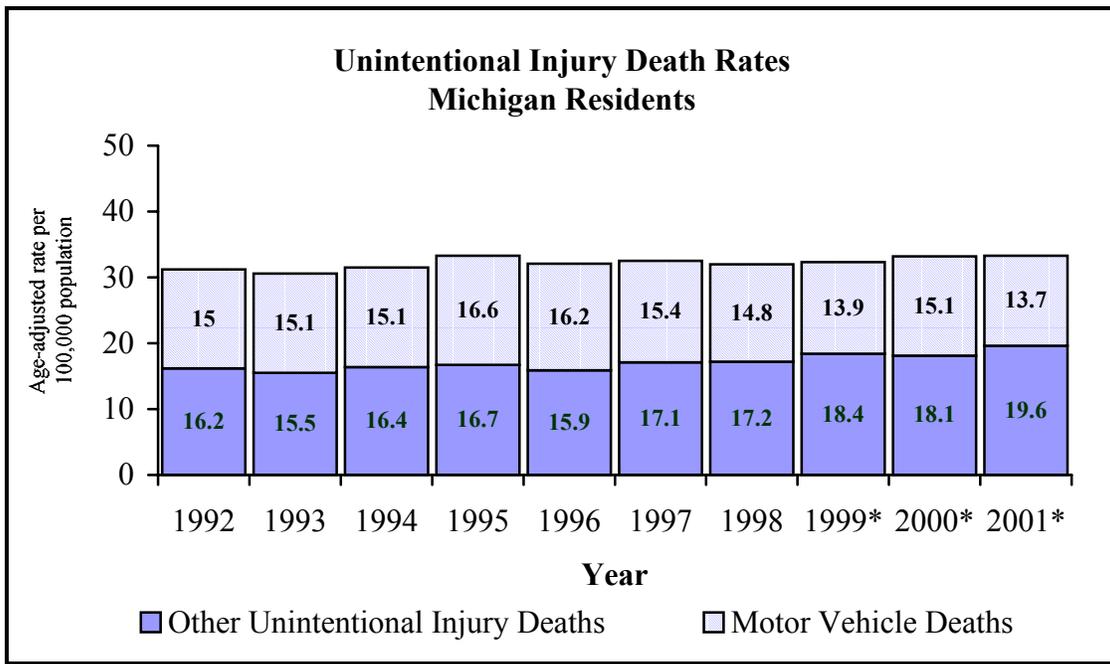


## Vital Statistics Indicators

### *Unintentional Injury Deaths*



\* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.  
 Source: Division for Vital Records and Health Statistics, MDCH

### ***How are we doing?***

Unintentional injuries are the fifth leading cause of all deaths in Michigan and the third leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75.

Motor vehicle crashes are the most common cause of unintentional injuries deaths, representing 42 percent of all unintentional injury deaths. The trend for motor vehicle deaths has improved slightly since 1992. The introduction of advanced safety equipment in cars, combined with stricter laws regarding use of seatbelts and child restraints, and drinking and driving, has pushed the trend downward since the late 1970s.

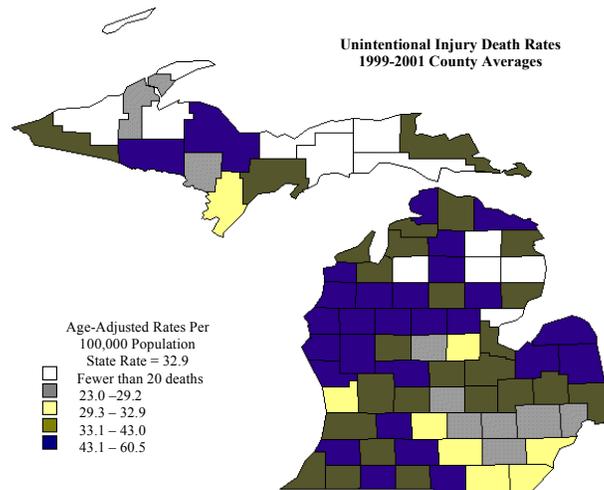
In 2001, there were 3,248 deaths due to all unintentional injuries in Michigan. The age-adjusted unintentional injury death rate was 33.3 per 100,000 population, and reflects a relatively stable trend to unintentional injury deaths.

### ***How does Michigan compare with the U.S.?***

The unintentional injury death rate for Michigan has been consistently lower than the U.S. rate. Michigan's 2000 age-adjusted death rate of 33.2 was lower than the U.S. rate of 35.5. Unintentional injuries were the fifth leading cause of all deaths in the U.S. and the third leading cause of YPLL in 1999.

## ***How are different populations affected?***

Unintentional injuries were the leading cause of death to Michigan residents who are at least one year old but under age 35. Unintentional injuries due to fires, motor vehicle crashes, drowning, and poisonings account for more than 40 percent of all deaths in the U.S. for youth aged 15 to 24 and for nearly a fifth of all deaths for those aged 25 to 44.



Men are more than twice as likely as women to die of unintentional injuries. In 2001, the Michigan age-adjusted unintentional injury death rate was 46.8 for men and 21.7 for women. The rate for African-American men was the highest at 55.0.

Unintentional injury-related deaths disproportionately affect African-Americans. The Michigan 2001 age-adjusted rate for African-Americans was 39.8 compared to 32.3 for whites.

For more state and local data on unintentional injury deaths, visit the Michigan Department of Community Health Web site at [www.michigan.gov/mdch](http://www.michigan.gov/mdch).

## ***What other information is important to know?***

Unintentional injury deaths are caused from a wide range of circumstances such as motor vehicle crashes, falls, fires, suffocation, and drowning. For every unintentional injury resulting in death there are almost 10 that require hospitalization. Often severe injuries can result in long-term physical and mental impairments. Increasing use of safety equipment and reducing behaviors that impair individual response capabilities, such as reckless driving or alcohol consumption, can help prevent many types of unintentional injury.

## ***What is the Department of Community Health doing to affect this indicator?***

The department is actively working to decrease the incidence and burden of unintentional injuries by providing leadership, training, public education, data collection and analysis, funding support and technical assistance related to the leading causes of injuries.

Central to this mission is the full implementation of the Michigan Plan for Injury Prevention. The plan has been finalized based on input from the Michigan Injury Prevention Task Force and was submitted for departmental approval in June 2003. The draft strategic plan contains

recommendations to build the core capacity of the state injury program as well as impact the top four priority causes of injury in Michigan (motor vehicle crashes, firearms, falls and poisoning).

The department coordinates distribution of child safety seats, bicycle helmets, and safety education materials throughout the state, with a focus on at-risk populations such as rural, non-English speaking, minority, and low-income families. The department also offers training to certify child passenger safety technicians so that they can conduct child safety seat inspections. To increase booster seat use, the department conducts a public education campaign with two radio public service announcements and brochures available through the MDCH Clearinghouse. The department is working with hospitals that deliver newborns to provide training and car seats as incentives for hospitals to establish or strengthen policies for discharging infants in car seats.

The National SAFE KIDS Campaign is a nationwide initiative to prevent childhood injury with local coalitions and chapters in every state. MDCH is the lead agency for Michigan Safe Kids. Local firefighters, medical and health professionals, law enforcement officers, educators, parents and other child safety advocates conduct activities designed to teach parents, caregivers and kids how to prevent unintentional injuries. Currently, SAFE KIDS coalitions and chapters are located in counties that account for over 90% of the state's population. There are 40 SAFE KIDS groups throughout the state that address the major risk areas for children (motor vehicle crashes, bicycle-related injuries, pedestrian injuries, residential fires, drowning, scald burns, poisoning, choking and falls).

The department is pilot testing hospital-based geriatric fall prevention clinics for persons aged 65 and older. The clinics offer comprehensive risk assessments and multi-factorial interventions to reduce fall risk factors in older adults.

The department compiles fatality, hospitalization and emergency department data on injuries to determine the magnitude of the problem, describe the characteristics of the populations at risk, and determine causes of injuries so that prevention programming can be effectively targeted. Several data reports have been prepared and distributed throughout the state.

Last Updated: May 2003