Healthy People 2020 Progress Review: Violence Across the Lifespan

April 18, 2013
Progress Review Overview

- Summarize the impact of violence across the lifespan, including the indirect effects on health and workplace.

- Provide an update on the progress of Healthy People 2020 objectives.

- Examine what is being done to achieve the Healthy People 2020 objectives.
## Evolution of Healthy People

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
</table>
| **Overarching Goals** | • Decrease mortality: infants–adults  
• Increase independence among older adults | • Increase span of healthy life  
• Reduce health disparities  
• Achieve access to preventive services for all | • Increase quality and years of healthy life  
• Eliminate health disparities | • Attain high-quality, longer lives free of preventable disease  
• Achieve health equity; eliminate disparities  
• Create social and physical environments that promote good health  
• Promote quality of life, healthy development, healthy behaviors across life stages |
| **# Topic Areas** | 15 | 22 | 28 | 42 |
| **# Objectives/Measures** | 226/NA | 312/NA | 467/1,000 | 1,200/1200 |
Healthy People 2020

- 42 topic areas and 1200 objectives
- Source for reliable, science-based, public health measures
- Can be customized to meet needs of diverse users
- Guided by collaborative stakeholder-driven process

HealthyPeople.gov
Public Health Impact: Injury and Violence

- Leading causes of death for ages 1-44
- Affects all ages
  - 181,000 deaths in 2010 – one death every 3 minutes
  - 5,600 homicide deaths for ages 0-24, including 1,500 deaths from child abuse and neglect
  - 36,600 poisoning deaths for ages 25-64
  - 22,000 fall deaths for ages 65 and older
  - 33,700 motor vehicle traffic deaths for all ages
- Costs more than $500 billion annually in medical care and lost productivity
Public Health Impact: Occupational Safety and Health

- 49,000 deaths from work-related illnesses (e.g., respiratory disease, cancer) in 2010
- 2.9 million workers injured in 2010
  - 110,000 hospitalized
  - 4,690 died
- 137,400 work-related assaults seen in emergency departments in 2009
- Each year, work-related deaths, injuries, and illnesses cost $250 billion
  - Work-related homicides cost nearly $3 billion in 2003-2006
Presenters

Chair
■ Howard K Koh, MD, MPH
  Assistant Secretary for Health, HHS

Data Presentation
■ Edward Sondik, PhD
  Director, National Center for Health Statistics, CDC

Injury and Violence Prevention Topic Area
■ Linda Degutis, DrPH, MSN
  Director, National Center for Injury Prevention and Control, CDC

Occupational Safety and Health Topic Area
■ Dawn Castillo, MPH
  Director of the Division of Safety Research
  National Institute for Occupational Safety and Health

Community Highlight
■ Matt London, MS
  Health and Safety Specialist
  New York State Public Employees Federation
# Leading Causes of Death, 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>All Ages</th>
<th>Age &lt;1</th>
<th>Age 1-4</th>
<th>Age 5-14</th>
<th>Age 15-24</th>
<th>Age 25-44</th>
<th>Age 45-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Congenital</td>
<td><strong>Unintentional Injury 1,394</strong></td>
<td><strong>Unintentional Injury 1,643</strong></td>
<td><strong>Unintentional Injury 12,341</strong></td>
<td><strong>Unintentional Injury 29,365</strong></td>
<td>Cancer 159,712</td>
<td>Heart Disease 477,338</td>
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<tr>
<td></td>
<td>597,689</td>
<td>Anomalies 5,107</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Short Gestation</td>
<td>Congenital Anomalies 507</td>
<td>Cancer 916</td>
<td>Homicide 4,678</td>
<td>Cancer 15,428</td>
<td>Heart Disease 104,806</td>
<td>Cancer 396,670</td>
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<tr>
<td></td>
<td>574,743</td>
<td>4,148</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Chronic Lower</td>
<td>SIDS 2,063</td>
<td>Homicide 385</td>
<td>Congenital Anomalies 298</td>
<td>Suicide 4,600</td>
<td>Heart Disease 13,816</td>
<td>Unintentional Injury 33,690</td>
<td>Chronic Lower Respiratory Disease 118,031</td>
</tr>
<tr>
<td></td>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Disease 138,080</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4</td>
<td>Stroke</td>
<td>Maternal</td>
<td>Suicide 274</td>
<td>Cancer 346</td>
<td>Suicide 12,306</td>
<td>Chronic Lower Respiratory Disease 18,694</td>
<td>Stroke 109,990</td>
<td></td>
</tr>
<tr>
<td></td>
<td>129,476</td>
<td>Pregnancy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complications</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1,561</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Unintentional</td>
<td>Unintentional</td>
<td>Heart Disease 159</td>
<td>Homicide 261</td>
<td>Heart Disease 1,028</td>
<td>Liver Disease 18,415</td>
<td>Alzheimer's Disease 82,616</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injury 120,859</td>
<td>Injury 1,110</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.
Injury in the United States, 2010

- 180,811 injury deaths (7%)
- 1.9 million hospital discharges for injury (5%)
- 32 million initial emergency department visits for injury (29%)
- 35 million episodes of medically consulted injuries were reported in a national household survey

SOURCES: National Vital Statistics System–Mortality (NVSS-M), National Hospital Discharge Survey (NHDS), National Hospital Ambulatory Medical Care Survey (NHAMCS), and National Health Interview Survey (NHIS), CDC/NCHS.
Injury Deaths by Cause, 1999-2010

Rate per 100,000 (age-adjusted)

- **MV Traffic**
  - 2020 Target = 13.1

- **Poisoning**
  - 2020 Target = 12.4

- **Firearm**
  - 2020 Target = 9.2

- **Fall**

*Obj. IVP-9.1, 13.1, 23.1*, 30
Decrease desired

*IVP-23.1 tracks only unintentional fall deaths, which constitute the majority of fall deaths. IVP-23.1 does not include fall deaths that are of intentional or of undetermined intent so the HP2020 target is not shown. Data for all fall deaths are shown here.

Data are age adjusted to the 2000 standard population.

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.
Injury Deaths by Cause and Age, 2009-2010

*1VP-23.1 tracks only unintentional fall deaths, which constitute the majority of fall deaths. 1VP-23.1 does not include fall deaths that are of intentional or of undetermined intent. Data for all fall deaths are shown here.

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.
Nonfatal Injuries by Cause and Age, 2011

Rate per 100,000

Age (years)

SOURCE: National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP), CDC/NCIPC and CPSC.
Work-related Injuries
Work-related Injuries
Ages 16+, 2004–2010

Rate per 100 full-time equivalent workers

2020 Target = 3.8

Obj. OSH-2.1
Decrease desired

SOURCE: Survey of Occupational Injuries and Illnesses (SOII), BLS.
Work-related Injuries Treated in Emergency Departments, 2009

Rate per 100 full-time equivalent workers

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18-24</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25-44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2020 Target = 2.2

I = 95% confidence interval.
Total and sex-specific rates include ages 16+.
SOURCE: National Electronic Injury Surveillance System–Work Supplement (NEISS-Work), CDC/NIOSH and CPSC.
Work-related Injury Deaths
Ages 16+, 2010

Rate per 100,000 full-time equivalent workers

Total deaths: 4,690

2020 Target = 3.6

Race groups exclude persons of Hispanic or Latino origin. Persons identified as Hispanic or Latino may be of any race.

I = 95% confidence interval.

SOURCE: Census of Fatal Occupational Injuries (CFOI), BLS.
Work-related Injury Deaths by Age, 2010

Rate per 100,000 full-time equivalent workers

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>2</td>
</tr>
<tr>
<td>18-19</td>
<td>2</td>
</tr>
<tr>
<td>20-24</td>
<td>2</td>
</tr>
<tr>
<td>25-34</td>
<td>3</td>
</tr>
<tr>
<td>35-44</td>
<td>3</td>
</tr>
<tr>
<td>45-54</td>
<td>4</td>
</tr>
<tr>
<td>55-64</td>
<td>4</td>
</tr>
<tr>
<td>65+</td>
<td>12</td>
</tr>
</tbody>
</table>

2020 Target = 3.6

I = 95% confidence interval.

SOURCE: Census of Fatal Occupational Injuries (CFOI), BLS.

Obj. OSH-1.1
Decrease desired
Work-related Injury Deaths by Industry
Ages 16+, 2004–2010

Rate per 100,000 full-time equivalent workers

Agriculture/Forestry/Fishing
Mining
Transportation
Construction
All Industry

Obj. OSH-1.1 to OSH-1.5
Decrease desired

SOURCE: Census of Fatal Occupational Injuries (CFOI), BLS.
Work-related Injury Deaths, 2010

- Highest rates
  - West Virginia
  - Wyoming
  - Alaska

- Lowest rates
  - Massachusetts
  - California
  - New York
  - New Jersey

2020 Target = 3.6 per 100,000, ages 16+
States in green have met the target.

Rates are displayed by a modified Jenks classification for U.S. states, for full-time equivalent workers.
SOURCE: Census of Fatal Occupational Injuries (CFOI), BLS.
Violence-related Injuries: Assaults and Homicides
Homicides by Sex and Age, 2010

Rate per 100,000

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>25.0</td>
<td>5.0</td>
</tr>
<tr>
<td>30-34</td>
<td>10.0</td>
<td>4.0</td>
</tr>
<tr>
<td>40-44</td>
<td>5.0</td>
<td>3.0</td>
</tr>
<tr>
<td>50-54</td>
<td>2.5</td>
<td>2.0</td>
</tr>
<tr>
<td>60-64</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td>70-74</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>80-84</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>85+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Homicides, Males Age 20-24
- Black: 99.0
- American Indian: 37.6
- Hispanic or Latino: 21.5
- White: 5.8
- Asian: 5.0

Data are for ICD-10 codes *U01-*U02, X85-Y09, Y87.1 reported as underlying cause of death. Race groups exclude persons of Hispanic or Latino origin. Persons of Hispanic or Latino origin may be of any race. SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.
Percent Distribution of Homicides by Method Ages 15-24, 2010

Males, N=4,067

- Firearm: 86%
- Cut/pierce: 8%
- Suffocation: 5%
- Other/unspecified: 5%

Females, N=611

- Firearm: 64%
- Cut/pierce: 16%
- Suffocation: 8%
- Other/unspecified: 13%

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.
### The Burden of Violence
**Ages 15-24, 2010**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicides</td>
<td>4,678</td>
</tr>
<tr>
<td>Non-fatal physical assaults* (treated in emergency departments)</td>
<td>585,005</td>
</tr>
</tbody>
</table>

*Physical assaults include all confirmed or suspected cases of injuries and poisonings intentionally or purposefully inflicted by one person on another person with the aim of injuring or killing, with the exception of sexual assault.

SOURCES: National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP), CDC/NCIPC and CPSC; National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.

Obj. IVP-29 and 32
Decrease desired
Physical Assault Injuries Treated in Emergency Departments, 2011

Rate per 100,000

Age (years)

2020 Target = 461.2

Obj. IVP-32
Decrease desired

I = 95% confidence interval.

Data for the total population are age adjusted to the 2000 standard population.

SOURCE: National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP), CDC/NCIPC and CPSC.
Violence Against Children and Adolescents
Proportion of children aged 17 years and under who have been exposed in the past year to any of 44 types of violence such as: conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, witnessing and indirect victimization, school violence and threat, internet harassment and threats.

Race groups exclude persons of Hispanic or Latino origin. Persons of Hispanic or Latino origin may be of any race.

\( I = 95\% \) confidence interval.

SOURCE: National Survey of Children’s Exposure to Violence (NatSCEV), DOJ/OJJDP.
Proportion of students in grades 9–12 who report being bullied on school property in the past 12 months.

I = 95% confidence interval.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.
Proportion of students in grades 9–12 who report that they engaged in physical fighting in the previous 12 months.

I = 95% confidence interval.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.
Proportion of students in grades 9–12 who report that they engaged in physical fighting in the previous 12 months. Respondents were asked to select one or more races. The single race categories listed include persons who reported only one racial group. Race groups exclude persons of Hispanic or Latino origin. Persons of Hispanic or Latino origin may be of any race.

I = 95% confidence interval.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.
Work-related Violence: Assaults and Homicides
Work-related Assault Injuries Treated in Emergency Departments by Industry, 2007

Rate per 10,000 full-time equivalent workers

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Rate per 10,000 Full-Time Equivalent Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>6.5</td>
</tr>
<tr>
<td>Construction</td>
<td>1.2</td>
</tr>
<tr>
<td>Waste services Trans./Wrhse.</td>
<td>7.9</td>
</tr>
<tr>
<td>Retail</td>
<td>6.3</td>
</tr>
<tr>
<td>Hospitality</td>
<td>9.5</td>
</tr>
<tr>
<td>Education</td>
<td>10.8</td>
</tr>
<tr>
<td>Public Admin</td>
<td>23.4</td>
</tr>
<tr>
<td>Health Care</td>
<td>28.2</td>
</tr>
</tbody>
</table>

2020 Target = 7.6

I = 95% confidence interval.

SOURCE: National Electronic Injury Surveillance System–Work Supplement (NEISS-Work), CDC, NIOSH and CPSC.
Percent Distribution of Work-related Homicides by Perpetrator Type, 1997-2010

Robbers includes “other assailants”, Relatives includes “other personal acquaintances”, Customers includes “client”, Co-workers includes “former co-workers”.

SOURCE: Census of Fatal Occupational Injuries (CFOI), BLS.
Work-related Homicides, 2003-2010

источник: Специальная перепись опасных профессий (CFOI), BLS.
Key Points

- Younger age groups are disproportionately impacted by non-fatal injuries in both work and non-work environments.

- Over half of all children and adolescents have been exposed to violence.

- The burden of violence extends beyond homicides to include nonfatal physical assaults and bullying.

- Patterns of violence differ by age, settings, and race suggesting the need for targeted prevention strategies.
APPENDIX
Objective Status: Injury Prevention

- IVP-1.1 Injury deaths
- IVP-1.2 Nonfatal injury hospitalizations
- IVP-1.3 Emergency department visits for nonfatal injuries
- IVP-2.1 Traumatic brain injury deaths
- IVP-2.2 Nonfatal traumatic brain injury hospitalizations
- IVP-2.3 Emergency department visits for nonfatal traumatic brain injuries
- IVP-3.1 Spinal cord injury deaths
- IVP-3.2 Nonfatal spinal cord injury hospitalizations
- IVP-4 State-level child fatality review
- IVP-5 State-level SIDS review
- IVP-6 Emergency department surveillance of external causes of injury
- IVP-7 Hospital discharge surveillance of external causes of injury
- IVP-8.1 Trauma center access, by population
- IVP-8.2 Trauma center access, by land mass
- IVP-9.1 Poisoning deaths
- IVP-9.2 Poisoning deaths: adults 35–54 years
- IVP-9.3 Poisoning deaths, unintentional or undetermined
- IVP-9.4 Poisoning deaths, unintentional or undetermined: 35–54 years
- IVP-10 Emergency department visits for nonfatal poisonings
Objective Status: Unintentional Injury Prevention

- IVP-11 Unintentional injury deaths
- IVP-12 Emergency department visits for nonfatal unintentional injuries
- IVP-13.1 Motor vehicle crash deaths (per 100,000 population)
- IVP-13.2 Motor vehicle crash deaths (per 100 million vehicle miles)
- IVP–14 Nonfatal motor vehicle crash injuries
- IVP–15 Safety belt use
- IVP–16.1 Age-appropriate child restraint use (0-12 months)
- IVP–16.2 Age-appropriate child restraint use (1-3 years)
- IVP–16.3 Age-appropriate child restraint use (4-7 years)
- IVP–16.4 Age-appropriate child restraint use (8-12 years)
- IVP-17 "Good" graduated driver licensing laws
- IVP-18 Pedestrian deaths
- IVP-19 Nonfatal pedestrian injuries
- IVP-20 Pedalcyclist deaths
- IVP-21 Bicycle helmet laws
- IVP-22 Motorcycle helmet use
- IVP-23.1 Deaths from unintentional falls
- IVP-23.2 Deaths from unintentional falls (≥65 years)
- IVP-24.1 Unintentional suffocation deaths
- IVP-24.2 Unintentional suffocation deaths (0-12 months)
- IVP-24.3 Unintentional suffocation deaths (≥65 years)
- IVP-25 Drowning deaths
- IVP-26 Medically consulted sports and recreation injuries
  - IVP-27.1 Protective gear in physical education
  - IVP-27.2 Protective gear in intramural activities and physical activity clubs
- IVP-28 Residentail fire deaths
Objective Status: Violence Prevention

- IVP-29 Homicides
- IVP-30 Firearm-related deaths
- IVP-31 Emergency department visits for nonfatal firearm-related injuries
- IVP-32 Emergency department visits for nonfatal physical assault injuries
- IVP-33 Physical assaults
- IVP-34 Physical fighting among adolescents
- IVP-35 Bullying among adolescents
- IVP-36 Weapon carrying by adolescents on school property
- IVP-37 Child maltreatment deaths
- IVP-38 Nonfatal child maltreatment
- IVP-39.1 Physical violence by intimate partners
- IVP-39.2 Sexual violence by intimate partners
- IVP-39.3 Psychological abuse by intimate partners
- IVP-39.4 Stalking by intimate partners
- IVP-40.1 Rape or attempted rape
- IVP-40.2 Abusive sexual contact other than rape
- IVP-40.3 Non-contact sexual abuse
- IVP-41 Emergency department visits for nonfatal intentional self-harm injuries
- IVP-42 Children exposed to violence
- IVP-43 State linkage of violent death data
Current HP2020 Objective Status: Injury and Violence Prevention

- 14% (n=9) Target met
- 14% (n=9) Improving
- 26% (n=17) Getting worse
- 23% (n=15) Little/No change
- 20% (n=13) Baseline only
- 3% (n=2) Developmental

Total number of objectives: 65
Objective Status: Occupational Safety and Health

- OSH-1.1 Reduce deaths from work-related injuries (All industry).
- OSH-1.2 Reduce deaths from work-related injuries (Mining).
- OSH-1.3 Reduce deaths from work-related injuries (Construction).
- OSH-1.4 Reduce deaths from work-related injuries (Transportation and warehousing).
- OSH-1.5 Reduce deaths from work-related injuries (Agriculture, forestry, fishing, and hunting).
- OSH-2.1 Injuries resulting in medical treatment, lost time from work, or restricted work activity.
- OSH-2.2 Injuries treated in emergency departments.
- OSH-2.3 Reduce nonfatal work-related injuries among adolescent (15-19 years) workers.
- OSH-3 Reduce injury and illness due to overexertion or repetitive motion.
- OSH-4 Reduce pneumoconiosis deaths.
- OSH-5 Reduce deaths from work-related homicides.
- OSH-6 Reduce work-related assaults.
- OSH-7 Reduce the proportion of persons who have elevated blood lead concentrations from work exposures.
- OSH-8 Reduce occupational skin diseases or disorders.
- OSH-9 Increase the proportion of employees who have access to workplace programs that prevent or reduce employee stress.
- OSH-10 Reduce new cases of work-related, noise-induced hearing loss.
Current HP2020 Objective Status: Occupational Safety and Health

Total number of objectives: 16

- **Target met**: 44% (n=7)
- **Improving**: 19% (n=3)
- **Getting worse**: 6% (n=1)
- **Baseline only**: 6% (n=1)
- **Little/No change**: 19% (n=3)
- **Developmental**: 6% (n=1)
Public Health Impact: Injury and Violence

- Leading causes of death for ages 1-44
- Affects all ages
  - 181,000 deaths in 2010 – one death every 3 minutes
  - 5,600 homicide deaths for ages 0-24, including 1,500 deaths from child abuse and neglect
  - 36,600 poisoning deaths for ages 25-64
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- Costs more than $500 billion annually in medical care and lost productivity
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Linda C. Degutis, DrPH, MSN
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control (NCIPC)

Mission: To prevent violence and injuries, and reduce their consequences

Injury: Leading cause of death, ages 1-44
NCIPC Focus Areas

- Motor Vehicle-Related Injury
- Prescription Painkiller Overdose
- Traumatic Brain Injury
- Violence Against Children and Youth
Violence Across the Lifespan

- Child Maltreatment: physical, sexual, emotional, neglect
- Youth Violence
- Dating Violence
- Intimate Partner Violence
- Sexual Violence

CHILDHOOD  ADOLESCENCE  ADULTHOOD
Violence Against Children and Youth

- Injury or death
- Life-long consequences
- Subsequent violence
- Linked to chronic diseases
- Obesity
- HIV risk
- Alcohol/Drug abuse
- Depression
- Asthma
- Eating disorders
- Financial costs
Striving to Reduce Youth Violence Everywhere (STRYVE)

Objectives: IVP-33 reduce physical assaults, IVP-34 reduce physical fighting among adolescents, IVP-29 reduce homicides
Academic Centers of Excellence in Youth Violence Prevention

Assessing community-wide impact of data-driven approaches to prevention

Objectives: IVP-33 reduce physical assaults, IVP-34 reduce physical fighting among adolescents, IVP-29 reduce homicides
Dating Matters™ to Promote Healthy Teen Relationships

Objective: IVP-39 reduce violence by current or former intimate partners
School Associated Violent Death Surveillance System (SAVD)

School Associated Homicides of Youth ages 5-18, by School Year, 1992-2010

Objectives: IVP-29 reduce homicides, IVP- 42 reduce children’s exposure to violence
National Violent Death Reporting System (NVDRS)

Objective: IVP-43 increase number of states that link data on violent deaths
NCIPC Resources for Preventing Violence Across the Lifespan

www.cdc.gov/injury
Dawn N. Castillo, MPH
Director, Division of Safety Research
National Institute for Occupational Safety & Health
Work, Injuries, Violence and Prevention

- > 154M workers typically spend 40% of waking hours at work
- Workplace injuries, violence and illness impact workers, employers and society
- Employers, workers and governments can take steps to improve the safety and health of workers
National Institute for Occupational Safety and Health (NIOSH)

- Mission: Improve worker safety and well-being by
  - Generating new knowledge
  - Transferring that knowledge into practice

- Approach
  - Conducting scientific research
  - Developing guidance and authoritative recommendations
  - Conducting outreach
  - Responding to requests for technical assistance and evaluations of work hazards
Advancing Occupational Safety and Health HP 2020 Objectives

■ 16 Objectives
  – Reducing injuries generally and by industry sector
    ☐ 2 workplace violence objectives
  – Health related outcomes

■ Engage Partners in Research-to-Practice
  – Employers and trade organizations
  – Unions and worker organizations
  – Government agencies
  – Manufacturers
Workplace Violence is Pervasive

- Average of 619 homicides (1997-2010)
- >137,000 emergency-department treated assaults (2009)
- 41,000 workers missed ≥ 1 day of work (2009)
- Many injuries and assaults not counted
- Psychological impacts unmeasured
Workplace Violence is Complex

Risks and Prevention Strategies Vary by Violence Type and Industry
Realizing HP 2020 Objectives: Research to Practice

- Approx. 150 scientific articles and publications supported by NIOSH

- Research has influenced:
  - Employer practices
  - State and municipal regulations
  - OSHA guidelines

Objectives OSH-5 and OSH-6: Reduce work-related homicides and assaults
Preventing Workplace Violence in the Taxicab Industry

Example of current research project:
- Multi-city evaluation of security cameras and driver/passenger partitions

Partners:
- International Association of Transportation Regulators
- Taxicab, Limousine and Paratransit Association

Objectives OSH-5 and OSH-6: Reduce work-related homicides and assaults
Preventing Workplace Violence in Healthcare

- Examples of current research projects:
  - Evaluation of psychiatric facilities intervention
  - Evaluation of state legislation
  - Development and evaluation of an online course for healthcare personnel

- Partners:
  - Veteran’s Health Administration
  - Extramural scientists
  - Associations
  - Vida Health Communications

Objectives OSH-6 and OSH-5: Reduce work-related assaults and homicides
Objectives OSH-5 and OSH-6: Reduce work-related homicides and assaults
Violence Across the Lifespan:
The Workplace

Matt London
New York State
Public Employees Federation
April 18, 2013
NYS Public Employees Federation (PEF)

- Union representing 55,000 NYS government employees
- Professional, scientific, and technical jobs
- Nurses, counselors, teachers, social workers, engineers, researchers
- High-risk settings
- Extensive exposure to vulnerable sectors of the public
Patient-related Injuries
NYS Office of Mental Health - FY 2006

<table>
<thead>
<tr>
<th>Occ Group</th>
<th>FTEs</th>
<th># Incid.</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Therapy Aides</td>
<td>2890</td>
<td>1052</td>
<td>36.4%</td>
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<tr>
<td>Secure Aides</td>
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<td>778</td>
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<td>Nurses</td>
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<td>379</td>
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<tr>
<td>Overall</td>
<td>5445</td>
<td>2209</td>
<td>40.6%</td>
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</table>
Jill D., RN – Psychiatric Nurse

November 1996
Your Job Shouldn't Kill You!

Remember Judi Scanlon
PEF’s Workplace Violence Partnership

- Educate and mobilize our members
- NIOSH/Univ of MD School of Nursing grants
  - Mental Health
  - Social Service
- Partner with other unions
- Work with employers
- Develop and assess best practices
PEF’s Stop Workplace Violence Campaign (2005-06)

- 10 regionally-based day-long mobilization/trainings of >300 members
- Development of booklet and DVD
- Successful legislative campaign
The human face of workplace violence

The pain and suffering caused by workplace violence in state facilities, and how we can stop it.
Campaign Follow-up

Post-training Actions

Spoke with co-workers - 91.3%
Spoke with management - 75.7%
Committee deal w/ issue - 68.7%
Formed new committee - 16.5%
Participate in legisl. camp. - 80.9%

data from followup questionnaire survey – 115 respondents
NYS Workplace Violence Regulations
12 NYCRR Part 800.6

- Ensure the risk of WV is evaluated by affected public employers and their employees
- Design and implement protective programs to minimize the hazard of WV to employees
  - Incident reporting and recordkeeping
  - Identify and evaluate risk factors – ALL types of WV
  - Risk-reduction measures
- Union reps and employees must be included
- Regulations took effect 2009
Violence Prevention Programs

Core Elements

- Management Commitment and Employee Involvement
- Worksite Risk Evaluation & Determination
- Hazard Prevention and Control
- Safety and Health Training
- Recordkeeping and Program Evaluation
Impact of the NYS Law

- Little reliable data
  - Recency of law
  - No single database
  - Presumed increase in reporting due to law

- Dramatic increase in program development and prevention efforts
Co-Worker Conflict/Bullying

Goals

• NIOSH grant obtained to study the prevalence, severity, and impact of co-worker conflict and bullying in NYS agencies

• Next step is to develop “state-of-the-art” prevention and response programs
Co-Worker Conflict/Bullying Study

Survey Response:

- Most surveys completed electronically
- Anonymous and confidential
- Secure website
- 12,966 completed overall
- 72% response rate
Co-Worker Conflict/Bullying Study

**Negative Acts/ Bullying in Prior 6 Mos.**

- Reported at least one negative act - 44%
  - ignored or shunned
  - insulting/ offensive remarks made
  - humiliated or ridiculed
  - shouted or raged at
  - excessive teasing/ sarcasm
  - intimidated/ threatening behavior

- Bullying - 10%
  (repeated abuse w/ difficulty defending self)
Co-Worker Conflict/Bullying Study

Impact on individuals who were bullied

- Negatively affected you personally - 52%
- Negatively affected your work - 48%
- Influenced intention to remain in job - 45%

*Impact is related to the frequency of the behaviors experienced*
Co-worker Conflict and Bullying
Prevention & Response

- Clear norms of behavior
- System for reporting and investigating complaints
  - No retaliation for reporting
  - Prompt, fair investigation
  - Threat assessment, conflict resolution, peer mediation, etc.
- Reduce organizational stressors
- Select, train, and evaluate supervisors
Lessons Learned

- Working in partnership gets results
- Regulations result in action
- Workplace violence programs need to be dynamic and regularly updated
- Workplace violence is not “part of the job”
Mark G - teacher
Next Steps

- Continue to assist our members and their employers in having a robust program.
- Increase efforts to evaluate the impact of the law, and of various prevention strategies.
- Increase public awareness of the problem, and partner with more community stakeholders.
Please submit your questions through the chat function.
Healthy People 2020

HEALTHY PEOPLE 2020  Progress Review
Federal Core Planning Group

- Annie Archbold (CDC)
- Tom Simon (NCIPC)
- Gwen Cattledge (NCIPC)
- Jane Bigham (NIOSH)
- DeKeely Hartsfield (NIOSH)
- John R. Myers (NIOSH)
- Rebecca Hines (NCHS)
- Holly Hedegaard (NCHS)
- Leda Gurley (NCHS)
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Stay Connected

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YOUTUBE
ODPHP(search “healthy people”)