

CHILD SAFETY / INJURY

National Performance Measure 7: Rate of injury-related hospital admissions per population ages 0-19 years.

Goal: To decrease the number of injury-related hospital admissions among children ages 0-19 years.

Definition: Numerator: Number of hospital admissions among children ages 0-19 years with a diagnosis of unintentional or intentional injury (first admission for an injury event, excludes readmissions for same event)/ Denominator: Number of children and adolescents ages 0-19 years.

Healthy People 2020 Objectives:

Injury and Violence Prevention (IVP) Objective 1.2: Reduce hospitalizations for nonfatal injuries. (Baseline: 617.6 per 100,000. Target: 555.8 per 100,000.)

Data Source: State Hospital Discharge data in the State Inpatient Databases (SID).

Policy Context:

Injury is the leading cause of mortality among children after the first year of life. More children die or become seriously hurt from injuries than from all childhood diseases combined. Each year more than 300 million of children have an emergency room and/or hospital visit for an unintentional injury. Thousands of other children sustain long-term disabilities as a result of serious unintentional injuries. Motor vehicle crashes, falls, drowning, burns, poisoning, and suffocation are all common causes of unintentional injury hospitalizations and death.

Childhood injuries cost society over \$4 billion in annual costs for hospitalizations alone and more than \$400 billion annually in lost productivity and associated medical expenses. Injuries are not accidents. They can be prevented by changing the environment, public policy, product safety, social norms, health provider practices, and individual knowledge and behavior.

The National Action Plan for Child Injury Prevention offers information on implementing evidence-based programs, policies, and practices. (www.cdc.gov/safekid). The Centers for Disease Control and Prevention also has a tool for policy evaluation.

(<http://www.cdc.gov/injury/about/policy/evaluation.html>). The Children's Safety Network has "Tips for Title V Directors" to assist states in achieving injury prevention goals.

<http://www.childrensafetynetwork.org/sites/childrensafetynetwork.org/files/TipsForTitleV.pdf>

Through the federally required needs assessment and performance monitoring efforts, State Title V programs have emphasized injury prevention. In 2014, as part of their needs assessment and priority setting activities, 48 states identified a total of 87 injury and/or violence related "Priority Needs", with 23 states choosing more than one area. The most frequently identified injury-

related Priority Needs were focused on unintentional injuries (generally), child deaths, child maltreatment, motor vehicle safety, and environmental health/lead poisoning. A similar number of states selected injury and/or violence related “Performance Measures” for their Title V programs.

(http://www.childrensafetynetwork.org/sites/childrensafetynetwork.org/files/MCH%20IVP-Related%20StatePerformanceMeasures_2014.pdf).

Action Agenda for State Title V MCH Block Grant Programs:

- Evaluate state policy development to identify gaps and assess the potential impact of current policies.
- Educate policymakers about additional opportunities for prevention using state policy.
- Identify evidence-based and best practices for injury prevention in priority areas and design programs and policies to advance such practices.
- Set injury specific performance targets for your state, such as for motor vehicle safety, poisoning, traumatic brain injury, drowning, falls, suicide, and/or fires/burns.
- Encourage enactment and enforcement of legislation and regulations to require:
 - Smoke detectors, hot water heater temperature controls, and stair safety gates in both rental and owned properties.
 - Protective restraints such as car seat belts, child safety car seats, and booster seats.
 - Pool fencing, self-closing gates, and pool alarms.
 - Graduated driver licensing for teens.
 - Toy manufacturer safety standards.
 - Use of helmets for all sport recreation (motorized and non-motorized) and other recreation activities (e.g., football, soccer, snowboarding, horseback riding) that place children at risk for traumatic brain injury and other head injuries.
 - Prescribing physicians to use serialized, tamperproof prescription forms.
 - Development and use of a Prescription Drug Monitoring Program for hospitals.
 - Prohibitions on cellphone use (including hands-free) and texting among youth while driving.
- Lead intra- or inter-agency and public-private partnerships that can offer opportunities to promote programs and policy for injury prevention. Forming topic specific task forces is one strategy.
- Collect and use data on injuries, including information from health care providers, law enforcement, and housing agencies.
- Maximize use of data and information from infant or child death/fatality review processes which can point to areas for additional prevention activities.
- Use technology, such as electronic medical/health records (EMR/EHR), to improve the speed and quality of care for injured children, and to monitor the number and severity of child injuries.