ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

Policy and Position Statements

Print

Preventing Unintentional Injuries and Violence

POSITION STATEMENT

ASTHO Supports Comprehensive Policies and Programs to Prevent Injuries and Violence

The Association of State and Territorial Health Officials (ASTHO) affirms that it is essential that state and territorial health agencies be authorized and funded to examine a broad range of injury prevention activities to systematize injury and violence prevention as an integral component of public health practice to improve health outcomes.

Within This Context, ASTHO Recommends:

- Adopting policy and programmatic strategies intended to prevent death and disability through specific goals, benchmarks, and quality metrics to generate significant cost savings and better parity in the resources available for underserved populations.
- Allocating sufficient funding to ensure staffing for injury and violence prevention programs, as well as for the planning and maintenance of recommended datasets (e.g., National Violent Death Reporting System) to drive effective prevention strategies through improved surveillance and data linkages.
- Including injury and violence prevention in health reform initiatives. Injuries and trauma are major drivers of healthcare utilization. For that reason, injury prevention should be an important part of efforts to reduce healthcare costs.
- Evaluating and translating evidence- and practice-based research to strengthen the capacity of state and territorial health agencies to apply policy, organizational, and individual behavior change strategies to the field of injury and violence prevention.
- Utilizing health information technology systems to collect and organize data for measuring performance, supporting clinical decisions, and evaluating quality improvement processes.
- Identifying funding sources and mechanisms to support integrated studies and cross-disciplinary research agendas, including work with Injury Control Research Centers, academia, and other networks and institutions.
- Strengthening state and regional trauma systems to ensure rapid, well-coordinated care and treatment.
- Continuing trauma system research to identify the optimal components of trauma systems to reduce short-term disability and improve long-term outcomes, commensurate with the level of resources available.

Preventing Injuries and Violence Across the Lifespan

Effective interventions should address all age groups to encourage the systematic and long-term prevention of injuries and violence. Prevention strategies that intersect families, schools, neighborhoods, and worksites serve to reinforce core sets of principles that safeguard against injury and discourage violence. When communities are perceived to be unsafe, violence discourages economic growth and diminishes the quality of life for people who must contend with a reduced sense of personal and proprietary safety. Positive social environments and networks within families, schools, and neighborhoods serve as platforms for role modeling and appropriate conflict resolution.
State and territorial health agencies that integrate injury and violence prevention into other public health initiatives, such as maternal and child health and chronic disease prevention programs, may also maximize resources to improve multiple health outcomes. ASTHO values close partnership with its affiliates to advance the core principles of injury and violence prevention. Like all areas of public health, injury prevention requires solid partnerships. Safe States Alliance is a key partner, along with the stakeholders represented in the Injury and Violence Prevention Network. ASTHO-affiliated organizations, such as the Council of State and Territorial Epidemiologists, the Association of Maternal and Child Health Programs, the National Association of Chronic Disease Directors, and others have important

contributions to make, as well. Through its Affiliate Council, ASTHO will facilitate engagement among appropriate organizations to promote understanding of and action on relevant injury prevention issues. Additionally, ASTHO will continue to collaborate with national organizations, such as the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Preventive Medicine, in representing healthcare providers to support the integration of public health and the health system and include a focus on injury and violence prevention.

ASTHO supports policy and environmental change strategies related to key injury and violence prevention issues, including:

- **Motor Vehicle Crashes and Road Safety**: Behavioral and environmental strategies to prevent injuries related to motor vehicle crashes, including passenger, child occupant, and pedestrian injuries, through multidisciplinary approaches involving education and training programs, engineering solutions to modify roadway environments, and law enforcement.
- **Prescription Drug Overdose**: Legislative, state, and community-based interventions that address prescription drug misuse, abuse, and diversion through a framework that includes prevention, surveillance, enforcement, and treatment and recovery to reduce and prevent opioid overdose deaths across all populations.
- **Adverse Childhood Experiences (ACEs)**: A public health framework for building social-emotional protective factors to foster resilience to trauma. The ACEs study1 demonstrated that various forms of child maltreatment and trauma are associated with enduring changes that produce long-term, negative effects on biological aging and health, including suicide, tobacco use, obesity, depression, and anxiety.
- **Alcohol-Related Injuries**: Legislative policies and community-based behavioral interventions and ecological approaches that address risky alcohol usage and alcohol-impaired driving to reduce violence, falls, drowning, and other injuries.
- **Elder Abuse and Older Adult Injuries**: Interventions that can reduce, counteract, or moderate risks for elder maltreatment, including strategies for widespread dissemination and implementation of effective practices to reduce injuries at home and in the community.
- **Home and Recreational Safety**: Community-based, comprehensive interventions to prevent unintentional injuries and promote safe and healthy homes including, but not limited to, smoke alarms, bicycle helmets, swimming pool fencing, stair gates and window bars, secured storage for poisons and medicines, and child-resistant cigarette lighters.
- **Poisoning Surveillance and Data**: Surveillance for poison-related injuries and deaths through improved use of medical examiner data, police reports, and toxicology databases; assessment of risk factors for drug overdoses, strategies for preventing poisoning-related injuries, and improved prescribing and dispensing procedures.
- **Suicide Prevention**: Improved modes of implementation, measurement, and monitoring of fatal and nonfatal suicidal behavior, including the social and economic burdens of suicidal behavior, as well as evaluation of programs and policies to prevent suicide.
- **Intimate Partner Violence**: Uniform definitions and survey methods to measure sexual and intimate partner violence, victimization, and child maltreatment; develop improved precautions against violence; and respond to immediate crises and long-term behavioral and physical vulnerabilities of victimized youth and others.
- **Youth Violence**: Identification of modifiable factors that protect youth from becoming victims or perpetrators of violence, and strengthened social- and community-level factors that protect against risks at multiple ecological levels.
- **Traumatic Brain Injuries (TBI)**: A fully-implemented surveillance and prevention system for TBI that would yield comparable state- and territory-level TBI statistics. Appropriate mechanisms for diagnosis, management, referral, and education are necessary to help individuals who have suffered TBI, ranging from young athletes to military veterans, recover or reduce significant cognitive and/or emotional impairments.

Background

Injuries and violence are major contributors to morbidity and mortality across every age and demographic group and in every state and territory. Unintentional injuries, for example, such as those sustained in motor-vehicle-related crashes or as a result of poisoning or falls, represent the leading cause of death for people ages 1-44 in the United States and cost more than $406 billion annually in medical care and lost productivity.3 An estimated 180,000 people die from injuries each year—one person every three minutes.2

ASTHO supports state and territorial health agencies' efforts to prevent injuries and violence using a multidisciplinary approach that draws on the expertise of public health practitioners, healthcare providers, and community partners. Similarly, ASTHO supports the work of state, territorial, and tribal governments to promote health equity, including the application of strategies that directly address social determinants of health and the legal, cultural, social, and economic factors that contribute to violence and injury.

State and territorial health agencies provide essential leadership in preventing unintentional and intentional injuries and violence, as well as in coordinating injury responses. They serve as integrating bodies that leverage the range of assets and expertise possessed by key partners, such as public health and healthcare, education, criminal justice, public safety, housing, labor, businesses, faith-based organizations, community leaders, decision- and policy-makers, and nonprofit organizations, to prevent injuries and violence before they occur. Alignment across and within these sectors is essential for planning and developing cohesive approaches to promote the health, safety, and well-being of children, youth, and families.

A recent inventory of state laws suggests that the infrastructure and statutory authority for injury prevention in state health departments is underdeveloped, resulting in significant gaps in the health department's legal capacity to implement a truly comprehensive injury prevention program.4 Extending the general mandate to protect the public's health to include injury prevention is largely acceptable but, because many state health departments lack the clear authority to direct their state's responses to injury, the health agency's ability to guide cross-agency efforts is also limited.

Research published in 2011 indicates that poisoning surpassed motor vehicle crashes as the leading cause of injury death in the United States in 2008.5 In the past three decades, the percentage of poisoning deaths caused by drugs increased from about 60 percent to about 90 percent. While the majority of these deaths were unintentional, opioid analgesics were involved more frequently than other specified drugs, including heroin and cocaine.5 As the most common mechanisms for injury death and disability continue to change, ASTHO affirms it is essential that state and territorial health agencies be authorized to examine a broad range of injury prevention activities to systematize injury and violence prevention as an integral component of public health practice. These activities are in accordance with the National Public Health Performance Standards Program's Essential Public Health Services, which describe the state's role in enforcing laws and regulations that protect health and ensure safety.6

Approval History:

ASTHO position statements relate to specific issues that are time sensitive, narrowly defined, or are a further development or interpretation of ASTHO policy. Statements are developed and reviewed by appropriate Policy Committees and approved by the ASTHO Board of Directors. Position statements are not voted on by the full ASTHO membership.

Prevention Policy Committee Review and Approval: February 2013
Board of Directors Review and Approval: March 2013
Policy Expires: March 2016

Related Policy and Position Statements:

Access to Care
Prevention
Health Equity
A Transformed Health System for the 21st Century
Home Visiting
Workforce Development

For further information about this position statement, please contact ASTHO Injury & Violence Prevention staff at lerdelack@astho.org.

Notes:

1. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences study. Am J Prev Med. 1998; 14 (4): 245-258.

2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. “Web-based Injury Statistics Query and Reporting System (WISQARS).” Available at www.cdc.gov/injury/wisqars/. Accessed 11/14/2012.
3. Finkelstein EA, Corso PS, Miller TR, Associates. Incidence and Economic Burden of Injuries in the United States. New York, NY: Oxford University Press, 2006.
4. Stier DD, Thombley ML, Kohn MA, Jesada RA. The status of legal authority for injury prevention practice in state health departments. Am J Public Health. 2012; 102 (6): 1067-78.
5. Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980–2008. NCHS Data Brief, No. 81. Hyattsville, MD: National Center for Health Statistics. 2011.
6. National Public Health Performance Standards Program. “Ten Essential Public Health Services.” Available at www.cdc.gov/nphpsp/essentialservices.html. Accessed 1/14/2012.