



## NCHS Data on Injuries

### About NCHS

The CDC's National Center for Health Statistics (NCHS) is the Nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. NCHS' data provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

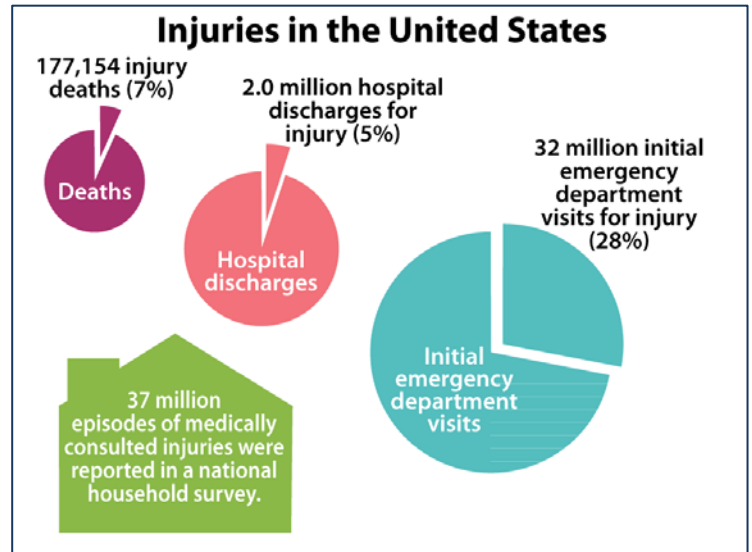
### NCHS Injury Data

Injuries take a toll on the population, including imposing social and economic costs on society. NCHS health interview data and data on deaths, hospitalizations, emergency department, and other ambulatory visits associated with injuries document the impact of injuries on Americans. Policymakers use these data to design and direct intervention efforts at the national, state, and local levels.

### Impact of Injuries in the United States

Injuries are among the **leading causes of death in the United States**. Mortality data from 2009 show:

- Unintentional injuries were the leading cause of death for people ages 1- 42 years, and the 5<sup>th</sup> leading cause of death for all ages.
- Suicide and homicide ranked 10<sup>th</sup> and 15<sup>th</sup>, respectively, among causes of death for all ages.
- Sixty-seven percent of injury deaths were unintentional, while 21 percent were suicides and 9 percent homicides; 3 percent were of undetermined intent.
- Injuries were the main cause of premature mortality in the U.S., accounting for 29 percent of all the years of potential life lost before the age of 65.



**Source:** National Vital Statistics System (2009), National Hospital Discharge Survey (2009), National Hospital Ambulatory Medical Care Survey (2009), National Health Interview Survey (2009)

More striking than the number of injury deaths is the **number of injuries seen in hospitals and emergency departments**.

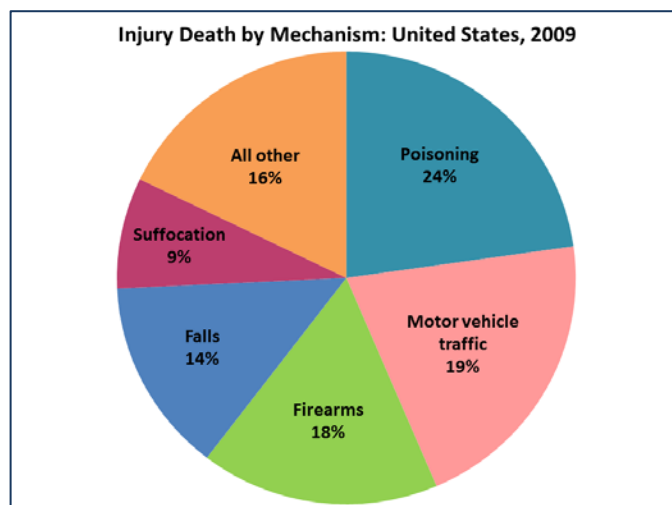
- In 2009, for each death by injury, there were about 11 times as many hospitalizations and 182 times as many emergency department (ED) visits.
- In 2009, the average length of hospital stay for treatment of an injury was 4.8 days.

Data on the **nature of the injury and the part of the body involved** provide important information on health care utilization and assist in targeting prevention strategies. Mortality data and hospital survey data from 2009 show:

- Fractures accounted for 54 percent of hospitalized injuries. Among adults ages 65 and over, hip fractures accounted for 30 percent of hospitalizations and were mentioned in 16 percent of injury deaths.
- Traumatic brain injury resulted in 51,000 deaths, 245,000 hospitalizations, and 507,000 initial ED visits.

## How do injury deaths occur?

- Poisonings were responsible for 24 percent of injury deaths, followed by motor vehicle traffic crashes (19 percent), and firearms (18 percent).



Source: National Vital Statistics System, 2009

## How do non-fatal injuries occur?

- For non-fatal injuries, falls were the leading mechanism of initial injury ED visits (25 percent) in 2009.

## Disparities in Injury Mortality and Morbidity

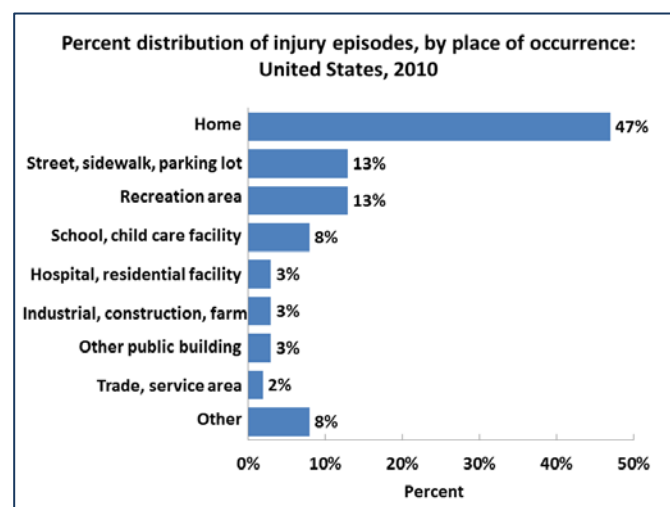
NCHS data provide information on **how injury mortality and morbidity vary among population groups**. This is useful in designing prevention programs and in allocating medical resources for treatment.

- Elderly people are at the greatest risk for both fatal and nonfatal injuries. In 2009, falls were the leading mechanism of injury death for people ages 65 and over.
- Males have higher rates of injury death than females, regardless of age group.
- Compared to persons living in urban counties, persons living in rural counties have a higher risk of death caused by unintentional injuries.

## Activities and Places Associated with Injury

Knowing **what an injured person was doing and where his or her injury occurred** is important for designing prevention programs. Data from 2010 show:

- Nearly half of the respondent-reported non-fatal, medically attended injury episodes occurred in or around the home.
- Nearly 40 percent of the respondent-reported non-fatal, medically attended injury episodes occurred while a person was engaged in leisure activities including sports.



Source: National Health Interview Survey, 2010

## Tracking Emerging Health Threats: Drug Poisoning

- In 2009, drug poisoning became the leading cause of injury death in the United States.
- During the past three decades, the number of drug poisoning deaths increased six-fold from about 6,100 in 1980 to 37,000 in 2009.

# NCHS Injury Data Sources

NCHS data systems collect accurate and timely data on injuries and other health issues. Injury data highlight NCHS' ability and capacity to collect comprehensive data from its multiple survey systems. Data sets, documentation, presentations and publications related to injury can be downloaded from [www.cdc.gov/nchs/injury.htm](http://www.cdc.gov/nchs/injury.htm). Sources for injury data include:

**National Health Care Surveys** — a family of health care provider surveys, collects information about the facilities that supply health care, the services rendered, and the characteristics of the patients served. Data are obtained from hospitals, office-based physician practices, emergency and outpatient departments, ambulatory surgery centers, nursing homes, and home health and hospice agencies. (<http://www.cdc.gov/nchs/nhcs.htm>)

**National Vital Statistics System** — collects mortality information from death certificates in all 50 States and the District of Columbia, including characteristics of the decedent and underlying and contributing causes of death. Injury deaths are annual counts of persons who died for whom the death certificate listed an external cause as the underlying cause of death. (<http://www.cdc.gov/nchs/nvss.htm>)

**National Health Interview Survey** — collects data on all medically consulted injuries and poisonings occurring to any family member during the 3-month period prior to the interview. Information is available about the external cause and nature of the injury or poisoning episode, the activity that the person was doing at the time of the injury or poisoning episode, and the place of occurrence. Information is also obtained from the respondent describing how the person was injured or poisoned. Most of this information is available on injuries for data years beginning with 1997. (<http://www.cdc.gov/nchs/nhis.htm>)

## Challenges and Future Opportunities

- Work with State vital statistics offices and physicians, medical examiners and coroners who certify the cause of death to improve the level of detail on the injury circumstances reported on the death certificate. Encourage certifiers to use the space provided in the new standard death certificate for the circumstances of injury which includes a checkbox for transportation-related deaths.
- Encourage efforts to improve external cause of injury coding in all Statewide hospital and emergency department data systems. Improved data will assist in development, implementation and evaluation of prevention efforts. For more information, view the report on [\*\*Recommended Actions to Improve External Cause of Injury Coding in State-Based Hospital Discharge and Emergency Department Data Systems\*\*](#).
- Through the [\*\*International Collaborative Effort on Injury Statistics\*\*](#), define criteria for developing valid indicators of injury incidence for international comparisons and for selecting a main injury diagnosis among all injury diagnoses contributing to an injury death.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs> or call the Office of Planning, Budget and Legislation at 301-458-4100.