

Violence the Health Epidemic

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Cure Violence Columbus



CURE | VIOLENCE
COLUMBUS, GEORGIA

Who We Are

Cure Violence Columbus is a group of citizens representing the health, law enforcement, and faith-based sectors, with the sole purpose of reducing violence and creating healthy equitable communities using health solutions to fight the violence epidemic.



The Cure Violence Epidemic Control (Health) Model is a data-driven, research-based, community-centric approach to violence prevention created by epidemiologist Dr. Gary Slutkin. Cure Violence approaches violence with the understanding that violence is an epidemic process that can be stopped using the same health strategies employed to fight all other epidemics.

This theory of change utilizes carefully selected and trained workers — trusted members of the community — to stop the contagion using a four-prong approach. The program has been implemented in 10 countries and over 100 cities around the world.



Violence clusters, spreads and is transmitted like a contagious disease. The core of the CV Model is to interrupt the transmission to reduce retaliatory events, identify the high-risk to change habits and change the social norms to discourage the use of violence.



1. Detect and interrupt the transmission of violence

Detect and intervene before violence erupts



2. Change the behavior of the highest potential transmitters

Identify and change the behavior of highest risk



3. Change community norms

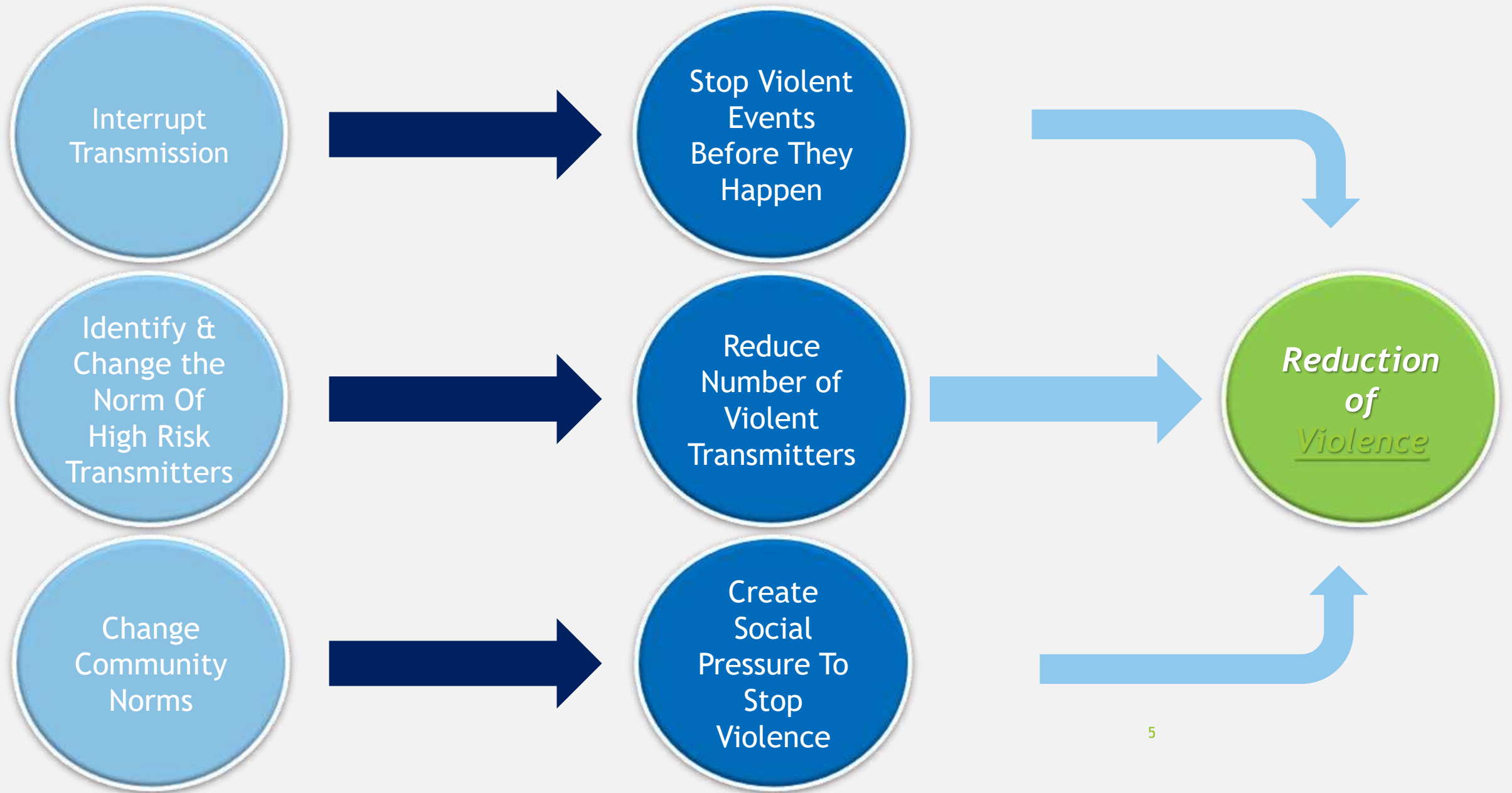
Change social norms to discourage the use of violence



4. Hospital response and follow up

Respond to every shooting to prevent retaliation and treat trauma

The Cure Violence Theory of Change





Focus Group

- ▶ *Gang Members*
- ▶ *Age Group 14 - 25*
- ▶ *Weapons Carrier*
- ▶ *Victim of Shooting*
- ▶ *Released Recently*
- ▶ *Prior Criminal History*
- ▶ *High-Risk Street Activity*
- ▶ *Key Role in Gang/Group, etc.*

CRITICAL ELEMENTS OF THE CURE VIOLENCE MODEL

THE RIGHT...

Community

- *Southside/Benning Hills*
- *Cusseta Road / Elizabeth Canty*
- *North Highland / City Village*
- *East Wynnton / Carver Heights*

Lead Agency or Implementing Organization

- *Public Health Depts*
- *Roles & Responsibilities*
- *Mission & Model Consistent*
- *Strong Ties to Target Community*
- *History of Working with High Risk Individuals*

Partners

- *Mayor's Office / Law Enforcement / City Leaders*
- *Hospitals*
- *Faith Community*
- *Service Providers*
 - *Education, Job Readiness, Substance Abuse, Mental Health, Employment*

Approach

- *Credible Workers with Support*
- *Messages & Messengers*
- *Continuous Data Analysis*
 - *Hot Spots, Hours, Groups, Incident Review*
- *Participants- Highest Risks*


Next Steps

1. Cure Violence Global Assessment (2Q21)
 - Cure Violence 101 Workshop (1-3)
 - Target Area Visit
 - Official Review Meeting
 - Community Partner Meetings (1-5)
 - Potential Workers Meetings (1-3)
 - Hospital/Trauma Center Meeting
 - Virtual Assessment Visit Report
 - Debrief Meeting (1-2)
 - Implementation Site and Cost
2. Identify CBO/Partners
3. Implementation Estimation (4Q21)

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

Violence is among the most significant health problems in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

 = Outreach workers, violence interrupters, hospital responders, and community health workers

The Big Picture

ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities



SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES
Preparing Movement Leaders with Curricula and Research

PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS
Coordinating and Developing Interventions

HOSPITALS AS ANCHOR INSTITUTIONS
Ensuring Quality Care, Outreach and Follow Up

SCHOOLS
Creating Safe and Healthy Learning Environments

MENTAL HEALTH
Promote Accessibility for Greater Well-Being

ACADEMIC MEDICAL CENTERS
Advancing Research on Violence Prevention

FAITH-BASED INSTITUTIONS
Educating and Healing Communities

COMMUNITY ORGANIZATIONS
Holding Systems Accountable and Providing Comprehensive Interventions

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COMMUNITY RESIDENTS
Leading the Local Movement

SOCIAL SERVICE PROVIDERS
Utilizing Community-Centered Practices to Address Violence

COMMUNITY INFORMATION SYSTEMS
Monitoring Trends of Violence Nationwide

LAW ENFORCEMENT AND THE JUSTICE SYSTEM
Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES
Identifying and Supporting Individuals and Families at Risk

HEALTH CARE SYSTEM
Incorporating Violence Prevention in Economics and Policy

BEHAVIORAL HEALTH CARE
Providing Trauma-Informed Services for Improved Outcomes

EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM
Addressing Trauma to Start Off Strong

PRIMARY CARE
Establishing a Safe Environment and Making Connections

MEDIA
Changing to a Health Narrative

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