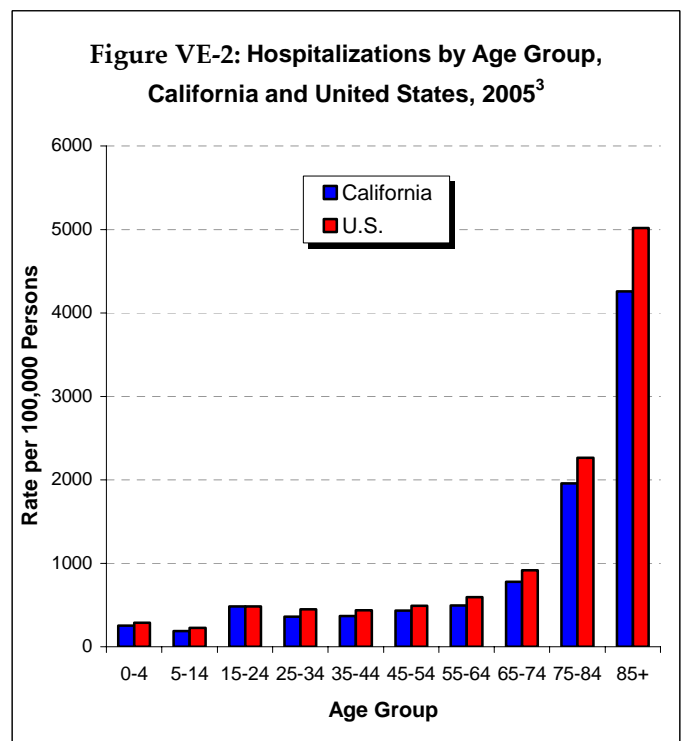
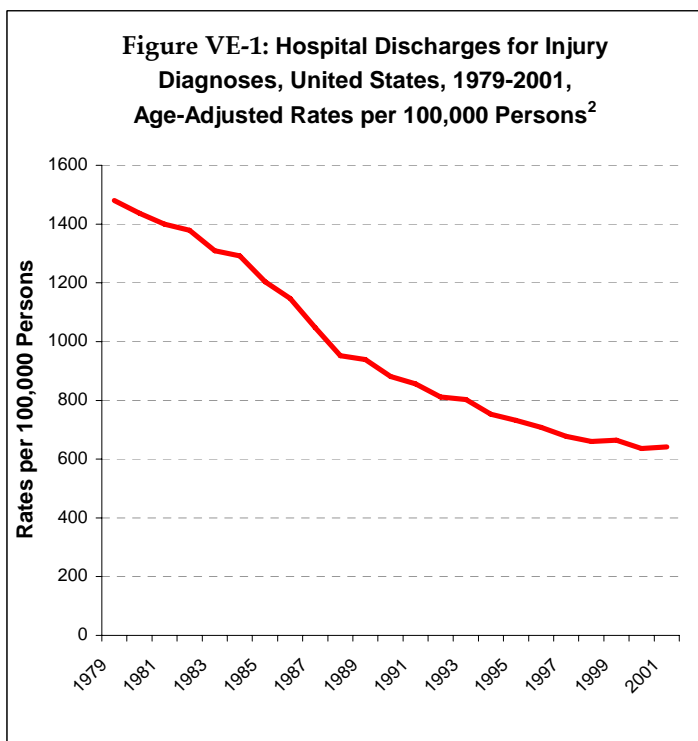


## E. NON-FATAL INJURIES

<p><b>Importance</b></p>	<p>Non-fatal injuries are responsible for disability and lost productivity, pain and suffering, and medical costs. They also serve as an indicator of risk for fatal injuries. Injuries cost over \$400 billion per year in medical expenses and lost productivity.</p>
<p><b>Highlights</b></p>	<ul style="list-style-type: none"> <li>▪ Non-fatal injury rates fell steadily until about 2000, but have leveled off since.</li> <li>▪ California's hospitalized injury rate remains well below the national average.</li> <li>▪ Santa Cruz County's hospitalized injury rate is higher than the California average.</li> </ul>
<p><b>Definitions</b></p>	<p>Non-fatal injury: usually defined as an injury that requires hospitalization but does not cause death. Includes both intentional injuries (assault and attempted suicide) and unintentional injuries such as falls, motor vehicle accidents, etc.</p>
<p><b>Healthy People 2010 Objective</b></p>	<ul style="list-style-type: none"> <li>▪ Reduce hospital emergency department visits caused by injuries to <b>126</b> per 1000 population.</li> <li>▪ Reduce nonfatal injuries caused by motor vehicle crashes to <b>933</b> per 100,000 population.</li> <li>▪ Reduce nonfatal poisonings to <b>292</b> per 100,000 population.</li> <li>▪ Reduce nonfatal firearm injuries to <b>8.6</b> per 100,000 population.</li> </ul>

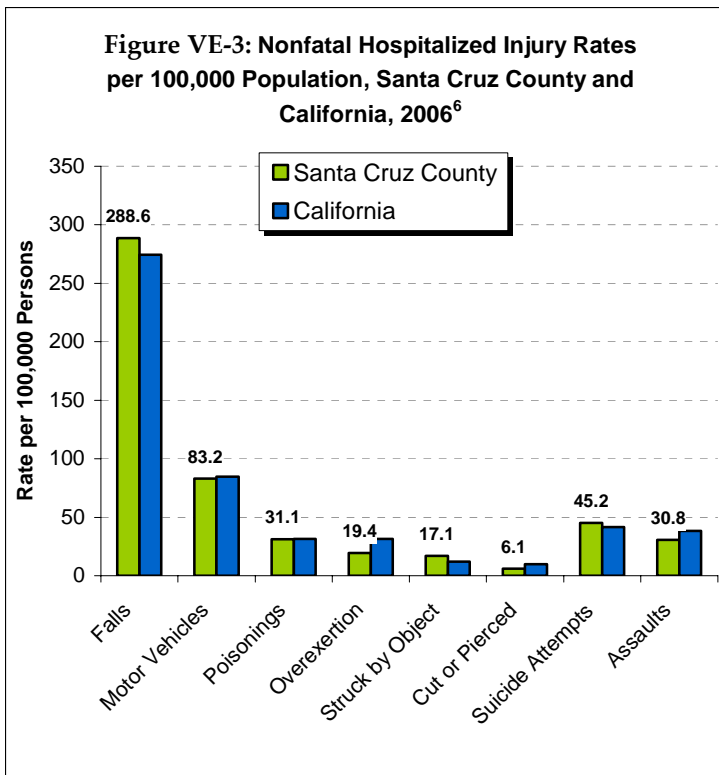
Non-fatal injuries are at least ten times as common as fatal injuries.<sup>1</sup> National rates of hospital discharge for injury diagnoses decreased steadily from 1979 through 2001 (Figure VE-1), dropping by an average of 4.3% per year; the age-adjusted rate fell from 1480 per 100,000 persons in 1979 to 642 in 2001.<sup>2</sup> The rate stayed essentially unchanged from the late 1990s through 2005.<sup>1</sup> In 1979 the rate among males was 44% higher than the rate among females, but rates have fallen faster among males than among females, and they are no longer much different from one another.<sup>2</sup> Rates among black women have dropped slightly below those among white men and women, but rates among black men remain elevated.<sup>2</sup>



## NON-FATAL INJURIES (CONT.)

The rate of non-fatal injury hospitalizations is strongly linked to age, varying more than 20-fold between 5-14 year-olds and the very elderly (Figure VE-2).<sup>3</sup> This may have much more to do with the fragility of the elderly than with a higher propensity for accidents, but both are probably important factors.

Californians in 2005 incurred a total of 183,962 injury hospitalization episodes,<sup>3</sup> with an age-adjusted rate of 527.2 per 100,000 persons, which ranked the state 13<sup>th</sup>-best among the 33 states that provided data, comparing favorably to the overall U.S. rate of 605.3. California continues to have very low rates of hospitalization due to poisonings (55.1, 4<sup>th</sup>-best) and attempted suicides (29.6, 3<sup>rd</sup>-best). On the other hand, our rate of assault injury was 36.1, almost half again the national average, and ranked 30<sup>th</sup> out of 33 reporting states. The state's rates of 227.9 for falls and 76.6 for motor vehicle injuries were similar to the national rates, and ranked in the middle of reporting states. Firearms injuries, fire injuries, and drowning hospitalizations represent relatively small fractions of all injuries.



In California, in 2006, the most common causes of unintended injuries requiring hospital admission were falls, motor vehicle accidents, and poisoning.<sup>4</sup> Falls are by far the most common cause of unintended injuries requiring emergency department visits,<sup>5</sup> followed by striking or being struck by an object. Overexertion, motor vehicle accidents, and cuts or piercings are the third, fourth, and fifth most common categories.

Santa Cruz County's overall nonfatal hospitalized injury rate in 2006 (not age-adjusted) was 720.4 per 100,000 population, higher than the statewide rate of 662.5.<sup>6</sup> The county had a higher rate of unintentional injuries than the state (569.7 versus 539.0), a slightly higher rate of self-inflicted injuries (45.2 v. 41.6), and a lower rate of assault injuries (30.8 v. 38.4) (Figure VE-3).

<p><b>Primary Prevention Activities</b></p>	<ul style="list-style-type: none"> <li>▪ Santa Cruz County Public Health maintains a traffic injury prevention program that encompasses automotive, bicycle, and pedestrian safety. The Child Passenger Safety Outreach and Education Program performs education and training about the installation and use of child car seats, and assists low-income families in obtaining car seats.</li> <li>▪ Safe Kids Santa Cruz County is a coalition of the County Health Department, local police and fire departments, hospitals, family service organizations, health and child care providers, and others, which performs public education and advocacy and implements child passenger safety programs and services.</li> </ul>
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