ALLIANCE FOR HEALTH EQUITY

Cardiff Pilot Information Exchange and Planning

August 8, 2018
Would you rather
BEACH or MOUNTAIN
vacation?

Give your Name, Organization, Title
Say ONE word to describe how you feel about this meeting
United States Replication of the Cardiff Model for Violence Prevention: Early Insights

Steven A. Sumner, MD, MSc
Division of Violence Prevention
Centers for Disease Control and Prevention
Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis

Curtis Florence, senior health economist,1 Jonathan Shepherd, professor of oral and maxillofacial surgery and research group director,2 Iain Brennan, lecturer,3 Thomas Simon, associate director for science1
Cardiff Model Internationally

- Cambridge\(^1\)
- Liverpool\(^2\)
- Australia
- Netherlands
- South Africa

Location of Violent Injuries

• **66%** - Public place (street, bus stops, motels, bar/club)

• **34%** - Private residence
Type of Violent Injuries

Injury Type Distribution by Age

<table>
<thead>
<tr>
<th>Violent Injury Patients</th>
<th>17 and under</th>
<th>18-24</th>
<th>25-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>19</td>
<td>108</td>
<td>75</td>
<td>125</td>
<td>71</td>
<td>93</td>
<td>25</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Firearm</td>
<td>28</td>
<td>112</td>
<td>69</td>
<td>86</td>
<td>41</td>
<td>28</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-Firearm</td>
<td>22</td>
<td>120</td>
<td>96</td>
<td>145</td>
<td>110</td>
<td>130</td>
<td>34</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Physical</td>
<td>42</td>
<td>299</td>
<td>196</td>
<td>288</td>
<td>181</td>
<td>186</td>
<td>61</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>
Understanding Overlap

• 52.6% unreported (according to National Crime Victimization Survey, Department of Justice)

• Atlanta

• DeKalb County

• Milwaukee
Number of Violent Crimes Reported from July, 2015 to May, 2017

Crime
- Assault
- Homicide
- Robbery
- Sexual Assault
Violent Crimes Reported from July, 2015 to May, 2017

Type
Assault
Homicide
Robbery
Sexual Assault
Next Steps

- Citywide expansion
  - Health departments
  - Hospitals
  - Police departments

- Sustainable data sharing model

- Robust intervention development
For additional information:
SSUMNER@CDC.GOV

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Atlanta Replication of the Cardiff Violence Prevention Model

Jasmine C. Moore, MPH, CHES
Elizabeth Williams, MPH, MCHES
Daniel T. Wu, MD
Approximate Annual Numbers

- 921,000 patient visits
- 171,000 ER/Urgent Care visits
- 102,000 EMS responses
- 4,000 trauma/burn admissions (22 percent of cases in the state)
- 81,000 psychiatric visits (second largest community mental health center in the U.S.)
- 117,000 Poison Center calls
- 1.6 million prescriptions filled
Safety Net Role

- Olympic Park bombing
- Fulton County courthouse shooting
- Bluffton baseball team bus crash
- Atlanta Botanical Gardens Walkway collapse
- ASA plane crash
- Designated hospital for visiting dignitaries, including the President of the U.S.
As a regional center, the trauma program treated patients whose injuries occurred in 86 different counties and 3 neighboring states between 2012-2014. Of those, 1,053 were transfers-in from other facilities.

Top 3 local counties where injuries occurred:
- Fulton: 39%
- Dekalb: 14%
- Clayton: 3%
Injuries by Mechanism (2012–2014)

- Motor Vehicle: 26%
- Fall: 21%
- Gun: 17%
- Assault: 9%
- Bicycle: 2%
- Biting: 0.15%
- Burn: 0.07%
- Glass: 0.3%
- Knife: 1%
- Motorcycle: 6%
- Other blunt mechanism: 7%
- Other penetrating mechanism: 4%
- Pedestrian: 6%

Data Source: National Trauma Registry of the American College of Surgeons/Digital Innovations v5 Trauma Registry
Hospital Implementation of the ISTV
Community Benefit

• Improved data quality and surveillance
• Encourage local partnerships to create community level interventions
• Strengthen relationships between law enforcement and the communities they serve
• Trauma Centers & ACS Verification
Objectives

• Train all Emergency Department Nurses
• Screen all Emergency Department patients
• Collect usable location data
• Share collected data with law enforcement
• Achieve sustainability

(Dream Time.com, 2016)
Injury Screen (ISTV)
Implementing Hospital Data Collection System

- Identify hospital staff to screen patients
- Buy-In from Nursing Leadership
- Identify and Train Nurse Champions
  - Share knowledge and enthusiasm for the project
- Train nursing staff
  - Train current staff and establish sustainable nurse training
- Gauge RN Satisfaction
  - RN Satisfaction Survey (completed)
  - RN Focus Groups (ongoing)
  - No significant differences in total triage time from April 2015 and April 2016
- Re-Engage Nursing Leadership
Then: Nurse Training

- Identification of nurse champions
- 7 minute in-person training
  - Background of Cardiff Model
  - Use of EPIC screen
  - Scripting
  - Reinforcements
  - Badge Card

Gradyhealth.org, 2015
Now: Nurse Training

• All staffed nurses trained
  – In-person reinforcement
• Scheduled new hire training
  – Completed by EPIC Trainer
  – Tip sheet reinforcement
• Mandatory Annual Training
Patients Screened and Nurses Trained Over Time, 11/20/15-3/26/16
Screening: Nov. 2015-Oct. 2017

- 152,151 patients screened
- 16,434 patients injured
- 3,392 patients intentionally injured
Screening/Data

Compliance
✓ Goal: 75%+
  – Based on other elective screens
• Challenges
  – Volume
  – Turnover
  – Irregular updates
  – Sexual assault reporting

Data Quality
• Goal: Avg. ~50%
  – Current: 24.4%
• Challenges
  – Travel Nurses
  – Knowledge of metro-area
  – Over documentation
    • Assailant relationship
  – Under documentation
    • “gas station”
Grady RN Satisfaction Survey Results
N= 78 (51% RNs trained as of 4/1/16)
Data Sharing

• Data Pulls: Sunday 12:00 AM – Saturday 11:59 PM
• Data sharing was manual
  – Cleaning: identifiable patient data removed
  – Stored in a secure format for delivery to law enforcement
• Data sharing is automated
Interventions

• S. DeKalb Precinct
  – Community Volunteer

• S. DeKalb Businesses
  – Seed grants
    • Improved security
    • Afterschool programs
    • Beautification
    • Community garden
Next Steps

• Expansion
  – Atlanta Police Department
  – GA Department of Public Health
  – Other surrounding hospitals and law enforcement

• Improve process
  – Data integrity
  – Kiosk and self reporting
Questions?

• Daniel Wu – dtwu@emory.edu

• Jasmine Moore – jusher@gmh.edu

• Elizabeth Williams – eiwilliams@gmh.edu
Translating the Cardiff Model: lessons learned from Wisconsin

Alliance for Health Equity
8/8/18

Jennifer Hernandez-Meier, PhD, MSW
Sara Kohlbeck, MPH
Michael Levas, MD, MS
Medical College of Wisconsin
NIJ Grant Study Team

- Jennifer Hernandez-Meier, PhD, MSW
  - Co-Pl
- Stephen Hargarten, MD, MPH
  - Co-Pl
- Michael Levas, MD, MS
  - Co-I, Physician Champion
- Sara Kohlbeck, MPH
  - Project Data Manager
- Zengwang Xu, PhD (UW-Milwaukee)
  - Co-I, Geospatial Analyst
- Other MCW, CHW and Aurora Staff
Project Partners (Data)

- **4 Hospitals**
  - 1 pediatric Level I Trauma Center
  - 1 adult Level I Trauma Center
  - 2 Community Hospitals

- **2 Police Departments**
  - Assaults & burglaries

- **County Emergency Medical Services**
  - Intentional injuries, not self-inflicted
Project Overview (Phase I)

- NIJ feasibility grant (1/1/2015-12/31/2016)
- Pilot technical ED information collection and partnership development
- Examine data linkage feasibility
  - One hospital site, Milwaukee PD & EMS data
Pilot Lessons Learned

• Nurse Led
  ◦ Identified nurse champions
  ◦ Integrated into triage portion of Epic
  ◦ Regular feedback to nursing team
    • Staff meetings
    • Newsletters

• “Not research”
  ◦ Hospital Leadership embraced as part of information they would collect for all assaults (intentional injuries) to achieve full integration
  ◦ Waiver of informed consent & HIPPA Authorization (IRB)
Integrating Population Health Data on Violence Into the Emergency Department: A Feasibility and Implementation Study

Michael N. Levas, MD, MS | Jennifer L. Hernandez-Meier, PhD, MSW | Sara Kohlbeck, MPH | Nancy Piotrowski, RN | Stephen Hargarten, MD, MPH

ABSTRACT
Geocoded emergency department (ED) data have allowed for the development and evaluation of novel interventions. Questions in 98.2% of patients reporting to the ED over the study period. More than 90% of survey respondents were satisfied with their participation, and most felt that

doi: 10.1097/JTN.0000000000000361
<table>
<thead>
<tr>
<th>Question</th>
<th>Feasibility Domain</th>
<th>Time 1 (N = 43)</th>
<th>Time 2 (N = 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implementation of questions: Collection of the mechanism of injury questions is integrated into the workflow within the ED.</td>
<td>Implementation</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>2. Participant cooperation: Patients are cooperative when asked the Cardiff questions.</td>
<td>Implementation</td>
<td>86%</td>
<td>88%</td>
</tr>
<tr>
<td>3. Work interference: Collection of the Cardiff questions interferes with my work.</td>
<td>Practicality</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>4. Nurse acceptability: I am satisfied with participation in the collection of mechanism of injury data in the ED.</td>
<td>Acceptability</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>5. Data collection in line with hospital mission: Collection of the Cardiff questions is congruent with the goals and mission of my ED and hospital.</td>
<td>Acceptability</td>
<td>93%</td>
<td>98%</td>
</tr>
<tr>
<td>6. Nurse demand: Collection of the mechanism of injury questions within the ED should continue over the next year.</td>
<td>Demand</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>7. Family acceptability: Patients and their families find it acceptable when I ask the Cardiff questions.</td>
<td>Acceptability</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>8. I would like to see summary reports of the data generated by the mechanism of injury questions.</td>
<td>Demand</td>
<td>63%</td>
<td>69%</td>
</tr>
<tr>
<td>9. Nurse interest: I am interested in collecting assault and injury data in my everyday work.</td>
<td>Demand</td>
<td>66%</td>
<td>72%</td>
</tr>
<tr>
<td>10. Perceived patient demand: Patients want ED staff to ask about assault and injury data they may have sustained.</td>
<td>Demand</td>
<td>55%</td>
<td>69%</td>
</tr>
<tr>
<td>11. Perceived patient demand: Patients want ED staff to help them with reporting violence and injury to the police.</td>
<td>Demand</td>
<td>43%</td>
<td>67%</td>
</tr>
<tr>
<td>12. Implementation: The information collected in the mechanism of injury module is useful for clinical care in the ED.</td>
<td>Implementation</td>
<td>79%</td>
<td>70%</td>
</tr>
<tr>
<td>13. How often does your asking of the mechanism of injury questions result in a report to the police on the patients’ behalf?</td>
<td>Demand</td>
<td>44% Unknown</td>
<td>61% Unknown</td>
</tr>
<tr>
<td>14. How often does your asking of the mechanism of injury questions result in a referral to social work on the patients’ behalf?</td>
<td>Demand</td>
<td>52% Some of the time</td>
<td>59% Some of the time</td>
</tr>
</tbody>
</table>

*Note. ED = emergency department.*
% Addresses Able to Geocode

Nurse Training

August 2015 – Initiation of Data Cleaning by non-ED based Research Assistant

July 2016 – Transition of Data Cleaning from non-ED based Research Assistant

June 2016 – Changes made to data collection based on nurse feedback

August 2016 – Data Cleaning performed by group of Research Assistants in ED setting

% Addresses Able to Geocode
## Demographics and Incident Descriptive Statistics (1/1/2015-9/30/2016)

<table>
<thead>
<tr>
<th></th>
<th>Emergency Department Data</th>
<th>Emergency Medical Service Data</th>
<th>Police Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n</strong></td>
<td>381</td>
<td>588</td>
<td>1,837</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>13</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>208 (54.6%)</td>
<td>371 (63.1%)</td>
<td>940 (51.1%)</td>
</tr>
<tr>
<td>Female</td>
<td>173 (45.4%)</td>
<td>212 (36.1%)</td>
<td>897 (48.9%)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>56 (14.7%)</td>
<td>10 (1.7%)</td>
<td>414 (22.5%)</td>
</tr>
<tr>
<td>African American</td>
<td>288 (75.6%)</td>
<td>108 (18.4%)</td>
<td>1391 (75.7%)</td>
</tr>
<tr>
<td>Asian</td>
<td>2 (0.7%)</td>
<td>1 (0.2%)</td>
<td>26 (1.4%)</td>
</tr>
<tr>
<td>American Indian</td>
<td>-</td>
<td>-</td>
<td>3 (0.2%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>35 (9.2%)</td>
<td>469 (79.8%)</td>
<td>3 (0.2%)</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>44 (11.5%)</td>
<td>17 (2.9%)</td>
<td>235 (12.8%)</td>
</tr>
<tr>
<td>Not Hispanic/ Latino</td>
<td>327 (85.8%)</td>
<td>-</td>
<td>1547 (84.2%)</td>
</tr>
<tr>
<td>Refused/Unknown</td>
<td>10 (2.6%)</td>
<td>-</td>
<td>55 (3.0%)</td>
</tr>
</tbody>
</table>
### Demographics (cont.)

<table>
<thead>
<tr>
<th></th>
<th>Emergency Department Data</th>
<th>Emergency Medical Service Data</th>
<th>Police Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>381</td>
<td>588</td>
<td>1,837</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>-</td>
<td>-</td>
<td>896 (48.8%)</td>
</tr>
<tr>
<td>Residence</td>
<td>-</td>
<td>-</td>
<td>941 (51.2%)</td>
</tr>
<tr>
<td><strong>Injury Type/Means of Attack</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hands/feet/fist/blunt</td>
<td>263 (69.0%)</td>
<td>329 (56.0%)</td>
<td>727 (39.6%)</td>
</tr>
<tr>
<td>Penetrating</td>
<td>19 (5.0%)</td>
<td>262 (44.6%)</td>
<td>421 (22.9%)</td>
</tr>
<tr>
<td>Other</td>
<td>86 (22.6%)</td>
<td>11 (1.9%)</td>
<td>254 (13.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>13 (3.4%)</td>
<td>0</td>
<td>226 (12.3%)</td>
</tr>
<tr>
<td><strong>Assault Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple Assault</td>
<td>-</td>
<td>-</td>
<td>540 (29.4%)</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>-</td>
<td>-</td>
<td>554 (30.2%)</td>
</tr>
<tr>
<td>Robbery</td>
<td>-</td>
<td>-</td>
<td>400 (21.8%)</td>
</tr>
<tr>
<td>Sex offenses</td>
<td>-</td>
<td>-</td>
<td>343 (18.7%)</td>
</tr>
<tr>
<td><strong>Domestic Violence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>220 (12.0%)</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
<td>-</td>
<td>1508 (82.0%)</td>
</tr>
<tr>
<td><strong>Escorted to ED by</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member</td>
<td>262 (68.8%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Police</td>
<td>13 (3.4%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Self</td>
<td>39 (10.2%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>67 (17.6%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Payment type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>40 (10.5%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicaid</td>
<td>128 (33.6%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicaid HMO</td>
<td>196 (51.4%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Self-pay</td>
<td>17 (4.5%)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Overlap of Incidents in the ED, EMS and PD Databases

1. EMS; N=588
2. ED; N=798
3. PD; N=1,837
4. ED&EMS unique incidents combined ((((1 + 2) - a); N=935)
   a. n=34; 5.8% of EMS incidents; 4.3% of ED incidents
   b. n=53; 9% of EMS incidents; 2.9% of PD incidents
   c. n=24; 3% of ED incidents; 1.3% of PD incidents
   d. n=64; 7% of ED&EMS incidents; **3.5% of PD incidents**
Phase II: Violence Free West Allis Collaborative (VFWAC)

UNITY in our COMMUNITY

Violence Free West Allis
VFWAC Cardiff Meetings

- 65+ members & residents from
- 27+ different agencies
- 5 meetings to date:
  - December 2016
  - 2018: January, March, June, July
  - Next: September

VFWAC Newsletters
- 3 issues
- ~70 recipients
- Overview of VFWAC meetings and other news
VFWAC

- Community-led
  - West Allis Health Department
- Community-driven goals and objectives
- Confidentiality Statement
- Opportunities for partner feedback
- Educational information + data discussions
- Large & Small-group discussions
Evaluation: PARTNER Tool

- 18/28 stakeholder Agencies completed (64.3%)

- Scores levels of ‘trust’ among group members + other group dynamic metrics
PARTNER Tool

Group Key

- Default Group
- Faith
- Funder
- Data Provider
- Health Care
- Government
- Community-Based
- College/University
- Law Enforcement
- Schools
- Business
EXAMPLE MEETING DATA MAPS (STATIC)

+ INTERACTIVE MAPS DURING MEETINGS
Distributions at different time interval
VFWAC Next Steps

- Violence Prevention Action Plan is being developed
  - No interventions yet
- Process measures are being collected
- No-cost extension likely into early 2019
- Team is pursuing funding to continue Phase II
Thanks!

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skohlbeck@mcw.edu
mnlevas@mcw.edu
Acceptability

Culture

The culture of the ED setting and the hospital as a whole supports the acceptability and demand for violence-related data collection. Participants indicated that they feel a responsibility to ensure that children who are victims of assault receive the needed resources, and they felt a responsibility as a provider to collect Cardiff Model Data.

“...if we make kids feel a little bit safer, we improve their overall health.”

“Our mission at CHW is more community-based, providing the best care for children in the area, not just the hospital.”

Demand

External Factors

Cardiff Model data collection made nurses feel as though they are making an impact on violence in their community and that providing this data demonstrates that healthcare can be a source of information for communities.

“...[the Cardiff Model] fits a greater good, and has a public health piece to it.”

“I think health care provides a different perspective...”

Practicality

Internal Workflow

The integration of Cardiff Model questions did not significantly interrupt the internal workflow of the ED.

“...part of the checklist with triage...it is just part of the protocol.”

“Adding the ‘home’ button to [EMR vendor name]...has made the process smoother for nurses.”

“People don’t get defensive...we are getting a lot of good information without imposing on the families.”

Implementation

Integration
Spatial Density Patterns: Police, ED and EMS data (1/1/2015 - 9/30/2016)
## Overlap of Incidents within Hotspots

### Overlap of PD Incidents in ED&EMS Hotspots

<table>
<thead>
<tr>
<th>Radius(ft)</th>
<th>Hotspots</th>
<th>PD victims within ED&amp;EMS hotspots No. (%)</th>
<th>ED&amp;EMS victims within ED&amp;EMS hotspots No. (%)</th>
<th>Ratio to police call</th>
<th>Spearmen's rho</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>3</td>
<td>20 (1%)</td>
<td>51 (6%)</td>
<td>1:00</td>
<td>-0.500</td>
<td>0.667</td>
</tr>
<tr>
<td>1500</td>
<td>20</td>
<td>213 (12%)</td>
<td>272 (31%)</td>
<td>1:01</td>
<td>0.384</td>
<td>0.095</td>
</tr>
<tr>
<td>2000</td>
<td>22</td>
<td>386 (21%)</td>
<td>382 (44%)</td>
<td>1:01</td>
<td>0.601</td>
<td>0.003</td>
</tr>
<tr>
<td>2500</td>
<td>27</td>
<td>589 (32%)</td>
<td>512 (59%)</td>
<td>1:01</td>
<td>0.697</td>
<td>0.000</td>
</tr>
<tr>
<td>3000</td>
<td>33</td>
<td>817 (44%)</td>
<td>638 (73%)</td>
<td>1:01</td>
<td>0.651</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Overlap of ED&EMS Incidents in PD Hotspots

<table>
<thead>
<tr>
<th>Radius(ft)</th>
<th>Hotspots</th>
<th>PD victims within PD hotspots No. (%)</th>
<th>ED&amp;EMS victims within PD hotspots No. (%)</th>
<th>Ratio to police call</th>
<th>Spearmen's rho</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>34</td>
<td>494 (27%)</td>
<td>83 (10%)</td>
<td>1:06</td>
<td>0.37</td>
<td>0.030</td>
</tr>
<tr>
<td>1500</td>
<td>53</td>
<td>974 (53%)</td>
<td>230 (26%)</td>
<td>1:04</td>
<td>0.60</td>
<td>0.000</td>
</tr>
<tr>
<td>2000</td>
<td>61</td>
<td>1,299 (71%)</td>
<td>382 (44%)</td>
<td>1:03</td>
<td>0.73</td>
<td>0.000</td>
</tr>
<tr>
<td>2500</td>
<td>54</td>
<td>1,410 (77%)</td>
<td>453 (52%)</td>
<td>1:03</td>
<td>0.83</td>
<td>0.000</td>
</tr>
<tr>
<td>3000</td>
<td>51</td>
<td>1,515 (82%)</td>
<td>515 (59%)</td>
<td>1:03</td>
<td>0.37</td>
<td>0.030</td>
</tr>
</tbody>
</table>
Violence Free West Allis Partners
<table>
<thead>
<tr>
<th>Independent Variable (Values)</th>
<th>$\beta$</th>
<th>$SE$</th>
<th>Wald ($\chi^2$ Test)</th>
<th>df</th>
<th>Sig (Significance)</th>
<th>Exp($\beta$) (Odds Ratio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (male)</td>
<td>0.072</td>
<td>0.134</td>
<td>0.289</td>
<td>1</td>
<td>0.591</td>
<td>1.075</td>
</tr>
<tr>
<td>Race (White—reference group)</td>
<td>-0.128</td>
<td>0.278</td>
<td>0.214</td>
<td>1</td>
<td>0.644</td>
<td>0.879</td>
</tr>
<tr>
<td>Race (Black)</td>
<td>-0.506</td>
<td>0.253</td>
<td>3.991</td>
<td>1</td>
<td><strong>0.046</strong></td>
<td>0.603</td>
</tr>
<tr>
<td>Race (Other)</td>
<td>-0.159</td>
<td>0.806</td>
<td>0.039</td>
<td>1</td>
<td>0.843</td>
<td>0.853</td>
</tr>
<tr>
<td>Race (unknown)</td>
<td>-1.291</td>
<td>0.714</td>
<td>9.273</td>
<td>1</td>
<td>0.070</td>
<td>0.275</td>
</tr>
<tr>
<td>Insurance payer (commercial—reference group)</td>
<td>0.789</td>
<td>0.383</td>
<td>4.253</td>
<td>1</td>
<td><strong>0.039</strong></td>
<td>2.202</td>
</tr>
<tr>
<td>Insurance payer (public/Medicaid)</td>
<td>0.520</td>
<td>0.348</td>
<td>2.232</td>
<td>1</td>
<td>0.135</td>
<td>1.682</td>
</tr>
<tr>
<td>Insurance payer (self-pay)</td>
<td>-0.017</td>
<td>0.013</td>
<td>1.705</td>
<td>1</td>
<td>0.192</td>
<td>0.983</td>
</tr>
<tr>
<td>Age in years</td>
<td>-0.222</td>
<td>0.305</td>
<td>0.530</td>
<td>1</td>
<td>0.467</td>
<td>0.801</td>
</tr>
<tr>
<td>Injury time (before school—reference group)</td>
<td>-1.162</td>
<td>0.177</td>
<td>43.110</td>
<td>1</td>
<td><strong>0.000</strong></td>
<td>0.313</td>
</tr>
<tr>
<td>Injury time (during school)</td>
<td>-0.700</td>
<td>0.173</td>
<td>16.395</td>
<td>1</td>
<td><strong>0.000</strong></td>
<td>0.496</td>
</tr>
<tr>
<td>Injury type (penetrating—reference group)</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>6</td>
<td>0.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Injury type (blunt)</td>
<td>0.136</td>
<td>0.399</td>
<td>0.116</td>
<td>1</td>
<td>0.734</td>
<td>1.145</td>
</tr>
<tr>
<td>Injury type (bite)</td>
<td>-0.807</td>
<td>0.152</td>
<td>28.251</td>
<td>1</td>
<td><strong>0.000</strong></td>
<td>0.446</td>
</tr>
<tr>
<td>Injury type (cut from sharp object)</td>
<td>-1.196</td>
<td>1.126</td>
<td>1.127</td>
<td>1</td>
<td>0.288</td>
<td>0.302</td>
</tr>
<tr>
<td>Injury type (fall/jump)</td>
<td>-0.142</td>
<td>0.570</td>
<td>0.062</td>
<td>1</td>
<td>0.803</td>
<td>0.867</td>
</tr>
<tr>
<td>Injury type (other)</td>
<td>-0.980</td>
<td>0.503</td>
<td>3.804</td>
<td>1</td>
<td>0.051</td>
<td>0.375</td>
</tr>
<tr>
<td>Injury type (unknown)</td>
<td>-0.076</td>
<td>0.246</td>
<td>0.097</td>
<td>1</td>
<td>0.756</td>
<td>0.926</td>
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<tr>
<td>Means of arrival (car—reference group)</td>
<td>1.125</td>
<td>3</td>
<td><strong>0.000</strong></td>
<td>1</td>
<td>0.771</td>
<td>3.125</td>
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<tr>
<td>Means of arrival (ambulance)</td>
<td>-0.356</td>
<td>0.447</td>
<td>0.634</td>
<td>1</td>
<td>0.426</td>
<td>0.700</td>
</tr>
<tr>
<td>Means of arrival (police)</td>
<td>-0.437</td>
<td>0.453</td>
<td>0.931</td>
<td>1</td>
<td>0.335</td>
<td>0.646</td>
</tr>
<tr>
<td>Means of arrival (other)</td>
<td>-0.485</td>
<td>0.592</td>
<td>0.670</td>
<td>1</td>
<td>0.431</td>
<td>0.616</td>
</tr>
</tbody>
</table>

Note. Results in bold indicate statistically significant findings at $p < .05$. 