

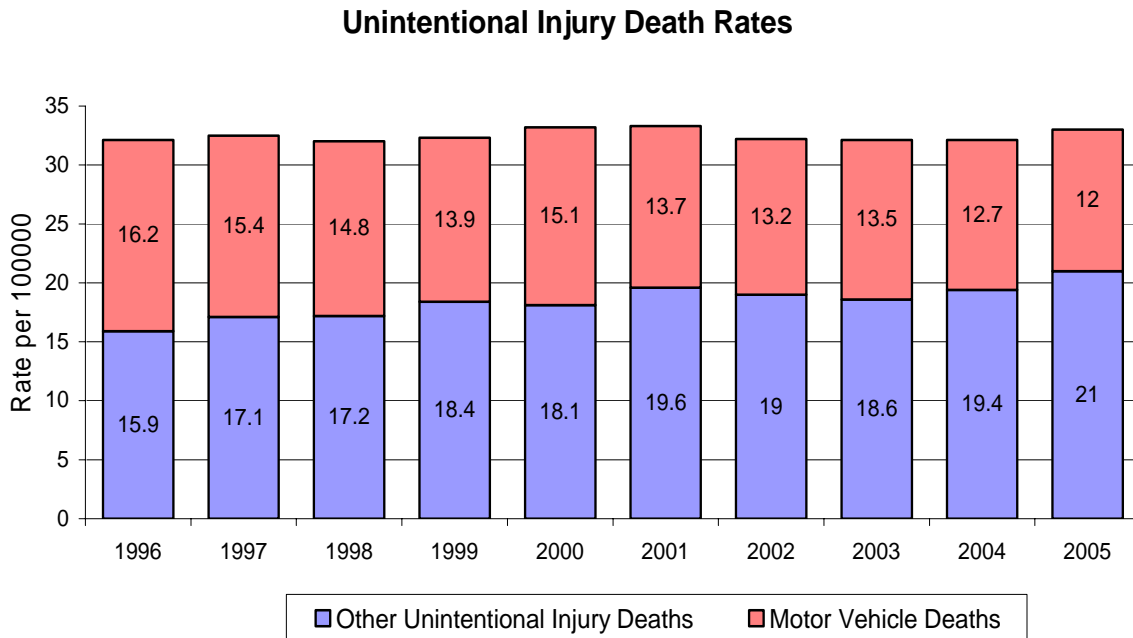


Topic: Unintentional and Childhood Injuries

38. Unintentional Injuries

Unintentional injuries are the fifth leading cause of all deaths in Michigan and the third leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75.

How are we doing?



Motor vehicle crashes are the most common cause of unintentional injury deaths, representing 41 percent of the total. The trend for motor vehicle deaths has improved since 1996; the age-adjusted death rate has decreased by 26 percent. The introduction of advanced safety equipment in cars, combined with stricter laws regarding use of seatbelts and child restraints, and drinking and driving, has pushed the trend downward since the late 1970s.

In 2005, there were 3,426 Michigan resident deaths due to all causes of unintentional injury. The age-adjusted unintentional injury death rate was 33.0 per 100,000 population. This rate has remained relatively stable since 1992, although the change to ICD10 coding artificially increased the rate by three percent.

How Does Michigan compare with the U.S.?

The unintentional injury death rate for Michigan has been consistently lower than the U.S. rate. In 2003, the most recent year for which national data are available, Michigan’s age-adjusted death rate of 32.1 per 100,000 was 14% lower than the U.S. rate of 37.2 per 100,000. Unintentional injuries were the fifth leading cause of all deaths in the U.S. and the third leading cause of YPLL in 2003.

How are different populations affected?

Unintentional injuries are the leading cause of death to Michigan residents who are at least one year of age but under age 35. Between 1999 and 2005, unintentional injuries due to fires, motor vehicle crashes, drowning, and poisonings accounted for more than one-third of all deaths to Michigan residents aged 15 to 24 and about



one-fifth of all deaths to residents aged 25-34. During this period, the unintentional fall death rate for those aged 65 years and older was 25 times greater than the rate for those under age 65.

Men are more than twice as likely as women to die of unintentional injuries. In 2005, the Michigan age-adjusted unintentional injury death rate was 45.3 per 100,000 for men and 21.8 per 100,000 for women. The rate for Black men was the highest at 49.0 per 100,000.

Unintentional injury-related deaths disproportionately affect Blacks. The Michigan 2005 age-adjusted rate for Blacks was 33.4 per 100,000 compared to 32.6 for per 100,000 Whites.

What is the Department of Community Health doing to improve this indicator?

The Department is decreasing the incidence and burden of unintentional injuries by providing leadership, training, public education, data collection and analysis, funding support and technical assistance related to the leading causes of injuries. With statewide stakeholders, several injury prevention plans have been developed over the last few years addressing key injury issues in Michigan. One such plan is the Michigan Plan for Injury Prevention which contains recommendations to build the core capacity of the state injury program as well as impact the top four priority causes of injury in Michigan (motor vehicle crashes, firearms, falls and poisoning).

From 2002-2006, under a CDC cooperative agreement, the Department developed, implemented and evaluated hospital-based fall prevention clinics through a randomized, controlled study. A major focus was the development of training courses for interdisciplinary healthcare professionals in fall risk assessment skills, evidence-based interventions to reduce fall risk, geriatric skills and interdisciplinary collaboration. The training methodology consisted of statewide conferences, seminars, a 110-page instructional manual, one-on-one instruction and mentoring. Evaluation results from this study indicate that older adults treated in a fall prevention clinic (intervention group) had 34% fewer falls than those in the control group. These results are not statistically significant but demonstrate a trend that is encouraging.

The Department compiles fatality, hospitalization and emergency department data on injuries to determine the magnitude of the problem, describe the characteristics of the populations at risk, and determine causes of injuries so that prevention programming can be effectively targeted. Several reports have been prepared and are available at: www.michigan.gov/injuryprevention. In addition, strategic plans, program descriptions and reports, educational materials and injury prevention links are also available at this website.