

Injury Epidemiology:

Prereview Questionnaire

1. Describe the epidemiology of injury in your region and unique features of:

- a. Children**
- b. Adolescents**
- c. Elderly people**
- d. Other special populations**

In Texas, injuries are the leading cause of death for residents under the age of 45 and the third leading cause of death and disability for Texans of all ages. The treatment of injuries costs the State millions of dollars and more years of potential life lost than any other health problem. Every day in Texas an average of 32 people die from injuries with motor vehicle collisions (MVCs), suicide, and homicide topping the list of causes.

For children less than one year old homicides are the leading cause of injury-related death; MVCs top the list for all other age groups up to age 65 when falls become the leading cause of injury-related death. For all races and ethnicities MVCs are the leading cause of injury-related death; suicide is the second leading cause of injury-related death for whites and others while homicide is the second leading cause for Hispanics and African Americans.

The total annual number of injury deaths (10,000 – 12,000) has remained relatively constant since 1980; however, the injury death rates over that same time period have declined. The most dramatic declines occurred between 1981 (84.7 deaths per 100,000 people) and the mid-1990s (56.5 deaths per 100,000 people). Although rates for all external causes of death declined during this time frame there are differences in the long-term trends by the category of injury. Death rates declined for firearms, fire/burns, motor vehicle fatalities, submersions, suicides, and homicides and increased for poisoning and falls. The overall decline observed for this time frame also coincides with the initiation of mandatory seat belt use. Since the mid-90s injury death rates have remained relatively constant (54.2 – 56.9 deaths per 100,000 people).

In 2005, 12,815 Texas residents died in from injuries (56.1 deaths per 100,000 people) and the primary cause of deaths in Texas children (ages 1 through 14) was unintentional injuries (42.2% males and 32.1% females). In the 15 to 24 year age group, the number one cause of death was unintentional injuries (males; 46.0 % and females; 45.0%) followed by homicide (males; 16.2% and females; 9.2%) and suicide (males; 15.4%). In the 25 to 34 year age group the leading cause of deaths were unintentional injuries (males; 35.7% and females; 24.0%), suicide (males; 14.4%) and homicide (males; 14.0%). In the 35 to 44 year age group unintentional injuries were the leading causes of death for males (22.1%) and the second leading cause of deaths for females (15.1%). Unintentional injuries were the third leading cause of death (10.4% for males and 7.6% for females) for the 45 to 54 year age group and the fourth leading cause of death for

males (4.5%) in the 55 to 64 year age group. Although males represent 49.9 percent of the Texas population, they outnumbered females by two to one in deaths due to external causes.

2. Describe the databases that are used to formulate the injury epidemiology profile (for example, population-based and clinical).

Vital statistics based	population-
Hospital discharge data data	administrative/claims
Submersion database database	surveillance
EMS/Trauma Registry database	surveillance
Child Fatality Review database database	surveillance
Poison center database	clinical
Behavioral Risk Factor Surveillance System (BRFSS) based	population-
Youth Risk Behavioral Surveillance System (YRBFS) based	population-
Fatality Analysis Reporting System (FARS) based	population-
State demographer database based	population-
Web-based Injury Statistics Query and Reporting System (WISQARS) based	population-

3. Have system epidemiology profile results (for example, mortality rates, distribution of mechanism, or intent) been compared with benchmark values? If so, please provide comparisons and origins of the benchmarks.

- We provided data to CDC for their State Injury Indicators Report for (2007) which allowed comparisons with other states. While various topic specific reports may make some comparisons with benchmark values this is not done for all injuries on a regular basis.
- In 2005 the crude rate, in Texas, for injury-related deaths of 56.1 per 100,000 people was slightly lower but similar to the nationwide crude rate for injury-related deaths of 58.6 per 100,000 people.
- In 2006 the crude rate, in Texas, for injury-related deaths was 56.5 per 100,000 people while the nationwide crude rate for injury-related deaths that year was 60.0 per 100,000 people.

4. Describe how emerging injury control patterns (for example, from trend or surveillance data) were identified and acted on.

Injury control patterns identified by epidemiologists within the Injury and EMS/Trauma Registry Group are provided to other relevant programs/agencies for potential action. For example, traumatic brain injury data were provided to the Texas Traumatic Brain Injury Advisory Council. These data were instrumental in making the case for the establishment of an Office of Acquired Brain Injury within the Health and Human Service Commission. Data has also have been used to support the push for legislation requiring the wearing of motorcycle helmets and use of child safety seats.

5. Describe how ongoing and routine injury surveillance is completed and how results are shared with constituent groups.

Documentation Required

Before the site visit:

- ✓ No additional documentation required

On-site:

- ✓ A copy of the most recent State and Territorial Injury Prevention Directors Association assessment report - Available on our website www.dshs.state.tx.us.
- ✓ Copy of the injury epidemiology report or profile - Attach 2004 report, data from STIPDA briefing book, and data that is being compiled for IVP Work Group [ready by end of March]