



Pennsylvania Injury Reporting  
and Intervention System

# Piloting a State-Funded Reporting and Intervention System for Youth Firearm Injury



# Leading Causes of Injury Death

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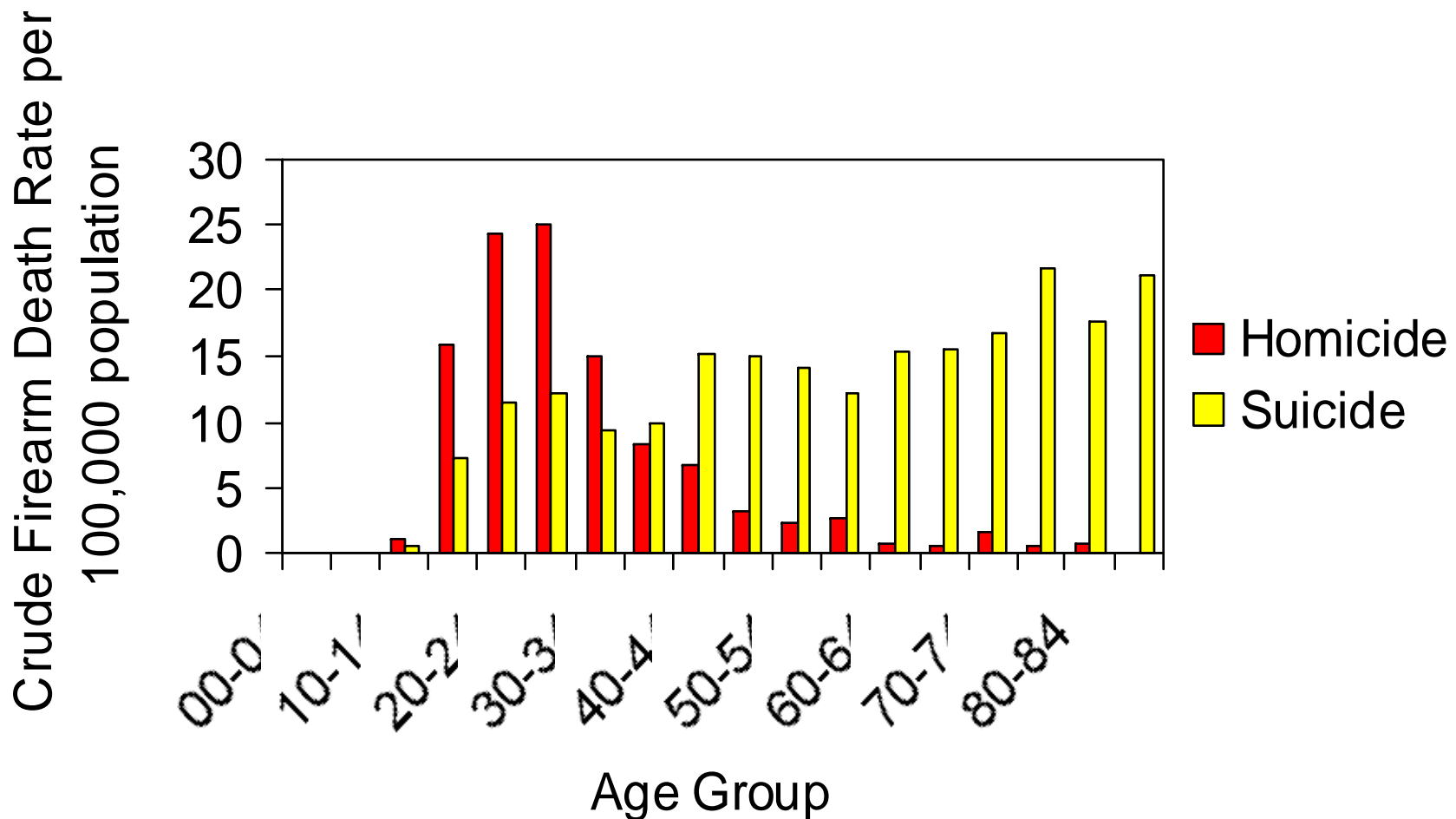
PA, Ages 0-19, 2004 (n=608)

- 39.1% motor vehicle
- 20.5% firearm deaths**
- 8.4% poisoning
- 7.9% suffocation
- 4.6% drowning
- 20.5% all others

Source: CDC, National Center for Injury Prevention and Control



# Firearm Homicide & Suicide Rates in Males, by Age, PA 2004



Source: CDC, National Center for Injury Prevention and Control

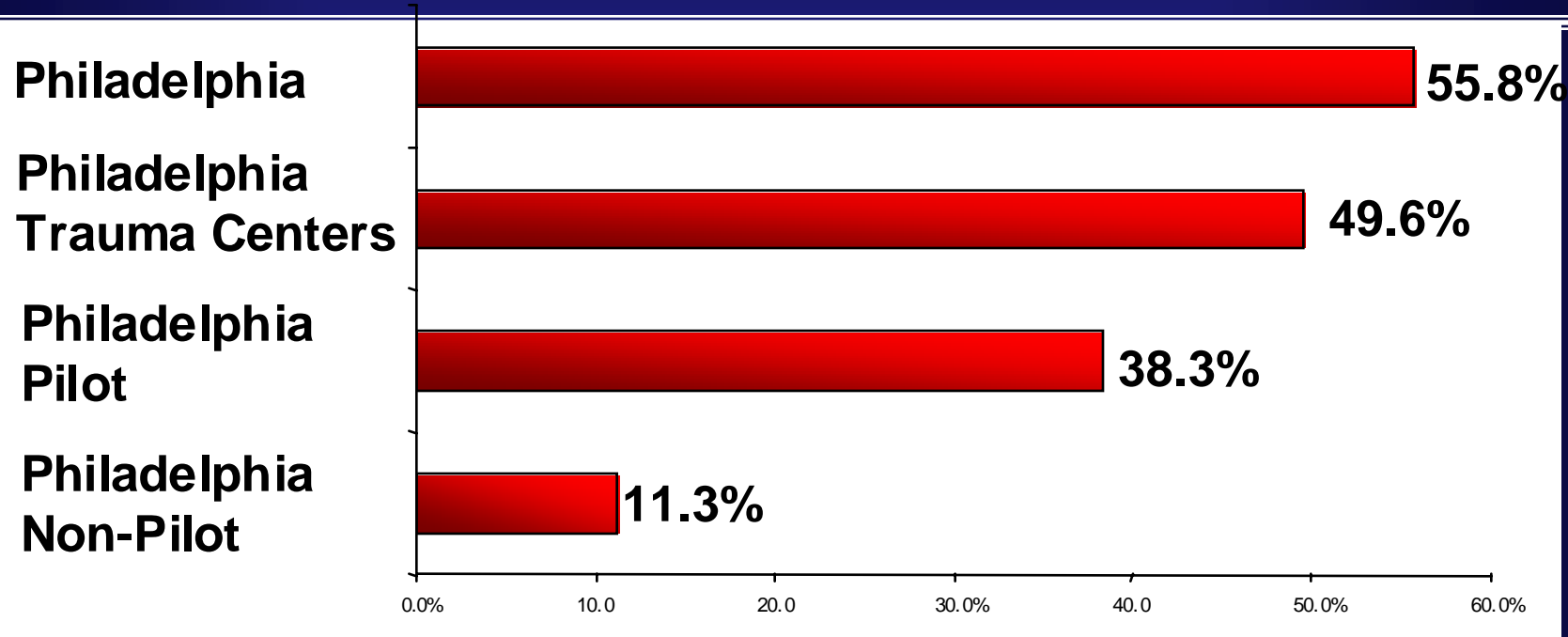
# Text Description for Slide 3

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- Crude firearm death rates per 100,000 among males by age in 2004
- Homicide rates quickly rise for males. starting with 15 to 19 year olds at 15.85.
- Suicide rates have a similar rate of 15.22 with 40 to 44 year olds and spike at 21.6 among 75 to 79 year old males.

# Firearm-Related Hospital Discharges, Ages 15-24, PA 2003



Pilot facilities – Hosp. of the Univ. of Pennsylvania (104-14.9%)  
 Temple Univ. Hospital (100-14.3%)  
 Albert Einstein Medical Center (64-9.1%)

Non-pilot facilities – Hahnemann Univ. Hospital (28-4.0%)  
 Thomas Jefferson Univ. Hospital (20-2.9%)  
 Childrens Hosp. of Philadelphia (15-2.1%)  
 Frankford Hospital (11-1.6%)  
 St. Christopher's Hosp. For Children (5-0.7%)

Note: All Pennsylvania Hospitals reported 700 firearm-related discharges for ages 15-24.



# Text Description for Slide 5

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- Philadelphia accounted for 55.8 % of firearm hospitalizations for persons ages 15-24 in Pennsylvania in 2003.
- Philadelphia trauma centers accounted for 49.6 % of firearm hospitalizations for persons ages 15-24 in Pennsylvania in 2003.



# Text Description for Slide 5

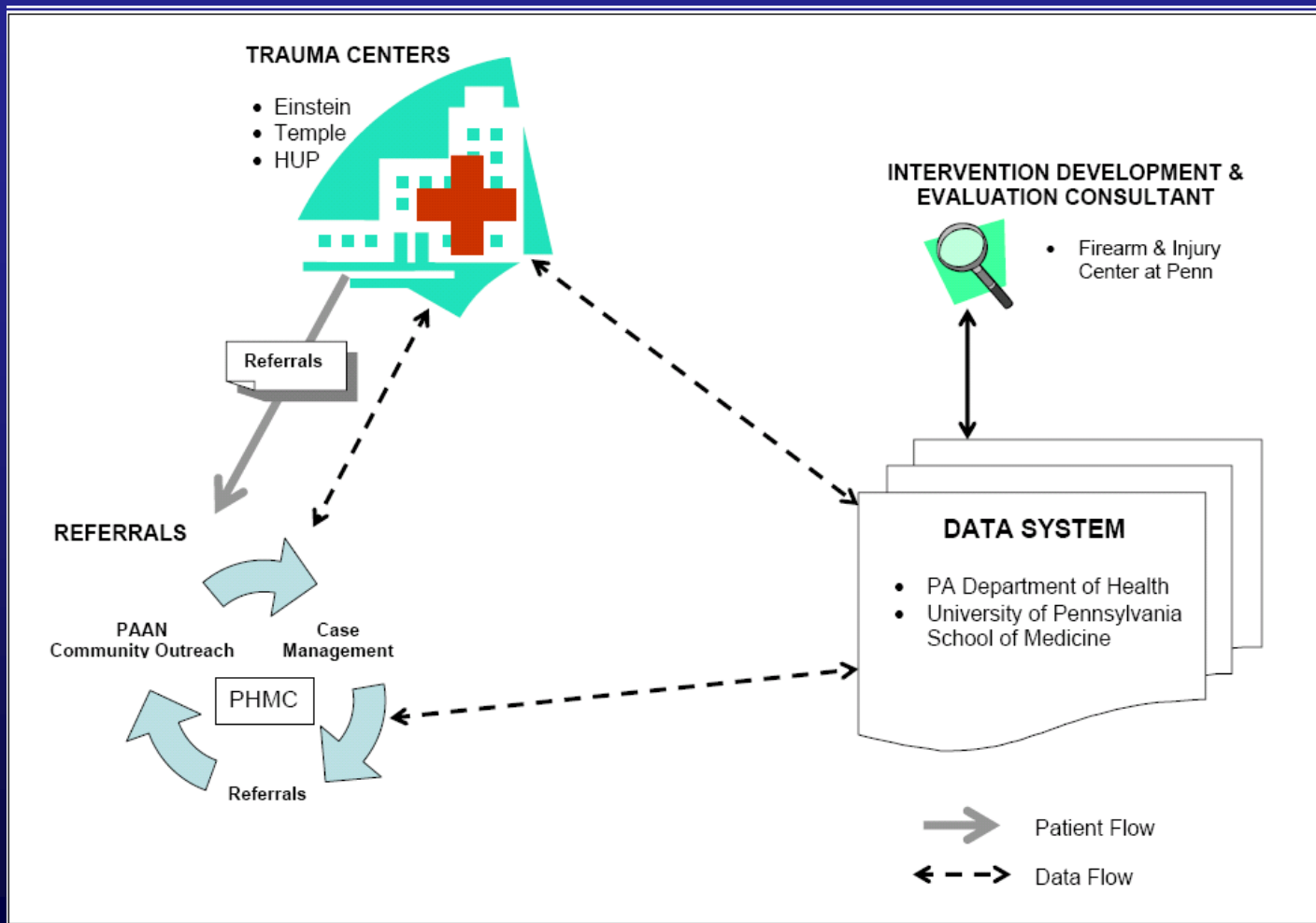
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- Three Philadelphia trauma centers accounted for 38.3 % of firearm hospitalizations for persons ages 15-24 in Pennsylvania in 2003.
- Other Philadelphia trauma centers accounted for 11.3 % of firearm hospitalizations for persons ages 15-24 in Pennsylvania in 2003.



# System Integration and Operations





# System Integration and Operations

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- Referral Process
- Staff Outreach and Training
- Data Sharing

# Case Management

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- **Information and Referral**
- **Advocacy**
- **Emotional Support**
- **Biopsychosocial Assessment**
- **Assistance**

# Case Management

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- **July 2006 - June 2007, engaged 104 clients and their families:**
  - Length of enrollment: 28% 0 - 90 days; 42% 91-180 days; 30% over 180 days
  - Discharge reasons: 53% met goals; 33% disengaged; 11% moved; 3% arrested/died



# Case Management

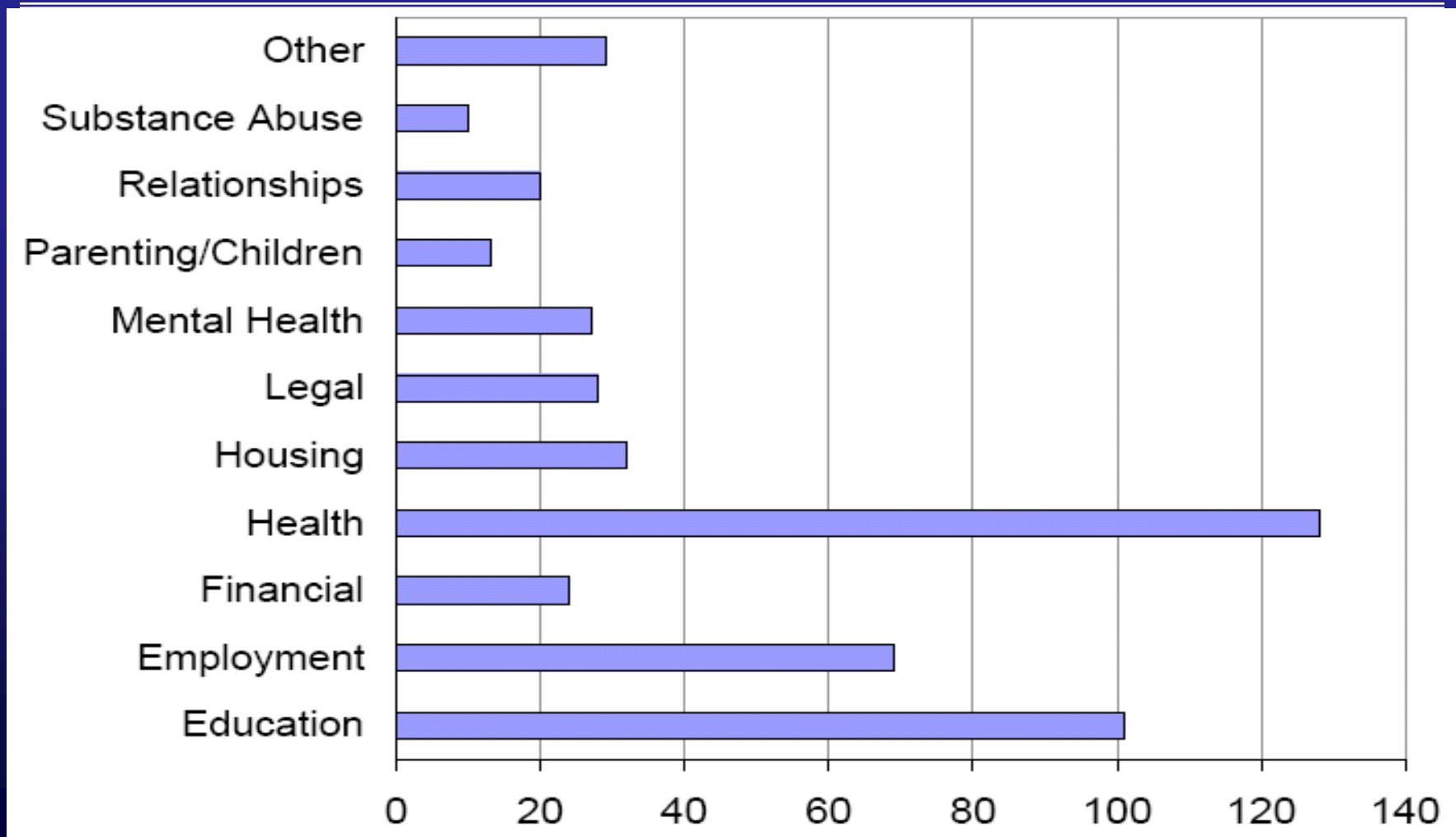
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- **Characteristics**

- 92% African-American males
- 89% living with family
- 25% have children
- Age Groups: 15-17 = 16%, 18-24 = 84%
- 66% Never on Parole/Probation

# Case Management Types



# Case Management Milestones

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- Received financial assistance (Victims Compensation, SSI, DPA) - 30
- Secured/Returned to employment - 16
- Secured health insurance - 13
- Enrolled in education program - 8
- Earned GED/HS Diploma - 5
- Secured housing/safe relocation - 4
- Completed probation/parole - 1



# Evaluation

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- **Multi-system intervention**
- **Systemic evaluation for expansion**

# 2006-2007 Spending

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- **Management, administration, communications – 6%**
- **Case management evaluation – 7%**
- **Case management – 29%**
- **Hospitals – 15%**
- **Data, best practices – 32%**
- **Community – 11%**





# Evaluation

## Multi-System Intervention

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### Tools

- GAIN Assessment at intake and follow-up points
- Participant satisfaction survey
- Case management MIS

### Case studies

- Value added of PIRIS
- Intervention



# Systemic Evaluation

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## Value to:

- Individuals
- Community
- Institutional Level
- Policymakers

# 2007-2008 Priorities

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- Capturing eligible participants
- Refining baseline and additional cost estimates
- Analyzing protective and risk factors
- Referring participants to evidence based programs
- Linking PIRIS Data Acquisition System to other local data sources
- Identifying new funding sources for PIRIS enhancements

