

NONFATAL INJURIES

Nonfatal injuries are responsible for disability, lost productivity, pain and suffering, and increased medical costs. They also serve as an indicator of risk for fatal injuries which is the leading cause of death for people ages 1 to 44.¹ A nonfatal injury is defined as bodily harm resulting from severe exposure to an external force or substance (mechanical, thermal, electrical, chemical, or radiant) or a submersion. This bodily harm can be unintentional or violence-related (intentional). The intention of the injury is determined based on whether an injury was caused by an act carried out on purpose by oneself or by another person(s), with the goal of injuring or killing. The most common type of nonfatal injuries are unintentional.

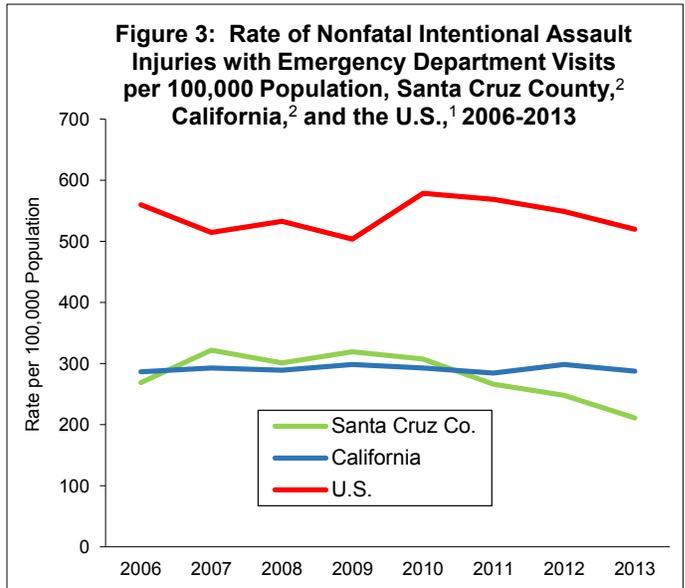
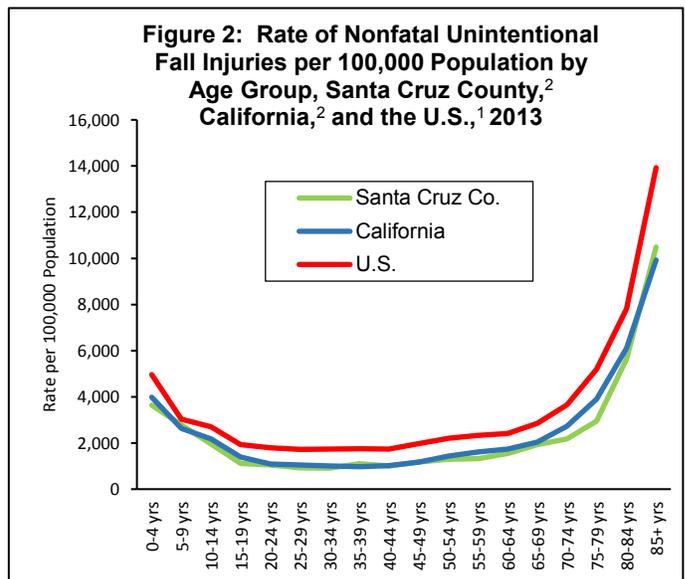
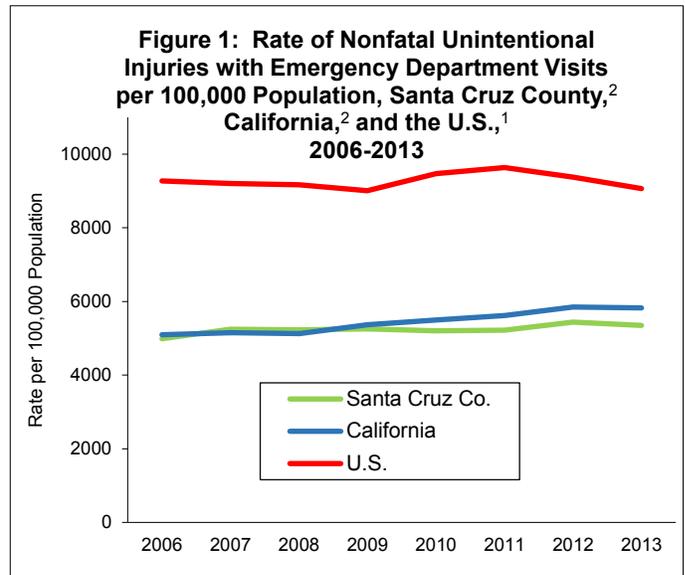
UNINTENTIONAL

Unintentional injuries or poisonings are those that are not inflicted by deliberate means (i.e., not on purpose). This category includes those injuries and poisonings described as unintended or “accidental,” regardless of whether the injury was inflicted by oneself or by another person. The data also includes when no clear indication of intent to harm was documented in the Emergency Department record.

Between 2006 and 2013, unintentional injury rates decreased nationwide, but increased 7% countywide and 14% statewide (Figure 1). Falls accounted for one-third of unintentional injuries statewide, and actually increased 23% from 2006 to 2013. Falls are much more common among older persons (Figure 2). While many categories of unintentional injuries decreased, motor vehicle traffic / bicycle accidents increased 58% (from 15.8 to 25.0 per 100,000 between 2006 and 2013).²

INTENTIONAL

Intentional injuries or poisonings are inflicted by deliberate means. This category includes assault, legal intervention (i.e., injury caused by police or other legal authorities during law enforcement activities), and self-harm categories. Assault is defined as either confirmed or suspected injury from an act of violence where physical force by one or more persons is used with the intent of causing harm, injury, or death to another person, or an intentional poisoning by another person. Figure 3 shows assault rates between 2006 and 2013; rates decreased nationally and locally, but have remained stable statewide.

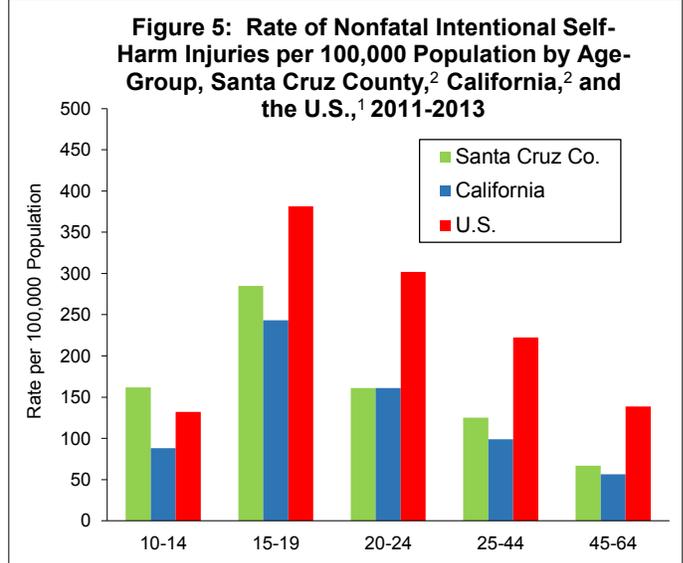
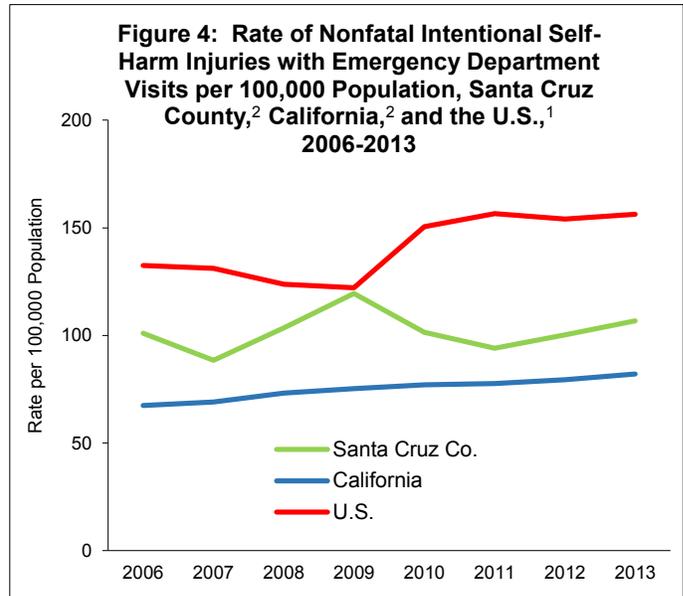


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Self-harm nonfatal intentional injuries are also considered suicide attempts. Santa Cruz County has much higher rates than the rest of the state, but not as high as the nation (Figure 4). However, when examining the data by age range, Santa Cruz County self-harm nonfatal injuries are higher than state and national levels for persons age 10-14 between the years 2011 and 2013 (Figure 5).

Suicide is considered a major, preventable public health problem, and it is the second leading cause of death among teens 15-19 nationwide.³ While self-inflicted injury is considered a risk factor for suicide, many young people engage in self-harm without intent to die, and most youth who hurt themselves do not seek treatment. Screening, early identification and access to services are critical to preventing and reducing mental health problems. Policy options that could promote emotional health and prevent self-inflicted injuries among youths include:

- Setting school policies that foster a positive, caring environment and promote student engagement in school; and supporting comprehensive K-12 education for social-emotional learning, including problem-solving and coping skills
- Supporting public education and awareness campaigns to reduce the stigma associated with mental health problems and increase knowledge of warning signs; this could include “mental health first aid” training for wide-ranging audiences, focusing on how to recognize early signs, provide non-professional support, and help youth access community resources
- Ensuring that all youth with mental health needs have access to high-quality, culturally appropriate services; as part of this, expanding the workforce of qualified mental health professionals.



Sources	<p>(1) CDC. National Center for Injury Prevention and Control. Division of Analysis, Research, and Practice Integration NEISS All Injury Program operated by the Consumer Product Safety Commission for numbers of injuries. Bureau of Census for population estimates.</p> <p>(2) California Department of Public Health, Safe and Active Communities Branch. California Office of Statewide Health Planning and Development, Emergency Department Data.</p> <p>(3) Kidsdata.org. "Suicide and Self-Injury: Why this topic is important." http://www.kidsdata.org/topic/34/suicide-and-self-inflicted-injury/summary</p>
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