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 (LHDs) 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 and implementation of evidence-based practices and innovative, promising, or model practices;
2. Collaborative efforts among LHDs, state, tribal, and federal public health agencies, and community partners;
3. Increased local, state, and federal funding to develop and maintain local prevention strategies and infrastructure at all LHDs, including leadership, coalitions/partnerships, surveillance, communication, and evaluation;
4. Ongoing training and support to increase capacity of all LHDs to identify health disparities, address health inequities, monitor local data and trends, and assess impact of local prevention efforts; and
5. Integration of an injury and violence prevention perspective into other public health efforts that are related to injury and violence issues (e.g., maternal and child health, chronic disease prevention, infectious disease prevention).

Justification

Unintentional injury and intentional injury (i.e., violence) are significant public health problems because of the 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.[1]

Injuries and violence are among the leading causes of mortality, disability, and morbidity in the United States. In 2010, injuries and violence, combined, were the third leading cause of death in the United States.[2] More than 170,000 deaths are attributed to injury and violence each year, primary due to poisoning (including prescription drug overdose), motor vehicle injury, firearms, and falls.[2] Unintentional injury is the leading cause of death for Americans ages 1–44 and the fifth leading cause of death among people of all ages.[2] Violence affects people of all ages, from infancy to adulthood. In 2009, over 16,000 Americans were victims of homicide and over 36,000 died by suicide.[3] Unintentional injury and violence are also among the leading cause of years of potential life lost.[2] Millions more Americans are injured and survive, only to cope with lifelong disabilities.

The financial costs of injuries are staggering. Nearly 30 million people receive treatment in emergency departments for unintentional and violence-related injuries each year.[4] In fact, injuries account for over 35 percent of emergency department visits annually. In a single year, intentional and unintentional injuries ultimately cost the United States $406 billion. This includes over $80 billion in medical costs (6% of total health expenditures) and $326 billion in lost productivity.[5]

The prevention of injury and violence leads to improved health and well-being in all members of the community.[6] Effective approaches to injury prevention include policy development, education, engineering/environmental modification, and enforcement.[7, 8] Effective violence prevention strategies include changing social norms, improving problem-solving skills, and policies that address socioeconomic conditions.[9]

LHDs 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 affected by social injustices that are of high need and high burden. LHDs must be supported and enabled to determine the burden of injury and violence in their communities, create an action plan, implement programs at multiple levels, and evaluate and improve programs.

LHDs are responsible for assessment, policy development, and assurance and 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. LHDs must utilize their community resources in order to effectively address the causes injury and violence across the lifespan.

References
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Record of Action

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