Centering Survivors and Families Project
A Qualitative, Community Participatory Pilot Project

2023-24 PHERI Pilot Grant Awardee Early Grant Period Presentation

- Sarah Sweeney, MD – PHERI Fellow, Family Physician, CWRU Assistant Professor
- Myesha Watkins & Mar'Yum Patterson – Cleveland Peacemakers Alliance
- Shanell Harris – MetroHealth Trauma Recovery Center

Disclosures

We have no disclosures or conflicts of interest.

Acknowledgements

Thank you for the mentorship of Daryl Thornton, Aleece Caron, Laura Mintz, Adam Perzynski, Kristin Berg and Vanessa Ho.

Presentation Overview

- Introductions – Cleveland Peacemakers Alliance and MH Trauma Recovery Center
- Background
- Community Advisory Board and CBPR Approach
- Pilot Project Design and Methods
- Plans for ongoing work

Feel free to ask questions throughout the presentation

Land Acknowledgement

In recognizing the land upon which we reside, we express our gratitude and appreciation to those who lived and worked here before us; those whose stewardship and resilient spirit makes our residence possible on this traditional homeland of the Lenape (Delaware), Shawnee, Wyandot Miami, Ottawa, Potawatomi, and other Great Lakes tribes (Chippewa, Kickapoo, Wea, Pinakahsw, and Kaskaskia). We also acknowledge the thousands of Native Americans who call NEO home. (adapted from CWRU land acknowledgement 2019)

Positionality Statement

I acknowledge my standpoint as an educated white cis-gender woman and physician. I personally have not had a firearm injury nor has a close family member. I care for many patients who have directly been impacted by gun violence. I acknowledge that my positionality influences this project to some extent, and as such I have explicitly chosen to center those with direct lived experience, from backgrounds from disproportionately impacted groups, in all parts of project design, analysis and dissemination.

Introductions of Community and Institutional Partners

- MetroHealth Trauma Recovery Center
- Cleveland Peacemakers Alliance

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• Trauma Recovery Center

- Shanell Harris, MSSA, LSW
- Manager, Trauma Recovery Center

Trauma Recovery Center

Lead Recovery Coach
Sarah Pawlaczyk

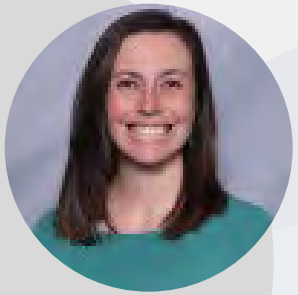
ED Recovery Coach
Monica Lee

Recovery Coach
Marlon Leek

Recovery Coach
Toni Zingale

Recovery Coach
Antoinette Mason

Manager
Shanell Harris



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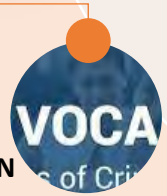

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Advancing well-being through Trauma Recovery

- Hospital-based intervention that serves survivors of all types of trauma and interpersonal violence, to include physical assault, sexual assault, domestic violence, community violence, homicide loss, and motor vehicle accidents
- Mission is to improve and maintain access to resources and services, advocate and elevate the voice of survivors, and promote engagement and safety
- Person Centered approach to meet survivors where they are at and offer autonomy to determine what they may need in the moment
    - 1 of 8 Trauma Recovery Centers in the state of Ohio
    - Affiliate of the National Alliance of Trauma Recovery Centers
        - Modeled after the University of California, San Francisco General Hospital Trauma Recovery Center
- Over 11,000 unique patients served since inception
- Supported through the Federal Victims of Crime Act (VOCA), awarded by the State of Ohio Attorney General

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Value of Trauma Recovery & Outcomes

✓ Healthcare Utilization

"Those who accepted TRS had more positive encounters within
our health care system. ED charges were significantly lower for those who accepted TRS than those who declined
services... Comprehensive trauma recovery programs are an important adjunct to standard medical care and may augment and sustain recovery trajectory in injured patients." (DeMario, et. al, 2020)

✓ Adherence to Post-discharge Recommendations

"The only other factor besides number of referrals made that had a significant effect on adherence was participation in the TRS program. TRS provides supportive programs with an aim to provide resources beyond medical care ... Findings that the use of support services is associated with a higher odds of adherence with discharge instructions further highlights the value of such support services on improving patient adherence." (Truong, et. al, 2020)

✓ Patient Self-Efficacy

"Exposure to TRS programming resulted in conveyed higher self-efficacy (perceived likelihood to recover) compared to non-TRS exposed patients." (Simske, et. al, 2020)

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Value of Trauma Recovery & Outcomes

Text Bar

✓ Positive Impact on Care Ratings & Patient Satisfaction

"Exposure to and use of psychosocial support resources has a positive impact on overall trauma care ratings by patients. Utilization of TRS was the greatest predictor of better overall care ratings. We conclude that a hospital-wide program supporting patient education and engagement can effectively increase patient satisfaction after traumatic injury." (Simske et. al, 2019)

✓ Lower Odds of Mental Illness Development Post-Injury

"Patients who utilized TRS/VOCA services had higher rates of preexisting mental illness, but use of services was an independent predictor of lower odds of developing a new mental illness after injury." (Simske, et. al, 2022)

✓ Recidivism Reduction Through Mental Health Support

"Patients who engaged with mental health services were less likely to experience trauma recidivism. Patients who used such services, such as individual counseling or support groups, recidivism rate was considerably lower (4.4%)" (Simske, et. al, 2021)

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Cleveland Peacemakers Alliance

- Cleveland Peacemakers Alliance (CPA) engages community youth and program participants through case management services. Services include interactive programming, workforce assistance, safe housing, court support, safe passage, educational support, and other community connections.

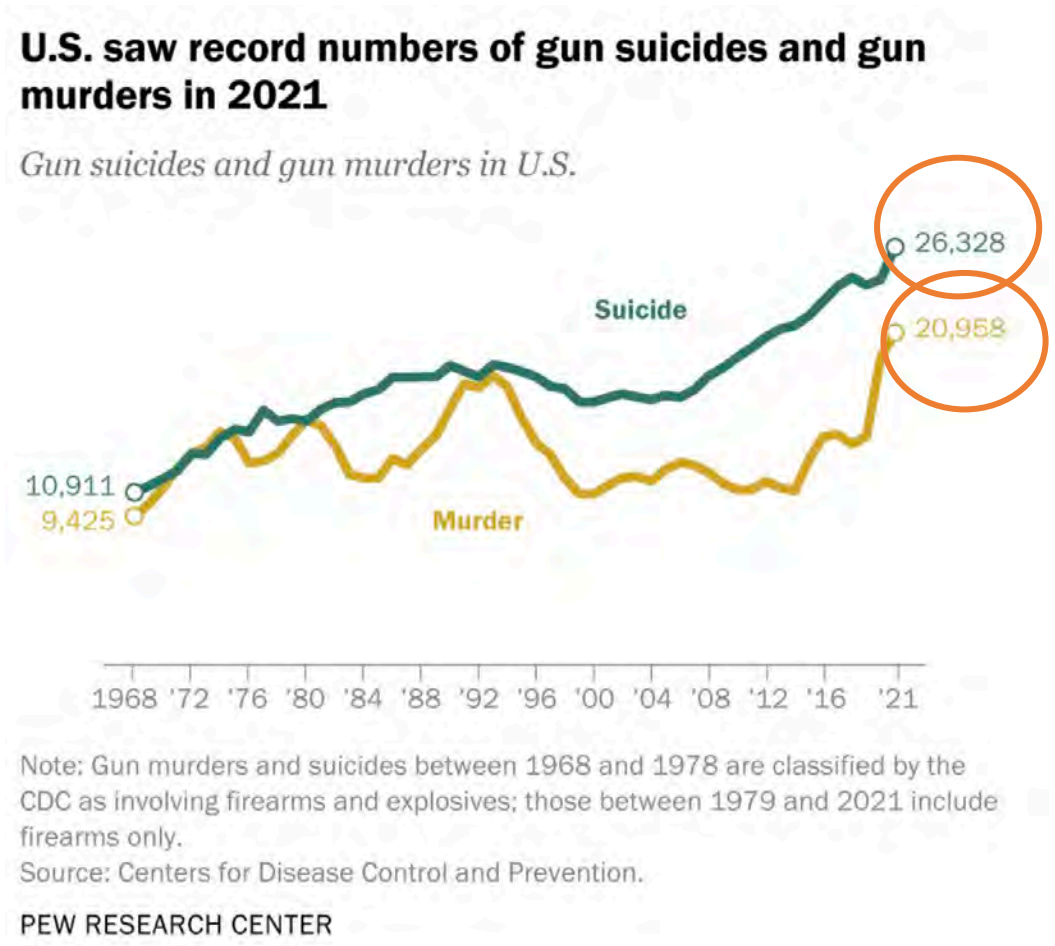
- The Cleveland Peacemakers Alliance employs outreach workers – including some former gang members – who are credible messengers.

- The group is involved in mediation, gang interaction, violence prevention, conflict resolution, case management, family services, and hospital-based intervention following violent incidents.

Background Gun Violence in the US

- What is the scope of the public health crisis nationally and locally?
- What are the known impacts of gun violence on survivors?
- What are the known impacts of gun violence on family members?

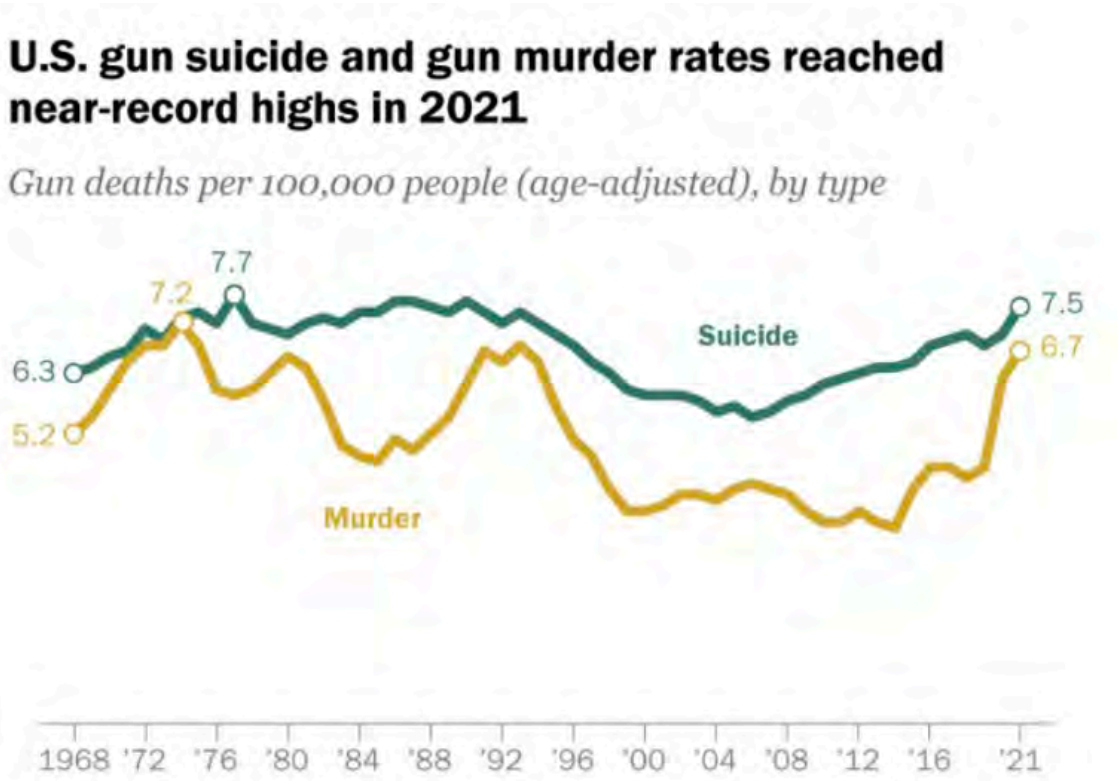
In 2021, 48,830 people died from gun-related injuries in the U.S. (CDC data)



Represents 55% of all suicides.

Represents 81% of all homicides.

US gun suicide and gun murder *rates* reached near record highs in 2021.

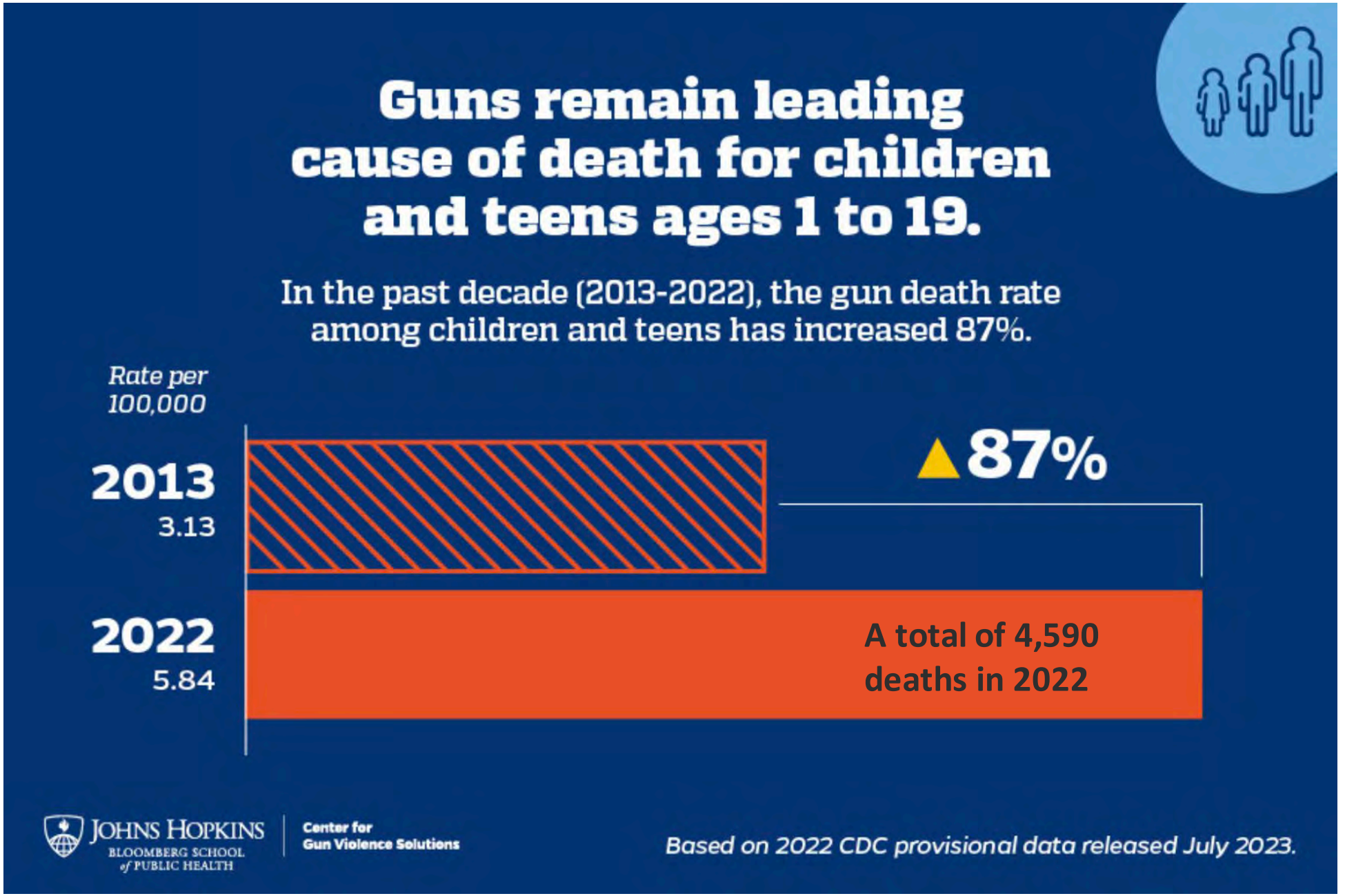


2020 study by Ash Sehgal looking at lifetime risk of death.

- 1/108 Americans will die from firearms .
- For Black men this is 1/38.

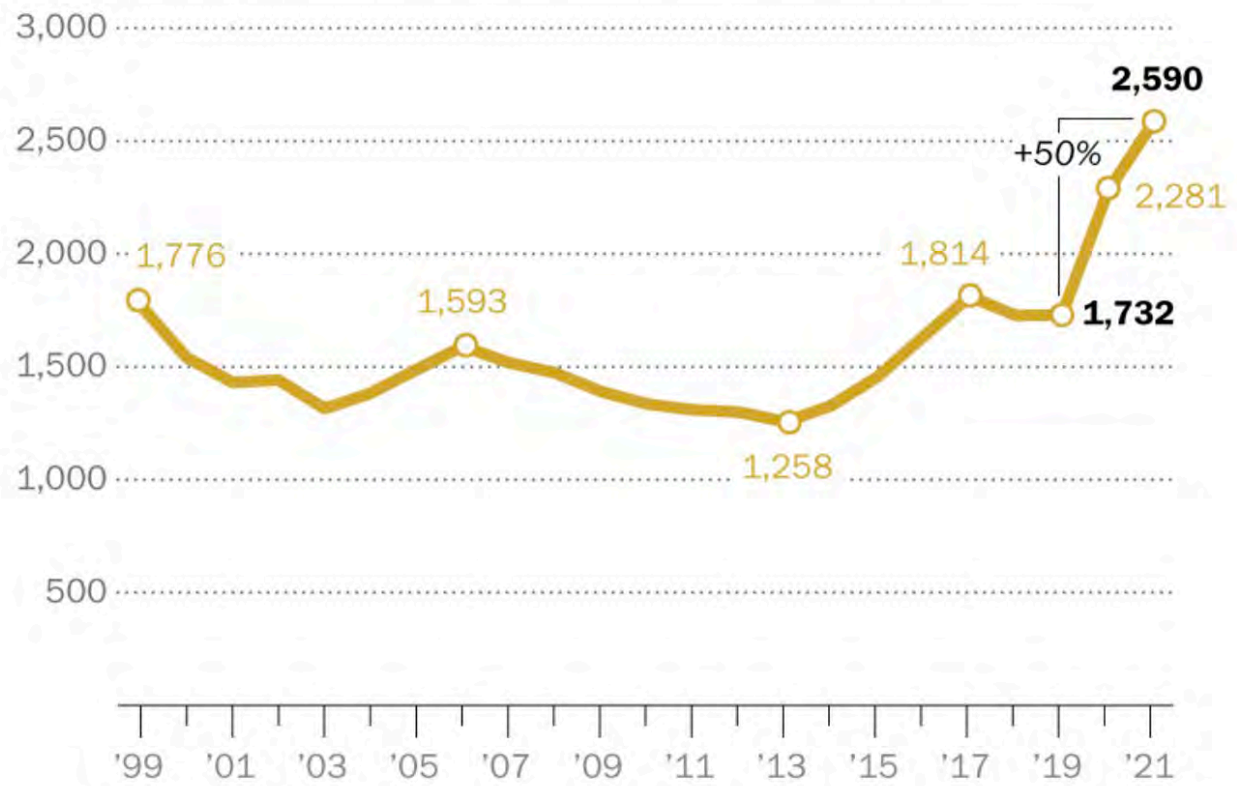
	Lifetime Risk (95% Confidence Interval) 100/Lifetime Risk		
Group	**Firearms**	**Drug Overdoses**	**Motor Vehicle Accidents**
All individuals	0.93% (0.92–0.94%) 108	1.52% (1.51–1.53%) 66	0.92% (0.91–0.93%) 109
Asian American females	0.08% (0.07–0.10%) 1225	0.16% (0.14–0.18%) 617	0.34% (0.31–0.39%) 291
Asian American males	0.38% (0.35–0.42%) 260	0.43% (0.40–0.47%) 231	0.56% (0.52–0.61%) 178
Black females	0.35% (0.33–0.37%) 287	0.85% (0.81–0.88%) 118	0.56% (0.53–0.59%) 178
Black males	2.61% (2.55–2.66%) 38	2.29% (2.24–2.35%) 44	1.54% (1.50–1.58%) 65
Hispanic females	0.12% (0.11–0.14%) 802	0.41% (0.39–0.43%) 245	0.48% (0.46–0.51%) 207
Hispanic males	0.87% (0.84–0.90%) 115	1.24% (1.20–1.28%) 81	1.26% (1.22–1.31%) 79
Native American females	0.24% (0.19–0.30%) 411	0.94% (0.84–1.06%) 106	0.79% (0.67–0.91%) 127
Native American males	1.26% (1.13–1.40%) 79	1.52% (1.39–1.66%) 66	1.75% (1.60–1.91%) 57
White females	0.27% (0.26–0.27%) 374	1.14% (1.12–1.16%) 88	0.55% (0.54–0.56%) 181
White males	1.44% (1.42–1.46%) 69	2.13% (2.11–2.15%) 47	1.30% (1.29–1.32%) 77

Sehgal AR. Lifetime Risk of Death From Firearm Injuries, Drug Overdoses, and Motor Vehicle Accidents in the United States. *Am J Med*. 2020;133(10):1162-1167.e1.


Guns remain leading cause of death for children and teens ages 1 to 19.
In the past decade (2013-2022), the gun death rate among children and teens has increased 87%.
Rate per 100,000
2013
3.13
2022
5.84
▲87%
A total of 4,590 deaths in 2022
JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
Center for Gun Violence Solutions
Based on 2022 CDC provisional data released July 2023.

Gun deaths among U.S. kids increased 50% between 2019 and 2021

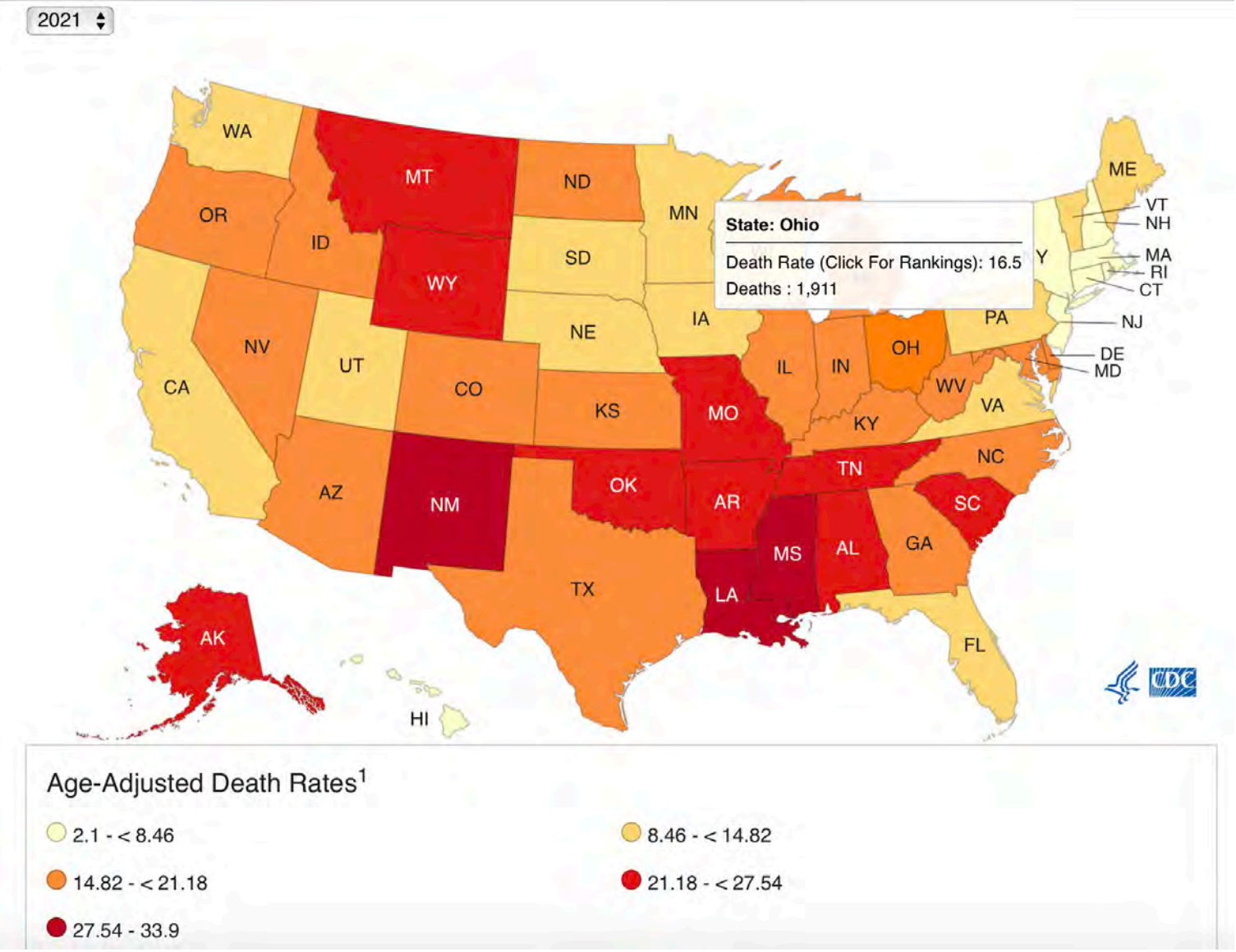
Gun deaths among U.S. children and teens under 18



Note: Includes homicides, suicides, accidents and all other categories of gun deaths.
Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

Firearm Mortality by State (2022 – CDC)



OHIO
- 1,911 Deaths (6th highest)
-16.9/100,000 (24th)

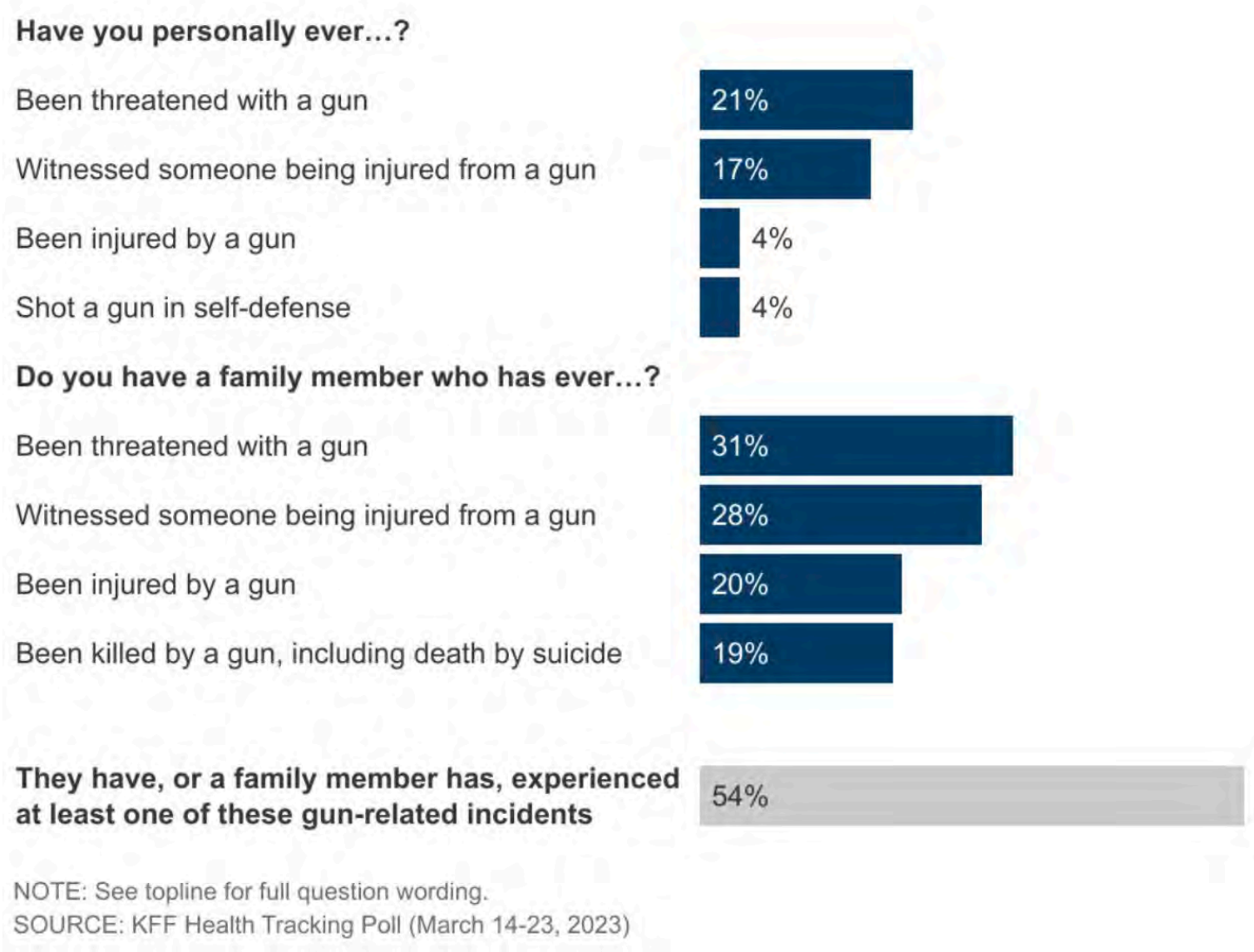
Gun Violence in Cleveland

- In 2022, 33.7 homicides / 100,000 Cleveland residents. 84% were firearm related. (National average is 8.2/100,000, 2022)
- More likely to impact Black residents (89%) and those between 18-44 years of age.
- Homicides of young (0-17) and elderly (65+) increased from 7% of homicides to 12% of homicides from 2021 to 2022.
- ED visit for gunshot wounds (GSW) was 102.5/100,000 in 2022. Decreased from 2021 but still higher than pre-pandemic.
- 2023 Police data indicate homicides in Cleveland for 2023 will outpace 2022 despite trends across the country.

Impacts of Gun Violence on Survivors and Families

KFF Survey March 2023

More Than Half Of U.S. Adults Have Experienced A Gun-Related Incident, Including One In Five Who Have Personally Been Threatened With A Gun Or Had A Family Member Who Has Been Killed By A Gun.



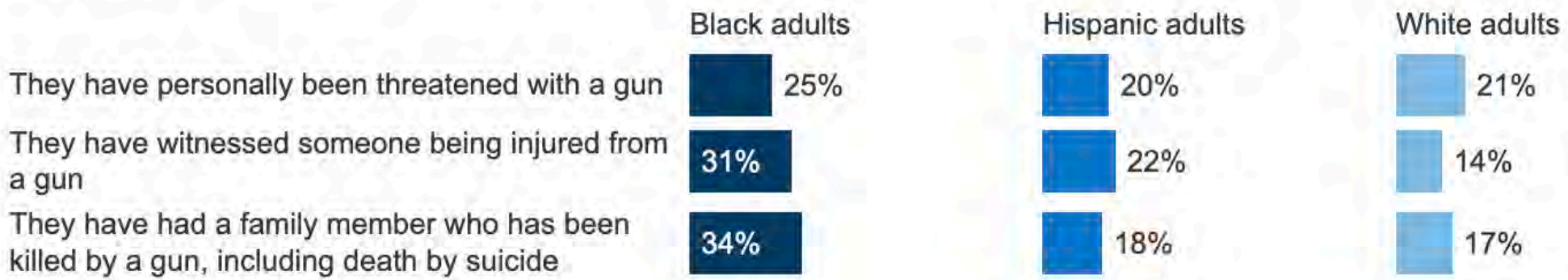
KFF

KFF Survey March 2023

Figure 2

Black And Hispanic Adults More Likely Than White Adults To Have Witnessed A Shooting, Black Adults Twice As Likely To Report Having A Family Member Who Was Killed By A Gun

Percent who say:



NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (March 14-23, 2023) • PNG

KFF

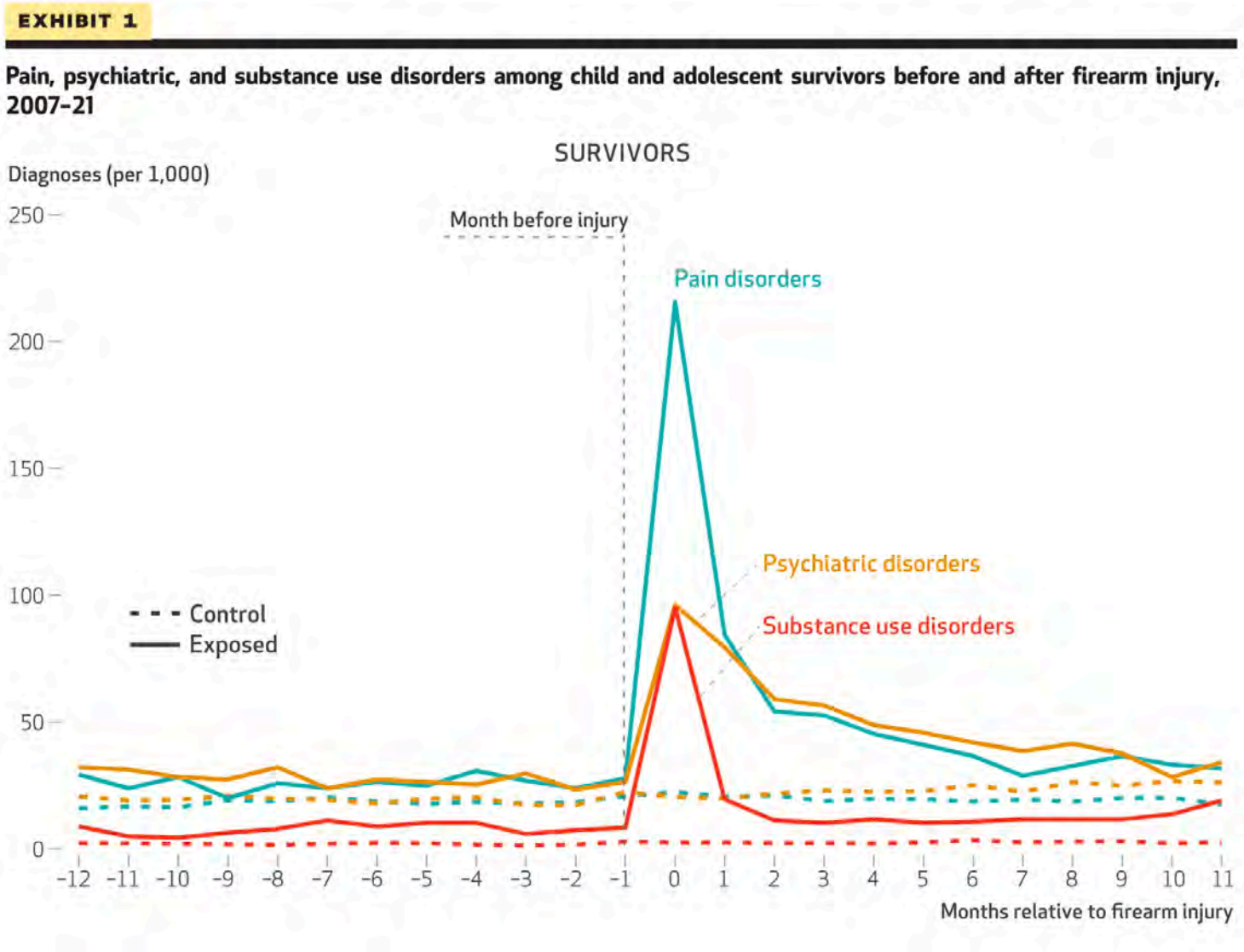
Impacts of Gun Violence

- Worsening mental health has been shown in family members of adult non-fatal shooting survivors.
- For survivors and family members of adult survivors, medical spending increased $2495 per person per month in the first year after injury (>400%) and survivors had increases in pain diagnoses, psychiatric disorders and substance use disorders compared to a control group.
- Survivors experience barriers to access to healthcare after their injury.
- In a survey of 650 gun violence survivors (including directly impacted family/community members), conducted by Everytown in 2021, over ⅔ of participants needed mental health help and over ⅓ reported need for legal and financial assistance.
- General exposure to community gun violence has been linked to worsening mental health and worsening chronic disease management (HTN and childhood asthma).

"Firearm Injuries In Children And Adolescents: Health And Economic Consequences Among Survivors And Family Members: Study examines firearm injuries in children and adolescents and the health and economic consequences among survivors and family members."

Song, Zirui, José R. Zubizarreta, Mia Giuriato, Katherine A. Koh, and Chana A. Sacks.

Health Affairs 42, no. 11 (2023): 1541-1550.



Key Findings :

- Spending averaged $170 per survivor per month before firearm injury and $3,119 per survivor per month after injury.
- All categories of utilization increased over the course of one year after firearm injury among survivors relative to controls.
- Mothers and fathers of survivors experienced a 30 (and 31) percent increase in diagnosed psychiatric disorders relative to controls in the year after their child's firearm injury relative to controls.
- Siblings of survivors had reduced utilization with 11 percent fewer procedures, 7 percent fewer office visits, and 14 percent fewer other tests relative to control.
- Family members of children and adolescents who died after firearm injuries exhibited even larger changes in health. Mothers (3.6x), Fathers (5.3x), siblings (2.3x) increase in psychiatric disorders. Fathers had an 86.6x increase in mental health visits.

Why do this project?

- Family medicine well situated to collaborate on issues that impact people and their families across the lifespan in multiple areas of health and overall wellbeing.
- Emerged as both a physician and patient as well as community priority.
- Much is still not known about his population (survivors and family members), as well as what the priorities are of those most impacted.
- Little is known about barriers are they facing in primary care, mental health and accessing community services not just acutely but over time and what are their experiences are seeking services.
- It is unknown who are the people directly impacted and what are way they are impacted.
- We also want to understand, what needs, in particular, if addressed, would have the most impact?

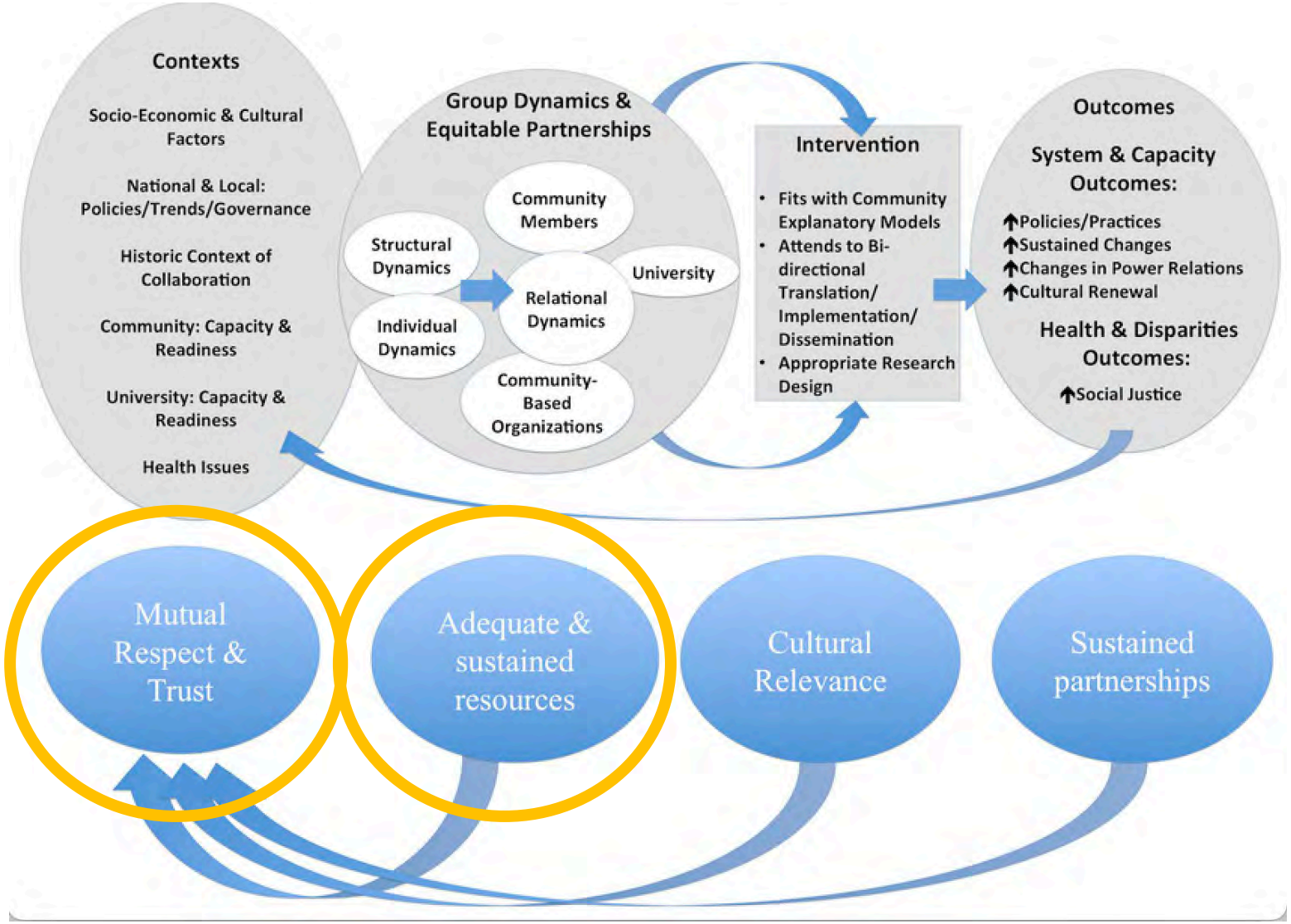
Partnerships and Community Advisory Board

- Community Partner – The Cleveland Peacemakers Alliance
- Institutional Partner – MetroHealth Trauma Recovery Center
- Community Advisory Board
  - Directly impacted community members
  - Students
  - Faith based community leaders – Dr. Tony Minor
  - Leaders of additional community organizations working on gun violence
    - Michelle Bell – M-PAC
    - Jake D. Streeter Jr. – East Cleveland Neighborhood Center
  - Culturally congruent researchers

Research Team

- Co-I / Mentors Qualitative Methods – Adam Perzynski and Kristen Berg
- Co-I/Mentor Trauma – Vanessa Ho
- Collaborating Mentor/Topic expert – Sara Jacoby
- Analysis Team – Jenna Hays, Morgan Whaley, Myesha Watkins
- Research Assistant - Kristen DiCresce
- Interviewers – Mar'Yum Patterson, Shanell Harris

Community Based Participatory Research Framework



McOliver CA, Camper AK, Doyle JT, Eggers MJ, Ford TE, Lila MA, Berner J, Campbell L, Donatuto J. Community-based research as a mechanism to reduce environmental health disparities in american Indian and alaska native communities. Int J Environ Res Public Health. 2015 Apr 13;12(4):4076-100.

AIMS of the Project

Collaboratively developed by community partners and community advisory board in two pre- planning meetings.

Aim #1 - Understand the range of impacts of gun violence on firearm injury survivors and families and their experiences with healthcare, mental healthcare and community services

Aim #2 - Develop an initial framework for conducting research with this population that is sensitive to the needs of gun violence survivors and families

Why qualitative methods?

- Priority among the team for centering the voices and experiences of those most impacted
- Potential for therapeutic engagement and direct provision of resources for impacted families.
- Appropriate method to build a framework for the range of impacts on survivors and family members
- Limited quantitative options for linking survivors or those who lost their lives and families in EMR

Inclusion Criteria	**Exclusion Criteria**
Survivor of a firearm injury	Significant cognitive impairment, guardianship
Family member* of a survivor or person who lost their life due to a firearm injury	Currently hospitalized
Direct service provider to family members or survivors**	Currently incarcerated or on house arrest
Adult, age 18 or older	Minors aged 17 or younger
English speaking	Pregnant women
*Family is broadly defined as anyone who identifies as 'family' and is not limited to first-degree relative or blood relation. **Direct service providers are community experts who provide a direct service to survivors and families in the context of community (eg. faith leaders, violence intervention specialists, trauma coaches). Identified by community-based recruiters and confirmed by researchers.	

Recruitment

- Goal of 15-20
- From usual engagement with CPA and TRC

Semi-structured Interviews

- ~60 min duration, audio recorded
- Culturally congruent interviewers
- Trained transcription
- Brief demographic survey

Analysis

- Modified Grounded theory
- 3 coders (Sweeney, Hays, Whaley) – using NVIVO software
- Thematic Auditor (Watkins)
- Community Advisory Board Auditing of Themes

Dissemination

- CAB and community partner driven plan
- Traditional research and community-based plans
- Participants in study given opportunity to give feedback if desired

Interview Script

Part I	• Impacts of gun violence on participants' lives, health and community
Part I	• Experiences with healthcare, mental health and community services in the context of experienced gun violence.
Part III	• To gain perspective on how to conduct research with this population in a sensitive and collaborative way

Tentative Project Timeline (with Monthly Research Team Check-ins)			
Q1	**Q2**	**Q3**	**Q4**
- Community Advisory Meeting #1 (Lay out project timeline and goals) - Identify and train interviewers/research associates/recruiters - Pilot and revise interview script - Recruit participants - Confirm and create timeline for publication/presentation/funding opportunities	- Community Advisory Meeting #2 (Preliminary theme congruence review) - Conduct and transcribe interviews - Preliminary data analysis/begin data analysis	- Community Advisory Meeting #3 (Define community dissemination plan) - Complete data analysis - Prepare and submit for additional funding opportunities (may be earlier depending on timelines)	-Community Advisory Meeting #4 (Closing Meeting, Next steps) - Implement community based dissemination plan - Prepare and submit manuscripts

Process Goals

- Develop set of resources specific to survivors and families that address material and healthcare needs (in collaboration with TRC). Directly link participants with needed material resources.
- Develop community partner and team member research capacity and skills (CITI/CREC Training, interviewing, analysis)
- Build relationships with institutional and community collaborators
  - CSU Student Panel
  - CWRU Medical Student Session on Gun Violence
  - CMSD Civics 2.0
  - Metro Gun Violence Prevention Working group

Next steps and Plans

- Collaborate with Vanessa Ho – Metro Dept of Trauma Surgery on piloting collaborative primary care and Trauma follow-up clinic
- Depends on findings and community priorities

Thank you!

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