

12-15

## STATEMENT OF POLICY

### Injury and Violence Prevention

#### **Policy**

The National Association of County and City Health Officials (NACCHO) supports legislation and comprehensive surveillance and prevention strategies that have the potential to (1) reduce the impact of unintentional injury and intentional injury (i.e., violence) and (2) address the root causes of health inequities that cause certain populations to bear a disproportionate burden of morbidity, disability, and mortality due to injury and violence. NACCHO recognizes that injury and violence are public health issues and draws attention to the critical role that local health departments play in protecting and improving community safety in coordination and collaboration with local, state, and national efforts.

NACCHO supports the following strategies to address the causes of injury and violence across the lifespan (e.g., children, adolescents, older adults), especially for populations at increased risk for specific injuries and acts of violence based on gender, income, sexual orientation, age, disability, and race/ethnicity:

1. Development, implementation, and evaluation of evidence-based practices and innovative, promising, or model practices;
2. Collaborative efforts among local health departments, state, tribal, and federal public health agencies, and community partners, and stakeholders;
3. Increased local, state, and federal funding to develop and maintain local prevention strategies and infrastructure at all local health departments, including leadership, coalitions/partnerships, surveillance, communication, and evaluation;
4. Ongoing training and support to increase capacity of all local health departments to identify health disparities, address health inequities, monitor local data and trends, and assess impact of local prevention efforts;
5. Coordination and integration of injury and violence prevention into other related public health efforts (e.g., maternal and child health, chronic disease prevention, infectious disease prevention);
6. Education for all institutions, organizations, and policymakers to raise awareness of violence as a public health issue; and
7. Implementation of prevention strategies that address risk and protective factors for multiple forms of violence.

#### **Justification**

Unintentional injury and intentional injury (i.e., violence) are significant public health problems because of their impact on the health of Americans, including premature death and disability, poor mental health, lost productivity, and the burden placed on the health care system. Injury and



violence are predictable and preventable, and as public health professionals we must be proactive in our solutions to reduce their occurrence.<sup>1</sup>

Injuries and violence are among the leading causes of mortality, disability, and morbidity in the United States. In 2013, injuries and violence, combined, were the third leading cause of death in the United States.<sup>2</sup> Nearly 192,900 deaths are attributed to injury and violence each year, primarily due to poisoning (including prescription drug overdose), motor vehicle injury, firearms, and falls.<sup>2,3</sup> Unintentional injury is the leading cause of death for Americans ages 1–44 and the fourth leading cause of death among people of all ages.<sup>2</sup> In 2013, over 16,000 Americans were victims of homicide and over 40,000 died by suicide.<sup>2</sup> Millions more Americans are injured and survive, only to cope with lifelong mental, physical, and financial problems.<sup>4</sup>

The costs of injuries are staggering. In 2013, the total lifetime medical and work loss costs of injuries and violence in the United States was \$671 billion. Unintentional injury is the number one cause of years of potential life lost (YPLL) before age 65. Suicide and homicide are the fourth and sixth leading causes of YPLL, respectively.<sup>2</sup> In 2011, there were over 40 million injury visits to emergency departments.<sup>5</sup> Nearly 30 million people receive treatment in emergency departments for unintentional and violence-related injuries each year, accounting for roughly 29.5% of all emergency department visits.<sup>4</sup>

The prevention of injury and violence leads to improved health and well-being in all members of the community.<sup>6</sup> Effective approaches to injury prevention include modifications of the environment, improvements in product safety, legislation and enforcement, education and behavioral change, and technology and engineering.<sup>7</sup> Effective violence prevention strategies include changing social norms about the acceptability of violence, improving problem-solving skills, and changing policies to address the social and economic conditions that give rise to violence.<sup>7</sup>

Local health departments are responsible for creating and maintaining conditions that keep people healthy, including the prevention of injuries and violence. Additionally, they are responsible for addressing the disproportionate effects of injury and violence in communities of high need and high burden. Local health departments must be supported and enabled to assess injury and violence in their communities, create action plans that include diverse partners and stakeholders, implement prevention programs at the individual, relationship, community, and societal levels, and evaluate and improve those programs. Prevention efforts should focus on reducing risk factors (e.g., social isolation, low neighborhood cohesion, lack of economic opportunities, and unemployment) and promoting or increasing protective factors (e.g., access to mental health and substance abuse services and coordination of resources and services among community agencies).<sup>8</sup>

Local health departments are responsible for assessment, policy development, and assurance, and they have opportunities to work with their partners in schools and other educational systems, workplaces, health and human services, faith-based communities, health care systems, transportation, law enforcement and criminal justice, and other related community-based organizations and agencies. Local health departments must utilize their community resources in order to effectively address the causes injury and violence across the lifespan.

## **References**

1. Centers for Disease Control and Prevention (CDC). (2012, January). The Science Base for Prevention of Injury and Violence. *Public Health Grand Rounds*. Retrieved October 15, 2012, from <http://www.cdc.gov/cdcgrandrounds/archives/2012/january2012.htm>.
2. CDC, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved November 19, 2015, from <http://www.cdc.gov/ncipc/wisqars>.
3. CDC, Injury Prevention and Control. Retrieved November 19, 2015, from <http://www.cdc.gov/injury/about/index.html>.
4. CDC, Injury Prevention and Control. (2015, September). Cost of Injuries and Violence in the United States. Retrieved November 19, 2015, from [http://www.cdc.gov/injury/wisqars/overview/cost\\_of\\_injury.html](http://www.cdc.gov/injury/wisqars/overview/cost_of_injury.html).
5. CDC. (2011). National Hospital Ambulatory Medical Care Survey: 2011 Emergency Department Summary Tables. Retrieved November 19, 2015, from [http://www.cdc.gov/nchs/data/ahcd/nhamcs\\_emergency/2011\\_ed\\_web\\_tables.pdf](http://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2011_ed_web_tables.pdf).
6. Cohen, L., Davis, R., Lee, V., Valdovinos, E. (2010). *Addressing the intersection: preventing violence and promoting healthy eating and active living*. The Prevention Institute.
7. Healthy People 2020. Retrieved November 19, 2015, from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24>.
8. Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

## **Record of Action**

*Proposed by NACCHO Injury and Violence Prevention Workgroup*

*Approved by NACCHO Board of Directors November 14, 2012*

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