



# 3-minute case study: Breaking the cycle of youth violence

By Erin Graham | November 16, 2017

**W**hat innovations drive success in healthcare? Here's one proven tactic from a community healthcare system.

## The problem

In many American cities, homicide is a leading cause of death among young people. Along with the painful losses for families and communities, it is a public health crisis with a hefty price tag: \$752 million in uncompensated medical care for victims of violence in 2016 alone. Gun injuries, in particular, put a substantial financial burden on hospitals: A recent Health Affairs study put the number at \$2.9 billion annually.

In downtown Minneapolis, where homicide is the cause of nearly 39 percent of deaths among young people, the Level I trauma center Hennepin County Medical Center (HCMC) treats a staggering number of young victims of violent crime.

"Over time, we realized we were bandaging up patients," says Ann Eilbracht, senior director of support services for HCMC, "and sending them back into the same dangerous environment without the tools or resources to make a change."

## The solution

HCMC hired three part-time violence-intervention specialists to pilot Next Step, a grant-funded intervention program led by Eilbracht to work with victims of violent injuries ages 12 to 28.

Next Step's specialists are also young, with life experiences in common with the victims. Their job is to engage patients still in the hospital to reduce the rate of recurring violence. This is the "golden moment" in which patients are still reeling—and still vulnerable—before thoughts of "getting even" set in.

“They’re motivated when they see someone who cares about them, who has been there,” says Farji Shaheer, one of HCMC’s specialists, who was a victim of gang violence himself. “You have 30 seconds to assess the angle that will get a patient to respond to you and to find a true connection,” he adds. “But once you do, they can express what’s going on and open up to tools they can use to change their lives – and make sure they’re not back here again.”

Those tools include setting goals and planning steps to change their lives after discharge, whether getting a driver’s license, moving to a new neighborhood, or addressing challenges in their relationships.

And victims tend to stay in touch after discharge. Shaheer gets about 15 calls a day from former patients asking for help de-escalating a violent situation – or to turn in their gun.

## The outcome

About 85 percent of victims treated at HCMC agree to participate in the Next Step program – an engagement rate exceeding similar programs which Eilbracht attributes their specialists’ ability to connect with patients. In the past 18 months, of 140 participants, just three have returned to the emergency department with violent injuries. Previously, the average return rate was 40 percent.

And one victim, a young woman who had been shot by her boyfriend, found her life so changed by Next Step that she is now in training to become a violence-intervention specialist herself.

*Erin Graham is a frequent contributor to athenaInsight.*



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