7. Injury/Violence Prevention

Goal

To reduce the incidence and severity of injuries from unintentional causes, as well as death and disabilities due to violence.

Overview

In 2000, there were 4,005 unintentional injury deaths in Kentucky with an unintentional injury death rate of 46 deaths per 100,000 population, the 14th highest rate in the nation (National Safety Council, 2004). This rate is 29 percent above the national unintentional injury death rate of 35.6 deaths/100,000. Nonfatal occupational injury and illness incidence rates are also higher at 7.4 non-fatal injuries and illnesses per 100 full-time workers compared with the national rate of 5.7 injuries and illnesses per 100 full-time workers.

In Kentucky, the leading cause of unintentional death by injury is motor vehicle related incidents (21.1 deaths per 100,000 population), followed by poisoning (5.4 deaths per 100,000 population), falls (3.7 deaths per 100,000 population), choking (2.5 deaths per 100,000 population), and fire and burns (2.1 deaths per 100,000).

Summary of Progress

Significant progress has been made for a number of objectives: nonfatal spinal cord injury rates have decreased; safety belt and child restraint usage have increased; suffocations and unintentional drownings have decreased; fire-related and fall-related deaths have decreased; and homicide rates have declined. With regard to surveillance improvements, pilot collection of emergency department data for 10 Kentucky hospitals has started, and child fatality review teams cover about 50 percent of the state. Increased funding is needed to obtain statewide coverage.

Education, increased awareness, and targeted interventions are necessary for a number of 2010 objectives that are unlikely to be met. These include goals for reducing motor vehicle crash and pedestrian deaths, nonfatal motor vehicle crashes, nonfatal head injuries, nonfatal unintentional injuries, firearm-related deaths, and unintentional injury and poisoning deaths. Poisoning death rates have doubled as a consequence of the increase in illicit prescription drug use. A number of objectives related to violence need to be further addressed: child maltreatment, adult forcible rapes, and sexual assault.

Progress toward Achieving Each HK 2010 Objective

7.1. Reduce to 65 per 100,000 the rate of nonfatal head injuries. (See Revision)

7.1R. (REVISION) Reduce to 59 per 100,000 the rate of nonfatal head injuries that are hospitalized.

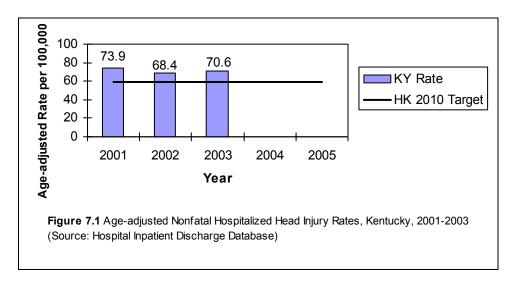
Reason for Revision: In 2000 case reporting for the hospital discharge data pertaining to injury was significantly lower than for 2001-2003, so the 2001 rate was used as the baseline, instead of the 2000 rate.

Data Source: Kentucky Hospital Inpatient Discharge Database (UB92)

Baseline: 73.9 per 100,000 for 2001 as measured by hospitalization, age adjusted to year 2000

HK 2010 Target: 59 per 100,000

Mid-Decade Status: 70.6 per 100,000 in 2003



Strategies to Achieve Objective:

- Enact state laws that require all motorcyclists and bicyclists to wear helmets
- Enact state laws that require drivers and automobile occupants to be restrained by safety belts or child safety restraints
- Encourage dissemination and implementation of the National Action Plan for Playground Safety
- Promote use of protective gear in sports events

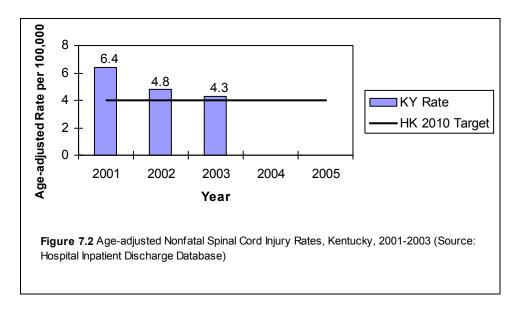
7.2. Reduce to 4 per 100,000 the rate of nonfatal spinal cord injuries.

Data Source: Kentucky Hospital Inpatient Discharge Database (UB92)

Baseline: 6.4 per 100,000 for 2001 as measured by hospitalization, age-adjusted to year 2000. Case reporting for the hospital discharge data pertaining to injury in 2000 was significantly lower than for 2001-2003, so the 2001 rate was used as the baseline, instead of the 2000 rate.

HK 2010 Target: 4 per 100,000

Mid-Decade Status: 4.3 per 100,000 in 2003



Strategies to Achieve Objective:

- Prevention efforts should target motor vehicle crashes, falls, firearm injury, diving, and water safety.
- 7.3. Reduce firearm-related deaths to less than 12 per 100,000. (See Revision)
- 7.3R. (REVISION) Reduce firearm-related deaths to less than 11 per 100,000.

Reason for Revision: The baseline was not correct for year 2000. The firearm-related death rate was 13.1 per 100,000 not 14 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates, Kentucky Violent Death Reporting System (KVDRS)

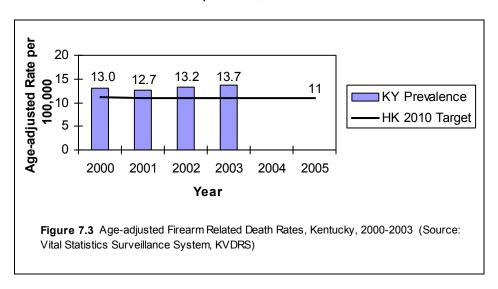
Baseline: 13 per 100,000, age-adjusted to year 2000

Select Populations 2000-2003 Average

Homicides	3.2/100,000
Suicides	9.0/100,000
Unintentional	0.9/100,000
African American	18.8/100,000
White	13.0/100,000

HK 2010 Target: 11 per 100,000

Mid-Decade Status: 13.7 per 100,000 in 2003



Strategies to Achieve Objective:

- Enact laws that require the use of trigger locks
- Promote gun and ammunition safe storage
- Make parents or caregivers responsible for children's use of firearms to harm others
- 7.4. (Developmental) Extend multi-agency, multidisciplinary case review of all unexpected child fatalities (Coroners' cases) among children less than 18 years to all 120 counties.

Data Sources: Vital Statistics Surveillance System - Death Certificates, Coroner's Report forms, Annual State Child Fatality Review System reports.

Baseline: Data not available

HK 2010 Target: Case review extended to all 120 counties

Mid-Decade Status: Child fatality review is being conducted in about half (50 percent) of Kentucky counties. Additional funding is needed to extend multi-agency, multidisciplinary review to all 120 counties.

Strategies to Achieve Objective:

- Explain/clarify the goals of the Child Fatality Review teams to local agencies and individuals (The goals are to identify the cause of death and determine whether or not the death was preventable.)
- Research availability of federal, state, and local dollars to assist in expanding multidisciplinary review to all 120 counties
- 7.5. Reduce deaths caused by poisoning to no more than 3.0 per 100,000. (See Revision)
- 7.5R. (REVISION) Reduce deaths caused by poisoning to no more than 6.0 per 100,000.

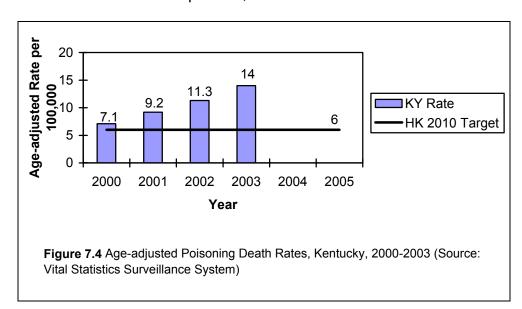
Reason for Revision: The baseline was not correct for year 2000. The total poisoning death rate was 7.1 per 100,000 not 3.6 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 7.1 per 100,000, age-adjusted to year 2000

HK 2010 Target: 6.0 per 100,000

Mid-Decade Status: 14 per 100,000



- The increase in poisoning deaths is largely attributable to unintentional drug overdose, primarily prescription drugs. More targeted interventions are necessary to reduce illicit prescription drug use.
- Encourage prominent placement of the Poison Control Center number in all homes
- Install carbon monoxide alarms in all residential buildings
- Educate parents and caregivers to store medications and toxic chemicals out of the reach of children

7.6. Reduce deaths caused by suffocation to 2 per 100,000. (See Revision)

7.6R. (REVISION) Reduce deaths caused by suffocation to 4.4 per 100,000.

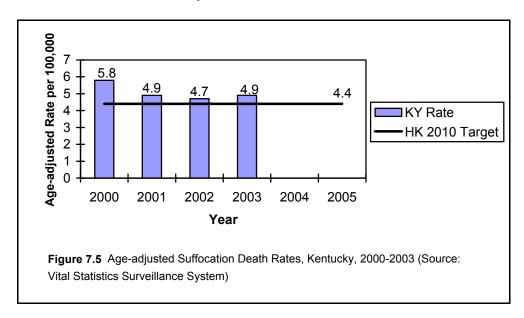
Reason for Revision: The baseline was not correct for year 2000. The total suffocation death rate was 5.8 per 100,000 not 3 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates, age adjusted

Baseline: 5.8 per 100,000, in 2000

HK 2010 Target: 4.4 per 100,000

Mid-Decade Status: 4.9 per 100,000 in 2003



7.7. (Developmental) Extend the collection of Uniform Hospital data to include emergency departments.

Data Source: Uniform Emergency Department (ED) Visits (UB-92ED)

Baseline: Data not available

HK 2010 Target: Complete coverage to include emergency departments

Mid-Decade Status: Preliminary 2004 data are available from a pilot test.

Strategies to Achieve Objective:

- Increased funding is needed to obtain statewide population based data
- Introduce statutory change to require reporting of ED data
- 7.8. Reduce deaths caused by unintentional injuries to no more than 31 per 100,000 people. (See Revision)
- 7.8R. (REVISION) Reduce deaths caused by unintentional injuries to no more than 35 per 100,000 people.

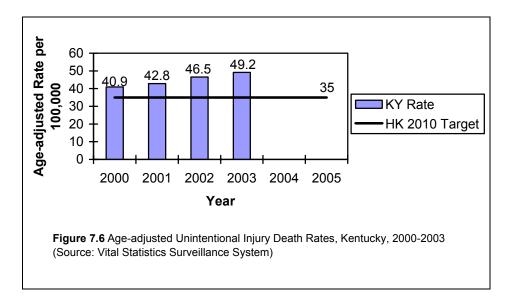
Reason for Revision: The baseline was not correct for year 2000. The unintentional injury death rate was 40.9 per 100,000 not 36 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 40.9 per 100,000, age-adjusted to year 2000

HK 2010 Target: 35 per 100,000

Mid-Decade Status: 49.2 per 100,000 in 2004



- The increase in unintentional injury death rates is driven primarily by the increase in poisonings in persons 15 to 64, and motor vehicle collisions in persons aged 25 to 84. Targeted interventions are needed to reduce both motor vehicle collision deaths and poisonings in these age groups.
- Raise awareness that injuries are not "accidents", and that they can be prevented by behavioral and environmental changes
- Support the development and implementation of injury prevention programs that target populations most affected by specific types of injuries
- Emphasize the substantial risk posed by alcohol for all unintentional injuries
- Support surveillance efforts to characterize those at risk and develop targeted prevention programs
- 7.9. (Developmental) Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 641 per 100,000. (See Revision)
- 7.9 R. (REVISION) Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 317 per 100,000.

Reason for Revision: Data are now available for this objective and the 2010 target was not accurate. The new objective should be to reduce nonfatal unintentional injury hospitalizations to no more than 317 per 100,000 residents.

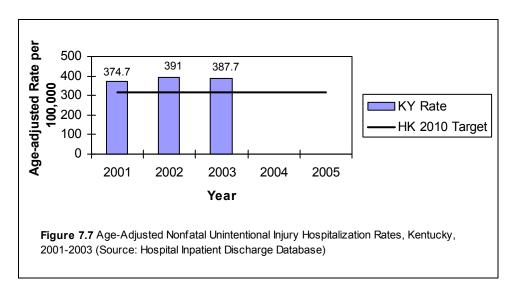
Case reporting for the hospital discharge data pertaining to injury in 2000 was significantly lower than for 2001-2003, so the 2001 rate was used as the baseline, instead of the 2000 rate.

Data Source: Kentucky Hospital Inpatient Discharge Database (UB92)

Baseline: 374.7 per 100,000 residents for 2001, age-adjusted to year 2000

HK 2010 Target: 317 per 100,000

Mid-Decade Status: 387.7 per 100,000 in 2003



Same strategies as for Objective 7.8

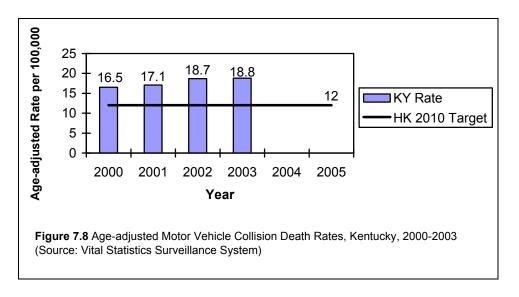
7.10. Reduce deaths caused by motor vehicle crashes to no more than 12 per 100,000 and 1 per 100 million vehicle miles traveled.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 16.5 per 100,000 residents, age-adjusted to year 2000, 1.6 deaths per 100 million vehicle miles traveled

HK 2010 Target: 12 per 100,000 residents, 1.0 deaths per 100 million vehicle miles traveled

Mid-Decade Status: 18.8 per 100,000, 1.9 deaths per 100 million vehicle miles traveled in 2003



- Promote passage of primary enforcement safety belt laws that include trucks and sport utility vehicles
- Promote passage of universal helmet laws
- Increase support to programs that promote the use of safety belts and child restraints
- Promote extension of Graduated Driver Licensing Program restrictions for the provisional driver stage from six months to one year
- Establish data linkages between police and hospital records and other non-fatal injury records to enhance early detection of shifts in trends and better understand the medical costs associated with motor vehicle crashes

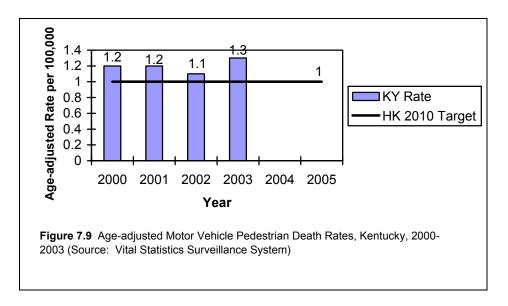
7.11. Reduce pedestrian deaths on public roads to no more than 1 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 1.2 per 100,000 in 2000, age-adjusted

HK 2010 Target: 1.0 per 100,000

Mid-Decade Status: 1.3 per 100,000 in 2003



- Raise awareness of the need for safe pedestrian walkways
- Target senior citizen areas for special walkways
- 7.12. Reduce nonfatal injuries caused by motor vehicles crashes to 1,000 per 100,000. (See Revision).
- 7.12R. (REVISION) Reduce hospitalizations for nonfatal injuries caused by motor vehicles crashes to 72 per 100,000.

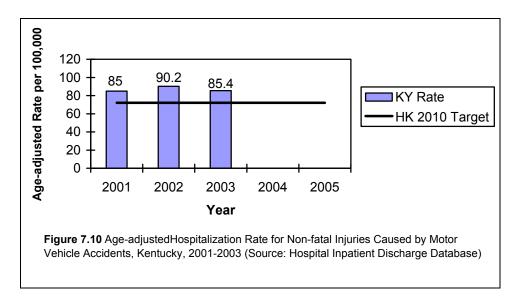
Reason for Revision: Case reporting for the hospital discharge data pertaining to injury in 2000 was significantly lower than for 2001-2003, so the 2001 rate was used as the baseline, instead of the 2000 rate.

Data Source: Kentucky Hospital Inpatient Discharge Database (UB-92)

Baseline: 85 per 100,000 for 2001, age-adjusted to year 2000

HK 2010 Target: 72 per 100,000

Mid-Decade Status: 85.4 per 100,000 in 2003



Same as for Objective 7.10

- 7.13. Increase use of safety belts to 93 percent of motor vehicle occupants. (See Revision).
- 7.13R. (REVISION) Increase use of safety belts to 69 percent of motor vehicle occupants.

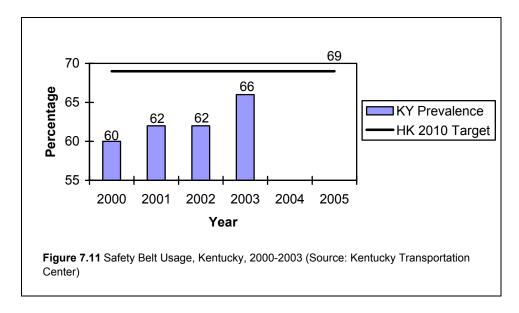
Reason for Revision: The baseline was not correct for year 1997. Safety belt usage was 54 percent not 69 percent. Updated baseline to use in 2000: 60 percent.

Data Sources: Kentucky Transportation Center

Baseline: 60 percent in 2000

HK 2010 Target: 69 percent

Mid-Decade Status: 66 percent of all front seat drivers and passengers



- Develop, implement, and evaluate intervention programs for promoting highway safety education
- 7.14. Increase use of child restraints to 93 percent of motor vehicle occupants ages 4 years and younger.
- 7.14R. Increase use of child restraints to 96 percent of motor vehicle occupants ages 4 years and younger

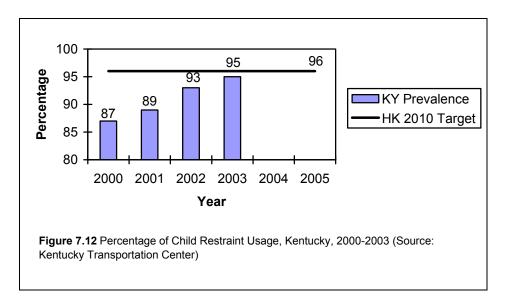
Reason for Revision: The baseline was not correct for year 1997. Child restraint usage was 82 percent not 61 percent. A new baseline will be set for 2000.

Data Sources: Kentucky Transportation Center

Baseline: 87 percent in 2000

HK 2010 Target: 96 percent

Mid-Decade Status: 95 percent in 2003



- Develop, implement, and evaluate intervention programs for promoting correct use of child safety seats
- Encourage enforcement of child safety seat laws by promoting alternative sentencing programs
- Encourage local health departments and other agencies to train personnel about the correct procedures for child occupant safety
- Increase counseling efforts by health care providers

7.15. Reduce fire-related deaths to no more than 1.2 per 100,000. (See Revision)

7.15R. (REVISION) Reduce fire-related deaths to no more than 1.9 per 100,000.

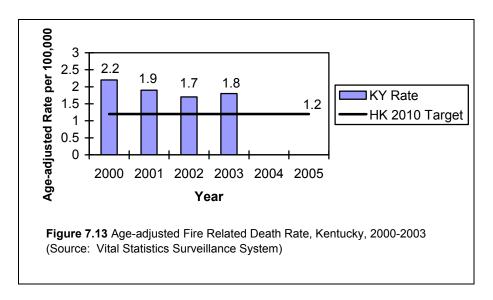
Reason for Revision: The baseline was not correct for year 2000. The fire-related death rate was 2.2 per 100,000 not 1.4 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 2.2 per 100,000 in 2000, age-adjusted

HK 2010 Target: 1.2 per 100,000

Mid-Decade Status: 1.8 per 100,000 in 2003



- Promote revision of state and local ordinances and building codes to require smoke alarms in new and existing housing, including manufactured housing
- Support programs that provide public education that includes positioning of smoke alarms in residences, 'stop, drop, and roll' when clothing ignites, the role of alcohol use in residential fires, and the dangers of playing with matches and lighters
- Promote development and practice of exit drills in the home
- Develop and implement fire prevention and education programs that target the elderly
- Encourage and support fire departments and emergency response teams to be proactive in preventing residential fires

7.16. Increase to 100 percent the presence of functional smoke alarms to at least one on each habitable floor of all inhabited residential dwellings, including the basement. (DELETED)

Reason for Deletion: No ongoing data source. Behavioral Risk Factor Surveillance System data is not available for 2000-2004. This survey question is no longer asked.

7.17. Reduce deaths from falls to no more than 5 per 100,000. (See Revision)

7.17R. (REVISION) Reduce deaths from falls to no more than 3.7 per 100,000.

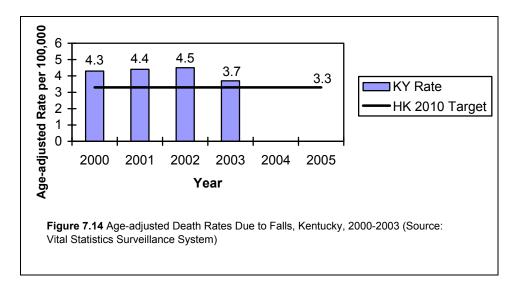
Reason for Revision: The baseline was not correct for year 2000. The fall death rate was 4.3 per 100,000 not 6 per 100,000. The objective should be to reduce deaths from falls to no more than 3.3 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 4.3 per 100,000 in year 2000, age-adjusted

HK 2010 Target: 3.3 per 100,000

Mid-Decade Status: 3.7 per 100,000 in year 2003



Strategies to Achieve Objective:

- Educate persons ages 65 and older concerning prevention of falls in the home and in public places
- Perform environmental evaluations to remove hazards causing falls

7.17. Reduce unintentional drownings to no more than 1.5 per 100,000. (See Revisions).

7.17R. Reduce unintentional drownings to no more than 1.1 per 100,000.

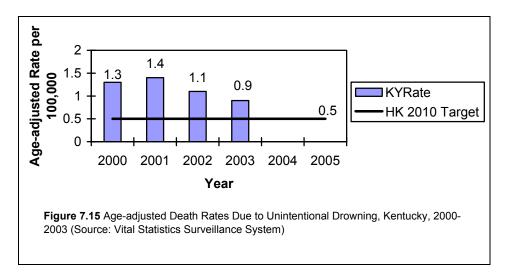
Reason for Revision: The baseline was not correct for year 2000. The unintentional drowning rate was 1.3 per 100,000 not 1.8 per 100,000. The objective should be to reduce drownings to no more than 1.1 per 100,000.

Data Source: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 1.3 per 100,000 in year 2000, age-adjusted

HK 2010 Target: 0.5 per 100,000

Mid-Decade Status: 0.9 per 100,000 in year 2003



Strategies to Achieve Objective:

- Educate the public about hazards of open bodies of water and about the dangers associated with drinking alcohol while engaged in aquatic activities
- Promote swimming and water safety classes for children and teenagers
- Promote cardiopulmonary resuscitation (CPR) training for adolescents and parents
- Encourage enforcement of laws prohibiting the operation of boats and personal watercraft while under the influence of drugs or alcohol
- Promote licensure and standard training for boat and personal watercraft operators

7.18. Reduce homicides to less than 5 per 100,000 people. (See Revision)

7.19R. (REVISION) Reduce homicides to less than 4.2 per 100,000 people.

Reason for Revision: The baseline was not correct for year 2000. The homicide rate was 4.9 per 100,000 not 6 per 100,000. The objective should be to reduce homicides to less than 4.2 per 100,000 people.

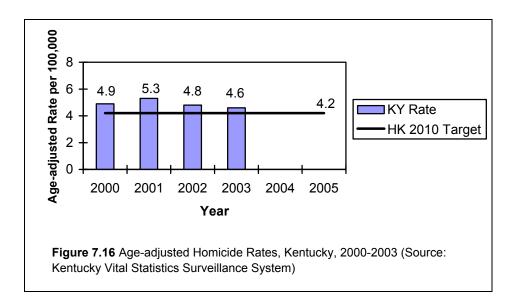
Data Sources: Kentucky Vital Statistics Surveillance System - Death Certificates

Baseline: 4.9 per 100,000, age adjusted to year 2000

Select Populations	2000
Black males	29.9
White	3.7
Infants aged <1	13.2
Children aged 1-4	1.9
Children 10-14	1.4
Adolescents aged 15-19	4.2

HK 2010 Target: 4.2 per 100,000

Mid-Decade Status: 4.6 per 100,000 in 2003, age-adjusted



Strategies to Achieve Objective:

- Pass laws that reduce inappropriate access to firearms
- Support programs that promote firearm safety
- Develop surveillance system to provide accurate data about firearm injuries and deaths
- 7.20. (Developmental) Reduce to less than 4 per 1,000 children the incidence of maltreatment of children younger than age 18. (See Revision)
- 7.20R.(REVISION) Reduce to less than 15.9 per 1,000 children the incidence of maltreatment of children younger than age 18.

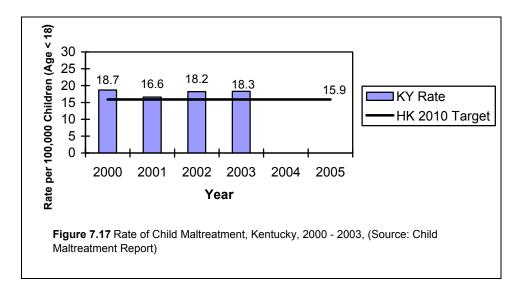
Reason for Revision: The data source for this objective is the Children's Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. The objective should be to reduce to less than 15.9 per 1,000 children the incidence of maltreatment of children younger than age 18.

Data Source: Child Maltreatment Report

Baseline: 18.7 per 100,000 children in 2000

HK 2010 Target: 15.9 per 100,000

Mid-Decade Status: 18.3 per 100,000 in 2003



Strategies to Achieve Objective:

- Support programs that accumulate information about the incidences and causes of maltreatment; a need exists for Kentucky specific incidence data to describe the magnitude of the problem
- Evaluate existing interventions and the impact of those interventions
- Support programs that provide protection services to maltreated children
- Develop and support programs that are designed to prevent child maltreatment
- 7.21. (Developmental) Reduce to less than 7 per 1,000 the incidence of maltreatment of persons aged 60 and older.

Potential Data Source: Department for Community Based Services

Baseline: Data not available

HK 2010 Target: Less than 7 per 1,000

Mid-Decade Status: Preliminary data are now becoming available for analysis.

Strategies to Achieve Objective:

- Support programs that collect information about the incidences and causes of maltreatment; a need exists for Kentucky specific incidence data to describe the magnitude of the problem
- Evaluate existing interventions and the impact of those interventions
- Support programs that provide protection services to maltreated elders
- Develop and support programs that are designed to prevent child maltreatment
- 7.22. (Developmental) Reduce physical abuse by current or former intimate partners to less than 23 per 10,000.

Potential Data Sources: Department for Community Based Services

Baseline: Data not available

HK 2010 Target: 23 per 10,000

Mid-Decade Status: Preliminary data are now becoming available for analysis.

Strategies to Achieve Objective:

- Support programs that collect information about the incidence and causes of intimate partner violence (IPV), including Kentucky-specific incidence data
- Evaluate existing interventions and their impact
- Support programs that provide protection services to IPV victims
- Develop and support programs that are designed to prevent IPV
- 7.23. Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged 18 and older to less than 6 per 10,000 persons. (See Revision)
- 7.23R.(REVISION) Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged 18 and older to less than 9.4 per 10,000 persons.

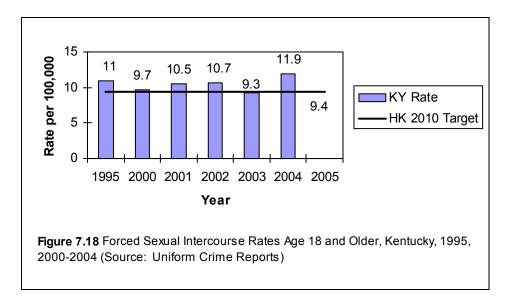
Reason for Revision: This revision reflects the use of the Kentucky State Police Uniform Crime Report data.

Data Source: Uniform Crime Reports - adult forcible rape reports

Baseline: 11 per 100,000 in 1995

HK 2010 Target: 9.4 per 100,000

Mid-Decade Status: 11.9 per 100,000 in 2004



Strategies to Achieve Objective:

- Increase support to the rape crisis centers that provide services to persons who have experienced rape or other sexual assault
- Develop population-based educational programs that teach that rape is never excusable
- Promote college-based programs that counsel and educate about date rape

7.24. Reduce sexual assault other than rape to less than 0.3 per 1,000 people. (See Revision)

7.24R.(REVISION) Reduce sexual assault other than rape to less than 0.43 per 1,000 people.

This revision reflects the use of the Kentucky State Police Uniform Crime Report data.

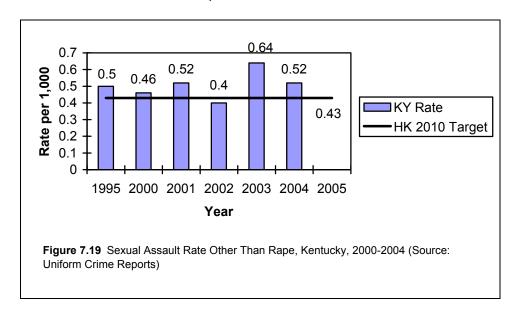
Data Source: Uniform Crime Reports- Sex Offenses (except forcible rape

and prostitution)

Baseline: 0.5 per 1,000 people in 1995

HK 2010 Target: 0.43 per 1,000

Mid-Decade Status: 0.52 per 1,000 in 2004



Strategies to Achieve Objective:

Same as for Objective 7.23

References

- Kentucky State Police, *Crime in Kentucky- (2000-2004)*, Frankfort, Kentucky
- Kentucky Transportation Center, 2003 Safety Belt Usage Survey in Kentucky, University of Kentucky, Lexington, Kentucky
- National Safety Council, 2004. Injury Facts 2003 Edition. Itasca, Illinois

Contributors

- Terry Bunn, Ph.D. Kentucky Injury Prevention and Research Center (KIPRC), University of Kentucky, Chapter Coordinator
- Michael Singleton, Surveillance Coordinator, Crash Outcome Data Evaluation System (CODES) Program and Traumatic Brain Injury (TBI) Program, Department for Public Health
- Susan Pollack, MD, Pediatrician and Program Manager, KIPRC, University of Kentucky

- Jerry Pigman, Program Manager, Kentucky Transportation Center
- Robert McCool, Manager, Community Injury Prevention Program, KIPRC, University of Kentucky
- James Grace, Coordinator, Department for Community Based Services, Cabinet for Health and Family Services
- Captain Brad Bates, Commander, Criminal Identification and Records Branch, Kentucky State Police
- Eileen Recktenwald, Executive Director, Kentucky Association of Sexual Assault Programs
- Julia Costich, Director, Kentucky Injury Prevention and Research Center, University of Kentucky
- Sabrina Walsh, Project Manager, Violent Death Reporting System, Kentucky Injury Prevention and Research Center, University of Kentucky
- Svetla Slavova, Epidemiologist, Kentucky Injury Prevention and Research Center, University of Kentucky

Appendix

- 1. All rates are for singular calendar year
- 2. All fatality indicators are for KY residents who died in KY
- 3. All nonfatal hospitalization indicators are for KY residents and use the case definition for injury published in "Consensus Recommendations for Using Hospital Discharge Data in Injury Surveillance, by the State and Territorial Injury Prevention Directors Association (STIPDA) in 2003
- 4. Indicator definitions:
- a. All fatal poisonings
 - 1. Underlying cause of death codes- X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2
- b. All fatal suffocation
 - 2. Underlying cause of death codes- W75-W84, X70, X91, Y20
- c. All fatal motor vehicle traffic crashes:
 - Underlying cause of death codes V30-V79 (.4-.9), V81.1,V82.1, V83-V86 (.0-.3), V20-V28 (.3-.9), V29 (.4-.9), V12-14 (.3-.9), V19 (.4-.6), V02-V04 (.1,.9), V09.2, V80 (.3-.5), V87 (.0-.8), V89.2
- d. All pedestrian deaths:
 - 1. Underlying cause of death codes V02-V04 (.1,.9), V09.2
- e. All fire-related deaths:
 - 1. Underlying cause of death codes X00-X09, X76, X97, Y36.3, Y26
- f. All fall deaths:
 - 1. Underlying cause of death codes W00-W19, X80, Y01, Y30

- g. Unintentional drowning deaths:
 - 1. Underlying cause of death codes W65-W74
- h. Unintentional injury deaths:
 - 1. Underlying cause of death codes V01-X59, Y85-Y86
- i. Nonfatal TBI hospitalizations:
 - 1. Diagnosis codes of 800, 801, 803, 804, 850-853, 854.0, 854.1, or 959.01
- j. Nonfatal SCI hospitalizations
 - 1. Any of first three diagnosis codes contains 806 or 952
- k. Nonfatal motor vehicle traffic crash hospitalizations:
 - 1. E-code1 or E-code2 in the range E810-E819
- I. Nonfatal unintentional injury hospitalizations:
 - 1. E-code1 or E-code2 in the range E800-E869 or E880-E929

7. Injury/Violence Prevention – Summary Tables

Summary of Objectives	Baseline	HK 2010	Mid-	Progress	Data
for		Target	Decade		Source
Injury/Violence Prevention			Status		
7.1R. Reduce to 59 per 100,000	73.9/	≤59/	70.6/	No	HOSP
the rate of nonfatal head injuries that are hospitalized.	100,000 (2001)	100,000	100,000		
7.2R. Reduce to 4 per 100,000 the	6.4/	≤4/	(2003) 4.3/	Yes	HOSP
rate of nonfatal spinal cord injuries.	100,000	100,000	100,000	163	11031
	(2001)	100,000	(2003)		
7.3R. Reduce firearm-related	13/	<11/	13.7/	No	Vital
deaths to less than 11 per	100,000	100,000	100,000		Statistics,
100,000.	(2000)		(2003)		KVDRS
7.4. (Developmental) Extend multi-	0 counties	120	Approx. 60	Yes	Vital
agency, multidisciplinary case	reviewed	counties	counties		Statistics
review of all unexpected child					and
fatalities (Coroner's cases) among children less than 18 years to all					Coroner Report
120 counties.					Forms
7.5R. Reduce deaths caused by	7.1/	≤6.0/	14/	No	Vital
poisoning to no more than 6.0 per	100,000	100,000	100,000		Statistics
100,000.	(2000)		(2003)		
7.6R. Reduce deaths caused by	5.8/	≤4.4/	4.9/	Yes	Vital
suffocation to 4.4 per 100,000.	100,000	100,000	100,000		Statistics
7.7 (Dayalanmantal) Extend the	(2000)	Commista	(2003)	Yes	
7.7 (Developmental) Extend the collection of Uniform Hospital data	No coverage	Complete coverage	Pilot testing	res	
to include emergency departments.	coverage	coverage			
7.8R. Reduce deaths caused by	40.9/	≤35/	49.2/	No	Vital
unintentional injuries to no more	100,000	100,000	100,000		Statistics
than 35 per 100,000 people.	(2000)		(2003)		
7.9R. Reduce nonfatal	374.7/	≤317/	387.7/	Yes	HOSP
unintentional injuries so that	100,000	100,000	100,000		
hospitalizations for this condition	(2001)		(2003)		
are no more than 317 per 100,000. 7.10. Reduce deaths caused by	16.5/	≤12/	18.8/	No	Vital
motor vehicle crashes to no more	100,000	100,000	100,000	INO	Statistics
than 12 per 100,000 and 1 per 100	(2000)	100,000	(2003)		Ctationio
million vehicle miles.	(====)		(====)		
7.11. Reduce pedestrian deaths on	1.2/	≤1/	1.3/	No	Vital
public roads to no more than 1 per	100,000	100,000	100,000		Statistics
100,000.	(2000)		(2003)		
7.12. Reduce hospitalizations for	85/	≤72/	85.4/	No	HOSP
nonfatal injuries caused by motor	100,000	100,000	100,000		
vehicle crashes to 72 per 100,000. 7.13R. Increase use of safety belts	(2001) 60%	≥69%	(2003) 66%	Yes	KY
to 69 percent of motor vehicle	(2000)	209/0	(2003)	162	Transportation
occupants.	(2000)		(2000)		Center

Summary of Objectives for	Baseline	HK 2010	Mid- Decade	Progress	Data Source
Injury/Violence Prevention		Target	Status		Source
7.14R. Increase use of child restraints to 96 percent of motor vehicle occupants ages 4 years and younger.	87% (2000)	≥96%	95% (2003)	Yes	KY Transportation Center
7.15R. Reduce fire-related deaths to no more than 1.2 per 100,000.	2.2/ 100,000 (2000)	≤1.2/ 100,000	1.8/ 100,000 (2003)	Yes	Vital Statistics
7.16. (DELETED).					
7.17R. Reduce deaths from falls to no more than 3.7 per 100,000.	4.3/ 100,000 (2000)	≤3.3/ 100,000	3.7/ 100,000 (2003)	Yes	Vital Statistics
7.18R. Reduce unintentional drownings to no more than 1.1 per 100,000.	1.3/ 100,000 (2000)	≤.5/ 100,000	0.9/ 100,000 (2003)	Yes	Vital Statistics
7.19R. Reduce homicides to less than 4.2 per 100,000 people.	4.9/ 100,000 (2000)	<4.2/ 100,000	4.6/ 100,000 (2003)	Yes	Vital Statistics
7.20R. Reduce to less than 15.9 per 1,000 children the incidence of maltreatment of children younger than age 18.	18.7/ 100,000 (2000)	<15.9/ 100,000	18.3/ 100,000 (2003)	Yes	Child Maltreatment Report
7.21. (Developmental) Reduce to less than 7 per 1,000 the incidence of maltreatment of persons aged 60 and older.	Data not available	<7/ 1,000	Preliminary data now available.	TBD	Dept. for Community Based Services
7.22. (Developmental) Reduce physical abuse by current or former intimate partners to less than 23 per 10,000.	Data not available	<23/ 10,000	Preliminary data now available.	TBD	Dept. for Community Based Services
7.23R. Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged 18 and older to less than 9.4 per 10,000 persons.	11/10,000 (1995)	<9.4/ 10,000	11.9/ 10,000 (2004)	No	Uniform Crime Reports
7.24R. Reduce sexual assault other than rape to less than 0.43 per 1,000 people.	0.5/1,000 (1995)	<0.43/ 1,000	0.52/1,000 (2004)	No	Uniform Crime Reports

R = Revised objective TBD = To be determined. No reliable data currently exist.