anywhere is a threat to health and well-being everywhere. How the Langeloth Foundation elects to engage further on this matter is an open question for the moment. What must be determined is how the nation will respond collectively to end longstanding violence in the communities most deeply impacted.
Appendix A: Methodology

To advance its mission to increase health and well-being, the Langeloth Foundation designated community violence a new research priority and sought to proactively learn about the field organized around this issue. To help fulfill this priority, the Foundation recruited the nonprofit One Voice, which retained a partner, Frontline Solutions, to organize and convene a series of five conversations about the impact of persistent violence on community health and thriving, and the effective ways organizations and communities have responded.

Between October 2012 and February 2013, Frontline Solutions engaged about 75 thought leaders, advocates, civil servants, and practitioners in the meeting series. Gatherings took place in five U.S. cities—Chicago, Philadelphia, New Orleans, Oakland, and Washington, DC—and focused on three core objectives: 1) identifying approaches that are reducing the effects of chronic violence; 2) understanding the challenges communities face to stemming violence; and 3) documenting models of effective collaboration in the field.

In preparation for each symposium, Frontline Solutions recruited local partners to help secure local and national experts, collaborate on a symposium agenda, and frame the discussion so it was appropriate to the conditions and concerns of each selected city. Frontline also conducted a limited review of relevant literature and produced a brief focused on the thematic interest of the meeting. Meeting agendas centered on the intersection of persistent violence and the topical issues including youth, the built environment, and public policy. In every symposium city, Frontline identified a local partner that 1) aided with securing the participation of local and national subject matter experts; and 2) prepared a brief of trends in local violence and examples of community responses.
Appendix B: References

10. Rich et al., Healing the Hurt.
12. Rich et al., Healing the Hurt.
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