PROGRESS REVIEW

New Format

Unintentional Injuries

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ January 23, 1996

In a review of progress on HEALTHY PEOPLE 2000 objectives for unintentional injuries, the Centers for Disease Control and Prevention, lead agency for this priority area, provided an update on the status of 10 selected objectives:

9.1 Between 1987 and 1994, the death rate for unintentional injuries decreased by 14 percent. The year 2000 target of 29.3 per 100,000 people has nearly been reached. However, unintentional injuries continue to be the leading cause of death among children and young adults aged 1-34.

9.2 Hospitalizations for nonfatal unintentional injuries dropped to 699 per 100,000 people in 1993, below the year 2000 target of 754. There are difficulties in monitoring this objective because less than half of hospital discharges include e-codes, a code for the external cause of the injury. Only 15 States currently mandate the use of e-codes in their hospital discharge systems. Hence, tabulation of the data on injuries must rely on information that does not distinguish intentional and unintentional injuries. Increasing the use of e-codes in hospital discharge systems will improve tracking of this objective.

9.3 Because this objective was achieved early in the decade, the target was revised during the midcourse review. Although motor vehicle-related deaths have decreased from 2.4 per million miles traveled in 1987 to 1.7 in 1994 (target=1.5), and from 19.2 per 100,000 people in 1987 to 15.6 in 1994 (target=14.2), motor vehicle-related deaths among young children and the elderly have increased.

9.4 The death rate from falls and fall-related injuries has declined from 2.7 per 100,000 in 1987 to 2.5 in 1993; the year 2000 target is 2.3 per 100,000. In 1992, falls were the second leading cause of unintentional injury deaths for people aged 65 to 84 years. Effective interventions for older people include the identification of physical activities appropriate for their age, improved prescribing practices to minimize the effects of polypharmacy, and changes to building design and flooring materials.

HIGHLIGHTS

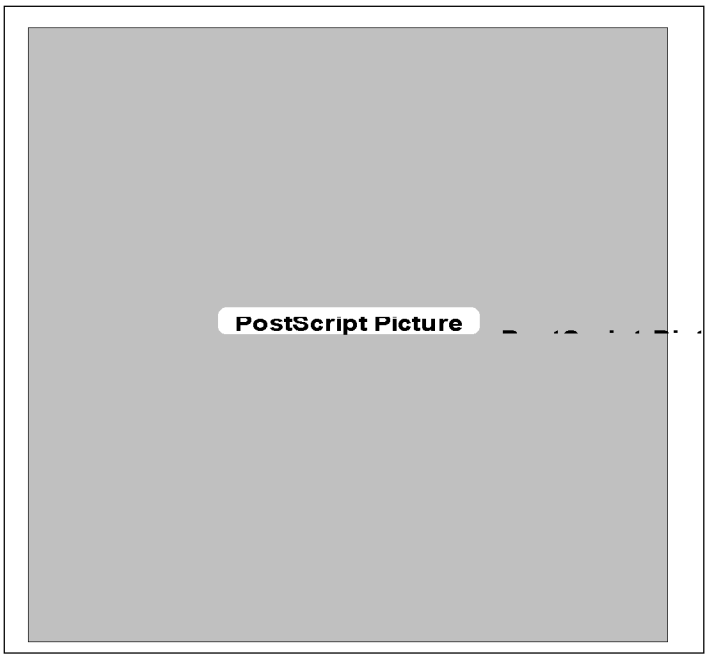
- The Department of Transportation's National Highway Traffic Safety Administration can take a measure of credit for the reduction in highway fatalities through a variety of intervention programs that increase the use of safety belts, child restraints, and motorcycle helmets, and reduce the incidence of drinking and driving.
- Fire exacts tremendous costs to the Nation, accounting for the loss of one person every 2 hours, including the deaths of 100 firefighters and 123,000 injuries on average per year, and $8 billion per year in property losses.
- The National Fire Protection Association's "Learn Not to Burn" instructional program is being distributed to Indiana schools by the State Fire Marshall's Office. Indiana hopes to be the first State in the United States to have a statewide program; it is currently being taught in every school in Canada.
- The Oklahoma State Department of Health distributed free smoke detectors in a community with a high incidence of fire-related injuries and found a 73 percent reduction in injuries 4 years later in that community. Each dollar spent on fire prevention saved $20.

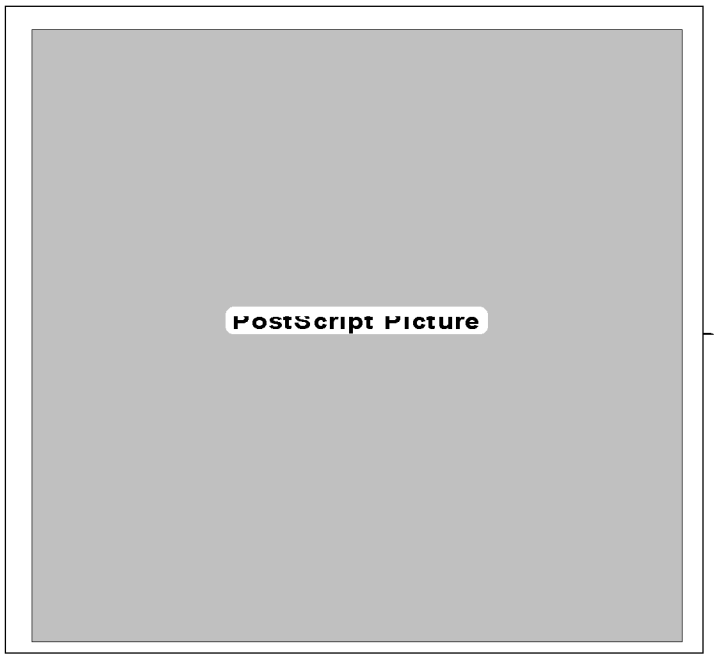
9.5 The death rate from drowning declined from 2.1 per 100,000 in 1987 to 1.7 in 1993; the year 2000 target is 1.3. Drowning is the third leading cause of unintentional injury deaths for children aged 1 to 4. Interventions that have proven effective include water safety training, adoption of laws requiring four-sided isolation pool fencing, use of personal flotation devices while boating, and efforts to increase public awareness about risks associated with alcohol use while swimming or boating.

9.6 The decline in residential fire death rates (from 1.7 per 100,000 in 1987 to 1.4 in 1992) is approaching the year 2000 target (1.2 per 100,000). Some 3,600 people died in 1992, and there were over 27,000 injuries from residential fires; children and the elderly are at greatest risk. On average, one out of every 200 households experiences a fire each year, and the rate is greater among poor households. Smoke detectors and sprinklers have proven to be effective interventions in reducing the incidence of residential fire deaths.

9.7 The trend in hospitalizations for hip fractures among people aged 65 and older is moving away from the year 2000 target. Hospitalizations increased from 714 per 100,000 people in 1988 to 841 in 1993; the year 2000 target is 607. This increase reflects an international trend. Hip fractures are a cause of severe disability in the elderly, half of whom never return to independent living after suffering such an injury. Elderly white women may be at greater risk because of greater susceptibility to osteoporosis. Recent research found that a person must fall directly on the hip in order to break the hip, which suggests that padding the hip joint of an elderly person would reduce the incidence of hip fractures. This strategy is currently being evaluated.

9.8 Nonfatal poisonings requiring hospital emergency department admissions declined substantially from 1987 to 1994 (from





87 per 100,000 people to 49), so that the year 2000 target of 88 for the general population has been achieved. This decline is partly due to a change in the reporting system. However, reformulation of products, better packaging, and poison control centers have helped spur this reduction in poisoning incidence. Poisonings in children aged 4 and younger also surpassed the year 2000 target (520 per 100,000) by dropping 32 percent from the new 1987 baseline of 762 to 518 in 1994.

9.13 Data for 1991 show that helmet use among motorcyclists was 62 percent (the year 2000 target is 80 percent) and among bicyclists was 17.6 percent, far short of the year 2000 target of 50 percent. The target for motorcyclists is unlikely to be met, in view of the trend toward repeal of State mandatory use laws. In States having such laws, the usage rate is 90 percent; in those without, it is 30 percent.

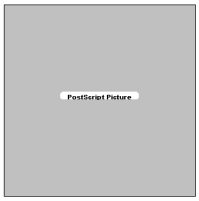
9.26 This objective was added during the midcourse review as a strategy to reduce the number of injuries and fatalities involving drivers 18 years of age and younger. To date, only 16 States have some type of graduated licensing system in place (the target is 35 States).

FOLLOW-UP

- Increase the public's awareness of the costs and avoidable nature of unintentional injuries.
- Use States as laboratories for innovative injury prevention programs, then document and publicize the successes.
- Monitor unintentional injury rates as highway speed limits and motorcycle helmet laws are repealed.
- Pursue collaborations with other prevention programs to conduct home safety assessments when conducting home visits.
- Promote use of uniform e-codes for hospital discharge in all States.
- Collaborate with the National Committee on Quality Assurance to identify HEDIS (Health Plan Employer Data and Information Set) measures to monitor the impact of unintentional injuries.
- Assess differences in hospitalization rates for nonfatal injuries between managed care and other payment methods.

PARTICIPANTS

Centers for Disease Control and Prevention (Lead Agency)
Administration for Children and Families
Administration on Aging
Advocates for Highway and Auto Safety
Consumer Product Safety Commission
Health Resources and Services Administration
Indian Health Service
Indiana Department of Fire and Building Services
National Association of Children's Hospitals and Related Institutions
National Association of County and City Health Officials
National Fire Protection Association
National Highway Traffic Safety Administration
National Institutes of Health
National SAFE KIDS Campaign
National Safety Council
Office of Disease Prevention and Health Promotion
Office of Public Health and Science
Office of the Surgeon General
Oklahoma State Department of Health
State and Territorial Injury Prevention Directors Association
Substance Abuse and Mental Health Services Administration



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