

Utah Health Status Update: *Injuries in Utah, 1996-1998*

Injuries, both unintentional and intentional, are leading causes of disability and premature death and result in substantial economic loss to society and individuals. This Health Status Update presents highlights from a recent report, *Injuries in Utah*. That report includes data on emergency department visits for injuries as well as hospitalizations and deaths, providing a more complete view of the burden of injuries in Utah.

Burden of Injuries

- Each year in Utah (1996-98), injuries resulted in about 177,700 emergency department (ED) visits, 11,400 hospitalizations, and 1,130 deaths of Utah residents.
- Of those injuries, 95% of ED visits, 84% of hospitalizations, and 56% of deaths were unintentional; most of the remainder were intentional injuries (for 12% of deaths, intent was not determined).
- Motor vehicle crashes were the leading cause of injury deaths and 2nd and 3rd leading cause of hospitalizations and ED visits, respectively (see Figure 1).

Leading Causes of Injury

Figure 1. Average number of events per year for the five most common injuries leading to emergency department care, hospitalizations, and death in Utah, 1996-1998.

	Emergency Department Visits	Inpatient Hospitalizations	Deaths
1	Falls 42,641	Falls 3,995	Motor Vehicle Crash 342
2	Struck by an Object 28,700	Motor Vehicle Crash 1,796	Suicide 306
3	Motor Vehicle Crash 22,059	Suicide Attempt 1,167	Falls 81
4	Cut or Pierce Injury 19,230	Poisoning 481	Homicide 60
5	Overexertion 14,591	Other Transport 432	Poisoning 26

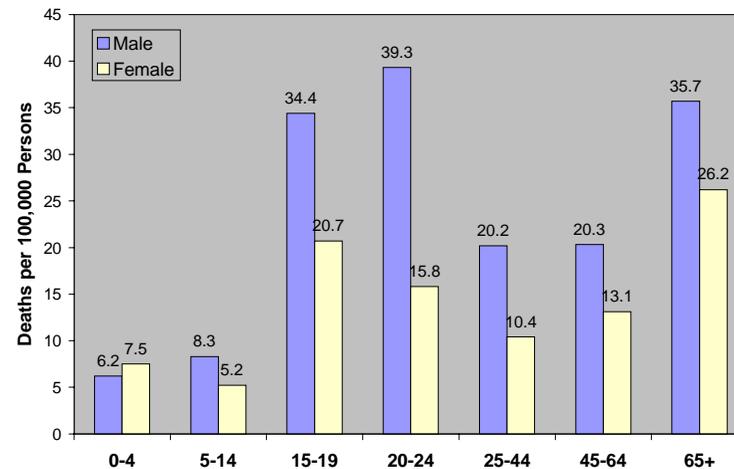
- Falls were the third leading cause of injury deaths, and leading cause of hospitalizations and ED visits.
- Suicide was the 2nd leading cause of injury death, and attempted suicide the 3rd leading cause of injury hospitalizations.
- Several types of unintentional injuries do not usually result in death, but were serious enough to prompt an ED visit. These included being struck by an object (about 28,700 per year), cutting or piercing injuries (19,200 per year), and overexertion (14,600 per year).

Risk of Injury by Age

- Risk of injury or death from motor vehicle crash was highest from 15 to 24 years of age and higher for boys and men (see Figure 2).
- Older adults were more likely to suffer serious consequences from falls, but less serious fall injuries were most common at younger ages (see figure 3).

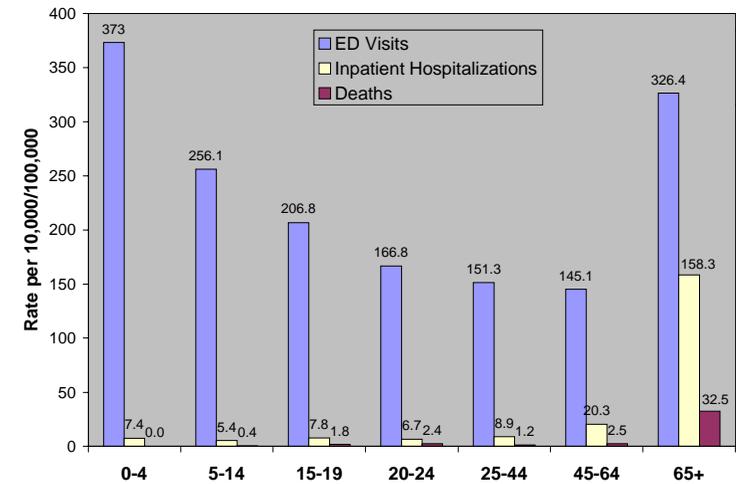
Motor Vehicle Crash Deaths

Figure 2. Motor vehicle traffic deaths per 100,000 persons by age and sex, Utah, 1996-1998.



Fall Injuries by Age

Figure 3. Emergency department visits and hospitalizations per 10,000 persons and deaths per 100,000 for falls by age, Utah 1996-1998.



- Other less commonly occurring, but still important injuries affected particular age groups. Examples include poisoning (most common under 5 years of age), and bicycle injuries (most common at ages 5 to 14 years).

Violent Injuries

- Suicide accounted for 84% of violent injury deaths in 1996-1998 (919 suicides and 181 homicides).
- Firearm injuries are much more lethal than other injuries. For other causes of injuries, many more ED visits and hospitalizations occurred than did deaths (157 ED visits and 10 hospitalizations for every death). But for firearm injuries, there were about as many deaths as hospitalizations and ED visits (only one ED visit and hospitalization for each death).
- Most less serious firearm-related injuries were unintentional (59% of ED visits), but most serious or fatal firearms inju-

ries were intentional injuries (64% of firearm-related hospitalizations and 99% of deaths).

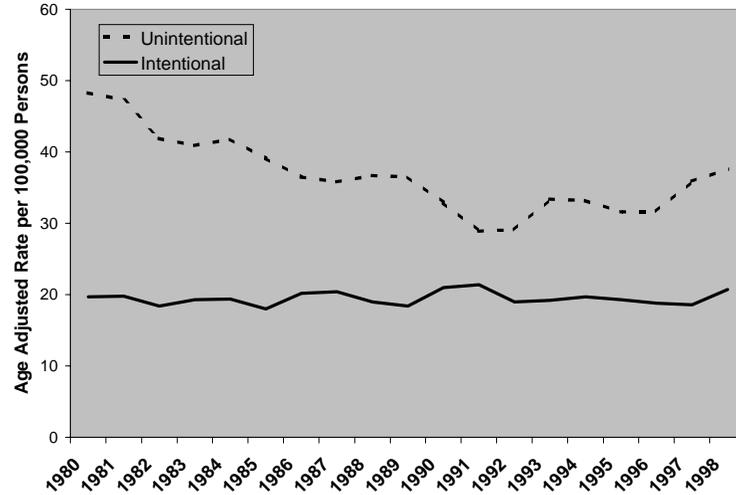
Injury Trends

- From 1980 to 1998, several types of injury death decreased in frequency. Those included drowning, burns, unintentional firearms deaths, and motorcycle-related deaths. Motor vehicle traffic death rates decreased during the 1980s, but increased somewhat during the 1990s.
- Examined together, unintentional injury death rates decreased by 22% from 1980 to 1998. (see Figure 4)
- In contrast, intentional or violent injury death rates changed little over that time.

Progress has been made in preventing injuries and injury deaths. However, as this report illustrates, injuries continue to be an important cause of premature death and morbidity. The health burden posed by injuries presents a challenge and an opportunity to further improve health status of Utahns. Lessons learned from past prevention successes, such as motor vehicle restraints, bicycle helmets, smoke alarms, and poison labeling and access controls, can be applied to other areas in the future.

Injury Death Trends

Figure 4. Injury deaths per 100,000 persons by intent, Utah 1980-1998.



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For additional information about this topic, or to obtain a copy of the report, *Injury in Utah*, contact the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us; or the Violence and Injury Prevention Program, P.O. Box 142106, Salt Lake City, Utah 84114-2106, (801) 538-6864, FAX (801) 538-9134, website: <http://hunix.hl.state.ut.us/cfhs/he/vipp>

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