Injury and Violence Prevention Priorities: Highlights from ACHI Discussion

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NORC at the University of Chicago (NORC) convened 45 attendees of the Association for Community Health Improvement (ACHI) 2017 Annual Meeting to discuss their hospitals' injury and violence prevention work with their communities. Participants shared a range of injury and violence activities, challenges they've encountered with implementing and scaling up the work, as well as strategies that some have found effective in overcoming challenges. Focus areas for an ongoing community of practice include harmonizing how different groups discuss data and metrics; demonstrating return on investment to hospital leaders; and identifying linkages between community benefit and prevention efforts.

We thank you for your participation in this discussion. For additional information about these highlights or connecting with a community of practice around injury and violence prevention, please contact Susan Cahn cahn-susan@norc.org or Gretchen Torres torres-gretchen@norc.org.

Facilitators from NORC at the University of Chicago (NORC) convened attendees of the Association for Community Health Improvement (ACHI) 2017 Annual Meeting to discuss the injury and violence prevention work their hospitals engage in with their communities. Forty-five attendees, representing 31 hospitals and 10 public health and community organizations, participated in the discussion, which was guided by four key questions:

- How has your hospital been able to successfully address injury and violence prevention in your community?
- What internal or external challenges have you had to address when engaging in injury and violence prevention work with the community?
- What would you like your hospital to do to increase or strengthen your response to injuries and violence in the community?
- What is preventing your hospital from taking additional action to address injury and violence prevention?

This brief presents highlights from this conversation, with a focus on successful activities participants shared as well as challenges encountered and strategies for overcoming them. We also summarize suggestions for work that can be targeted by a community of practice.

SUCCESSES

Hospitals lead and participate in a diverse range of activities targeting injury and violence, both within the hospital and in their communities. Some work is supported as community benefit, but most is supported through operational funds or external sources.

The American College of Surgeons (ACS) verification requirements for Level I and II Trauma Centers provide a framework for hospitals' approaches to injury and violence prevention. While hospitals may have internal coordinators and staff focused on injury and violence prevention within the hospital, much work is conducted with community partners, including schools, law enforcement, shelters, and prisons, as part of coalitions, task forces, or grant-funded activities. Figure 1 presents an illustrative list of the types of programming underway in the hospitals that participated in this discussion.

Figure 1. Hospitals' Injury and Violence Prevention Programs and Activities

Selected Examples Shared by Participants
▪ Using community benefit funds to buy and give away gun lock boxes and trigger locks as well as car seats, booster seats, life jackets, and bike helmets. ▪ Supporting a hospital-based domestic violence coordinator who participates in a task force with law enforcement, the district attorney, and a local shelter to coordinate care. ▪ Conducting school-based ACEs (Adverse Childhood Experiences) evaluations. ▪ Implementing Communities That Care (CTC) and Natal (an Israeli program that helps people with trauma from the war). ▪ Integrating Violence Interrupters into emergency departments and trauma centers. ▪ Using screening protocols and competency training in trauma-informed care. ▪ Revising a street violence intervention because data obtained through the CHNA revealed that ED visits for street violence-related injuries are among an older population than originally thought. ▪ Implementing a re-entry program that goes into prisons six-months prior to release and delivers curriculum that helps incarcerated individuals with community integration and job searches. ▪ Integrating the community violence program with the trauma center, because violence victims preferred to come to hospital – a safe space – for services. ▪ Partnering with a community agency to develop a trauma resource center, using funding from the state district attorney.

CHALLENGES & PROMISING SOLUTIONS

Some participants noted that competing internal priorities caused their leadership to question the hospital's role in injury and violence prevention efforts. A focus on social determinants of health, combining funding sources, and offering a resource were effective strategies to gain support from hospital leadership.

- *The further upstream you can work, the better you can address chronic disease and violence at the same time.*
- *When we brought our domestic violence coordinator on, we trained as many people as possible. Within the first two weeks, we had seven people disclose abuse, so it's been valuable to clinical and nonclinical staff.*
- *[Leadership is] worried we're going to ask the hospital to pay for it. If it comes across a collaborative, it's more appealing.*
- *Some services are billable; some come out of operating expenses; some come from philanthropic support.*
- *[In our area] communities are involved in setting priorities, and hospitals jointly put money in.*

Participants also noted that community partners are essential to this work but often lacked capacity and resources to sustain it. Strategies included entering into formal arrangements with these organizations as well as serving as the convener.

- *We need to do a more effective job of partnering with groups already working in the area.*
- *The backbone organizations who keep partners together aren't well-supported, and we need these people who understand community building.*
- *I would like our hospital to make a stronger commitment to addressing violence in our community by convening all other groups in our area addressing violence in an effort to join forces and make more of an impact.*

The considerable politics surrounding violence – from "gun policy" to the economic implications of successful prevention – challenged some efforts. In order to gain a seat at the table, successful strategies included assuming a convening role with local or regional organizations and participating in community task forces or coalitions.

- *There's a challenge in navigating state politics. We buy trigger locks and gun lock boxes using community benefit dollars, and we describe it as an intervention rather than gun control, but there's pushback that it's not a good use of hospital money.*
- *We had a prisoner re-entry program, helping with their health, helping them navigate the health system. The recidivism rate started coming down so fast, there was talk of closing prisons. The prosecuting attorneys and prison employees hit back, and much of the program has gone away.*
- *Our hospital has a community task force with law enforcement, looking at people who are falling through the cracks, people who are at risk.*

Some participants noted they used violence within the hospital as a starting point for broader community violence prevention efforts. This was conceived as when violence erupts in the hospital or when the communities in which hospital employees live experience a violent event or persistent violence. When

considering the question about whether this is the hospital's role, the answer was, *"If not the hospital, then who?"*

Despite progress through CHNAs and information technology, a lack of some types of data, as well as common approaches to measurement, challenge hospitals and community partners when trying to work together to address community prevention or measure success.

One example of a community-wide data approach is that which Yale New Haven used for their CHNA. They rely on a common set of metrics for the region, called the Community Wellbeing Index, and draw on an external research partner for support. DataHaven is a small nonprofit that was previously doing survey work for the university. The Mayors' group got involved and DataHaven has been able to grow. Other groups and locations are tacking on their own information and expanding from the City to the region to the state.

OPPORTUNITIES FOR ONGOING COMMUNITY OF PRACTICE

Participants agreed that ongoing virtual or in-person opportunities to share information on programs and lessons-learned would be beneficial. In addition, resources that address the following would be useful:

- Strategies to harmonize and communicate metrics around violence and violence prevention across community partners and perspectives to track progress and measure success.
- Strategies to communicate return on investment to hospital leadership.
- Sample memorandum of understanding with community partners and metrics.
- Linking the community health needs assessment process to dollars.

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ABOUT NORC

NORC at the University of Chicago is an independent research organization headquartered in downtown Chicago with additional offices on the University of Chicago's campus, the DC Metro area, Atlanta, Boston, and San Francisco. With clients throughout the world, NORC collaborates with government agencies, foundations, educational institutions, nonprofit organizations, and businesses to provide data and analysis that support informed decision-making in key areas, including health care, education, economics, crime, justice, and energy. NORC's decades of leadership and experience in data collection, analysis, and dissemination—coupled with deep subject matter expertise—provide the foundation for effective solutions.