Statewide Health Data and Tracking of Motor Vehicle Traffic Injuries

Illinois Emergency Medical Services for Children (EMSC)





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#### **This Presentation**

- How medical and public health related data systems can be used to understand the population burden of motor vehicle traffic (MVT) injuries.
- From the epidemiologist perspective we will examine:
  - The evolution of the **concept of injury in epidemiology**
  - A **framework** to study MVT injury epidemiology
  - How we capture MVT injuries in statewide populationbased data sources
  - Limitations and opportunities of current data systems

#### BURDEN OF INJURIES IN THE US, 2006



Source: National Center for Health Statistics data sources and surveys

	2006, All Races, Both Sexes										
Rank	<1	<u>1-4</u>	<u>5-9</u>	10-14	<u>15-24</u>	<u>25-34</u>	35-44	45-54	55-64	<u>65+</u>	All Ages
1	Congenital Anomalies 5,819	Unintentional Injury 1,610	<u>Unintentional</u> Injury 1,044	Unintentional Injury 1,214	Unintentional Injury 16,229	Unintentional Injury 14,954	Unintentional Injury 17,534	Malignant Neoplasms 50,334	Malignant Neoplasms 101,454	Heart Disease 510,542	Heart Disease 631,636
2	Short Gestation 4,841	Congenital Anomalies 515	Malignant Neoplasms 459	Malignant Neoplasms 448	<u>Homicide</u> <u>5,717</u>	<u>Suicide</u> <u>4,985</u>	Malignant Neoplasms 13,917	Heart Disease 38,095	Heart Disease 65,477	Malignant Neoplasms 387,515	Malignant Neoplasms 559,888
3	SIDS 2,323	Malignant Neoplasms 377	Congenital Anomalies 182	<u>Homicide</u> <u>241</u>	<u>Suicide</u> <u>4,189</u>	<u>Homicide</u> <u>4,725</u>	Heart Disease 12,339	<u>Unintentional</u> Injury 19,675	Chronic Low. Respiratory Disease 12,375	Cerebro- vascular 117,010	Cerebro- vascular 137,119
4	Maternal Pregnancy Comp. 1,683	Homicide <u>366</u>	<u>Homicide</u> <u>149</u>	<u>Suicide</u> <u>216</u>	Malignant Neoplasms 1,644	Malignant Neoplasms 3,656	<u>Suicide</u> <u>6,591</u>	Liver Disease 7,712	<u>Unintentional</u> Injury 11,446	Chronic Low. Respiratory Disease 106,845	Chronic Low. Respiratory Disease 124,583
5	Unintentional Injury <u>1,147</u>	Heart Disease 161	Heart Disease 90	Heart Disease 163	Heart Disease 1,076	Heart Disease 3,307	HIV 4,010	<u>Suicide</u> <u>7.426</u>	Diabetes Mellitus 11,432	Alzheimer's Disease 71,660	<u>Unintentional</u> Iniury 121,599
6	Placenta Cord Membranes 1,140	Influenza & Pneumonia 125	Chronic Low. Respiratory Disease 52	Congenital Anomalies 162	Congenital Anomalies 460	HIV 1,182	<u>Homicide</u> <u>3.020</u>	Cerebro- vascular 6,341	Cerebro- vascular 10,518	Diabetes Mellitus 52,351	Diabetes Mellitus 72,449
7	Respiratory Distress 825	Septicemia 88	Cerebro- vascular 45	Chronic Low. Respiratory Disease 63	Cerebro- vascular 210	Diabetes Mellitus 673	Liver Disease 2,551	Diabetes Mellitus 5,692	Liver Disease 7,217	Influenza & Pneumonia 49,346	Alzheimer's Disease 72,432
8	Bacterial Sepsis 807	Perinatal Period 65	Influenza & Pneumonia 40	Cerebro- vascular 50	HIV 206	Cerebro- vascular 527	Cerebro- vascular 2,221	HIV 4,377	<u>Suicide</u> <u>4,583</u>	Nephritis 37,377	Influenza & Pneumonia 56,326
9	Neonatal Hemorrhage 618	Benign Neoplasms 60	Septicemia 40	Septicemia 44	Influenza & Pneumonia 184	Congenital Anomalies 437	Diabetes Mellitus 2,094	Chronic Low. Respiratory Disease 3,924	Nephritis 4,368	Unintentional Injury 36,689	Nephritis 45,344
10	Circulatory System Disease 543	Cerebro- vascular 54	Benign Neoplasms 38	Benign Neoplasms 38	Complicated Pregnancy 179	Influenza & Pneumonia 335	Septicemia 870	Viral Hepatitis 2,911	Septicemia 4,032	Septicemia 26,201	Septicemia 34,234

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

# What is Injury?

- Historically referred as "accidents" → singular, individualized and unrelated event
- Industrialization (19<sup>th</sup> century) → injury becomes more apparent and clustered along the new environmental risks posed by industrialization.
- 1942 Dugh De Haven → Studied the structural conditions in which injuries occurred
- Mid 20<sup>th</sup> century and later → Development of injury epidemiology and prevention



#### **Historical Highlights**

- Policy Development:
  - **1965** Unsafe at Any Speed (Ralph Nader)
  - 1966 US Highway Safety Act
  - **1966** NAS/NRC: Accidental Death and Disability: The Neglected Disease of Modern Society
  - **1970** Occupational Safety and Health Act
  - 1972 Consumer Product Safety Act
  - 1973 EMS System Act
  - **1985** Injury in America: A Continuing Public Health Problem
  - 1992 National Center for Injury Prevention and Control, CDC

# What is injury?

#### • Current definition:

"any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen".

(National Committee for Injury Prevention and Control, 1989)

## **Types of Harmful Energy Transfer**

Energy Type	Example
Mechanical (Kinetic)	Unrestrained MV occupant ejection
Thermal	Heat and flames of a fire
Chemical	Ingestion of cleaning fluid
Electrical	Contact with exposed high-voltage wire
Radiation	Severe sunburn
Absence of Energy Elements	Example
Oxygen	Drowning
Heat	Hypothermia

## **Types of Harmful Energy Transfer**

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#### "Natural" History of MVT Injuries



- Crash Information SystemOther traffic records data sources
- •Prehospital Care Report
- Outpatient ED visit data
- •Trauma Registry
- •Hospital Inpatient admission data
- Death Certificate data system
- •Fatality Analysis Reporting System

#### Injury Epidemiology and Prevention Framework: Haddon Matrix (1970)

Dhacac	Factors							
r nases	Human	Agent/Vehicle	Environment					
Pre-event								
Event								
Post-event								

#### Haddon Matrix (Applied to MVT)



#### Injury Epidemiology and Prevention Framework: Haddon Matrix (1970)

Dhacoc	Factors						
r llases	Human		Agent/Vehicle	Environment			
Pre-event			Primary Prevention				
Event			Human: driver education Agent/Vehicle: Vehicle maintenance				
Post-event		Human: Seat belt Agent/Vehicle: Crashworthiness (crush space, forgiving windshield, no dashboard protrusions)					
		Huma Agent post-c Envire Envire	an: Crash victim underlying heal t/ <b>Vehicle</b> : Gas tanks designed to trash fire onment (Physical): Effective EM onment (Sociocultural): Public	th status minimize chance of AS/Trauma system support for EMS			

#### How do we capture MVT injury data? (1) Multidimensional Concept of Injury:



#### How do we capture MVT injury data? (2) Statewide health/medical data sources

Can MVT injury be captured by	Prehospital Care Report	Emergency Department visits and Hospital admissions	Trauma Registry	Death Certificate	Traffic Crash Report
External Cause?	<ul> <li>Complaint Reported By Dispatch</li> <li>Cause of Injury</li> </ul>	• E-code fields (3 fields)	• E-code (3 fields)	• Underlying Cause of Death	• MVT exclusively
Clinical Manifestation?	<ul> <li>Possible Injury</li> <li>Provider's Impression</li> <li>(Primary and Secondary)</li> </ul>	<ul> <li>Principal Diagnosis</li> <li>Other Diagnoses (24 fields)</li> </ul>	• Nature of Injury (20 fields)	• Other causes of death (4 fields)	No
Severity?	• Glascow Coma Scale	(ISS can be calculated)	<ul> <li>Glascow Coma Scale</li> <li>Pediatric Trauma Score</li> <li>Abbreviated Injury Scale (AIS)</li> <li>Injury Severity Score (ISS)</li> </ul>		• KABCO scale
Place of Occurrence?	<ul> <li>Incident Location Type</li> </ul>	•Recorded mostly in 2nd or 3rd E-code field	Place of injury	Place of Injury Code	• Public roadway
Intentionality?	No	Yes	Yes	Yes	No
Other?	<ul> <li>Use of Occupant Safety Equipment</li> <li>Airbag Deployment</li> <li>Vehicular Injury Indicators</li> <li>Law Enforcement/Crash Number</li> </ul>		<ul> <li>Safety Equipment</li> <li>Vehicle Seat Position</li> <li>Ejection from Vehicle</li> <li>Crash Record Number</li> </ul>	<ul> <li>County of Injury</li> <li>City of Injury</li> <li>Community Area of Injury</li> <li>Month of Injury</li> </ul>	

#### BURDEN OF MVT INJURIES Illinois, 2009



Approx. 1 million injury/poisoning related ED visits

Approx 90,000 Crash Report Fatal and Non-Fatal Injuries + Unknown number of private roadways injuries + Other unreported injuries

Sources: 2009 Illinois Crash Facts and Statistics, IDOT; and 2009 Inpatient & Outpatient data, IHA.

#### 10 Leading Causes of Death, Illinois 2007, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Short Gestation 295	Unintentional Injury 55	Unintentional Injury 42	Unintentional Injury 54	Unintentional Injury 554	Unintentional Injury 504	Unintentional Injury 606	Malignant Neoplasms 2,137	Malignant Neoplasms 4,336	Heart Disease 20,578	Heart Disease 25,813
2	Congenital Anomalies 216	Congenital Anomalies	Malignant Neoplasms	Homicide	Homicide	Homicide	Malignant Neoplasms	Heart Disease	Heart Disease	Malignant Neoplasms 16,840	Malignant Neoplasms 24,115
3	Materr Pregnar Comp 79	Cause MV Traffic Poisoning	e of Death C			18		30.3 25.1×	x	Cerebro- vascular 5,076	Cerebro- vascular 5,864
4	SIDS 54	Unspecifie Suffocation Fire/burn	d n		8.0: 6.5× 3.3×	x				nronic Low. espiratory Disease 4,092	Chronic Low. Respiratory Disease 4,742
5	Unintenti Injury 50	Other Spe Natural/ E	c., classific nvironmer	able 1 nt 1.	2./x .6x 2x					2,692	Unintentional Injury 4,367
6	Placen Cord Membra 43	Other Lan Other Trai Other Spe	d Transpo nsport c., NEC	rt 1.0 0.8 0.7	)x )x  x					Influenza Pneumonia 2,207	Diabetes Mellitus 2,851
7	Respira Distres 31	Machinery Firearm	or Agains	ft 0.6 0.5 0.5	x   x					Nephritis 2,127	Alzheimer's Disease 2,734
8	Neona Hemorrh 30	Cut/pierce	isi, Oiller	0.3× 0.1×	280	560 8	40 1,12	20 1,400	) 1,680	Diabetes Mellitus 2,097	Influenza & Pneumonia 2,550
9	Bacter Sepsi 27	NEC	N-L FI		6-11-	Number	of Deaths			epticemia 1,595	Nephritis 2,536
10	Circulat Syster Disease 27	net means	NOT EISEW		Nontas 8	22	55	130	4 i neumonia 158	nintentional Injury 1,407	Septicemia 2,099

WISQARS<sup>TM</sup> Produced By: Office of Statistics and Programming. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

## Limitations:

- Within data systems:
  - Practice of e-coding injury data
  - Granularity of MVT injury data
  - Missing information
- Across data systems:
  - Data fragmentation
  - Need for better partnerships among agencies

#### **Opportunities:**

- Data integration efforts (CODES)
- Mandatory E-coding in inpatient data (as of 2008)
- Mandatory reporting of Emergency Department visits (as of 2009)
- Other data collection efforts

#### **Questions?**