Welcome to the Health Communication Matters! Webinar

Webinar will begin at 12pm PT / 3pm ET

Sponsors:

Health Communication Working Group
Community Health Planning & Policy Development

Center for Public Health Practice & Leadership,
Berkeley School of Public Health

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Mission: Health Communication Matters! Webinar Series

The Health Communication Matters Series will help participants in all walks of public health to apply techniques to communicate effectively with consumers, health professionals, disenfranchised communities and your public health peers.
Other Events in HCM Series

• What’s Your Peer Crowd?: Identifying Your Audience and Messages that Resonate
• Shifting the Narrative: The Role of Social Media in Public Health Communication
• The Challenge of Numeracy: Why Simply Providing Data is Not Enough
• Design Matters! Integrating Design into Public Health Communications: Two Case Studies
• Storytelling as Health Communication: Fighting Obesity and Diabetes
• Making Web Design Work for People with Limited Vision
• PowerPoint Tips & Tricks
• Putting Culture Into Practice: Communicating with Diverse Latino Communities
• Applying Health Literacy to Health Insurance: How We Can Help Consumers
• Communicating the Affordable Care Act
• The Power of Storytelling in Health Promotion

http://sph.berkeley.edu/health-communication-matters-webinar-series
Today you’ll hear from . . .

Matan Zeimer
Associate Director of Health Policy, Baltimore Cure Violence
zmatan@uic.edu

Michael Bakal
Strategic Communications Specialist
Berkeley Media Studies Group
bakal@bmsg.org

Anne Marks
Executive Director Youth ALIVE!
amarks@youthalive.org
How to Participate!

- Phone line is automatically on mute
- Use chat function to send questions or comments
  - We’ll consolidate questions and pose them to speakers throughout and during Q & A
- Links to archived recording, slides and resources will be shared with everyone who registered following the webinar
Who is in our audience:

For which agency/organization/company do you work?
Who is in our audience:

What is your role/position?
Agenda

1. Review of session objectives
2. Presenter: The Health Approach to Violence Prevention (Matan Zeimer)
3. Presenter: Community Violence in the News (Michael Bakal)
4. Presenter: Healing Justice Alliance (Anne Marks)
5. Q&A
6. Conclusion
Learning Objectives

After this webinar, participants will be able to:

• Identify strategies to communicate why violence is a health issue and how the health sector can use the health approach to prevent violence
• Understand the role of news coverage in shaping public understandings of violence
• Identify common news frames that help or hinder efforts to highlight prevention
• Develop strategies for reframing violence at the community level
• Define the model of hospital-based violence intervention
• Explain the role of the health care system in intervening in violence
• Present messaging to health care systems about how and why to get involved in violence intervention
The Health Approach to violence prevention

Matan Zeimer
Associate Director of Health Policy, Baltimore Cure Violence

The movement to change America’s norms and responses
“a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Preamble to the Constitution of the World Health Organization as adopted 19 June - 22 July 1946; signed by the representatives of 61 States, and entered into force on 7 April 1948.
Health

“a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

obviously impossible while there is violence!

Preamble to the Constitution of the World Health Organization as adopted 19 June - 22 July 1946; signed by the representatives of 61 States, and entered into force on 7 April 1948.
What is HJA?

Treating Violence as a Health Issue
Who we are: Cure Violence

- United States: 25 cities with reductions in shootings and killings as high as 73%
- Puerto Rico: 2012, 50% reduction in killings
- Honduras: 2012-14, 700+ high risk mediations preventing hundreds of shootings
- South Africa: 2013-14, 53% fewer shootings, 31% reduction in killings
- England: 38% fewer violent incidents, 95% reduction in group attacks
- Iraq: 2008-13, nearly 1,000 high risk mediations

Map showing the global reach of Cure Violence.
Who we are: YouthAlive!

CAUGHT IN THE CROSSFIRE

Impact of Violence Intervention & Case Management

YA! INTERVENTION SPECIALISTS HAVE A DIRECT & PROFOUND IMPACT ON YOUNG LIVES

OVER 100 VIOLENTLY WOUNDED YOUTH OVER A 4-YEAR PERIOD SUCCESSFULLY RE-ENROLLED IN SCHOOL

98% OF CiC CLIENTS ARE NOT RE-HOSPITALIZED FOR VIOLENCE-RELATED INJURIES

90% OF CLIENTS RETURNING FROM THE JUVENILE JUSTICE SYSTEM WERE NOT RE-ARRESTED
Who we are:
National Network for Hospital-based Violence Intervention Programs
Violence Has Characteristics of Epidemics

1. Violence clusters - like a disease
   - Cholera

2. Violence spreads - like a disease
   - Influenza

3. Violence is transmitted - through exposure, modeling, social learning, and norms.
Exposure to Violence → Perpetration of Violence

Child Abuse Victims Becoming Abusers

30%

Chronic Exposure to Community Violence Associated with Perpetration

Probability of Perpetrating Violence

No/Low/Moderate Exposure

Chronic Exposure

Community Violence Increases Post War (WW1 & WW2)

# of Nations

Combat Nations

Non-Combat Nations

Increase

Decrease

No Change
On an average day in the U.S.

• 39 people are murdered
• 180 are shot and wounded
• 30,000 children are abused
• 28,000 people are hurt by a significant other
• 117 people commit suicide
In an average year in the U.S.

- 60,000 lives are lost due to violence
- 490,000 years of life are lost due to violence
- $450 billion is spent on violence related injuries
- Countless people are exposed to the enduring affects of trauma from violence
Do you think these statistics prove that violence is a health issue?
Violence is a Social Determinant of Health
(and violence negatively affects the other determinants)

Violence affects other SDOH

Education
- Diminished performance, lower attendance, decreased grad. rates

Economic Conditions
- Reduced business investment, reduced commercial activity

Health Care System
- Higher costs from violent injuries and increased chronic conditions

Built Environment
- Unsafe public spaces leading to reduced usage

Community Resources
- More resources to public safety; high demand due to trauma

Community Cohesion
- Reduced cohesion and sense of collective efficacy

 Violence
- MORE VIOLENCE

Negative effects of violence on SDOH, including itself

Plus violence causes even more violence
## Violence Disparity

### Getting WORSE

**Heckler Report**

**Health Disparity**

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>1985</th>
<th>2013</th>
<th>Disparity Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>30% Higher</td>
<td>30% Higher</td>
<td>No change</td>
</tr>
<tr>
<td>Cardio/Stroke</td>
<td>20% Higher</td>
<td>30% Higher</td>
<td>Up 50%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>70% Higher</td>
<td>30% Higher</td>
<td>Down 57%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>110% Higher</td>
<td>100% Higher</td>
<td>Down 9%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>110% Higher</td>
<td>110% Higher</td>
<td>No change</td>
</tr>
<tr>
<td>Accident (homicide)</td>
<td>70% Higher</td>
<td>10% Higher</td>
<td>Down 85%</td>
</tr>
<tr>
<td>Homicide</td>
<td>400% Higher</td>
<td>470% Higher</td>
<td>Up 18%</td>
</tr>
</tbody>
</table>
STOPPING EPIDEMICS

1. Interrupt transmission
2. Prevent future spread
3. Change group norms
1. INTERRUPT TRANSMISSION

Credible
On your side
Validate
Get emotion down
Distract
New thoughts
Reframe
Ask (complex) questions
2. CHANGE BEHAVIORS

Resource at critical times
New role models
New rewards
Problem solving
Getting/walking away

Skills, practice
Avoiding situations
Helping friends not do it
3. NORM CHANGE

Multiple messengers
Response to shootings
Group efforts
Based on this public health model of violence, how can you reframe the way violence is communicated?
“Thinking of this epidemic of preventable deaths as an infection that can be diagnosed, treated and perhaps cured, I feel more hopeful than I have been in a long time.”
Re-Understanding Violence
(reduces current inequity promoting understanding)

Moralism
(not helpful)

Bad People

Bad Choice

Adverse Circumstances
(contribute)

CONTAGION
(exposure dependent)

SCIENCE
<table>
<thead>
<tr>
<th>Partners in the Movement*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-chairs Dr. David Satcher, Dr. Al Sommer</strong> (100 people representing 70 agencies)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>100 Million Healthier Lives</th>
<th>Futures without Violence</th>
<th>New York City Dept. of Health and Mental Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Peace</td>
<td>Johns Hopkins School of Public Health</td>
<td>Philadelphia Dept. of Behavioral Health and Disability Services</td>
</tr>
<tr>
<td>Alameda Health Department</td>
<td>Kansas City Health Department</td>
<td>Policylink</td>
</tr>
<tr>
<td>Albert Einstein Medical Center</td>
<td>Los Angeles Health Department</td>
<td>Prevention Institute</td>
</tr>
<tr>
<td>American Public Health Association</td>
<td>Lurie Children's Hospital</td>
<td>Robert Wood Johnson Foundation</td>
</tr>
<tr>
<td>Avielle Foundation</td>
<td>Morehouse School of Medicine</td>
<td>Safe States Alliance</td>
</tr>
<tr>
<td>Baltimore City Health Department</td>
<td>My Brother’s Keeper</td>
<td>San Francisco Dept. of Public Health</td>
</tr>
<tr>
<td>Berkeley Media Studies Group</td>
<td>Natl. Assoc. for the Advancement of Colored People</td>
<td>Seattle Human Services Dept.</td>
</tr>
<tr>
<td>Boston Public Health Commission</td>
<td>Natl. Assoc. of County and City Health Officials</td>
<td>Trust for America’s Health</td>
</tr>
<tr>
<td>Centers For Disease Control and Prevention</td>
<td>Natl. Children’s Alliance</td>
<td>University of Illinois at Chicago</td>
</tr>
<tr>
<td>Childhood Domestic Violence Assoc.</td>
<td>Natl. Collaborative for Health Equity</td>
<td>University of Chicago</td>
</tr>
<tr>
<td>Children’s Hospital of Philadelphia</td>
<td>Natl. Health Collaborative on Violence and Abuse</td>
<td>University of California San Francisco</td>
</tr>
<tr>
<td>CommonHealth ACTION</td>
<td>Natl. Network of Hospital-Based Violence Intervention Programs</td>
<td>University of Delaware</td>
</tr>
<tr>
<td>Drexel School of Medicine</td>
<td>Natl. Network of Public Health Institutes</td>
<td>Washington D.C. Office of the Chief Medical Examiner</td>
</tr>
<tr>
<td>Einstein Medical School</td>
<td>New Orleans Health Department</td>
<td>Youth ALIVE!</td>
</tr>
</tbody>
</table>

*currently referred to as Health/Community Collaborative on Violence Prevention

As of 4/2016
1. **Develop common understanding and language** among health and community groups, leaders, and sectors to greatly elevate violence as a health issue

2. **Increase policies to support health approaches** to violence prevention

3. Change practices **to increase the utilization of health and community solutions** to violence prevention

4. Examine opportunities for the health approach to **advance racial and health equity**

5. **Develop additional multi-sector partnerships and coalitions** to strengthen the Movement and its relationship to [coalesce, amplify, potentiate the efforts of related movements] (community, criminal justice reform, racial equity)
State, County, and City Health Departments

- Implement epidemic control programs to prevent the spread of violence
- Assess and analyze data on violence from hospitals, police, other sources, to provide improved health information
- Identify and disseminate evidence based strategies to prevent lethal events and spread of violence
- Lead social marketing efforts to change norms about violence and promote health behaviors that prevent violence
- Track and monitor data to assess impact of strategies & refine practices
Hospitals, Doctors, Nurses, and Other Health Professionals

- Implement measures to properly detect and treat victims of violence
- Conduct assessments of the types, severity, and amount of violence that the hospital treats
- Identify available resources in community
- Assessment for potential and prevention of potential retaliations
- Provide treatment for trauma suffered by victims of violence
- Integration with community outreach
- Intensive work and follow up with victims and families
Universities and Schools of Public Health

• Conduct research on the magnitude and impact of violence
• Conduct research on public health methods to prevent violence – changing behaviors, changing norms, and mediating conflicts
• Develop curriculum and offer classes on violence, behavior change, norm change, and mediation

Communities Affected by Violence

• Deploy community health workers with the responsibility to address violence
• Link to health departments and other government agencies to manage programs that treat violence as a health issue
Comprehensive (Larger) System - Multiple Sector

- Law enforcement
- Courts
- Prisons
- Probation/Parole
- Education
- Veteran’s Affairs
- Child Welfare
- Faith-based Services
- Parks & Recreation
- Libraries
- Built environment
- Faith community
HEALTH APPROACHES TO PREVENTING VIOLENCE
(very incomplete)

Health approach = health institutions leading violence prevention work, including hospital interruption or community outreach programs.
<table>
<thead>
<tr>
<th>Old View</th>
<th>New View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad People</td>
<td>Learned Behavior</td>
</tr>
<tr>
<td>Gang bangers</td>
<td>Negative Norms</td>
</tr>
<tr>
<td>Isolated Incidents</td>
<td>Contagious Process</td>
</tr>
<tr>
<td>Punishment</td>
<td>Disease Control</td>
</tr>
<tr>
<td>Intractable</td>
<td>Solvable</td>
</tr>
</tbody>
</table>
Long Term View

Neighborhood and family violence are treated and prevented by the health sector in partnership with law enforcement and other sectors.

The health sector and community work together in a systematic way through health, fairness and equity lenses.

Violence is reduced in the U.S. cities by 70%.

A delineated set of unfair and harmful practices are drastically reduced.
For more information on the Cure Violence model, please visit [www.cureviolence.org](http://www.cureviolence.org) and for more information on the Movement, please visit [www.violenceepidemic.org](http://www.violenceepidemic.org) after February 1, 2017
Thank you!

Matan Zeimer
zmatan@uic.edu

CureViolence.org
Community violence in the news: Current framing and opportunities to change the discourse

Michael Bakal, M.Ed, MPH
Berkeley Media Studies Group*

• Research on news coverage of public health issues
• Media advocacy training and strategic consultation for community groups and public health advocates
• Professional education for journalists

*A project of the Public Health Institute
Key functions of the news

Setting the Agenda
- What we think about

Shaping the Debate
- How we think about it

Reaching Opinion Leaders
- What we do about it
Cognitive Frames:
Just a few clues…

PREVENTION WORKS
...might surprise you

BBFVFNTJQN WQBKS
Frames as Mental Structures
News frames

Portrait

Landscape
The Need to Reframe

Institutional Accountability

Personal Responsibility
Community-level trauma

Community Strategies

- Trauma-informed care
- Mental health services

Equitable Opportunity
- Restorative justice
- Healing circles
- Economic empowerment
- Workforce development
- Investment in resources

People
- Rebuild relationships and networks
- Strengthen healthy social norms
- Promote community connection

Place
- Create safer public spaces
- Improve the built environment
- Invest in parks, housing, and transportation

Reduced individual and community trauma
Reduced risk of violence, threat of violence

Courtesy of the Prevention Institute
How did community violence/safety appear in news?

- We sampled violence coverage from Jan 2013-Dec 2015 that appeared in top CA papers (including online).

- We developed a coding instrument and ensured coder agreement was not by chance.
1. How frequently did community violence appear compared to stories about crime?

- 20.7 stories per week about murder
- 3.5 stories per week about community safety
2. Why were articles about community violence or safety in the news?

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative or program (%)</th>
<th>Criminal justice milestone (%)</th>
<th>Local feature (%)</th>
<th>Initiative or program (%)</th>
<th>Criminal justice milestone (%)</th>
<th>Community event (%)</th>
<th>Criminal justice milestone (%)</th>
<th>Controversy or injustice (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>40%</td>
<td>20%</td>
<td>16%</td>
<td>45%</td>
<td>15%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>30%</td>
<td>25%</td>
<td></td>
<td>45%</td>
<td></td>
<td></td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>30%</td>
<td>25%</td>
<td></td>
<td>30%</td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>
3. Who speaks in the news about community safety?
3. Who speaks in the news about community safety?

Who would you imagine are quoted most often in stories about community violence or safety?
3. Who speaks in the news about community safety?

- Criminal justice
- Government
- Community resident
- Community-based organization
- Faith community
- Victim/Victim rep
- Health/Mental health services
- School representative

2015
2014
2013
4. How has the narrative evolved?
Between 2013 and 2015, race and police violence increasingly were part of the news

Articles that mentioned race, or included substantive discussions of race or racism

2013: 4% of articles
2014: 18% of articles
2015: 33% of articles

Articles that discussed police violence

2013: 1% of articles
2014: 8% of articles
2015: 14% of articles
Emerging frame: Addressing racism is essential to building safe communities

“How do we humanize and restore the invisible humanity of young black men? They want to be safe and live free from the scourge of violence and incarceration. We shouldn’t judge them because of cultural differences but look for opportunities to heal.

– Pastor Ben McBride, Oakland resident
Emerging frame: Community safety includes safety from police violence and racial profiling

“There's another kind of safety, particularly if you're a person of color. People need to feel safe from racial profiling. They need to feel like their kids can walk down the streets.”

– Ginny Berson, Oakland resident
The news increasingly addresses the root causes of violence . . .

“Impoverished communities don’t have access to education, have limited access to jobs that pay a living wage. A web of issues creates communities that produce violence among young men. Unless we address the root causes we won’t be able to make progress in the long term.”

– Rev. George Cummings, pastor and co-chair of the Ceasefire steering committee
“I propose allocating...funds to provide more recreational and educational programs within low income communities... increasing family engagement with schools and the community, so there is a cohesive effort in creating a supportive and communal environment for children and families.”

– Marilyn Chao, Oakland resident
6 strategies for changing the discourse
#1: Monitor the news

- Use resources such as BMSG’s “In the News”, Google alerts, hootsuite, feedly, or to track news coverage
- Look for opportunities to insert your frame into news stories
#2: Expand the frame

- Tell stories that bring the social context into view
- Directly speak to issues of inequity and structural racism
- Talk about trauma on the community level (as well as individual level)
- Highlight the fact that prevention works!
#3: Pitch stories that broaden the conversation
#3: Pitch stories that broaden the conversation

Be creative in pitching your story. Consider: what makes your story newsworthy? For example:

- Release of new data
- Anniversary of significant local event
- Support from the mayor’s office
- A new approach to a controversial issue

Think outside the box: Where are the opportunities for coverage in education? business? health?
Community safety rarely appears in news from sectors like education, business, or healthcare, but it could
Where *could* community violence or safety appear in news from different sectors?

Every time there’s a story about ________ it should include Community Safety
Where *could* community violence or safety appear in news from different sectors?

Every time there’s a story about ________ it should include Community Safety

*example*
Where *could* community violence or safety appear in news from different sectors?

example

Every time there’s a story about *housing* it should include Community Safety
Where *could* community violence or safety appear in news from different sectors?

Every time there’s a story about ________ it should include Community Safety

*Fill in the blank with your own example…*
Where could community violence or safety appear in news from different sectors?

Every time there's a story about _________ it should include Community Safety.

Every time there is a story about Community Safety it should include _______ safety.
Where *could* community violence or safety appear in news from different sectors?

Every time there’s a story about _________ it should include Community Safety

Every time there is a story about Community Safety it should include _________ safety

*Note the exercise can work the other way around…*
Where *could* community violence or safety appear in news from different sectors?

Every time there’s a story about __________ it should include Community Safety

Every time there is a story about Community Safety it should include *violence interrupters*
#4: Build relationships with reporters

- Use Twitter to establish relationships with reporters
- Give reporters positive feedback when they do their job well
- Invest time in becoming a trusted source for reporters
#5: Use opinion space proactively

- Write letters to the editor
- Contribute to blogs
- Contribute op-eds
#6: Expand the field of spokespeople

- Include community voices: parents, youth, elders, etc.
- Consider professionals outside the criminal justice realm: physicians, teachers, nurses, social workers, faith leaders, local politicians... who else?
Additional resources...

➢ To read our full Kaiser Permanente-funded report:
  • www.bmsg.org/resources/publications/community-violence-prevention-discourse

➢ BMSG’s “In the news” http://bit.ly/2hRliys
Questions?
Thank you!

Michael Bakal
bakal@bmsg.org
Thank you!

Michael Bakal
bakal@bmsg.org
Presentation

Anne Marks
Executive Director
Youth ALIVE!
amarks@youthalive.org
Healing Justice

Alliance: Partnership to address violence as a Health Issue

January 25, 2017
Health Communication Matters Webinar
Anne Marks
Executive Director, Youth ALIVE!
Training Director, NNHVIP
About Youth ALIVE!

Prevention – Intervention – Healing
Founded in Oakland in 1991

- Direct services
- Advocacy
- Training, including NNHVIP

National Network of Hospital-based Violence Intervention Programs
Keeping Teen-Agers Alive

Someone's dream says he saw the same picture from the barrel of a gun, but he didn't feel the bullet that ripped into his spinal cord, forehead, and diaphragm six years ago in what could have been just another gang shooting.

But he did hear a voice, which he believes was God: "I want you to kill, and you told me if I got you out you would do bet - ter," he says. "Do you want to live or die?"

Mr. Spence decided he wanted to live. At 26, he is doing more than that. He is a director of youth programs at Youth Alive, an Oakland, Calif., charity that teaches kids alternatives to street violence.

It is a daunting task, especially in California, where 2,558 people under age 20 died in 1995, 28 per cent of them by guns. "Focus on Target," one of the charity's programs, holds violence-prevention workshops at least once a week in junior high schools, and has trained more than 1,000 teen-agers to spread the word to other kids 13 to 19.

"They don't know that bullets hurt," Mr. Spence says. "They all think that everyone that gets shot either wells away or dies. They don't know how bullets can kill them. And they believe you can't get pregnant the first time."

He gives them loads of information ranging from crime figures to health statistics.

In another program, Caught in the Crossfire, started by Mr. Spence, young counselors trained by the charity go to Highland Hospital, which serves Alameda County, Calif., to persuade teen-agers not to carry weapons or take revenge on their assailants.

Here, Mr. Spence tells students to set goals, "with living in mind, instead of dying in mind."
What is it and how do we talk about it?
HVIP – What is it?

Health system-based approach to violence

- Intervention at the "golden moment"
- Retaliation prevention
- Pre- and post-discharge support
- Mentors from the community
To promote healing and positive alternatives to violence and to reduce retaliation, re-injury, and (re-)arrest.
44% of young people hospitalized for violence return with another violent injury within 5 years

20% of them eventually die by violence

Why do so many victims of violence get shot or stabbed again?
Violence as a Health Issue

Violence is an epidemic.
The virus is trauma.
Violence as a Health Issue

Trauma changes you.
Risk factors for future violence

Listed from most to least proximate…

1. Assailant “finishes the job”
2. Assailant “pre-retaliates”
3. Current beef escalation
4. New beef retaliation
5. Dangerous choices
6. Dangerous reactions
7. Risky behaviors
8. Environment

Source: A Marks, J Torres, K Simmons, Youth ALIVE!
Risk factors for future violence

- Simultaneous
- Interactive
- Driven by trauma
Studies in Oakland, Baltimore, Chicago, Milwaukee, Philadelphia, and San Francisco show reductions in:

- Recidivism
- Arrests
- PTSD symptoms
- Emergency care costs

From August 2013, *Journal of Trauma and Acute Care Surgery*
Hospital-based violence intervention programs save lives and money

Jonathan Purtle, MPH, MSC, Rochelle Dicker, MD, Carnell Cooper, MD, Theodore Corbin, MD, MPP, Michael B. Greene, PhD, Anne Marks, MPP, Diana Creaser, MS, RN, Deric Topp, MPH, and Dawn Moreland, RN, BSN

Injury prevention activities are a defining characteristic of the modern trauma center. Violent injury—with a 5-year reinjury rate as high as 45%—represents a priority area for preventive intervention. Advances in trauma care increase the likelihood that a patient will survive violent injury but do nothing to reduce the chances that they will be reinjured after leaving the hospital. The recurrent nature of violent injury strains trauma systems financially, and the absence of preventive intervention is inconsistent with trauma centers’ commitment to providing optimal care. Hospital-based violence intervention programs (HVIPs) offer a strategy to address these issues.

HVIPs combine brief in-hospital intervention with intensive community-based case management and provide targeted services to high-risk populations to reduce risk factors for reinjury and retaliation while cultivating protective factors. Rigorous evaluations of HVIPs have demonstrated promising results in preventing violent reinjury, violent crime, and substance misuse. Violent injury, as a focus of HVIPs, is generally defined as any injury intentionally inflicted by another

VIOLENT INJURY IS A RECURRENT PROBLEM

Estimates of hospital recidivism for violent injury vary according to study design. Up to 45% of patients treated for violent injury are reinjured within 5 years. One survey of violently injured patients at 5-year follow-up found that 20% had died. Being the victim of violence also significantly increases the likelihood of being a perpetrator of violence. Hospitals typically discharge violently injured patients without a viable strategy to stay safe or manage community pressure to retaliate.

VIOLENT INJURY IS A POTENTIALLY TRAUMATIC EXPERIENCE

In addition to the physical consequences of violent injury, many patients experience psychological sequelae that persist after their physical wounds have healed. A study of men hospitalized for violent injury found that 27% and 18% had possible posttraumatic stress disorder (PTSD) at 3-month and
Starting an HVIP
Message Violence as a Hospital Issue

- HVIPs work. Stop the revolving door!
- Reduce re-hospitalization expenses.
- Enrolls uninsured clients
- Post-discharge follow up.
- Expertise working with difficult patients.
- Opportunity for research
- Community benefit and Public Relations
Identify Partners and Secure Buy-In

- Find a champion
- Engage multiple departments
- Provide data
- Piggyback on existing structures
- Share successes
NNHVIP is here to help!

- Technical assistance
- Share best practices
- Joint Research
- Policy Change
- E-bulletins
- Annual Conference

www.nnhvip.org
Annual Conference
September 25th to 27th, 2017
Milwaukee, WI

NNHVIP + Cure Violence + BMSG

- Program best practices
- Policy change
- Healing the healers
- Fund development
- Research
- Communications
- How to start an HVIP
Pablo’s Story
Linnea Ashley, MPH, NNHVIP Manager, lashley@youthalive.org, (510) 594-2588 x314

Next HJA Conference: September 25-27 2017
Q & A
Additional Content

Following today’s webinar, you’ll receive an email with links to:

• Recording of today’s webinar, which will be archived for future access

• Presenters’ slides

• List of resources related to today’s topic
Evaluation & Questions

• An evaluation will pop up following today’s webinar — please share your feedback that will help us improve future webinars

• Let us know if you’d like to follow-up on anything we touched on today

• Additional questions? Contact our presenters or moderator
Thank you to our planning committee

• Tammy Pilisuk, MPH, APHA-CHPPD
• Erin Brigham, MPH, CareSource, APHA-CHPPD
• Lisa Peterson, MPH, Center for Public Health Practice & Leadership
• Angela Falisi, MPH, National Cancer Institute, APHA-HCWG
• Nancy Murphy, MSHC, CSR Communications
• Meghan Bridgid Moran, PhD, Bloomberg School of Public Health, Johns Hopkins University
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