



Preventable Injuries Burden State Budgets

By Megan Foreman

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Injuries are the leading cause of death for people age 1 to 44. According to the Centers for Disease Control and Prevention (CDC), injuries cost an estimated \$406 billion per year in medical expenses and lost productivity. Nearly 50 million injuries occur each year, placing a staggering burden on the U.S. health care system. State budgets share this burden through Medicaid, state employee health benefits, health care for the uninsured, child welfare services, and lost tax revenue from the injured and their caregivers.

Most injuries are preventable.

Unintentional injuries are caused by falls, poisoning and motor vehicle crashes. Violence-related injuries result from homicide, domestic violence, and child abuse. All are preventable.

CDC uses a public health model to help prevent injuries.

CDC uses the same public health model to prevent injuries that is used to prevent disease: Describe the problem through surveillance; study factors that increase or decrease risks; and design, implement and evaluate strategies to decrease injury risk. These efforts have been highly successful. Between 1966 and 1990, improved motor vehicle and highway design, increased use of seat belts and child safety seats, and drunk driving and speeding law enforcement saved an estimated 240,000 lives.

Preventable Injuries

- **Falls:** About 1.8 million people age 65 and older were treated in emergency rooms for injuries from falls in 2005; 469,000 were hospitalized or sought specialized care.
- **Unintentional Poisoning:** Poisoning accounted for more than 700,000 emergency department visits in 2006; 25 percent were hospitalized or transferred for specialized care.
- **Motor Vehicle Crashes:** More than 24,000 adults age 25 to 64 died in motor vehicle crashes in 2005. Although they represent only 6 percent of drivers, almost 13 percent of those involved in fatal crashes in 2006 were age 15 to 20. States with graduated driver licensing laws saw fatalities drop by almost 20 percent.
- **Improper Use of Child Safety Seats:** More than half of child safety seats are not used correctly. The chances of death and injury in a motor vehicle crash for infants and children between birth and age 4 would decrease by 58 percent with proper seat use.
- **Assault:** Emergency rooms treated nearly 750,000 people age 10 to 24 for assault-related injuries in 2006. Of homicide victims in this age group, 82 percent were killed with a firearm in 2005.
- **Abuse:** One in four adolescents reports being verbally, emotionally, physically or sexually abused by a dating partner.
- **Child Maltreatment:** An estimated 14 percent of U.S. children experience some form of maltreatment. In 2006, state and local child protective service agencies investigated 3.6 million reports of child abuse and neglect.

Federal Action Funds for state injury prevention programs typically come from federal block grants, research grants and cooperative agreements.

- CDC awards state agencies a variety of cooperative agreements and infrastructure grants. Thirty states currently receive Public Health Injury Surveillance and Prevention Program funding. All states, the District of Columbia and the territories receive Rape Prevention and Education money. Seventeen states receive funding for the National Violent Death Reporting System, which collects and analyzes data surrounding deaths in an effort to prevent violence.
- Thirty-four states specifically allocate a portion of their Title V Maternal and Child Health block grants to injury prevention.
- Emergency Medical Services for Children grants, which go to states and medical schools, prioritize injury prevention in children and teens.
- The National Highway Traffic Safety Administration awards grants to states to address highway and local traffic safety challenges and awards incentive grants to states that enact occupant protection and seat belt laws.
- The Office of Juvenile Justice and Delinquency Prevention awards grants for violence and substance abuse prevention and funds initiatives on topics from Internet crimes against children to dating violence.

State Action According to a 2007 survey by the State and Territorial Injury Prevention Directors Association, 40 states and the District of Columbia could identify a state program responsible for injury and violence prevention, but only eight had a mandated injury prevention program. Thirty-one states had a full-time injury and violence prevention director. In eight states, no one was dedicated full-time to injury prevention.

CDC recommends that states adopt a comprehensive injury prevention program to provide consistent, reliable and comprehensive data for policymakers; ensure that high-risk populations are identified and helped; lead state efforts among programs with varied injury prevention goals; and provide continuity amid changing administrations and budget priorities.

Revenues from fines for offenses such as not wearing a seat belt, speeding or drunk driving typically go into a state's general fund, and some states dedicate this money to injury prevention activities. In New York, the Special Traffic Safety Options Program for Driving While Intoxicated raises \$21 million annually from related fines that go to highway safety programs. Vanity license plate fees fund childhood injury and violence prevention programs in California, Illinois and Iowa.

Policymakers can ensure their state has a comprehensive injury prevention program that includes surveillance and funding for full-time staff. Because program funds come from a number of sources, policymakers can encourage state agency staff to work together to pool resources, integrate injury and violence prevention into existing programs, and set shared injury prevention goals.

Resource

Children's Safety Network. *Finding Funding for Injury and Violence Prevention*. Newton, Mass: Education Development Center Inc., 2004.

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Federal grants are available for state injury prevention programs.

Only eight states mandate an injury prevention program.