VIOLENCE AND INJURY
STRATEGIES FOR PREVENTION 2013

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Unintentional and violence-related injuries—such as a head injury sustained in a motor vehicle crash, a prescription opioid drug overdose, a hip broken in a fall, a homicide or a suicide—are among the leading causes of death for Americans. For most young and middle-aged Americans, this means that traumatic injury or violence will more likely lead to death than cancer, heart disease, hypertension and influenza combined. State violence and injury prevention programs are key to ensuring that prevention strategies are implemented and that data are collected to evaluate strategies to ensure that intended effects occur.

This document is intended to help inform policymakers about the most pressing violence- and injury-related issues and the strategies that may be effective in reducing and preventing violence and injuries from occurring. These key issues and strategies are meant to provide background and information on the topics listed. If you have questions, need more information about how to address these issues in your state, or want examples of recent legislative action related to violence and injury prevention, visit NCSL's Injury and Violence Prevention webpage or email Health-info@ncsl.org.

FALLS AMONG OLDER ADULTS

Each year, an estimated 14 million older adults fall. According to the Centers for Disease Control and Prevention (CDC) falls are the leading cause of injury-related deaths among those age 65 and older, resulting in more than 20,000 deaths and 2.3 million emergency room visits. The direct medical costs of older adult fall injuries totaled more than $30 billion. Falls are not an inevitable part of aging and are largely preventable. The CDC has developed tools and resources for health care practitioners to help reduce falls, including implementing the American Geriatrics Society's clinical guidelines for fall prevention. Some promising strategies to reduce falls include:

- Setting incentives for primary care providers, including nurses, nurse practitioners and physician assistants, to integrate fall prevention awareness into their practice.

- Supporting continuing medical education courses that teach health care providers to assess fall risk and to effectively manage medications and integrate fall prevention awareness in their practice to help minimize medication side effects and interactions, such as dizziness and drowsiness.

- Supporting evidence-based community exercise programs such as Tai Chi that improve balance, increase strength and mobility, and reduce fear of falling among older adults.

TRANSPORTATION SAFETY

According to the CDC and the National Highway Traffic Safety Administration, motor vehicle-related injuries are one of the leading causes of death for Americans in the first three decades of life, resulting in more than 32,000 deaths in 2011. The CDC also estimates that these injuries cost $99 billion in medical care and productivity losses. Effective strategies to reduce this burden include increasing seat belt use, implementing comprehensive graduated driver's licensing systems for teens, and reducing alcohol-impaired driving. Some effective strategies include:

- Establishing primary enforcement seat belt laws that apply to all passengers in the car, not only front-seat riders.

- Setting higher fines for seat belt infractions.

- Supporting high-visibility communications and outreach campaigns to support seat belt enforcement.

- Requiring universal helmet use for all motorcycle riders.

- Requiring age- and size-appropriate child restraint use in motor vehicles.

- Setting strong graduated driver's licensing laws.

- Requiring widespread use of sobriety check points.

- Requiring ignition interlocks for all impaired driving offenders, including first-time offenders.

PRESCRIPTION DRUG ABUSE

Prescription drug abuse is a growing public health concern. Deaths from prescription drugs are the fastest growing drug problem in the United States. Accord-

ing to the CDC, enough prescription painkillers were prescribed in 2010 to medicate every American adult around the clock for one month. Almost all drugs involved in overdoses originally come from legitimate prescriptions. Once the drugs are prescribed and dispensed, some are diverted to non-prescribed users. Some promising strategies include:

- Maintaining and strengthening prescription drug monitoring programs (PDMPs), including making state PDMPs interoperable to ensure providers have real-time access to PDMP data, and providing unsolicited reports to prescribers, pharmacists, licensing boards and law enforcement agencies.

- Ensuring that providers follow evidence-based guidelines for safe and effective use of prescription painkillers.

- Setting regulations to prevent pain management clinics from prescribing inappropriately.

- Monitoring prescription claims information in state benefits programs such as Medicaid or workers' compensation for signs of inappropriate prescribing and use of controlled prescription drugs.

- Supporting patient review and restriction programs, also called "lock in" programs, in public insurance plans to identify and prevent improper patient use of prescription drugs.

Traumatic Brain Injury (Concussions)
Traumatic brain injuries (TBI) are a serious public health problem in the United States. According to the CDC, in 2009 there were 2.4 million emergency department visits, hospitalizations, and deaths that included a diagnosis of TBI, either alone or in combination with other injuries. Approximately 75 percent of TBIs are concussions or mild brain injuries. Children, adolescents and older adults are most likely to sustain a TBI. Promising strategies that have been implemented to prevent traumatic brain injuries include:

- Implementing "return-to-play" laws and other state and local policies to keep kids safe.

- Setting policies that address and prevent the major causes of TBI, such as motor vehicle safety and child or adult falls.

- Ensuring that TBI survivors, including veterans, have access to traumatic brain injury rehabilitation programs and services.

- Ensuring that emergency medical services personnel follow evidence-based guidelines for safe pre-hospital transportation for patients with a suspected TBI.

Child Maltreatment
Child maltreatment includes physical abuse, sexual abuse, psychological abuse and neglect of children under age 18 by a parent, caregiver or other person in a custodial role (e.g., clergy, coach or teacher). Adolescent and adult health are profoundly affected by early childhood experiences. Children who experience maltreatment are at greater risk for alcoholism, drug abuse, obesity, heart disease, suicide and other health problems throughout their lifetime. Each year, 3 million reports of child maltreatment are received by state and local agencies.

The CDC has developed Essentials for Childhood, a resource for states and communities to promote the types of relationships and environments that help children grow up to be healthy, productive citizens. Promising strategies to prevent child maltreatment include:

- Implementing evidence-based and promising programs and strategies, including:
  - Skills-based parenting programs that promote development of non-violent, protective and nurturing environments for children. For example, Triple P (Positive Parenting Program) is a system of interventions—including media messages, brief consultations or seminars, and intensive family services—to address various individual family needs.

  - With the Nurse-Family Partnership Program, registered nurses make ongoing home visits to first-time moms and their babies.

  - Coordinated hospital-based abusive head trauma prevention programs target parents of newborns with information and resources about safe strategies for coping with frustration caused by crying babies.

- Increasing economic self-sufficiency for lower income families, including livable wages and/or subsidies for basic needs.

- Funding Early Head Start or Head Start or providing access to private child care by expanding eligibility standards.

- Developing school policies such as non-exclusion-ary strategies to address disciplinary problems and improve attendance and high school graduation rates.

YOUTH VIOLENCE

Every day, an average of 13 young people between the ages of 10 and 24 are victims of homicide in the United States, and more than 1,900 are treated in emergency rooms for a physical assault-related injury, according to the CDC. Many more youth are victims of bullying or aggression, and may be involved in other acts of violence that can result in lifelong physical, emotional and social consequences. Violence also is a major threat to overall community health and safety. Violence or fear of violence can cause people to spend less time outdoors being physically active and may reduce community use of parks, green space and sidewalks. It can increase health care costs, decrease property values and disrupt social services. Some promising strategies to consider include:

- Setting policies aimed at enhancing educational achievement and expanding after-school opportunities.

- Supporting business improvement districts (BIDs) in communities with high rates of violence. Local business and economic development in these communities can decrease rates of violence, robbery, and arrests for crime and violence.

- Establishing universal school-based programs to prevent youth violence. For example, the Life Skills Training (LST) program teaches anger management and conflict resolution. LST has been shown to decrease fighting and delinquency by 40 percent.

- Using community-based strategies such as the Safe Streets or Ceasefire programs in high-risk neighborhoods, which have been shown to reduce youth homicides.

- Setting policies that limit access to alcohol, such as keg registration and deposits, which are associated with reducing the number of fights reported by high school students.

SUICIDE

According to the CDC, every 15 minutes an individual dies by suicide in the United States. In 2010, more than 38,000 people took their own lives, making suicide the 10th leading cause of death for Americans of all ages, the second leading cause of death for adults ages 20 to 29, and the third leading cause for those ages 15 to 24. Approximately 1 million adults in the United States also attempt suicide each year. Some promising prevention strategies include:

- Educating schools and communities (e.g., schools, tribes, workplaces) about risks and prevention strategies for suicide to encourage people to seek help, promote tolerance, decrease stigma, and teach positive life and coping skills.

- Reducing access to lethal means, including requiring new packaging for potentially lethal over-the-counter substances (e.g., pain relievers) and installing barriers on bridges and other high places.

- Requiring suicide prevention training for teachers and school personnel.

- Implementing mandated mental health benefit requirements in state Medicaid programs and among private insurers.

- Identifying and evaluating existing state and local suicide prevention programs.

- Supporting access to substance abuse treatment services in the state, given that suicide risk is increased by legal and illegal substance abuse.

- Using state injury program data to understand trends and key risk factors to inform prevention strategies.

TRAUMA SYSTEMS

A trauma system is designed to provide a continuum of medical care following a traumatic injury. For patients with severe injury, receiving care at the most advanced trauma center lowers the risk of death by 25 percent. Substantial variation among trauma systems exists across states. Legislators play an important role in developing a state trauma system. Strategies that have been implemented to support an effective and efficient trauma system include:

- Requiring implementation of the "Field Triage Decision Scheme"—a trauma triage protocol developed by the CDC to get critically injured patients to the right facility at the right time.

- Identifying and implementing existing and new local, state and federal funding sources for pre-hospital and hospital-based trauma care.

- Supporting trauma center designation guidelines as established by the American College of Surgeon's Committee on Trauma.

- Encouraging widespread hospital participation in the trauma system.

- Requiring statewide data sharing systems for continuous quality improvement within the trauma system.

INTIMATE PARTNER VIOLENCE, SEXUAL VIOLENCE AND TEEN DATING VIOLENCE

Intimate partner violence, sexual violence and teen dating violence have been identified as major public health problems by the CDC. A recent national CDC survey found that more than 12 million women and men were victims of rape, physical violence or stalking by an intimate partner. Nearly 10 percent of high school students nationally report being hit, slapped or physically hurt on purpose by a boyfriend or girlfriend each year. Some promising strategies include:

- Supporting evidence-based educational programs in schools and communities, which have been proven to prevent and intervene in violent teen dating relationships that may be precursors to violence in adult relationships.

- Two examples of evidence-based, school-based teen dating violence prevention programs include Safe Dates (for eighth grade students) and Fourth R (for eighth and ninth grade students). Both programs have been rigorously evaluated and offer sufficient evidence to be considered as promising for preventing violent teen dating relationships.

- Evaluating promising strategies to address intimate partner violence and teen dating violence.

NCSL RESOURCES

Injury and Violence Prevention:
www.ncsl.org/Default.aspx?tabid=13951

Elderly Fall Prevention Legislation and Statutes:
www.ncsl.org/Default.aspx?TabId=13854

Traffic Safety Legislation Database:
www.ncsl.org/Default.aspx?TabId=13590

Prescription Drug Overdose and Abuse Prevention:
www.ncsl.org/Default.aspx?TabId=13853

Traumatic Brain Injury:
www.ncsl.org/Default.aspx?TabId=18687

Teen Dating Violence Legislation:
www.ncsl.org/Default.aspx?TabId=17582

The Right Patient, the Right Place, the Right Time: Trauma and EMS System Policy:
www.ncsl.org/Default.aspx?TabId=25221

OTHER RESOURCES

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control:
www.cdc.gov/injury/

WISQARS Interactive Injury Statistics Database:
www.cdc.gov/injury/wisqars/index.html

Safe States Alliance:
www.safestates.org

American College of Surgeons, Committee on Trauma:
www.facs.org/trauma/index.html

National Association of State EMS Officials:
www.nasemso.org

Centers for Disease Control and Prevention, Essentials for Childhood - Steps to Create Safe, Stable, and Nurturing Relationships:
www.cdc.gov/ViolencePrevention/childmaltreatment/essentials/index.html

Centers for Disease Control and Prevention, Suicide Prevention:
www.cdc.gov/ViolencePrevention/suicide/index.html

Centers for Disease Control and Prevention, Youth Violence Prevention:
www.cdc.gov/ViolencePrevention/youthviolence/index.html

Centers for Disease Control and Prevention, Field Triage:
www.cdc.gov/FieldTriage/