STATEMENT OF POLICY

Injury and Violence Prevention

Policy

The National Association of County and City Health Officials (NACCHO) supports legislation and comprehensive surveillance and prevention strategies that have the potential to (1) reduce the impact of unintentional injury and intentional injury, and (2) address the historic and ongoing impacts of institutional and structural oppression and racism that result in certain communities bearing a disproportionate burden of morbidity, trauma, disability, and mortality due to injury and violence. NACCHO recognizes injury and violence as public health issues and draws attention to the critical role that local health departments play in protecting and improving community health and safety in coordination and collaboration with local, state, and national efforts.

Injury and violence prevention topic areas include, but are not limited to:
- Poisoning: special consideration given to non-fatal and fatal overdoses
- Suicide
- Firearm injury
- Traffic safety: motor vehicle crashes with special consideration given to those caused by drowsy driving, impaired driving, and distracted driving; bicycle crashes; pedestrian strikes
- Violence: child adversity, abuse, and neglect; community and interpersonal violence; elder abuse; intimate partner violence; mass shootings; sexual violence; teen dating violence
- Unintentional injury: older adult falls; drownings; traumatic brain injury

NACCHO supports the following strategies to address the causes of injury and violence across the lifespan (e.g., children, adolescents, adults, older adults), especially for populations impacted by specific injuries and acts of violence based on gender, income, sexual orientation, age, disability, immigration status, and race/ethnicity:
- Develop, implement, and evaluate evidence-based and evidence-informed practices and innovative, promising, or model practices;
- Collaborate on efforts among local health departments, state, tribal, and federal public health agencies, community partners, and other stakeholders;
- Increase local, state, and federal funding to develop and maintain local prevention strategies and infrastructure at all local health departments, including leadership, coalitions/partnerships, surveillance, spatial analysis using Geographic Information Systems (GIS) communication, and evaluation;

- Increase data collection and data sharing agreements that give health departments consistent access to comprehensive, accurate, and timely data about the broad spectrum of injuries and violence in their communities. Achieving this may first require identifying potential barriers including sensitive data and strict standards in data sharing agreements
- Coordinate and integrate injury and violence prevention into other related public health efforts (e.g., maternal and child health, chronic disease prevention, infectious disease prevention);
- Educate and raise awareness of violence as a public health issue that is preventable;
- Commit to trauma-informed systems as demonstrated through policies, practices, language, and environments in local health departments and in partner organizations; and
- Implement prevention strategies that address risk and protective factors for multiple forms of violence.

Justification

Unintentional injury and intentional injury (i.e., violence) are significant public health issues because of their impact on the health of communities, including physical and emotional trauma, premature death and disability, poor mental health, loss of productivity, and the burden placed on the healthcare system.[1] Injury and violence are preventable, and therefore require proactive solutions to reduce their occurrence.[1]

Injuries and violence are among the leading causes of mortality, disability, and morbidity in the United States.[1] In 2020, injuries and violence, combined, were the fourth leading cause of death in the United States.[2] More than 200,955 deaths were attributed to injury and violence in 2020, primarily due to poisoning (such as drug overdose), falls, motor vehicle injury, and firearms.[2] Unintentional injury is the leading cause of death for Americans ages 1–44 and the fourth leading cause of death among people of all ages.[2] In 2020, over 24,576 Americans were victims of homicide and over 45,979 died by suicide.[2,3] Millions more Americans are injured and survive, only to cope with lifelong mental, physical, and financial problems.[4] Trauma and Adverse Childhood Experiences (ACEs) can also contribute negatively to the health of both individuals and their communities.[5,6]

The costs of injuries are staggering. In 2019, the total lifetime medical and work loss costs of injuries and violence in the United States was projected to be $4.2 trillion.[4] Fatal overdoses made up 27% of the fatal injury costs and, along with costs associated with opioid use disorder, cost the United States about $1.2 trillion in 2017.[4,5] Unintentional injury is also the number one cause of years of potential life lost (YPLL) before 65 years of age and account for 25% of all deaths.[2] Suicide and homicide are the fourth and fifth leading causes of YPLL, respectively.[2] Additionally, in 2019, there were over 40.9 million injury visits to hospital emergency departments, accounting for roughly 27% of all emergency department visits.[6,7]

The prevention of injury and violence leads to improved health and well-being in all segments of our nation's communities.[8] Effective approaches to injury prevention include modifications of the environment, improvements in product safety, legislation and enforcement, education and behavioral change, and technology and engineering.[9] Effective violence prevention strategies include fostering safe, stable, nurturing relationships and environments, changing social norms about the acceptability of violence, improving problem-solving skills, strengthening economic

supports, creating protective environments, and changing policies to address the social and economic conditions that give rise to violence.[8,9]

Local health departments are responsible for creating and maintaining conditions and partnerships that keep people healthy, including the prevention of injuries and violence. There is an opportunity to create upstream interventions that focus on social determinants of health, which have the potential to reduce the impact of multiple types of injury and violence, rather than solely downstream interventions that instead respond to specific types of injury and violence. Local health departments must be supported and enabled to assess injury and violence in their communities, create action plans that include diverse partners and stakeholders, implement prevention programs at the individual, relationship, community, and societal levels, and evaluate and improve those programs. Prevention efforts should focus on addressing and reducing impacts of institutional and structural oppression (e.g., social isolation, low neighborhood cohesion, lack of economic opportunities, and unemployment) and promoting or increasing protective factors (e.g., access to mental health and substance abuse services, development of social cohesion or social connectedness and coordination of resources and services among community agencies).[10]

<u>References</u>

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Record of Action

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