Injury and Violence

Healthy Kansans 2010 Steering Committee Meeting May 12, 2005

10 Leading Causes of Death by Age Group – 2001

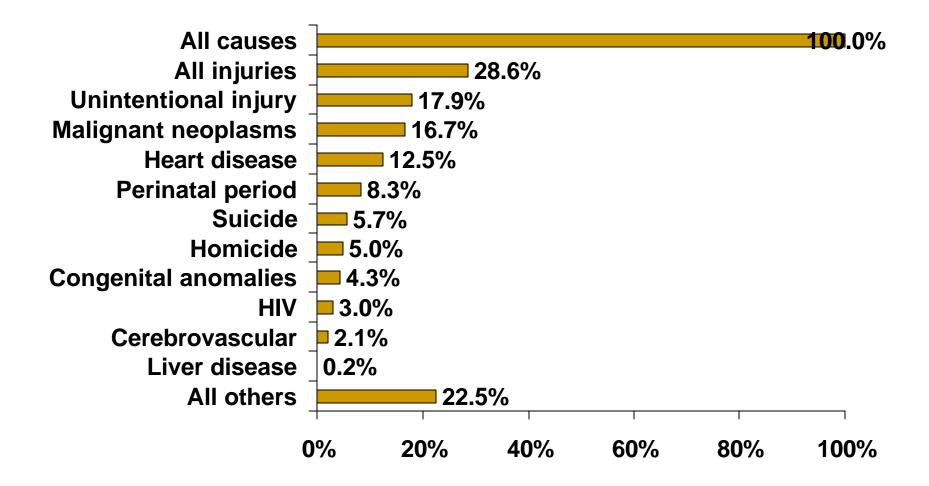
V.S.	Age Groups										2-44
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	C ongenital An omalies 5,513	Unintentional hjury 1,714	Unintention al Injury 1,283	Unintentional Injury 1,653	Unintentional Injury 14,411	Unintention al Injury 11,839	Malignant Neoplasms 16,559	Malignant Neoplasms 49,562	Malignant Neoplasms 90,223	Heart Disease 582,730	Heart Disease 700,142
2	Short Gestation 4,410	Congenital An ornalis 557	Malignant Neoplasms 493	Malignant Neoplasms 515	Homicide 5,297	Horridde 5,204	Uninteintion al Injury 15,945	Heant Disease 36,399	Heart Disease 62,486	Malignant Neoplasms 390,214	Mialignan t Neoplasm s 553,768
3	SIDS 2,234	Malignant Neoplasms 420	Congenital An omalies 182	9u icide 272	9uicide 3,971	Suicide 5,070	Heart Disease 13,326	Unintentional Injury 13,344	Chronic Low Respiratory Disease 11,166	Cerebro- vas cular 144,486	Cenebro- uaiscentar 1 তো, তোষ
4	Matem al Pregnancy Comp. 1/499	Homidde 415	Homicide 137	Congenital An omalies 194	Malignant Neoplasms 1,704	Malignant Neoplasms 3,994	9uicide 6,635	Liver Disease 7,259	Cerebro vascular 9,608	Chronic Low Respiratory Disease 106,904	Chinonic Low. Respilatory Disease 123,01
5	Placenta Cord Membranes 1,018	Heart Disease 225	Heart Disease 98	Homicid e 189	Heart Disease 999	Heart Disease 3,160	HI∨ 5,867	Suicide 5,942	Diabetes Mellitus 9,570	Influenza & Pheumonia 55,518	Unintentional injury 101,537
6	Respiratory Distress 1,011	Influenza & Pneumonia 112	Benigin Neoplasms 52	Heant Disease 174	C ongenital An omalies 505	HIV 2,101	Horricide 4,268	Cerebro- vas cular 5,910	Unirtentional Injury 7,658	Diabetes Mellitus 53,707	Diabetes Mellitus 71,372
7	Unintentional Injury 976	Se pticernia 108	Influenza & Pneumonia 46	Chronic Lovu Respiatory Disease 62	HIV 225	Cerebro- vascular 601	Liver Disease 3,336	Diabetes Mellitus 5,343	Liver Disease 5,750	Atzheimer's Disease 53,245	ів 11 ев za & Рвечтов Ia 62Д34
8	Ba der ial Se psis 696	Pe rin <i>a</i> tal Pe riod 72	Chronic Low Respiratory Disease 42	Benigin Neoplasms 53	Cerebro- væcular 196	Diabetes Mellitus 595	Cerebro- vascular 2,491	HIV 4,120	9uicide 3,317	Nephritis 33,121	Abzlielmie /s Diseaise 53,852
9	Circulatory System Disease 622	Bengin Neoplasms 58	C erebro- vas cular 38	Influenza & Pneumonia 45	Influenza & Pneumonia 181	Congenital An omalies 468	Diabetes Mellitus 1,958	Chronic Low Respiratory Disease 3,324	Nephritis 3,284	Unintentional hjury 32,694	Nepinttis 39,480
10	Intraut erine Hypoxia 534	Cerebro- vascular 54	Se ptbernia 29	Cerebro- vas cular 42	Chronic Low Respiratory Disease 171	Liver Disease 387	Influenza & Pheumonia 983	Homicid e 2,487	Se pticernia 3,111	Se pticernia 25,418	Septicem ta 312,238

Note: Horricide and suicide counts include terrorism deaths associated with the events of September 11, 2001, that occurred in New York City, Pennsylvania, and Virginia. Atotal of 2,926 U.S. residents lost their lives in these acts of terrorism in 2001, of which 2,922 were classified as (transportation-related) horricides and 4 were classified as suicides.

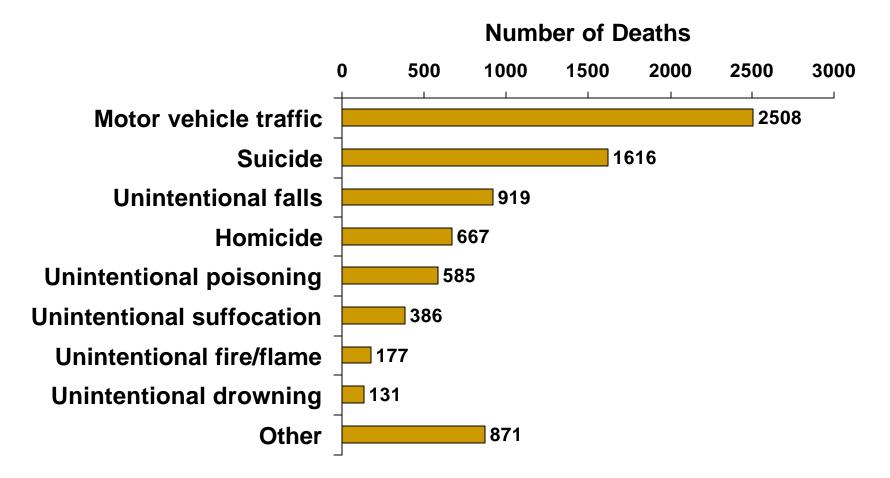
Source: National Center for Health Statistics, (NCHS) Vital Statistics Systems.

Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

Percentage of Total Years of Potential Life Lost Before Age 65, United States, 1999



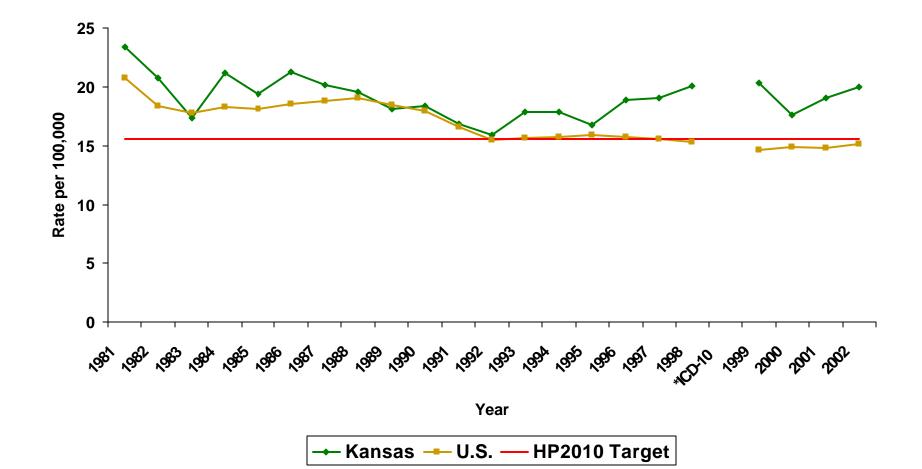
Leading Causes of Injury Deaths, Kansas, 1999-2003



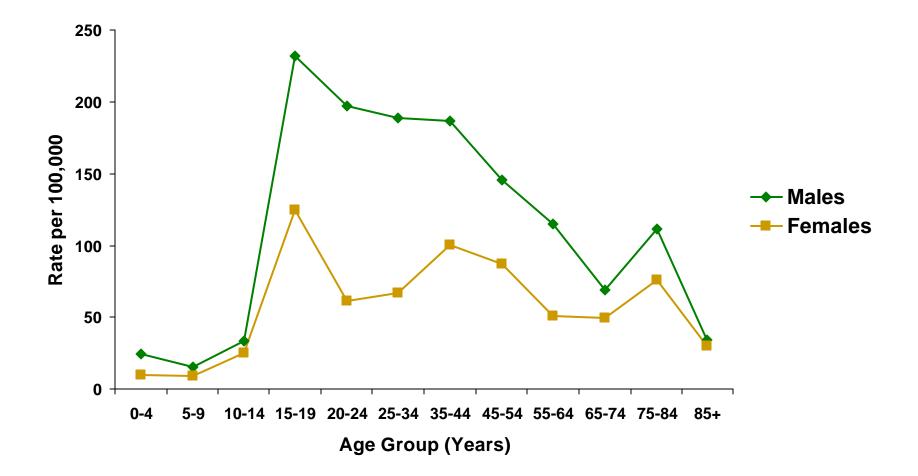
Healthy People 2010 Leading Health Indicator

- Injury and violence
 - Motor vehicle crashes
 - Most common cause of serious injury
 - Effective interventions well understood
 - Significant economic impact
 \$230 billion annually (2.3% GDP)
 - Suicide
 - Youth Prevention Programs
 - Rates affected by transition to ICD-10
 - Homicide
 - Comprehensive data
 - Reliable indicator of all violent crime

Age-Adjusted Motor Vehicle Traffic Mortality Rates, Kansas and U.S., 1981-2002



Motor Vehicle Traffic Occupant Death Rate, by Sex and Age, Kansas, 1999-2003



Occupant Restraints

Seat belts

- Reduce risk of death by 50% in cases where the occupant would otherwise die (Source: NHTSA, 2003)
- Reduce risk of serious injury to the head, chest and extremities by 50% to 83%

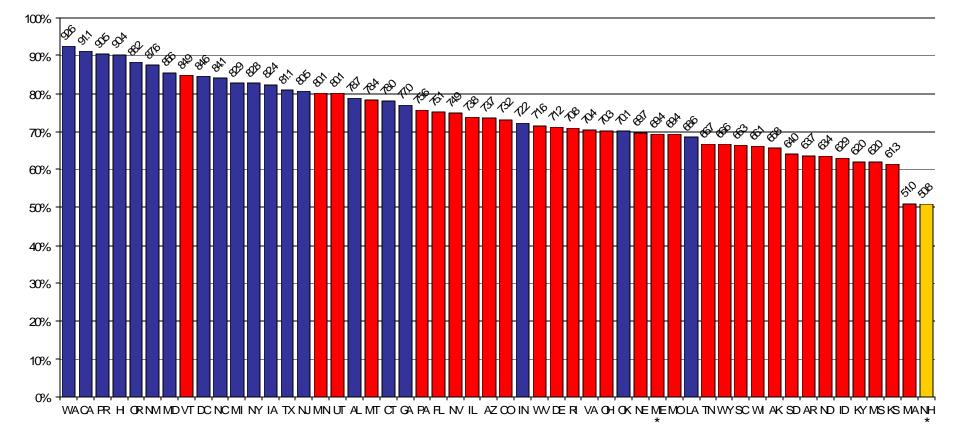
Occupant Restraints

- Child safety seats
 - Reduce risk of death by 71% for infants in passenger vehicles
 - Reduce risk of death by 54% for toddlers
 - Reduce the need for hospitalizations by 69%
 - Children are 37% less likely to be fatally injured if riding in the rear seat

Occupant Restraints

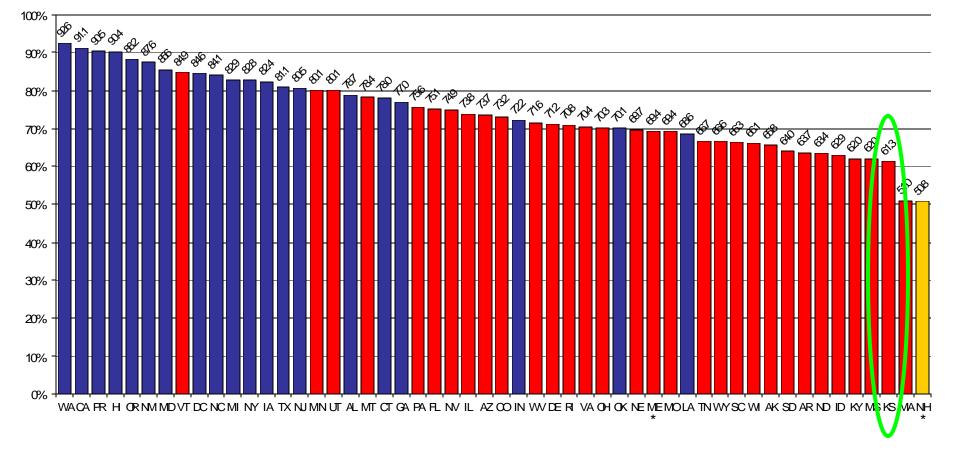
- Belt-positioning booster seats
 - For children who have outgrown safety seats, but are too small for adult seat belts (generally for ages 4-8 years)
 - Reduce risk of injury to children in crashes by 59 percent compared with the use of vehicle safety belts

Safety Belt Usage Rates by State and Type of Law, 2002 Primary Secondary No Adult Safety Belt Law



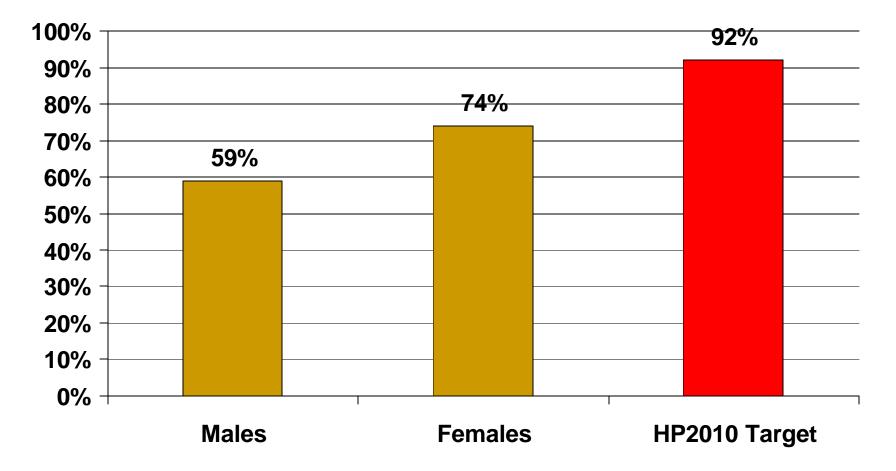
Source: NHTSA, 2005 (observational use)

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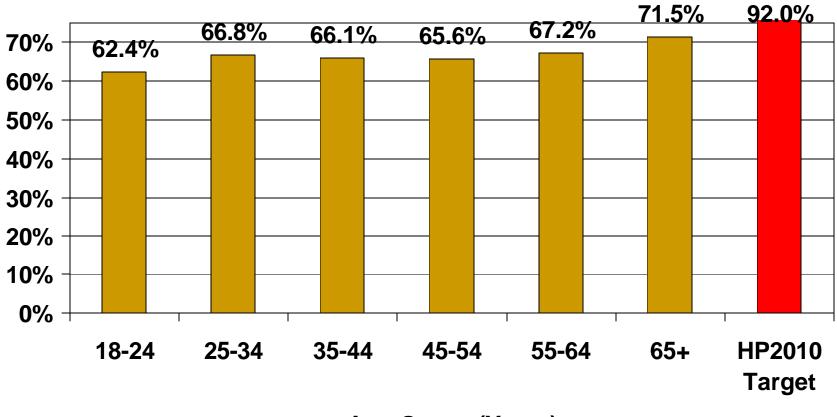
Source: NHTSA, 2005 (observational use)

Percent of Adults Always Wearing a Seat Belt, by Sex, Kansas, 2002



Source: Behavioral Risk Factor Surveillance System

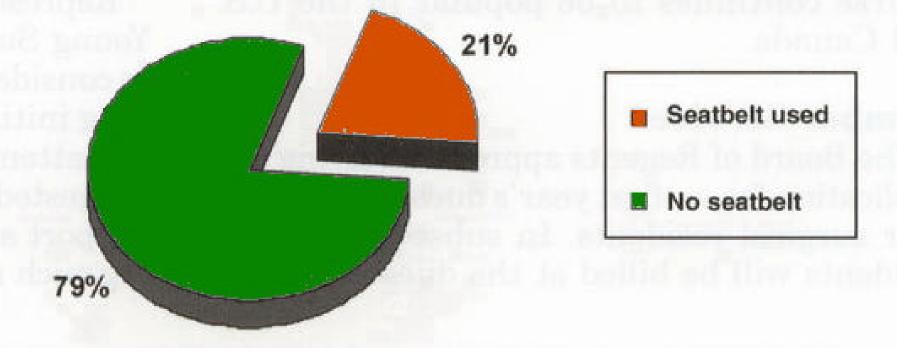
Percentage of Adults Always Wearing a Seatbelt, by Age, Kansas, 2002



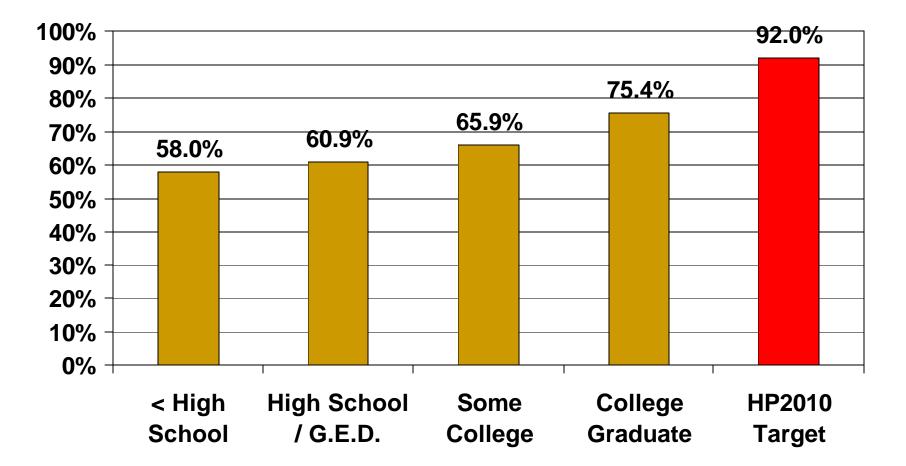
Age Group (Years)

National Trauma Data Bank[™] Annual Report 2004

Seat belt use in teenage driver fatalities

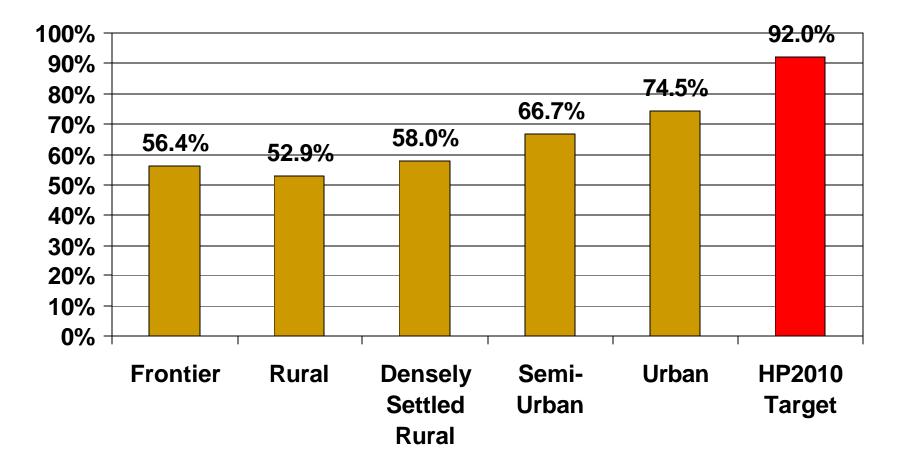


Percentage of Adults Always Wearing a Seatbelt, by Education, Kansas, 2002



Source: Behavioral Risk Factor Surveillance System

Percentage of Adults Always Wearing a Seat Belt, by Population Density, Kansas, 2002

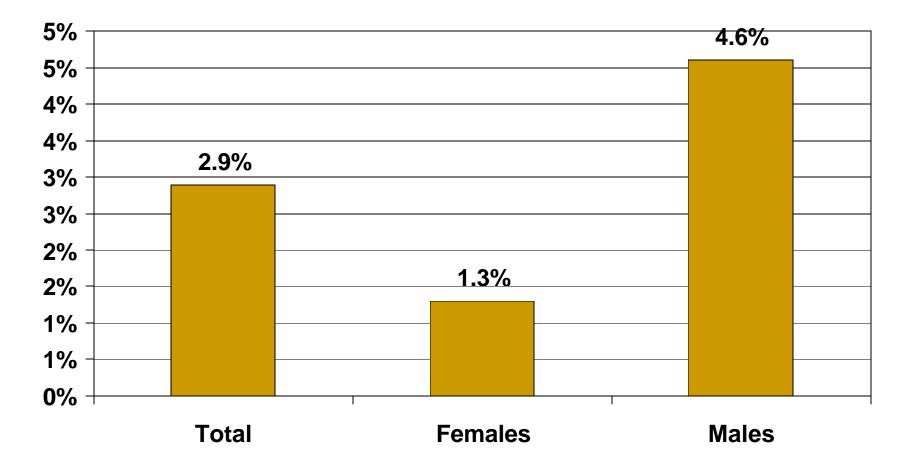


Source: Behavioral Risk Factor Surveillance System

Impaired Driving

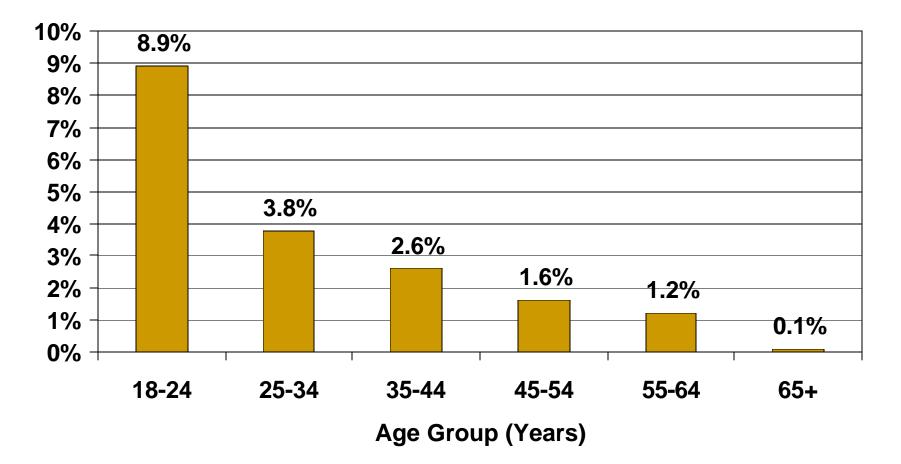
- 44% of all motor vehicle traffic deaths in Kansas are alcohol-related (FARS, 2003)
- Nationally, more than 50% of alcoholinvolved drivers in fatal crashes have blood alcohol concentrations at or above 0.16% – twice the legal limit in most states

Percentage of Adults Who Reported Driving After Having Had Too Much to Drink in Past 30 Days, by Sex, Kansas, 2002



Source: Behavioral Risk Factor Surveillance System

Percentage of Adults Who Reported Driving After Having Had Too Much to Drink in Past 30 Days, by Age Group, Kansas, 2002



Source: Behavioral Risk Factor Surveillance System

Suicide

- 3rd leading cause of death for persons 10-24 years in U.S.
- Suicide outranks Homicide for persons
 35-64 years
- Across all age groups, Suicide outnumbers Homicide by a factor of 2.5
- Rate increased 1.9% from 2001 to 2002 nationally

Suicide: Remove the Stigma

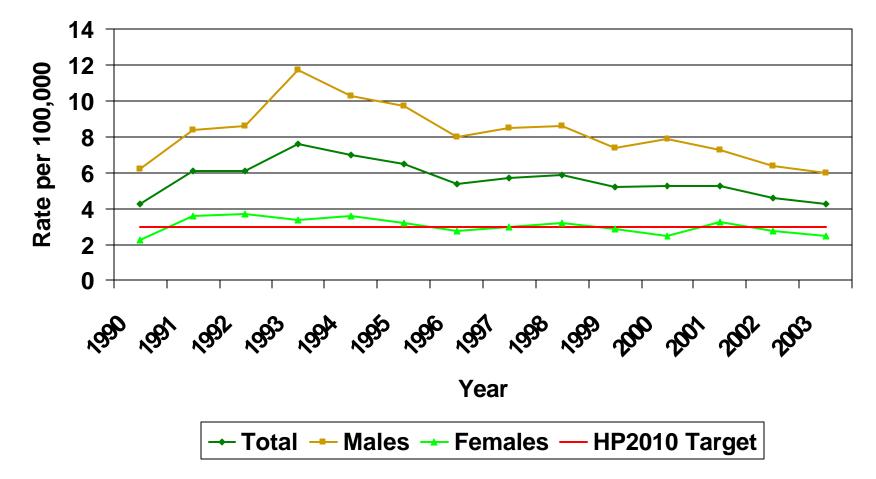
 Twice as many Suicide deaths as HIV/AIDS deaths each year
 National and International attention

Very limited Public Awareness

Homicide

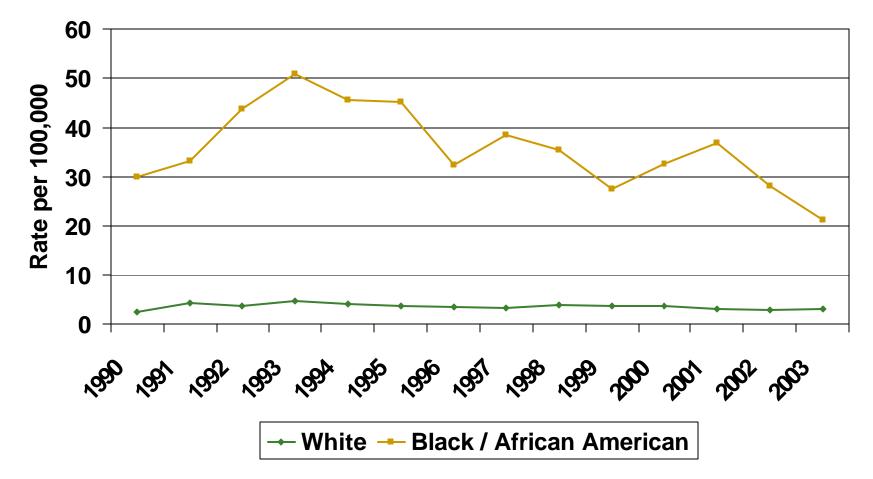
- 2nd leading cause of death for persons
 15-24 years in U.S.
- Leading cause of death for African
 Americans / Blacks ages 15-24 years in
 U.S. and Kansas

Age-adjusted Homicide Rate, by Sex, Kansas, 1990-2003



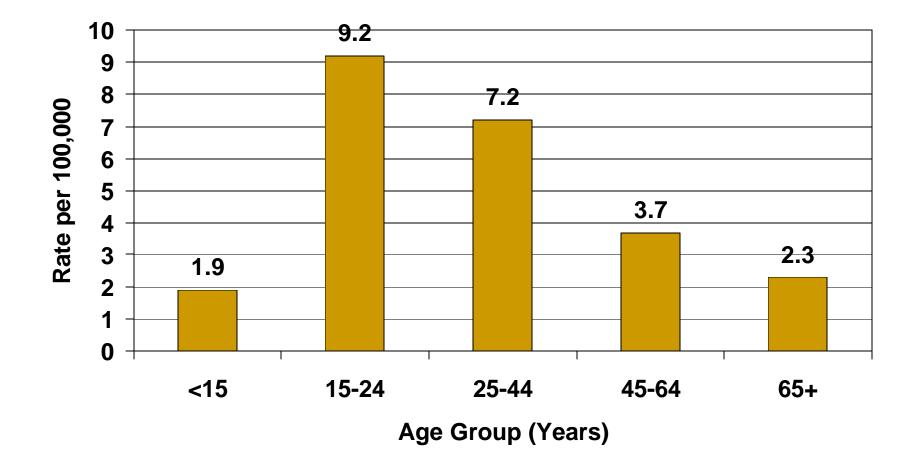
Source: KDHE Center for Health and Environmental Statistics

Age-adjusted Homicide Rate, by Race, Kansas, 1990-2003

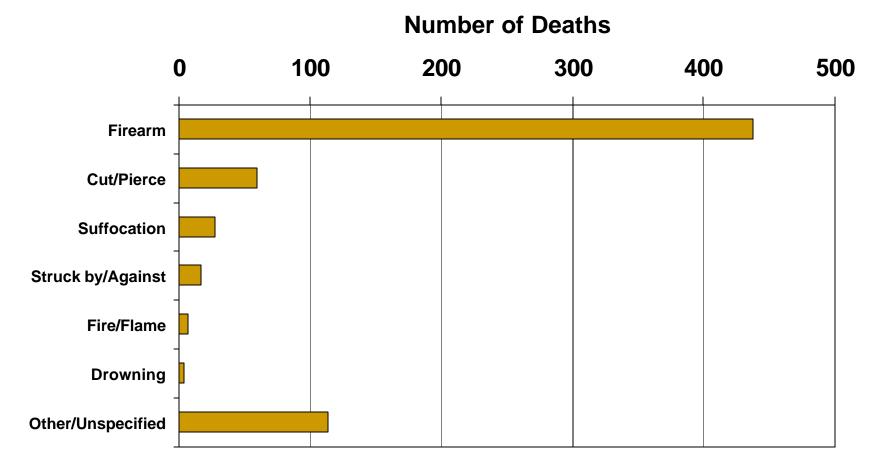


Source: KDHE Center for Health and Environmental Statistics

Homicide Rate, by Age, Kansas, 1999-2003



Number of Homicides by Manner, Kansas, 1999-2003



Source: KDHE Center for Health and Environmental Statistics

Top 5 recommendations to reach Healthy Kansans 2010 Goals

- Enact/enforce Primary Seatbelt Laws
- Enforce stricter DUI penalties
- Suicide Awareness campaigns
- Mentor black youths through involvement in social programs
- Support development of a Statewide Trauma System

Primary Seatbelt Laws

- Statistically proven to increase compliance and decrease mortality
- Increased compliance in other states documented
- Identify the sources of opposition
- Decrease medical expenditures

Stricter DUI Penalties

- Discourage 1st time offenders and remove repeat offenders from streets
 - Support mobile DUI units
- Teen- and Male-directed Drinking and Driving Prevention Campaigns
 KSNA Grant
- Decrease medical expenditures

Suicide Awareness

- Campaign to educate ALL HCPs on how to identify at-risk populations
 - Teenagers
 - Marital and Financial problems
 - Elderly with chronic illnesses
- Public Awareness
 - Remove the stigma of discussing this problem
 - Educate parents to identify teens at risk
 - Secure Firearms

Aggressive intervention after suicide attempts

Decrease medical expenditures

Youth Social Programs

- Provide alternatives to potentially dangerous after-school activities
 - YMCA
 - Community group athletics
- Taskforce to explore ideal solution in KS
 - Best Practices of Youth Violence Prevention
 - CDC
- Provide positive role models
 - Partner with professional and college athletes
 - Partner with local law enforcement agents
- Decrease medical expenditures

Statewide Trauma System

- Decrease time to Definitive Care for most patients injured in rural settings
- Provide collaborative education and prevention services
- Create a standard of excellence to improve care for critically injured patients; a tiered system
- 30 50% of fatally injured patients have potentially survivable injuries in rural states
 - Rogers and Shackford, 1999
 - Vane and Shackford, 1995
 - Muelleman, 1993
 - Kearney, 1990
 - × Baker, 1988
 - × Certo, 1983

Decrease medical expenditures

3 reasons to provide consistent, fast, and perfect trauma care:





