

Hospital Approaches to Interrupt the Cycle of Violence



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EXECUTIVE SUMMARY

Violence—the intentional use of physical force or power resulting in harm to another person or oneself—is a complex and widespread health issue that can affect anyone regardless of age, gender, ethnicity or race. Beyond being merely a legal issue, violence places a burden on the U.S. health care system and is an impediment to improved population health.

Though not traditionally a responsibility of hospitals, violence prevention is aligned with:

- » Hospital mission statements to improve the health of individuals and communities
- » Community benefit commitments for not-for-profit hospitals to improve the health of communities and increase access to care
- » Community health needs assessments that have identified violence prevention as a priority need
- » Opportunities to reduce hospital recidivism for repeated violent injuries, thereby improving health and reducing costs

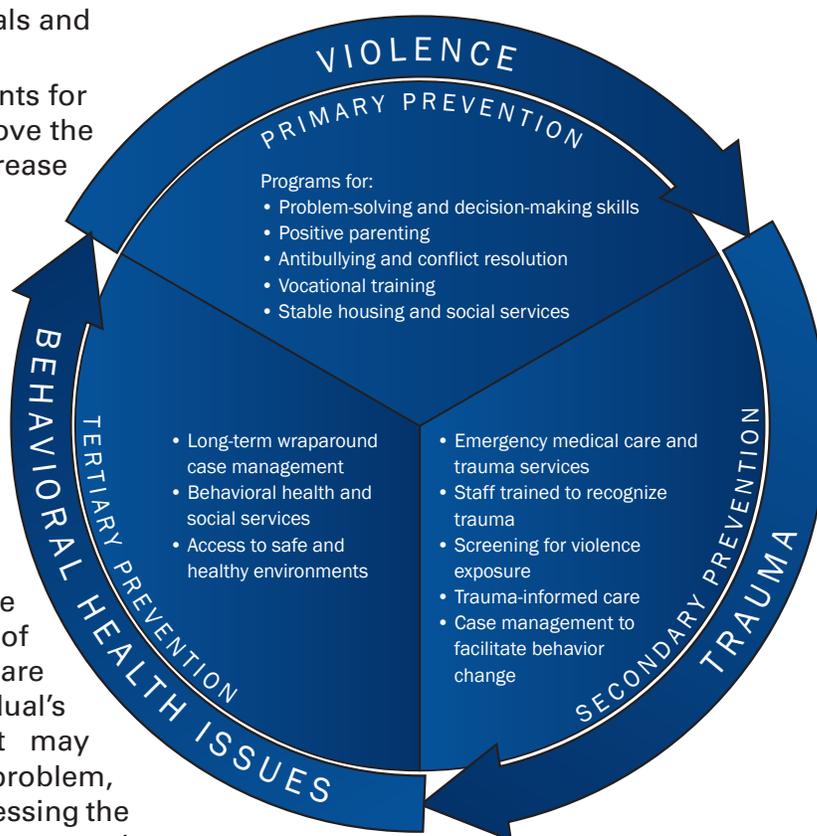
Prevention poses a challenge because violence occurs as part of a cycle of learned behaviors that are further perpetuated by an individual's exposure to trauma. Though it may appear to be an intractable problem, violence can be prevented by addressing the underlying socioeconomic, environmental and behavioral risk factors that increase the likelihood that an individual will become a victim or perpetrator of violence.

As the location where many victims of violence seek medical treatment, hospitals and health care systems are uniquely positioned to address violence prevention. There is ample evidence that shows

hospital-based violence intervention programs reduce violence, save lives and decrease health care costs. This guide offers a model and examples of hospital-based violence intervention approaches that can be tailored to address the distinctive needs of each community.

A comprehensive violence prevention approach addresses primary, secondary and tertiary prevention levels, which are aligned with components of the cycle of violence (see Figure 1).

FIGURE 1. MULTILEVEL VIOLENCE PREVENTION MODEL



Source: HRET, 2015.

Hospitals can play an important role at each level of prevention. By partnering with community stakeholders, hospitals can implement primary prevention approaches to address risk factors at the relationship, community and society levels and help prevent violence from occurring. Hospitals

are uniquely positioned to excel at secondary prevention by providing trauma-informed care to capitalize on the “second golden window” when victims of violence may be most likely to make changes in order to prevent a repeated violent injury. Hospital-based violence intervention programs start with secondary prevention and extend through tertiary prevention, providing victims with long-term wraparound case managers to coordinate behavioral health and social services that will address the conditions that put the patient at risk of repeated violence.

Hospitals should tailor their violence intervention programs to their specific needs and capabilities and the needs of their community. Steps for hospitals and health care systems to consider as they determine how to address violence in their communities include:

- » Define the problem
- » Pinpoint risk and resilience factors
- » Identify community partners
- » Prioritize needs
- » Determine the target population
- » Identify resources
- » Assess the hospital’s role
- » Plan interventions
- » Measure results

This guide includes four case studies from hospitals across the United States that are implementing violence prevention strategies.

- » **University of Maryland Medical Center’s Shock Trauma Center** pioneered a hospital-based violence intervention program to provide social and medical assistance to victims of violence.
- » **Children’s Hospital of Philadelphia** applied evidence-based violence prevention programs to design a comprehensive, multilevel approach to preventing violence and rehabilitating victims.
- » **Children’s Hospital of Wisconsin** partners closely with community stakeholders to provide home-based services and co-locates medical services with social and legal services.
- » **Cincinnati Children’s Hospital** is addressing poverty, a root cause of violence, by investing in and buying produce from an urban farming company that employs individuals who have been involved with the criminal justice system.

Hospitals and health care systems can play an integral role in initiating and advancing strategies that help prevent violence by fostering a healthier, safer community and meeting the specific needs of victims of violence or at-risk individuals throughout the cycle of violence.

BACKGROUND

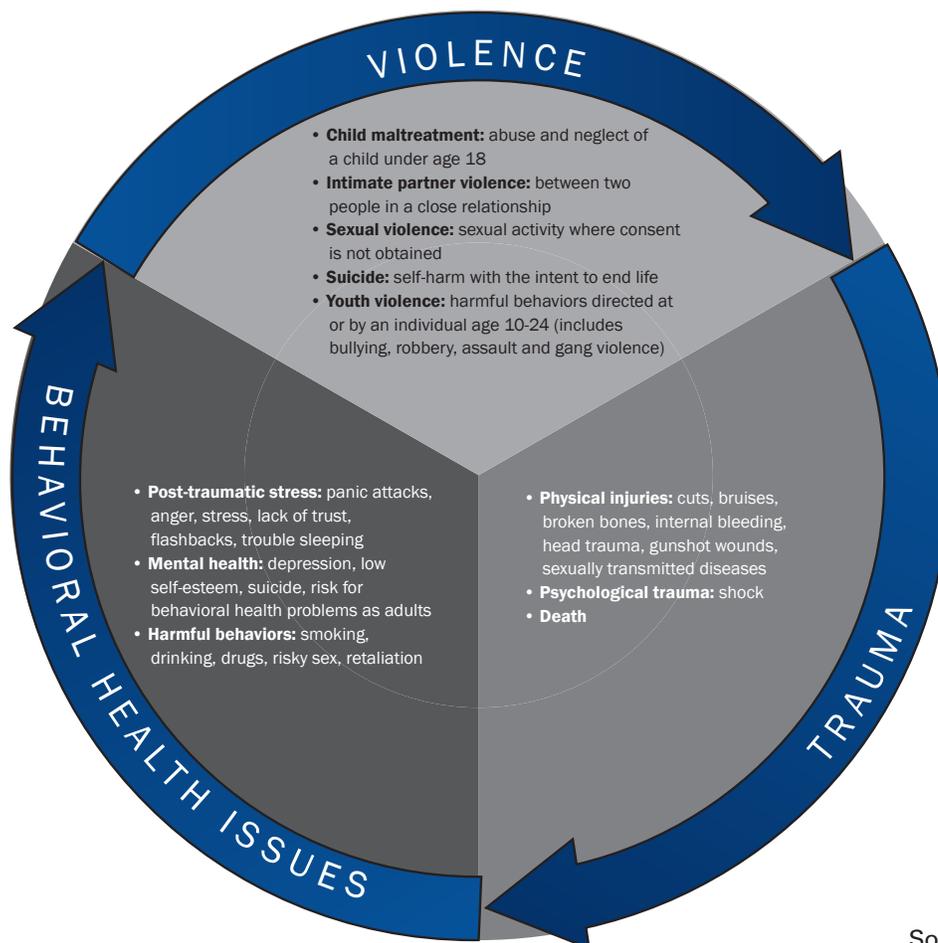
Violence—the intentional use of physical force or power resulting in harm to another person or oneself—can affect anyone, no matter their age, gender, ethnicity or race. Beyond being a legal issue, violence is a serious and widespread impediment to population health. Every year, there are more than 55,000 deaths and 2.5 million violence-related injuries in the United States.¹ The behavioral health consequences of violence are far-reaching, including long-term issues such as post-traumatic stress, depression, anxiety and substance abuse. Exposure to violence significantly increases the likelihood of an individual being a perpetrator of violence or experiencing repeated violent injury in the future.² All these factors perpetuate an ongoing cycle of violence (see Figure 2).

Violence puts an economic burden on the entire health care system and on society. The Centers for Disease Control and Prevention estimates that the direct cost of violence for nonfatal injuries totals \$5.6 billion per year, with indirect costs totaling \$64.8 billion in lost productivity.¹

Preventing violence is a complex public health issue involving social, economic and behavioral components, all of which must be addressed to improve population health. Though it may appear to be an intractable problem, violence is a learned behavior and is preventable by addressing the underlying risk factors and behaviors that increase the likelihood that an individual will become a victim or perpetrator of violence.³

Hospitals are increasingly identifying violence as a community health need.

FIGURE 2. THE CYCLE OF VIOLENCE



Source: HRET, 2015.

In a review of community health needs assessments from 2011–2014, the Health Research & Educational Trust found that 23 percent of hospitals identified violence as a community health need, though only 12 percent of hospitals selected it as a priority for addressing through an intervention.⁴ Admittedly, community violence is a challenging problem. Yet the findings from the CHNA analysis point to the emergence of violence as an issue for hospitals to address as they work toward Triple Aim goals: improving the individual experience of care, improving the health of populations and reducing per capita cost.

While not traditionally in the realm of hospital responsibility, violence prevention contributes to fulfilling a hospital’s mission and its community benefit commitment. Hospital mission statements almost universally include a commitment to improving the health of individuals and communities, a component of which is keeping individuals free from harm in their homes, schools and communities. Reducing violence would, in turn, benefit the hospital by promoting the health of individuals and reducing hospital recidivism rates for violent injuries. Violence prevention can be aligned with not-for-profit hospitals’ community benefit commitments to improve the health of their communities and increase access to care for underserved populations.

As the location where many victims of violence seek medical treatment, hospitals and health care systems are uniquely positioned to address violence prevention. Yet the common treatment model does little to deter future violence. Typically, hospitals discharge victims of violence back into the same social situations from which they came. As a result, hospital recidivism for violent injury is as high as 45 percent and, in many cases, the second injury is significantly more severe.⁵

There is ample evidence that hospital-based violence intervention programs reduce

violence, save lives and decrease health care costs.⁶ In a 2006 study, a comprehensive hospital-based violence intervention program was shown to reduce the hospital recidivism rate of victims of violence to 5 percent, compared to the control group’s rate of 36 percent, saving the hospital more than half a million dollars.⁷ Another study simulating the costs and benefits of a hospital-based violence intervention program found that such programs can save a hospital up to 4 million dollars over five years.⁸ By adopting a comprehensive approach to violence, hospitals have the potential to interrupt the cycle of violence and improve population health.

INTERRUPTING THE CYCLE OF VIOLENCE

Because violence is a nuanced social phenomenon with myriad environmental, behavioral and economic components, a multilevel approach is necessary to address the correlates and antecedents that perpetuate the cycle of violence. Violence prevention occurs at three levels:

- » Primary — stopping violence before it occurs
- » Secondary — immediate responses to violence through emergency and inpatient medical care
- » Tertiary — long-term responses to violence to address trauma and rehabilitate perpetrators⁹

These three levels of violence prevention are aligned to address each component of the cycle of violence, and hospitals have an important role to play at each level (see Figure 3).

FIGURE 3. MULTILEVEL VIOLENCE PREVENTION MODEL



Source: HRET, 2015.

Primary prevention addresses risk factors at the relationship, community and society levels to stop violence from occurring. Primary prevention initiatives should be multisectoral collaborations between hospitals and community stakeholders, such as public health departments, law enforcement agencies, schools and social service organizations. This collective impact approach allows hospitals to leverage the expertise of each participating organization to foster a healthier social and physical environment that deters violence.

Hospitals and health care systems focused on improving population health are taking a primary prevention approach to address violence in their communities. Hospitals can contribute to primary violence prevention interventions by:

- » Collaborating with schools to implement antibullying and conflict resolution programs, and to educate youth about healthy dating and sexual behavior
- » Leading positive parenting classes for new parents
- » Working with local government to develop safe spaces for recreation
- » Screening patients to ensure safe and stable housing and connecting patients with appropriate social services
- » Providing mentors to at-risk youth through new or existing programs such as Big Brothers Big Sisters
- » Participating in community coalitions that work on violence prevention

Hospitals may not need to be the leader of primary prevention initiatives, but their

involvement is crucial to help create the relationships, environment and social norms that are conducive to preventing violence. The case studies from the Children’s Hospital of Philadelphia and the University of Maryland Medical Center provide examples of hospitals partnering with schools for primary violence prevention initiatives (see Case Studies section).

Secondary prevention is care provided in a health care setting as an immediate response to trauma from violence. Since many victims of violence receive treatment at a hospital or physician’s office as a result of their trauma, hospitals and health care systems are uniquely positioned to excel at secondary prevention by:

- » Developing a system that is able to detect and treat violent injuries across the continuum of care
- » Providing trauma-informed care that is sensitive to the physical and psychological effects of trauma
- » Capitalizing on the “second golden window” when patients may be most inclined to make changes to prevent further violence

While injuries such as gunshot wounds are a clear indication of violence, primary care clinicians need to be aware of the more subtle signs of trauma, such as emotional withdrawal or falling grades. Hospitals can integrate a trauma-informed approach into the clinical setting by developing a system that has processes in place to:

- » Realize the widespread impact of trauma and understand potential paths for recovery
- » Recognize the signs and symptoms of trauma in patients and families
- » Respond by integrating knowledge about trauma into policies, procedures and practices
- » Prevent retraumatization¹⁰

Part of preventing retraumatization is providing care that is sensitive to patients’ experiences of trauma throughout their lifetime. Trauma-informed care recognizes the neurological, biological, psychological and social effects of violence, and fundamentally alters how clinicians interact with victims of violence by fostering a relationship that ensures the physical and emotional safety of the patient.

Key to a hospital-based violence prevention program is leveraging the “second golden window,” where victims of violence may be most motivated to make positive life changes to help prevent future injury. Hospitals can introduce culturally competent case managers to patients while they are recovering in the hospital. Case managers trained in a trauma-informed approach can assess the patient’s psychological and social needs and continue to work with the patient long after discharge and help them make changes in their lives. The case study from the University of Maryland Medical Center exemplifies secondary violence intervention to reduce hospital recidivism (see Case Studies section).

Case management-based secondary prevention strategies should extend through **tertiary prevention**—the long-term response to violence—to address the myriad psychological and behavioral effects of trauma and rehabilitate perpetrators. A key element of hospital-based violence prevention programs is the coordination of wraparound services—that is, intensive, individualized care planning relevant to the life and needs of the victim. Case managers continue to work with patients in a collaborative process to assess, plan and facilitate options and services to meet their physical and behavioral health needs. Case managers also work to address the social and economic conditions that put the patient at risk of repeated violence. Hospital-based violence prevention programs address issues ranging from gang

affiliation, vocational training, educational achievement, unhealthy relationships, housing, and domestic violence. Wisconsin Children’s Hospital is co-locating services to address the health and social needs of families affected by violence. Cincinnati Children’s Hospital is working to address poverty—a root cause of violence (see Case Studies section).

By providing a case manager to work with at-risk patients after discharge, hospitals and health care systems are taking on responsibility for the long-term well-being of individuals in their population. This approach augments the role of the hospital to remain engaged with the patient long after discharge to coordinate ongoing behavioral and medical care and ensure the patient’s safety. This approach is necessarily collaborative and should involve community stakeholders throughout the process to work toward achieving a collective goal: a healthier, safer community.

THE ROLE OF THE HOSPITAL

Hospitals and health care systems have an important role to play at each level of prevention, though the role may vary based on resources, needs and capacity to address violence. Indeed, hospitals are not solely responsible for preventing violence in their communities. Hospitals should work with a wide range of community stakeholders including social services agencies, public health departments, religious groups, educational organizations and law enforcement agencies to collaboratively foster healthy behaviors, provide appropriate care to victims after trauma and provide options to reduce hospital recidivism.

Any hospital-based violence prevention program should be tailored to address the specific needs and capabilities of the hospital and the community. Hospitals and health care systems can consider what strategy to pursue by following the steps outlined in Figure 4.

FIGURE 4. HOSPITAL APPROACHES TO VIOLENCE PREVENTION

- | |
|--|
| <p>1. Define the problem.</p> <ul style="list-style-type: none"> » What type of violence is prevalent? <ul style="list-style-type: none"> • Child maltreatment? Intimate partner violence? Sexual violence? Suicide? Youth violence? » What populations are at risk? <ul style="list-style-type: none"> • Youth or elderly? Men or women? Specific racial or ethnic group? » Where does violence occur? <ul style="list-style-type: none"> • At home? At school? In the workplace? In the community? » What is the incidence and prevalence of violence? » What did your hospital’s community health needs assessment reveal about violence in your community? |
| <p>2. Pinpoint risk and resilience factors.</p> <ul style="list-style-type: none"> » What risk factors are prevalent in your community? <ul style="list-style-type: none"> • Poverty? Substance abuse? Mental health? Gang membership? Crime? Unemployment? Academic failure? » What resilience factors can your hospital leverage for violence prevention? <ul style="list-style-type: none"> • Economic stability? Stable housing? High-quality social services? Good physical and mental health? Access to health care? Presence of a parent? Positive role models? Academic success? Emotional well-being? |

<p>3. Identify community partners.</p> <ul style="list-style-type: none"> » What community organizations can your hospital work with? <ul style="list-style-type: none"> • Behavioral health services? Public health departments? Law enforcement? Schools?YMCA? United Way? » What nontraditional partners can your hospital work with? <ul style="list-style-type: none"> • Housing? Community development? Environmental? Chamber of Commerce or business? » What violence-related issues do your community partners perceive to be priorities?
<p>4. Prioritize needs.</p> <ul style="list-style-type: none"> » Which type of violence is most important to address for your hospital’s population? Is this aligned with other community stakeholders? » How does violence prevention align with your hospital’s community benefit plan and community health needs assessment results?
<p>5. Determine the target population.</p> <ul style="list-style-type: none"> » Which population does your hospital want to target? <ul style="list-style-type: none"> • Universal (everyone)? Selective (at-risk populations)? Indicated (those who have experienced violence)?
<p>6. Identify resources.</p> <ul style="list-style-type: none"> » How can hospital leadership be engaged? » What financial resources can be allocated to a hospital-based violence prevention program? » What hospital staff are available to work on violence prevention initiatives? What additional staff or training is needed to implement an intervention?
<p>7. Assess the hospital’s role.</p> <ul style="list-style-type: none"> » What level of prevention is your hospital able and willing to address? <ul style="list-style-type: none"> • Primary? Secondary? Tertiary? » What hospital departments should be involved? <ul style="list-style-type: none"> • Trauma/ED? Primary care? Pediatrics? » What services does your hospital currently offer to victims of violence? How can these services be augmented?
<p>8. Plan interventions.</p> <ul style="list-style-type: none"> » What evidence-based interventions are known to work? » Which evidence-based interventions can be implemented at your hospital? » Which evidence-based interventions can be implemented with your community partners?
<p>9. Measure results.</p> <ul style="list-style-type: none"> » What process metrics will your hospital use? » What outcomes metrics will your hospital use to measure success?

Source: HRET, 2015.

CONCLUSION

Violence prevention is an important yet often neglected aspect of a population health strategy, but it is crucial for fostering a healthy community. Hospitals and health care systems are uniquely positioned to play an integral role in initiating and advancing strategies to help prevent violence by building a safer community and meeting the specific needs of victims of violence when they are in the hospital and after discharge.

The role that a hospital chooses to take in violence prevention may vary based on community needs, available resources and the scope of the problem. Hospitals and health care systems should recognize and address the spectrum of medical, behavioral and socioeconomic needs of patients and provide services across the continuum of care, thereby helping to interrupt the cycle of violence and improving the well-being of the entire community.

UNIVERSITY OF MARYLAND MEDICAL CENTER —
R ADAMS COWLEY SHOCK TRAUMA CENTER
BALTIMORE, MARYLAND

BACKGROUND

The Shock Trauma Center at the University of Maryland Medical Center treats more than 8,000 trauma patients per year. The center has a high recidivism rate for repeated violent injury; 23 percent of victims of violent injury were readmitted months later due to another violent injury—in many cases, a more severe injury. Individuals presenting to the trauma center for a second violent injury were 10 times more likely to die as a result of their subsequent injury. This recidivism was occurring because victims of violence were returning to the same communities and social situations in which they were injured.

To stop this cycle of violent injury from continuing, Carnell Cooper, MD, started the Violence Intervention Program in 1998 to teach victims of violence the skill sets needed to change their lives and thus reduce the number of repeat victims.

INTERVENTION

The Shock Trauma Center does more than “patch up” the victims of violence. To improve the health of patients and the community, the center strives to influence factors outside of its walls. By working to modify social and environmental risk factors as well as caring for patients’ medical needs, the center’s staff has the opportunity to save lives. The Shock Trauma Center operates three programs that address violence at multiple levels of prevention:

- » **Violence Intervention Program (VIP)**, an intensive hospital-based intervention to provide social assistance to victims of violent injury, was the foundational program at University of Maryland Medical Center. Eligible individuals are identified through the electronic medical record and approached at bedside about joining the program. Patients receive assessment, counseling and social support while they are in the hospital. Though this intervention is initiated in the hospital, case managers or outreach workers continue to work with patients after discharge to create an individualized action plan designed to reduce risk factors of repeated violence. This program also runs a weekly support group.
- » **Promoting Healthy Alternatives for Teens (PHAT)** is an after-school program to expose at-risk youth to the consequences of decision making. The program incorporates a tour of the University of Maryland Medical Center’s Shock Trauma Center, testimonials of victims and perpetrators of violence, creative self-expression through spoken-word poetry theater, and role-playing exercises. The PHAT program works with “The 5th L” creative poets, who perform spoken-word theater to stimulate the youth’s awareness of risk-taking behaviors associated with violence. Medical staff members help the youth understand what happens when a person is shot, so that participants have a realistic view of the consequences of violence.
- » **My Future–My Career** addresses the socioeconomic correlates of violence. Created by the University of Maryland Medical Center, this program is working to reduce Baltimore’s high school dropout rate, which is about 50 percent. The medical center partners with schools to identify at-risk youth who would benefit from My Future–My Career. Participants take six weekly trips to visit the medical center, gain exposure to different career options and learn the skills needed for a particular career.

All three programs recognize that an individual’s behavior is a product of his or her environment. The objective is helping victims and preventing those at risk from becoming victims—thus breaking the cycle of violence in their communities.

RESULTS	<p>Participants in the Violence Intervention Program were less likely to be rehospitalized due to violent injury. In a longitudinal study comparing individuals who were randomized to the program and those who were not, participants had an 83 percent decrease in repeat hospitalization. Program participants also exhibited a 67 percent decrease in violent crime and a 75 percent reduction in criminal activity. In addition, the Baltimore judicial system recorded an overall decrease in violence as well.</p>
LESSONS LEARNED	<p>Violence prevention is a component of population health improvement and should be treated as such. Hospitals have a unique opportunity to work with the victims of violence to modify risk factors and help prevent future injury—and save lives.</p> <p>Cooper recommends that hospitals consider making violence prevention part of their community benefit strategy, especially if a hospital is located in a community with widespread violence. Hospitals should assess their community to identify the appropriate program to meet the community’s needs. Ultimately, hospitals and communities will benefit from violence prevention interventions.</p>
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CHILDREN'S HOSPITAL OF PHILADELPHIA PHILADELPHIA, PENNSYLVANIA

BACKGROUND

In response to the 2012 school shooting in Newtown, Connecticut, and the day-to-day, pervasive acts of violence within the local community served by the Children's Hospital of Philadelphia, its emergency department and primary care offices, the hospital took action. CEO Steven M. Altschuler, MD, decided it was time to galvanize the hospital's resources to directly address violence in Philadelphia and across the country. Started in July 2013, the Violence Prevention Initiative is a comprehensive, coordinated and sustainable approach to improve the health and safety of children and their families. Children's Hospital of Philadelphia views violence as an experience that has short- and long-term health consequences for a child. As an organization working to promote the health and well-being of children as they grow into adulthood, the hospital sees violence prevention as part of its mission.

INTERVENTION

The approach used by the hospital's Violence Prevention Initiative addresses multiple levels of prevention. The hospital provides services to children and families in several settings: the hospital, schools and the community. The initiative's signature programs include:

- » **Partners for Prevention (P4P)** is an intensive bullying prevention program for youth in grades three through five in select Philadelphia public schools. This program has a 20-session classroom component that helps students learn important problem-solving, perspective-taking and anger-management skills. The program also supports teachers, lunchtime supervisors, school staff and parents to reinforce antibullying strategies. P4P is a collaborative partnership with the teachers in order to transition the program over to the schools.
- » **Free2B** is a one-day bullying prevention and conflict resolution program for middle school students. It is the result of a partnership between researchers from the Violence Prevention Initiative and multimedia technology experts from Life Changing Experiences. Free2B engages students with a 3-D bullying prevention movie, inspirational videos and an interactive learning experience. This one-day program is being combined with a six-week, evidence-based curriculum for teachers to ensure that the lessons learned from Free2B are reinforced in students' classrooms. The hospital calls this approach the "next generation" of evidence-based public health education.
- » **Children's and Mom's Project (CAMP)** is a multi-institutional collaborative effort in Philadelphia that provides support for clinicians to screen for intimate partner violence, in order to identify families experiencing domestic violence and minimize its adverse effects. CAMP aims to foster a culture where asking about intimate partner violence and providing the appropriate response are ingrained within the system of care.
- » **Violence Intervention Program (VIP)** provides wraparound social services and case management for assault-injured youth. Case managers work with youth who are hospitalized at the children's hospital following a violent incident, providing trauma-informed services and continuing their involvement for six months to one year after their young clients are discharged. Case managers provide assistance with everything from navigating the health and social services systems to advocating for appropriate care in schools.

All interventions are planned in accordance with evidence-based best practices and are based in trauma-informed care—with the basic tenet that previous traumatic experiences may affect how a patient responds to current treatment and outreach.

RESULTS	<p>As a pediatric research hub, Children’s Hospital of Philadelphia is continuously evaluating and refining its programs, making sure not to simply duplicate existing research around violence prevention. The hospital also works to ensure its programs are scalable, to ultimately provide models for other hospitals regionally and nationally. Participants in the school bullying prevention programs have shown a decrease in aggressive behavior and improved problem-solving skills, findings that were maintained a year after the program ended in one recent study. Innovative partnerships, such as Free2B, might be one pathway for scaling up effective bullying prevention strategies.</p> <p>The Violence Intervention Program for assault-injured youth treated at the hospital is building on previous research about the effectiveness of intensive case management for victims of violence. The hospital works closely with the Philadelphia community to rigorously assess how this program is reducing hospital recidivism and promoting positive youth development. Decreasing violence has the potential to significantly reduce the cost of care and to ultimately stabilize communities.</p>
LESSONS LEARNED	<p>The Violence Prevention Initiative at the Children’s Hospital of Philadelphia emphasizes the importance of closely collaborating with community partners to develop programs that are effective. By partnering with schools, students, parents, teachers, its own network of clinicians, and community-based violence prevention organizations, the hospital develops interventions that are culturally acceptable, meaningful and based in science.</p> <p>The hospital leverages the expertise and interests of clinicians outside of its signature programs to supplement violence prevention initiatives. Clinicians and researchers with related interests become Violence Prevention Initiative fellows, contributing their specific expertise to the overall goal of reducing violence in the community. With a diverse group of individuals working together around shared goals, violence prevention becomes a multidisciplinary and less siloed pursuit. By combining research, programming, staff training, community outreach and information dissemination, the Children’s Hospital of Philadelphia is able to address violence from multiple angles and influence policy and advocacy efforts.</p>
CONTACT	<p>Lindsey Mitros Outreach Coordinator, Violence Prevention Initiative Children’s Hospital of Philadelphia mitrosl@email.chop.edu</p>

CHILDREN'S HOSPITAL OF WISCONSIN MILWAUKEE, WISCONSIN

For Children's Hospital of Wisconsin, preventing violence is a key part of its mission to make children living in Wisconsin the healthiest in the nation. To achieve this vision, the hospital focuses on the entire spectrum of family violence. The results of the Adverse Childhood Experiences Study emphasize the importance of a healthy childhood environment to achieve health and well-being later in life.¹¹ By treating the entire family after exposure to violence, the hospital works to foster a healthier environment where children will have an opportunity to thrive throughout their lifetime.

BACKGROUND

Children's Hospital of Wisconsin's concern for violence prevention dates back to the 1980s when child abuse cases started presenting in the emergency department. The hospital was seeing hundreds of child abuse cases per month, but no one knew how to handle them. Staff at Children's Hospital of Wisconsin began to realize that the emergency room was not a good place for children who did not have acute injuries and that the experience of being in the emergency room could retraumatize them. The hospital set up a network of child advocacy centers across the state to meet the needs of this population.

In the early 1990s, an increasing number of teenagers were repeatedly coming to the emergency room with violence-related injuries like gunshot and stabbing wounds. Hospital staff recognized that these incidents of violence were not isolated and put the rest of the child's family at risk for experiencing violence. To address violence at the family level, eliminate repeated injuries and help family members cope, Project Ujima was established in 1996.

Children's Hospital of Wisconsin employs a multidisciplinary approach to violence prevention, working collaboratively with human services, the district attorney's office, Milwaukee Police Department and Milwaukee County Behavioral Health. The hospital's secondary and tertiary prevention approaches aim to help stop the cycle of violent crimes by reducing the risk of repeated violence at the family level.

INTERVENTION

- » **Project Ujima** is a multidisciplinary collaboration between the Children's Hospital of Wisconsin, the Medical College of Wisconsin and the Children's Service Society of Wisconsin. Youth from ages 7 to 18 who are victims of violence are identified when they are patients in the emergency department. Case workers identify patients' needs and provide immediate support during the hospital stay. After a youth is treated for an acute injury, Project Ujima operates as a community-based home visitation model. After discharge, a community liaison visits the patient's home within two weeks to develop a service plan. This liaison helps all family members access medical, behavioral health, legal, school and social services in order to reduce the risk of recidivism for the youth and help the entire family achieve its goals. Project Ujima is a free service funded by the hospital and a few community stakeholders.
- » The hospital is collaborating with the **Sojourner Family Peace Center** to co-locate a child advocacy center with a family justice center, offering multiple services in the same location. The center's approach expands upon the child advocacy center model to provide a single point of contact for families dealing with violence. The new initiative grew out of a long-term partnership between the hospital and the established center, as both were looking to build new spaces for their respective child advocacy center and family justice center and recognized they would be serving the same families. The new Sojourner Family Peace Center will house Project Ujima and services for domestic violence, child protection and family justice, enabling coordinated responses across the spectrum of services for youth and adults. The sensitive crimes division of the Milwaukee Police Department will also be located in the building. For families living outside of the Milwaukee area, Children's Hospital of Wisconsin continues operating seven child advocacy centers across the state.

RESULTS	<p>Project Ujima’s model for preventing violent recidivism has had successful results. Prior to the project’s implementation, Children Hospital of Wisconsin’s emergency department had a 12 percent recidivism rate for violent injury. As of 2013, only 1 percent of those using the project’s services have returned to the emergency department for violence-related injuries.</p> <p>The Sojourner Family Peace Center is a work in progress. The hospital is working with the center to jointly own, build and operate the new space. Both organizations worked with the state government as well, who agreed to cover half of the cost of the building. All involved are working toward a better coordinated and integrated approach to solving family violence with earlier interventions for youth at risk. The goal is to lower violence rates among youth in the Milwaukee area.</p>
LESSONS LEARNED	<p>Children’s Hospital of Wisconsin believes that there is a growing case for violence prevention as a population health issue. As hospitals take on responsibility for the health of individuals throughout their lifetime, it is essential to address violence among children to foster their growth into healthy adults.</p> <p>The hospital credits long-term, collaborative relationships with community stakeholders for the success of its intervention programs. The relationship has to be win-win: hospitals can offer the infrastructure, medical expertise and technology while community organizations can gain access and trust in a community in a way that a hospital cannot do alone.</p> <p>Mark Lyday, the hospital’s director of child advocacy and protective services, noted that though Sojourner Family Peace Center and the hospital have been working together for more than 25 years, the process of collaborating to build the new center was a learning experience for both organizations. The hospital had to be sensitive to the concerns of a smaller not-for-profit organization to build mutual trust. The hospital learned that in certain circumstances it is best to take a step back to be a participant rather than the leader.</p> <p>Children’s Hospital of Wisconsin recommends that hospitals begin addressing violence by getting to know their communities. No potential partner should be counted out, no matter how large, small or untraditional it may be. By treating violence as a population health issue and fostering collaborations with community stakeholders, hospitals can disrupt the cycle of violence to improve the health of youth throughout their life.</p>
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CINCINNATI CHILDREN'S HOSPITAL CINCINNATI, OHIO

BACKGROUND

The city of Cincinnati has experienced an uptick in violence in recent years. Youth between the ages of 15 and 23 have been the main perpetrators of violence, and the number of girls with violent injuries has increased.

Violence is a symptom of an array of social correlates of health, emphasizes Victor Garcia, MD, a trauma surgeon at Cincinnati Children's Hospital. Most hospitals deal with the symptoms. Though interacting with youth when they get shot and talking to parents about guns are important, that will not move the needle of violence because many youth continue to live in a "war zone," according to Garcia. Cincinnati Children's is working to address a root cause—concentrated poverty and its ramifications.

INTERVENTION

Cincinnati Children's is applying a systemic change process to address the root causes of violence alongside other population health issues for children—obesity, food deserts, asthma, toxic stress, impaired cognitive ability. These health conditions and challenges are spatially clustered in extremely impoverished neighborhoods and considered to be causally related to poverty. The hospital noticed an association between a lack of jobs offering living wages, drug trafficking and mass incarceration in areas of poverty with high rates of premature births, infant mortality, child obesity and asthma.

Garcia is engaging the community to collaboratively develop solutions through CoreChange Cincinnati, a nonprofit organization of which he is a founder. Made up of a diverse group of community and organizational leaders, CoreChange employs an evidence-based systemic change process to engage all stakeholders, particularly grassroots members, to co-create solutions to reduce urban poverty and its consequences, including violence. In January 2012, Cincinnati Children's sponsored the CoreChange Summit, convening 400 to 500 individuals from health care and a variety of other sectors to discuss innovative approaches to overcome community challenges.

One component of the CoreChange initiative is a market-based strategy—a cooperative business situated in the urban core that hires neighborhood residents, some who have been involved with the criminal justice system. Another key segment of CoreChange's target population are female heads of households—the caregivers of infants and developing children. For example, Waterfields, LLC, a cooperative urban farming business, employs these individuals and gives them opportunities to become co-owners and earn equity, bringing resources into areas of concentrated poverty. As anchor institutions, local hospitals are encouraged to buy produce from Waterfields. By scaling the business, Waterfields is positioned to reach a critical mass of individuals employed in the target neighborhood and bring about change in the community.

RESULTS

Garcia notes that violence in Cincinnati has not decreased yet, as it takes time to reach the tipping point for community revitalization and violence reduction. Rethinking the root causes of violence and scaling strategies to address them will ultimately produce change, Garcia says. He predicts that Cincinnati will see major changes in the next 5 to 10 years.

LESSONS LEARNED

To interrupt the cycle of violence, it is essential to address the key drivers while also taking care of the symptoms. Hospitals can leverage their resources to address the root causes of violence by developing innovative business models to increase opportunities and bring resources into areas of concentrated poverty in their communities. These structural changes may take years to occur, but violence cannot be solved without addressing the root causes from a systems perspective.

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ENDNOTES

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ADDITIONAL RESOURCES

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