A Hospital Based Approach to Community Violence Prevention and Intervention

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Aftermath…

Violence as a Public Health Issue

- For the first time, firearm injury became the leading cause of death for children (under 18) in the United States in 2020 (New England Journal of Medicine)
- Re-injury rates at Trauma Centers can reach as high as 55% leading to a “revolving door”. (American College of Surgeons)
- On June 25, 2024 the U.S. Surgeon General declared firearm violence a public health crisis and issued an advisory.
- A public health approach to violence prevention acknowledges that there are modifiable risk factors associated with violent injury and seeks to address them.

Hospital Based Violence Intervention Programs (HVIPs)

- Partnership between medical providers and community partners or staff specially assigned to violently injured persons, to address the root causes of violence.
- Key Components:
  - Intervention: Engagement at the hospital bedside
  - Care: Trauma informed approach using a culturally humble workforce of credible messengers.
  - Follow up services: Intensive, long term, community based, case management services upon hospital discharge.
  - Addressing Social Determinants of Health (SDoH): SDoH are the ways in which the places where people live, work, learn, and play affect their health outcomes. HVIPs seek to address the root causes of violence while addressing inequity and building partnerships with communities and survivors of violence.

Evidence

- Surveys conducted by the HAVI have shown that the most convincing messaging for the promotion of Hospital Based Violence Intervention Programs (HVIPs) is: “THEY WORK!”
- According to the Center for Disease Control (CDC), HVIPs can significantly reduce aggressive behaviors, anxiety, depression, dating violence victimization, and substance use in youth.
- Factors that enhance the success of HVIPs include:
  - Utilizing credible messengers and those with lived experience.
  - Partnerships and referral options to reduce immediate risks such as street outreach and relocation support.
  - Using evidence-based behavior change strategies such as Cognitive Behavioral Therapy (CBT).

Antifragility Initiative

Dr. Edward Barksdale Jr., Founder

University Hospitals
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The **Antifragility Initiative** is a holistic, person/family centered, pediatric Hospital-based Violence Intervention Program (HVIP) serving youth and families in greater Cleveland

The goals of the effort are:

1) Interrupt cycles of community and interpersonal violence
2) Reduce violent re-injury and retaliation
3) Build resilience and foster post-traumatic growth
4) Develop a Trauma Informed workforce

Fragile

Resilient

Antifragile

Antifragility is beyond resiliency or robustness" – Nassim Nicholas Taleb

Antifragility Initiative Criteria

Age: 6-17 years

Mechanism: Injury related to peer or community violence (GSW, Assault, Survivor of Homicide, etc.)

Location: Pediatric Emergency Department

Catchment Area: Cuyahoga County

Excluding: Sexual Assault, Abuse/Neglect, Self-Harm, and Incarcerated Youth.

AI Population

- **Race:** 0.1% Asian, 96% Black/African American, 3% White, 0.1% Other, 0.9% Multiple Races.
- **Gender:** 58% Male and 42% Female
- **Age:** Average age is 15, 70% of those who qualify are teens and 30% are 12 and under.
- **Neighborhoods** where the highest % of our AI population live (in rank order):
  - 44104 (15%), 44108 (12%), 44103 (9%), 44112 (8%), 44120 (8%), 44105 (8%), 44110 (6%).
- **Social Determinants of Health:**
- Parents reported an average of 4 Adverse Childhood Experiences (ACEs) for their child and Teens self-reported an average of 5 ACEs
- Approximately half of qualifying families who completed the Hunger Vital Sign Questionnaire screened positive for food insecurity (53%)
- Prior to AI 54.1% of those who would qualify (19.4 points above peers) had chronic school absenteeism. Of those, 66.7% (32 points above peers) of GSW victims had chronic school absenteeism.
- Prior to AI 29.8% of those who would qualify (5.7 points above peers) overall are born to teenaged mothers. Of those, 36.1% (12 points above peers) of GSW victims are born to teenaged mothers.
- 94.7% Medicaid insurance

Families Served

- 109 families in 2021
- 161 families in 2022
- 116 families in 2023

Case Example 1

- A 15 year old male was admitted to the hospital with a gunshot wound to his L buttock early on a Sunday morning. His father didn't know that he had snuck out of the home and was woken up from sleep by the news.
- AI SW engaged with the teen's father at the bedside who later stated he was "having a panic attack" but was reassured by the Social Worker.
- AI SW continued to work with the family in the community after discharge and provided mental health interventions. The teen was reluctant at first but later admitted that he was "depressed". The young man was an avid basketball player and his inability to play due to his injury and the social isolation due to COVID-19 made it difficult for him to cope.
- After a year of treatment, the teen fully recovered and returned to the court. His father feels that he seems more emotionally mature and expressed a great deal of gratitude for the Antifragility Initiative. He even stated that his son developed some new interests outside of sports.

Case Example 2

- Two pre-teen female twins presented to the Pediatric Emergency Department at Rainbow after an assault at school. An AI social worker approached their Mother at the bedside who agreed to ongoing case management services.
- Upon completion of the risk assessment, the Mother felt that her children would be better off in another school due to ongoing bullying and the AI social worker supported them in their transfer.
- A broader assessment also showed that there was a need for additional resources due to food insecurity and financial hardship. Mother was in the third trimester of pregnancy and unable to work. The social worker provided regular food packages through the Greater Cleveland Food Bank and linked them to a food distribution site for additional supplies during the pandemic.
- The social worker also provided additional resources through the Ahuja Center for Women & Children, Shoes & Clothes for Kids, Victims of Crime benefits, and linkage to a mentorship program for young persons interested in medicine.
- For a year the social worker continued to provide ongoing social emotional support to the children who had some ongoing fears and stressors from their assault. The social worker continuously assessed the families needs and helped them overcome barriers to resources. The family expressed a tremendous amount of gratitude for the support.

VIOLENCE PREVENTION & TRAUMA ADVOCACY COORDINATOR

VIOLENCE PREVENTION & TRAUMA ADVOCACY COORDINATOR

- My role as a Violence Prevention and Trauma Advocacy Coordinator is to connect the patient to community resources. The goal is for these resources to hopefully address the social determinates or barriers that the patient may be facing.
- The goal is for the care to target the potential risk factors and end the circle or pattern of violence.
- The "Golden Hour of intervention" is when everything has settled down and the patient is in the room alone, they start contemplating their whole life.

MY ROLE AS A VIOLENCE PREVENTION AND TRAUMA ADVOCACY COORDINATOR

- Once the patient is stable and has had a day to rest, this is where I come in. I introduce myself to the patient, my role in the hospital and the services that we can provide. I name the organizations that we work with that may be interested in. My job is to:
- **Collect** information from the patient. (Demographics, potential barriers)
- **Connect** with the patient. I let them know, that as a social worker, the information they share with me is confidential. I visit my patients daily so that they can become familiar with my face and have someone to talk if they chose to.
- **Observe** the patient. I get to know the patients. By checking on them daily, I can usually read their body language and observe the changes in their moods.
- **Needs** that the patient may have. Once they become comfortable with me, they begin to open up talk about things that are going on, in their lives and in their mind.
- **Strategy** is what the patient may tell me what they want to do once they leave the hospitals.

MY ROLE AS A VIOLENCE PREVENTION AND TRAUMA ADVOCACY COORDINATOR

- My job is to connect the patient to resources within the community. We work with:
- May Dugan trauma center – wrap around services
- Cleveland Peacemakers Alliance – Violence Interrupters
- Brenda Glass Foundation – Emergency housing
- Renounce/Denounce – Violence interrupter
- Project Lift – Mental Health for African American men.
- Passages – men and their families that have children and have been in the criminal justice system

MY ROLE AS A VIOLENCE PREVENTION & TRAUMA ADVOCACY COORDINATOR.

- I will also connect the patient with University Hospital Food for Life program if they have food insecurities.
- If the patient want to apply for snap benefits, I will also assist with the application and submit it to Jobs and Family Services.
- The patient can call me even after discharge if they need help with community services. Have question about their injury (this would be referred to the doctor) or help scheduling an appointment at the hospital.

CLEVELAND PEACEMAKERS ALLIANCE

Cleveland Peacemakers Alliance

Hospital Based Violence Prevention

QUOTE

“ ...hospitals typically discharge violently injured patients to the same environment where they were injured.”

Who are we

Cleveland Peacemakers Alliance (CPA) seeks to empower communities to live in peace before resting in peace. Our focus is to foster supportive environments and healthy conditions to reduce violence effectively.

What we do

These highly trained paraprofessionals, who often come from communities in which they are working, can quickly engage violently injured patients and their families in the emergency department, at the hospital bedside, or soon after discharge.

After gaining trust and introducing the program, violence prevention professionals work with clients and their families to develop a plan for after their discharge that meets their immediate safety needs, provides services,

Cost Savings

- HVIPs connect uninsured patients with Medicaid, SSI, and Victim of Crime programs.
- - HVIPs have experience working with patients that hospital staff may find challenging.

Please watch this video

Pictured (left to right)

GSW patient

Congress Woman Shontell Brown

Mar'Yum Patterson, trauma liaison specialist

Myesha Watkins, executive director C

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The Science of Health. *The Art of Compassion.*

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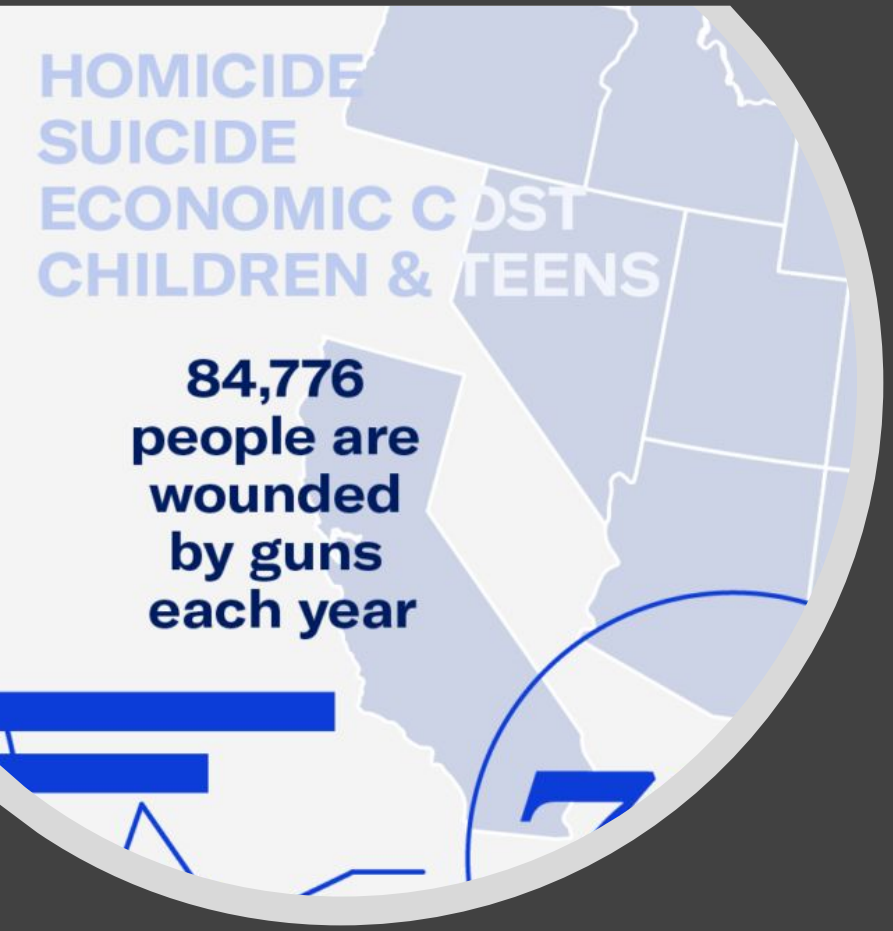
Metro Health

NOTS
Northern Ohio Trauma System

Hospital Based Violence Prevention



Did you know

GUN VIOLENCE COSTS OHIO $22.3 BILLION EACH YEAR

Our impact by numbers

Consents from victims to work with CPA while admitted

2017-2022:

1230

	Total # shots fired texts from CRB	Scene deployments	Information gathering only	# GSW (ages 13-30)	# GSW out of age range (31+)	# GSW to Metro	# GSW to UH	# GSW outside hospital	# GSW expired	% of scene deployments	% of info gathering only	
JAN	0	0	5	11	1	3	8	2	2	#DIV/0!	#DIV/0!	
FEB	0	0	7	15	1	6	8	0	4	#DIV/0!	#DIV/0!	
MAR	16	9	10	19	2	7	13	0	5	56%	63%	
APR	18	15	2	20	1	7	9	2	6	83%	11%	
MAY	21	10	11	18	3	3	11	4	2	48%	52%	
JUN	34	23	11	33	5	8	23	6	4	68%	32%	
JUL	28	17	14	35	3	21	13	2	10	61%	50%	
AUG	21	16	11	22	8	16	11	1	9	76%	52%	
SEPT	24	15	10	22	10	9	13	7	8	63%	42%	
OCT	4	2	2	3	2	1	2	0	1	50%	50%	
NOV	0	0	0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	
DEC	0	0	0	0	0	0	0	0	0	#DIV/0!	#DIV/0!	
TOTALS	166	107	83	198	36	81	111	24	51	64%	50%	

2020	2021
responded to 280 GSW; 20 underage 16	responded to 345 GSW; 33 underage 16
248 Males	
32 Females	
0 CPA funded safe housing	25 CPA funded safe housing
59 successful mediations	87 successful mediations
179 consents	239 consents
80 VOCA applications	101 VOCA applications