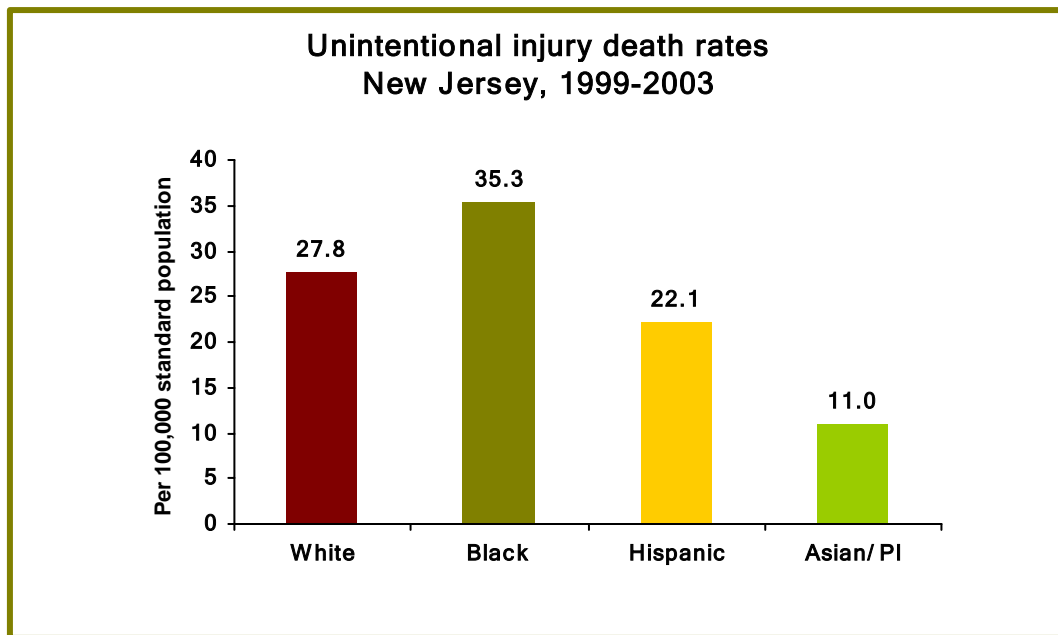


## H. Area of Emphasis: Unintentional Injuries

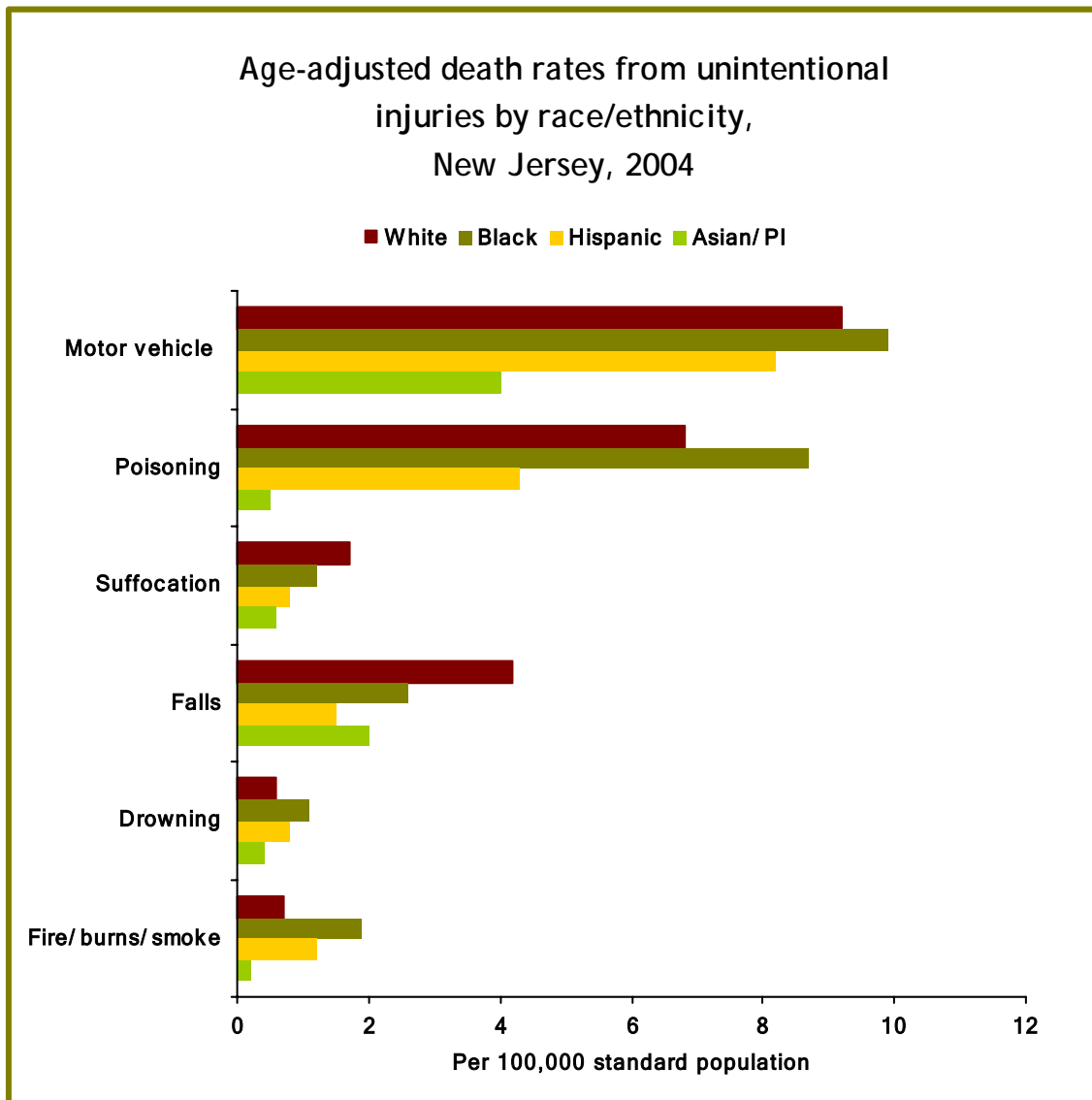
### Background Data

Unintentional injuries are the sixth leading cause of death for all New Jerseyans. Eighty percent of fatal injuries are the result of motor vehicle crashes, poisoning, falls, suffocation (choking and asphyxiation) or fires. Injuries are also the cause of 6 percent of all hospitalizations and emergency department visits in the state each year.

Overall, blacks suffer the highest rate of fatal unintentional injury (35.3 per 100,000) as compared to all other groups combined (20.3). This pattern is consistent with national figures. In particular, blacks have higher death rates from motor vehicle accidents, poisoning, drowning, and fire-related injuries. Whites are more likely to suffer fatal injuries due to suffocation and also as a result of falls than other racial/ethnic groups.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics



*Source: New Jersey Department of Health and Senior Services, Center for Health Statistics*

Age-adjusted death rates from unintentional injuries per 100,000 standard population by race/ethnicity, New Jersey, 2004				
Mechanism	White	Black	Hispanic	Asian/PI
Motor vehicle-related	9.2	9.9	8.2	4.0
Poisoning	6.8	8.7	4.3	0.5*
Suffocation	1.7	1.2	0.8	0.6
Falls	4.2	2.6	1.5	2.0
Drowning	0.6	1.1	0.8	0.4
Fire/burns/smoke	0.7	1.9	1.2	0.2*

*Source: NJDHSS, Center for Health Statistics \*Number of cases was too low to compute a statistically reliable rate.*

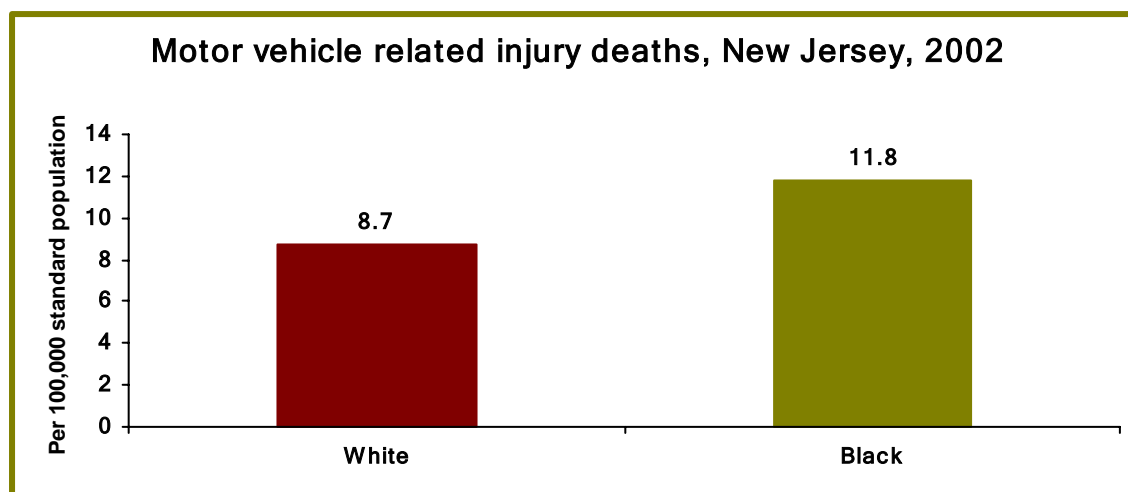
## Traumatic brain injury

One HNJ 2010 objective is to reduce the incidence rate of traumatic brain injuries (TBI) per 100,000 standard population. Overall reduction in incidence occurred from 1997 (baseline) to 2002 (the most recent data year); however, the TBI incidence rate is higher among blacks and Hispanics as compared to whites. Rates could not be calculated for Asians/Pacific Islanders because the number of injuries was too small to compute a statistically reliable figure. Major causes of TBI are motor vehicle injuries, falls, and assaults. In the case of blacks, excess TBI results primarily from elevated rates of motor vehicle injuries and assaults.

Traumatic brain injury incidence rates by race/ethnicity, New Jersey, 1997-2002			
Race/Ethnicity	1997 (Baseline)	Most Recent Data (2002)	2010 Target
White	102.0	84.5	96.3
Black	157.7	108.0	146.8
Hispanic	119.2	123.6	*

*\*A target was not set because data for sub-population were statistically unreliable, Source: NJDHSS, Center for Health Statistics*

## Motor vehicle related injury

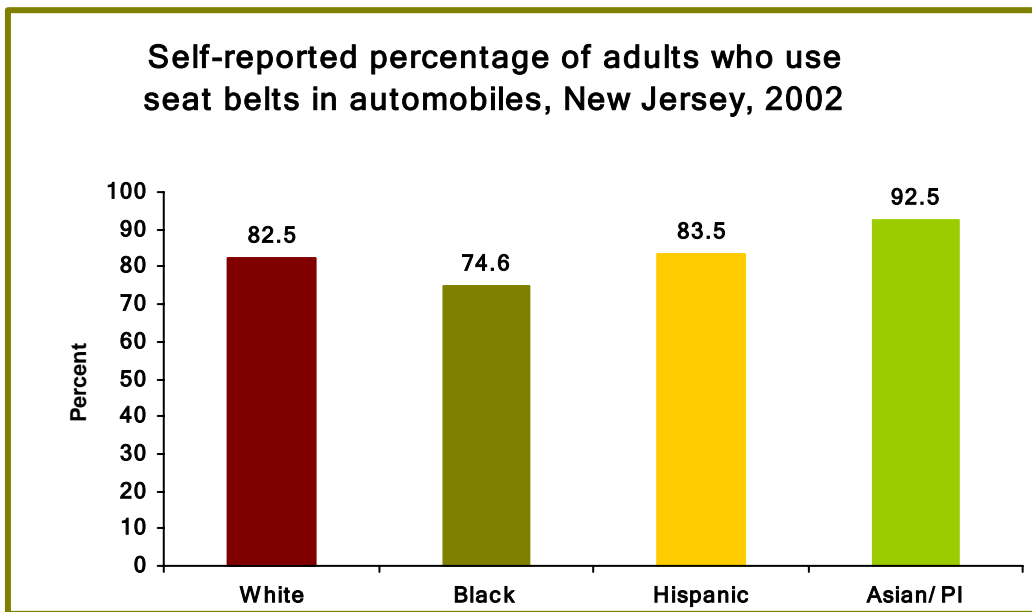


*Source: New Jersey Department of Health and Senior Services, Center for Health Statistics*

Motor vehicle injuries are a significant cause of excess injury mortality for blacks. The HNJ 2010 target for mortality from motor vehicle injuries for blacks is 6.9 per 100,000 standard population, far below current levels. Declines in fatalities from motor vehicle injuries have been relatively flat among all racial/ethnic groups in recent years, but blacks in particular have rates which are higher than those of other groups, and exceed the HNJ 2010 target by a considerable extent.

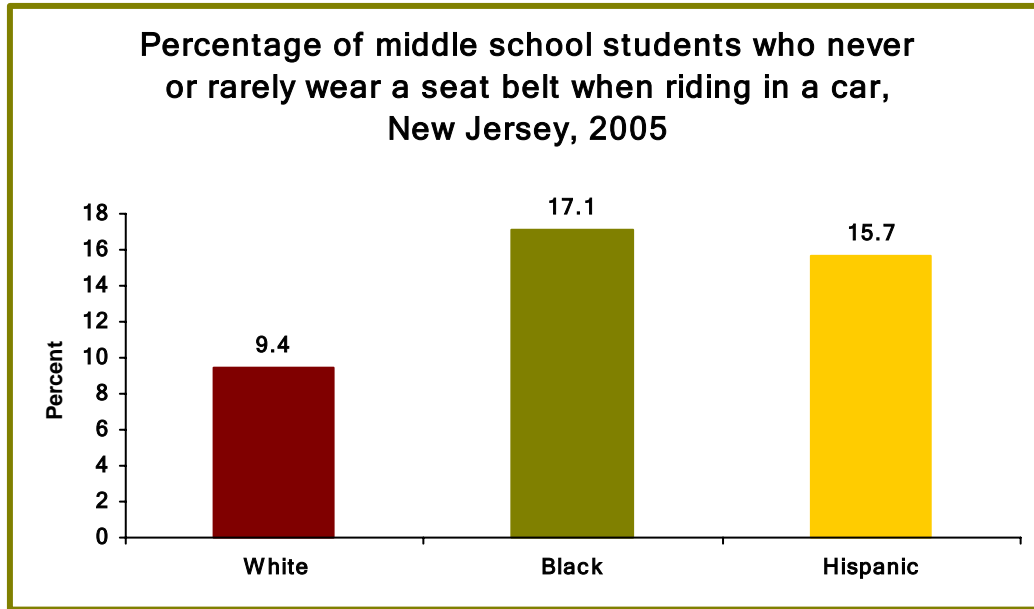
### Seat Belt Use

One important component of reducing fatalities from motor vehicle crashes is seat belt use. The rate of seat belt use among blacks is considerably lower than that of other groups. Recent data from the NJBRS show that approximately 75 percent of blacks report seat belt use, as compared with 82 percent of whites, 84 percent of Hispanics, and 92 percent of Asians/Pacific Islanders.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

According to the 2005 Youth Behavior Risk Survey, black and Hispanic children are far less likely than white children to wear a seat belt on a regular basis when riding in a car.



Source: 2005 Youth Behavioral Risk Survey, NJ Middle School Survey, New Jersey Department of Education

### Pedestrian Injury

A category of motor vehicle injury which is particularly relevant to racial disparities is pedestrian injury. Children and older adults are at especially high risk for pedestrian injuries, but among blacks, rates are elevated at all ages relative to other racial/ethnic groups. No specific HNJ 2010 objectives were established by race/ethnicity with regard to pedestrian injuries, but rates among blacks exceed general target levels set for the overall population.

Transportation-related pedestrian death rates <sup>†</sup> by race/ethnicity, New Jersey, 1999-2003		
Race/Ethnicity	Number	Rate (per 100,000)
White	549	1.8
Black	172	3.1
Hispanic	132	2.6
Asian/Pacific Islander	36	1.8

<sup>†</sup>Rates are age-adjusted using the US 2000 standard population, Source: NJDHSS, Center for Health Statistics

## *Building on Success*

- The Office of Injury Surveillance and Prevention (OISP) was established within NJDHSS's Center for Health Statistics (CHS) in 2005. OISP is a central source for injury statistics as well as home to several special injury projects, such as central nervous system (CNS) injury surveillance, violent death surveillance, the creation of a state trauma registry, and the creation of a statewide strategic plan for injury control and prevention. OISP, in conjunction with the New Jersey Commission on Spinal Cord Research and the New Jersey Commission on Brain Injury Research, and with original funding from the CDC, has developed a CNS Registry, which is evolving into a statewide trauma registry which will include all major traumas.
- The OISP maintains the CDC-funded New Jersey Violent Death Reporting System which is a detailed database on violent fatalities in the State.
- OISP is currently working with New Jersey Department of Transportation (NJDOT) on a number of projects designed to reduce motor vehicle injuries, including combining crash data with hospitalization and death data to learn more about location and circumstances of motor vehicle crashes causing severe injury and death. Additionally, OISP is in the process of finalizing a statewide injury control and prevention plan, which is the result of collaboration with injury prevention specialists in state government and elsewhere. The strategic plan will include specific recommendations for actions to reduce injury in all major injury areas.
- OISP is working to integrate surveillance data with injury prevention and control efforts statewide. Injury reduction activities also take place in NJDHSS's Divisions of Family Health Services and Senior Services, as well as in many other agencies of state and local government.

- The NJDHSS Division of Family Health Services Program's *Community Partnership for Healthy Adolescents* project addresses risk-taking behaviors among youth, including injury-related risk behaviors. The overall goals of the program are to establish community-based partnerships to improve the health of adolescents and to provide the foundation for the development and maintenance of positive health habits among adolescents. Grantees include local health departments and community organizations. Many are targeting issues related to suicide. As of 2003, eight agencies were funded, serving nearly 1,800 adolescents.
- The NJDHSS Division of Senior Services funds and directly provides a number of injury prevention programs. Many are targeted at preventing osteoporosis and falls. They have worked with OISP to obtain data on hip fractures, falls and other measures that are relevant to their program areas. A post-doctoral fellow in nursing with expertise in falls is working to develop fall prevention initiatives to be implemented in a variety of settings.

**Goal: Reduce excess morbidity and mortality due to unintentional injuries among minorities.**

### *Action Plan*

#### Steps and Timeline

*FY2007-2010*

- Support injury prevention activities in community-based organizations by providing appropriate data and materials for distribution. Specific areas to target are pedestrian safety for children and the elderly, driver safety, seat belt use, child car seat use, smoke alarm installation and maintenance, and water safety and swimming ability.
- Work with NJDOT to identify geographic areas of high pedestrian injury rates among minorities. Collaborate with NJDOT on evaluating the impact on

pedestrian injuries of environmental modifications to roadways by providing data on injuries and fatalities. Support pedestrian safety activities in the community by providing appropriate data on injuries.

### *Outcome Measures*

- Complete and release the Comprehensive Injury Prevention and Control Strategic Plan for New Jersey, scheduled for April 2007.
- Reduce the age-adjusted mortality rate from motor-vehicle-related injuries for blacks to 6.9 per 100,000 standard population.
- Increase the percentage of minorities ages 18 and over who use seat belts in automobiles to 85 percent.
- Reduce the age-adjusted mortality rate from motor vehicle related injuries for blacks to 6.9 per 100,000 standard population.
- Reduce the age-adjusted pedestrian mortality rate from transportation-related injuries to 1.0 per 100,000 standard population for blacks and Hispanics.