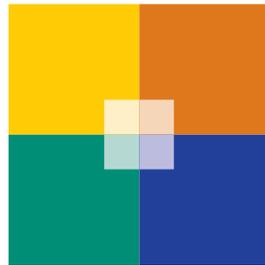


I N J U R Y &
V I O L E N C E



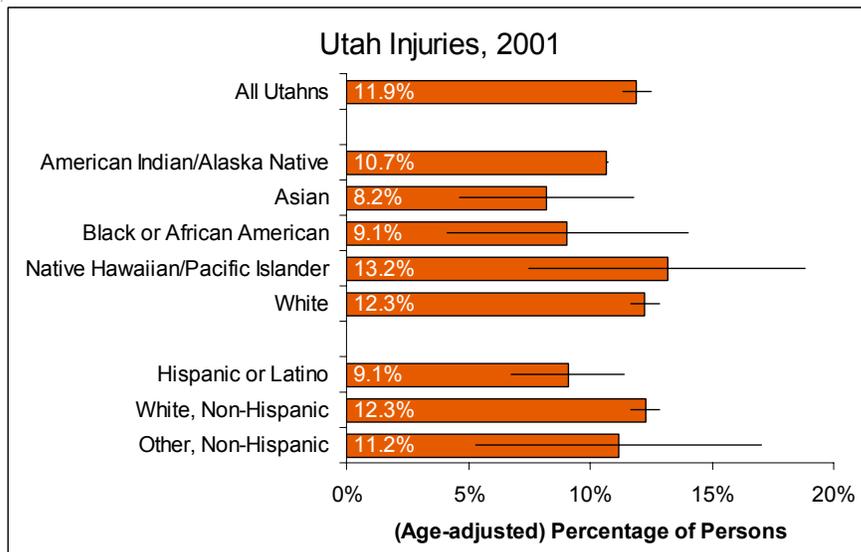
Injury Incidence

Why Is It Important?

Most injuries are minor and do not result in death or a hospital stay, but may still be serious enough to impact the victim's usual activities. This measure of injury incidence derives from survey data, and was designed to measure the incidence of all injuries requiring professional medical care.

How Are We Doing?

- About 12% of all Utahns experienced an injury in the 12 months prior to the survey interview.
- Differences by race and ethnicity were generally small; however, Asian, Hispanic/Latino, and American Indian/Alaska Native respondents were less likely to report an incidence of injury.



How Can We Improve?

Injury prevention is the same for any racial or ethnic population, and involves anticipating injury risks and avoiding or minimizing them. Among the prevention efforts shown to have the most impact are: (1) wearing a seat belt while driving or riding in a motor vehicle; (2) securing children in appropriate car seats; (3) never driving while intoxicated, drowsy, or otherwise impaired; (4) wearing a helmet while riding a bicycle or motorcycle and during snow sports and skateboarding; (5) keeping firearms in a locked location where children can't get to them; (6) having working smoke and carbon monoxide detectors in the home; and (7) teaching children water safety and using flotation devices.

The injury community has long believed injuries are not accidents but are predictable and preventable events. By putting the above principles into practice, Utahns will go a long way toward taking charge of their own health and safety.

Percentage of Utahns Who Sustained One or More Injuries in the Previous 12 Months, 2001

Race/Ethnicity	Sample Size	Total Population	Number With Injuries	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	24,088	2,233,169	268,237	12.0% (11.5% - 12.6%)	11.9% (11.4% - 12.5%)	n/a
American Indian/Alaska Native	616	33,733	3,798	11.3% (7.6% - 14.9%)	10.7% (10.7% - 10.7%)	↓
Asian	306	41,866	3,755	9.0% (5.3% - 12.6%)	8.2% (4.6% - 11.8%)	↓
Black or African American	144	23,063	2,196	9.5% (4.7% - 14.4%)	9.1% (4.1% - 14.0%)	
Native Hawaiian/Pacific Islander	178	17,482	2,459	14.1% (8.1% - 20.0%)	13.2% (7.5% - 18.9%)	
White	22,044	2,117,025	262,380	12.4% (11.8% - 13.0%)	12.3% (11.7% - 12.9%)	
Hispanic or Latino	1,994	201,559	16,293	8.1% (6.5% - 9.7%)	9.1% (6.8% - 11.4%)	↓
White, Non-Hispanic	21,174	1,925,711	238,983	12.4% (11.8% - 13.0%)	12.3% (11.7% - 12.9%)	
Other, Non-Hispanic	219	105,899	13,821	13.1% (7.3% - 18.8%)	11.2% (5.3% - 17.0%)	

Source: UDOH, 2001 Utah Health Status Survey

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

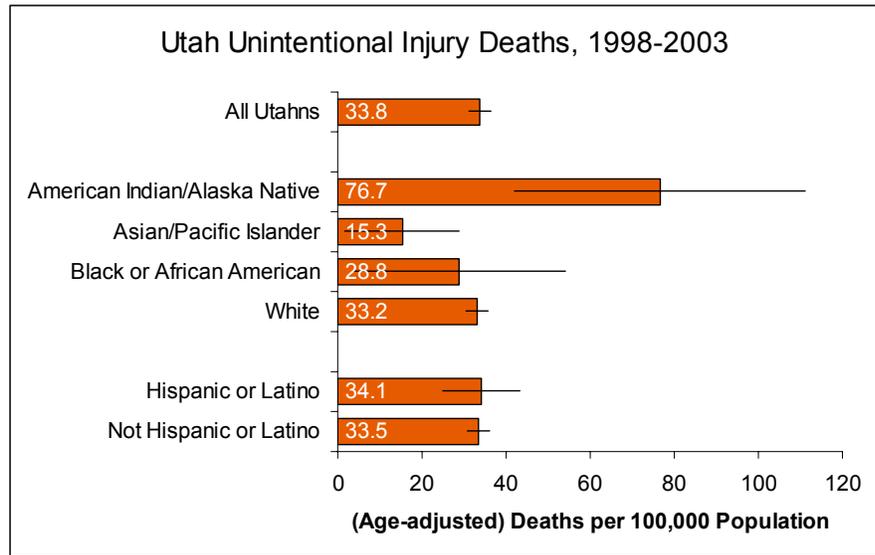
Unintentional Injury Deaths

Why Is It Important?

Unintentional injuries are a leading cause of death and disability in Utah, accounting for an average of 850 deaths, 8,800 hospitalizations, and 179,000 emergency department visits each year. The leading causes of unintentional injury death in Utah are motor vehicle crashes, falls, suffocation, poisoning, and drowning.

While unintentional injury is the fourth leading cause of death among all races in Utah, it is the number one cause among the American Indian/Alaska Native population.

According to the Centers for Disease Control and Prevention, motor vehicle crashes account for 74% of all unintentional injury deaths among this group and 48% among all races.



How Are We Doing?

- Utah's annual rate of unintentional injury deaths has declined from 49.8 per 100,000 persons in 1980 to 35 per 100,000 persons in 2003. Increased efforts in public awareness, prevention, and developing collaborations with state and local agencies have all contributed to the decline.
- Despite the improvement, the rate among Utah's American Indian/Alaska Native population was more than twice as high (76.7 per 100,000 persons) than for all races for 1998–2003. Because of the disparity, at least one local health department is targeting this population with education and free and low-cost car seats.
- Utah's Asian and Pacific Islander populations had the lowest rate of unintentional injury deaths.

How Can We Improve?

Most injuries can be prevented by choosing safe behaviors, using safety equipment, and obeying safety laws. In addition, local health departments and other agencies must continue their education efforts and reach out to at-risk groups.

Utah Unintentional Injury Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	654	2,233,169	29.3 (27.0 - 31.5)	33.8 (31.2 - 36.4)	n/a
American Indian/Alaska Native	19	33,733	55.7 (30.5 - 80.9)	76.7 (42.0 - 111.3)	↑
Asian/Pacific Islander	5	59,348	8.2 (0.9 - 15.5)	15.3 (1.7 - 28.8)	↓
Black or African American	5	23,063	21.8 (2.7 - 40.8)	28.8 (3.6 - 54.0)	
White	613	2,117,025	28.9 (26.7 - 31.2)	33.2 (30.5 - 35.8)	
Hispanic or Latino	54	201,559	26.8 (19.7 - 34.0)	34.1 (25.0 - 43.2)	
Not Hispanic or Latino	600	2,031,610	29.5 (27.2 - 31.9)	33.5 (30.8 - 36.1)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes E800-E869, E880-E929; ICD-10 codes V01-X59, Y85-Y86; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Motor Vehicle Traffic Crash Deaths

Why Is It Important?

Motor vehicle crashes (MVCs) are the leading cause of injury death for all ages, races, and ethnicities in Utah. From 1999 to 2003, MVCs accounted for an average of 317 deaths annually. In addition, each year more than 30,000 people in Utah will be injured and more than \$30 million will be spent on inpatient hospital care due to MVCs.

How Are We Doing?

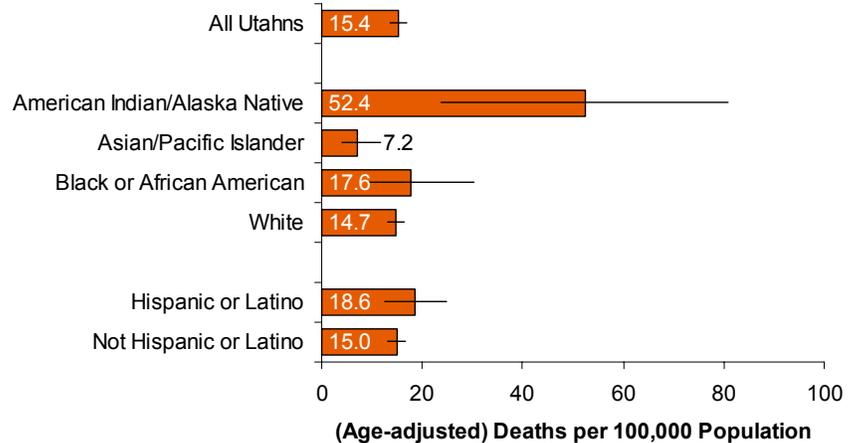
- The MVC death rate has decreased steadily over the last two decades, from 315 persons per 100 million vehicle miles traveled (MVMT) in 1984 to 309 persons per 100 MVMT in 2003. Seat belt and car seat education, seat belt laws, and graduated driver licensing legislation have all contributed to this significant decline.
- Despite this improvement, the MVC death rate from 1998 through 2003 was nearly four times higher (52.4 per 100,000 population) for Utah's American Indian/Alaska Native population than for all races (15.4 per 100,000 population). Alcohol has been found to be a significant contributing factor in this disparity. The fact that many members of this group live in remote areas and have limited access to health care may also play a role.
- Utah's combined Asian and Pacific Islander populations had the lowest rate of MVC deaths.

How Can We Improve?

The use of seat belts and car seats increases the odds of surviving a motor vehicle crash by 50% and is the single most important factor in reducing the death rate. Agencies must continue to educate all Utahns on the need for seat belts and child restraints, with particular emphasis on high-risk populations such the American Indian/Alaska Native community. Law enforcement can also play an important

role with strict enforcement of traffic and impaired driving laws.

Utah Motor Vehicle Traffic Crash Deaths, 1998-2003



Utah Motor Vehicle Traffic Crash Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	328	2,233,169	14.7 (13.1 - 16.3)	15.4 (13.7 - 17.0)	n/a
American Indian/Alaska Native	13	33,733	38.5 (17.6 - 59.5)	52.4 (23.9 - 80.8)	↑↓
Asian/Pacific Islander	3	59,348	5.6 (3.4 - 8.7)	7.2 (4.1 - 11.7)	
Black or African American	3	23,063	13.7 (8.2 - 21.4)	17.6 (9.4 - 30.3)	
White	300	2,117,025	14.2 (12.6 - 15.8)	14.7 (13.1 - 16.4)	
Hispanic or Latino	36	201,559	17.7 (11.9 - 23.5)	18.6 (12.5 - 24.7)	
Not Hispanic or Latino	292	2,031,610	14.4 (12.7 - 16.0)	15.0 (13.3 - 16.7)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes E810-E819; ICD-10 codes V02-04 [1-.9], V09.2, V12-14 [3-.9], V19 [4-.6], V20-28 [3-.9], V29-79 [4-.9], V80 [3-.5], V81-82 [1], V83-86 [0-.3], V87 [0-.8], V89.2; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

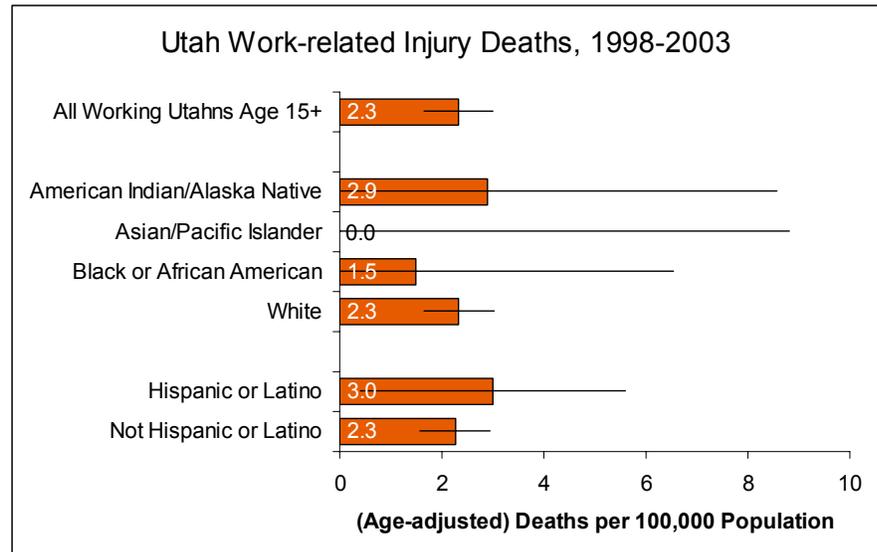
Work-related Injury Deaths

Why Is It Important?

Work-related injuries and illnesses continue to place an enormous burden on U.S. workers and the economy. In 1993, work-related injuries cost \$121 billion in medical care, lost productivity, and wages. Efforts to reduce occupational injuries are often successful and cost-effective.

How Are We Doing?

- Work-related injuries are an important cause of unintentional injury deaths. About 46 Utahns die each year from a work-related injury (2.8 per 100,000 population aged 15 or over). The work-related injury death rate has changed little in recent years.
- There was little variation among Utah’s racial and ethnic populations.



How Can We Improve?

“The National Institute for Occupational Safety and Health (NIOSH), the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness, is unveiling the Steps to a Healthier U.S. Workforce initiative to encourage workplace safety and health programs that focus on both:

- Preventing work-related illness, injury, and disability, and
- Promoting healthy living and lifestyles to reduce and prevent chronic disease.

“This initiative supports the view that all illness and injury should be prevented when possible, controlled when necessary, and treated where appropriate.”²⁶

Utah Work-related Injury Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total 15+ Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Working Utahns Age 15+	46	1,638,470	2.8 (2.0 - 3.6)	2.3 (1.7 - 3.0)	n/a
American Indian/Alaska Native	1	22,345	4.5 (0.8 - 25.3)	2.9 (0.8 - 25.3 [†])	
Asian/Pacific Islander	0	43,479	0.0 (0.0 - 8.8)	0.0 (0.0 - 8.8 [†])	
Black or African American	<1	14,723	2.3 (0.0 - 26.0)	1.5 (0.0 - 26.0 [†])	
White	44	1,557,923	2.8 (2.0 - 3.6)	2.3 (1.6 - 3.0)	
Hispanic or Latino	5	134,359	3.9 (1.6 - 8.7)	3.0 (1.6 - 8.7 [†])	
Not Hispanic or Latino	41	1,504,111	2.7 (1.9 - 3.6)	2.3 (1.6 - 3.0)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

Age 15+ and injury occurred at work.

*Age adjusted to the U.S. 2000 standard population

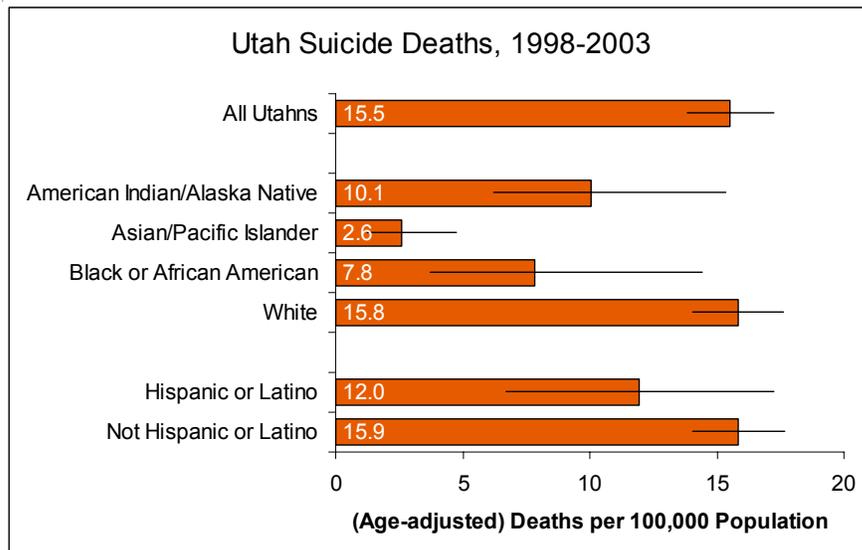
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

† The confidence interval for this age-adjusted rate was assumed to be the same as the confidence interval for the crude rate.

Suicide

Why Is It Important?

Suicide in Utah accounts for nearly as many deaths as motor vehicle crashes, and Utah's rate is tenth highest in the nation. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, and influenza combined. For the years 1998–2003, 1,894 Utahns committed suicide, making it the second leading cause of injury death for residents aged 10–34, and the third leading cause of death among those aged 35–44.



How Are We Doing?

- On average, from 1998 through 2003, there were 316 Utah suicide deaths per year. Although males are more likely to complete suicide, the rate of suicide attempts requiring hospitalization is higher for females.
- Utahns in racial groups other than White exhibited lower rates than Utah's combined population.

How Can We Improve?

More than half (55%) of all Utah suicides are committed with a firearm, and the U.S. Department of Health and Human Services (HHS) estimates that 60% of people who commit suicide have had a mood disorder (e.g., major depression, bipolar disorder, dysthymia). In 2001, HHS published the National Strategy for Suicide Prevention, with the primary objectives of promoting awareness of suicide as a public health problem, reducing the stigma of mental illness, and reducing access to firearms. The Utah Chapter of the National Alliance for the Mentally Ill (NAMI Utah) is just one agency aggressively working toward these goals among all races and ethnicities.

Utah Suicide Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	316	2,233,169	14.1 (12.6 - 15.7)	15.5 (13.8 - 17.3)	n/a
American Indian/Alaska Native	4	33,733	11.4 (7.2 - 17.1)	10.1 (6.2 - 15.4)	↓
Asian/Pacific Islander	2	59,348	3.1 (1.5 - 5.5)	2.6 (1.3 - 4.8)	↓
Black or African American	2	23,063	7.9 (3.9 - 14.1)	7.8 (3.8 - 14.4)	↓
White	304	2,117,025	14.4 (12.8 - 16.0)	15.8 (14.1 - 17.6)	
Hispanic or Latino	20	201,559	9.8 (5.4 - 14.1)	12.0 (6.7 - 17.3)	
Not Hispanic or Latino	296	2,031,610	14.6 (12.9 - 16.2)	15.9 (14.1 - 17.7)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes E950-E959; ICD-10 codes X60-X84, Y87.0; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

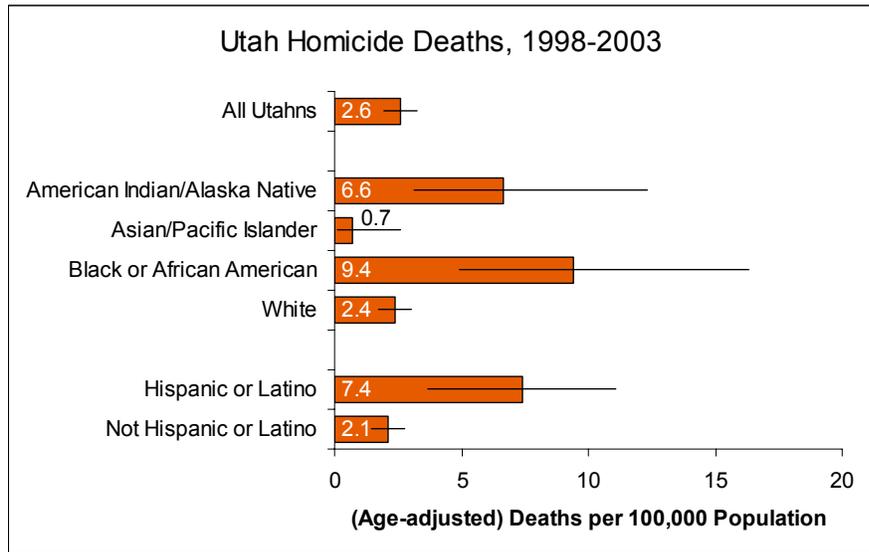
Homicide

Why Is It Important?

On average, 57 Utah residents die each year from homicide. More than half of all homicides (52.2%) are committed with a firearm.

However, among children ages birth to 17, the rate of firearm-related homicides is lower (22%). Most children are killed by family members through beatings, suffocation, and maltreatment.

Of the 347 Utahns killed between 1998 and 2003, 232 were male and 115 were female. Most of the female victims were killed as a result of domestic violence.



How Are We Doing?

- Utah's homicide rate dropped over the last decade from 2.9 deaths per 100,000 population in 1994 to 1.8 per 100,000 in 2003.
- In Utah, the Black/African American, Hispanic/Latino, and American Indian/Alaska Native populations all die by homicide at two to three times the rate found in the general population. While the exact reasons for the higher rates are unknown, risk factors for homicide, alcohol and drugs, domestic violence, lack of economic opportunity, family disruption, exposure to violence, and beliefs supportive of violence, may contribute to racial and ethnic differences.
- The combined Asian and Pacific Islander group had the lowest rate of homicide.

How Can We Improve?

Because firearms are used in the majority of homicides, teaching gun safety is a crucial first step. When firearms are stored in homes, they should be in a locked location inaccessible to children. Absent a safe location, guns and ammunition should be stored separately. Treatment programs for substance abusers and counseling for child abusers could also help to reduce the homicide rate.

Utah Homicide Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	58	2,233,169	2.6 (1.9 - 3.3)	2.6 (1.9 - 3.3)	n/a
American Indian/Alaska Native	2	33,733	6.9 (3.8 - 11.6)	6.6 (3.1 - 12.4)	↑
Asian/Pacific Islander	<1	59,348	0.6 (0.2 - 1.3)	0.7 (0.1 - 2.6)	↓
Black or African American	2	23,063	10.1 (5.5 - 16.9)	9.4 (4.9 - 16.3)	↑
White	50	2,117,025	2.4 (1.7 - 3.0)	2.4 (1.7 - 3.0)	
Hispanic or Latino	15	201,559	7.6 (3.8 - 11.4)	7.4 (3.7 - 11.1)	↑
Not Hispanic or Latino	42	2,031,610	2.1 (1.5 - 2.7)	2.1 (1.5 - 2.8)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes E960-E969; ICD-10 codes X85-Y09, Y87.1; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.