

## CONCLUSIONS

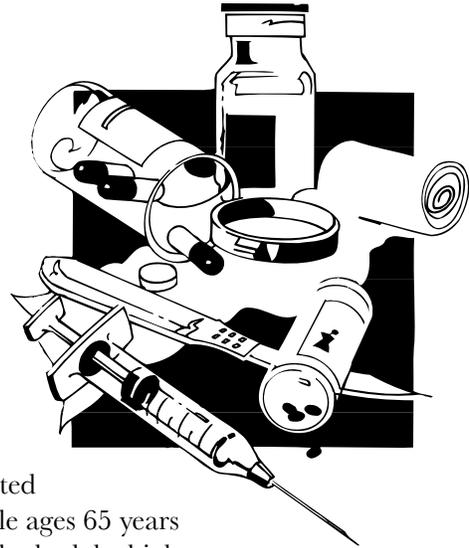
### Summary of Data:

Injuries are an important public health problem in Georgia. From 1999 through 2001, unintentional injuries were the 4<sup>th</sup> leading cause of death, and suicide was the 11<sup>th</sup> leading cause of death in Georgia. Unintentional injuries, suicide and homicide were the third, fifth and sixth leading causes of premature death, respectively. For all leading causes of injury death except poisoning, fatality rates were higher for Georgia than for the United States as a whole. In addition to deaths, injuries caused about 37,000 hospital visits, \$668 million in hospital charges, and more than 200,000 hospitalization days.

Data indicate that certain populations are at higher risk for injury death or hospitalization than others. Many deaths from drowning and hospitalizations from near-drowning in Georgia occurred in children less than 15 years of age. About two-thirds (65%) of fall-related injury hospitalizations and 75% of deaths from falls were for people ages 65 years and older. Georgians aged 15 to 24 years and those 75 years and older had the highest rates of motor vehicle-related deaths and hospitalizations. Adults aged 35 to 54 years had the highest death rate from poisoning. In general, males, adolescents, young adults and the elderly had the highest risk for death from injuries. Males, especially Hispanic males, had a higher risk for injury hospitalization than females. Black males were most likely to die from homicide.



Data also show that certain places or methods for injuries played important roles in injury related deaths or hospitalizations in Georgia. For fire related injuries, 86% of deaths took place in private buildings or structures. Of all accidental poisonings, 40% were caused by narcotics and hallucinogens. Firearms were used in 63% of homicides and 70% of suicides. Rates for homicide and assault injuries were greater in urban areas.



### *Role of Primary Prevention:*

Injuries are not accidents. On the contrary, nearly all the injuries covered in this profile are predictable, controllable events that can be anticipated and prevented. Injury Prevention programs employ several major components to construct effective prevention programs. While injury prevention programs can be implemented at the local, state, or even the federal level, the most effective programs are often created at the local level, where a multi-faceted, need-based program can be developed and evaluated for its effectiveness to meet local priorities. The Injury Prevention Section relies on the following strategies to address the burden of injuries in Georgia.



1. Improve and maintain injury data collection and dissemination through an active injury surveillance system
2. Promote the use of injury prevention guidelines and evaluation measures that are based upon current evidence based research and literature
3. Build effective relationships across emergency medical services, trauma networks, and other partner agencies to increase collaboration and reduce missed opportunities for preventing injuries
4. Develop effective communication channels to deliver injury prevention messages at the local level
5. Promote the institutionalization of injury prevention in the forms of dedicated job descriptions and mandated programs
6. Develop leadership and infrastructure to identify, promote and respond to injury prevention needs at the state and local level
7. Strengthen state and local legislation and policies that lead to reduction in injuries
8. Promote primary prevention as an integral component of a successful trauma network

