

Injury and Violence Prevention

Preface

The Mobilizing for Action through Planning and Partnerships (MAPP) planning process identified the area of *Injury and Violence Prevention* as a priority. There were a broad number of subtopics included in this area: fall prevention, motor vehicle accidents, suicide, child abuse and neglect, family and inter-personal violence, and alcohol and drug use.

During the Community Health Improvement Planning process it was determined to place the emphasis on suicide prevention and child abuse and neglect in the Priority Section: *Mental and Emotional Well-Being*. However, as with all other Priority Areas, *Injury and Violence Prevention* is interrelated with all other sections.

In developing this section of the plan the partners relied heavily on the recommendations and research contained in the National Prevention Strategy 2011, The Guide to Community Preventive Services and Healthy People 2020. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Work plans to implement this plan will be developed at the regional level through initiatives such as:

- Panhandle Suicide Prevention Plan
- Healthy Communities Healthy Youth (Child Well-Being Plan 2010-2015)
- Support Services for Rural Homeless Youth (SSRHY 2010-2015)
- Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011-2014
- Panhandle Early Childhood Education Training Plan 2012-2013
- Panhandle ACA Home Visiting Assessment and HFA Plan 2011-2014
- Worksite Wellness Plans

The *Injury and Violence Prevention* plan addresses one HP 2020 Leading Health Indicator.

- IVP 1.1 Reduce fatal injuries (LHI).

To have a meaningful impact on health outcomes the plan will be implemented across all age sectors of the community through the strong engagement of the local public health system including: schools, day cares, businesses, citizens, agencies, hospitals and health care providers, local areas of government. Implementation work plans will address lower income, aging, disabled, and minority populations.

Injury and Violence Prevention Goals and Strategy Summary

Injury and Violence Prevention has one goal:

- Prevent unintentional injuries and violence, and reduce their consequences

There are four strategies which address enhancing *Injury and Violence Prevention* in the community, workplace, schools and child care settings:

- Implement and strengthen policies and program to enhance transportation safety
- Promote and strengthen policies and programs to prevent falls, especially among older adults
- Promote and enhance policies and programs to increase safety and prevent injury in the workplace
- Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries

There are several issues which are not currently included in Healthy People 2020 but are continuing to be researched nationally. These include:

- Motor vehicle crashes due to distracted driving
- Injuries related to recreational activities
- Bullying, dating violence, and sexual violence among youth
- Elder maltreatment, particularly with respect to quantifying and understanding the problem

As Nebraska has begun to collect data on some of these areas, and has begun efforts to address them, they are included as action items in the “activities”. These areas are:

- Distracted driving among teens
- Bullying, dating violence and sexual violence among youth

PRIORITY AREA Injury and Violence Prevention

PROBLEM STATEMENT

“Unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages.” Healthy People 2020 HP 2020 goes on to note that “Injuries are the leading cause of death for Americans ages 1 to 44 and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status.”

Unintentional injuries are the fifth leading cause of death in the Panhandle.

In addition to their immediate impacts, injuries can result in premature death, disabilities, poor mental health, high medical costs, and lost productivity.

Children

- Injuries resulting from motor vehicle accidents are the leading cause of death for children age 0 to 19.1
- Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.

Youth

- Approximately 72% of all deaths among adolescents age 10 to 24 are attributed to injuries from four causes: motor vehicle crashes (30%), all other unintentional injuries (15%), homicide (15%), and suicide (12%).
- More than 1 million serious sports-related injuries occur each year among adolescents age 10 to 17

Adults

- More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.
- Each year, women experience about 4.8 million intimate partner-related physical assaults and rapes. Men are the victims of about 2.9 million intimate partner-related physical assaults.
- Every day on average, 12 working men and women are killed on the job. In 2009, more than 4.1 million workers across all industries had work-related injuries and illnesses that were reported by employers.

Older Adults

- Each year, about one-third of men and women age 65 and older experience a fall, and 20% to 30% of them suffer a moderate to severe injury, such as a hip fracture or head injury.
- Injuries can make it more difficult for older adults to live independently and increase older adults' risk of premature death.

HEALTH DISPARITIES

Injuries affect all sectors of the population.

Fatalities

However, men and Hispanic and foreign-born individuals have higher rates of work-related fatal injuries.

Exposure

Witnessing or being a victim of violence (e.g., child maltreatment, youth violence, intimate partner and sexual violence, bullying, elder abuse) are linked to lifelong negative physical, emotional, and social consequences.

Age

Each year, about a third of adults aged 65 years and older experience a fall, and 20 to 30 percent of them suffer a moderate to severe injury (e.g., hip fracture, head trauma). Those injuries can make it more difficult for older adults to live independently and increase their risk of early death.

Rural Location

Motor vehicle crash fatality rates are especially high in rural areas and for residents of tribal lands, in part because of poor road maintenance, higher rates of alcohol impaired driving, lower rates of seat belt and child safety seat use, and less access to emergency response and trauma care.

INFLUENTIAL FACTORS

Injuries are predictable and preventable and can be impacted by interventions that address social and physical factors such as:

- Modifications to the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may include:

- Changing social norms about the acceptability of violence
- Improving problem solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that give rise to violence

DETERMINANTS

An individual's risk of injury and violence may be impacted by many social, personal, economic, and environmental factors. For example, the physical environment, both in the home and community, can affect the rate of injuries related to falls, fires, burns, road traffic incidents, drowning, and violence.

- **Individual behaviors:** The choices people make about individual behaviors, such as alcohol use or risk-taking, can increase injuries.

- **Physical environment:** The physical environment, both in the home and community, can affect the rate of injuries related to falls, fires and burns, road traffic injuries, drowning, and violence.
- **Access to Services:** Access to health services, such as systems created for injury-related care, ranging from pre-hospital and acute care to rehabilitation, can reduce the consequences of injuries, including death and long-term disability. **Social Environment:** The social environment has a notable influence on the risk for injury and violence through:
 - Individual social experiences (social norms, education, victimization history)
 - Social relationships (for example, parental monitoring and supervision of youth, peer group associations, family interactions)
 - Community environment (for example, cohesion in schools, neighborhoods, and communities)
 - Societal-level factors (for example, cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

PRIORITY AREA: Injury and Violence Prevention

GOALS:

- **Prevent unintentional injuries and violence**
- **Reduce the consequences of unintentional injuries and violence**

STRATEGIES	ACTIVITIES	PARTNERS
<p>#1 Implement and strengthen policies and program to enhance transportation safety.</p>	Child Safety Seat Programs/Installation Checks.	Hospitals, communities, parents
	Enforce seat belt laws.	Local law enforcement, state patrol
	Provide public education on the importance of seat belts in reducing injury.	State patrol, community partners
	Conduct Alcohol Compliance Checks (including sale to underage youth).	State patrol, local law enforcement
	Responsible Beverage Server Training using tele-health network to assure regional coverage at reduce cost.	Prevention Coalition, state patrol
	Community campaigns to educate and inform youth about distracted driving (texting, cell phones).	Local law enforcement, community groups
	Promote bike safety campaigns and practices including use of helmets.	Communities, Public Health, hospitals
	Educate on and enforce motorcycle laws.	Law enforcement
<p>#2 Promote and strengthen policies and programs to prevent falls, especially among older adults.</p>	Tai Chi variations offered to adults in all eleven counties.	Public Health, PPHHS Training Academy, senior centers, UNL Extension, assisted living
	Senior fitness and exercise programs including open school walking track in rural communities.	Community centers, senior centers, YMCA's, schools
	Medication reviews for seniors.	Area Office on Aging, primary care providers, pharmacists

	Home safety inspections and adaptations.	Area Office on Aging, home health, hospice
	Senior fall risk self-screening information and referral for assessments.	Physicians, hospitals, county fairs, senior centers
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Farm Safety Practices	UNL Extension
	Worksite Wellness Sites policies and practices including hazard identification and remediation, worker training, management commitment, practices that promotes a culture of safety.	Worksite Wellness, business, organizations
	Worker Personal Risk Assessments.	Worksite Wellness, business, organizations
	Environmental worksite change.	Worksite Wellness, business, organizations
	Work -place interventions to reduce violence, bullying and other negative behaviors.	Worksite Wellness, Business, Organizations
#4 Provide individuals and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. <i>(See Mental and Emotional Wellness for additional actions)</i>	Programs and information for youth on relationship/dating safety and respect.	DOVES, Project Everlast, HCHY, out of school time programs, faith groups
	Housing and economic development, especially in higher poverty/deteriorating areas	CoC Housing and Homelessness, Economic Development,
	Promote effective social development strategies and conflict resolution skills for youth and adults	Communities, leadership programs, local leaders
	Anti-bullying policies instituted and equitably enforced at schools.	Schools, parents, youth
	Community-wide, intergenerational efforts to prevent cyber-bullying and promote positive interpersonal behaviors among youth and adults.	Communities, leadership groups, schools, local levels of government, parents, youth
	School policies regarding the use of safety equipment during sports, physical education and intramurals.	Schools, hospitals and health care providers,

		Public Health, parents
	ATV and off-road safety information and practices.	Dealers, clubs, UNL Extension, parents, Public Health
	Practices to avoid injury due to overexertion.	Worksites, physicians, athletic trainers, sports coaches, facilities, Public Health

EVALUATION OF INJURY AND VIOLENCE PREVENTION STRATEGIES

STRATEGIES	TARGET: By July 2017...	DATA SOURCE	BASELINE
#1 Implement and strengthen policies and program to enhance transportation safety.	Reduce the % of high school youth who never/rarely wore a helmet when biking in last 12 months	Nebraska Youth Risk Behaviors Survey (YRBS)	NE 2011: 91%
	Reduce the % of high school youth who reported never/rarely wearing seat belts.	YRBS	NE 2011: 16%
	Reduce the % of high school youth who reported that they rode with a driver who had been drinking in the past 30 days.	YRBS	NE 2011: 24%
	Reduce the % of high school youth who reported that they drove while drinking in the past 30 days	YRBS	NE 2011: 7%
	Reduce the % of high school youth who reported that they texted or emailed while driving in the past 30 days.	YRBS	NE 2011: 45%
	Reduce the % of high school youth who reported talking on cell phone while driving in the past 30 days.	YRBS	NE 2011: 49%
#2 Promote and strengthen policies and programs to prevent falls, especially among older adults.	Reduce the % of falls resulting in hospitalization by adults over the age of 64.	TBD	
#3 Promote and enhance policies and programs to increase safety and prevent injury in the workplace.	Increase the number of worksites that has policies to promote employees to wear seat belts while driving a car or operating a moving vehicle while on company business.	Nebraska Worksite Wellness Survey	NE 2011: 56.9% Panhandle 2011: 45%
	Increase the number of worksites that has policies that require employees to refrain from talking on cellular phones while driving a car or operating a moving vehicle while on company business.	Nebraska Worksite Wellness Survey	NE 2011: 41.7% Panhandle 2011: 25%
#4 Provide individuals	Reduce the % of high school youth who reported	YRBS	NE 2011: 27%

<i>and families with the knowledge, skills, and tools to make safe choices that prevent violence and injuries. (See Mental and Emotional Wellness for additional actions)</i>	having been in a physical fight in past 12 months.		
	Reduce the % of high school youth who reported that they were physically abused by a boyfriend or girlfriend in past 12 months.	YRBS	NE 2011: 11%
	Reduce the % of high school youth who reported they were ever forced to have sex.	YRBS	NE 2011: 8%
	Reduce the % of high school youth who reported they were bullied on school property in past 12 months.	YRBS	NE 2011: 23%
	Reduce the % of high school youth who reported they were electronically bullied in past 12 months.	YRBS	NE 2011: 16%

These HP 2020 factors are being addressed in this section.

IVP-16 Increase age-appropriate vehicle restraint system use in children

IVP-26 Reduce sports and recreation injuries

IVP 27 Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school-sponsored physical activities

IVP-34 Reduce physical fighting among adolescents

IVP-35 Reduce bullying among adolescents

EVALUATION OF INJURY AND VIOLENCE PREVENTION GOALS

GOALS	TARGET: By July 2017...	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Prevent unintentional injuries and violence.	Reduce the number of injuries from falls in over 65 years old.	NE DHHS	PPHD 2010: 609 SBCHD 2010: 394	IVP-23 Prevent an increase in the rate of fall-related deaths.
	Reduce the number of injuries by “struck by/against”.	NE DHHS	PPHD 2010: 642 SBCHD 2010: 462	IVP-1 Reduce fatal and non-fatal injuries.
	Reduce the number of injuries by cut/pierced.	NE DHHS	PPHD 2010: 349 SBCHD 2010: 242	IVP-1 Reduce fatal and non-fatal injuries.
	Reduce the number of injuries resulting from motor vehicle accidents.	NE DHHS	PPHD 2010: 291 SBCHD 2010: 337	IVP-14 Reduce nonfatal motor vehicle crash-related injuries.
	Reduce the number of injuries from violence.	NE DHHS	PPHD 2010: 149 SBCHD 2010: 162	There is not a generic HP 2020 for violence.
	Reduce the number of injuries by overexertion.	NE DHHS	PPHD 2010: 323 SBCHD 2010: 169	IVP-1 reduce fatal and non-fatal injuries.
Reduce the consequences of unintentional injuries and violence.	Reduce the number of deaths as a result of falls in persons over 65.		PPHD 2006-10 combined: 26 SBCHD 2006-10 combined: 21	IVP-23 Prevent an increase in the rate of fall-related deaths. IVP 1.1 Reduce fatal injuries (LHI).
	Reduce the number of deaths resulting from motor vehicle accidents.	DHHS	PPHD 2006-10 combined: 51 SBCHD 2006-10 combined: 34	IVP 15 Reduce motor vehicle deaths. IVP 1.1 Reduce fatal injuries (LHI).

	Reduce the number of deaths from violence.	DHHS	PPHD 2006-10 combined: 8 SBCHD 2006-10 combined: 7	IVP 1.1 Reduce fatal injuries (LHI).
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