

## Foreword

The Centers for Disease Control and Prevention (CDC) Injury Center, The Council of State and Territorial Epidemiologist (CSTE), and the State and Territorial Injury Prevention Directors' Association (STIPDA) are pleased to bring you this second edition of the *State Injury Indicators Report* with 1999 data. Twenty-six state health departments voluntarily participated in this surveillance effort. The data inside represent continued progress toward routine surveillance and reporting of injury indicators in all states. This second edition incorporates data from a greater number of states and includes data on the poisoning indicator, with both gender and age-specific rates. The indicators were calculated by using state-level data from death certificates and hospital discharge records coupled with data from several national surveillance systems. As more states join in this surveillance, we can present a broader picture of the burden of injuries and better identify priorities for prevention. We look forward to increased state participation in future reports.



## Introduction

Injury surveillance is one of the most important and basic elements of injury prevention and control. It helps determine the magnitude of injury morbidity and mortality, the leading causes of injury, and the population groups and behaviors associated with the greatest risk. Surveillance data is fundamental to determining program and prevention priorities. Furthermore, this data is crucial for evaluating the effectiveness of program activities and for identifying problems that need further investigation.

Fifty-nine million injuries were reported in 1995, resulting in 37 million hospital emergency department visits and 2.6 million hospital discharges. Injuries also accounted for 37% of all hospital emergency department visits, and about 8% of all short-stay hospital discharges. That year, 147,891 people died from injuries: 61% from unintentional injuries, 21% from suicides, and 15% were homicides. Death from injury is the leading cause of years of potential life lost before age 75 in the United States.<sup>1</sup>

The mission of public health includes prevention, mitigation, assuring that the injured have access to treatment, and reducing injury-related disability and death.<sup>1</sup> Its scope encompasses injuries involving any mechanism (e.g., firearm, motor vehicle, and burn), and includes both intentional and unintentional injuries. An important part of the public health mission is to emphasize that injuries are preventable and to dispel the misconception that injuries are unavoidable.

Recognizing the need for more comprehensive injury surveillance data, the State and Territorial Injury Prevention Directors' Association (STIPDA) produced *Consensus Recommendations for Injury Surveillance in State Health Departments* in 1999.<sup>2</sup> These recommendations were developed by a working group representing STIPDA; the Council of State and Territorial Epidemiologists (CSTE); Centers for Disease Control and Prevention (CDC) and its National Center for Injury Prevention and Control (NCIPC); and the National Association of Injury Control Research Centers (NAICRC).

*Consensus Recommendations* identifies 14 specific injuries and injury risk factors to be placed under surveillance by all states and 11 data sets to monitor these injuries and risk factors. The goal is to improve state-based injury surveillance to better support injury prevention programs and policies. By enhancing and standardizing injury surveillance at the state level, its integration with overall public health surveillance as part of the National Public Health Surveillance System (NPHSS)<sup>3</sup> will be much easier. In tandem with the *Consensus Recommendations*, CSTE and STIPDA developed injury indicators that were formally adopted for inclusion in NPHSS.<sup>4,5</sup> The NPHSS injury indicators add to other indicators developed by CSTE for chronic diseases and other areas.<sup>4</sup>

### What is an Injury Indicator?

*An injury indicator describes a health outcome of an injury, such as hospitalization or death, or a factor known to be associated with an injury, such as risk or protective factor among a specified population.*