



Toolkit for Anti-Violence Awareness

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This toolkit can be used to develop and implement an anti-violence awareness initiative in any community where there are high risks youth and a high incidence of violent crimes. For more information, contact: stlprayerproject@gmail.com

Toolkit for Anti-Violence Awareness

“In 2012, in recognition of the high violent crime rate, particularly among young people, the Mayor’s Commission on Children, Youth and Families created a Youth Violence Prevention Task Force. Data showed that the City’s firearm death for youth is more than three times the national rate and the St. Louis metro area was ninth in the nation for the number of youth murdered by guns. In the City, almost half (46%) of all victims are under age 25 while over half (51%) of all suspects are believed to be under age 25.” – **Institute for Public Health Blog** by Carl Filler, Director of Strategic Policy Initiatives in the Mayor’s Office of the City of St. Louis

A prescription of hope for a vulnerable population

This project aimed to join in the search for effective intervention models to break the cycle of violence with the following outcomes:

- Empower educators, parents, and clergy in both cities through education on the effects that violence has on health.
- Educate community members on the importance of clinical and mental health screenings for youth.
- Advocate for policies that extend protective factors to at risk community members.

THE WICKED PROBLEM

- Youth who are exposed to violence are at a greater risk for negative health outcomes in adulthood.
- The rates of youth violence are disproportionately high in impoverished communities that are underserved with healthy lifestyle recreational facilities and programs.
- Homicide among the youth population has taken more lives than suicide, heart disease, HIV and unintentional injuries.
- St. Louis, Mo. is ranked the #2 highest crime city in the U.S.
- Violent crime rates: 1,913.2 per 100,000 residents
- St. Louis is ninth in the nation for the number of youth murdered by gun violence.
- Ferguson is a small community; however, it is recognized nationally for the demonstrations and unrest that erupted after the August 9, 2014, shooting death of 18-year-old Michael Brown.



Memorial of Michael Brown (Ferguson, MO)

Planning

The planning process for this project included the following steps:

RESEARCH

Violence is a contagious disease that has long term effects on health (Slutkin, 2012). The disease has become an epidemic across the country, which has affected the African-American community at a disproportionate rate (Dahlberg and Mercy, 2009). **Violence represents a major health, criminal justice, human rights, and development challenge.** This multicity project aims to educate community members from, Ferguson MO. and Chicago IL, on the long- term effects of exposure to violence. The target population in Chicago is the community of Austin. Ferguson is a small community; however, it is recognized nationally for the demonstrations and unrest that erupted after the August 9, 2014, shooting death of 18-year-old Michael Brown. Being healthy is not a silo-based activity. Effective interventions that reduce violence require collaboration, education, and involvement of many individuals on many levels.

Mercy et. al., (2002) described many of the various risk factors that have been shown to contribute to community violence. Individual risk factors include a personal history of victimization of violence, high emotional stress, and exposure to violence and conflict. Family risk factors include low parental education, low income, poor family functioning and low parental involvement. Community risk factors include diminished economic opportunities, high concentration of poor residents, and socially disorganized neighborhoods. All which are prevalent in the violent communities.

ENGAGEMENT OF COMMUNITY STAKEHOLDERS

This multi-city violence intervention project's primary objectives are to promote awareness by educating community members on the effects of violence on the health. As visionary leaders, the Clinical Scholars, Lachell Wardell and Tonita Smith, reached out to community-based organizations, schools, faith-based organization, healthcare providers, and afterschool programs to promote the vision of good health for these communities which have been impacted by violence (Rowitz, 2014).

NETWORKING AND BUILDING PARTNERSHIPS

- Believers Temple Word Fellowship
- Urban Initiatives
- DREAM Success, Inc.
- St. Louis Prayer Project, Inc.
- Teach-Her
- ARTS Networking on Wheels



TEAM COMPOSITION

- Tonita Smith, MSN* – Public Health Nurse
- Aigner Channel – Mentor
- Orville Smith – Sponsor
- Kenya Lowe – Counselor
- Sharon Stafford – Mentor
- LeAnn Jones – Clinical Social Worker

**Clinical Scholars Fellow*



Project work

This project aimed to join in the search for effective intervention models to break the cycle of violence with the following outcomes:

- Empower educators, parents, and clergy in both cities through education on the effects that violence has on health
- Educate community members on the importance of clinical and mental health screenings for youth
- Reduce health disparities by providing sustainable interventions through screening at-risk youth
- Advocate for policies that extend protective factors to at risk community members
- Develop a curriculum which infuses mental health and resilience aspects into how violence affects health
- Launch a campaign that will include speaking engagements that promote awareness

EMPOWER THROUGH EDUCATION

During year 2, Tonita Smith was deployed to South Korea; however, partnerships that were developed with local stakeholders/organizations in St. Louis kept things moving on the ground during the deployment.

For the remaining years in Clinical Scholars, team members from each city developed a curriculum which infused mental health and resilience aspects into how violence affects health to educate community members. In addition, each city launched a campaign that included speaking engagements that was able to promote awareness. They used media, radio ads, and billboards for this health promotion campaign and utilized education as a prevailing program for this population-based strategy. The team also used focus groups with community members to evaluate the community's perception of their community and worked with community-based organizations to implement a trauma informed care model to reach community members.

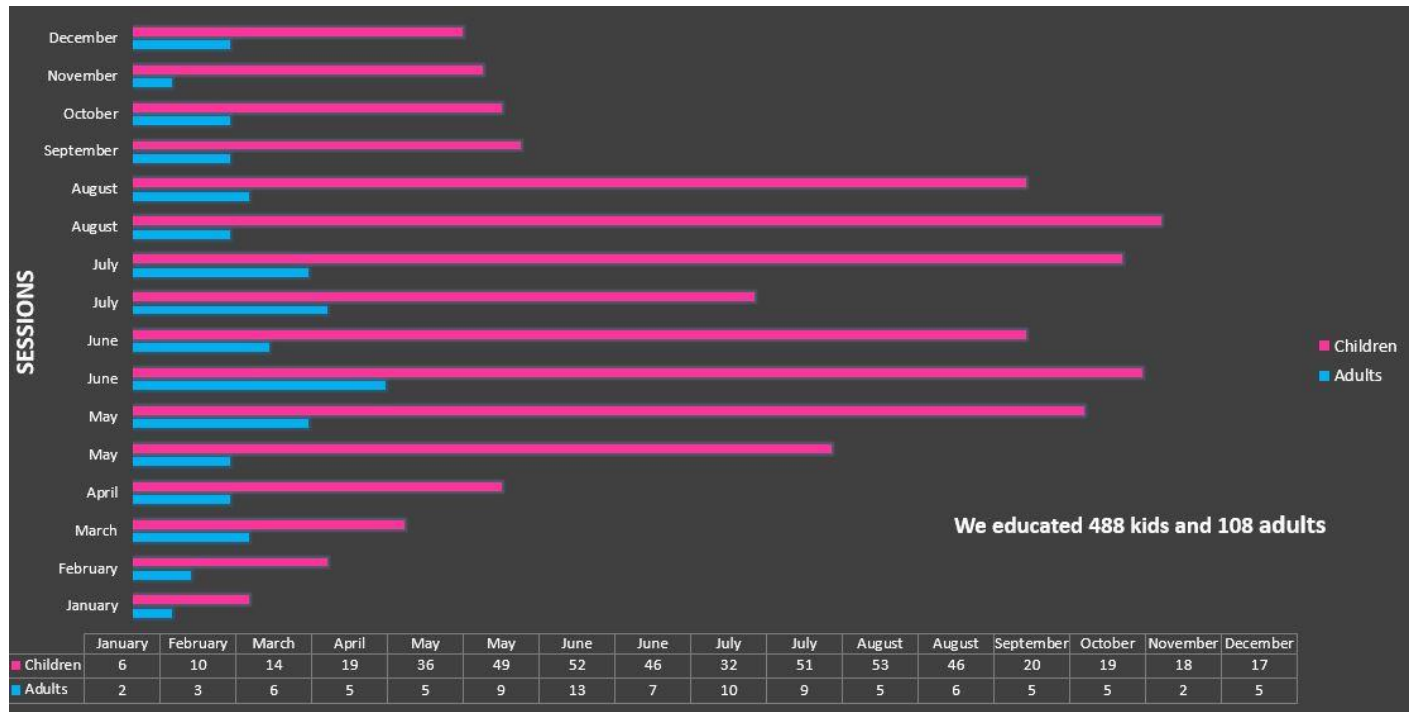


OUTSTANDING YOUTH

St. Louis Prayer Project, Inc is a non-profit 501c(3) organization with a mission to mentor, educate, and empower youth using four core values: faith, love, hope, and resilience. Through a structured after-school and summer mentorship we were successful in impacting 488 youth and 108 adults. One of the initiatives we developed consisted of recognizing those youth that were most improved and those who consistently demonstrated leadership characteristics that their peers could emulate through personal achievements.

Youth were nominated by their peers and adults for making positive choices in their homes, schools, churches, and communities. Selected youth received a framed certificate, a story written and posted to the website and social media platforms of St. Louis Prayer Project. They also received a journal, a t-shirt, and a \$100 Foot Locker giftcard. They were also recognized in the presence of their peers, which further promoted positive decision-making.

YOUTH MENTAL HEALTH SCREENINGS



- 307 children received referrals
- 209 children went to 1-2 appointments with providers for treatment
- 98 children went to 3 or more appointments with providers for treatment
- Only 4 did not accept a referral

Evaluation and dissemination

Promotion of awareness of the effects of violence through education in the community was evaluated by (targets):

- At least one session per month will be conducted, on average, to a community group or organization
- At least 10 participants in each session, on average, will be considered a low success rate
- An average of 25 participants per session will be considered successful
- An average of more than 50 participants per session will be considered highly successful
- An average participation rate of 25 participants per session will be considered successful



The effectiveness of outreach efforts to promote a vision for good health among community-based organizations, schools, faith-based organization, healthcare providers, and afterschool programs where the population has been impacted by violence was evaluated by:

- Attendance records at all events
- An average of one event per month is considered successful
- An average participation rate of 25 participants per session is considered successful

Evidence of engagement of participants in focus groups was evaluated through follow up with contacts and formal feedback and through written evaluations and memorialized commentary in question and answer sessions.

Effectiveness on the empowerment of educators, parents, and clergy through education on the effects that violence has on health will be measured by tracking follow up activities and referrals.

- On average, a 50% follow up engagement rate on referrals to professional and social services for counseling and other resources is considered a success
- It is understood that some individuals may require repeat referrals; thus, a final 50% engagement in following up on referral services is considered successful

The efforts to educate community members on the importance of clinical screenings will be measured by the number of clinical and social services referrals made pre-and post-sessions, as determined by self-reporting of the participants.

- A 10% initial success rate in accepting referral, counseling, and advising sessions was considered a success in the first six months
- A goal of 30% acceptance and engagement in accepting referral services was the long-term success goal

The effectiveness of advocacy for policies that extend protective factors to at risk community members was measured by the levels of continual community engagement and increasing activity levels among the participants. Evaluation was based on the feedback received by community leaders, which will be documented by both journaling and with formal written correspondence.

DISSEMINATION

An anti-violence awareness video was developed featuring youth from our mentorship program. The video was distributed and used for educational and marketing purposes.



Challenges, successes, and lessons learned

Overall, when you're passionate about an issue and you're on a team, there will be challenges and difficult conversations. I would recommend developing an Advisory Board and having a mediator from the very beginning to prevent loss of production due to unresolved conflict.

Admittedly, the positive successes have been far greater than the challenges. The goals, passion, and motivation hasn't changed, only strengthened throughout working on this project. The team is forever grateful to RWJF and Clinical Scholars' leadership of staff, coaches, and sponsors who have made this great opportunity possible by providing the resources to further our work in the community.

CHALLENGES

One major challenge was both team members moved out of state during the project, including one being deployed to South Korea as part of active duty in the U.S. Army. This compromised the project because the community that we initially planned to serve was Ferguson, Missouri and neither team member was going to be there. With creativity, determination, technology, innovation, and the help of a team coach, we were able to serve two communities (Ferguson and Chicago) that were in need and experiencing the same issues of violence affecting youth.

Another challenge was directly related to the execution of the plans. We were a team of only two people with very different styles of leadership. There were apparent differences in opinions of how to stay focused on the initial goals and objectives that had been previously set. Once I removed my own personal biases and opinions and focused on the mission, it helped me remain diligent and cope better with conflict.

SUCCESSES

Our executive and team coaches proposed we find a way to collaborate with other stakeholders from both communities and instead of only serving the community of Ferguson, we would instead serve both Chicago and Ferguson. This was a success because we were now able to reach even more youth and still arrive at our goals. Team Missouri experienced many successes by collaborating with several local organizations with similar missions.

A mentorship program was developed and implemented in local schools, including invitations to conduct speaking engagements at 11 local schools. Through the mentorship program, we were able to assess participants who had been exposed to violence directly and indirectly for Post-Traumatic Stress Disorder (PTSD). Those who tested positive on the scale using the PHQ-9 adolescent assessment tool were given referrals for counseling services. The program also utilized the Search Institute's Developmental Assets Profile surveys to develop a plan that helped us identify each participants perspective, discover their strengths and weakness, support systems or lack thereof. This tool is the road map that guides our planning to increase positive outcomes. Other successes include:

"Darkness cannot drive out darkness, only light can do that. Hate cannot drive out hate, only love can do that. We must concentrate not merely on the negative expulsion of war, but the positive affirmation of peace."

– Dr. Martin Luther King, Jr

- Participating in a Community Back to School Health Fair to educate and promote anti-violence among the youth. We also provided school supplies and book bags to youth in need.
- Collaborating with a local organization to sponsor a group of 35 youth and 5 adult mentors on a trip to Memphis, Tennessee. Many of the youth that attended the trip had never been outside of the city of St. Louis but were able to tour the Civil Rights Museum and the Lorraine Motel where Dr. Martin Luther King, Jr. was assassinated.
- Developing and implementing a summer mentoring program with our first group of mentees, many who have since started their own small businesses.

ADDITIONAL RESOURCES

- [**St. Louis Prayer Project Website**](#)
- [**St. Louis Prayer Project Facebook Page**](#)
- [**St. Louis Prayer Project Instagram**](#)

LESSONS LEARNED

- Maintain trust and accountability by having a Team Charter – written agreement that could be a resource to refer back to often to keep the team accountable for adhering to the ground rules and the team's goals that had been set.
- Have an agreement to pause when things reach a crossroad. – Agree on a phrase or way to take a time out then agree to return at a later time whenever one team member identifies conflict is starting to overpower resolution.
- There is power in numbers – having an odd number of teammates from the very beginning may be helpful when making decisions by serving as a tie-breaker.
- Seek help from supportive team coaches – they are willing to listen and be non-biased, fair, and objective in helping mediate hard situations and decisions that can be road blocks to the mission.



Education is Key



Graduations



Healthy Freindships



Peers Helping Peers



Resiliency



Healthy Family Life