18TH WORLD CONGRESS ON PUBLIC HEALTH
2026 September 6-9 CAPE TOWN

A Community-Based Model of Post-Discharge Care for Firearm Injury Survivors: Findings from the Culture of Care Collaborative

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2026 Culture of Care Collaborative
Reverse Site Visit
Denver, Colorado, United States

Healing from bullet-related injuries (BRI) requires attention to the full spectrum of biopsychosocial factors.
Multidisciplinary care models that offer co-located services to facilitate healing from all aspects of exposure to BRI should be the standard of care.

Healing begins with culture change.
Six clinics across the United States formed the ***Culture of Care Collaborative*** in 2025 to develop clinical practice guidelines for acute and post-acute BRI care, a shared research agenda, and frontline-led practice-based research agenda to build a countercultural approach to medicine and science.

Introduction
Homicide is the leading cause of death for young Black Americans (10-24yo) and young Latino Americans (15-24yo). 75% of homicides involve a firearm. Nonfatal firearm has >2x the prevalence of fatal injury. Healing from firearm injury is complex and requires multidisciplinary care for survivors of direct and indirect injury.

The aim of the poster
Co-located, multidisciplinary services to treat survivors of bullet-related injury (BRI) is a model of care being developed and shared through the Culture of Care Collaborative – a group of frontline, community- and hospital-based providers focused on holistic healing.

Methods
The Culture of Care Collaborative (CCC) is a group of frontline, community- and hospital-based clinics focused on multidisciplinary services to facilitate holistic healing. The CCC has held two convenings and meets monthly to define national standards of care.

Culture of Care Collaborative
R.E.A.C.H. Clinic
The Wraparound Project
TQoLife
the BRIC The Bullet Related Injury Clinic
IVYY PROJECT Interrupting Violence in Youth and Young Adults

Results
Three areas of need were identified through CCC convenings, including definition of the injury and subsequent treatment, addressing post-acute pathways to multidisciplinary care, and measures of model efficacy.

Physical | **Psycho-emotional** | **Social** | **Spiritual**

Elements of healing

Two core opportunities

DEFINE Standards of Care

Create a **foundation** for **shared knowledge and education**

Determine **best practices** for **post-acute care** and for the **clinic model**

EVALUATE Standards of Care

Shared **qualitative research** led by the **frontline** to build the **evidence base**

Advance **structural justice** and prioritize **experiences of survivors** through HVIPs

”*No research about us without us*.” - embracing ”*Low ego: High impact*”* to change the culture of healing. *Kayla Reed

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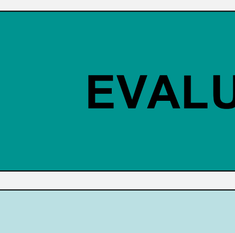
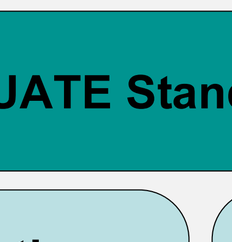

DYP DENVER YOUTH PROGRAM
R.E.A.C.H. Clinic
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