

Hospital & Community Violence Intervention Propagation in the South – Unique Needs, Considerations and Challenges

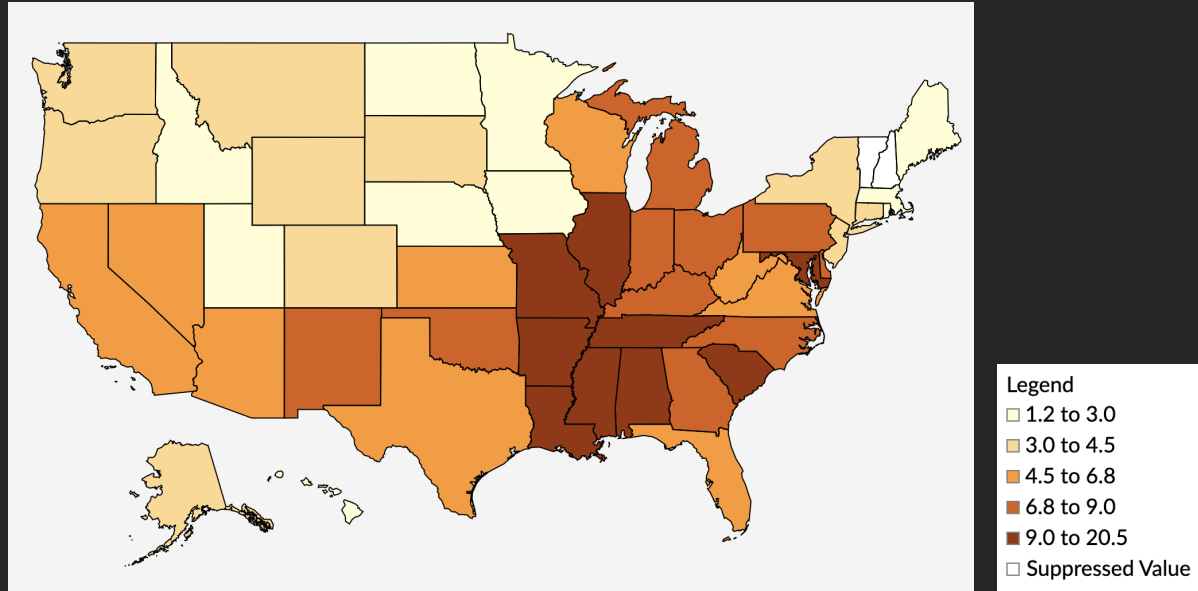
(And yes, it can be Done!!)

Ashley Hink, MD, MPH

Assistant Professor Surgery, MUSC Department of Surgery

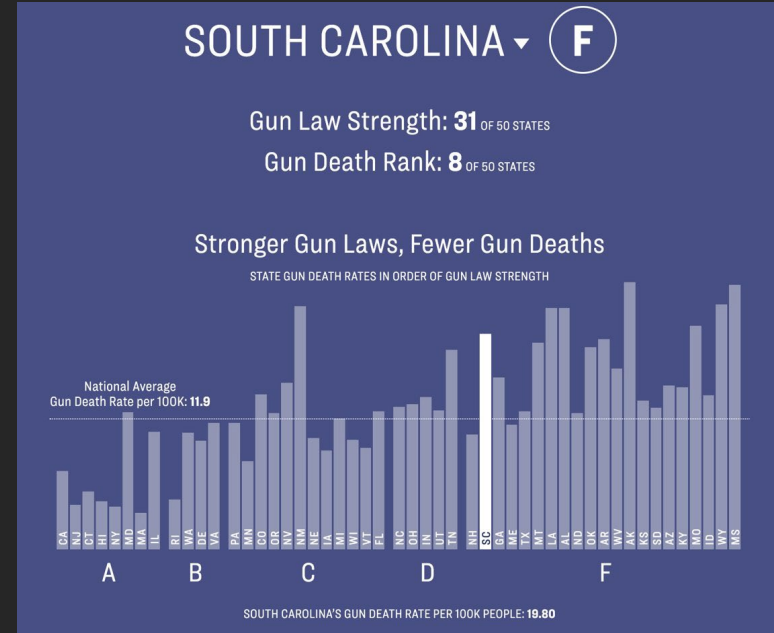
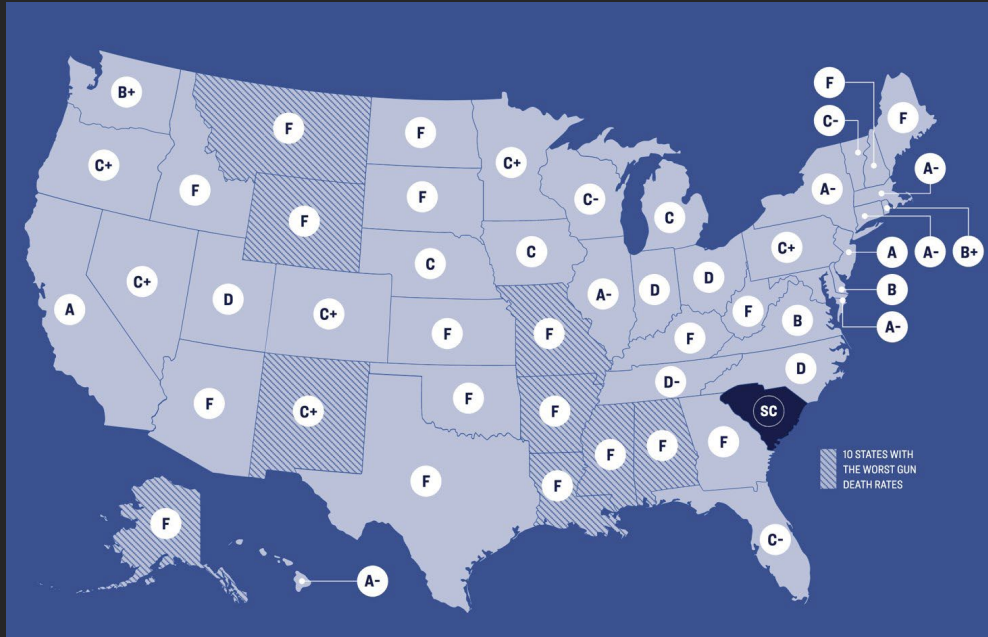
Medical Director, MUSC Turning the Tide Violence Intervention Program (TTVIP)

Our Experience of Firearm Violence is Not the Same...



2020 U.S. Firearm Homicide Rates, All Ages (CDC)

Our Firearm Laws are Not the Same...



Firearm Violence- Related Deaths... Significant Burden in S.C.

5th highest firearm homicide rate in U.S. - 11 per 100k

85% of homicides committed with firearms

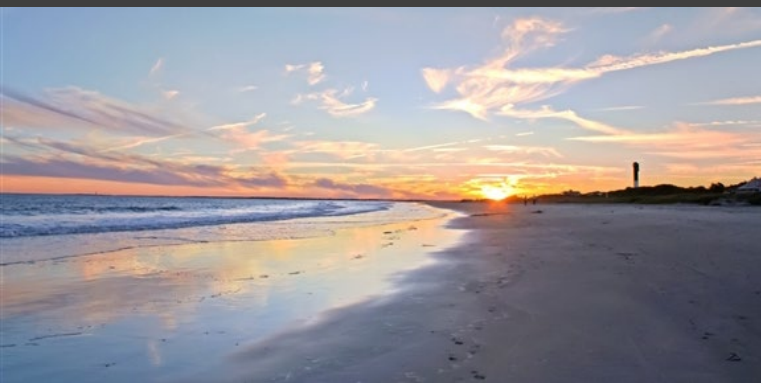
Firearm homicides have dramatically increased in the past 10 years in SC from 229 in 2010 to 528 in 2020 – **rate increased 100%**

Homicide is the leading cause of death in S.C. for Black youth and young men – 7.4x more likely to die from homicide compared to whites at a rate of 28 per 100k

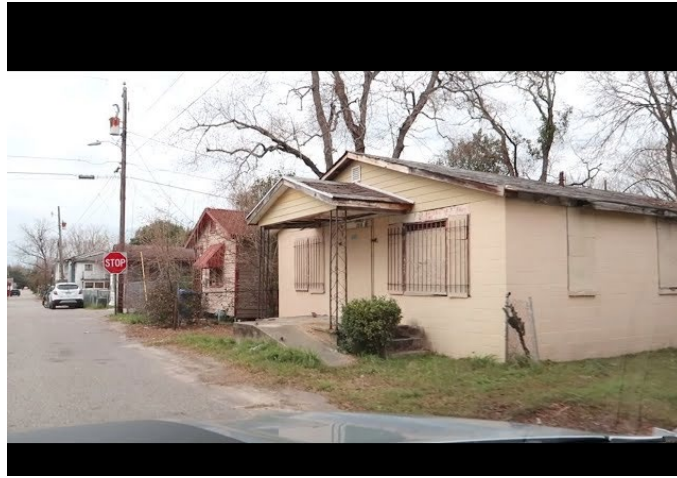
SC has ranked in the top ten states for number of murders resulting from IPV since the data started being compiled (18 years). Currently ranked number six (2020)

Homicides increased **100% in Charleston in 2020**

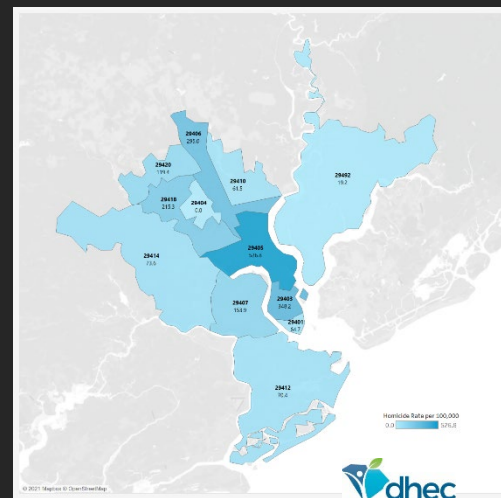
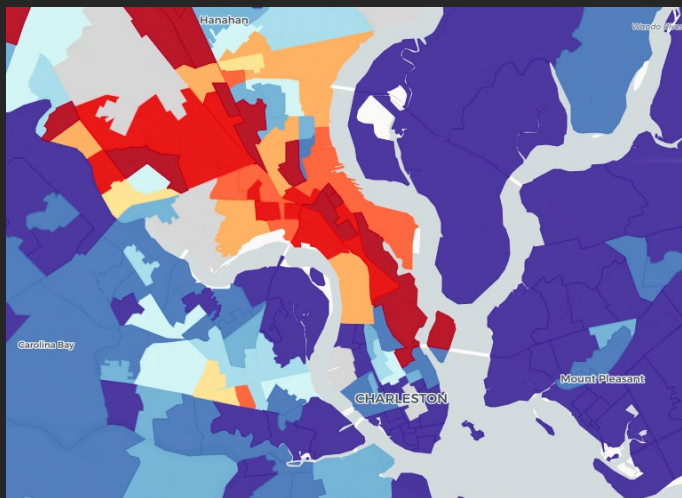
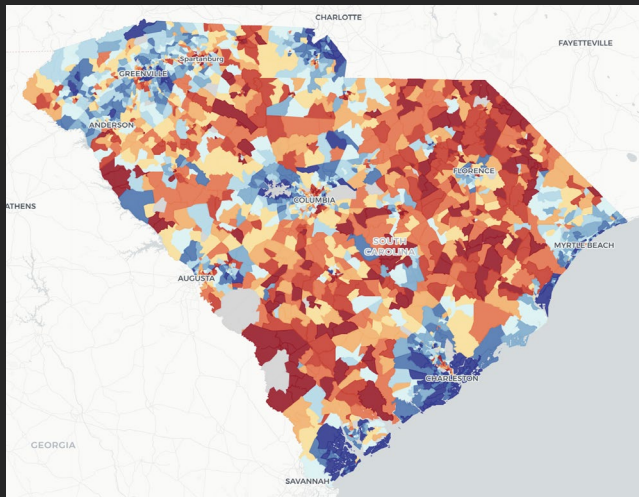
Firearm injuries are the ***LEADING cause of death for children and teens - mostly due to assault*** in S.C.



This is deceiving...



Are we that different from other states and cities? Yes and no...



South Carolina

☒ State-Only Deciles
 ☐ National Percentiles

ADI scores from within this state alone are ranked from lowest to highest, then divided into deciles (1–10).

least disadvantaged block groups

most disadvantaged block groups

1

2

3

4

5

6

7

8

9

10

Set Map Appearance:

☒ Standard
 ☐ Transparent (show roads)

Area Deprivation Index

Income, education, housing quality and employment

<https://www.neighborhoodatlas.medicine.wisc.edu/#about-anchor>

What is Our Landscape?



- Level 1 Trauma Center (adult and pediatric)
- Over 350 GSW's 2021
 - 30% Charleston
 - 40% North Charleston
 - 30% Other Counties
- NO dedicated state funds for violence intervention
- NO use of American Rescue Plan for CVI work
- NO city or county investment in CVI (minus small community seed grants)
- NO Medicaid Expansion
- Some of the least stringent firearm laws in the US

How Did We Get Here?

**MUSC Health**
Medical University of South Carolina

Search 

Patients & VisitorsMedical ServicesLocationsHealth ProfessionalsFind a DoctorLaunch MyChart



Your Support Can Save A Life!

Visit Giving and scroll down in the drop-down menu to select "MUSC Violence Prevention Program."

[Give Now](#)

[Health](#) > ... > [Emergency Department](#) > [Trauma](#) > Turning The Tides

Trauma Center

Rib Fracture Care

Burn Center

Violence Intervention Program ▶

Resilience & Recovery Program

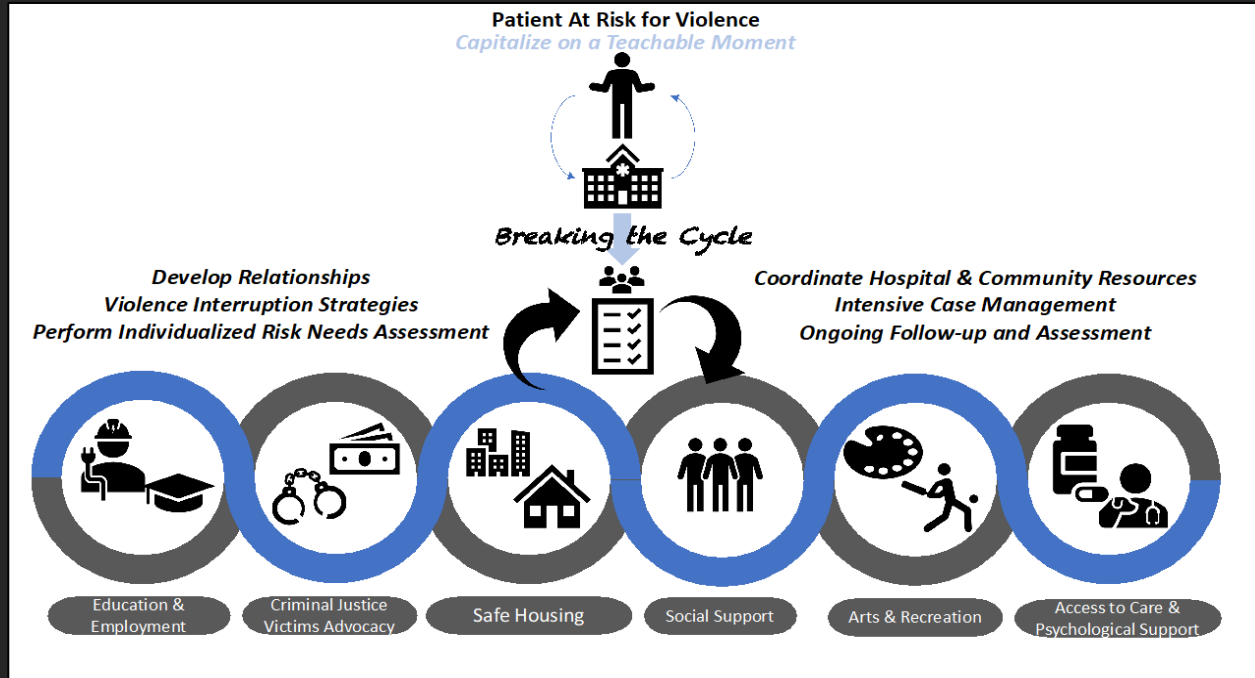
Turning the Tide Violence Intervention Program (TTVIP)

Violence is one of the leading causes of death and injury for youth and young adults in the US and disproportionately impacts vulnerable and minority populations. Physicians know that people who experience violence often need more than medical care to promote recovery and break cycles of violence.

How Does One Create Something with Nothing?

- Support from leadership (at least one person!)
- Identify allies, partners for support and shared interest
- Gather local data – be able to communicate the burden, need and lack of investment
- Identify potential sources of financial support
- Hire the right people
- Plan for support training (HAVI)
- Get the word out – integrate into clinical care, educate, celebrate and bring attention to your work and successes

Model of the MUSC Turning the Tide Violence Intervention Program (TTVIP)



Funding: MUSC School of Medicine, Provost Office, Department of Surgery, SC DHEC, Dominion Energy, North Charleston Community Grant, Department of Justice, Philanthropy...

*Improving receipt of supportive services after injury, quality of care
Reduction of risks, increase goal achievement
Reduction in violent injury recidivism and community violence*

Core MUSC Violence Intervention Frontline Team Members



Ronald Dickerson, PhD, MSW
(Program Director)



Donnie Singleton
(Client Advocate)



Keith Smalls
(Client Advocate)

Additional team members: Injury prevention coordinators, pediatrics, pediatric surgery and emergency medicine liaisons

Allies for Services & Support (limited list!)

Need	Agencies & Resources
Mental Health & Substance Abuse	Trauma Resiliency & Recovery Program (TRRP), MUSC National Crime Victims Center (NCVC), Charleston Mental Health, Charleston Center, DHEC mental health crisis response
Family Support	TRRP, MUSC NCVC, Moms Demand Action, Trauma Survivors Network, We Are Their Voices
Victims of Crime Advocacy	Police Department Crime Advocates, Victim liaisons, MUSC NCVC
Criminal Justice	Charleston Police Department, North Charleston Police Department, Juvenile Justice, Solicitor's Office, Public Defenders, Local Judges
Mentorship & Grass Roots Organizations	SC Mentors, My Community's Keeper Mentor Group, Positive Vibes Ronjanae Smith Inc.
Education	Trident Community College, Charleston County School District
Athletics	Cities of Charleston & North Charleston Parks & Recreation
Arts & Music	Charleston & North Charleston Parks & Recreation, local performing, music and visual arts non-profits and volunteer artists
Healthcare	MUSC, SC DHHS, Federer Clinic
Employment & Occupational Training	SC Works, SC Vocational Rehabilitation Department
Additional Groups and Services	City of Charleston & North Charleston, Local legislators, Youth Advocate Programs, Inc., Trident United Way, MUSC Advocacy Program (IPV services), Faith-based services, housing services

Who and How do We Serve our Patients, Community?

- Data, evidence and *resource* driven...
- Focus for long-term wraparound services: Patients ages 12-30 with risks for or injuries from community violence from the **Charleston Tri-County** area
- What about the outlying areas?
 - Support, advocacy, resources, referrals
 - Limited follow-up for interested, qualifying patients
 - Cannot provide the same level of intensive support





"I feel like a human being."

-MUSC TTVIP Client

*Since July, 2021 , over 90
individuals and families
served, 42 enrolled*

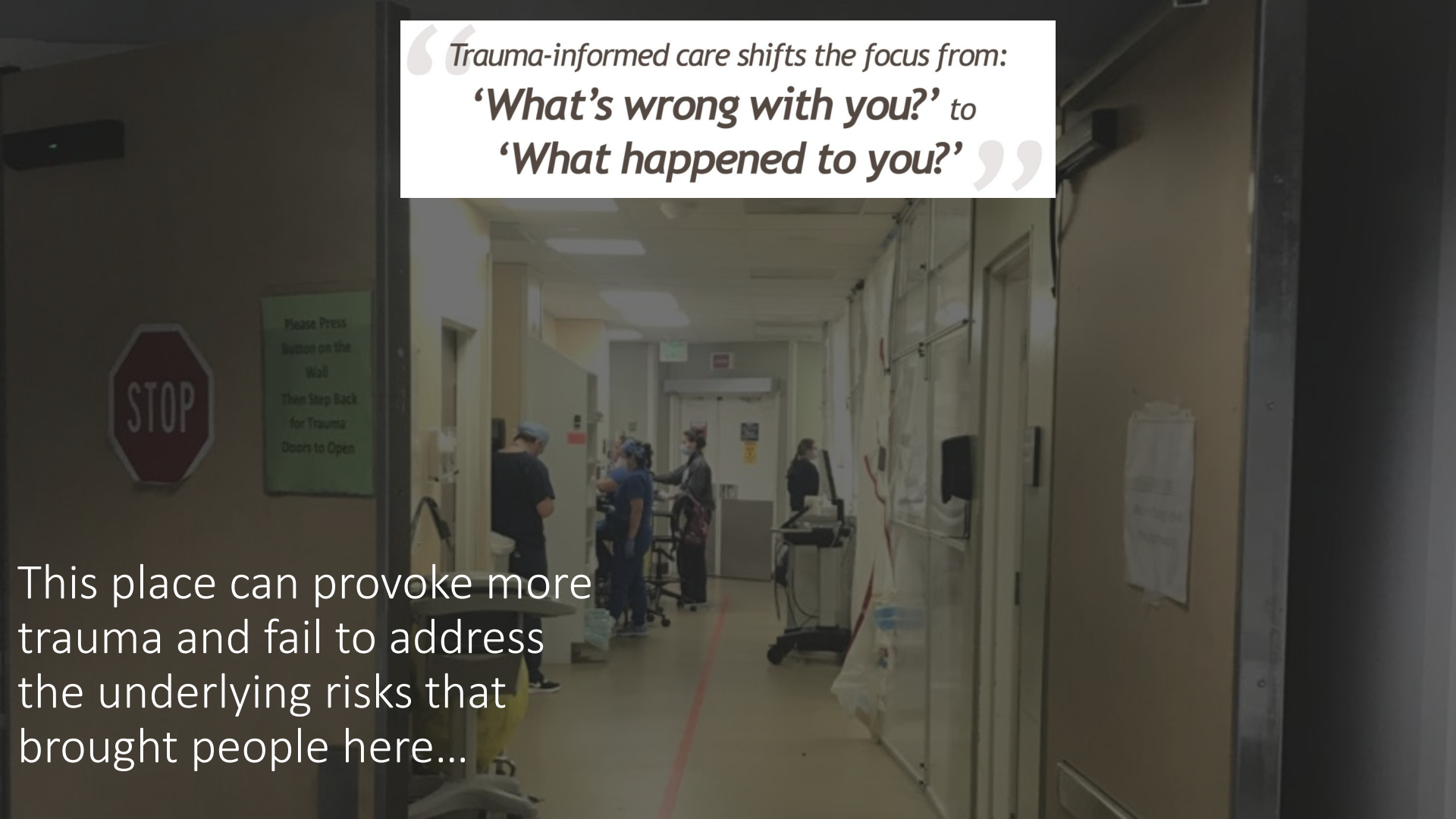
“

**A lot of the guys tell us that this is the first time
someone actually cared what happened to them.**

—Dr. Sean Benoit, co-director of the Capital Region Violence Intervention Program

*“Trauma-informed care shifts the focus from:
‘What’s wrong with you?’ to
‘What happened to you?’”*

This place can provoke more trauma and fail to address the underlying risks that brought people here...



Education of Staff, Community & Leaders – Changing Hearts and Minds (Buy-In!)



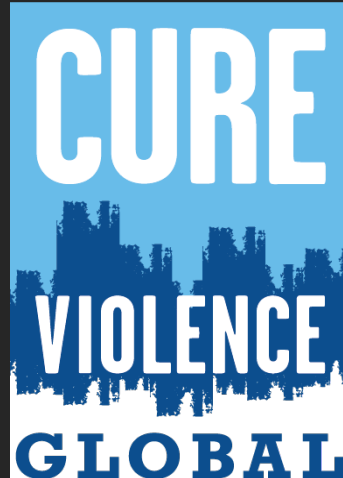
- Education and outreach on...
 - Community and youth violence
 - Trauma informed care
 - Program details
- Who and how?
 - Presentations to attending physicians, residents, students, nurses, public safety, pastoral care
 - Presentations to community and governmental groups
 - Integration into clinical care
 - MUSC media
 - Website, newsletter

Investment in Evidence-Informed Community Violence Intervention Programs?

Hospital Violence Intervention Programs (HVIPs)



Community Violence Intervention, Interruption (CVI)



Changing the Landscape, Building Community

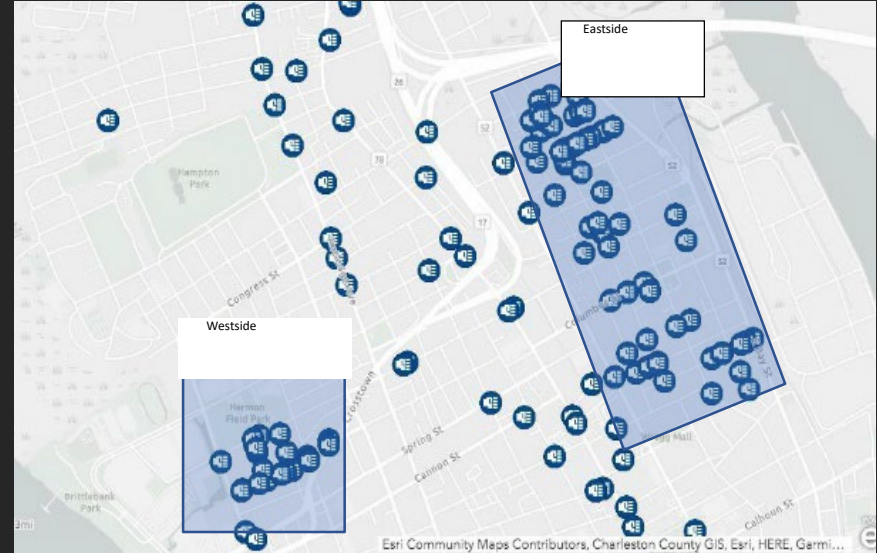


E. South, NYT, 2021

What about Community Violence Intervention & Interruption in a City Like Ours?



OJJDP FY 2021 Comprehensive Youth Violence Prevention and Reduction Program



What about Advocacy?

- Presentations, engagement and support from hospital leadership, medical school
- Testimony, meetings, frequent conversations with local elected leaders
- Newspaper editorials
- Propagation of firearm access and safety screening, safe storage education in pediatrics hospital
- Multiple educational events, grand rounds, June 4th Wear Orange Day
- Community presence



Commentary: SC must invest in violence prevention and intervention efforts

BY DR. ANNIE ANDREWS
MAY 25, 2021

If we follow the epidemiology... many roads to eliminating violence disparities lead to the South

**Believe in a
Better
South.**

Our patients and communities need investment in evidence-based and evidence-informed violence intervention

Thank you.

hink@musc.edu, @ashbhinkMD