In Response to Violence in the Community: Research and Community-Based Approaches

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Violence and Public Health

- Violence is a biopsychosocial disease
- How can a public health approach prevent violence?
- What are some innovative research strategies that can lead to violence prevention?

Violence as a Disease

Violence as a Biopsychosocial Disease

- Framing violence through the disease model:
  - Host – Victim
    - Impact of violence on those involved
  - Agent – Mechanism of Injury (bullet, knife, fist, etc.)
    - Kinetic Energy
    - Chemical Energy
    - Other Energy
  - Environment
    - Physical
    - Social
    - Social determinants of violence
  - Release results in injury to the victim

Why Frame Violence as a Disease?

- Organizes research to advance our understanding of violence.
- Allows us to develop and implement evidence-based programs, practices, and policies.
- Enables us to understand all facets of the disease.

Violence as a Disease

Haddon Matrix

- Pre-Event: Smart guns, Means restriction counseling
- Event: Type of gun and bullet
- Post-Event: Making spaces safe, intervention

- Host
- Equipment
- Environment
- Social
Public Health Model for Violence Prevention

- Define the Problem
  - 24 hour electronic data collection of assault information by ED staff.
  - Monthly anonymization and sharing of data by Hospital IT and Research Staff.
  - Monthly combination of police, EMS and ED data.
  - Geomapping and summarizing violence trends, times, locations and weapons.

Research to Prevent Violence

- Research at all steps of the public health approach to violence prevention.

Research in Practice: The Cardiff Model for Violence Prevention

- Originally developed in Cardiff, Wales
- Time sensitive data-driven method for reducing assaultive violence
- Sharing of anonymous ED data about violent injuries with multisector stakeholders
- Combining of ED data with police data to provide a more comprehensive picture of violence
  - Allows for surveillance of overall incidents and trends in violence “hotspots”
  - Research suggests that law enforcement may not be aware of all violence occurring in a community.

- Translation to the U.S. occurring in 3 pilot sites
  - West Allis (Milwaukee), WI
  - Atlanta, GA
  - Philadelphia, PA

Integrating Emergency Department Data with Law Enforcement, Emergency Medical Service and Community Data to Reduce Violence

- Study conducted at the Injury Research Center at MCW
  - Stephen Hargarten, MD, MPH and Jennifer Hernandez-Meier, MSW – Co-Principal Investigators
  - Sara Kohlbeck, MPH, Data Manager
  - Michael Levas, MD, CHW Physician Champion
  - Zengwang Xu, PhD, Geospatial Consultant
- Study conducted January 1, 2015 through present
- Expands the original Cardiff Model
  - Addition of data from EMS plus a focus on public health
    - Versus a law enforcement focus
Public Health Approach to Violence Prevention

Identify risk and protective factors

Step 4 Geomapping and summarizing violence trends, times, locations and weapons.

Public Health Approach to Violence Prevention

Develop and test prevention strategies

Step 5 Police, health care, public health, community and other stakeholders discuss the data summaries, develop ideas and implement policy and prevention efforts.

Step 6 Continuous tracking of the effects of prevention activities on violence trends.

Public Health Approach to Violence Prevention

Assure widespread adoption

Next step – additional funding for Phase II implementation

What have we learned?

- Feasible to implement the Cardiff Model into a community
- Feasible to collect data on assaultive injuries in a hospital setting
  - Children’s Hospital of Wisconsin
- Feasible to receive, geocode, and map location data on assaults from a variety of data sources.
  - Police, ED, EMS
- Feasible to conduct advanced geospatial analyses to determine overlap of violence hotspots in a community.
- Addition of ED and EMS datasets added data about violence in a community

Preliminary Findings – 2015 Juvenile Assaults (Milwaukee)

Nurse Feasibility Survey - CHW

| % satisfied with the project | 93% |
| % felt that data collected is useful for clinical care | 79% |
| % felt that data collection was integrated into ED workflow | 89% |
| % indicating data collection should continue over the next year | 88% |
| % indicating that project was congruent with the ED and hospital goals and mission | 93% |

Qualitative data suggested modifications to streamline the data collection process.
In Conclusion

- Violence is a biosocial disease – framing violence allows us to incubate, develop and evaluate evidence based program and policy prevention strategies with high quality research.

- The Public Health Approach to Violence Prevention is a systematic process for addressing this biosocial disease burden.

- The Cardiff Model for Violence Prevention applies the public health approach to prevent violence in a community.

Thank You

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In memory of...

Trestle Trail Shooting

Public Health’s Role & Lessons Learned from an Active Shooter Incident

The 10 Essential Public Health Services

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Source: CDC National Public Health Performance Standards (NPHPS)

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The Incident

- At approximately 7:30 PM on May 3, 2015 a shooter killed a man he was talking to and then turned and opened fire on a family of five.
- Three individuals were killed, including an 11-year-old girl.
- The mother was shot 3 times but was able to run off the trestle, sending her two small children ahead of her.
- The shooter shot himself and was pronounced dead at the hospital a short time later.
- At least 35 officers from 6 jurisdictions responded as well as EMS, Fire.

Initial Concerns

- Where is the shooter/s?
  - Reports of multiple shooters
  - Unknown type of weapon used (handgun, long gun)
  - Was one of the victims down the shooter?
  - Wooded area hadn’t been cleared
  - Water hadn’t been cleared
  - Sub-structure of the Trestle hadn’t been cleared
- IS THE PUBLIC SAFE?
Public Health’s Initial Role

- What would you do?
- Does Public Health have a seat at the table in the initial response (0-3 hours)?
- What agreements/procedures/policies do you have in for outside assistance?
- Would EOC need to be set up?

Post Incident

- Three Branches
  - Investigation
  - Media
  - Returning to Normalcy
- Coordination of Efforts - Daily Internal Briefings

Investigation

- Multiple Agencies Involved
- Bulk of work the following 7 days – 4/16 last update to report
- 41 People Identified
- 3 Vehicles
- 169 Articles of Evidence
- 70 Different Narratives
- 142 Page Report
- 37 Different Pieces of Video & Audio

Media Considerations

- The Town of Menasha PIO releases the first official post about the incident around 8:20 PM.
- About an hour later a similar post was released by the City of Menasha PIO.

Social Media

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Social Media

- What is your social media presence?
- Who will monitor social media during a health crisis or event?

On Scene - Media Challenges

- Initial Statement
  - Wait until all outlets known to be in the area arrive?
  - Live and taped
  - Intended purpose — calm fears, number of victims, ongoing investigation, updates released when we can
- Follow-up Statements
  - Individually or all at once
  - Frequency of updates
- Consider these factors for a public health event...

Final Report to Public

- Released to public on June 11, 2015
- Early release to Post Crescent
- Met with families prior to release
- Only video released was from the park camera

Final Press Conference

- Held at PD
- Prepared Statement
- Q & A
- Provided copy of released video to attendees
- Copy of Final Report sent to news outlets approximately 2 hours prior to press conference — no release until end of press conference

Media Crush

- The follow-up from the media was non-stop
  - Local, Large-Market, National
  - Print, Radio, TV
  - Constant messages/requests for information via cell phone, station, e-mail, fax, etc...
  - Records requests for video, 911 tapes, photos
  - Facebook follow-ups from the public
  - Determining what info would, should, should not, would not be released (ongoing)

Who is your PIO?

Return to Normal

- Responders
- The Community
Responders

- Critical Incident Policy
- Critical Incident Stress Debriefing
- EAP
- In-house Counselor
- Peer Support Program

Who takes care of those that take care of others?

Community Impact

Community Education

1. Strong feelings are expected in reaction to this tragic event.
2. Getting support from others helps.
3. Please connect with friends and family
4. Take care of yourself and each other
5. Menasha is a strong community.

One Final Note – The Shooter

Identified one time, after that DON'T NAME THEM!

- 27 year old male
- Self inflicted gunshot wound to the head

Post-Incident Services

- Health Department met with Police Department
  - Public Information Officer - Police Department
  - Delegated community support role
- Counseling services set up for the community
  - Two Days 12 hrs per day
- Coordination with counseling resources
  - Fox Valley VCR Program (Victim Crisis Response)
- Field media calls
  - Promote counseling
  - Deliver upfront key messages with VCRs
  - Safe time and place - respect privacy
  - Messages and media interviews approved by PIO and Mayor
Thank You