



Injury and Violence Prevention

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PROGRESS REVIEW



In the 15th in a series of assessments of *Healthy People 2010*, Acting Assistant Secretary for Health Cristina Beato chaired a focus area Progress Review on Injury and Violence Prevention. In conducting the review, Dr. Beato was assisted by staff of the Centers for Disease Control and Prevention (CDC), the lead agency for this *Healthy People 2010* focus area. Also participating were representatives of other offices and agencies within the U.S. Department of Health and Human Services, including the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Administration for Children and Families (ACF), the Administration on Aging, the Agency for Healthcare Research and Quality, the Indian Health Service, and the Office on Disability. Representatives of the Department of Transportation (DOT) and the U.S. Consumer Product Safety Commission (CPSC) took part, as well.

The complete text for the Injury and Violence Prevention focus area of *Healthy People 2010* is available at www.healthypeople.gov/document/html/volume2/15injury.htm. The meeting agenda, data presentation (tables and charts), and other materials for the Progress Review can be found at www.cdc.gov/nchs/about/otheract/hpdata2010/focusareas/fa15-injury.htm.

Data Trends

In providing a status overview for this *Healthy People 2010* focus area, Edward Sondik, Director of CDC's National Center for Health Statistics, addressed the 2010 objectives for Injury and Violence Prevention under three headings. In the category of injury prevention, improvement since the baseline year/period is evident for nonfatal spinal cord injury hospitalizations and nonfatal firearm-related injuries. However, several other objectives reveal a worsening trend, including hospitalizations for nonfatal head injury, emergency department visits caused by injuries, nonfatal poisonings, poisoning deaths, and suffocation deaths. In the category of unintentional injury prevention, the most recent data present a mixed picture. Favorable trends are shown by objectives relating to hip fractures, deaths from drowning, nonfatal motor vehicle injuries, safety belt use,

child restraint use, pedestrian deaths, and emergency department visits for dog bite injuries. The trend is in the wrong direction for unintentional injury deaths, motor vehicle crash deaths, nonfatal pedestrian injuries, and motorcycle helmet use. In the category of violence and abuse prevention objectives, the overall picture is favorable. Trends indicate improvement in the objectives for child maltreatment, physical assaults, physical assault by intimate partners, rape and attempted rape, sexual assault other than rape, physical fighting among adolescents, and weapon carrying by adolescents on school property. However, the trend is away from the 2010 targets for child maltreatment fatalities and for homicides.

Dr. Sondik gave detailed updates on data for the three objectives selected for highlighting during the Progress Review. In 2001, the age-

adjusted rate of deaths from motor vehicle crashes for the total population was 14.9 per 100,000, which also was the rate for non-Hispanic whites (Obj. 15-15a). Rates for Hispanics and for blacks were within 0.6 of that mark, while the rate for American Indians/Alaska Natives was the highest of five racial and ethnic groups at 25.1 per 100,000. The death rate from motor vehicle crashes was lowest for Asians at 7.9 per 100,000. The level of education completed was a large factor in fatal crashes: people who had not completed high school died at three times the rate of people who had at least some college (25.6 compared with 8.2 per 100,000). High school graduates had a rate of 20.6. Males continue to die from crashes at roughly twice the rate of females. However, the death rate for males aged 15 to 24 years—the group at highest risk—has declined by one-third over the past two decades, from 68.7 per 100,000 in 1979 to 37.0 per 100,000 in 2001. The 2010 target of 9.2 per 100,000 was met by five states in 2001.

Death rates from residential fires have shown a slow but steady decline for more than two decades. The largest decline over that period among whites and blacks was registered by black males, whose death rate from fires fell from 11.1 in 1997 to 3.8 per 100,000 in 2001, representing an almost threefold decrease over that time period. That rate was still at least twice the rates for black females, white males, and white females in 2001. The residential fire death rate for blacks overall

in 2001 was 2.7 per 100,000, compared with 1.0 for whites, 1.8 for American Indians/Alaska Natives, and 3.1 for people older than 65 years of age. The target is 0.2 per 100,000 (Obj. 15-25), which would require a sixfold reduction from the 2001 rate of 1.2 per 100,000 for the total population. In general, the highest death rates from residential fires occur in the southern and more southerly midwestern states.

Trends are less evident in recent data on child maltreatment, which occurred in 2001 at a rate of 12.4 incidents per 1,000 population younger than 18. The target is 10.3 per 1,000 population under 18 years of age (Obj. 15-33a). The incidence of child maltreatment declined as the age group of the child increased, with the highest incidence, 16.1 per 1,000, occurring among children younger than 4 years of age. By type of maltreatment, neglect (including medical neglect) accounted for 52 percent of the incidents in 2001, compared with 16 percent for physical abuse, 8 percent for sexual abuse, and 6 percent for psychological maltreatment. Between 1998 and 2001, the fatality rate among children subjected to maltreatment increased from 1.6 to 1.8 per 1,000 younger than 18. The target is 1.4 per 1,000 (Obj. 15-33b). The principal causes of these fatalities in 2001 were neglect (including medical neglect)—36 percent; physical abuse—26 percent; and physical abuse combined with neglect—22 percent.

Key Challenges

Participants in the review further defined the national dimensions of injury and violence and identified a number of obstacles to achieving the three highlighted objectives:

- Unintentional injury is the leading cause of death in all age groups from aged 1 to 34 years.
- There is a pressing need to reorient the nation's consciousness of injury and violence from a focus

on isolated incidents, as is too often the case in media portrayals, to a focus on issues, especially prevention.

- Approximately 40,000 people in the United States die each year from injuries suffered in motor vehicle crashes. More than 40 percent of these crashes are alcohol-related.

- In 2001, residential fires accounted for 77 percent of fire-related injuries and 84 percent of fire-related deaths, claiming the lives of an estimated 3,140 people.
- Both males and females who have experienced maltreatment as children are at increased risk for experiencing intimate partner violence as adults. For males, this risk triples; for females, it more than doubles. Moreover, parents who were abused as children are more likely to abuse their own children.
- Households headed by single female parents older than 19 are at greatest risk for maltreatment and violence directed at children. The likelihood that such maltreatment will occur increases with the number of children in the household.
- In terms of the risk of fatality from maltreatment, the first day of a child's life is the most hazardous. The risk of fatality from this cause peaks again at around age 3.

Current Strategies

Discussions during the review addressed a range of activities under way to meet these challenges, including the following:

- A systematic evaluation of experience in states that had enacted laws making it illegal to operate a motor vehicle at or above a blood alcohol concentration (BAC) level of 0.08 percent found that doing so had led to a median decrease of 7 percent in fatal alcohol-related motor vehicle crashes. An estimated 400 to 600 lives per year could be saved if all states enacted such BAC laws.
- DOT's National Highway Traffic Safety Administration (NHTSA) sponsors *Click It or Ticket*, under which law enforcement agencies mobilized twice in 2003 in 43 states to conduct safety belt checkpoints and issued nearly one-half million citations for non-use. As a result, the national safety belt use rate increased from 75 to 79 percent, with each percentage-point increase saving an estimated 270 lives.
- CDC is planning steps for using World Health Day 2004, which has road traffic safety as its theme, as an opportunity to refocus attention on the topic in this country.
- HRSA's Maternal and Child Health Bureau joined with NHTSA to promote their impaired driving initiatives—*Zero Tolerance Means Zero Chances* (aimed at teens); *Friends Don't Let Friends Drive Drunk* (aimed at adults); and *You Drink & Drive—You Lose* (national crackdown involving 13 key states).
- In a CDC-supported program carried out in Oklahoma City over a 4-year period in the early 1990s, injuries from residential fires decreased by 80 percent in homes in which smoke alarms had been installed. In homes without alarms, injuries increased by 8 percent. It is estimated that approximately 400 lives were saved by the program, which also saved \$30 for every \$1 spent.
- The Fire Safety Council (FSC) combines the efforts of CDC, CPSC, the U.S. Fire Administration, and other partners in working toward the national goal of eliminating residential fires by 2020. An outgrowth of the *Healthy People 2000* initiative, the FSC provided \$5 million for the launching of a new fire data system in mid-2003, which will provide a better information base for activities in public education about fire and safety.
- Early childhood home visitation by trained personnel to high-risk families has been shown to result in a reduction of approximately 40 percent in the incidence of child maltreatment.
- CDC is funding the University of South Carolina to examine the effectiveness of a successful Australian program called Triple P (Positive Parenting Program) to determine whether it is replicable in communities in the United States.

- Following its launch of the Child Abuse Prevention Initiative at the Summit on Prevention in April 2003, ACF's Children's Bureau has embarked on a number of innovative activities. These activities include the issuance of the report titled *Emerging Practices in the Prevention of Child Abuse and Neglect*, which provides examples of effective programs in place across the country that were selected through a national nomination process.
- In 1997, the NIH Child Abuse and Neglect Working Group was formed at the request of Congress and focuses on three areas of need in the field: training researchers, defining and classifying child abuse and neglect, and researching child neglect. Core members of the Working Group include representatives from eight NIH Institutes and the Office of Behavioral and Social Science Research.
- The new Presidential initiative, *Safe and Bright Futures for Children*, aims to reduce the consequences of domestic violence, especially the aftereffects on children.

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