

HOSPITALS
AGAINST
VIOLENCE

Youth Violence Prevention: Working Together to Keep Communities Safe

AHA Members in Action Case Studies



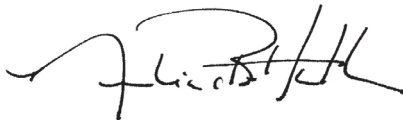
Advancing Health in America

November 2018

Violence is a significant public health problem that affects countless young people each day and in turn, their families, schools, and communities. It can take many different forms, including physical violence such as fighting, psychological violence such as bullying, and group-inflicted violence organized by gangs. It is a significant public health issue, and helping communities understand and combat it is a focus of the American Hospital Association's [Hospitals Against Violence](#) initiative.

The impact of youth violence on communities is widespread and long lasting. But, there are many ways to make a positive impact. This compendium, which includes case studies of initiatives to combat youth violence drawn from AHA member hospitals and health systems, illustrates just a few of the most innovative and effective efforts currently underway. These inspiring case studies underscore the creativity our members employ to tackle this pervasive issue and their deep commitment to making their communities a better and safer place for children, teens, and adults.

To share how your organization is combating violence in your community and to find free resources that can help further this important work, please visit www.aha.org/preventviolence.

A handwritten signature in black ink, appearing to read 'Melinda Reid Hatton', with a stylized flourish at the end.

Melinda (Mindy) Reid Hatton
AHA General Counsel

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TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP

Overview | San Francisco



The “Everyone Deserves a Home” mural symbolizes the universal desire for a place of one’s own.

Overview

Harsh realities intersect in San Francisco’s Tenderloin neighborhood.

One-third of the Tenderloin’s nearly 35,000 residents live below the federal poverty level. Only 7 percent own a home compared with one-third citywide. At least 60 percent of the city’s homeless population resides in the Tenderloin. Park and recreation areas are scarce, with less than 4 percent of the area devoted to open space compared with 23 percent citywide. The Tenderloin is home to 112 retail outlets per square mile compared with 17 per square mile citywide, yet it has no supermarket. The community has the highest chronic disease and illness rates in San Francisco.

These are some of the highlights from a report issued last year by leaders from the Haas School of Business and the School of Public Health at the University of California, Berkeley; Dignity Health’s Saint Francis Memorial Hospital and Saint Francis Foundation, both in San Francisco. The report illustrates why the Tenderloin is among the most chal-

lenged communities in San Francisco and the nation when it comes to social determinants of health.

Compounding the economic and housing disparities, the Tenderloin has a robust illegal drug trade, high levels of street violence, prostitution, addiction and other threats to health and safety that tear at the community’s fabric. The community has become what many activists call a “containment zone” for immigrants, the homeless, recently released prisoners and other populations facing serious economic and health hardships.

Against this backdrop, leaders from 120 community organizations and 30 city agencies have long been working to bring about change in the Tenderloin. Yet, despite their best efforts, these groups often worked in silos, limiting their collective impact. The Tenderloin Health Improvement Partnership, created by Saint Francis Memorial Hospital and Saint Francis Foundation, in recent years has invested heavily to elevate the various community organizations’ collective impact on bringing positive changes to the Tenderloin.

The following case studies illustrate four of the Saint Francis organizations’ many efforts.

**HOSPITALS
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CASE STUDY

TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP

San Francisco



A post-renovation view of Boeddeker Park, featuring the Gold LEAD certified clubhouse, basketball court, walking track and exercise equipment, community garden and the only grass in the neighborhood.

Boeddeker Park Renovation Spawns a New Community Hub in Tenderloin District

By Bob Kehoe

Overview

Already starved for open space, San Francisco's Tenderloin neighborhood had huge flaws in its crown jewel known as Boeddeker Park, which originally opened in 1985. The 1-acre park, once surrounded by black wrought-iron gates, had become overrun by drug dealers, prostitutes and gangs. Police would drive cruisers through the park regularly to try to maintain order.

So, when word came that a \$10 million renovation, led by San Francisco's Trust for Public Land and the recreation and parks department, was planned for Boeddeker Park, there was great anticipation among residents. Many saw it as an opportunity for a new beginning for the space, where the park would be more accessible, safer and a place for the community to gather. It would take roughly a decade for this vision to be realized and a bevy of community groups participating in the process to ensure

the park's long-term success. When Boeddeker Park finally reopened in December 2014, there was universal acclaim for the renovated park and new community clubhouse. Still, there was the nagging question about whether the new Boeddeker Park could be sustained as a safe space. The Tenderloin Health Improvement Partnership, a venture of Dignity Health's Saint Francis Memorial Hospital and Saint Francis Foundation, joined with many community groups to make that happen.

"We knew if the park was going to fulfill its promise, it had to be safe and activated. We had to own it as a community from Day 1 and not give it up," says Jennifer Kiss, vice president of programs at the Saint Francis Foundation and TLHIP director.

Meeting with Friends of Boeddeker Park, community members and police who had been active in the park before it closed for renovation, TLHIP gathered intelligence on what it would take for Boeddeker Park to truly be community-serving.

"The recreation and parks department didn't have funding to operate a clubhouse, so they opened it up for some of the youth and family and neighborhood-serving organizations to come together under collective leadership to provide oversight and programming at the park," Kiss says.

A construct emerged to have a master tenant and anchor tenants, such as the YMCA, that would be responsible for running the clubhouse and developing programming under a collaborative model. Boys & Girls Clubs of San Francisco stepped up as the master tenant, working together with YMCA and Tenderloin Safe Passage as anchor tenants. Understanding the potential impact of a safe and programmed park for the community, TLHIP stepped up with funding for leadership and activation. At the same time, TLHIP also brokered a forward-thinking plan with the police station that sits adjacent to the park.

"We realized that we needed to have a police presence in the park from Day 1," Kiss says, adding that

this was a primary point of emphasis that came out of community meetings. Not all favored the policing plan, however. The prospect of a permanent police presence caused anxiety among undocumented immigrants and others who feared this might create a barrier for those who wanted to visit the park.

A sustainable plan

TLHIP leaders argued successfully that adopting a cutting-edge community policing model could forge a new path for residents and their police station to work together and to give everyone a stake in owning the park. TLHIP worked with the San



Site Director Patrick Roddy and Boys & Girls Clubs of San Francisco provide leadership and oversight of the collaborative programming model at Boeddeker Park.

Francisco Police Department to commit to a full-time police presence in the park.

Patricia Zamora, area director of the Tenderloin, Mission and Columbia Park clubhouses and city-wide creative arts program for Boys & Girls Clubs of San Francisco, says TLHIP and the Saint Francis Foundation were instrumental in developing a shared vision for the park's long-term success.

"When we activated the park through a collabo-

rative effort, our approach aligned with TLHIP. They helped us name it and claim it under the collective impact model. It's not just the funding they provided for the staff," Zamora says, "they provided technical assistance. They connected us with broader resources. They got involved in the community process. That was very different, very unique."

TLHIP brings together residents, government agencies, businesses and nonprofits with the aim of improving residents' health outcomes. The organization follows the collective impact model of co-designing an agenda, solutions and aligning interventions that are already working.

Zamora notes that the prospect of reopening Boeddeker Park without the community policing strategy in place would have made ensuring safety in the area far more difficult. Many residents on the street, she says, suffer from various forms of mental, physical and emotional trauma. And with the park open to people of all ages, it was paramount to have a space where everyone felt safe and respected.

Impact

"The dedicated police [presence] was a game changer because it reset the culture of the park," Zamora says.

Now, three years after the reopening of Boeddeker Park, the police presence has evolved. Initially, two



Officer Azim and neighborhood kids celebrate their success during National Police Night Out at Boeddeker Park.

officers were assigned to the park all day.

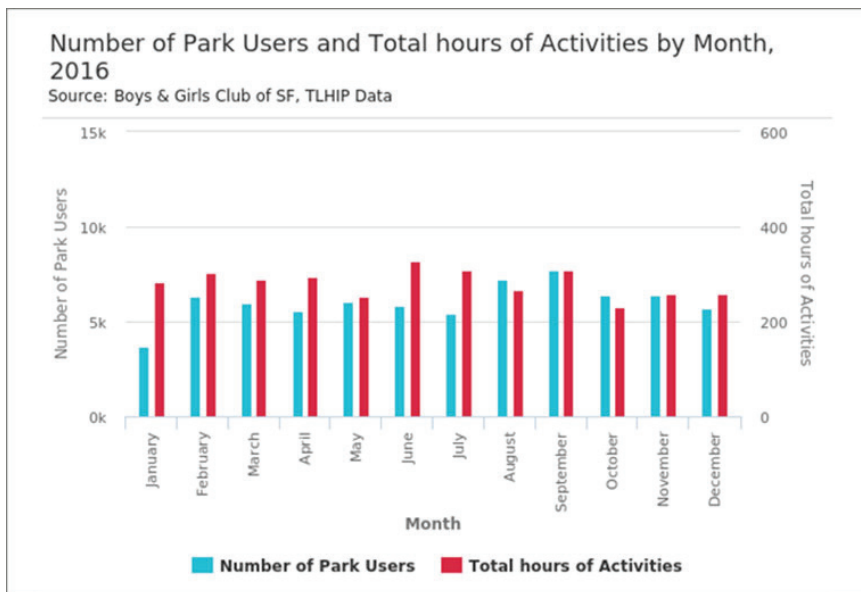
Over time, the model proved to be working. The police were highly engaged in a positive way with residents using the park, and people began to feel safer, Zamora says, adding that police now sometimes just walk the park's perimeter while keeping an eye out around the block.

"Now we have 100 school kids a day going through the park along with people who might be homeless or seniors who are doing Tai Chi. The police really helped to bring that about," Zamora says.

The clubhouse has become a community focal point for diverse programming for young people ages 6-18, ranging from sports leagues to special events like Safe Night Out. Kiss lauds what has transpired in Boeddeker Park since the reopening.

"We've been able to provide a resource intervention, and help support all of the different partners to work together in a way that's been so successful. They've gone on to do such incredible things that we couldn't have imagined at the time," Kiss says.

In surveying community residents about their feelings when visiting the park, Kiss notes that 95 percent now say they feel safe there — a huge measure of progress given the park's history.





Many seniors are drawn to Boeddeker Park for socialization and physical activity.

Zamora sums up Boeddeker Park's transformation this way: "The park is literally an oasis in the middle of this gritty community. ... It sounds weird but it's magical in a way, because this is a containment zone and it has a lot of vulnerable populations. That doesn't mean, though, that they're not strong and resilient. This community is very diverse and very cultural and it's very connected."

Lessons learned

Throughout their work in supporting the Boeddeker Park renovation and sustaining its future as a community hub, Saint Francis Foundation leaders have learned just how powerful the process of collaboration can be in aligning and achieving the goals of many groups.

Having a "crown jewel" in the neighborhood required not only thoughtful planning for its rebirth, but even more critical was planning for its activation. Likewise, having more than one entity engage programmatically in the park ensures the kind of diversity and community-serving purpose that all

advocates for the park wanted to see.

"It was imperative that the city, the program partners, the police department and the residents themselves recognized that the needs of this park were inherently different from other city parks. Keeping drugs and gangs out of the park from Day 1 was critical," Kiss says.

Future goals

While the primary aim is to maintain the safe and vibrant atmosphere that has been created in Boeddeker Park, Saint Francis Foundation and others see the park as an anchor for the neighborhood's continued improvement.

With that in mind, there are plans to renovate the two remaining parks in the neighborhood and for a wellness trail that would connect them with Boeddeker Park. And again, the focus will be ensuring these vital open space assets are safe and community serving.

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CASE STUDY

TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP

San Francisco



Safe Passage Corner Captains and volunteers are local residents who look out for kids and seniors and help make traversing the neighborhood easier. | Photo courtesy of Tenderloin Community Benefit District

A Safe Passage for Students and Vulnerable Residents in the Tenderloin

By Bob Kehoe

Overview

Tenderloin residents, particularly children, face an abundance of everyday challenges. Students getting to and from school or after-school programs sometimes have to travel sidewalks crowded with drug dealers and users, the homeless and others. Kate Robinson, program director for the Tenderloin Community Benefit District, says over the years it's been a difficult environment for school children and the elderly.

“There would be rows and rows of people on the sidewalk. You could smell all kinds of different smoke. It sometimes felt safer to walk in the street because the sidewalks would be so thick and crowded with drug dealing and drug use, which often can lead to fights and arguments,” says Robinson.

In 2008, after a child went missing during summertime programming, things came to a head, Robinson recalls. The child was located, but the event sparked outrage among parents. A group of mothers

from La Voz Latina del Tenderloin soon called for a volunteer-led Safe Passage program to provide kids with a more secure way to get to and from school and after-school programs. In 2012, volunteers kept watch at high-risk intersections as children followed a Safe Passage mural painted on the sidewalk, depicting a route that linked schools to housing, recreation centers and programs.

The program helped, but initially it wasn't easy to recruit volunteers or provide the consistent presence needed to ensure the children's safety. Parents and others who wanted to help were sometimes fearful of how drug dealers and users might respond or retaliate against Safe Passage volunteers.

Impact

In 2012, Safe Passage gained fiscal sponsorship from the Tenderloin Community Benefit District, which sought grants to buy vests and walkie-talkies for volunteers. Still, the group lacked some of the organizational and operations skills to ensure long-term sustainability. A 2014 commitment of funding and technical expertise from the Tenderloin Health Improvement Partnership, a partnership of Saint Francis Memorial Hospital and the Saint Francis Foundation founded in 2013, helped provide the long-term stability the organization needed to cement its leadership team and begin expanding the program.

As a result, the program began offering key corner captains a stipend for their work and the volunteer base grew. Co-investment from the Mayor's Office of Economic Workforce Development and Vision Zero extended the Safe Passage footprint and allowed for chaperone services to be made available to seniors.

"With safety being the number one priority of residents in the Tenderloin, we believed in the potential of Safe Passage to be a safety game-changer in the community from the earliest days of TLHIP," says Jennifer Kiss, vice president of programs at the Saint Francis Foundation and TLHIP director. "Since 2014 we've funded Safe Passage in various ways and it has grown exponentially. They now have corner captains who go out every day. It's grown from a



This before and after photo shows the impact of the Safe Passage team on one busy corner of the Tenderloin on an average afternoon. Negative activity clears out as the Corner Captains take up position and children are escorted through the neighborhood to their homes and after-school activities. | Photo courtesy of Tenderloin Community Benefit District

small volunteer-based organization to having some full-time staff and a lot of community resident volunteers who are paid a stipend to help kids and seniors traverse the neighborhood."

In 2016, Safe Passage officially came under the umbrella of the TLCBD with Robinson acting as the program director. As a program of TLCBD, Safe Passage has stayed true to its grass roots origins while solidifying the operational and organizational footing to grow.

Robinson says the group now has 24 corner captains and provides morning and afternoon service for the community. And even though drug dealers and users still have a strong presence in the Tenderloin, she says Safe Passage volunteers have regular dialogue with these people, changing the calculus of civility in the neighborhood.

The Safe Passage initiative also has brought pride back to this impoverished area of the city. In their daily “activations,” the Safe Passage team helps to keep the sidewalks clean, something a growing number of businesses in the Tenderloin’s 30-block area are doing these days. The CBD also has a Clean Team that works seven days a week providing supplemental services like sidewalk and gutter cleaning, wiping down of public fixtures, deodorizing, etc.

Challenges remain, but Robinson says the way the various organizations have coalesced to bring meaningful change to the Tenderloin has been impressive. And she’s grateful for the role the Saint Francis Foundation has played in the progress that’s been made, both financially and in other forms of support.

“We wouldn’t exist without Saint Francis Foundation. We would probably still be a volunteer organization doing what we could,” Robinson says, adding that the Foundation provided far more than money. “They didn’t just hand us a check and say, ‘You’re on your own.’ For two years, they had weekly check-in calls with us and offered coaching sessions, guidance and advice. They connected us with other organizations [and potential funding sources] and helped us tell our story.”

That brought additional resources and a sustained, positive volunteer presence dedicated to improving safety in the Tenderloin.

Lessons learned

Supporting the Safe Passage program also has also taught Saint Francis Foundation staff some important lessons about the importance of working across the community rather than vertically with one organization at a time.

Kiss says expanding community connections was vital to the efforts to bolster Safe Passage.

“We saw there was a lot of yearning for how we can strengthen the community fabric and build bridges together to face some of these challenges. Some of it may have come from the early TLHIP meetings where people began to realize there were other people facing the same challenges. When you bring people together, that strengthens their sense of solidarity about what they’re experiencing,” Kiss says.

In communicating with and listening to the groups, a realization set in among the participants that they were stronger together than when acting alone, especially when their work was aligned to a common objective. They began to focus on how to build the community fabric to work differently together.

Future goals

Robinson hopes to maintain and build on the momentum that has been created with the Safe Passage program by expanding the role of corner captains as they develop both leaders and professionals and to transition volunteers to paid staff.

“We’d like to expand our presence to other places like additional parks or senior meal sites. We also want to help neighborhood block groups by providing assistance during their daily street-cleaning activations. Finally, we want to build our capacity to provide training and technical assistance to other communities interested in similar programs,” Robinson says.

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CASE STUDY

TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP

San Francisco



826 Valencia Tenderloin Center sits on the corner of Golden Gate Avenue and Leavenworth Street in the heart of the Tenderloin.

826 Valencia Tenderloin Center Helps Students to Find Their Voices

By Bob Kehoe

Overview

With their mission to improve health and safety in San Francisco's Tenderloin neighborhood, the Saint Francis Foundation and the Tenderloin Health Improvement Partnership and community groups didn't take long in early 2014 to identify one large impediment to their goals. The Big Boy Market at the corner of Golden Gate Avenue and Leavenworth Street was a continual source of trouble.

"Big Boy was a notorious negative actor, described by some as the 'hub of the open-air drug trade' in the Tenderloin," says Jennifer Kiss, vice president of programs at the Saint Francis Foundation and TLHIP director.

Sustained pressure from a multi-sector group of community stakeholders including the foundation and TLHIP to end the activities within and outside Big Boy took shape and by September 2014, the collective efforts paid off. The Big Boy Market closed.

In the ensuing six months, says Kiss, community partners worked with the city to identify a use for the space that was positive and neighborhood-serving. Enter 826 Valencia, a whimsical nonprofit writing and tutoring organization that started in San Francisco's Mission neighborhood.

Community groups and TLHIP worked together to figure out how to support the program's expansion into the Tenderloin. Fifteen months later, the 826 Valencia Tenderloin Center opened. The center inspires and transforms students' relationships to writing.



Kids and youth are paired with adult tutors for one-on-one engagement and support, in addition to participating in workshops and programs at 826 Valencia.

“Our programs serve underresourced students from all over San Francisco, many of whom approach writing with fear and trepidation. Through one-on-one support from our volunteer tutors and our creative, project-based approach, we see our students make great leaps in their writing skills, confidence and pride,” says Allyson Halpern, director of advancement at 826 Valencia.

Serving 6- to 18-year-old students, 826 Valencia provides programs such as podcast production classes for middle and high school students; personal statement writing support for high school seniors; in-school tutoring at public schools, including neighboring Bessie Carmichael Elementary School; and a daily after-school writing and homework help service in collaboration with neighborhood groups like the Boys & Girls Clubs

of San Francisco, the Cross Cultural Family Center, the De Marillac Academy and others.

Kiss says the Saint Francis Foundation invested in the program to address the stressors affecting children in the Tenderloin, one of San Francisco's highest crime areas.

“Children growing up in this neighborhood experience persistent and traumatic stress disorders from exposure to a myriad of social and environmental challenges on a daily basis,” Kiss says. “We know that adverse childhood experiences are negative drivers of long-term mental and physical health. In keeping with our commitment to upstream interventions at the ‘tip of the spear,’ we support initiatives that [positively] impact the drivers of the chronic conditions that end up in our emergency room and psychiatric unit.”

Impact

826 Valencia's podcast program, offered through school field trips and in collaboration with the nonprofit American Conservatory Theater, or A.C.T., provides an opportunity for children and teens to use the podcast medium to process their experiences and express themselves. Last year, more than 1,600 students participated in the program, recording individual podcasts that generated more than 18,000 listens on SoundCloud, an online audio distribution platform that hosts the podcasts. Last month, with the help of neighborhood corporate partner Dolby Laboratories, the Tenderloin Center installed outdoor speakers that broadcast student podcasts out onto the street — literally amplifying student voices for the neighborhood and passers-by.

Tenderloin center staff, volunteers and A.C.T. teaching artists instruct students about such important features in a podcast as writing the story lead, conversational tone, compelling reflection and showing the importance of their ideas.

Halpern says the positive changes are clearly evident in students who go through the podcast and writing programs.

“By working one-on-one with volunteer tutors, our students build community and feel supported by the caring adults who are there for them each week.



826 Valencia partners with American Contemporary Theatre (ACT) to lead a podcasting program for children and youth to write and tell their stories and publish them on SoundCloud.

Through engaging with a variety of authentic, imaginative writing prompts, we see students who began the year as reluctant writers become more enthusiastic and willing to try new things in their writing, building their skills along the way,” Halpern says.

Precious Listana, a TLHIP intern and junior at the University of California at Berkeley who grew up in the Tenderloin, is a strong believer in how programs offered through 826 Valencia can help to change students’ perceptions of themselves and their capabilities.

“Most of us see education as our means to achieving our dreams. But, because we live in a low-income community with limited opportunities, people believe that our dreams are close to impossible. That doubt has a ripple effect in the Tenderloin. Children who grow up here start to believe that their dreams are too big and too difficult to achieve,” Listana says.

826 Valencia will continue to help students overcome such feelings and hopes to expand its programming in the future as it builds its capacity and relationships in the neighborhood. Halpern adds that the support from the Saint Francis Foundation and TLHIP has been critical to the program’s current success.

“From the beginning, they have been great cheerleaders and have been instrumental partners not just

in funding, but in helping us orient, provide advice, make introductions to community members, partners and opinion leaders, and they have provided guidance,” Halpern says. “We consider ourselves to be very fortunate to have a unique partnership of this kind.”

Lessons learned

The Saint Francis Foundation/TLHIP experience of working across the community to reshape what had been a source of concern at this location demonstrates the power of consensus building. Sustained meetings with block-level stakeholders like the Golden Gate Safety Group built trust and respect over time.

“Clearly defining the issue at hand was key in creating a pathway forward toward potential solutions,” says Will Douglas, manager of community impact, Saint Francis Foundation/TLHIP. “The block organizing work of the Golden Gate Safety Group created the conditions that enabled and supported civic action to put pressure on the Big Boy Market. Once the Big Boy Market vacated the space, the Golden Gate Safety Group also was key in getting 826 Valencia to step into the space and feel welcomed and supported.”

A side benefit: Neighborhood stakeholders have agreed to take responsibility for their respective



826 Valencia programs touched 7,000 San Francisco kids in 2017 through their two tutoring centers and in-school programs.

building storefronts and what happens on the sidewalk in front of their businesses.

Douglas offers this advice to other health care organizations that are trying to improve community health and safety: "Start small. Small actions make way for bigger impact as the group builds confidence and tests what works and what doesn't."

Future plans

As for the future, the groups involved in this project plan to continue their work in securing the long-term success of 826 Valencia. The Golden Gate Safety Group will go on advocating for community needs with city agencies and other nonprofit partners. The group also has begun working with other community groups, teaching them how to organize effectively and build hyperlocal collaborations around the neighborhood to create change.

826 Valencia and TLHIP continue to work together to raise the community voice and advocate for changes that mitigate the impact of social and environmental stress on residents, particularly from a youth-led perspective. The groups hope to build on this work and connect it to future neighborhood projects to positively impact community health in the Tenderloin.

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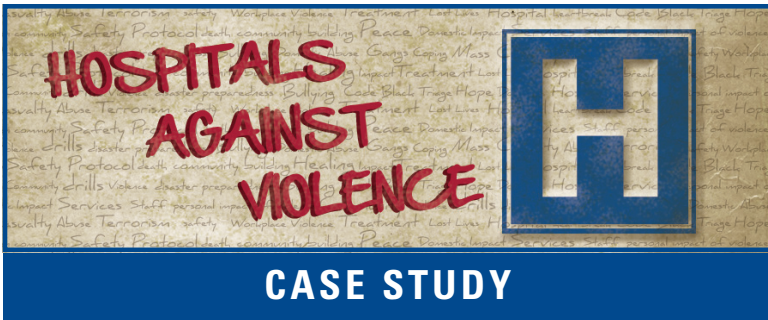
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TENDERLOIN HEALTH IMPROVEMENT PARTNERSHIP

San Francisco



Children, youth and seniors all come out for 4 Corner Friday when they know the streets will be safe and positively activated.

Grassroots Effort Activates Safety Improvements and Neighborliness

By Bob Kehoe

Overview

About four years ago, when the forces of gentrification and revitalization of San Francisco’s Market Street shopping district were in full swing, those in the nearby impoverished Tenderloin neighborhood felt a different kind of change.

Drug trade in the Tenderloin, already strong before the Market Street renovations, was escalating. Dealers were becoming more territorial in claiming

the sidewalks as their places of business. The suspicion among some Tenderloin activists was that many of the dealers and buyers were being driven into the Tenderloin — the city’s poorest and most crime-affected area — because there was nowhere else to go.

“The level of antisocial behavior and drug dealing on the 200 block of Golden Gate Avenue, where our union hall is located, went up dramatically. It got to the point where there were 20 to 25 people dealing drugs — largely, [the opioid] oxycodone — directly in front of

the union hall every day,” says Kim Jackson, Tenderloin Community liaison, Unite Here, Local 2.

Union members and staff became fearful of the environment around the hall. Some came to union leadership and asked to work from home and to meet in other locations.

“We knew we had to do something. It was an existential crisis for our organization. You can’t have a union hall if members won’t come,” Jackson says.

Around this time, service and business owners on the 100 block of Golden Gate Avenue began organizing a block-safety group. The group came to the union hall and asked its leaders if they’d be willing to meet with Captain Jason Cherniss at the Tenderloin police station to seek ways to improve neighborhood safety.

Impact

Out of that discussion came two remarkably simple yet significant steps that began to change the community culture in the Tenderloin, Jackson says.

“The captain asked us to start an ‘activation’ on the sidewalk in front of our buildings. Basically, you hang out in a positive way, such as sweeping. We did that and he backed us up in the same positive way. He



4 Corner Friday affords quiet time to reflect or engage in an art project with neighbors.



Former Tenderloin Police Captain Teresa Ewins in front of an inspirational mural in the Tenderloin.

sent two officers because it was pretty scary in the beginning. The dealers didn’t want to give up ground,” Jackson says.

Captain Cherniss also asked businesses to raise their window shades and open their windows to the sidewalk. They complied and within two months there was a noticeable drop in drug traffic on Golden Gate Avenue in front of the building that participated in the daily activation, Jackson says.

The Golden Gate Safety Group’s effort led to another way to “activate” the sidewalks, a program known as 4 Corner Friday. On the first Friday of every month from 3:00 p.m. to 4:30 p.m., business owners, employees and residents go outside to perform a positive activity on their respective corners. Some pass out cookies, popcorn or other treats to those passing by. Large bunches of balloons also mark the corners, brightening the atmosphere. The random acts of kindness have created safer spaces on the sidewalks.

The Saint Francis Foundation-led Tenderloin Health Improvement Partnership, which was part of the Golden Gate Safety Group, supported the initiative by purchasing T-shirts, balloons and other items as part of their efforts to strengthen the community and improve safety in the neighborhood. Jennifer Kiss, vice president of programs at the Saint Francis Foundation and TLHIP director, says 4 Corner Friday has had a multi-level impact on the community.

“We supported it with some resources so it could



Tenderloin neighbors and local organizations come out on the 4th Friday of each month to participate in the positive community activation known as 4 Corner Friday.

have some shape and form,” Kiss says. “When the community came out for their activation, they found that not only did the negative activity get displaced, but it built a [sense of] community with neighbors.”

Jackson agrees, noting the 4 Corner Friday conversations that take place among Tenderloin residents bring about better mutual understanding and respect.

“It’s a starting point for conversation between people who are afraid of each other and who are different from each other. It creates a connection between these different groups of people which, in my experience, allows for other conversations to take place such as the need to keep the sidewalks safe,” Jackson says.

What started off as a small community led effort across four intersections has now swelled across the Tenderloin neighborhood.

“People are out and they’re positive and they’re engaging with each other and kids are out and seniors can walk around. Participants wear these bright 4 Corner Friday T-shirts and you can look up and down the block and see them and it makes people feel safe,” Kiss says. “We have a large business community on the outskirts of this neighborhood and 4 Corner Friday makes people from outside the community feel like they can come into the Tenderloin and see what’s going on.”

Lessons learned

The safety-group meetings and positive activation activities have proven to be effective communi-

ty-building strategies to empower neighborhood organizations, businesses, corporations, the police department and residents to design and test interventions. These efforts also spurred deeper discussions about defining what community safety is and helped participants to identify and share best practices in being good neighbors.

In addition, following police guidance on how to initiate communications with those who were impinging on neighborhood safety and getting the assurance of police support when sidewalk activations were taking place changed the calculus of safety on the blocks affected.

Future goals

Capitalizing on the success of 4 Corner Friday is a primary objective for the future. Expanding positive activation activities to adjacent blocks will continue to improve community safety across the neighborhood. Leaders also will focus on aligning the work of the Golden Gate Safety Group with other neighborhood initiatives such as the Tenderloin Wellness Trail and park renovations.

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HOSPITALS AGAINST VIOLENCE



CASE STUDY

SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE

Connecticut Children's Medical Center,
Hartford Hospital, and Trinity College |
Hartford, Conn.



Area residents participated in a neighborhood cleanup.

Overview

Southside Institutions Neighborhood Alliance (SINA), a multi-anchor partnership between Connecticut Children's Medical Center, Hartford Hospital, and Trinity College, offers a wide range of programs in an effort to improve the neighborhoods of south central Hartford. While the three partnering organizations hold seats on the board, SINA is an autonomous organization that answers to the entire board.

Since its founding in 1978, SINA has worked with community organizations on job placement, affordable rental housing, literacy and education, public safety, homeownership, commercial development, and more. This includes a number of programs designed to help address the issues of crime, violence, and safety in the area.

"Our community engagement initiative is focused on neighborhood safety," says Melvyn Colón, SINA's executive director. "We've convened a community group that includes police, residents, and representatives from the institutions to create a safety plan."

The residents on the team determined that many

of the quality of life and safety issues in their neighborhood could be traced to crime, particularly the drug trade. Therefore, they launched a number of efforts to make the place they live less attractive to drug dealers.

"In the past, we've partnered with police to patrol the neighborhoods, and we've worked with them to provide bicycles and other equipment that allows them to be visible and communicate with the residents to form relationships," Colón says. "We've just begun operationalizing this latest plan over the last few months."

Impact

Because the safety program is only a few months old, it's too soon to measure its impact in the long term. Meanwhile, there have been significant short-term successes: In late April, SINA held its first monthly neighborhood cleanup with Frog Hollow SAFE (Safety Alliance for Everyone), composed of the group of residents involved in SINA's community engagement initiative.

As they walked with the group of 70 who initially signed up, they carried extra gloves and bags and asked onlookers to join them, resulting in more than 100 people involved. Participants were divided into teams, and points were given based on the number of trash bags collected, postings on social media, photos of vacant lots, and use of the 311 phone app to report problems such as downed power cables and clogged drains. Winners received prizes donated by local businesses and individuals.

Volunteers collected 155 bags of trash and recycling, made 45 requests to 311, and reported 18 vacant lots. They also made 87 social media posts that were shared 85 times, helping to increase SINA's and Frog Hollow SAFE's visibility.

Lessons Learned

"Partnership has been extremely important," Colón says. "The police have been very willing partners, and so have businesspeople, property owners, and residents. Conversations among these groups have been very important. Law enforcement may not be something we can affect directly—that's an issue of citywide resources and strategy. But we can work together with officers to advocate for improving quality of life in our neighborhoods and learn how we can help each other."

Colón also notes that SINA discovered that members of the community tend to not report crimes, but through the organization's relationship with the police department, they are beginning to change common perceptions and help residents see that the police do care about their neighborhoods.

Partnerships with other local organizations with related missions have been valuable as well. For

example, additional partners in SAFE include Know Thy Neighbor, Vecinos Unidos, Templo Fe, the Faith Based Initiative, Mutual Housing Association of Greater Hartford, and the Frog Hollow NRZ.

Future Goals

"One of our main goals with this program is growth," Colón says. "We started as a group of people who met in basically a clandestine way to talk about drugs in the neighborhood, by invitation only. So now let's build a coalition. We started with a group of residents who were living on blocks where we were doing housing development, but now we want to expand into areas where we're not building to get more engagement and leadership from within the community."


As the regular monthly cleanups continue, the hope is to bring more people into SINA's programs while also beautifying the neighborhood. A planned summer cleanup will focus on involving and engaging young people in the area in particular.

"Our goal is to include as many neighborhood residents as we can," Colón says. "We want to have a representative from every block."

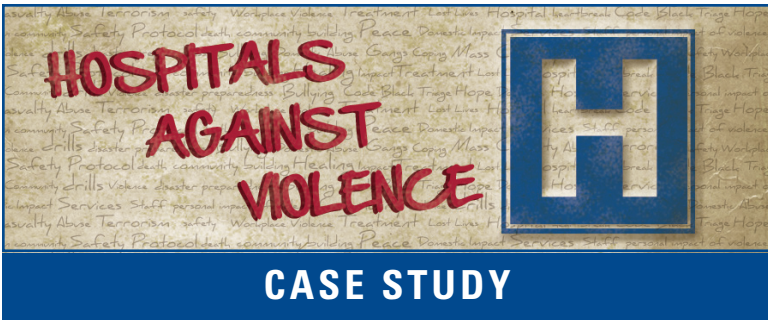
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HEALING HURT PEOPLE-CHICAGO

John H. Stroger, Jr. Hospital of Cook County and The University of Chicago Medicine Comer Children's Hospital | Chicago

CASE STUDY



In August 2013, John H. Stroger, Jr. Hospital of Cook County (left) collaborated with The University of Chicago Medicine Comer Children's Hospital and the Center for Nonviolence and Social Justice at Drexel University in Philadelphia to launch Healing Hurt People-Chicago (HHP-C), a hospital-based violence intervention program.

Healing Hurt People-Chicago Seeks to Save Lives by Offering Support Beyond the Hospital

Overview

Chicago saw a spike in violent crime during the past few years, with an all-time high of 771 homicides and 3,550 shootings occurring in 2016. In 2017, those rates decreased, but at 650 homicides and 2,785 shootings, the city still exceeded the number of killings in New York City and Los Angeles combined. In addition, a high percentage of those violent crimes took place on Chicago's West Side, where John H. Stroger, Jr. Hospital of Cook County is located.

In August 2013, Stroger Hospital collaborated with The University of Chicago Medicine Comer Children's

Hospital and the Center for Nonviolence and Social Justice at Drexel University in Philadelphia to launch Healing Hurt People-Chicago (HHP-C), a hospital-based violence intervention program. Through assessment, psycho-education, intensive case management, group therapy and mentoring, HHP-C helps youth who have been violently injured heal both physically and emotionally.

"We try to identify patients as early as possible," says Bradley Stolbach, Ph.D., associate professor of pediatrics at University of Chicago Medicine and co-principal investigator and clinical director for HHP-C. "We want to make contact with them as soon as they've been identified as having suffered a

violent injury, while they're still at Comer or Stroger, whether they are admitted or not."

In the initial contact, a trauma intervention specialist or other HHP-C staff member provides the patient with basic psychoeducation about trauma and how to cope with it. They discuss the response that the patient might be feeling and strategies for managing reactions.

The staff member will also then talk to the patient and their family about HHP-C's ongoing services that are available. If the patient is interested, they are put in touch with a trauma intervention specialist who will be their main point of contact throughout their HHP-C experience.

"Our people work with them to assess what is happening in the patient's life – what they've been through during this injury and in the past, what symptoms they're experiencing, their psychosocial needs, their needs in their daily lives, and their goals," Stolbach says. "Their goals often have to do with education, jobs, medical care, family issues, housing or the court system. "We find out what they want and help them get there – they're their goals, not ours."

SELF groups

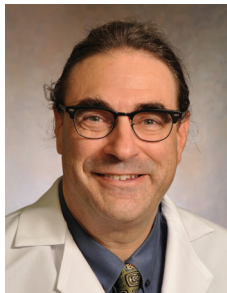
One of the ways they do this is through psychoeducational groups, known as SELF (Safety, Emotions, Loss, and Future) groups. Whether in the individual context or within groups, HHP-C staff work to facilitate conversations about those four domains.

"When you're dealing with trauma and violence, you often have struggle," Stolbach says. "Most of our work occurs after discharge – what happens in the hospital is engagement and gaining their trust. The work of the trauma intervention specialists is almost all outside the hospital – in the community, in patients' homes, going to court or medical appointments with people, trying to have contact with every patient at least weekly, ideally face to face."

This work may also include working with family

members and helping them obtain access to services as well. Trauma intervention specialists can help them navigate those various systems and advocate for themselves.

"Sometimes they need us to advocate for them as well," Stolbach says. "In a lot of these systems, if our patients didn't have someone next to them with light skin and an advanced degree, they wouldn't be heard at all."



"What happens in the hospital is engagement and gaining their trust. The work of the trauma intervention specialists is almost all outside the hospital – in the community, in patients' homes, going to court or medical appointments with people, trying to have contact with every patient at least weekly."

Bradley Stolbach, Ph.D., associate professor of pediatrics, University of Chicago Medicine; co-principal investigator and clinical director, Healing Hurt People-Chicago

Staying safe

Many of the HHP-C participants were injured in their own neighborhoods, so after discharge, they return to that environment and its risks.

"A lot of our work is helping patients identify how to keep themselves safe in that environment," says Rev. Carol Reese, LCSW, violence prevention coordinator and chaplain for the Department of Trauma/Burns at John H. Stroger, Jr. Hospital of Cook County and co-principal investigator and program director for HHP-C. "They might have trouble getting from home to school safely. They might have to go past the place where they were shot to get to school or work. Sometimes there's an ongoing dispute between the patient and the person who hurt them, and the worry is that

they're going to do something unsafe, like retaliation. We don't want to see these kids back with another injury. All parts of the SELF model are important, but we spend a lot of time on emotions and emotional self-regulation."

Reese notes that many young people who live in unsafe conditions are chronically activated, particularly if they have suffered a violent injury.

"They're constantly on guard and waiting for something bad to happen, then something minor happens and they engage before they stop to think about it," she explains. "We give them strategies for managing their reactions before they do something they will regret for a long time."



"Most of our patients have also lost friends, family members and close associates due to community violence, so this is with them all the time. We need to help them integrate the concepts of violence prevention into their lives and plan for their future. We want them to be able to envision something good for themselves down the road."

Rev. Carol Reese, LCSW, violence prevention coordinator and chaplain for the Department of Trauma/Burns, John H. Stroger, Jr. Hospital of Cook County; co-principal investigator and program director, Healing Hurt People-Chicago

The Healing Hurt People model was developed over a decade ago at the Drexel Center for Nonviolence and Social Justice under the direction of John Rich, M.D., Ted Corbin, M.D., and Sandra Bloom, M.D., and is also being implemented in five Level 1 Trauma Centers in Philadelphia.

Additional programs

In September 2016, Dr. Stolbach received a grant to allow The University of Chicago Comer Children's Hospital to offer screening and mental health care for patients and their families through the University

of Chicago Medicine Recovery and Empowerment After Community Trauma Program (REACT). REACT works in conjunction with HHP-C, serving patients and families affected by community violence whether they were injured or not. The program is linked to the Comer emergency department and pediatric intensive care unit. In addition, the program conducts outreach on Comer's Pediatric mobile medical unit, as well as brief trauma intervention and ongoing psychotherapy for those who need it.

Another related program is Project FIRE (Fearless Initiative for Recovery and Empowerment), an artist development employment program that offers healing through glassblowing, combining glass arts

education, mentoring, and trauma psychoeducation to support trauma recovery and create jobs for youth injured by violence. Co-created by glass artist Pearl Dick and Stolbach with the support of a University of Chicago Medicine Urban Health Initiative Faculty Fellowship, Project FIRE is a partnership of HHP-C, Firehouse Glass Studio, and ArtReach Chicago. As a result of the success of Project FIRE, HHP-C is looking to create similar programs in other arts disciplines, such as improv.

The University of Chicago also hosts the Center for Youth Violence Prevention, one of the

CDC's six National Centers of Excellence in Youth Violence Prevention. This program is not a part of HHP-C, as it does not offer patient services, but it conducts research to help programs like HHP-C determine the best methods for serving its patients.

"Most of our patients have also lost friends, family members and close associates due to community violence, so this is with them all the time," Reese says. "We need to help them integrate the concepts of violence prevention into their lives and plan for their future. We want them to be able to envision something good for themselves down the road."

Impact

HHP-C tracks a variety of outcome indicators, including rates of reinjury, retaliation, and involvement in the criminal justice system. Based on reports from the trauma intervention specialists and their clients, approximately 90 percent of the patients who have worked with HHP-C for six months or longer have avoided reinjury, have not been involved in retaliation, and have not been charged with crimes.

Other indicators they watch for include increased service utilization, decreased post-traumatic stress

disorder (PTSD) symptoms, and decreased substance use.

“Substance use is the toughest to make a dent in,” Stolbach says. “About 60 percent of our patients show reduced substance use, which is good, but not as good as our PTSD and service utilization numbers, which are around 80 percent. We’re continually looking into ways to make more progress in helping reduce substance use further.”

Meanwhile, a number of HHP-C participants have moved into the roles of group leaders or co-facilitators in the program, whether with HHP-C or Project FIRE.

“They’re focused not just on their own recovery but also on spreading the recovery to others,” Stolbach says.

Cost containment

Reese notes that while cost-benefit analyses don’t always move organizations to get involved in programs such as this, there is definitely a financial advantage.

“The cost of caring for a patient through HHP-C for a few months to a few years is \$3,500 to \$5,000,” she says. “That’s significantly less than what it would cost for repeated injury treatment. This type of

intensive service is also about one-tenth the cost of another hospital admission or long-term therapy.”

Research on hospital-based violence intervention programs has shown that in a worst-case cost scenario, they may cost as much as the usual care. However, when compared with other, less intensive intervention, they’re more effective.

“Simulations showed that the savings over time are anywhere from thousands to millions of dollars,” Stolbach says.

Of course, much of the impact of HHP-C cannot be measured with data.

“What we see in these kids is that we can have a positive impact on their physical and emotional healing,” Reese says. “Maybe they’re coming up in homes where parents aren’t engaged, or the family may be impoverished. One trauma intervention specialist went to the home of a kid with a spinal cord injury, and she found him trying to get out of the house by himself in the dark. Also, she found that there was no food in the house. Many patients have very basic needs like this: If you don’t have food in the house, and you don’t have anyone who can help you around, you’re not going to be able to heal from an injury. Our resources promote healing and keep young people from re-engaging with the health care system. We can help them avoid the ‘revolving door.’”

Lessons Learned

“**O**ne of the big things we’ve learned is that safety plays a major role not only for our patients and their families, but for our front-line workers, whether peer workers or licensed clinical social workers,” Reese says. “Early on, we did not pay adequate or intensive enough attention to the negative impact that safety issues were having on our staff. Because they’re going out into communities to work with patients, they’re also witnessing violence and feeling unsafe. There’s also some secondary trauma that comes from hearing about the violence that our patients have experienced. We had a few staff resign, and safety was part of their reasoning to move on.”

Therefore, HHP-C leaders have been reworking policies and procedures to give staff some strategies

to stay safer. For example, when going to the first home visit with a new patient, staff must attend in pairs; previously, it was presented as an option, but now it is a requirement. Additionally, staff now have apps on their phones that include “panic buttons,” which notify Reese, Stolbach, and other trauma intervention specialists if they’re in an unsafe situation.

The organization is also working to find other, safer spaces where meetings can take place, such as schools or churches.

“Staff may be fearful about spending time in some of these neighborhoods, and then we remember that our patients and their families live there all the time,” Stolbach says.

Future Goals

Currently, HHP-C’s “biggest hope” is to expand the age groups served, Reese says. “We’re very focused on serving older adolescents and young adults, ages 18 and younger,” she explains. “But the vast majority of people injured with penetrating trauma are young adults, ages 18 to 26 or 27. We’re working with a few organizations to try and secure funding to expand to that population.”

Another goal for HHP-C’s near future is building a more robust mental health response.

“The clinicians we work with are very good, but we need even more resources,” Reese says. “We’re working to connect with a behavioral health consortium convened by Cook County Health to expand our resources. The REACT program is one part of that.”

In the longer term, Reese and Stolbach would like to partner with some of Chicago’s many level 1 trauma centers to provide this type of support to more children and young adults who are violently injured.


Meanwhile, they would like to be able to offer more jobs and more hours to the young people who have been successful in the program.

“We want them to know how much we value their time and expertise,” Reese says.

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THE KUJICHAGULIA CENTER

Sinai Hospital of Baltimore | Baltimore

Overview

As Sinai Hospital of Baltimore delved into social determinants of health experienced by its patients, a need to link patients to a broad range of public assistance, education, workforce development, and social service programs to resolve barriers to health was identified. Unemployment, untreated mental health disorders, drug addiction, family violence, and homelessness all posed a threat to the health of families. Further, our most recent community health needs assessment revealed that youth violence was a major concern of residents. Focus groups with adults and youth revealed that concentrating on youth employment would be effective in addressing youth violence as a public health concern.

The Kujichagulia Center (KC) was launched with a Mayor's Office of Human Services "Human Services Local Impact Aid for the Park Heights Master Plan Area" grant in January 2014, utilizing "slots" revenue to create positive programming for youth who reside in northwest Baltimore zip code 21215. KC targets and engages the most at-risk youth and young men – especially those with histories in street violence – with intensive services including life skills, mentoring, and workforce development programs to create transformative long-term change and personal growth.

KC recently entered a partnership with Safe Streets Park Heights to increase the number of clients referred through the Street Violence

Intervention Program (SVIP) at Sinai. These participants are identified in the emergency department (ED) or the trauma unit at Sinai and encouraged to become KC participants as a method of exiting the cycle of street violence. The hospital responder visits the patient at bedside to establish a relationship based on the familiar "window of opportunity" that opens when a critical health issue forces the person to consider lifestyle changes that lead to improving health conditions.

KC has become a known resource for young adult males of the community. Our staff actively mentors the 50 clients (active plus alumni) who have come through the program. Our participation in community activities through membership in the Park Heights Service Providers Network, Park

Heights Renaissance, Safe Streets Park Heights, Neighborhoods United, and other community-based events has brought increased attention to our program and its goals for reducing youth violence and preparing young men for employment.

Impact

Among the 33 clients enrolled in KC since the inception of the Street Violence Intervention Program (27 new clients enrolled beginning January 2017), there has been a 75 percent reduction in inpatient admissions within 30 days of the intervention. In the Workforce Readiness/Life Skills program, 27 active and 7 new clients participated; 70 percent (5 of the

Among the 33 clients enrolled in KC since the inception of the Street Violence Intervention Program, there has been a 75 percent reduction in inpatient admissions within 30 days of the intervention.

7 new clients) completed Workforce Readiness and Life skills training; 80 percent (4 of the 5 clients with completed training) completed internships; 88 percent (30 of the 34 active clients) received assistance with job placement; and 53 percent (16 of the 30 clients) are currently employed. For the Middle School Mentoring program, 96 students engaged in the “Dare To Be King” curriculum over 29 weeks during FY17; 88 percent was the average attendance rate.

Lessons Learned

In recent cohorts, the program director has noted that some clients may have developmental disabilities that they have not disclosed to the program. Of particular concern are clients who have previously been on medication for ADHD or ADD and are no longer taking their prescribed medications. These clients are inclined to demonstrate impulsive, immature, or inappropriate behavior in the workplace. We’ve found that extensive one-on-one mentoring, job shadowing under supervision, and personalized training are essential to help the young person adjust to the inflexible demands for consistent self-regulation employers require. The program director has begun asking clients if they had an Individualized

Education Plan in school, and requesting access to the plan if necessary to ensure that the client is receiving the appropriate accommodations during course activities and in internship assignments.


Future Goals

It is expected that the recent expansion into the ED – as well as removal of age limitations for eligibility – will greatly increase the number of young men receiving SVIP services, so we’ll reach more youth, and even adults, with the message of avoiding retaliation and getting out of the cycle of violence. Recognizing a rise in street violence among women, the program has also been expanded to serve women of all age groups.

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BUILDING BRIGHTER FUTURES WITH YOUTH

UMass Memorial Medical Center | Worcester, Mass.

Overview

The City of Worcester has a large and very diverse population of youth, many of whom live in low-income neighborhoods that are plagued with various social and economic challenges, including a strong gang presence. Worcester teens are further burdened by a 22 percent unemployment rate (ages 16 to 19), with Black and Hispanic teens facing the highest unemployment rate by ethnic group. Many of these youth lack positive role models and access to pathways to building a better future for themselves and their families.

Poverty and lack of access to educational, social and economic opportunities are among the leading social determinants of health. Statistics show these socioeconomic factors result in lower utilization of health care services, higher rates of risky behavior and disease, and poorer health outcomes later in life. At nearly 30 percent, the rate of children under the age of 18 living below the poverty level in Worcester is almost double the state average. Youth living in poverty are exposed to and at greater risk of becoming involved in gangs, or affected by gang-related violence. In addition, many young people often seek medical care for violence-related injuries in hospital emergency departments (EDs). Thus, youth violence can also affect the health of communities by increasing health care costs, impacting livability of neighborhoods and decreasing property values. Providing low-income youth with job skills and pre-employment training opportunities improves their likelihood of obtaining and holding employment as adults, thereby improving their ability to maintain a healthy lifestyle, eating habits and access to care.

UMass Memorial Medical Center listened to inner-city youth who said, during focus groups held



Since 2006, UMass Memorial Medical Center has provided approximately 400 onsite jobs. Since 2008, the hospital's involvement has enabled the city to leverage \$5,168,678 in state YouthWorks funding and provide a total of 3,648 youth jobs city-wide.

on these topics, that they needed jobs to be healthy, off the streets and out of hospital EDs. In response, in 2005 UMass Memorial launched Building Brighter Futures With Youth (BBFWY), a youth jobs development initiative. This program provides summer

employment opportunities to inner-city youth through a partnership with the City of Worcester; Worcester Community Action Council, a federal anti-poverty agency; and other organizations. BBFWY places youth ages 16 to 24 in employment positions where they gain valuable on-the-job training by UMass Memorial staff in departments across the hospital. UMass Memorial's involvement and contribution to this effort has enabled the City of Worcester to secure funding from the Massachusetts YouthWorks Program. The jobs provided by UMass Memorial are used as the required 20 percent match that leverages the YouthWorks state funding.

Impact

Since 2006, the hospital has provided approximately 400 onsite jobs. Since 2008, the hospital's involvement has enabled the city to leverage \$5,168,678 in state YouthWorks funding and provide a total of 3,648 youth jobs city-wide. As part of the hospital's investment in the Bell Hill neighborhood, each year BBFWY youth are placed in employed leadership positions at the Grant Square Community Garden, a collaboration with the Worcester Regional Environmental Council's YOUTHGROW urban agricultural program, where they learn valuable leadership and job skills.

Lessons Learned

As a health care anchor institution, we see this program as a community-building activity that promotes economic growth and carries out our strategy of leveraging – and aiding our partners to leverage – resources to improve population health.


Future Goals

UMass Memorial will continue to invest in youth jobs to keep the community safe, and to help to overcome the poverty cycle.

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RECREATION WORCESTER

UMass Memorial Medical Center | Worcester, Mass.

CASE STUDY

Overview

The concept of the “Recreation Worcester” program (formerly Wheels to Water), now in its ninth year of operation, began in 2008 when antiquated pools in the City of Worcester were permanently closed due to the economic recession. As a result, the city was at risk for increased youth violence and gang involvement due to a lack of access to recreational activities. The city manager reached out to UMass Memorial’s executive leadership for help. Hospital funding enabled the launch of the program and leveraged private funds. Operated by the City of Worcester Youth Office, the program provides inner-city youth with free, supervised recreational activities at 10 neighborhood sites after school and during the summer months.

This program aligns with UMass Memorial Medical Center’s youth target population objectives of reducing violence, as well as increasing access to physical activity opportunities and healthy nutrition for inner-city youth. Students are engaged with Recreation Worcester staff and community partners in athletic, artistic and academic enrichment activities. The program incorporates a healthy nutrition intervention by providing three meals and a snack to participants daily. In partnership with the Worcester Public Schools, Recreation Worcester also incorporates educational programming to reduce summer learning loss by utilizing a curriculum developed by the Worcester Education Collaborative. The neighborhood program sites are conveniently located throughout the city for easy access to address barriers of transportation and affordability for at-risk youth. This partnership leverages funding to employ a minimum of 100 inner-city youth during the summer months each year. Since 2008, UMass Memorial



Recreation Worcester is a highly accessible neighborhood-based summer program that minimizes summer learning loss and promotes positive youth development for approximately 1,700 children annually.

has provided a total of \$800,000 in funding for this program. In the past five years alone, the hospital’s support has leveraged approximately \$1.4 million.

Impact

Recreation Worcester is a highly accessible neighborhood-based summer program that minimizes

summer learning loss and promotes positive youth development for approximately 1,700 children (ages 7 to 13) annually. At least 12,500 youth have been served since the program's inception. The majority of youth in this program are eligible for the free/reduced lunch during the school year. For many participants, Recreation Worcester's provision of three healthy meals each day can represent their only opportunity to eat healthy during the summer months. In addition to access to physical activity and summer learning, this program addresses food insecurity. Recreation Worcester provides approximately 100,000 meals to inner-city youth each summer.

Lessons Learned

This project shows the impact of UMass Memorial as an anchor institution in being able to help the City of Worcester secure private funds and resources to address community needs. Due to the success of this program, Recreation Worcester is recognized as an example of how to address budgetary challenges faced by cities across the state.


Future Goals

We plan to continue to help secure long-term resources and sustainability from the private sector to invest in the health of the community. Additional goals include expanding youth development opportunities, increasing the number of neighborhoods where the program is offered, and increasing culturally competent recreational activities for the city's highly diverse youth population.

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CASE STUDY

DETROIT LIFE IS VALUABLE EVERYDAY (DLIVE)

**Detroit Medical Center –
Sinai-Grace Hospital | Detroit**

Overview

Detroit Life is Valuable Everyday (DLIVE) was created to address a significant medical issue in its community: Homicide is the number one cause of death for Detroit residents ages 15 to 34, and violent injury recurrence rates have been reported to be as high as 30 to 45 percent at several trauma centers. The first paper looking at recurrent injury rates actually came out of Detroit's trauma centers in the 1980s; the paper found recurrent injury rates – termed as trauma recidivism – to be 44 percent and mortality rates to be 20 percent. Additionally, statistics show that once someone has been treated for an assault injury, they will often suffer a repeat injury within two years.

To address the issue, emergency medicine physician Tolulope Sonuyi, M.D., MSc, decided to approach it like any other chronic, recurring disease process – by addressing the risk factors.

“The driving force behind this was very simple,” says Sonuyi, director of DLIVE. “We were seeing young people either being severely injured or dying at an alarming rate, and we knew it was predictable and preventable.”

Sonuyi added, “When you look at heart disease and diabetes, for example, you see that there are risk factors, treatments, and critical interventions. When a patient comes to the ED with concerning chest pain, that patient is admitted and a variety of tests, monitoring, risk-reduction strategies, medications, and follow-up plans are put into place to reduce the risk of a major cardiac event occurring in the immediate future and beyond. You need to apply that same model to violence. If we can intervene and address the upstream factors that contribute to violence, we can dramatically reduce their likelihood of sustaining premature morbidity and mortality.”



DLIVE Violence Intervention Specialists Calvin Evans (left) and Ray Winans stand with Ray's award from the Healing Justice Alliance “for outstanding work on the front line of a hospital-based violence intervention program.”

Photo courtesy of Morgan Bellinger and the National Network of Hospital-Based Violence Intervention Programs

Based out of Detroit Medical Center – Sinai-Grace Hospital with the Wayne State University Department of Emergency Medicine, DLIVE was launched in April 2016 after being awarded grants from the DMC Foundation and the Skillman Foundation. The program is anchored by highly trained trauma practitioners of violence intervention, also known as violence intervention specialists (VIS). DLIVE's intervention is targeted at patients ages 14 to 30 who are survivors of intentional community violence, namely firearm violence, stabbing, or blunt assault.

The DLIVE team is an essential component of the emergency medicine and trauma surgery team,

as the VIS's initial bedside engagement takes place within the flow of the trauma patient's medical care. Given the captive, contemplative moment that is often present after someone has had a life-threatening physical injury, DLIVE takes this "teachable moment" to provide trauma-informed crisis intervention as well as offer an opportunity for the trauma patient to embrace the DLIVE program.

Patients who wish to participate work with the VIS to conduct risk and need assessments and develop a therapeutic plan that is customized for each individual. Essential to the development and execution of the plan is the establishment of an intentional therapeutic relationship between the VIS and the DLIVE participant, whereby "the participant is essentially a patient of the VIS," says Sonuyi.

"We can't have bureaucratic holdups and lots of layers impeding the flow of care. We need to be able to respond quickly and dynamically. Resources need to be leveraged quickly. This is life and death."

Tolulope Sonuyi, M.D., MSc, director of DLIVE

The plan covers short-term concerns such as the patient's immediate safety, prevention of retaliation, and continuing medical treatment, while also providing resources for long-term success, such as education, job training, legal advocacy and support, or substance abuse treatment. Central to effectively addressing all of these social determinants of health is DLIVE's focus on mental health and wellness. Unaddressed mental illness, whether existing prior to or after the trauma, serves to perpetuate the cycle of violence. Hence, the DLIVE program includes trauma peer support group (TPSG) meetings, held approximately twice a month.

"[TPSG] provides a healing-centered space

that allows for peer exchange, critical education moments, and emotional support," says Sonuyi. DLIVE participants, often referred to as DLIVE "members," also receive individualized one-on-one mental health counseling with a licensed therapist. Patients typically complete the program in nine to 18 months, although the duration may be shorter or longer depending on each individual. DLIVE continues to hone this process.

Family members or friends of patients may receive services as well. "Patients' social networks play a role in their recovery," Sonuyi says. "Family and friends can help support the individual or they might interfere with what we're doing and make success more difficult. We've seen that if we can provide opportunities to the DLIVE member's social network as well, that can influence recovery. Everybody can be a part of this process.

"We look at the transformative potential of individuals," he adds. "Language matters, so we speak of things through a positive lens. We don't call our program participants 'troubled youth' – we talk about their potential to break away from those things that are keeping them in a cycle of violence. Our approach is rooted in health and wellness."

Impact

To date, none of the 70 participants who've participated in DLIVE since April 2016 has sustained a repeat injury. Meanwhile, many have had the unfortunate experience of seeing some individuals who chose not to participate in DLIVE be re-injured or lose their lives to violence.

Additionally, more than 80 percent of participants who either had not finished high school or were unemployed are either enrolled in an educational program or employed.

Lessons Learned

To be successful, the program needs to operate in "as nimble a fashion as possible," Sonuyi says. "We can't have bureaucratic holdups and lots of layers impeding the flow of care. We need to be able to respond quickly and dynamically. Resources need to

be leveraged quickly. This is life and death. When that young person goes back to their space of living, the stakes for survival are high. Everything we do has to be centered on the needs of the young men and women we serve, and we need to provide immediate opportunities to gain their trust in the program and their recovery.”

Sonuyi also says that addressing violence as a health issue was valuable in getting the program off the ground.

“Putting things in medical terms – risk factors, treatment, prevention of recurrence – helps stakeholders understand how community violence works. Everyone understands the importance of health and preventing premature, preventable death. The literature shows that programs like DLIVE do exactly that. This is important to individual and community health.”

Future Goals

DLIVE plans to continue growing their staff and personnel to become more multi-disciplinary and integrated. In addition, while the program currently focuses on secondary prevention of trauma, the DLIVE team is ramping up efforts in community alignment and education for primary prevention efforts as well. Team members are engaging with schools, community centers, and churches to have successful DLIVE participants come speak with young people

about the lessons they’ve learned.

“We’re excited at the opportunity this provides our DLIVE members to have their voices lifted up and amplified and utilized to promote health and culture change,” Sonuyi says.

A recent study of DLIVE’s results showed a correlation between mental health and a person’s risk of re-injury and/or recidivism, so expansion of the program’s mental health and wellness efforts is an ongoing focus.

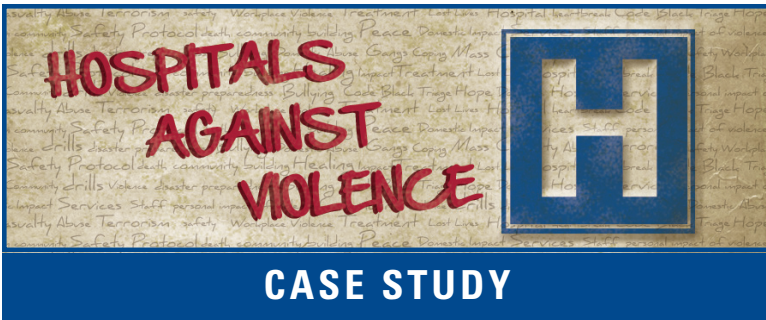
“Now that we know that violent trauma works like a chronic disease, one of our hopes is that violence intervention programs become a standard of care within trauma centers so we can do a better job of treating this disease,” Sonuyi says.

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SUMMER YOUTH EMPLOYMENT PROGRAM

ProMedica | Toledo, Ohio

Overview

In 2012, then-Toledo Mayor Mike Bell approached ProMedica for help with an initiative to provide meaningful opportunities for Toledo youth during the summer months. ProMedica responded with a Summer Youth Employment Program (SYEP) with four primary objectives: (1) improve the youths' readiness for higher education and employment; (2) increase awareness among youth for health care careers; (3) engage students academically in health care-related fields; and (4) strengthen the local health and human services infrastructure and workforce.

The ability to maintain a job is critical for future success, and the responsibilities and life skills learned by youth in the workplace are also valuable skills in a school setting – particularly in a higher-education environment, where students have more individual responsibility for their success. SYEP provides valuable skills to youth workers by offering realworld work experience in a multitude of environments that stress personal accountability, development and learning. It also provides additional wrap-around services to the youth, including financial literacy.

SYEP seeks “tipping point” youth who are on the verge of going in a positive or negative direction, and works to identify at-risk youth who may benefit from this program. Youth are encouraged to apply through recommendations from guidance counselors, clergy, community agency partners, and others.

SYEP seeks “tipping point” youth who are on the verge of going in a positive or negative direction.

Impact

Since its inception, the program has employed 374 youth (39 in 2012, 72 in 2013, 74 in 2014 and 2015, and 75 in 2016). In 2016, 72 of the 75 youth hired completed the program. Throughout the summer, an average of 15 to 25 youth attended ProMedica University (classes held on a variety of topics such as communication, conflict management and career planning), and 29 youth attended the financial literacy classes. In 2017, the program underwent some changes to more effectively serve our youth.

The 40 employed youth attended personal and professional development activities that were built into their ongoing program rather than as optional activities.

Lessons Learned

Recognizing the need to create diversity in the SYEP program, we are adjusting strategies to recruit students from a variety of areas, including working more closely with faith-based and neighborhood-based agencies to encourage youth to apply to the program from specifically identified underserved zip codes. It is important to create open-ended job descriptions so each supervisor can best utilize youth employees. The training for ProMedica supervisors who work with youth has evolved over time as well, to ensure that the program is a learning experience for all participating youth.


Future Goals

ProMedica plans to expand this program throughout Toledo to other employers, and we will develop a guide book for potential employers looking to implement a similar program. Ideally, in five years there will be standardized processes for summer youth employment and a “one stop shop” to learn about summer youth employment opportunities. Additionally, in the future, employees completing the program will be prepared to take the ACT’s National Career Readiness Certificate. This is a portable credential that demonstrates achievement and a certain level of workplace employability skills.

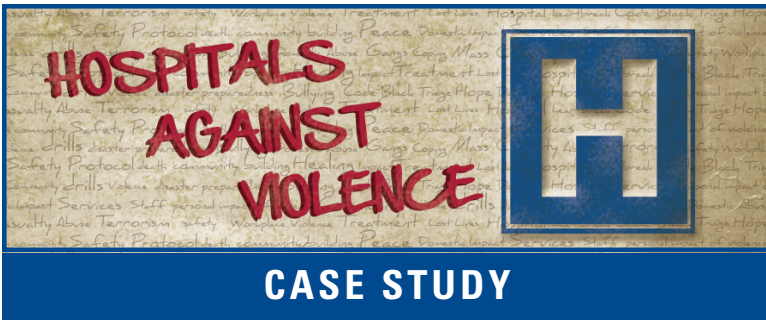
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TEEN PEP (PEERS EDUCATING PEERS)

ProMedica | Toledo, Ohio

Overview

Established in 1995, Teen PEP (Peers Educating Peers) is a primary abuse-prevention program that focuses on rape and sexual-violence prevention education as well as teen dating violence and bullying prevention. The project is based on a CDC-evaluated, evidence-based curriculum *Expect Respect: A School-Based Program Promoting Safe and Healthy Relationships for Youth*, and integrates concepts from Safe Dates. The goal of the program is to train students as teen leaders to reduce the incidence of sexual violence in Lucas County.

Impact

Annually, Teen PEP staff conducts weekly and/or bi-weekly training sessions with up to 150 teen leaders to prepare them to deliver primary abuse-prevention presentations to up to 4,000 teens in Lucas County schools. The project targets youth ages 11 to 18 in Lucas County, where the health assessment indicates that bullying has decreased in grades 9 to 12 from 43 percent in 2011 to 38 percent in 2013/14 and to 34 percent in 2016/17 since inception of the program.

Lessons Learned

As schools, teachers and administrators experience increased pressures to increase academic time, Teen PEP must regularly engage with school leaders

to ensure that the program is understood as an educational opportunity rather than time away from academics. To help further this understanding, Teen PEP updates its curriculum to include speakers and presentations from community partners such as local EMS, YWCA's Rape Crisis Program and Toledo Police. Additionally, Teen PEP shares the program

feedback, survey results and outcome measurements with school leaders to help combat this issue.

Future Goals

In 2016-17, the program updated its evaluation methods to provide more programming time with the students. This new methodology is retrospective testing, which is a one-time survey during which students self-report the same

information as in previous evaluations. The program will be expanding into Defiance City Schools next year and, as funding becomes available, additional expansion will take place.

Teen PEP targets youth ages 11 to 18 in Lucas County, where the health assessment indicates that bullying has decreased in grades 9 to 12 from 43 percent in 2011 to 34 percent in 2016/17.

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