Colorado Injury Prevention Strategic Plan 2010-2015

Bold Steps toward Preventing Injuries

Presented by:
Injury, Suicide and Violence Prevention Unit, Prevention Services Division
Colorado Department of Public Health and Environment
in partnership with the Injury Community Planning Group

Introduction

Injury is probably the most under recognized major public health problem facing the nation today, and the study of injury presents unparalleled opportunities for realizing significant savings in both financial and human terms—all in return for a relatively modest investment."

-National Academy of Sciences, *Injury Control* [1]

Overview

Each year more than 182,000 Americans die as a result of injuries and an estimated 30 million are treated in emergency departments and hospitals for non-fatal injuries. Injury is the third leading cause of death for all ages and the number one cause of death for people ages 1-44.[2]

In Colorado, injury is the third leading cause of death, ranking below cancer and heart disease. More than 3,100 Coloradans die from injuries each year, with an additional 32,000 hospitalized for non-fatal injuries and thousands more treated in emergency departments and physicians' offices.[3] An estimated one in eight Coloradans seek medical treatment for injuries each year.[4]

In Colorado:[5]

- Nearly 10 percent of all deaths result from injuries.
- The age groups with the highest percent of deaths due to injury are ages 15-19 and 20-24. Approximately 80 percent of the deaths in these two age groups result from injury.
- During the past decade, the injury death rate increased from 56 deaths per 100,000 population in 1999 to 66 deaths per 100,000 population in 2008, primarily due to increases in deaths from suicide and unintentional poisoning/drug overdose.
- Approximately 66 percent of injury deaths result from unintentional (accidental) events and 33 percent from intentional events (homicides and suicides). Most of the intentional deaths (80 percent) are due to suicide.
- More males than females die from injuries, especially for suicide, homicide and motor vehicle traffic crashes.
- Injury death rates vary by race/ethnicity. The age-adjusted rate for deaths due to motor vehicle traffic is significantly higher for Hispanics than for other groups. Non-Hispanic whites have a higher age-adjusted rate for deaths due to falls. The age-adjusted rates for deaths due to unintentional poisoning are higher for Hispanics and Blacks. Age-adjusted suicide rates are highest for non-Hispanic whites, while homicide rates are higher for Hispanics and Blacks.
- The leading cause of injury hospitalizations is falls, which account for nearly half of all injury hospitalizations.
- Nearly one in six Coloradans hospitalized for injuries is diagnosed with a traumatic brain injury.

The Cost of Injury

As highlighted above, injuries are not unique to any specific population or age group. They affect everyone, regardless of age, gender, race or economic status. The outcome of an injury can vary from temporary discomfort and inconvenience to chronic pain, disability, major lifestyle changes, and death. Injuries impact not only the injured person, but also families, employers, and communities.

In addition to the human toll, injuries create a substantial economic burden. Using national estimates, the total lifetime medical cost of injuries in Colorado in 2000 was estimated at $1.2 billion with an additional $4.9 billion in lifetime productivity losses.[6]

Colorado hospital charges for injuries were nearly $908 million in 2006. For the four leading types of injuries, these charges included $472 million for falls, $221 million for motor vehicle traffic injuries, $52 million for suicide attempts, and $32 million for unintentional poisoning. These figures reflect hospital charges *only*, and therefore do not include physician payments, rehabilitation and emergency medical services costs. The total medical costs related to injuries are much higher. In Colorado, government funds, including Medicare, Medicaid, Workers' compensation, and other government sources, cover 44 percent of hospital costs for all injuries. Private insurance pays for 41 percent of these costs, and self-pay accounts for 15 percent. The government's share of expenditures varies by type of injury, ranging from 60 percent for falls, 22 percent for suicide attempts, and 17 percent for motor vehicle traffic crashes.[7]

Background and Planning Process

In 2001, the Colorado Department of Public Health and Environment (the Department) formed a partnership with the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) aimed at enhancing the state's capacity to prevent injury. To support this effort, grant funding was obtained from the Centers for Disease Control and Prevention (CDC) for the Department's Injury Prevention and Injury Epidemiology Programs and the Office of Suicide Prevention to be key partners in this capacity-building initiative. One of the initiative's most important goals was to produce a statewide, strategic injury prevention plan.

To guide the planning process, an Injury Prevention Advisory Committee (IPAC) was formed. IPAC was charged with using data to prioritize injury prevention needs and with developing prevention strategies and action steps to address those priorities. The IPAC also developed a set of overarching prevention recommendations to address the burden of injury. In April 2003, IPAC leadership presented the *Colorado Injury Prevention Strategic Plan, 2003-2008* to the Department and SEMTAC, for their endorsement.

The purpose of the *Colorado Injury Prevention Strategic Plan, 2003–2008* was to provide a comprehensive framework for injury prevention efforts at both the state and local levels.

In 2005 the Department received funding from CDC to strengthen injury prevention infrastructure at the state level. As part of this the Injury, Suicide and Violence Prevention Unit

(ISVP) at the Department expanded the IPAC to include a broader representation of partners. This expanded group became the Injury Community Planning Group (ICPG). Starting in 2006, the ICPG met to review and revise the recommendations from the *Colorado Injury Prevention Strategic Plan.* The *Colorado Injury Prevention Strategic Plan* was extended to 2010 to correspond with the Healthy People 2010 benchmarks. The ICPG also developed an Implementation Plan specifying time frames, lead organizations, and process and outcome measures of success for each recommendation.

Throughout 2010, the ICPG developed this revised *Colorado Injury Prevention Strategic Plan for 2010 -2015*.

Key Accomplishments 2003-2010

- The *Colorado Injury Prevention Strategic Plan* and the strategic relationships formed through the ICPG were critical elements to leverage grant funding for injury and violence prevention efforts in Colorado.

- A number of task forces and coalitions have been formed as a result of ICPG efforts to collaborate on important injury prevention topics. The coalitions include the Teen Driving Alliance, the Older Adult Falls Prevention Coalition, and the Rural Traffic Safety Alliance.

- The Emergency Medical Services Unit at the Department increased the number of grants they award to support injury prevention projects among their providers due to the promotion of this source through the ICPG.

- The ICPG has provided key information and community support, which led to important injury prevention legislation.

    - Colorado passed a Graduated Licensing Law that includes a 12-month permit period, passenger restrictions, and a midnight curfew. States with graduated licensing laws have reported a 9 to 27 percent reduction in crashes among teenage drivers.

    - Colorado implemented a 0.08 Blood Alcohol Content (BAC) law. In many studies, the implementation of a 0.08 BAC law has been associated with a reduction in alcohol-related fatalities.

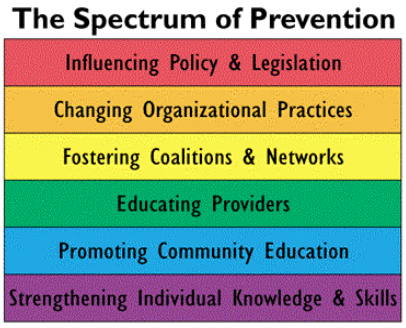
    - Colorado passed a law mandating the use of booster seats for children ages 4-7.

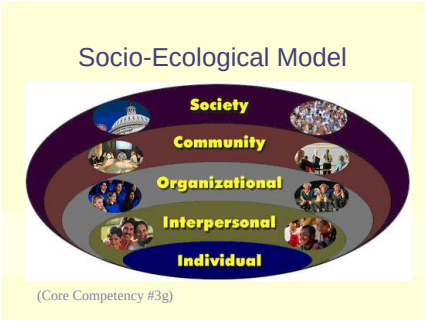
While there has been progress in preventing injuries, there is work still to do. The Colorado Injury Prevention Strategic Plan for 2010 -2015 contains bold steps towards making greater progress in injury prevention.

The Role of Prevention in Reducing Injuries

Injury prevention programs can be implemented at the local, state, or federal level. Effective programs are based in research and are often applied at the local level, where a multi-faceted, evidenced-based program can be tailored and evaluated to meet local needs. However, the most effective prevention programs are not only based in research, but also reflect coordination and collaboration across many types of agencies and organizations.

Injury prevention literature offers many methods for designing and implementing prevention strategies. Illustrated below are two systematic, multi-faceted ways to approach the prevention of injuries. The common thread in these approaches is the combining of education with broad community participation, the development and enforcement of laws and policies, the availability and distribution of safety products, and the modification of environments. There are also health education and behavioral change models such as the Stages of Change, Health Belief Model, and the PRECEDE–PROCEED planning model which can be utilized to direct injury prevention efforts.[8.]





The Spectrum of Prevention method emphasizes the need to focus on all of the following areas: educating individuals, providers and communities; fostering coalitions, changing organizational practices, and influencing policy and legislation. For more information: www.preventioninstitute.org.

The **socio-ecological model** examines an injury prevention problem at the levels of the individual, relationship, community, and society levels. The model stresses with the examination of risk and protective factors within each level. For more information: www.cdc.gov/ViolencePrevention/overview/social-ecologicalmodel.html.

Best Practice

Injury prevention programs are beginning to use structured evaluations to determine which strategies and techniques work best. The concept of "best practices" or "evidence-based" means choosing programs and interventions that are known to be effective based on research and evaluation. Reviews of evidence-based strategies are now available from a number of sources.

General Recommendations

The general recommendations listed below were developed to address broad-based data collection and surveillance concerns, programmatic and evaluation measures, coordination, leadership, and policy development. The general recommendations provide guidance for the development and evaluation of any injury prevention topic.

Goal One: Improve and maintain injury data collection and dissemination to focus prevention efforts.

Injury surveillance involves the development of systems to track and monitor the number, rates, causes, and circumstances of fatal and non-fatal injuries. The Colorado Department of Public Health and Environment (the Department) maintains several important injury data systems to monitor injuries at the state and local levels. There are also national data systems that can be used to look at state specific data.

Highlights

- The Colorado Health Information Dataset (COHID) is an on line source for injury death and hospitalization data and can be found at http://www.cdphe.state.co.us/cohid.
- The Centers for Disease Control (CDC) provides an online data system (WISQARS), available at www.cdc.gov/injury/wisqars.
- The Colorado MATRIX collects information from emergency medical services trip reports. The MATRIX ensures Colorado's participation in the National Emergency Medical Services Database.
- Data on emergency department visits is available statewide beginning in 2011.
- The Colorado Improvement Plan has a set of health indicators that include injury prevention. http://www.cdphe.state.co.us/opp.
- The Colorado Department of Transportation conducts annual observational surveys to monitor seatbelt use among Coloradans. The results are available at http://www.coloradodot.info/library/surveys.

Bold Steps

- ✓ Collect and disseminate injury data among injury prevention partners to identify populations at high risk for injury, and to ensure that injury prevention efforts are data-driven.
- ✓ Increase the accessibility and usefulness of injury data systems.
- ✓ Promote the use of the injury data systems maintained at the state and national level.
- ✓ Increase the number of hospitals and agencies that submit data to the Colorado Trauma Registry.
- ✓ Use emergency room data to enhance understanding of the burden of injury.
- ✓ Increase the use of injury indicators to evaluate the effectiveness of injury prevention efforts.
- ✓ Link and use motor vehicle data across relevant state agencies, including the Department of Transportation, the Department of Revenue, Department of Public Safety and the Department of Public Health.

Indicators of Success

- Injury prevention partners report increased accessibility to injury data systems at the Department.
- Injury prevention partners report increased use of state and national injury data systems to inform program planning, implementation and evaluation.
- All hospitals and agencies provide data to the Colorado Trauma Registry.
- Emergency room data is regularly used in data analysis for program planning, implementation, and evaluation.
- More community based injury prevention programs report using injury indicators to evaluate programs.
- Stakeholders are able to access and use injury data from state and national data sources.
- Motor vehicle data is linked across relevant state agencies and partners working on motor vehicle safety are using the data.

Goal Two: Implement injury prevention programs that are based upon current evidence found in research and injury prevention literature.

Injury programs can be implemented at the local, state, or federal level. The most effective programs are based in solid research and are often applied at the local level, where a multi-faceted, evidenced-based program can be tailored and evaluated to meet local needs.

The terms "evidence-based" and "Best Practices" are often used interchangeably to refer to programs that have been rigorously evaluated and found to lead to important outcomes such as reduction of injuries.

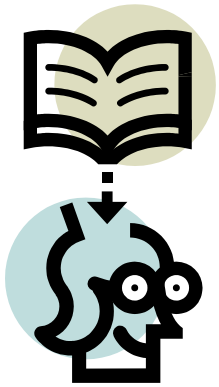
Highlights

Best Practice and other guiding documents:

- The Community Guide at **www.thecommunityguide.org.**
- NHTSA-Countermeasures That Work, published annually at **http://www.nhtsa.gov.**
- Colorado Best Practices at **www.colorado.gov/bestpractices.**
- National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA) at http://nrepp.samhsa.gov.

Evaluation resources:

- CDC guides: *Demonstrating Your Program's Worth* at www.cdc.gov/injury.
- Introduction to Program Evaluation for Public Health Programs at www.cdc.gov.
- NHTSA evaluation guide *The Art of Appropriate Evaluation* at http://www.nhtsa.gov.



Bold Steps

- ✓ Build the capacity of communities to develop and implement effective injury prevention programs.
- ✓ Implement community injury prevention programs that are data-driven, evidence-based, and utilize effective evaluation.
- ✓ Develop culturally competent injury prevention programs that meet the needs of diverse communities, including high-risk groups based upon age, gender, disability, ethnicity/race, geographic region, and socio–economic status.
- ✓ Promote the use of data-driven community assessments in program planning.

Indicators of Success

- Injury prevention programs report using evidence-based guidelines to address injury prevention.
- The Injury Prevention Program at the Department will house a best practices and evidence –based guidelines resource clearinghouse focused on Colorado's four priority issues. This will be on the program website.
- Injury prevention partners report conducting community assessments in program planning.

Goal Three: Coordinate and link injury prevention partners at the national, state and local levels to increase collaboration and maximize the use of resources.

Effective prevention requires coordination at all levels of government, as well as collaboration with many types of agencies and organizations. It is also important to involve the target audience in developing or, at the minimum testing, programs before full implementation. Developing coalitions and partnerships are an important step in injury prevention.

Highlights

Successes of state/regional coalitions currently working in Colorado:

- The Colorado Teen Driving Alliance developed educational materials and a website for parents and teens about the graduated drivers licensing law and how parents can help to enforce it.
- The Rural Traffic Safety Alliance formed to address motor vehicle safety in rural areas.
- The Falls Prevention Network provides fall prevention referrals to older adults in the Denver metro area.
- The Colorado Adult Fall Prevention Coalition is collaborating on fall prevention activities statewide.
- Local traffic safety coalitions have developed projects in seatbelt promotion, distracted driving and other topics.

Bold Steps

- ✓ Utilize the web-based resource maintained by the Department on effective injury prevention strategies, current research, funding opportunities, etc. to provide tools and resources for effective prevention work to stakeholders and partners.

- ✓ Provide regular technical assistance and training for injury prevention stakeholders and partners.

- ✓ Develop and expand injury prevention coalitions to reflect geographic, experiential, and cultural diversity.

- ✓ Connect topic specific coalitions to the state's Injury Community Planning Group and to each other to maximize resources and sustainability.

Indicators of Success

- The Department establishes and maintains a web-based resource and injury prevention partners report using it.

- The Department provides technical assistance on a regular basis and training to partners at least two times per year. Injury prevention partners report providing technical assistance and training to their stakeholders.

- The state's Injury Community Planning Group reflects greater geographic, experiential, and cultural diversity.

- A network survey indicates topic specific coalitions are connected in a way that maximizes resources and sustainability.

Goal Four: Maintain leadership and infrastructure to identify, promote, and respond to injury prevention needs at the state and local level.

As with any area of public health, injury prevention requires a workforce that is trained and dedicated to developing, implementing and evaluating effective programs. Organizations such as the Safe States Alliance and the Society for the Advancement of Violence and Injury Research (SAVIR) developed **core competencies** for professionals working in the field of injury and violence prevention. These organizations have also identified ways in which professionals can develop skills and knowledge in each of the core competencies.

Highlights

- Examples of training and leadership opportunities:
- TEACH-VIP E Learning on-line curriculum for violence and injury prevention at http://teach-vip.edc.org/
- A self-assessment of core competencies in injury prevention at www.safestates.org
- CDPHE has developed a training program leading to Certified First Responder Suicide Intervention Specialist.

Core Competencies for Injury and Violence Prevention

1. Ability to describe and explain injury and/or violence as a major social and health problem.
2. Ability to access, interpret, use and present injury and/or violence data.
3. Ability to design and implement injury and/or violence prevention activities.
4. Ability to evaluate injury and/or violence prevention activities.
5. Ability to build and manage an injury and/or violence prevention program.
6. Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
7. Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy, and education.
8. Ability to maintain and further develop competency as an injury and/or violence prevention professional.
9. Demonstrate the knowledge, skills, and best practices necessary to address at least one specific injury and/or violence topic and be able to serve as a resource regarding that area.

Bold Steps

- ✓ Increase awareness among partners in injury, health, public safety and transportation that injuries are a major preventable public health problem, and promote prevention strategies.

- ✓ Develop the core competencies of the injury and violence prevention workforce at the state and local level.

- ✓ Pursue opportunities for integration with initiatives in other disciplines, including maternal and child health and chronic disease prevention programs.

- ✓ Provide regular technical assistance and training for injury prevention stakeholders and partners.

Indicators of Success

- Partners in health, public safety and transportation report increased awareness that injury is a preventable public health problem and willing to promote prevention strategies.

- Utilizing the Core Competencies for Injury and Violence Prevention, as identified by the National Training Initiative, state and local injury prevention partners will demonstrate an increased level of competency.

- State and local injury prevention partners will provide examples of current integrative initiatives.

- The Department provides technical assistance and training to partners at least two times per year.

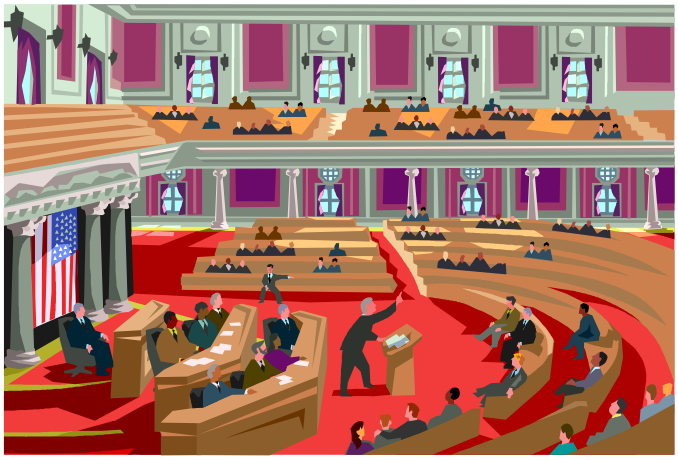
Goal Five: Strengthen state and local legislation and policies that lead to the prevention of injuries.

There is a growing realization regarding the impact of policy and legislation in injury prevention. Laws work to increase health and safety behaviors. For example, states with primary seatbelt laws have higher seatbelt use than states with only secondary seatbelt laws. Policy interventions can also influence organizational changes, social norms, and individual behavior.

Many public agencies have restrictions against lobbying, but can engage in data collection, information dissemination, technical assistance, and working on internal organizational changes. Public health policy is an effective addition to the injury prevention toolkit.

Highlights

- The has a Childhood Injury Prevention Policy Committee to research and develop effective injury prevention policy strategies.
- The Children's Hospital has a policy office to advocate for childhood injury prevention legislation.
- The Colorado Child Fatality Review submits an annual report to the Colorado General Assembly and the Governor that recommends policy changes to prevent child deaths.



Bold Steps

- ✓ Provide data and information to support the development of effective injury prevention policies at the state and local level.
- ✓ Develop public health policy strategies, including local ordinances, and organizational polices that are known to be effective at reducing injury.
- ✓ Increase public awareness of existing laws related to injury prevention.
- ✓ Engage stakeholders in the support of injury prevention policies.

Indicators of Success

- Policy and legislative strategies are included as part of injury prevention efforts in the state.
- There is an increase in the adoption of local and state level injury prevention legislation.
- There is an increase in the adoption of organizational injury prevention policies.
- There is increased number of stakeholders engaged in injury prevention policy development and advocacy.

Priority Injury Topics

Recognizing that a strategic plan cannot solve all of the state's injury prevention issues, the Department and the Injury Community Planning Group prioritized four injury problems for specific bold steps towards prevention. Based on data reflecting injury related death and disability, and on the community and political will in Colorado, the following four injury areas were selected:

- Motor vehicle-related injuries
- Older adult fall-related injuries
- Suicide
- Unintentional poisoning

These four injury areas represent 93 percent of the total injury related deaths in Colorado over a five year period and 90 percent of the total hospitalizations for injuries.

2005 -2009 Leading Causes of Deaths and Hospitalizations due to Injury among Colorado Residents

Selected Injury Mechanisms	Hospitalizations	Deaths
Motor Vehicle	**22,493**	**2,941**
Falls	**75,773**	**2,353**
Suicide	**14,506**	**4,065**
Unintentional Poisoning	**8,432**	**2,717**
Homicide/Assault	6,926	190
Other Transportation	4,702	301
Fire/Burns	1,764	117
Drowning	192	256
Total (all injuries)	134,788	12,940

Data Source: Colorado Department of Public Health and Environment Health Statistics Section

Motor Vehicle Injuries

"Motor vehicle injury" includes all injuries resulting from an incident involving a motorized vehicle. Motorized vehicles include, but are not limited to, cars, trucks, motorcycles, all-terrain vehicles and snowmobiles. In addition to injuries to motor vehicle drivers and occupants, this category also includes injuries to pedestrians or bicyclists struck by a motor vehicle, as well as injuries resulting from motor vehicle crashes occurring in parking lots, driveways, or off-road.

- Each year approximately 580 Coloradans are killed and nearly 4,600 are hospitalized for injuries sustained in a motor vehicle crash.[9]
- Motor vehicle crashes are the leading cause of injury death for Coloradans ages 1-24.[9]

- Motor vehicle traffic crashes are the leading cause of hospitalized and fatal traumatic brain injuries in Colorado.[9]

- Seatbelt use in 2009 was 80.3 percent, with lower rates for pickup trucks and in rural areas. [10]

Best Practices

Efforts to prevent motor vehicle traffic injuries often follow "the four Es" of prevention — education, enforcement, engineering, and emergency medical services. Best practices emphasize strengthening legislation, increasing enforcement, and focusing education to the populations most at risk.

For information on best practices, see:

- The Community Guide- Motor Vehicle Occupant Injury at www.thecommunityguide.org/mvoi.
- NHTSA Countermeasures That Work at www.nhtsa.gov.
- Complete Streets at www.completestreets.org.
- Colorado Best Practices at www.colorado.gov/bestpractices.

Bold Steps

- ✓ Implement state and local motor vehicle safety programs that include a combination of: enforcement, advocacy to strengthen traffic safety laws, and public education activities that address barriers to restraint use.

- ✓ Collaborate with community partners working on traffic safety and healthy community programs.

- ✓ Advocate for strengthening Colorado's traffic safety laws including passing a primary seatbelt law, mandatory motorcycle helmet use for all ages, an improved Graduated Drivers Licensing law, and stronger state and local penalties for non-compliance with traffic laws.

- ✓ Advocate for local traffic safety policies or ordinances including a complete streets policy, or organizational polices such as mandatory employee seat belt use.

- ✓ Increase enforcement of existing traffic laws by all law enforcement agencies, including laws to prevent distracted driving.

- ✓ Implement hospital policies to require appropriate child passenger safety restraint education and use for all children discharged from hospitals, particularly children with special health care needs.

Indicators of Success

- Reduce the age-adjusted rate of deaths due to motor vehicle crashes to 10 per 100,000 (2008 rate is 11.8).

- Reduce the age-adjusted rate of hospitalizations due to motor vehicle crashes to 88 per 100,000 (2008 rate is 91.2).

- Increase the use of seatbelts by youth and adults to 92% (Seatbelt use in 2009 was 81.1%).

- Increase the use of child restraints by children under age 5 to 100%.

- Increase the use of helmets for wheeled sports, including bicycling, for ages 5-14 to 55% (Colorado Child Health Survey for 2005 was 49%).

Older Adult Falls

Falls are the most common cause of nonfatal injuries and hospital admissions for older adults in the U.S. Each year one of every three adults age 65 and older is injured in a fall, and falls are the leading cause of injury death in this age group.[11]

- An average of 300 Coloradans age 65 and older die from a fall-related injury each year.[11]
- More than 9,000 Coloradans age 65 and older are hospitalized for fall-related injuries each year. Approximately 1 in 3 sustains a hip/femur fracture while nearly 1 in 8 has a traumatic brain injury. [11]

Best Practices

Effective fall prevention interventions reduce the fall risk factors using a combination of the following five strategies: 1) education programs for older adults and their caregivers; 2) progressive exercise programs to improve mobility, strength, and balance; 3) medication review and management; 4) vision exams and vision improvement; and 5) home safety assessment and home modification.

For information on best practices see:

- Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World www.cdc.gov/HomeandRecreationalSafety/Falls/preventfalls.html#Compendium.
- Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults www.cdc.gov/HomeandRecreationalSafety/Falls/preventfalls.html#Compendium.
- Falls and Fall Related Injuries Among Older Adults: A Practical Guide to State Coalition Building www.coalitions.fallsfree.org/.

Bold Steps

- ✓ Implement evidence-based, multifaceted older adult fall prevention programs that include evaluation.
- ✓ Conduct social marketing activities targeted to older adults and their caregivers that raise awareness about the risk of falls and that falls are preventable.
- ✓ Include information on fall hazards and prevention in all programs that target older adults.
- ✓ Integrate older adult fall prevention programs with healthy aging programs.
- ✓ Increase the number of health care professionals who include fall risk screening with older adults.
- ✓ Advocate for medical cost reimbursement for fall prevention programs for older adults.

Indicators of Success

- Reduce the rate of deaths from older adult falls to 70 per 100,000. (2008 rate is 84.9).
- Reduce the rate of hospitalizations for hip fractures due to falls among females ages 65 and older to 750 per 100,000. (Colorado 2003 rate was 830).
- Reduce the rate of hospitalizations for hip fractures due to falls among males ages 65 and older to 450 per 100,000. (Colorado 2003 rate was 465).
- There will be an increase in medical reimbursements for fall prevention programs for older adults.

Suicide

Suicide is the second leading cause of death among Coloradans ages 10 to 34, and the seventh leading cause of death among all Coloradans. Colorado consistently ranks among the top ten states in suicide death rates.[12]

- Approximately 800 individuals die by suicide each year in Colorado, more than from homicide, diabetes, pneumonia, breast cancer, HIV, and in motor vehicle crashes.[12]
- In 2007, Colorado had the sixth highest suicide rate in the country.[13]

Best Practices

Suicide prevention efforts in Colorado are data-driven and emphasize implementation strategies at each level of the socio-ecological model. Prevention strategies include training individuals in suicide risk assessment, raising awareness of suicide risk factors and warning signs, promoting help-seeking behavior within communities and improving access to care through public policy. For information on best practices see:

- Suicide Prevention Resource Center, Best Practices Registry for Suicide Prevention: http://www.sprc.org/featured_resources/bpr/index.asp.
- National Suicide Prevention Lifeline at www.suicidepreventionlifeline.org.
- Preventing Suicide in Colorado at http://www.cdphe.state.co.us/pp/suicide/SuicideReportFinal2009.pdf.
- Colorado Office of Suicide Prevention at www.coosp.org.

Bold Steps

- ✓ Increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.
- ✓ Increase the proportion of suicidal individuals with underlying mental disorders who seek assistance and treatment.
- ✓ Increase the number of community "gatekeepers" – community members who have received training in suicide risk identification, crisis intervention and referral.
- ✓ Implement gatekeeper and means restriction training for primary and emergency care providers, and public health agencies to detect, treat and refer suicidal patients.
- ✓ Implement suicide prevention programs and crisis response or postvention plans for students and staff in all school districts.

Indicators of Success

- Reduce the overall suicide death rate in Colorado to 13/100,000. (Colorado 2008 rate is 15.8 deaths/100,000).
- Reduce the overall suicide hospitalization rate in Colorado to 55/100,000. (Colorado 2008 rate is 58.9).
- Reduce the percentage of adolescents who attempt suicide to one percent in grades 9-12. (2009 Colorado YRBS was 7.6%).

Unintentional Poisoning

Unintentional poisonings are among the leading causes of injury deaths and hospitalizations in Colorado.

- Approximately 600 Coloradans die each from unintentional poisoning (11.7 per 100,000 age adjusted). Additionally, 1,911 Coloradans were hospitalized each year for unintentional poisoning (38.9 per 100,000 age adjusted).[14]

- The age-adjusted death rate for unintentional poisoning in Colorado has more than quadrupled from 2.2 deaths per 100,000 in 1980 to 11.7 deaths per 100,000 in 2008. [14] This follows the national trend where poisoning death rates in the U.S have increased five-fold since 1990.[15]

- Most of the poisoning deaths are due to the abuse of prescription and illegal drugs, especially overdoses of the prescription drugs like opioid painkillers.[15]

Best Practices

- CDC recommends the following, based on promising practices and expert opinion:

- Health care providers closely monitor pain medications for their patients.

- Insurance providers monitor patients' pain medications.

- State prescription drug monitoring programs should routinely send reports to providers on patients with signs of high use of controlled substances.

- State and federal benefits programs should monitor prescription claims information for inappropriate use of controlled substances.

- Support availability of substance abuse treatment services.

- Promote the poison control center phone number in Colorado. The Rocky Mountain Poison and Drug Center number is 1-800-222-1222.

Bold Steps

- ✓ Investigate the reasons for the increase in deaths due to unintentional poisoning.
- ✓ Collaborate with Rocky Mountain Poison and Drug Center on data collection and analysis.
- ✓ Build partnerships among hospitals, EMS health care providers, and public health agencies with mental health service providers, substance abuse programs, violence prevention programs, schools, and others to develop plans for coordinated prevention efforts.
- ✓ Promote guidelines from health professional organizations for prescribing medications and evaluating patients for drug misuse.

Indicators of Success

- Reduce adult poisoning death rate in Colorado to 10/100,000 population, (2008 Colorado rate is 11.7).
- Reduce the adult unintentional poisoning hospitalization rate in Colorado to 36/100,000 (2008 Colorado rate is 38.9).

End Notes

1. Committee to Review the Status and Progress of the Injury Control Program at the Centers for Disease Control.(1988). *Injury Control*. Washington, DC:National Academy Press
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