



# PROGRESS REVIEW

## Unintentional Injuries

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ August 5, 1999

The Assistant Secretary for Health and Surgeon General chaired the third and final review of progress in achieving Healthy People 2000 objectives for Unintentional Injuries. The review was organized by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), the lead agency for this Healthy People priority area. The presentations and discussions among the participants examined the transportation-related objectives and those related to home and leisure. Through a satellite broadcast, more than 3,000 sites were linked, giving viewers the opportunity to submit questions by telephone and fax. Of the 26 objectives in priority area 9, 8 achieved the year 2000 targets, 11 made substantial progress, and 2 showed no progress. Two objectives had no data source, and the data sources for three were no longer available for tracking. The progress review focused on the following objectives:

**9.1** The age-adjusted rate of deaths from unintentional injuries decreased from 34.7 per 100,000 in 1987 to 30.1 in 1997. The year 2000 target is 29.3 per 100,000. Death rates for select populations also decreased.

**9.2** The rate of hospitalizations for nonfatal injuries decreased from 832 per 100,000 in 1988 to 582 in 1997, surpassing by 30 percent the year 2000 target of 754 per 100,000. For black males, the rate declined from 1,007 per 100,000 in 1991 to 637 in 1997, surpassing the target of 856 per 100,000.

**9.3** The rate of deaths caused by motor vehicle crashes decreased from 2.4 per 100 million vehicle miles traveled in 1987 to 1.6 in 1997. The year 2000 target is 1.5. There was also a decline in the rate of deaths from motor vehicle crashes per 100,000 people, from 19.2 in 1987 to 15.3 in 1998. The target is 14.2. The death rate for motorcyclists involved in collisions decreased from 42.5 per 100 million vehicle miles traveled in 1987 to 20.9 in 1997, surpassing the target of 25.6. The rate of motorcyclists' deaths per 100,000 population declined from 1.7 in 1987 to 0.8 in 1997, also surpassing its target of 0.9. For pedestrians struck by motor vehicles, the death rate decreased from 2.8 per 100,000 in 1987 to 2.0 in 1997, thus meeting its target.

**9.4** The rate of deaths from falls and fall-related injuries was 2.7 per 100,000 in 1997, the same as in 1987. The year 2000 target is 2.3. The rate for people aged 65-84 increased from 18.1 per 100,000 in 1987 to 20.7 in 1997 (target, 14.4). For people aged 85 and older,

the rate increased from 133.0 per 100,000 in 1987 to 160.3 in 1997, over 50 percent higher than the target of 105.0.

**9.5** The rate of deaths from drowning decreased from 2.1 per 100,000 in 1987 to 1.5 in 1997. The year 2000 target is 1.3.

### DEVELOPMENTS

- Each day, an average of 250 people are killed from unintentional injuries, nearly one-fifth of them children. This is the leading cause of death for people aged 1 to 34 and the fifth leading cause for the total population. There were 96,000 such deaths in 1997.
- The largest disparity in unintentional injuries is between the sexes; the death rate for men is more than twice that for women.
- The decline in the rate of deaths from motor vehicle crashes can be attributed to a combination of factors—raising the legal drinking age to 21, increased use of safety belts and child restraint seats, zero tolerance for drinking and driving by youth, stricter law enforcement, administrative license revocation, graduated driver licensing systems, and stiffer penalties upon conviction for drunk driving.
- Wearing a bicycle helmet reduces the risk of head injury by as much as 85 percent.
- Child-resistant packaging of prescription medications has accounted for an estimated 45 percent reduction in poisoning deaths among children under age 5.
- Prescription drug interactions contribute to frailty and loss of visual acuity in the elderly and, consequently, to their high incidence of falls and resultant fractures. The death rate from falls among those aged 85 and over is almost 8 times the rate for those aged 65-84 and has increased by almost 21 percent over the past decade.
- Smoke alarms reduce by half the risk of dying from a fire, while home sprinkler systems decrease the risk of death by 65 percent and property loss by 48 percent. Only two-thirds of homes report having a functional smoke alarm.
- Alcohol is a major risk factor for all unintentional injuries, contributing to an estimated 40 percent of motor vehicle and fire-related deaths.

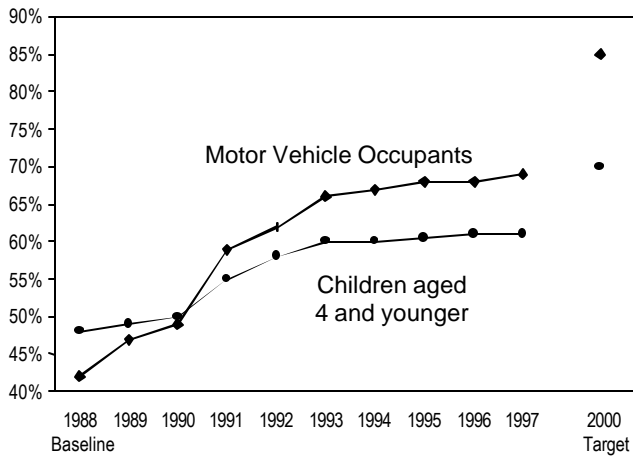
**9.6** The age-adjusted rate of deaths from fire-related injuries decreased from 1.7 per 100,000 in 1987 to 1.1 in 1997, surpassing the year 2000 target of 1.2. During the 1990s, the rates for select populations also decreased, including rates for blacks, Puerto Ricans, and children. The rate of residential fire deaths caused by smoking decreased from 26 percent in 1987 to 17 percent in 1996, remaining above the target rate of 8 percent.

**9.7** The hospitalization rate for hip fractures among people aged 65 and older increased from 714 per 100,000 in 1988 to 879 in 1997. The year 2000 target is 607. The rate for white women aged 85 and older—the group at highest risk—increased from 2,721 per 100,000 in 1988 to 2,879 in 1997 (target, 2,177).

**9.8** The rate of nonfatal poisonings requiring emergency department treatment decreased from 104 per 100,000 in 1986 to 41 in 1997, well below the year 2000 target of 88. The rate for children aged 4 and younger decreased from 664 per 100,000 in 1986 to 460 in 1997, surpassing the target of 520.

**9.9** The rate of nonfatal head injuries decreased from 118 per 100,000 in 1988 to 75 in 1997, surpassing the year 2000 target of 106.

## Use of Safety Belts and Child Safety Seats



Sources: Surveys of U.S. Dept. of Transportation, NHTSA.

**9.10** The rate of nonfatal spinal cord injuries decreased from 5.3 per 100,000 in 1988 to 4.8 in 1997, surpassing the year 2000 target of 5.0.

**9.12** The use of safety belts and child safety seats by motor vehicle occupants increased from 42 percent in 1988 to 69 percent in 1997. The year 2000 target is 85 percent.

**9.13** Use of helmets by motorcyclists increased from 60 percent in 1988 to 64 percent in 1996. The year 2000 target is 80 percent.

**9.14** The number of States with laws requiring the use of safety belts for all ages increased from 33 in 1989 to 49 in 1997. The year 2000 target is 50. The number of States with laws requiring universal use of motorcycle helmets remained at 22 in 1989, as it was in 1997. The target is 50.

**9.17** The proportion of people with at least one functional smoke detector in the home increased from 69 percent in 1985 to 92.7 percent in 1994. The year 2000 target is 100 percent.

**9.19** The number of States with linked emergency medical services, trauma systems, and hospital data increased from 7 in 1993 to 21 in 1998, surpassing the year 2000 target of 20 States.

**9.23** The rate of deaths caused by alcohol-related motor vehicle crashes decreased from 9.8 per 100,000 in 1987 to 6.1 in 1997. The year 2000 target is 5.5 per 100,000.

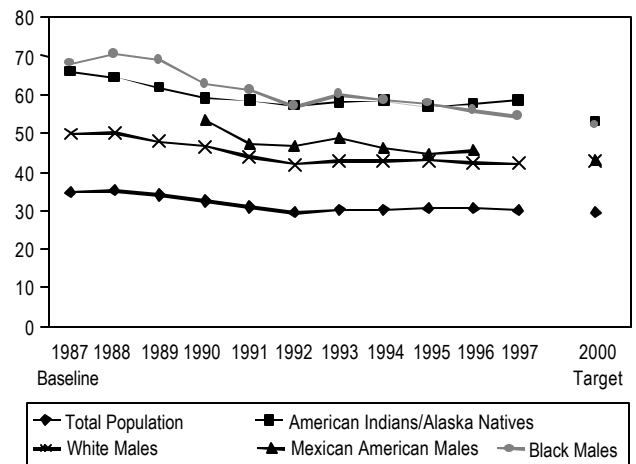
**9.24** The number of States having laws requiring helmets for bicycle riders increased from 9 in 1994 to 15 in 1998. The year 2000 target is 50.

**9.26** The number of States having a graduated driver licensing system for novice drivers and riders under the age of 18 increased from zero in 1994 to 11 in 1997. The year 2000 target is 35.

## FOLLOW - UP

- Convey the message to the public, at every opportunity, that unintentional injuries are not inevitable and that individuals and communities should assume responsibility for preventing them and reducing their impact on society.
- Advise pharmacists and visiting nurses to counsel clientele, especially the elderly, about the risk of falling associated with interaction of medications.

## Unintentional Injury Deaths



Source: National Vital Statistics System, NCHS, CDC.

- Promote the installation of four-sided fencing around swimming pools, abetted by the close supervision of children in the vicinity of pools.
- Encourage manufacturers to develop multisport helmets and, with the help of the media, seek to institutionalize the wearing of these helmets.
- Strengthen the science and data collection base requisite to demonstrating the etiology of unintentional injuries.
- Increase research on housing and environmental safety for older people to reduce the risk of falls.

## PARTICIPANTS

Administration on Aging  
 American Association of Poison Control Centers  
 Brain Injury Association  
 Centers for Disease Control and Prevention  
 Consumer Product Safety Commission  
 Health Resources and Services Administration  
 Indian Health Service  
 National Fire Protection Association  
 National Highway Traffic Safety Administration  
 National Institutes of Health  
 National SAFE KIDS Campaign  
 North Carolina Department of Health and Human Services  
 Office of Disease Prevention and Health Promotion  
 Office of Minority Health  
 Office of Public Health and Science  
 Office on Women's Health  
 Substance Abuse and Mental Health Services Administration  
 U. S. Fire Administration



**David Satcher, M.D., Ph.D.**

Assistant Secretary for Health and  
 Surgeon General