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Injury and Violence Prevention

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Injury Prevention

15-1. Reduce hospitalizations for nonfatal head injuries.

National Data Source	National Hospital Discharge Survey (NHDS), CDC, NCHS.
State Data Source	State hospital discharge systems.
Healthy People 2000 Objective	9.9 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	60.6 (1998).
Numerator	Number of hospitalizations for nonfatal head injuries (principal diagnosis of ICD-9-CM codes 800-801, 803-804, 850-854, 870-873, 925).
Denominator	Number of persons.
Population Targeted	U.S. civilian population.
Questions Used To Obtain the National Data	From the 1998 National Hospital Discharge Survey: <ul style="list-style-type: none">➤ <i>Final Diagnoses (Including E-code diagnoses):</i>➤ <i>Principal:</i>
Expected Periodicity	Annual.
Comments	<p>Principal diagnosis is the diagnosis chiefly responsible for admission of the person to the hospital.</p> <p>Data are age-adjusted to the 2000 standard population. Age-adjusted rates are the weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.</p> <p>See Part C for a description of NHDS and Appendix A for focus area contact information.</p>



15-2. Reduce hospitalizations for nonfatal spinal cord injuries.

National Data Source	National Hospital Discharge Survey (NHDS), CDC, NCHS.
State Data Source	State hospital discharge systems.
Healthy People 2000 Objective	9.10 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	4.5 (1998).
Numerator	Number of hospitalizations for nonfatal spinal cord injuries (principal diagnosis of ICD-9-CM codes 806, 952).
Denominator	Number of persons.
Population Targeted	U.S. civilian population.
Questions Used To Obtain the National Data	From the 1998 National Hospital Discharge Survey: <ul style="list-style-type: none">➤ <i>Final Diagnoses (Including E-code diagnoses):</i>➤ <i>Principal:</i>
Expected Periodicity	Annual.
Comments	<p>Principal diagnosis is the diagnosis chiefly responsible for admission of the person to the hospital.</p> <p>Data are age-adjusted to the 2000 standard population. Age-adjusted rates are the weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.</p> <p>See Part C for a description of NHDS and Appendix A for focus area contact information.</p>



15-3. Reduce firearm-related deaths.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
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State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	7.3 (Violent and Abusive Behavior), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	11.3 (1998).
Numerator	Number of firearm-related deaths (ICD-9 codes E922, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Data are age-adjusted to the 2000 standard population. Age-adjusted rates are the weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 7.3, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.</p> <p>See Part C for a description of NVSS and Appendix A for focus area contact information.</p>



15-4. Reduce the proportion of persons living in homes with firearms that are loaded and unlocked.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
Healthy People 2000 Objective	7.11 (Violent and Abusive Behavior), age adjusted to 2000 standard population.
Measure	Percent (age adjusted—see Comments).

Baseline	19 (1998).
Numerator	Number of persons aged 18 years and older who report living in homes with firearms loaded and unlocked.
Denominator	Number of persons aged 18 years and older who report living in homes with firearms.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1998 National Health Interview Survey:</p> <p>[NUMERATOR:]</p> <ul style="list-style-type: none"> ➤ <i>Is at least one of the firearms kept unloaded and unlocked?</i> <p>[DENOMINATOR:]</p> <ul style="list-style-type: none"> ➤ <i>Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck or car</i>
Expected Periodicity	Periodic.
Comments	<p>The questions for this objective are periodically included in supplements to NHIS. BRFSS items are collected in rotating modules (approximately every 3 years).</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment see Part A, section 5.</p> <p>See Part C for a description of NHIS and BRFSS and Appendix A for focus area contact information.</p>



15-5. Reduce nonfatal firearm-related injuries.

National Data Source	National Electronic Injury Surveillance System (NEISS), CPSC.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 population.

Baseline	24 (1997).
Numerator	Number of nonfatal firearm-related cases treated in U.S. hospital emergency department records.
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Periodic.
Comments	<p>A firearm-related injury is defined as a penetrating injury or gunshot wound from a weapon using a powder charge to fire a projectile.</p> <p>NEISS does not use ICD codes, however, reporters are given extensive training and report any gun-related injury cases in the emergency department record. Victims may also have other types of injuries, but if the incident involved a gun, it is included. Coders also attempt to capture data on intent, when appropriate information is provided in the medical record.</p> <p>See Appendix A for focus area contact information.</p>



15-6. (Developmental) Extend State-level child fatality review of deaths due to external causes for children aged 14 years and under.

Comments	<p>An operational definition could not be specified at the time of publication.</p> <p>The proposed data source is the Inter-Agency Council on Child Abuse and Neglect (ICAN) National Database, FBI Uniform Crime Report, DOJ.</p> <p>See Appendix A for focus area contact information.</p>
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15-7. Reduce nonfatal poisonings.

National Data Source	National Hospital Ambulatory Medical Care Survey (NHAMCS), NCHS, CDC.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 9.8 (Unintentional Injuries).
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	348.4 (1997).
Numerator	Number of emergency room visits for nonfatal poisonings (first-listed ICD-9-CM codes E850-E869, E950-E952, E962, E972, E980-E982).
Denominator	Number of persons.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1997-98 National Hospital Ambulatory Medical Care Survey: <i>➤ Cause of injury. Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)</i>
Expected Periodicity	Annual.
Comments	Data include all emergency room visits related to poisoning regardless of intent (intentional, unintentional, and undetermined). This objective differs from Healthy People 2000 objective 9.8, which used data from NEISS, CPSC that were not age adjusted.

The NHAMCS uses ICD-9-CM codes assigned to the cause of injury to identify poisoning cases in emergency department records, whereas NEISS used emergency department admissions related to a specific list of regulated products that were classified as poisons. Hence, NEISS data may have undercounted poisoning admissions. Additionally, when the list of regulated products changed, some cases previously classified as poisonings may have been omitted from the reported rate of poisoning admissions.

Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.

See Part C for a description of NHAMCS and Appendix A for focus area contact information.



15-8. Reduce deaths caused by poisonings.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	6.8 (1998).
Numerator	Number of poisoning deaths (ICD-9 codes E850-E869, E950-E952, E962, E972, E980-E982).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.

Comments Data are age adjusted to the 2000 standard. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.

See Part C for a description of NVSS and Appendix A for focus area contact information.



15-9. Reduce deaths caused by suffocation.

National Data Source National Vital Statistics System (NVSS), CDC, NCHS.

State Data Source National Vital Statistics System (NVSS), CDC, NCHS.

Healthy People 2000 Objective Not applicable.

Measure Rate per 100,000 population (age adjusted—see Comments).

Baseline 4.1 (1998).

Numerator Number of suffocation deaths (ICD-9 codes E911-E913, E953, E963, E983).

Denominator Number of persons.

Population Targeted U.S. resident population.

Questions Used To Obtain the National Data Not applicable.

Expected Periodicity Annual.

Comments Data are age adjusted to the 2000 standard. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.

See Part C for a description of NVSS and Appendix A for focus area contact information.



15-10. Increase the number of States and the District of Columbia with statewide emergency department surveillance systems that collect data on external causes of injury.

National Data Source	External Cause of Injury Survey, American Public Health Association.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Number.
Baseline	12 (1998).
Numerator	Number of States and the District of Columbia that “routinely collect” ICD-9-CM external cause of injury codes in their statewide hospital emergency department data system.
Denominator	Not applicable.
Population Targeted	Not applicable.
Questions Used To Obtain the National Data	From the 1998 How States Are Collecting and Using Cause of Injury Data Survey: ➤ <i>Are ICD-9-CM E-coded data routinely collected in the statewide hospital emergency department data system?</i>
Expected Periodicity	Periodic.
Comments	See Appendix A for focus area contact information.



15-11. Increase the number of States and the District of Columbia that collect data on external causes of injury through hospital discharge data systems.

National Data Source	External Cause of Injury Survey, American Public Health Association.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.

Measure	Number.
Baseline	23 (1998).
Numerator	Number of States and the District of Columbia that “mandate” the use of ICD-9-CM external cause of injury codes in their statewide hospital discharge data systems.
Denominator	Not applicable.
Population Targeted	Not applicable.
Questions Used To Obtain the National Data	From the 1998 How States Are Collecting and Using Cause of Injury Data Survey: ➤ <i>Is the collection of ICD-9-CM coded data in the statewide hospital discharge data system mandated by state law or a ruling by another body?</i>
Expected Periodicity	Periodic.
Comments	For this objective, the term “mandate” refers to a State law or a ruling by another body (for example, the State hospital association) that requires hospitals to collect data on ICD-9-CM external cause of injury codes and report them to a statewide hospital discharge data system. See Appendix A for focus area contact information.



15-12. Reduce hospital emergency department visits caused by injuries.

National Data Source	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 1,000 population (age adjusted—see Comments).
Baseline	131 (1997).
Numerator	Number of emergency department visits due to injury or poisoning.
Denominator	Number of persons.

Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1997-98 National Hospital Ambulatory Medical Care Survey:</p> <ul style="list-style-type: none"> ➤ <i>Is this visit related to injury or poisoning?</i> ➤ <i>Cause of injury. Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)</i> _____ ➤ <i>Patient's complaint(s), symptoms, or other reason(s) for this visit.</i> <ol style="list-style-type: none"> 1. <i>Most important</i> _____ 2. <i>Other</i> _____ 3. <i>Other</i> _____ ➤ <i>Physician's diagnoses for this visit.</i> <ol style="list-style-type: none"> 1. <i>Primary diagnosis</i> _____ 2. <i>Other</i> _____ 3. <i>Other</i> _____

Expected Periodicity Annual.

Comments An emergency department visit was considered to be related to injury if “yes” was checked in the first question above or if a cause of injury, a nature of injury diagnosis, or an injury-related reason for visit coded to first listed ICD-9-CM codes E800-E869, E880-E929, E950-E999 was reported in the response to the other questions above.

Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.

See Part C for a discussion of NHAMCS and Appendix A for focus area contact information.



Unintentional Injury Prevention

15-13. Reduce deaths caused by unintentional injuries.

National Data Source National Vital Statistics System (NVSS), CDC, NCHS.

State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	9.1 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	35.0 (1998).
Numerator	Number of deaths caused by unintentional injury (ICD-9 codes E800-E869, E880-E929).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Data are age adjusted to the 2000 standard. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 9.1, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.</p> <p>See Part C for a description of NVSS and Appendix A for focus area contact information.</p>



15-14. (Developmental) Reduce nonfatal unintentional injuries.

Comments	<p>An operational definition could not be specified at the time of publication.</p> <p>This objective is adapted from Healthy People 2000 objective 9.2, which used data from the National Hospital Discharge System (NHDS), however, because of the underreporting of E-codes in NHDS, a new data source is needed.</p>
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Proposed national data sources are the National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS, and the National Electronic Injury Surveillance System (NEISS), CPSC.

See Part C for a description of NHAMCS and NEISS and Appendix A for focus area contact information.



15-15. Reduce deaths caused by motor vehicle crashes.

15-15a. Deaths per 100,000 population.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	Adapted from 9.3 (Unintentional Injuries).
Leading Health Indicator	Injury and Violence.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	15.6 (1998).
Numerator	Number of unintentional injury traffic deaths (ICD-9 codes E810-E819).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.

This objective differs from Healthy People 2000 objective 9.3, in that all data are age-adjusted data from NVSS. Data for objective 9.3 included both age-adjusted data from NVSS and crude rates from the Fatality Analysis Reporting System (FARS). In addition, the age-adjusted rates in objective 9.3 were adjusted to the 1940 standard population. See Appendix C for comparison data.

This objective is one of the measures used to track the Injury and Violence Leading Health Indicator. See Appendix H for a complete list.

See Part C for a description of NVSS and Appendix A for focus area contact information.



15-15b. Deaths per 100 million vehicle miles traveled (VMT).

National Data Sources	Fatality Analysis Reporting System (FARS), DOT, NHTSA; Highway Performance Monitoring System, DOT, FHWA.
State Data Sources	Fatality Analysis Reporting System (FARS), DOT, NHTSA; Highway Performance Monitoring System, DOT, FHWA.
Healthy People 2000 Objective	9.3 (Unintentional Injuries).
Measure	Rate per 100 million vehicle miles traveled (VMT).
Baseline	1.6 (1998).
Numerator	Number of motor vehicle crash deaths reported in FARS.
Denominator	Total vehicle miles traveled.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.

Comments

FARS uses multiple data sources, including police reports, death certificates, and others. Race data were not collected in FARS until 1999. These data will be included in the data presentation for this objective when they become available for analysis.

The FHWA estimates total vehicle miles traveled using an algorithm that includes gas sales, vehicle registration, vehicle fuel economy data, and other data from the Highway Performance Monitoring System.

See Appendix A for focus area contact information.

**15-16. Reduce pedestrian deaths on public roads.**

National Data Source	Fatality Analysis Reporting System (FARS), DOT, NHTSA.
State Data Source	Fatality Analysis Reporting System (FARS), DOT, NHTSA.
Healthy People 2000 Objective	9.3f (Unintentional Injuries).
Measure	Rate per 100,000 population.
Baseline	1.9 (1998).
Numerator	Number of pedestrian deaths reported in FARS.
Denominator	Number of persons.
Population Targeted	U.S. resident population
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>FARS uses multiple sources, including police reports, death certificates (coded to ICD-9 E810-E819), and other sources. FARS data do not include pedestrian deaths on private roadways, such as driveways. Driveways are a common location for pedestrian deaths for pedestrians aged 0-2 years.</p> <p>See Appendix A for focus area contact information.</p>

15-17. Reduce nonfatal injuries caused by motor vehicle crashes.

National Data Source	General Estimates System (GES), DOT, NHTSA.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 population.
Baseline	1,181 (1998).
Numerator	Number of nonfatal motor vehicle crash-related injuries reported in police reports.
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	GES data are from a nationally representative sample of police-reported motor vehicle crashes. To be included, the crash must involve a motor vehicle traveling on a traffic way and involve property damage, injury, or death. See Appendix A for focus area contact information.



15-18. Reduce nonfatal pedestrian injuries on public roads.

National Data Source	General Estimates System (GES), DOT, NHTSA.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 population.
Baseline	26 (1998).
Numerator	Number of nonfatal pedestrian injuries reported in police reports.
Denominator	Number of persons.

Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>GES data are from a nationally representative sample of police-reported motor vehicle crashes. To be included, the crash must involve a motor vehicle traveling on a traffic way and involve property damage, injury, or death.</p> <p>See Appendix A for focus area contact information.</p>



15-19. Increase use of safety belts.

National Data Source	National Occupant Protection Use Survey (NOPUS), DOT, NHTSA.
State Data Source	Not identified.
Healthy People 2000 Objective	9.12 (Unintentional Injuries).
Measure	Percent.
Baseline	69 (1998).
Numerator	Number of persons observed using restraints.
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Biennial.
Comments	NOPUS uses observational data collected at intersections, highway ramps, and parking lots. Four observers (each responsible for a different seat in the vehicle) report occupant restraint use.

The data for students in grades 9 through 12 are tracked separately with the Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP (see Part C for a discussion of YRBSS). The numerator for that measure is the number of students in grades 9 through 12 who report that they wore a seat belt sometimes, most of the time, or always when they were riding in a car. The denominator is the number of students in grades 9 through 12. The questions from the 1999 Youth Risk Behavior Survey follow:

➤ *How often do you wear a seat belt when riding in a car driven by someone else?*

Never Rarely Sometimes Most of the time Always

See Appendix A for focus area contact information.



15-20. Increase use of child restraints.

National Data Source	National Occupant Protection Use Survey (NOPUS), Controlled Intersection Study, DOT, NHTSA.
State Data Source	Not identified.
Healthy People 2000 Objective	9.12 (Unintentional Injuries).
Measure	Percent.
Baseline	92 (1998).
Numerator	Number of children aged 4 and under observed in safety seats or restraints.
Denominator	Number of children aged 4 years and under.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Biennial.
Comments	NOPUS uses observational data collected at intersections, highway ramps, and parking lots. Four observers (each responsible for a different seat in the vehicle) report occupant restraint use.

See Appendix A for focus area contact information.



15-21. Increase the proportion of motorcyclists using helmets.

National Data Source	National Occupant Protection Use Survey (NOPUS), DOT, NHTSA.
State Data Source	Not identified.
Healthy People 2000 Objective	9.13 (Unintentional Injuries).
Measure	Percent.
Baseline	67 (1998).
Numerator	Number of motorcyclists observed wearing helmets.
Denominator	Number of motorcycle operators and passengers observed.
Population Targeted	Motorcycle operators and passengers.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Biennial.
Comments	<p>NOPUS uses observational data collected at intersections, highway ramps, and parking lots. Four observers (each responsible for a different seat in cars, two observers for motorcycles) report occupant helmet use.</p> <p>The data for students in grades 9 through 12 come from the Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP (see Part C for a discussion of YRBSS). The numerator for that measure is the number of students in grades 9 through 12 who report that they sometimes, most of the time, <u>or</u> always wore a helmet when riding a motorcycle. The denominator is the number of students in grades 9 through 12 who report that they rode a motorcycle at least once in the past 12 months. The questions from the 1999 Youth Risk Behavior Survey are:</p>

➤ *During the past 12 months, how many times did you ride a motorcycle?*

- 0 times*
- 1 to 10 times*
- 11 to 20 times*
- 21 to 39 times*
- 40 or more times*

➤ *When you rode a motorcycle during the past 12 months, how often did you wear a helmet?*

- I did not ride a motorcycle during the past 12 months*
- Never wore a helmet*
- Rarely wore a helmet*
- Sometimes wore a helmet*
- Most of the time wore a helmet*
- Always wore a helmet*

See Appendix A for focus area contact information.



15-22. Increase the number of States and the District of Columbia that have adopted a graduated driver licensing model law.

National Data Source	U.S. Licensing Systems for Young Drivers, Insurance Institute for Highway Safety.
State Data Source	Not identified.
Healthy People 2000 Objective	9.26 (Unintentional Injuries).
Measure	Number.
Baseline	23 (1999).
Numerator	Number of jurisdictions with the core components.
Denominator	Not applicable.
Population Targeted	Not applicable.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.

Comments

Core components are noted in the National Committee on Uniform Traffic Laws and Ordinances (NCUTLO) model law and include 6 months in the learner stage and 6 months in the intermediate driving stage with night-driving restrictions. Participants are also required to have no safety belt violations and to be conviction free during the holding periods. Data are compiled by periodic review of laws for the presence of these components.

See Appendix A for focus area contact information.



15-23. (Developmental) Increase use of helmets by bicyclists.

Comments

An operational definition could not be specified at the time of publication.

Proposed national data sources include CPSC, the Behavioral Risk Factor Surveillance System, and the World Health Organization Study of Health Behavior in School Children.

This objective is modified from Healthy People objective 9.13, which used data from the National Occupant Protection Use Survey.

See Appendix A for focus area contact information.



15-24. Increase the number of States and the District of Columbia with laws requiring bicycle helmets for bicycle riders.

National Data Source	National Safe Kids Campaign.
State Data Source	Not identified.
Healthy People 2000 Objective	9.24 (Unintentional Injuries).
Measure	Number.
Baseline	10 (1999).

Numerator	Number of States and the District of Columbia with bicycle helmet laws.
Denominator	Not applicable.
Population Targeted	Not applicable.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	This objective differs from Healthy People 2000 objective 9.24, in that the laws counted apply to the entire State; objective 9.24 included some data for which only parts of States (counties) were covered. See Appendix A for focus area contact information.



15-25. Reduce residential fire deaths.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	9.6 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	1.2 (1998).
Numerator	Number of unintentional fire-related injury deaths (ICD-9 codes E890-E899)
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	A small proportion of the deaths reported may have occurred in locations other than residences.

Data are age adjusted to the 2000 standard. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.

This objective differs from Healthy People 2000 objective 9.6, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.

See to Part C for a description of NVSS and Appendix A for focus area contact information.



15-26. Increase functioning residential smoke alarms.

15-26a. Total population living in residences with functioning smoke alarm on every floor.

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	9.17 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Percent (age adjusted—see Comments).
Baseline	88 (1998).
Numerator	Number of persons aged 18 years and older who report living in residences with functional smoke alarms on each habitable floor.
Denominator	Number of persons aged 18 years and older.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1998 National Health Interview Survey: ➤ <i>Do you have at least one working smoke detector on each floor of your home? Include a finished basement or attic.</i>
Expected Periodicity	Periodic.

Comments

The data for this objective are based on the response of one adult per household. The response of the adult household respondent is applied to all members of the household.

Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment see Part A, section 5.

See Part C for a description of NHIS and Appendix A for focus area contact information.

**15-26b. Residences with a functioning smoke alarm on every floor.**

National Data Source	National Health Interview Survey (NHIS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 9.17 (Unintentional Injuries).
Measure	Percent.
Baseline	87 (1998).
Numerator	Number households with functional smoke alarms on each habitable floor of their residence.
Denominator	Number of households.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1998 National Health Interview Survey: ➤ <i>Do you have at least one working smoke detector on each floor of your home? Include a finished basement or attic.</i>
Expected Periodicity	Periodic.
Comments	The data for this objective are based on the response of one adult per household. The response of the adult household respondent is considered the response for one “household.”

This objective differs from Healthy People 2000 objective 9.17, which tracked the proportion of residences with smoke detectors using data from Rodale Press and CPSC.

See Part C for a description of NHIS and Appendix A for focus area contact information.



15-27. Reduce deaths from falls.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	9.4 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	4.7 (1998).
Numerator	Number of unintentional deaths from falls (ICD-9 codes E880-E886, E888).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 9.4, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.</p> <p>See Part C for a description of NVSS and Appendix A for focus area contact information.</p>

15-28. Reduce hip fractures among older adults.

15-28a. Females aged 65 years and older.

National Data Source	National Hospital Discharge Survey (NHDS), CDC, NCHS.
State Data Source	State hospital discharge systems.
Healthy People 2000 Objective	9.7 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	1,055.8 (1998).
Numerator	Number of hospitalizations for hip fractures (principal diagnosis of ICD-9-CM code 820) among females aged 65 years and older.
Denominator	Number of females aged 65 years and older.
Population Targeted	U.S. civilian population.
Questions Used To Obtain the National Data	From the 1998 National Hospital Discharge Survey: <ul style="list-style-type: none">➤ <i>Final diagnoses (including E-code diagnoses):</i>➤ <i>Principal:</i>
Expected Periodicity	Annual.
Comments	<p>Principal diagnosis is the diagnosis chiefly responsible for admission of the person to the hospital.</p> <p>Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 9.7, which measured hip fractures for the total population and did not have two separate measures for males and females. In addition, the data for this objective are age adjusted.</p> <p>See Part C for a description of NHDS and Appendix A for focus area contact information.</p>



15-28b. Males aged 65 years and older.

National Data Source	National Hospital Discharge Survey (NHDS), CDC, NCHS.
State Data Source	State hospital discharge systems.
Healthy People 2000 Objective	9.7 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	592.7 (1998).
Numerator	Number of hip fractures (principal ICD-9-CM code 820) among males aged 65 years and older.
Denominator	Number of males aged 65 years and older.
Population Targeted	U.S. civilian population.
Questions Used To Obtain the National Data	From the 1998 National Hospital Discharge Survey: <ul style="list-style-type: none">➤ <i>Final diagnoses (including E-code diagnoses):</i>➤ <i>Principal:</i>
Expected Periodicity	Annual.
Comments	See Comments provided with objective 8-28a for more information.



15-29. Reduce drownings.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	9.5 (Unintentional Injuries), age adjusted to 2000 standard population.
Measure	Rate per 100,000 (age adjusted—see Comments).
Baseline	1.6 (1998).
Numerator	Number of drowning deaths (ICD-9 codes E830, E832, E910).

Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Data are age adjusted to the 2000 standard. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 9.5, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.</p> <p>See Part C for a description of NVSS and Appendix A for focus area contact information.</p>



15-30. Reduce hospital emergency department visits for nonfatal dog bite injuries.

National Data Source	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	151.4 (1997).
Numerator	Number of emergency room visits for dog bite injuries (first-listed ICD-9-CM codes E906.0).
Denominator	Number of persons.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1997-98 National Hospital Ambulatory Medical Care Survey:

- *Cause of injury. Describe events that preceded injury (e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, etc.)*
-
-

Expected Periodicity Annual.

Comments Data are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment see Part A, section 5.

See Part C for a discussion of NHAMCS and Appendix A for focus area contact information.



15-31. (Developmental) Increase the proportion of public and private schools that require use of appropriate head, face, eye, and mouth protection for students participating in school-sponsored physical activities.

Comments An operational definition could not be specified at the time of publication. The proposed national data source is the School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP.

The expected numerator is the number of schools that require students to wear appropriate protective gear when engaged in physical activities during physical education, intramural activities, physical activity clubs, and interscholastic sports. The expected denominator is the number of schools with intramural activities or physical activity clubs and interscholastic sports.

The expected questions to be used to obtain data from the 2000 School Health Policies and Programs Study, Physical Education Questionnaire follow:

- *Must students wear appropriate protective gear when engaged in physical activities during physical education?*
- *Must students wear appropriate protective gear when engaged in intramural activities or physical activity clubs?*
- *Must students wear appropriate protective gear when engaged in interscholastic sports?*

This objective is adapted from Healthy People 2000 objective 9.19 (also 13.16), which was tracked with proxy data from the National Healthy Interview Survey (NHIS), CDC, NCHS.

See Appendix A for focus area contact information.



Violence and Abuse Prevention

15-32. Reduce homicides.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
Healthy People 2000 Objective	7.1 (Violent and Abusive Behavior), age adjusted to 2000 standard population.
Leading Health Indicator	Injury and Violence.
Measure	Rate per 100,000 population (age adjusted—see Comments).
Baseline	6.5 (1998).
Numerator	Number of deaths due to homicides (ICD-9 codes E960-E969).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment see Part A, section 5.</p> <p>This objective differs from Healthy People 2000 objective 7.1, which adjusted the death rates using the 1940 standard population. See Appendix C for comparison data.</p>

This measure also differs slightly from the cause of death, homicide and legal intervention (ICD-9 E960-E978), which is shown in other publications.^{1, 2}

This objective is one of the measures used to track the Injury and Violence Leading Health Indicator. See Appendix H for a complete list.

See Part C for a description of NVSS and Appendix A for focus area contact information.



15-33. Reduce maltreatment and maltreatment fatalities of children.

15-33a. Reduce maltreatment of children.

National Data Source	National Child Abuse and Neglect Data System (NCANDS), Summary Data Component Survey, ACYF, ACF.
State Data Source	State data reports of maltreatment from State child welfare agencies.
Healthy People 2000 Objective	Adapted from 7.4 (Violent and Abusive Behavior).
Measure	Rate per 1,000 population.
Baseline	12.9 (1998).
Numerator	Number of children aged 18 years and under found to be victims of maltreatment by State child welfare agencies.
Denominator	Children aged 18 years and under.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	From the 1999 State Data Component Survey: ➤ <i>Enter the number of children by disposition who were the subject of a CPS investigation or assessment</i> _____.
Expected Periodicity	Annual.

Comments

Maltreatment is defined as an act or failure to act by a parent, caretaker, other person, as defined under State law, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm. State definitions may include additional criteria.

This objective differs from Healthy People 2000 objective 7.4 in that it is counting children who have been abused; objective 7.4 counted “reports” of abuse.

See Appendix A for focus area contact information.

**15-33b. Reduce child maltreatment fatalities.**

National Data Source	National Child Abuse and Neglect Data System (NCANDS), Summary Data Component Survey, ACYF, ACF.
State Data Source	State data reports of maltreatment from State child welfare agencies.
Healthy People 2000 Objective	Adapted from 7.4 (Violent and Abusive Behavior).
Measure	Rate per 100,000 population.
Baseline	1.6 (1998).
Numerator	Number of reported child fatalities due to maltreatment among children aged 18 years and under.
Denominator	Children aged 18 years and under.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	From the 1999 State Data Component Survey: ➤ <i>Enter the number of child victims who died as a result of child abuse or neglect ____.</i>
Expected Periodicity	Annual.

Comments

Child fatality due to maltreatment is defined as the death of a child as a result of abuse or neglect, because either (a) an injury resulting from the abuse or neglect of a child was the cause of the death, or (b) abuse and/or neglect were contributing factors to the cause of death. Data on child fatalities are collected from all States; some State offices of child protective services work closely with Health Departments or the coroner's office, whereas others rely more on their own records, including deaths reported to them by law enforcement.

This objective differs from Healthy People 2000 objective 7.4 in that it measures fatalities due to child maltreatment. Objective 7.4 measured reports of child maltreatment.

See Appendix A for focus area contact information.



15-34. Reduce the rate of physical assault by current or former intimate partners.

National Data Source	National Crime Victimization Survey (NCVS), DOJ, BJS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 7.5 (Violent and Abusive Behavior).
Measure	Rate per 1,000 population.
Baseline	4.4 (1998).
Numerator	Number of persons aged 12 years and older who report being threatened or assaulted by current or former spouse, boyfriend, or girlfriend.
Denominator	Number of persons aged 12 years and older.
Population Targeted	Noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1998 National Crime Victimization Survey:

- *Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways:*
 - a) *With any weapon, for instance, a gun or knife*
 - b) *With anything like a baseball bat, frying pan, scissors or stick*
 - c) *By something thrown, such as a rock or bottle*
 - d) *Include any grabbing, punching, or choking*
 - e) *Any rape, attempted rape or other type of sexual attack*
 - f) *Any face-to-face threats*

OR

 - g) *Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain that it was a crime.*

(Briefly describe incident.)
- *People often don't think of incidents committed by someone they know. (Other than incidents already mentioned) did you have something stolen from you OR were you attacked or threatened by (Exclude telephone threats)...*
 - a) *Someone at work or school*
 - b) *A neighbor or friend*
 - c) *A relative or family member*
 - d) *Any other person you've met or known?*

(Briefly describe incident.)

Expected Periodicity

Annual.

Comments

This objective differs from Healthy People 2000 objective 7.5, which included females only.

See Part C for a description of NCVS and Appendix A for focus area contact information.



15-35. Reduce the annual rate of rape or attempted rape.

National Data Source

National Crime Victimization Survey (NCVS), DOJ, BJS.

State Data Source

Not identified.

Healthy People 2000 Objective

Adapted from 7.7 (Violent and Abusive Behavior).

Measure

Rate per 1,000 population.

Baseline

0.8 (1998).

Numerator	Number of persons aged 12 years and older who reported being raped or a victim of an attempted rape.
Denominator	Number of persons aged 12 years and older.
Population Targeted	Noninstitutionalized population.
Questions Used To Obtain the National Data	<p>From the 1998 National Crime Victimization Survey:</p> <p>➤ <i>Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways:</i></p> <p>[Response categories include:] <i>Any rape, attempted rape, or other type of sexual attack?</i></p> <p><i>(Briefly describe the incident.)</i></p>
Expected Periodicity	Annual.
Comments	<p>This objective differs from Healthy People 2000 objective 7.7, which included females only.</p> <p>See Part C for a description of NCVS and Appendix A for focus area contact information.</p>



15-36. Reduce sexual assault other than rape.

National Data Source	National Crime Victimization Survey (NCVS), U. S. Department of Justice, Bureau of Justice Statistics.
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 1,000 population.
Baseline	0.6 (1998).
Numerator	Number of persons aged 12 years and older who report being threatened or physically assaulted in a sexual way other than rape.
Denominator	Number of persons aged 12 years and older.
Population Targeted	Noninstitutionalized population.

Questions Used To Obtain the National Data

From the 1998 National Crime Victimization Survey:

- *Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways:*

[Response categories include:]

Any rape, attempted rape, or other type of sexual attack?

(Briefly describe the incident.)

Expected Periodicity

Annual.

Comments

Sexual assaults include sexual attacks or threats other than rape or attempted rape against males and females.

See Part C for a description of NCVS and Appendix A for focus area contact information.



15-37. Reduce physical assaults.

National Data Source

National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

State Data Source

Not identified.

Healthy People 2000 Objective

Adapted from 7.6 (Violent and Abusive Behavior).

Measure

Rate per 1,000 population.

Baseline

31.1 (1998).

Numerator

Number of persons aged 12 years and older who report being physically assaulted.

Denominator

Number of persons aged 12 years and older.

Population Targeted

Noninstitutionalized population.

Questions Used To Obtain the National Data

From the 1998 National Crime Victimization Survey:

- *Other than any incidents already mentioned, has anyone attacked or threatened you in any of these ways:*
 - a) *With any weapon, for instance, a gun or knife*
 - b) *With anything like a baseball bat, frying pan, scissors, or stick*
 - c) *By something thrown, such as a rock or bottle*
 - d) *Include any grabbing, punching, or choking*
 - e) *Any rape, attempted rape or other type of sexual attack*
 - f) *Any face-to-face threats*
 - OR*
 - g) *Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain that it was a crime.*
- (Briefly describe incident.)*

Expected Periodicity	Annual.
Comments	<p>This objective is modified from Healthy People 2000 objective 7.6, which tracked assault injuries. This objective tracks reports of assaults.</p> <p>See Part C for a description of NCVS and Appendix A for focus area contact information.</p>



15-38. Reduce physical fighting among adolescents.

National Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
State Data Source	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
Healthy People 2000 Objective	Adapted from 7.9 (Violent and Abusive Behavior).
Measure	Percent.
Baseline	36 (1999).
Numerator	Number of students in grades 9 through 12 who report being in a physical fight at least 1 time during the 12 months preceding the survey.
Denominator	Students in grades 9 through 12.
Population Targeted	Students in grades 9 through 12.

Questions Used To Obtain the National Data

From the 1999 Youth Risk Behavior Surveillance System:

➤ *During the past 12 months, how many times were you in a physical fight?*

- 0 times*
- 1 time*
- 2 or 3 times*
- 4 or 5 times*
- 6 or 7 times*
- 8 or 9 times*
- 10 or 11 times*
- 12 or more times*

Expected Periodicity

Biennial.

Comments

This objective differs from Healthy People 2000 objective 7.9 in that it measures prevalence; objective 7.9 measured incidence.

See Part C for a description of YRBSS and Appendix A for focus area contact information.



15-39. Reduce weapon carrying by adolescents on school property.

National Data Source

Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

State Data Source

Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.

Healthy People 2000 Objective

Adapted from 7.10 (Violent and Abusive Behavior).

Measure

Percent.

Baseline

6.9 (1999).

Numerator

Number of students in grades 9 through 12 who report carrying a weapon on school property at least 1 day in the 30 days preceding the survey.

Denominator

Students in grades 9 through 12.

Population Targeted

Students in grades 9 through 12.

Questions Used To Obtain the National Data

From the 1999 Youth Risk Behavior Surveillance System:

➤ *During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club on school property?*

0 days

1 day

2 or 3 days

4 or 5 days

6 or more days

Expected Periodicity Biennial.

Comments This objective differs from Healthy People 2000 objective 7.10 in that it is limited to weapon carrying on school grounds; objective 7.10 tracked weapon carrying in any location.

See Part C for a description of YRBSS and Appendix A for focus area contact information.



References

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2. NCHS. *Health, United States, 2000, With Adolescent Health Chartbook*. Hyattsville, MD: NCHS, 2000.

