



CURE VIOLENCE GLOBAL

Briefing Document

Oct 6, 2020

Cure Violence Global's Origins

Cure Violence Global (CVG) was founded to help cities and communities reduce shootings and killings by addressing violence as a behavior that spreads like a contagious disease. CVG is a guiding and technical assistance organization that works with local governments and community organizations to use the epidemic control approach to interrupting the transmission and spread of violence. CVG's guiding [approach](#) is similar to that of the World Health Organization (WHO), which leads and trains countries as they develop and use systems to interrupt the spread of contagious diseases.

Dr. Gary Slutkin, Cure Violence's CEO and Founder, spent over 20 years working on the tuberculosis, cholera, and AIDS epidemics, including leading the WHO Global Program at the epicenter of the AIDS crisis in central and east Africa. Dr. Slutkin then led the WHO Intervention Development Unit which included work in behavior change, which Slutkin went on to apply to violence. He has also consulted on SARS, Ebola and most recently COVID-19.

CVG was initially founded in 2000 under the umbrella of the University of Illinois School of Public Health and became an independent NGO in 2019 for the purposes of increasing efficiency of operations and developing new partnerships, public education, and impact. CVG has a dedicated team of 24 persons focused on public education, behavior change, and outreach with a specific unit responsible for providing training and technical assistance to CVG partners in countries, cities, and communities. At this time, CVG is mostly focused on strengthening its work in the U.S., Latin America, and the Middle East, while maintaining relations with past and current partners in Europe and Africa.

CVG is currently ranked #9 among the top 500 NGOs by [NGO Advisor](#), and #1 among organizations focused on reducing violence. These ranking are based on transparency, accountability, and impact.

CVG's Reach

Currently, CVG's most active [partner network](#) is of over 700 workers in over 100 communities across 15-20 US cities and 5 prioritized countries in Latin America and the Caribbean. The workers, who are credible messengers selected from within the community they serve, are trained to interrupt and prevent violence and support safer and healthier behaviors and norms related to violence and related issues of personal and family need. CVG is maintaining and building relationships with other organizations and networks on five continents for scaling.

CVG recognizes that sustainable change must be accompanied by a coordinated effort to shift the thinking, policies, and practices around violence reduction and related issues. As such, over the past four years CVG has co-led a [movement](#) of more than 100 public health organizations and 500 health practitioners to treat violence as a health issue. This work has included in-person and remote meetings and discussions, strategic messages and materials development, trainings, and advocacy for policies and new systems that support more health-based approaches.

With its large public health network, CVG is an effective advocate for the critical, long overdue policy and system changes that are necessary to address the underlying inequities that contribute to the unequal impact of violence, COVID, and so many other issues across racial and socioeconomic demographics. CVG seeks to engage its infrastructure and partners across health, justice, and equity communities alongside its partner sites around the U.S. and subsequently beyond to co-create a common narrative. This collaboration would involve disseminating communications and advocacy

materials and tools (including videos, infographics, online platforms, and coordinated campaigns) to equip community leaders and activists to more effectively advocate for community needs, the role of health workers, and the need to achieve better health and justice outcomes for African Americans and other communities.

CVG and COVID-19

In the world of epidemic control, it is common to use pre-existing infrastructures and networks when dealing with new epidemics, as staff in these networks will already know how to perform basic functions (for example, providing new information and skills, behavior change, and support) and already have trust, access and credibility with the local populations. Since early March, CVG has been providing COVID-related information, skills, guidance and support towards safe behaviors to its 100+ sites in the US, Latin American and the Caribbean (LAC), and to a lesser extent to partners in the Middle East.

CVG has trained its existing frontline staff to use their influence to educate their communities—which in the U.S. and in many other countries, are also those hardest hit by the pandemic—on COVID-19 transmission and the new behaviors and life saving measures that are necessary to immediately and effectively stop its spread and are not necessarily intuitive. This training has included:

- What is known about the virus and how it spreads in locally understood, relevant terms
- Information on stopping the spread, including why and how to use a mask, why social distancing is important, how to properly wash hands, and what to do if people are sick in the house
- Precautions for the sites/workers to take to protect themselves from the virus
- Information on how to carry out day-to-day tasks in the new situation, including tips and techniques to use while under limited movement, and who to call for on the spot guidance

CVG also has worked with community partner sites around the country and LAC to develop tailored [public education](#) materials which CVG's workers distribute to community residents and families. During this period, CVG has developed over 30 pieces of tailored public education materials and over a dozen professionally edited videos on COVID crafted for its sites to locally distribute. Over 100 CVG sites in the US and LAC have disseminated these materials. Additionally, CVG staff and partners have made dozens of additional videos with COVID messaging that have been distributed to their respective networks:

- Over 6,000 PubEd materials were printed and disseminated by CVG's Chicago partners alone.
- Several thousand PubEd materials were distributed by CVG partners across over 200 workers at 24 sites in New York City.
- Materials were shared with members of the Movement Towards Violence as a Health Issue (which CVG co-leads). For example:
 - The Hospital Alliance for Violence Intervention shared the materials with their 35 member organizations.
 - Youth Alive, Futures Without Violence, and the UC San Francisco Trauma center also disseminated the materials to their members.
 - Many of the materials have been translated into Spanish and Arabic and shared with CVG's current and previous partners in Latin America and the Caribbean.

With support from some donors, CVG has also been able to distribute personal protective equipment (mostly masks, gloves, and sanitizer) to sites in New York City and Chicago for CVG's frontline workers to use and distribute to their communities.

As a WHO infectious disease epidemiologist, Dr. Slutkin has been providing guidance and training to selected states and cities through national mayors' and governors' associations and directly to selected mayors. He is also working with national and international organizations, the media, and program sites on the development of policies and methods for reducing COVID-19 transmission.

CVG's Relevancy In this Moment

CVG's work has been proven effective at reducing shootings and killings through [multiple independent external evaluations](#). CVG's health approach to public safety is particularly relevant today in light of recent protests in the US against police violence and calls for alternative approaches to public safety.

CVG's network is primarily located in largely African American and Hispanic neighborhoods, which have been severely and disproportionately impacted by both violence and COVID. This trend is primarily because of well-known pre-existing health inequities as well as a lack of information and an inability of most organizations to reach the highest-risk individuals and their families in these areas. In neighborhoods that experience high levels of violence, it is important to bring down the presence of violence in order to create opportunities for other kinds of programs, life activities, and investments to come in. Thus, reducing violence is central and critical to addressing inequities in these specific communities.

CVG has the existing infrastructure to work with credibility and trust in these neighborhoods and particularly with individuals at highest risk for doing violence, many of whom have previously come in contact with the judicial system. CVG's community partners work with these and other high-risk individuals to not only ensure that they don't do violence, but [to also help them get the services they need](#) to be productive members of their communities and stay out of the path of the existing judicial system. Just as it was clear that CVG's work can be applied to increase COVID-19 safety, the Cure Violence approach is clearly pertinent to the emerging calls for new thinking around public safety.

CVG's Scalability

CVG takes the role of guiding and leading local officials and organizations to implement the Cure Violence model and [get results](#). It does not implement the model itself. This structure is critical to the approach's scaling potential. CVG partners with and guides city leaders, community partners, and, most critically, front-line community health workers. These community workers not only have special access and credibility, but they are trained in epidemic control and behavior change—in very difficult behaviors to change—and have the proven ability to effectively reach the highest risk individuals and their families from a point of trust.

With an increasing number of cities exploring alternative approaches to public safety, the time is right for a major shift away from the current punitive approach and toward a health approach to violence. CVG has the technical know-how to help lead this effort but does not have the financial resources or sufficient staff to meet the demand.