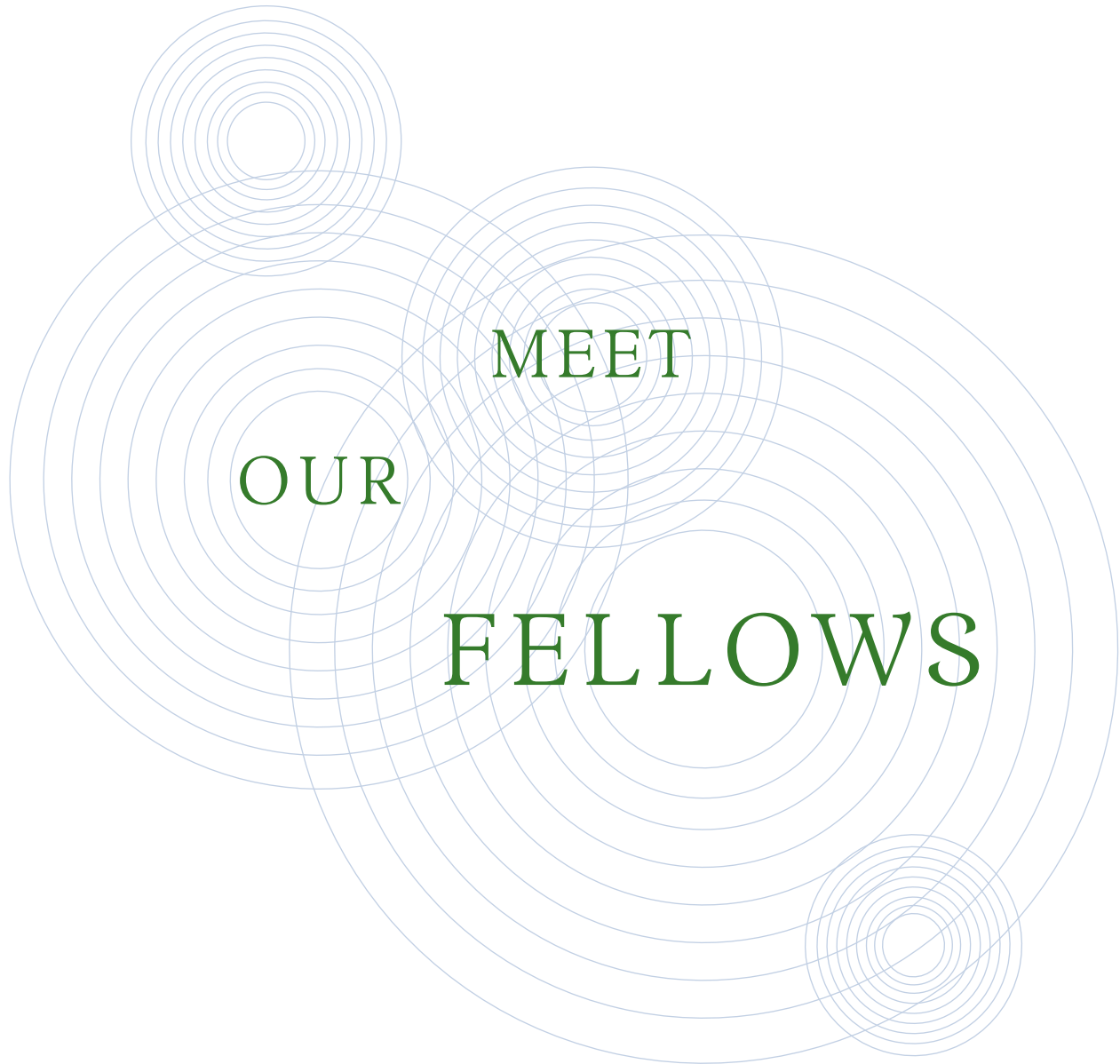




THE STONELEIGH FELLOWS PROGRAM



THEODORE J. CORBIN, MD, MPP



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Fellowship Project: Intentionally Injured Youth: Hospital-Based Youth Violence Intervention

There is a story that Dr. Ted Corbin likes to tell about his medical school days: “I remember one day when I was studying for an exam and I stopped to talk to my father on the telephone. I was really exhausted and stressed. As we were talking I told him, ‘My car is almost out of gas and I have to study for this exam. I am a little nervous because I did not do well on the first exam and I can’t afford to do poorly on the next one.’ I wasn’t asking him for anything, I was just letting him know what was going on with me. But before I knew it, I looked out the window and there he was with a container of gas.”

ACKNOWLEDGEMENTS

We acknowledge and thank Bernardine H. Watson, the author of this article, who tells an inspiring story about Theodore J. Corbin, MD, MPP. Ms. Watson interviewed Dr. Corbin and wrote this profile based on their conversations. This is the eighth in our series of “Meet the Fellows” profiles. The series is intended to provide readers with stories that describe our fellows’ motivation, goals and the philosophies that drive their work.

Ms. Watson is a social policy consultant living in Washington, D.C. She writes for and provides strategic advice to foundations, think tanks and nonprofits.

Corbin tells this story with a mix of gratitude and melancholy. “My father was an amazing guy,” he says. “He died in a car accident during my first year in medical school. My mother and I were in the car with him, but we weren’t hurt. My father loved me and my sister Gail to death. No matter what, I always knew my father had my back.” This story, and the way he tells it, says a lot about Corbin—the love between him and his father, some tough times during medical school and the grief he still carries about his father’s death. It is from his family, his father in particular, that Corbin has always drawn inspiration for his work and accomplishments.

At 43 years old, Corbin has accumulated an impressive number of titles, affiliations and honors. Here are just a few: He is an assistant professor in the Department of Emergency Medicine at Drexel University College of Medicine in Philadelphia and an adjunct assistant professor in the Drexel University School of Public Health. He is a co-director of the Center for Nonviolence and Social Justice at Drexel’s School of Public Health and founder and medical director of the violence intervention program *Healing Hurt People* (HHP) that is located at the Center. In 2006, he received the *40 under 40 Leadership Award* from the *Philadelphia Business Journal*. Drexel president, John Fry, has called him “one of Drexel’s outstanding young leaders from the College of Medicine”.

Of all of his work and affiliations, Corbin calls the HHP program his “calling”. He founded HHP in 2007, to work with inner city young people who come to the emergency department (ED) at Philadelphia’s Hahnemann Hospital with intentional injuries—gunshot, stab and other assault wounds. At Hahnemann the program serves young adults ages 21-30. In 2009, HHP expanded to St. Christopher’s Hospital for Children to better reach victims ages 8-21. The purpose of HHP is to address the physical, emotional and social needs that violently injured young people face once they have been released from the ED or hospital and resume their lives in the very hostile environments where they were injured. The ultimate goal of the program is to intervene in the cycle of violence that can trap these youth, particularly young men of color, and help them heal both physically and emotionally.

National and local statistics support Corbin’s concern for young men of color. Across the country, as well as in Philadelphia, homicide is the leading cause of death for African-American youth age 15-24. Further, Corbin argues that the violence many of these young men face daily is compounded by a lifetime of exposure to adversity and trauma including poverty, racism, lack of medical care and a lack of caring adults in their lives, all of which has a damaging impact on physical and psychological health. Corbin believes that if we want to reduce violence in our inner cities, policies and program practices must be responsive to the trauma experienced by violently injured youth.



Corbin sees his Stoneleigh Fellowship as an opportunity to promote HHP as a model that should be replicated in EDs and trauma centers across the Philadelphia region and around the country. The goals for his fellowship support this vision: 1) provide evidence that HHP is an intervention that can heal the emotional and physical wounds of violence and trauma, and reduce violence and chronic disease; 2) establish a Youth Injury Review Panel of public system leaders to coordinate and improve care for the victims of intentional injury; and, 3) provide leadership, at a local, state and national level, for a trauma-informed, public health approach to working with intentionally injured youth.

For much of the last decade, Corbin has been a leading voice among a growing number of providers who see violence as a major public health problem that must be addressed. He is co-director of the National Network of Hospital-based Violence Intervention Programs (NNH-VIP), a group of 19 hospitals and health collaborations around the country that are committed to strengthening existing, and developing new, hospital-based violence

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intervention programs. A number of the programs in NNHVIP have been in existence longer than HHP. For example, *Caught in the Crossfire*, a violence intervention effort and NNHVIP member based in Oakland, California, began operating in 1994. Still, Anne Marks, executive director of Youth ALIVE!, the parent organization for *Caught in the Crossfire*, credits Corbin with bringing trauma-informed practices into hospital-based violence intervention programs. Marks says, “With Healing Hurt People, Ted sought out people who were doing youth violence intervention and trauma-informed work and very quickly built a best practice model. Now we are all learning from his work.”

Corbin has also used his leadership at NNHVIP to educate national policy makers about the value of a trauma-informed approach to youth violence. He has been a speaker at both the U.S. Department of Human Service’s Office of Minority Health and the National Institutes of Health-Institute of Drug Addiction. Corbin has also presented before a variety of state and local policy, law, media, education, medical and community groups. He says, “I think all disciplines have a responsibility to become knowledgeable about the impact of trauma and the environment in which our kids are growing.” Corbin often leaves his audiences with one bottom line: “Our children are dying and we can stop it.”

Corbin says that his commitment to the health and well-being of youth of color comes from his family upbringing. “I had a mother and father who were so caring and accepting that I can’t see any other way to be.” Corbin’s father was a postal worker and his mother, a customer service representative at a bank. Neither parent had the opportunity to get a college education. “Academics and family were the two most important things in our household,” he says. Corbin’s parents sacrificed a lot to make life good for him and his sister. “When I was three years old, we moved from our neighborhood in West Philadelphia, to Yeadon, a suburb right outside the city, where a large number of African-American professionals lived at the time. My sister is 13 years older than me and I think part of the reason we moved is what my parents saw happening with a lot of the African-American men my sister grew up with. They wanted something different for me. Both of my parents had the responsibility of helping their younger siblings go to college and they were adamant that their own children would go too.” In 1990, Corbin graduated with honors from Pennsylvania’s historic Lincoln University with a Bachelor of Science in Biology. He earned his medical degree from Drexel University College of Medicine in 1997, and completed a Masters of Public Policy at Princeton University in 2008.



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In developing the HHP program, Corbin has drawn on the values he learned from his family, as well as his professional experiences as a teacher, medical student and an ED doctor. He remembers vividly the two years he spent teaching physical and biological science at Jane Addams Vocational High School in the Bronx, New York. “I knew that eventually I would go to medical school, but I wanted to experience teaching,” he says. “One day, a student that I was helping with his work looked at me and said, ‘Mr. Corbin, if you can be a teacher, I can be a teacher, too’. I told him he was absolutely right. That young man made me understand the importance of kids having role models in the front of the classroom and why people of color need to be teachers and/or providers of all kinds.”

Corbin says that the young student’s words have stuck with him over the years. “I remember doing clinical rotations in medical school. There were always so few people of color on the provider side while the majority of patients were people of color. Seeing this gave me the extra incentive I sometimes needed to complete my medical studies; it reminded me of the inequities in the medical field—and in society generally—and reaffirmed my desire to make a difference in my community.”

However, it was not until Corbin completed medical school in 1997, and began his residency at Howard University’s Emergency Medicine Program, that he committed himself specifically to the health and well-being of young men of color. “I had chosen emergency medicine because it is the only place in the hospital that takes everybody regardless of ability to pay or insurance status, and that appealed to me.” But Corbin says something else also caught his attention. “I saw lots of men of color come in to the emergency room—intentionally shot, stabbed or assaulted in some way. The status quo was to treat them and discharge them back into the same environment. Only the most seriously injured cases were admitted. Those few who were admitted

may have gotten a referral at discharge for some type of service—but that was it.” Corbin says that throughout his training as an ED resident, he kept seeing these young men cycle in and out of the ED—some of them coming back multiple times. He thought, “More needs to be done.”

Corbin’s first attempt to “do more” for young victims of intentional violence was the Thomas Jefferson Hospital’s Community Violence Intervention program, which he joined in 2001. “I would say that the model at that time wasn’t really based on any particular theory. We would identify the young people who came into the hospital emergency room and needed follow-up services, and we contracted with Philadelphia Anti-Drug/Anti-Violence Network (PAAN) to do outreach and follow-up.” Unfortunately, the program lost its funding before it could be firmly established. However, having found his calling, Corbin was not about to give up. He says the experience of dismantling the program at Jefferson only made him more determined to build a stronger more sustainable intervention.

Although the Jefferson Community Violence Intervention program was discontinued, others took note of Corbin’s dedication to the issue of youth violence prevention. In 2004, Corbin was awarded the Pennsylvania American College of Emergency Physicians’ *Young Physician Leadership and Advocacy Award*. In 2005, he was awarded a Physician Advocacy Fellowship by the Soros Foundation. The Soros award is given to doctors who work in collaboration with other organizations to advocate for better services and outcomes for vulnerable populations. This fellowship gave Corbin the time and resources to re-envision a model for effectively intervening in the lives of intentionally injured youth. “My experiences told me that the ED might be a place



to influence youth if the right people and interventions were in place,” he says. As part of his exploration, Corbin conducted focus groups with young people who had been violently injured. In the focus groups, he asked youth what they were thinking when they lay hurt in the ED. “Some said they were thinking that they needed to change; others said they were thinking of revenge. My take from that was that we needed to try and nurture that change idea.”

In 2007, Corbin relocated to the Drexel University College of Medicine and took his violence intervention work to Drexel’s School of Public Health, under the name of *Healing Hurt People*. Funding for the new project was provided by Philadelphia’s Department of Behavioral Health. At Drexel,

Corbin joined colleagues doing related work, who were interested in helping him develop his model. These colleagues include Corbin’s partner, Dr. John Rich, a leader in the field of public health and a general internist who has written extensively about African-American men in urban settings who have been victims of intentional violence; Dr. Sandra Bloom, a psychiatrist, who developed the Sanctuary Model—an approach to helping people heal from trauma; and Linda Rich, a psychotherapist with extensive experience in health policy analysis and program planning. Corbin says he worked with these colleagues to explore the role of trauma in the lives of young men of color and develop a theory for his work—something that was missing in the earlier violence intervention project at Jefferson Hospital.

Corbin describes the trauma theory that underlies HHP this way: “Young men of color who grow up in inner cities are disproportionately affected by various forms of violence, trauma and adversity which can lead to negative outcomes in adulthood. Systems and providers must understand the psycho-biological effects of trauma on these individuals and adopt trauma-informed policies

and practices to improve the health of this population and the communities they live in.” For example, Corbin explains, “When someone is exposed to constant violence or hears gunshots on a regular basis, it affects their brain biology. It can affect how well they learn in school, the level of anger they carry and how they move in society generally. Add a lifetime of racism and poverty and you are dealing with years of untreated trauma.”

The HHP model has five components designed to address the violence and overall trauma that participants have experienced. They include: **assessment** in the ED to determine an injured person’s level of trauma and immediate needs; **case management** to provide support services such as housing, education, employment or legal help; **mentoring** for ongoing one-on-one support; **psych-educational groups** to discuss the trauma participants have experienced and generate momentum toward change; and **case reviews** by an interdisciplinary team to discuss cases and provide overall support and management. The psych-educational groups are a key feature of the HHP program. Discussions between members focus on issues of safety, emotional management, loss and the future. Corbin says most participants have to learn to feel safe again and learn to manage their emotional reactions to the things they have experienced. “We try to make the group a safe zone where participants can let out their feelings and not feel judged.”

Corbin knows he has a lot of work to do before the HHP approach is accepted as standard practice by hospitals in Philadelphia and other cities. Therefore, the goals for his Stoneleigh Fellowship are very ambitious. First, Corbin intends to use qualitative and quantitative evaluation techniques to demonstrate that the HHP model significantly reduces trauma in intentionally harmed youth and interrupts the cycle of violence.

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Second, Corbin's plans to establish and lead an Injury Review Panel of Philadelphia public system officials (law enforcement, behavioral health, education, medicine and others) to help shift the focus of current public systems from a criminal justice approach to youth violence to a coordinated, trauma informed approach. He feels very strongly about the role such a panel can play. "My idea is to create a panel that has the power to promote system and policy change," he says. "The young people I am advocating for have been injured and traumatized. They are often homeless, unemployed and uninsured and need to be connected to a variety of effective services that meet their needs. We need to find ways to close the gaps." Corbin acknowledges that the Philadelphia Health Department already has a Fatality Review Team where public agency representatives meet to discuss youth homicide victims. However, Corbin says, "At that point we are talking about a dead kid. I would like to gather these same individuals to talk about a kid who's alive...who has an injury, but who can heal."

Finally, Corbin will use his fellowship to continue advocating at the local, state and national levels for trauma-informed approaches to youth violence. Several policy and practice issues are at the top of his agenda. Locally, Corbin will continue to speak out for the expansion of trauma-informed, culturally sensitive services for intentionally injured youth. Where appropriate services for this population already exist, Corbin says he will advocate for them to be better funded and replicated. Since many HHP participants are uninsured, Corbin also intends to promote local, state and federal insurance and other third party reimbursement for medical and other trauma-informed services, such as outreach, counseling, case management and psych-educational groups. He says that reimbursement from victims' compensation funds, Medicaid, Emergency Medical Assistance and private insurance companies would go a long way toward covering the services HHP clients need.



As part of his advocacy work, Corbin feels particularly responsible for promoting trauma-informed training and professional development across all genres of providers who work with injured and vulnerable youth. "During my years as an emergency medicine doctor, I have seen bias and a lack of empathy for intentionally injured black men," he says. "Often, people don't see these young men as human. I understand how it can happen. Emergency medicine providers can internalize things that don't allow them to see what their patients are encountering. Also, I know that many human services employees, law enforcement officials and other providers who work with this population have themselves experienced trauma. Sometimes that plays out when they are caring for an individual. It is important for all disciplines to understand that these young men are more than just their wounds."

There is story that Dr. Corbin likes to tell about his childhood: "I was a mischievous kid. I would sneak out of the house at night, not to do anything crazy...I had a friend and we would just sit on the corner and talk. We lived in a safe neighborhood. Our fathers knew each other, and we felt safe to do those types of things. When I fast forward and think of some of the patients I interact with, I know the issue of safety is so different for them. Some of them have never felt safe. While I can't be a father to all of these young men, I feel like, at the very least, I can try to help them heal, try to help them feel safe." This remains Dr. Corbin's calling.

Stoneleigh Foundation is a Philadelphia-based foundation established to help improve the well-being of children and youth. Focused on work that promotes change in our country's youth-serving systems, we meet our mission through fellowship awards that support outstanding individuals whose work unites research, policy and practice.

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