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Injury and Violence Prevention

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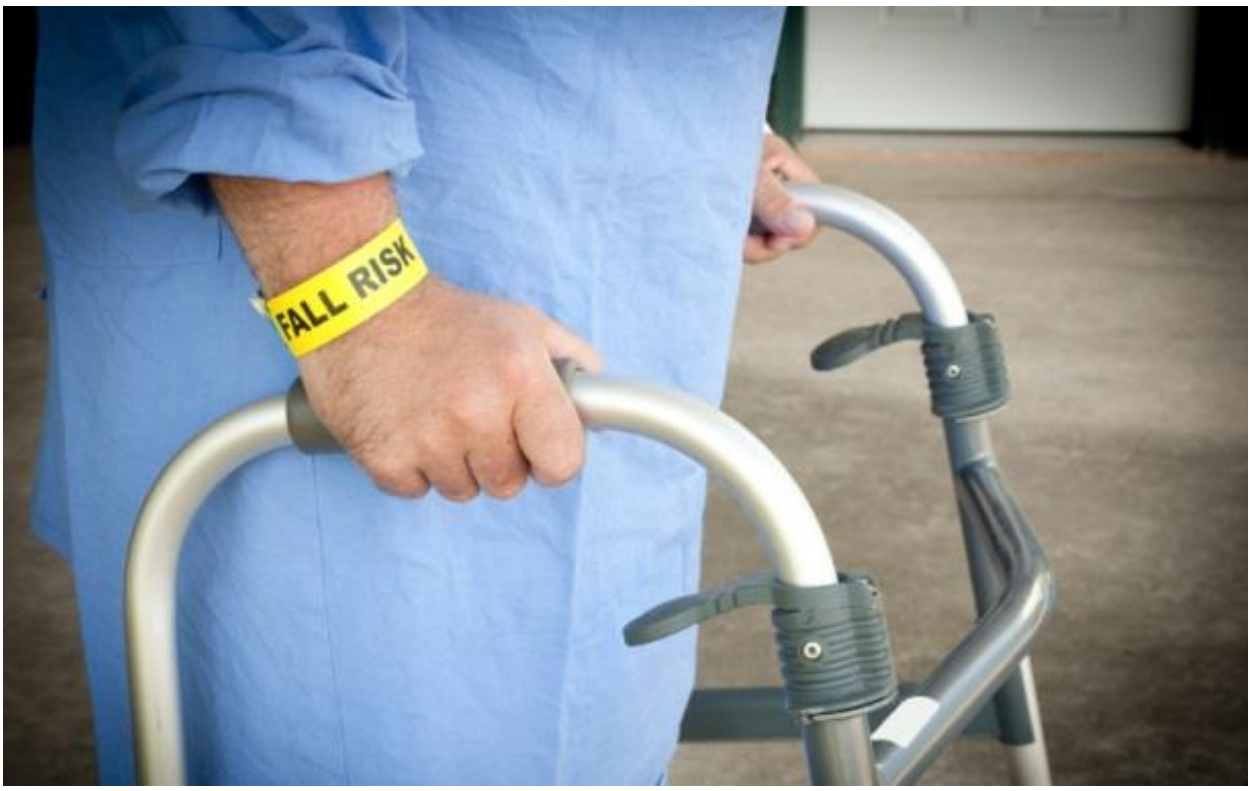

WORK GROUP ON INJURY AND VIOLENCE PREVENTION

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GOAL

Create an environment in which exposure to injuries is minimized or eliminated.

WHY THIS GOAL IS IMPORTANT

Unintentional injuries and violence are among the leading causes of death and premature death in the United States and also contribute to disability, poor mental health, high health care costs, and lost productivity.[61] It is estimated that injuries cost the US health system $80.2 billion annually, and result in productive losses of $326 billion annually.[62] Nearly all injuries and related disability and death are preventable. In Connecticut, Injury and Poisoning, including violent injuries, is the leading cause of visits to hospital emergency rooms. Suicide is the leading cause of injury death in our state, and during the last decade, falls and accidental poisoning overtook motor vehicle accidents as the leading causes of death due to unintentional injury.

Unintentional Injury

Falls

Rationale

In the United States, falls are the leading cause of injury and death among older adults 65 years of age and older. Falls can cause serious injuries such as head trauma and fractures that require emergency treatment or hospitalization. In addition, older adults may require a year or more to recover from these injuries and may never be able to return to their homes.[63] Non-fatal falls among older adults result in $19 billion in annual medical costs.[64]

In Connecticut falls account for $1.37 billion a year in lifetime costs. They are the leading cause of emergency department (ED) visits for injuries, and cause nearly all hip fractures and one-third of all traumatic brain injuries. Children under 18 years of age and adults 65 years of age and older each account for about 3 out of every 10 ED visits for falls. During the last decade, the number of deaths due to falls nearly doubled, and falls overtook accidental poisoning and motor vehicle accidents as the leading cause of unintentional injury death.[65]

Fall risk assessment and reduction strategies in a variety of settings-- including physical activity and exercise; balance training; medication review and management; vision, hearing, and foot care; and home/environment modification-- can reduce the number of, and physical, emotional, and economic costs associated with, falls.

OBJECTIVE IV-1 Ph1 =

Decrease by 10% the number of fall deaths among persons of all ages.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	327 deaths (2010)	294 deaths	Connecticut Department of Public Health, Vital Statistics, Registration Reports, Table 9

Strategies

Communications

- Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies (physical activity, exercise, balance training, medication review and management, vision, hearing, and foot care, and home/environment modification).

Education and Training

- Educate healthcare, childcare, and other care providers on fall prevention.

Partnership and Collaboration

- Partner with athletic, sports, and recreation stakeholders to develop strategies, policies, and training on use of appropriate protective equipment.
- Collaborate with regulators and other partners to promote development and maintenance of playgrounds that meet guidelines for Public Playground Safety.

Planning & Development

- Develop comprehensive home safety program for families and caregivers, focusing on injury risks for children.
- Prevent an increase in fall related deaths among adults aged 65 years and older.

Surveillance

- Identify, access, and analyze potential alternative sources of data on causes of and locations of falls for specific age groups, including home, recreational, and sports-related falls.
- Develop procedures for improving the coding of data on causes and locations of falls.

OBJECTIVE IV-2

Reduce by 10% the number of fall-related Emergency Department visits among persons of all ages.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	98,851 (FFY2012)	88,966	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Communication, Education and Training

- Develop and implement a public education campaign about the risks of using multiple medications (polypharmacy).
- Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies (physical activity, exercise, balance training, medication review and management, vision, hearing, and foot care, and home/environment modification).

Education and Training

- Educate healthcare, childcare, and other care providers on fall prevention.

Partnership and Collaboration

- Partner with athletic, sports, and recreation stakeholders to develop strategies, policies, and training on use of appropriate protective equipment.
- Collaborate with regulators and other partners to promote development and maintenance of playgrounds that meet guidelines for Public Playground Safety.

Planning & Development

- Develop comprehensive home safety program for families and caregivers, focusing on injury risks for children.
- Prevent an increase in fall related deaths among adults aged 65 years and older.

Surveillance

- Identify, access, and analyze potential alternative sources of data on causes of and locations of falls for specific age groups, including home, recreational, and sports-related falls.
- Develop procedures for improving the coding of data on causes and locations of falls.

Potential Partners

Connecticut Department of Public Health; State Department on Aging; Connecticut Department of Social Services; Connecticut Department of Labor; State Department of Education; Connecticut Department of Consumer Protection; Commission on Children; Office of the Child Advocate; local public health agencies; injury prevention centers; health care providers including nurses, physicians, physical therapists, pharmacists, emergency medical services, hospitals, home care agencies, and rehabilitation facilities; health professional associations; recreation associations and recreational providers; child care providers and consultants; schools; coaches and athletic associations; state and local building inspectors; organizations and coalitions focused on fall and injury prevention for youth, adult, and elderly populations; community service providers for seniors, youth, and families; national and state philanthropic and medical research organizations; academic institutions with geriatric programs; and others.

Poisoning

Rationale

Chemicals in and around the home can poison people and cause long-term health effects. Every 13 seconds, a poison control center in the United States answers a call about a possible poisoning resulting from the accidental ingestion of medicines, pesticides, household cleaning products, carbon monoxide, or lead.[66]

From 2001 to 2010, the number of deaths due to accidental poisoning increased. Over the 2006 to 2010 period, combined, the age-adjusted mortality rate for all unintentional injuries was highest for accidental poisoning for each racial and ethnic group. Strategies aimed at preventing unintentional poisoning will address a key contributor to premature death in Connecticut.

OBJECTIVE IV-3 Ph1

Reduce by 10% the number of deaths caused by unintentional poisonings.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	311 deaths (2010)	280 deaths	Connecticut Department of Public Health, Vital Statistics, Registration Reports, Table 9.

Strategies

Policy

- Improve surveillance and understanding of circumstances surrounding poisoning deaths by securing an enforceable legislative mandate that requires reporting of all poisonings to the poison center.

Surveillance

- Improve surveillance and understanding of circumstances surrounding poisoning deaths by creating a legislatively mandated death review panel for all decedents who are suspected to have died by poisoning. The purpose of the panel is to look for systems changes and lessons learned from these deaths in order to inform prevention, training, policy, and surveillance. The panel will include co-chairs with toxicology expertise from the poison center and the medical examiner's office. Other members might have expertise in suicide, older adults, children, substance abuse, and mental health to name a few.

Education and Training

- Train death scene investigators in issues and investigatory techniques pertinent to prescription opioids, diversion, and other poisoning trends.

OBJECTIVE IV-4 =

Decrease by 10% the number of hospitalizations for unintentional poisonings

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	1,428 (2011)	1,285	Connecticut Department of Public Health, Hospitalization Tables, Table H-1 .

Strategies

Communications, Education and Training

- Expand awareness and usage of Connecticut Poison Control Center services to reduce unnecessary hospital and emergency department visits among the general public, health care practitioners, and underrepresented/at-risk populations in Connecticut.
- Educate the public on the causes and prevention of poisonings.

Partnership and Collaboration

- Expand the role of health care and other service providers in providing poison prevention education.

OBJECTIVE IV-5

Increase by 10% the hospital calls and the 911/EMS calls to the Connecticut Poison Control Center among all poison center calls.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	4,920 Hospital calls (2012)	5,412	Connecticut Poison Control Center
	319 911/EMS calls (2012)	351	

Strategies

Communications, Education and Training

- Publicize and provide targeted trainings to hospital-based health care providers, emergency medical services and fire departments, police departments and state troopers, and 911 dispatchers.

Partnership and Collaboration

- Expand current and develop new collaborations with appropriate partners.
- Standardize consultation with Connecticut Poison Control by collaborating with medical control and/or policy makers to ensure all 911 Emergency Medical Dispatching programs/guidelines and vendor card sets incorporate the poison center as appropriate; and collaborating with hospital administration and/or policy makers to ensure all health care providers report poisonings to the poison center and follow poison center standard of care.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Mental Health and Addiction Services; Connecticut Department of Consumer Protection; Connecticut Department of Veterans' Affairs; Connecticut Department of Social Services; Connecticut Poison Control Center; Commission on Children; Office of the Child Advocate; state and local substance abuse prevention service providers; local public health agencies; emergency medical services; hospitals; pharmacists and other health care providers; health professional associations; community service providers for families, youth, and seniors; organizations and coalitions focused on prevention of injury and poisonings; and others.

Motor Vehicle Crashes

Rationale

Injuries resulting from motor vehicle crashes account for more than 300 deaths, 2,000 hospitalizations, and 30,000 visits to hospital emergency rooms each year in Connecticut. About 50 of the fatalities each year are motorcyclists, and of these, nearly two-thirds were not wearing helmets. More than 4 in 10 of the motor vehicle fatalities involved alcohol-related driving. Lifetime costs of crash-related injuries and deaths in Connecticut was $900 million in 2012.

Efforts to prevent injuries from motor vehicle crashes include increasing the use of seatbelts and child safety seats, reducing impaired driving, and focusing on drivers at highest risk of injury and death: males and drivers 16 to 24 years.

OBJECTIVE IV-6 Ph1 =

Reduce by 5% the number of deaths from motor vehicle crashes.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	318 deaths (2010)	302 deaths	Connecticut Department of Public Health, Vital Records, Registration Reports, Table 9.

Strategies

Advocacy and Policy

- Advocate for increased DUI and sobriety check-points.
- Advocate for re-testing for drivers aged 80 and over.
- Advocate for high visibility enforcement of distracted driving laws.
- Advocate for increased public awareness of the adverse effects of polypharmacy, especially among the older adult population.

Communications, Education and Training

- Expand the current educational awareness campaign on driving under the influence.
- Expand the current educational awareness campaign on Connecticut graduated driving licensing laws.

OBJECTIVE IV-7 =

Reduce by 10% the number of motor vehicle crash related emergency department visits.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	30,795 (FFY 2012)	27,715	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Advocacy and Policy

- Advocate for increased DUI and sobriety check-points.
- Advocate for driver re-testing for drivers aged 80 and over.
- Advocate for high visibility enforcement of distracted driving laws.
- Advocate for increased public awareness of the adverse effects of polypharmacy (especially among the older adult population).

Communications, Education and Training

- Expand the current educational awareness campaign on driving under the influence.
- Expand the current educational awareness campaign on Connecticut graduated driving licensing laws.

OBJECTIVE IV-8 Ph1

Increase to 90% the statewide observed seatbelt rate.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	88% (2010)	90%	Connecticut Department of Transportation, annual Highway Safety Plans

Strategies

Communications, Education and Training

- Expand the current educational awareness campaign on the consequences of not wearing a seatbelt.

Partnership and Collaboration

- Expand the number of State agencies conducting high-visibility enforcement events.

OBJECTIVE IV-9 Ph1

Increase by 10% the proportion of children in automobile child safety restraints.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	84.9% (2009)	93.4%	Connecticut Department of Transportation, annual Highway Safety Plans

Strategies

Advocacy and Policy

- Align State child safety restraint requirement with American Academy of Pediatric guidelines.

Communications, Education and Training

- Develop educational materials for non-English speaking and low literacy populations on child passenger safety.

Planning & Development

- Recruit and train child passenger safety technicians.
- Expand screening and distribution of child restraint seats.

OBJECTIVE IV-10 Ph1

Reduce by 10% the number of motorcycle operator and passenger fatalities.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	54 Operators (2010) 3 Passengers (2010)	49 2	Connecticut Department of Transportation, annual Highway Safety Plans

Strategies

Advocacy and Policy

- Advocate for reinstatement of a helmet law for motorcycle drivers and passengers.

Communications, Education and Training

- Expand educational awareness and public awareness of the dangers of riding a motorcycle without a helmet.

OBJECTIVE IV-11

Reduce by 10% the number of injuries to motorcycle operators and passengers.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	1,086 Operators (2010) 118 Passengers (2010)	977 106	Connecticut Department of Transportation, annual Highway Safety Plans

Strategies

Advocacy and Policy

- Advocate for reinstatement of a helmet law for motorcycle drivers and passengers.

Communications, Education and Training

- Expand educational awareness and public awareness of the dangers of riding a motorcycle without a helmet.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Motor Vehicles; Connecticut Office of the Child Advocate; State Department of Education; Connecticut Judicial Branch; Connecticut Department of Transportation; Office of the Child Advocate; National Highway Traffic Safety Administration and other federal agencies; law enforcement; regional planning organizations; local public health agencies; health care providers including hospitals, emergency medical services, nurses, and emergency physicians; health professional associations; organizations and coalitions focused on prevention of motor vehicle crashes, injuries, and child safety; and others.

Intentional Injury

Suicide and Self-inflicted Injury

Rationale

Suicide and self-inflicted injury is the leading cause of injury death in Connecticut. Each year, there are more than 300 suicide deaths and 2,000 hospitalizations and 5,000 emergency room visits related to self-inflicted injuries. The economic cost of suicide and self-inflicted injury is considerable, with lifetime costs of injury and death totaling $644 million in 2012.

The Connecticut suicide rate is highest for persons 45 to 54 years of age, and males are 1.6 times more likely than females to die from suicide; about one-third of suicides involve firearms. Suicide and self-inflicted injury are closely tied to depression and other mental health issues. Effective prevention strategies are needed to promote awareness of suicide and reduce the factors the increase risk.

OBJECTIVE IV-12 Ph1 =

Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age.

Target Population(s)	Baseline	2020 Target	Data Source
15-19 years of age	4.4 per 100,000 (2010)	4.0 per 100,000	Connecticut Department of Public Health, Registration Reports, Table 10
20-34 years of age	10.9 per 100,000 (2010)	9.8 per 100,000	
25-34 years of age	10.9 per 100,000 (2010)	9.8 per 100,000	
35-44 years of age	13.1 per 100,000 (2010)	11.8 per 100,000	
45-54 years of age	15.1 per 100,000 (2010)	13.6 per 100,000	
55-64 years of age	15.0 per 100,000 (2010)	13.5 per 100,000	

Strategies

Advocacy and Policy

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to promote efforts to reduce access to lethal means of suicide among individuals with identified risks, including youth and veterans.

Education and Training

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors.

Planning & Development

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address integration of prevention efforts across sectors and settings.
- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address developing, implementing and monitoring effective programs that promote wellness and prevent suicide and related behaviors for adolescents; lesbian, gay, bisexual, and transgender youth; and veterans.

Surveillance

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to increase timeliness and usefulness of surveillance systems and improve ability to collect, analyze and use information.

OBJECTIVE IV-13

Reduce by 5% the number of emergency department visits for suicide and self-inflicted injury.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	5,190 (FFY 2012)	4,671	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Advocacy and Policy

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to promote efforts to reduce access to lethal means of suicide among individuals with identified risks, including youth and veterans.

Education and Training

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors.

Planning & Development

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address integration of prevention efforts across sectors and settings.
- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address developing, implementing and monitoring effective programs that promote wellness and prevent suicide and related behaviors for adolescents; lesbian, gay, bisexual, and transgender youth; and veterans.

Surveillance

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to increase timeliness and usefulness of surveillance systems and improve ability to collect, analyze and use information.

OBJECTIVE IV-14

Ph1

Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	6.7% (2011)	5.4%	Connecticut School Health Survey

Strategies

Advocacy and Policy

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to promote efforts to reduce access to lethal means of suicide among individuals with identified risks.

Education and Training

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors.

Planning & Development

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address integration of prevention efforts across sectors and settings.

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address developing, implementing and monitoring effective programs that promote wellness and prevent suicide and related behaviors for adolescents; lesbian, gay, bisexual, and transgender youth.

Surveillance

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to increase timeliness and usefulness of surveillance systems and improve ability to collect, analyze and use information.

OBJECTIVE IV-15

Reduce by 20% the proportion of students in grades 9-12 who seriously considered attempting suicide.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	14.6% (2011)	11.7%	Connecticut School Health Survey

Strategies

Advocacy and Policy

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to promote efforts to reduce access to lethal means of suicide among individuals with identified risks.

Education and Training

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to provide training to community and clinical service providers on prevention of suicide and related behaviors.

Planning & Development

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address integration of prevention efforts across sectors and settings.
- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to address developing, implementing and monitoring effective programs that promote wellness and prevent suicide and related behaviors for adolescents; lesbian, gay, bisexual, and transgender youth.

Surveillance

- Align with objectives and strategies in the Connecticut Suicide Prevention Strategy to increase timeliness and usefulness of surveillance systems and improve ability to collect, analyze and use information.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Mental Health and Addiction Services, Connecticut Department of Children and Families, State Department of Education, Connecticut Department of Developmental Services, State Department on Aging, Connecticut Department of Veterans' Affairs, Connecticut Department of Correction, Connecticut Judicial Branch, Commission on Aging, Office of the Child Advocate, Connecticut Poison Control Center, local public health agencies, law enforcement, hospitals and emergency medical services, LGBT youth organizations, organizations and coalitions focused on suicide prevention and addiction recovery, professional associations for human services and community providers, community-based service providers, philanthropic and research organizations that address suicide, and others.

Homicide

Rationale

From 1981–2009, homicide ranked within the top four leading causes of death among U.S. residents 1 to 40 years of age. Homicide can have profound, long-term emotional consequences on families and friends of victims and on witnesses to the violence.

In Connecticut, there has been no significant change in homicide death rates since 1999. Males are more than 4 times more likely than females to be homicide victims, and compared to white non-Hispanics, homicide rates are 12 times greater for blacks and 5 times greater for Hispanics. Community factors such as poverty and economic inequality and individual factors such as unemployment and involvement in criminal activities can play a substantial role in these persistent disparities in homicide rates. In Connecticut, the 2012 lifetime cost of homicide was $443 million.

New public health strategies are needed to prevent violence and save lives in communities at high risk for homicide.[67]

Community Violence

Rationale

Domestic and family violence and sexual violence are serious problems that have lasting, harmful effects on victims and ripple effects on their families, friends, and communities. Six in ten sexual assault victims develop psychological problems (depression, post-traumatic stress disorder), and they also are substantially more likely to become drug abusers. Females and children are the primary victims. There were more than 900 reported rapes in Connecticut in 2012—the greatest number in 10 years.

Although many strategies have been proposed to prevent domestic and family violence, and CDC lists many effective and promising practices for sexual violence prevention, research on evidence-based programs has been specific to certain groups and settings, and more effective strategies are needed.

OBJECTIVE IV-16 Ph1

Reduce by 10% the number of firearm homicides.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	96 (2010)	86	Connecticut Department of Public Health, Vital Records, Registration Reports

Strategies

Advocacy and Policy

- Advocate for and increase programs that support employment opportunities for all skill sets.
- Advocate for and support programs that offer educational incentives to stay in school.
- Ensure the implementation of the gun offender registry and penalties for use of a firearm in the commission of a crime legislation.

Partnership and Collaboration

- Support and promote anti-gang or violent group initiatives, such as Project Longevity.

OBJECTIVE IV-17

Reduce by 10% the number of Emergency Department visits related to domestic and family violence.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	301 (FFY 2012)	271	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Advocacy and Policy

- Advocate for the implementation of school-based programs to reduce violence and promote healthy relationships for middle and high school-aged youth.

Communications

- Disseminate and publicize evidence-based, comprehensive prevention and intervention methods that address substance abuse and mental health issues for families experiencing domestic violence and for the abuser.

OBJECTIVE IV-18 Ph1

Reduce by 10% the incidence of sexual violence.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	16.8 per 100,000 (Sexual assault rate) (2010)	15.12 per 100,000	Connecticut Department of Emergency Services and Public Protection, Uniform Crime Reports: Offense Statistics (2010).

Strategies

Advocacy and Policy

- Advocate for sexual assault educator training to build capacity for prevention efforts.

Communications

- Disseminate best practices and effective primary prevention strategies of sexual violence.

Planning and Development

- Identify and highlight best evidence-based youth programs to prevent intimate partner violence.

OBJECTIVE IV-19

Reduce by 10% the number of family violence arrests.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	21,386 arrests (2011)	19,247 arrests	Connecticut Department of Emergency Services and Public Protection, Family Violence Arrests Annual Report

Strategies

Advocacy and Policy

- Advocate for the implementation of school-based programs to reduce violence and promote healthy relationships for middle and high school-aged youth.

Partnership and Collaboration

- Support community anti-violence initiatives.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Children and Families; Connecticut Department of Social Services; Connecticut Department of Mental Health and Addiction Services; Connecticut Judicial Branch; Connecticut Department of Correction; Connecticut Department of Labor; State Department of Education; The Governor's Prevention Partnership; law enforcement; local public health agencies; schools and educational providers; media; organizations and coalitions focused on safe communities, violence, and injury prevention; professional associations for human services and community providers; community service providers for families, youth, and seniors; and others.

Traumatic Brain Injury

Rationale

A traumatic brain injury (TBI) is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. In Connecticut, an average of 360 deaths per year is attributed to traumatic brain injuries. In addition there are 3,000 to 4,000 inpatient hospitalizations and more than 2,000 emergency department visits. Considerable numbers of TBIs result from sports-related injuries and from falls among the elderly. In addition, the number of TBI cases in some communities has resulted from veterans returning from overseas combat.

TBI death rates are highest for Connecticut residents 75 years of age and older and for males of all ages. Children less than 18 years of age account for 8 in 10 emergency room visits. Half of all TBI hospitalizations are people 65 years of age and older. Most TBI hospitalizations among white non-Hispanics are among older adults, whereas most TBIs among black and Hispanic individuals are 18 to 44 years of age. Survivors of traumatic brain injuries are more likely than others to die young, from accidents and suicide. All coaches, parents, and athletes need to learn concussion prevention, signs and symptoms, and what to do if a concussion occurs, to reduce health, memory, and learning impairments caused by traumatic brain injury.

OBJECTIVE IV-20 

Decrease by 10% the number of hospitalizations resulting from traumatic brain injury.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	3,698 (2011)	3,328	Connecticut Department of Public Health, Hospital Discharge Database

Strategies

Communications, Education and Training

- Collaborate with partners to provide education about leading causes of and prevention measures for TBI including falls, sports concussion, combat concussion, motor vehicle crashes, suicide attempts, abusive head trauma in children and domestic violence, to children, to the public and to providers.
- Educate the public and providers about the effects of TBI including the long term effects associated with head injury.
- Educate the public and providers that concussions are brain injuries and the signs, symptoms and the appropriate treatment for concussions.
- Develop and distribute standardized protocol for post-concussion management.

Partnership and Collaboration

- Expand partnerships with community agencies serving underserved populations and persons with or at risk of TBI, especially youths, older adults, and veterans.

OBJECTIVE IV-21

Decrease by 10% the number of Emergency Department visits resulting from traumatic brain injury.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	2,159 (FFY 2012)	1,943	Connecticut Department of Public Health, Office of Health Care Access

Strategies

Communications, Education and Training

- Collaborate with partners to provide education about leading causes of and prevention measures for TBI including falls, sports concussion, combat concussion, motor vehicle crashes, suicide attempts, abusive head trauma in children and domestic violence, to children, to the public and to providers.
- Educate the public and providers about the effects of TBI including the long term effects associated with head injury.
- Educate the public and providers that concussions are brain injuries and the signs, symptoms and the appropriate treatment for concussions.
- Develop and distribute standardized protocol for post-concussion management.

Partnership and Collaboration

- Expand partnerships with community agencies serving underserved populations and persons with or at risk of TBI, especially youths, older adults, and veterans.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Social Services; Connecticut Department of Children and Families; State Department of Education; Connecticut Department of Veterans' Affairs; Commission on Children; Office of the Child Advocate; health care providers including emergency medical services, hospitals, nurses, emergency physicians, long-term care facilities, and rehabilitation facilities; traumatic brain injury service providers; health professional associations; other organizations and coalitions that address brain injury; and others. See additional partners under other injuries that are the leading causes of traumatic brain injury (motor vehicle crashes, falls, homicide, suicide, sports injury).

Child Maltreatment

Rationale

Neglect, physical abuse, custodial interference and sexual abuse are types of child maltreatment that can lead to poor physical and mental health. Child maltreatment is associated with violent behavior in adolescence and adulthood, delinquency, alcohol and drug abuse, and abusive behavior.

In fiscal year 2012, there were 8,151 cases of child abuse or neglect reported in Connecticut, a decline from the prior year; numbers increased steadily through 2011, however, and state rates consistently were greater than national rates. Child abuse or neglect was highest among children less than 1 year of age and among African Americans and Hispanics; it is believed to be under-reported in groups with higher socioeconomic status. About 8% of the victims had disabilities.

Providing education on coping strategies and resources to young and first time parents, particularly those most at risk for child maltreatment, is important for ensuring the physical, psychological, and behavioral health of children during all phases of development. There is a poor evidence base for prevention, as child maltreatment is often related to substance abuse, poverty, and other social factors.

OBJECTIVE IV-22 Ph1

Decrease by 10% the number of child maltreatment cases.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	8,151 (FY 2012)	7,336	US DHHS, Administration on Children, Youth, and Families, Children's Bureau, Child Maltreatment--National Child Abuse and Neglect Data Systems, annual reports.

Strategies

Advocacy and Policy

- Advocate for increased screening, surveillance, recognition and reporting for mandatory reporters.
- Advocate for the expansion of who is a mandatory reporter.
- Advocate for programs to address and serve families "at risk" for child maltreatment.

Communications

- Widely distribute information about the Careline for medical personnel.
- Disseminate information on positive parenting techniques that are culturally and linguistically appropriate through a variety of community-based and provider-based channels.

Education and Training

- Train mandatory reporters on signs and symptoms of child maltreatment.

OBJECTIVE IV-23

Decrease by 10% the number of child maltreatment deaths.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	6 (FY 2012)	5	US DHHS, Administration on Children, Youth, and Families, Children's Bureau, Child Maltreatment--National Child Abuse and Neglect Data Systems, annual reports.

Strategies

Advocacy and Policy

- Advocate for increased screening, surveillance, recognition and reporting for mandatory reporters.
- Advocate for the expansion of who is a mandatory reporter.
- Advocate for programs to address and serve families "at risk" for child maltreatment.

Communications

- Widely distribute information about the Careline for medical personnel.
- Disseminate information on positive parenting techniques that are culturally and linguistically appropriate through a variety of community-based and provider-based channels.

Education and Training

- Train mandatory reporters on signs and symptoms of child maltreatment.

Potential Partners

Connecticut Department of Public Health, Connecticut Department of Children and Families, State Department of Education, Connecticut Department of Mental Health and Addiction Services, State Department of Education, Connecticut Department of Correction, Connecticut Department of Social Services, Connecticut Department of Developmental Services, Connecticut Judicial Branch, Commission on Children, Office of the Child Advocate, state and local law enforcement, local public health agencies, health care providers including pediatricians and other primary care providers, hospitals, and emergency medical services, health professional associations, child care providers, media, organizations and coalitions focused on violence prevention and safe communities, human services and community provider associations, children's advocacy organizations, community service providers for families and youth, and others.

Sports Injuries

Rationale

Taking part in sports and recreation activities is an important part of a healthy, physically active lifestyle; however, more than 2.6 million children under 19 years of age are treated in emergency departments each year in the United States for sports- and recreation-related injuries.[68] Most sports injuries are musculoskeletal, but they also can affect the brain and spinal cord; they can lead to poor mental functioning, missed school, and missed work.

In Connecticut in FFY 2012, there were more than 36,000 emergency department visits for sports-related injuries--greater than double the number in 2008. The rates were highest for males and for persons 5 to 14 and 15 to 19 years of age.

The use of helmets and other protective equipment; warm-ups and stretches; and targeted muscle strengthening exercises are effective strategies for preventing sports-related injuries.

OBJECTIVE IV-24
Decrease by 10% the number of Emergency Department visits for sports-related injuries.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	36,182 (FY 2012)	32,564	Connecticut Department of Public Health, Office of Health Care Access.

Strategies

Advocacy and Policy

- Advocate for the mandatory use of helmets by bicyclists.

Education and Training

- Train athletes on the importance of and methods of warming up, stretching, increasing flexibility, taping, using joint braces, eccentric muscle strengthening, etc. to prevent specific injuries.
- Promote use of the CDC's free online courses for health professionals and school coaches, parents, and athletes on preventing, recognizing, and responding to a concussion http://www.cdc.gov/concussion/.

Partnership and Collaboration

- Partner with coaches, educators, athletic and recreational groups to promote use of appropriate protective clothing and equipment for sports and recreational activities.
- Form partnerships among State agencies and schools to incorporate sports injury prevention into health education programs.

Planning & Development

- Identify and implement evidence-based team sports prevention programs, such as the Santa Monica PEP Program (Prevent Injury and Enhance Performance Program).

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Children and Families; State Department of Education; Connecticut Department of Developmental Disabilities; Office of the Child Advocate; Commission on Children, health care providers including emergency medical services, hospitals, nurses, emergency physicians, pediatricians, and rehabilitation facilities; media; local public health agencies; schools; coaches and athletic associations; community service providers for families and youth; schools of public health, allied health, and medicine; and others.

Occupational Injuries

Rationale

Although occupational safety and health have improved over the last several decades, work-related injuries, illnesses, and death persist.[69] In Connecticut in 2012, there were 36 deaths and 53,800 injuries classified as occupational injuries. The death rate for work-related injuries in transportation, utility, construction, and professional and business services industries exceeded that for the state overall; young workers and Latinos also have higher death rates compared to other groups. Workers at hospitals and nursing homes, police, firemen, construction, and utilities workers were more likely than others to be injured.

The Occupational Safety and Health Administration (OSHA) has evidence-based workplace injury prevention programs. Making such programs mandatory, developing culturally appropriate materials, and outreach to employers and workers in targeted industries can help reduce deaths and injuries due to unsafe work practices and environments.

OBJECTIVE IV-25
Decrease by 10% the number of fatal occupational injuries.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	36 (2012)	32	Bureau of Labor Statistics, Census of Fatal Occupational Injuries. Fatal Work Injury Rates, Connecticut

Strategies

Communications, Education and Training

- Identify or develop educational materials in English and other languages and for low-literacy readers, on worker safety, targeting job-related injuries in specific occupations.

Partnership and Collaboration

- Expand partnerships around work-related injuries, and collaborate to increase public awareness of major work-related hazards.

OBJECTIVE IV-26
Decrease by 10% the rate of nonfatal occupational injuries.

Target Population(s)	Baseline	2020 Target	Data Source
Connecticut Overall	4.7 per 100 FTEs* (2011)	4.2 per 100 FTEs*	Bureau of Labor Statistics, Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry and Case Types, Connecticut (Table 6)

* FTEs = Full time equivalent workers

Strategies

Advocacy and Policy

- Support enforcement of occupational health and safety labor laws, and advocate strengthening and enforcing State and federal child labor laws.

- Support implementation of workplace policies and procedures that reduce injury risks, including violence-related injury.

Communications, Education and Training

- Provide and promote employer education and training programs for risk reduction.
- Educate employers, parents, teens and educators about the requirements of Connecticut and Federal child labor laws.

Potential Partners

Connecticut Department of Public Health; Connecticut Department of Labor; United States Department of Labor; Connecticut Workforce Investment Boards; employers; labor unions; professional associations for business and industry; local public health agencies; health care providers including emergency medical services, hospitals, nurses, emergency physicians, and rehabilitation facilities; community service providers for youth; organizations and coalitions focused on occupational health and safety; schools of public health, allied health, and medicine; and others.