



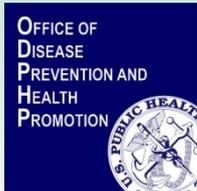
Progress Review Overview

- Summarize the impact of violence across the lifespan, including the in 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

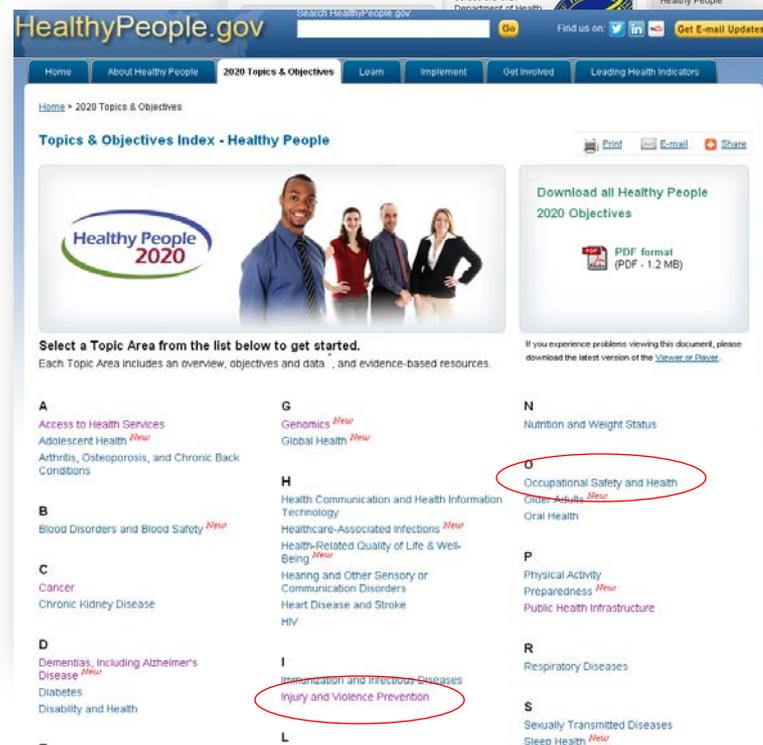


Target Year	1990	2000	2010	2020
				
Overarching Goals	<ul style="list-style-type: none"> •Decrease mortality: infants–adults •Increase independence among older adults 	<ul style="list-style-type: none"> •Increase span of healthy life •Reduce health disparities •Achieve access to preventive services for all 	<ul style="list-style-type: none"> •Increase quality and years of healthy life •Eliminate health disparities 	<ul style="list-style-type: none"> •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





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

Rank	All Ages	Age <1	Age 1-4	Age 5-14	Age 15-24	Age 25-44	Age 45-64	Age 65+
1	Heart Disease 597,689	Congenital Anomalies 5,107	Unintentional Injury 1,394	Unintentional Injury 1,643	Unintentional Injury 12,341	Unintentional Injury 29,365	Cancer 159,712	Heart Disease 477,338
2	Cancer 574,743	Short Gestation 4,148	Congenital Anomalies 507	Cancer 916	Homicide 4,678	Cancer 15,428	Heart Disease 104,806	Cancer 396,670
3	Chronic Lower Respiratory Disease 138,080	SIDS 2,063	Homicide 385	Congenital Anomalies 298	Suicide 4,600	Heart Disease 13,816	Unintentional Injury 33,690	Chronic Lower Respiratory Disease 118,031
4	Stroke 129,476	Maternal Pregnancy Complications 1,561	Cancer 346	Suicide 274	Cancer 1,604	Suicide 12,306	Chronic Lower Respiratory Disease 18,694	Stroke 109,990
5	Unintentional Injury 120,859	Unintentional Injury 1,110	Heart Disease 159	Homicide 261	Heart Disease 1,028	Homicide 6,731	Liver Disease 18,415	Alzheimer's Disease 82,616

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.



Injury in the United States, 2010

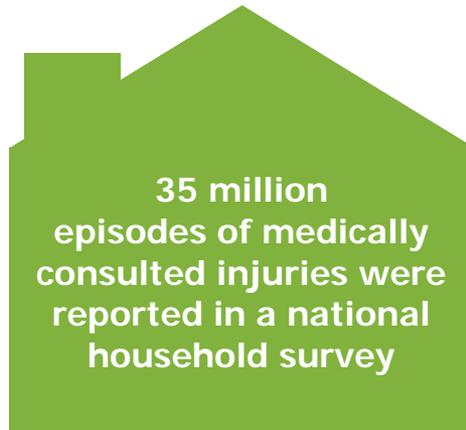
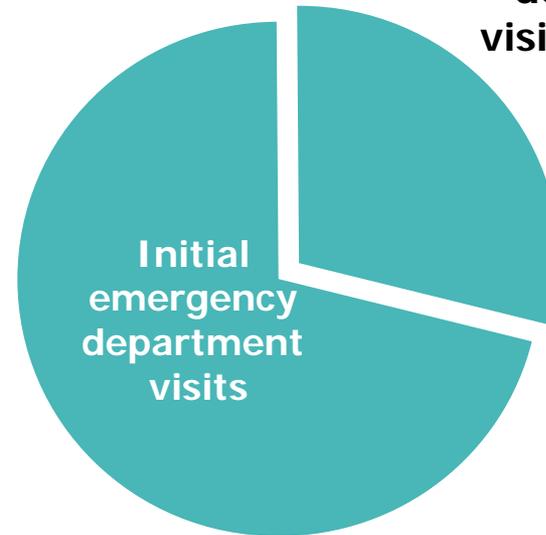
180,811 injury deaths (7%)



1.9 million hospital discharges for injury (5%)

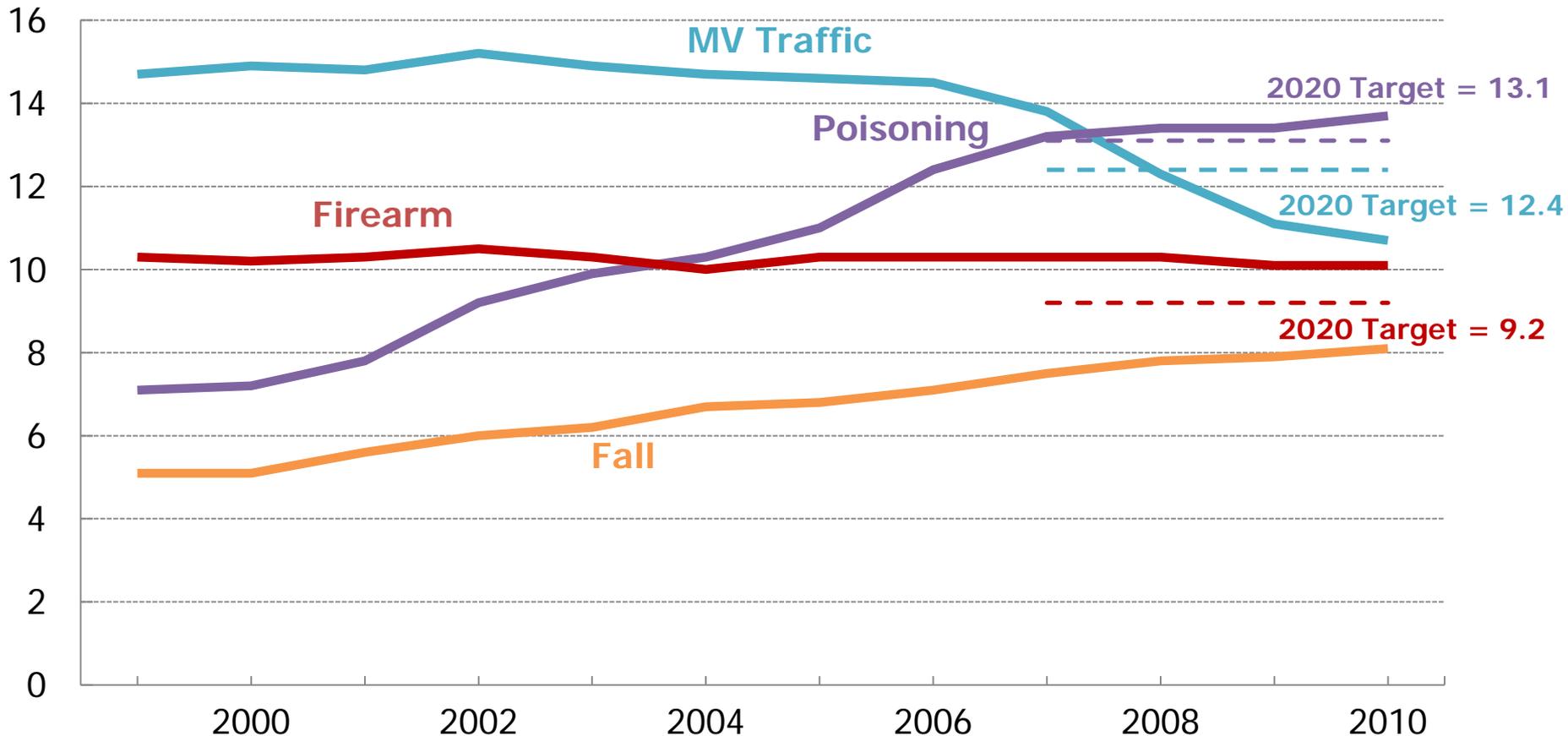


32 million initial emergency department visits for injury (29%)



Injury Deaths by Cause, 1999-2010

Rate per 100,000 (age-adjusted)



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

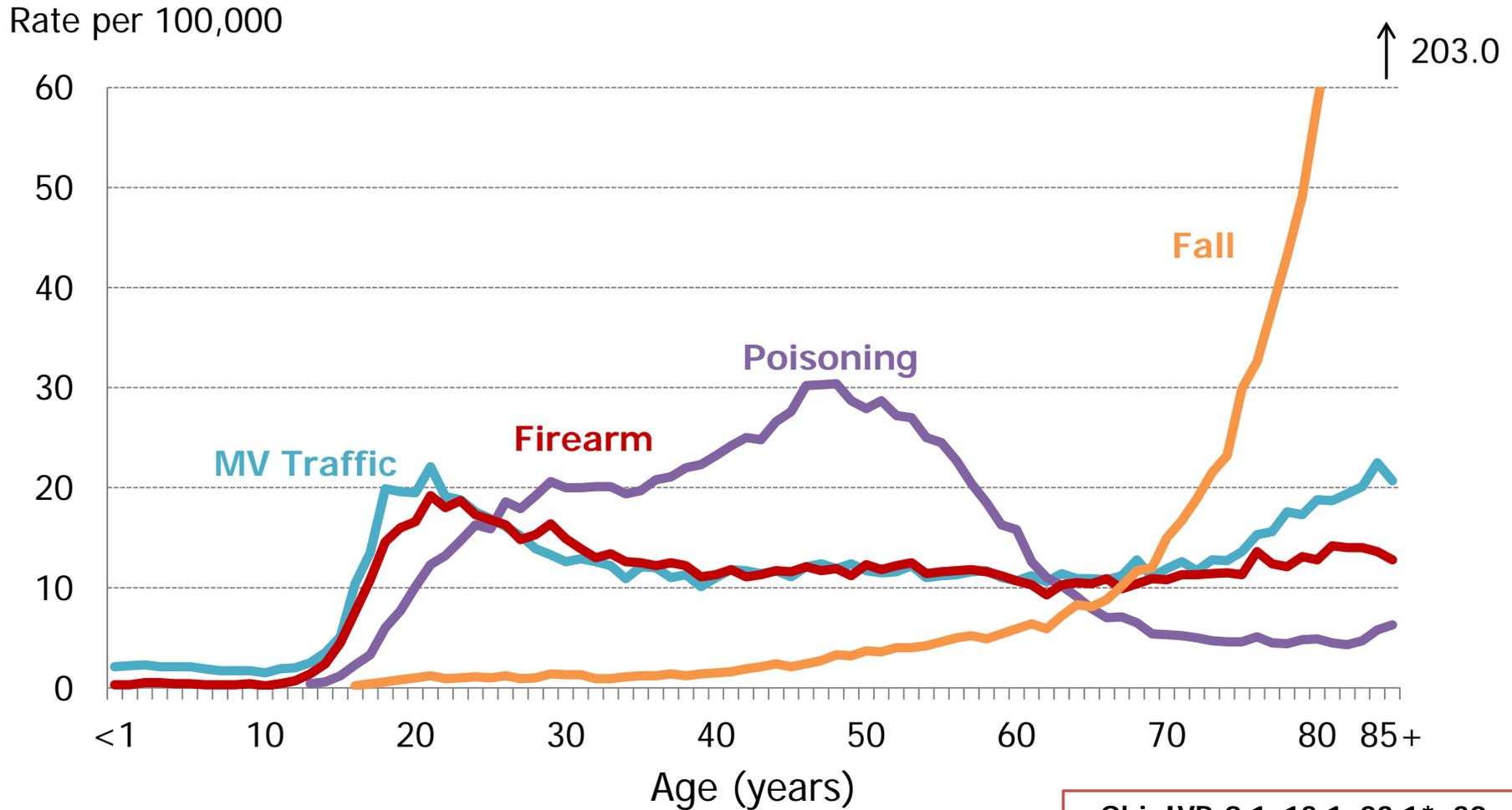
*IVP-23.1 tracks only unintentional fall deaths, which constitute the majority of fall deaths. IVP-23.1 does not include fall deaths that are of intentional or of undetermined intent so the HP2020 target is not shown. Data for all fall deaths are shown here.

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



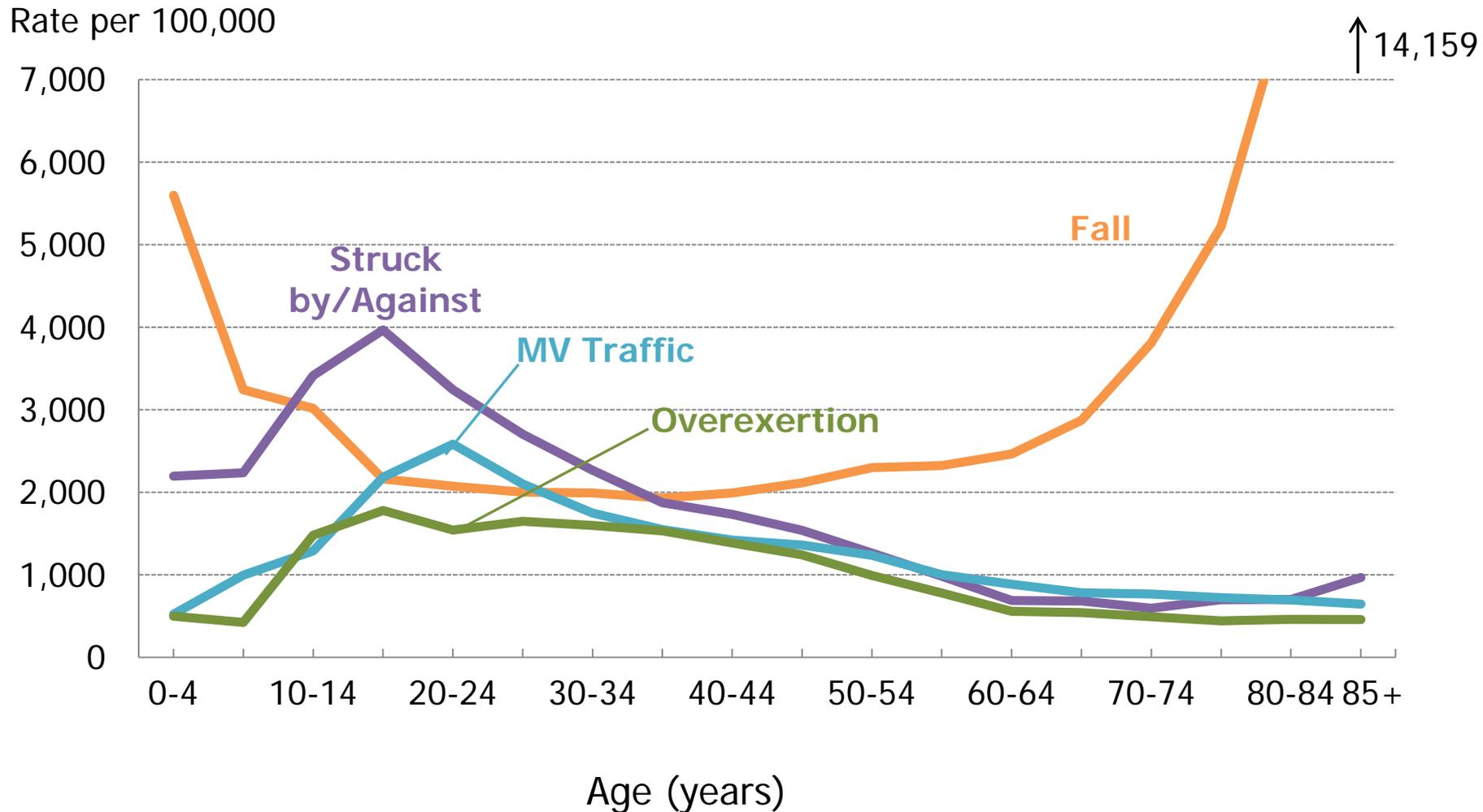
Obj. IVP-9.1, 13.1, 23.1*, 30
Decrease desired

*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 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



SOURCE: National Electronic Injury Surveillance System--All Injury Program (NEISS-AIP), CDC/NCIPC and CPSC.

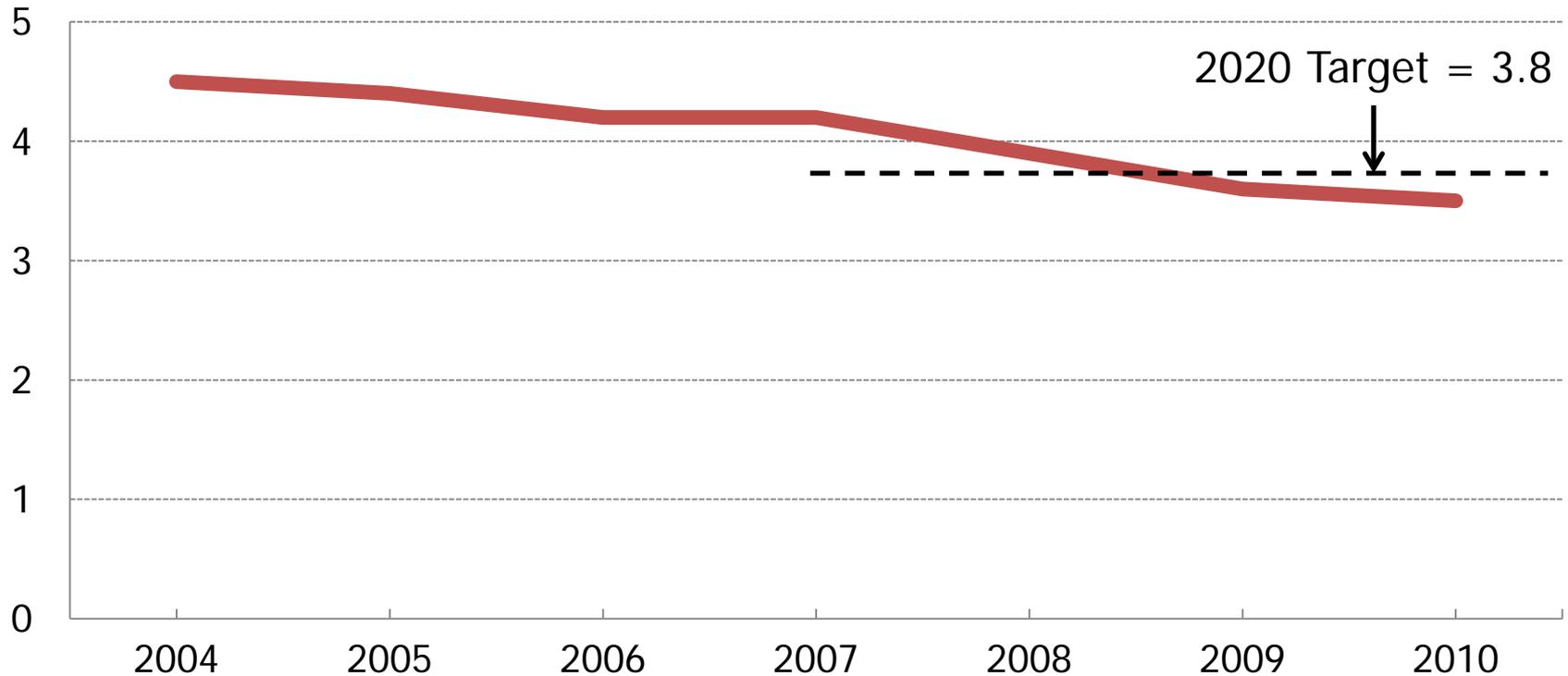




Work-related Injuries

Work-related Injuries Ages 16+, 2004–2010

Rate per 100 full-time equivalent workers



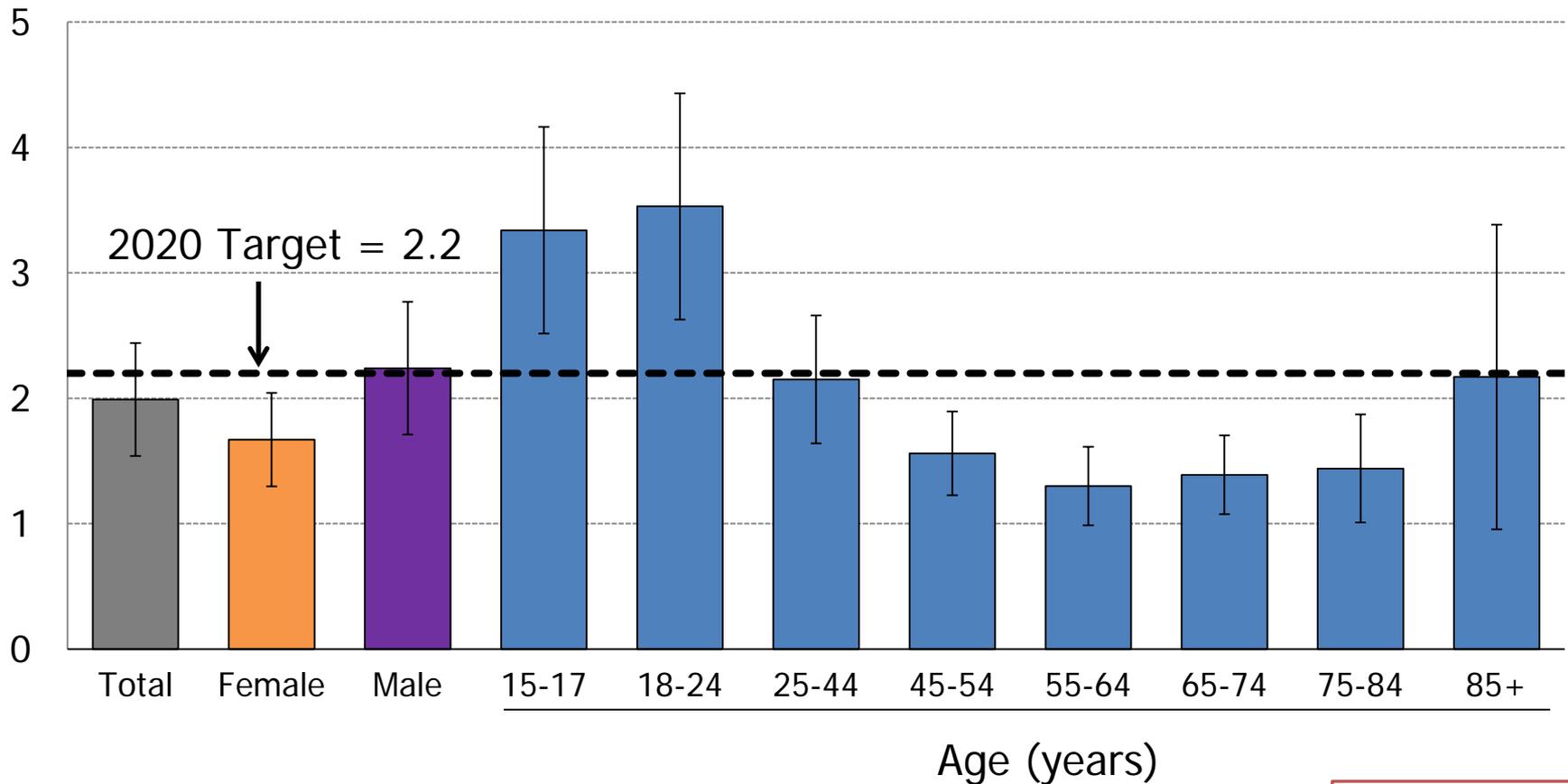
Obj. OSH-2.1
Decrease desired

SOURCE: Survey of Occupational Injuries and Illnesses (SOII), BLS.



Work-related Injuries Treated in Emergency Departments, 2009

Rate per 100 full-time equivalent workers



Obj. OSH-2.2
Decrease desired

I = 95% confidence interval.

Total and sex-specific rates include ages 16+.

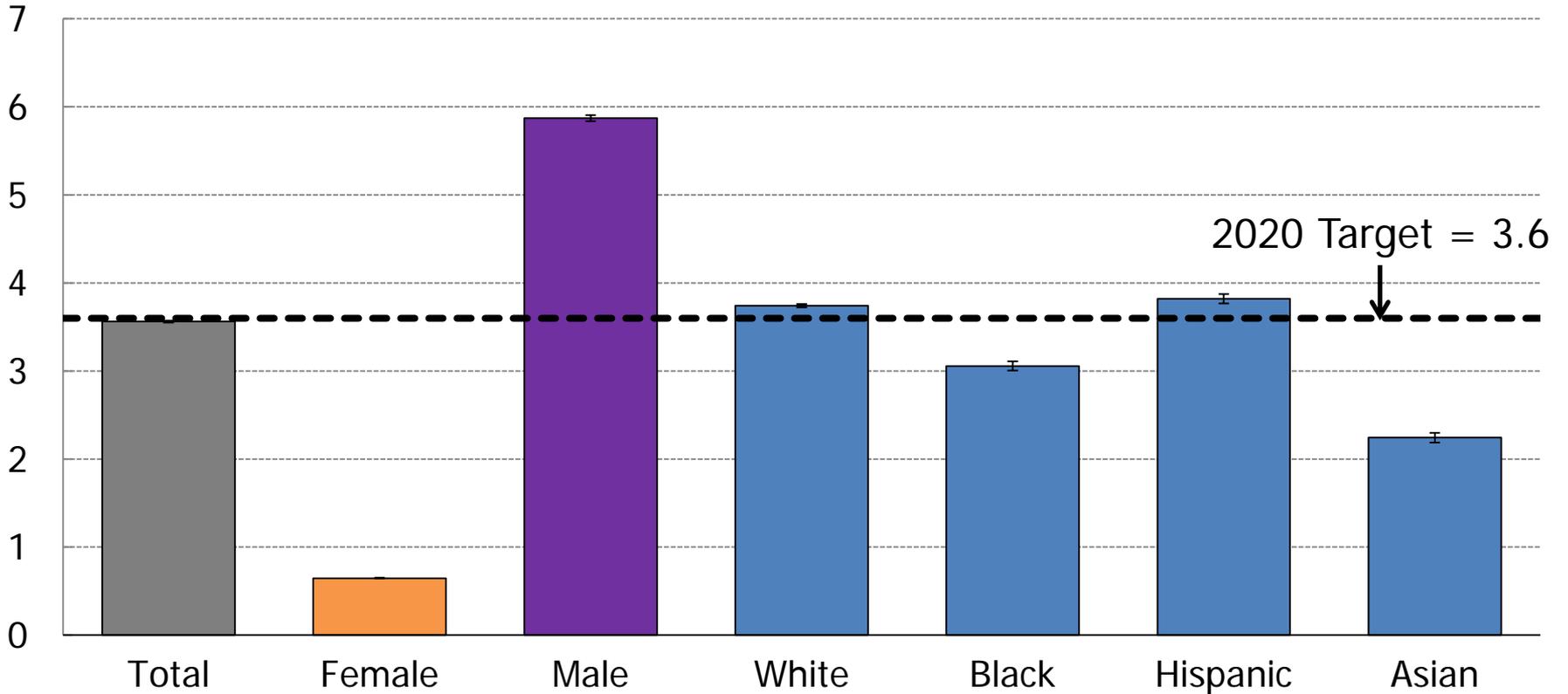
SOURCE: National Electronic Injury Surveillance System–Work Supplement (NEISS-Work), CDC/NIOSH and CPSC.



Work-related Injury Deaths Ages 16+, 2010

Rate per 100,000 full-time equivalent workers

Total deaths: 4,690



Obj. OSH-1.1
Decrease desired



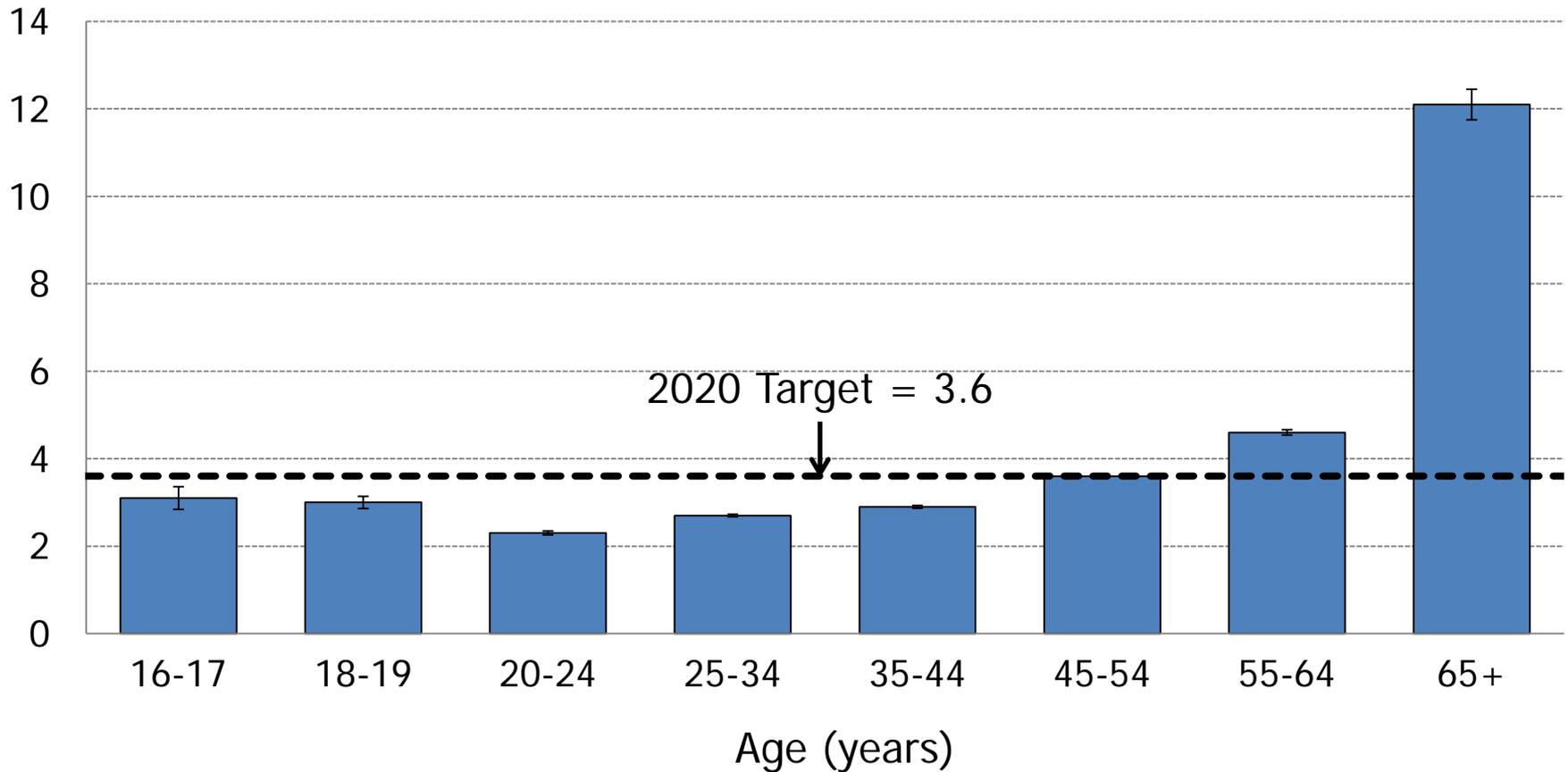
Race groups exclude persons of Hispanic or Latino origin. Persons identified as Hispanic or Latino may be of any race.

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



Obj. OSH-1.1
Decrease desired

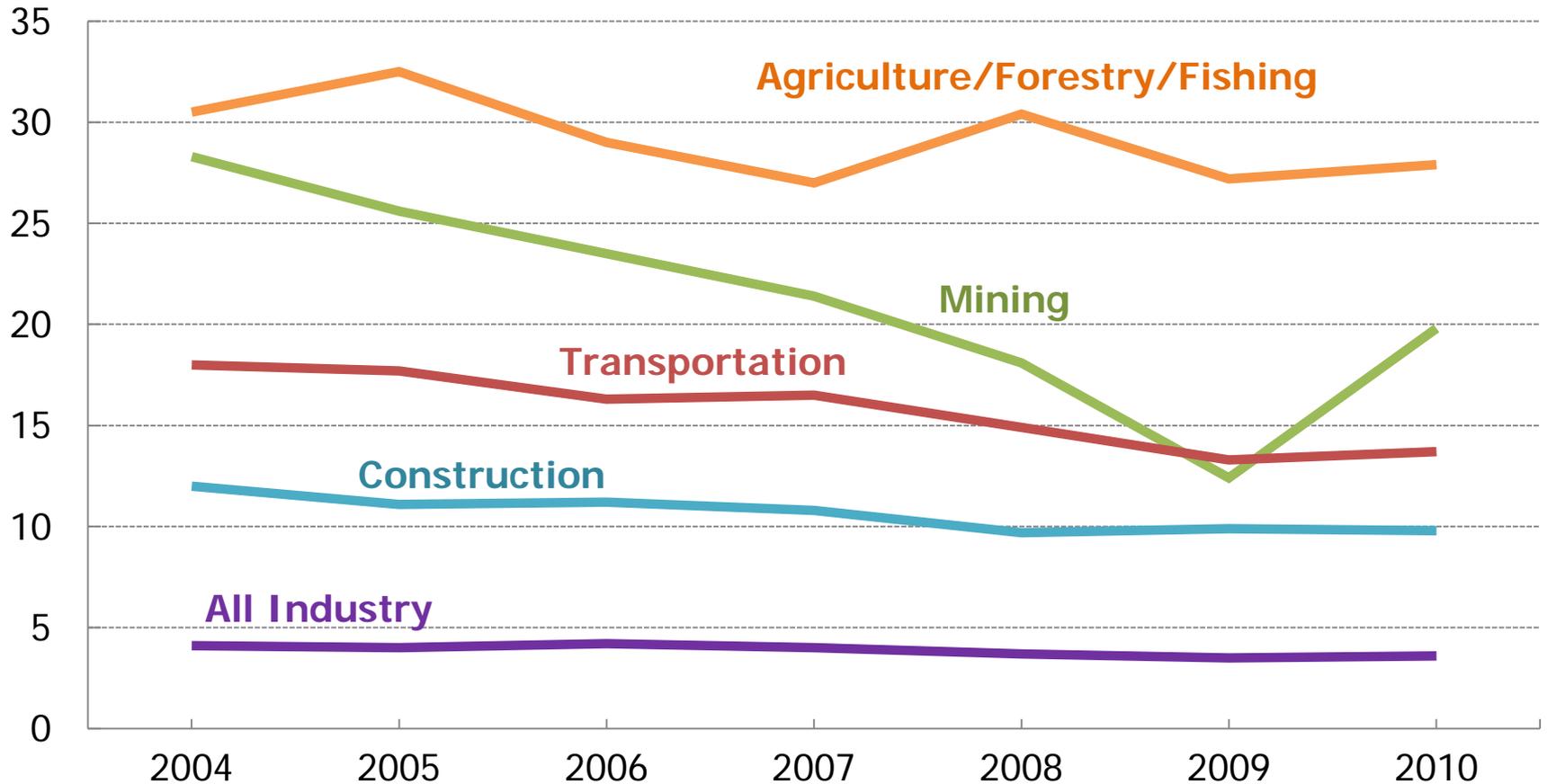
I = 95% confidence interval.

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



Work-related Injury Deaths by Industry Ages 16+, 2004–2010

Rate per 100,000 full-time equivalent workers

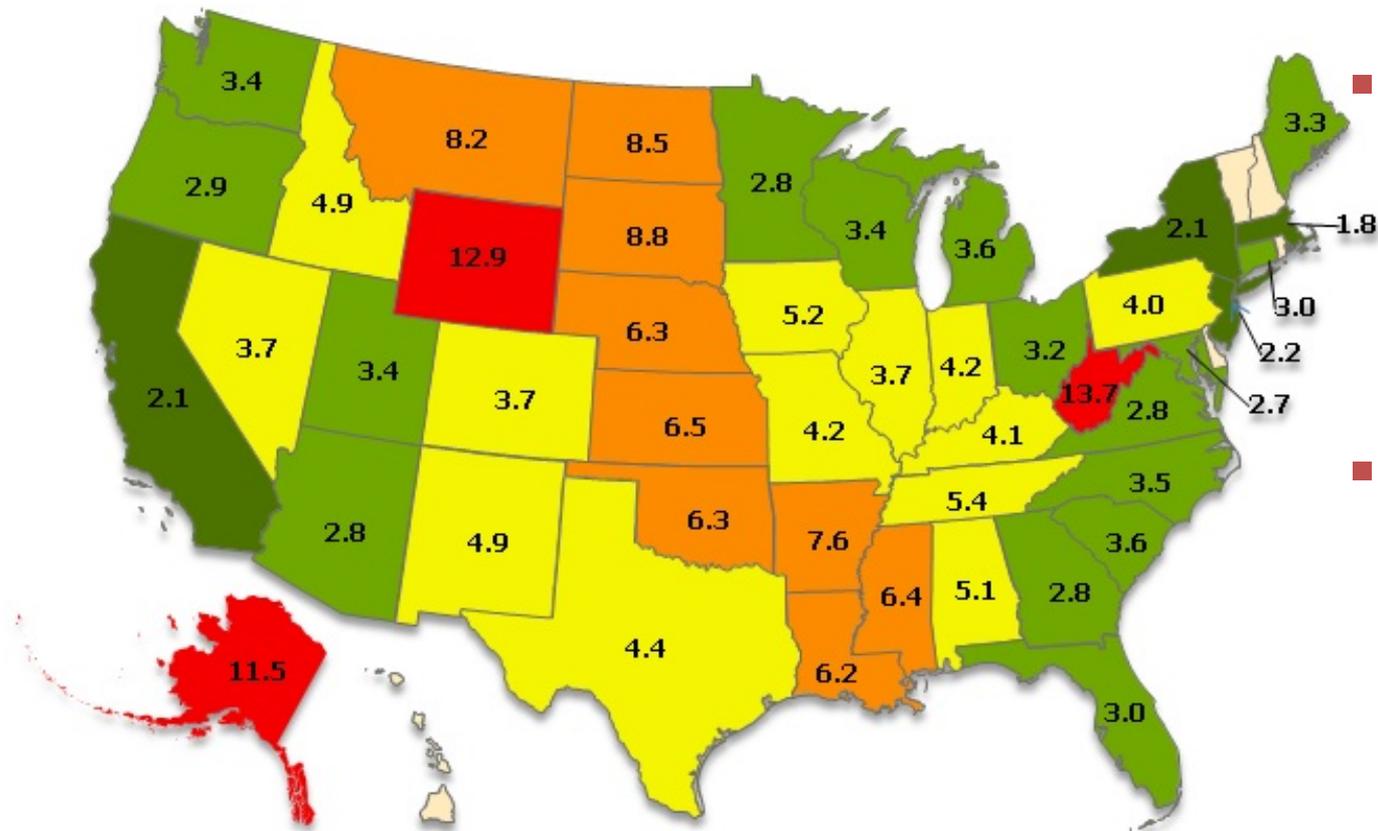


Obj. OSH-1.1 to OSH-1.5
Decrease desired

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

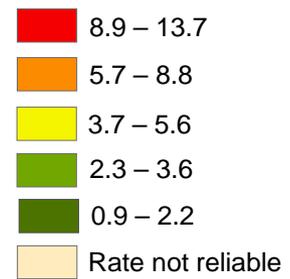


Work-related Injury Deaths, 2010



- 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.

Obj. OSH-1.1
 Decrease desired

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.

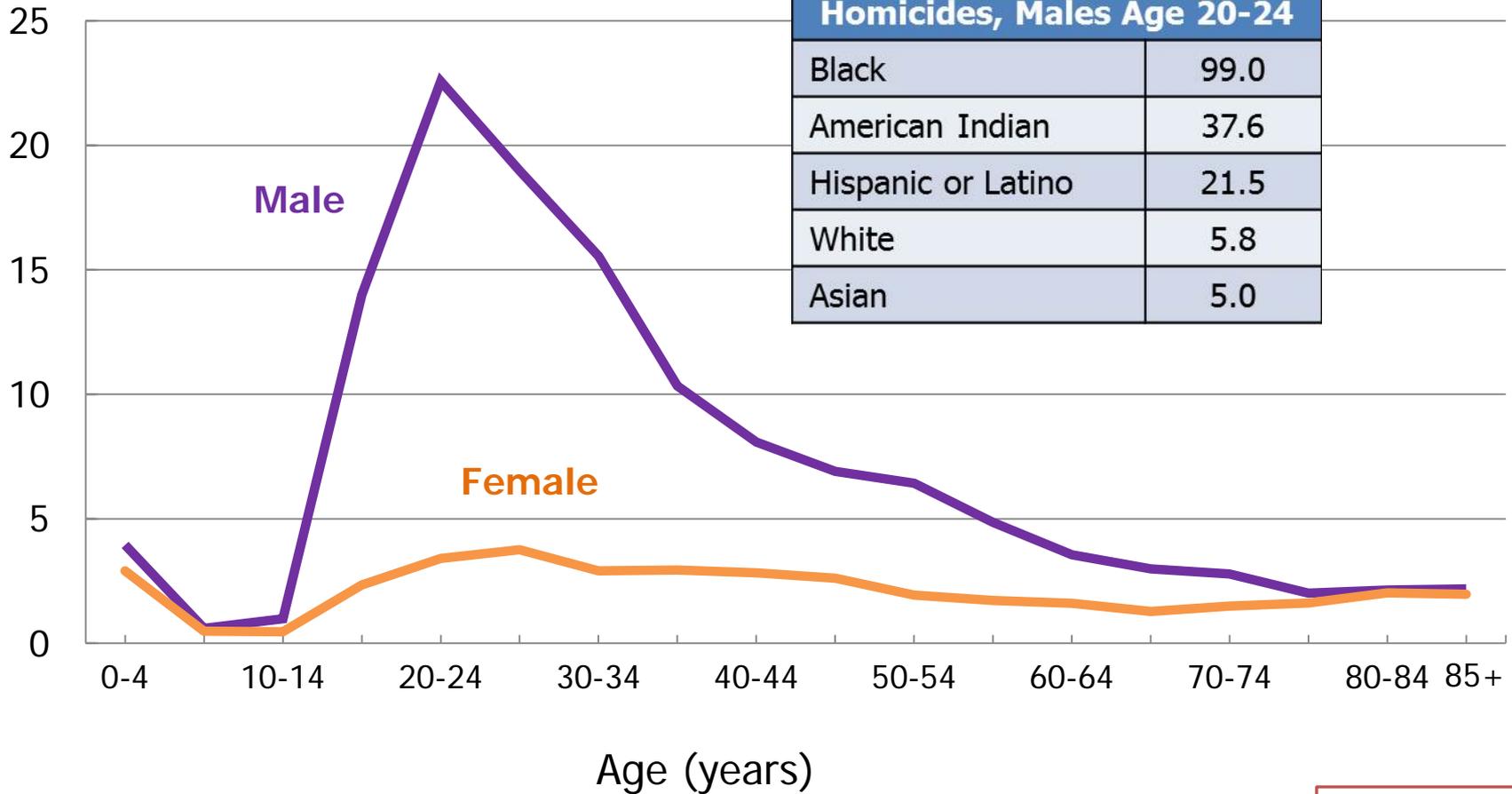




Violence-related Injuries: Assaults and Homicides

Homicides by Sex and Age, 2010

Rate per 100,000



Obj. IVP-29
Decrease desired

Data are for ICD-10 codes *U01-*U02, X85-Y09, Y87.1 reported as underlying cause of death.

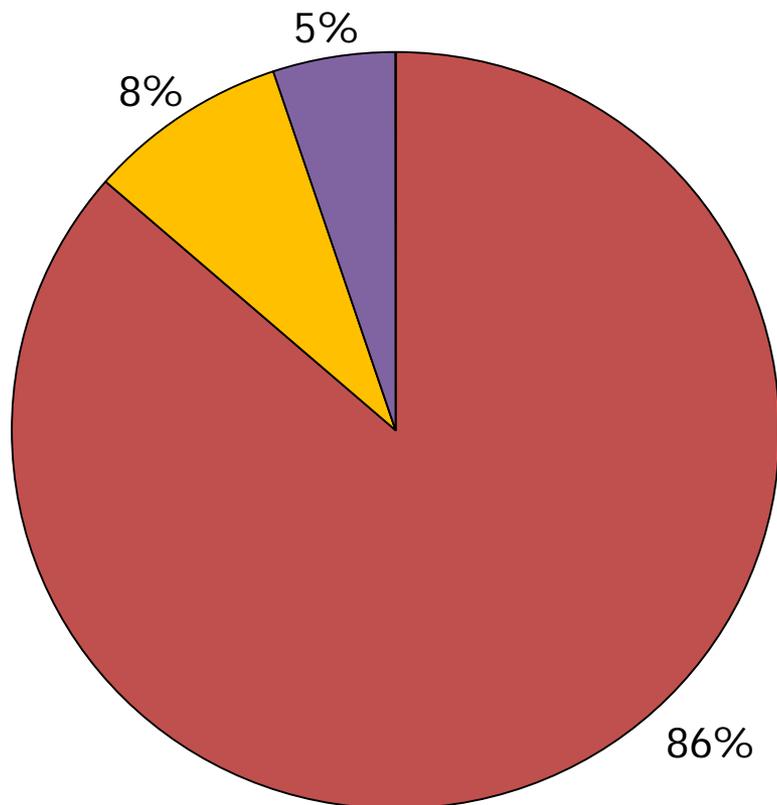
Race groups exclude persons of Hispanic or Latino origin. Persons of Hispanic or Latino origin may be of any race.

SOURCE: National Vital Statistics System–Mortality (NVSS-M), CDC/NCHS.

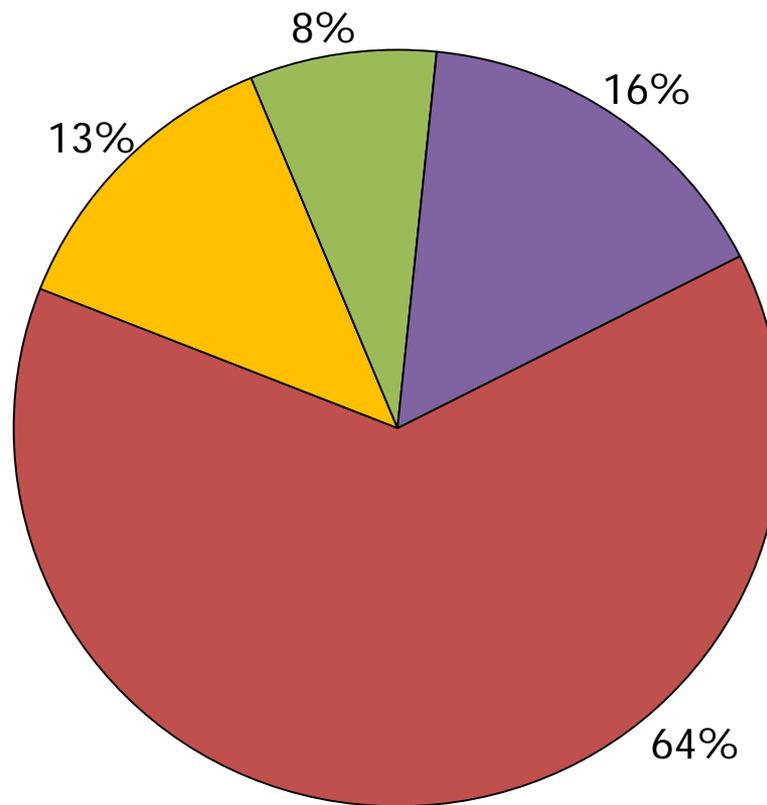


Percent Distribution of Homicides by Method Ages 15-24, 2010

Firearm Cut/pierce Suffocation Other/unspecified



Males, N=4,067



Females, N=611

The Burden of Violence Ages 15-24, 2010

	Number
Homicides	4,678
Non-fatal physical assaults* (treated in emergency departments)	585,005

Obj. IVP-29 and 32
Decrease desired

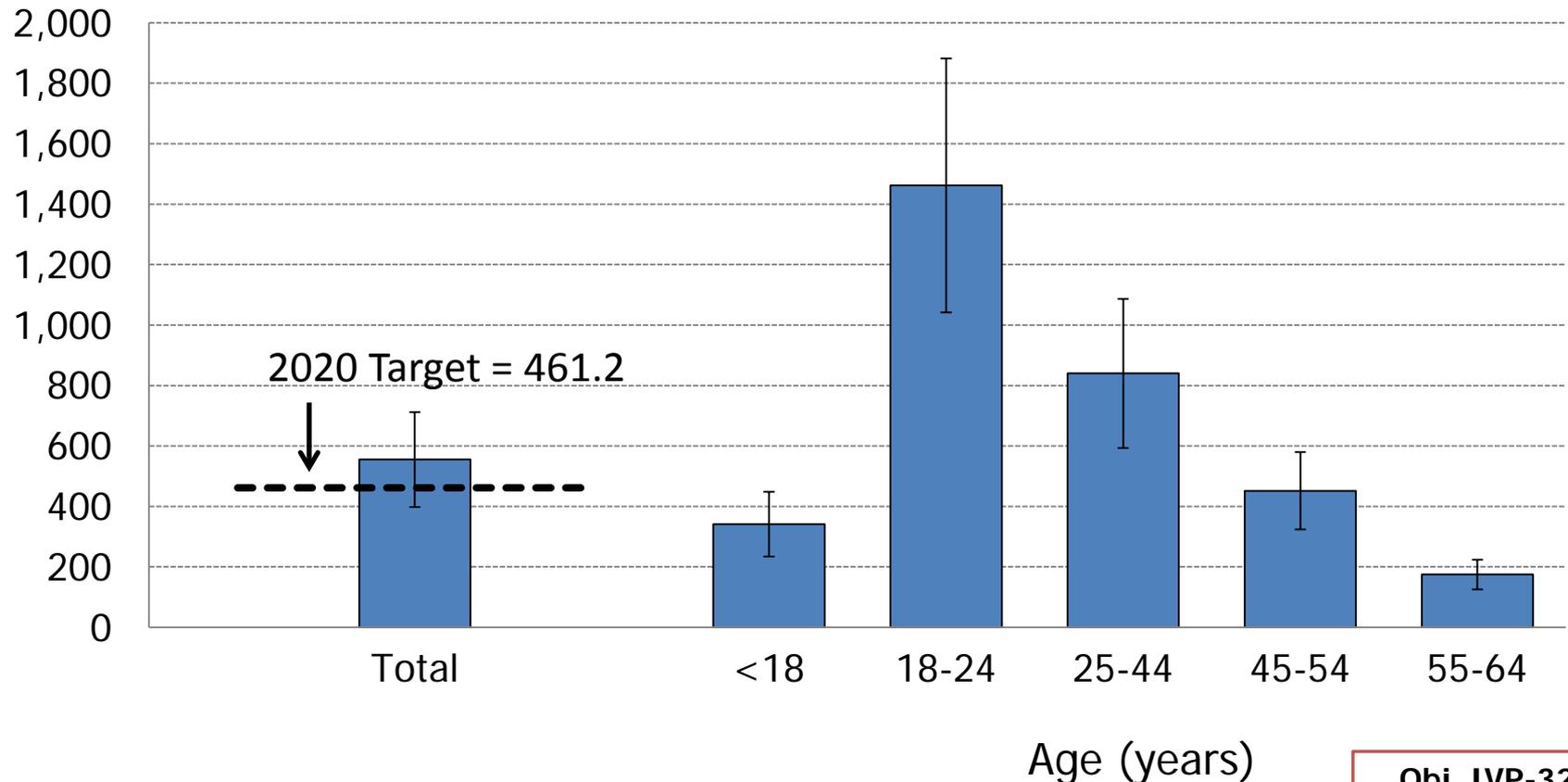
*Physical assaults include all confirmed or suspected cases of injuries and poisonings intentionally or purposefully inflicted by one person on another person with the aim of injuring or killing, with the exception of sexual assault.

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



Physical Assault Injuries Treated in Emergency Departments, 2011

Rate per 100,000



Obj. IVP-32
Decrease desired

I = 95% confidence interval.

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

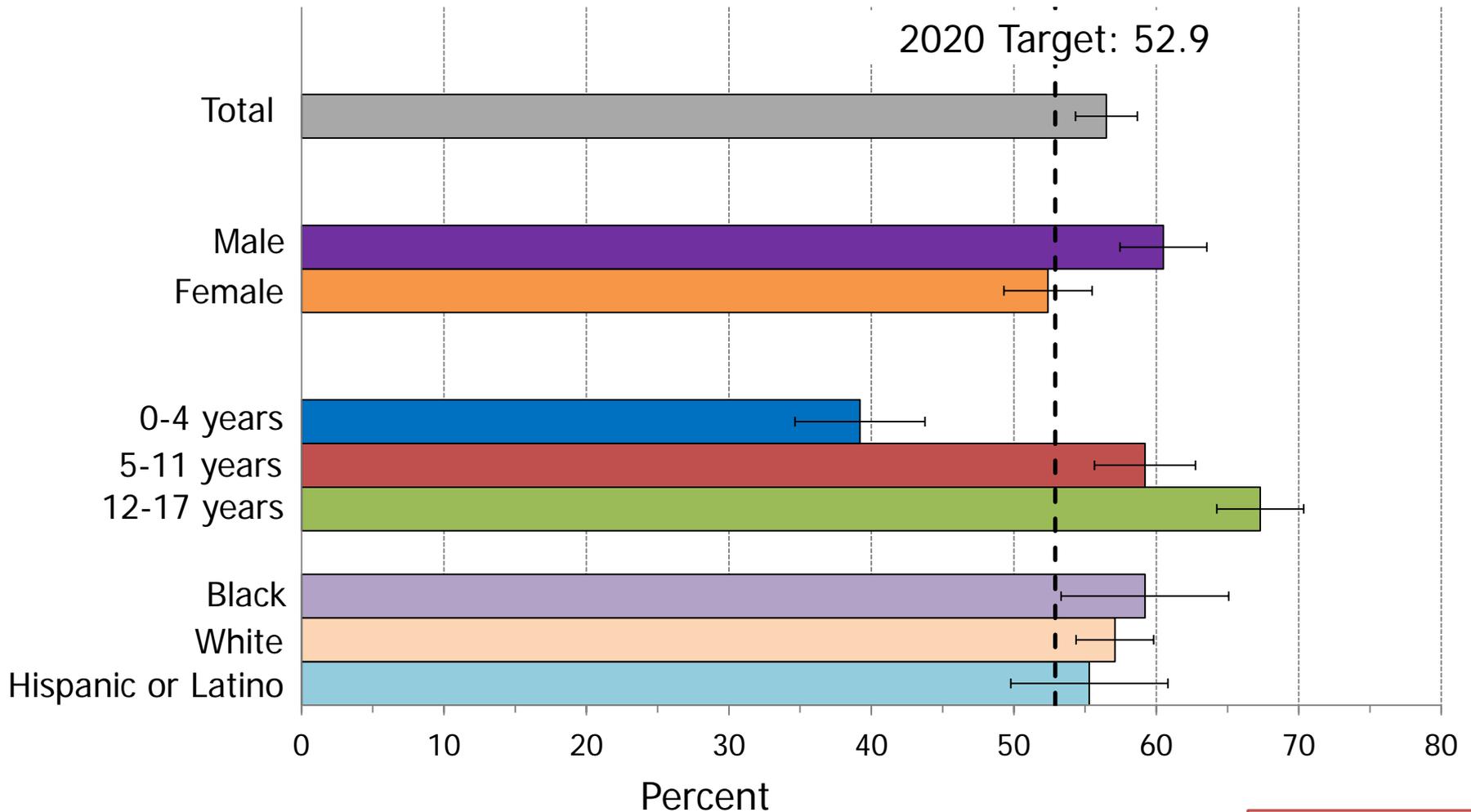
SOURCE: National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP), CDC/NCIPC and CPSC.





Violence Against Children and Adolescents

Children's Exposure to Violence, 2011



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.

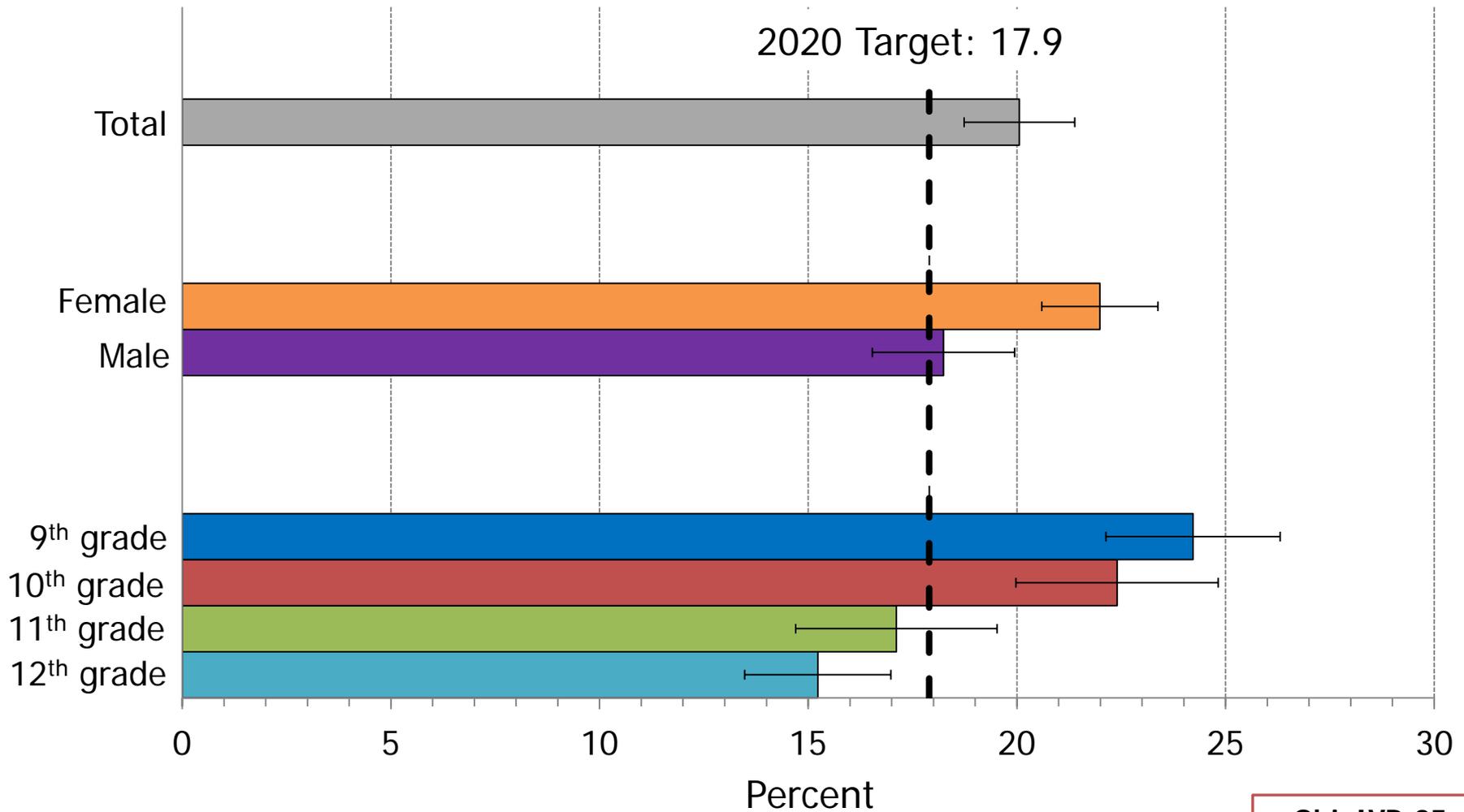
I = 95% confidence interval.

SOURCE: National Survey of Children's Exposure to Violence (NatSCEV), DOJ/OJJDP.

Obj. IVP-42
Decrease desired



Bullying On School Property, Grades 9-12, 2011



Obj. IVP-35
Decrease desired

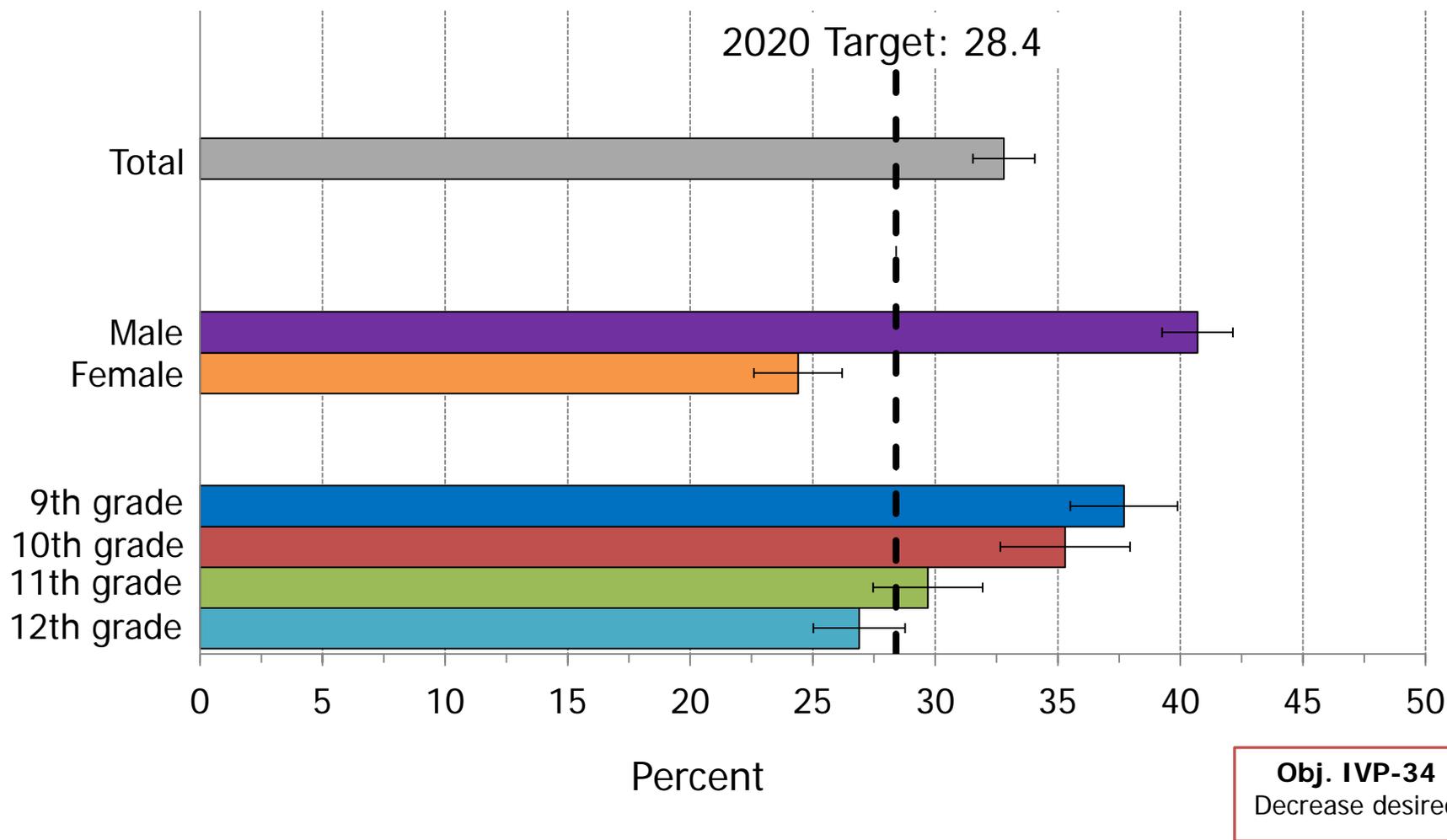
Proportion of students in grades 9–12 who report being bullied on school property in the past 12 months.

I = 95% confidence interval.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.



Physical Fighting, Grades 9-12, 2011

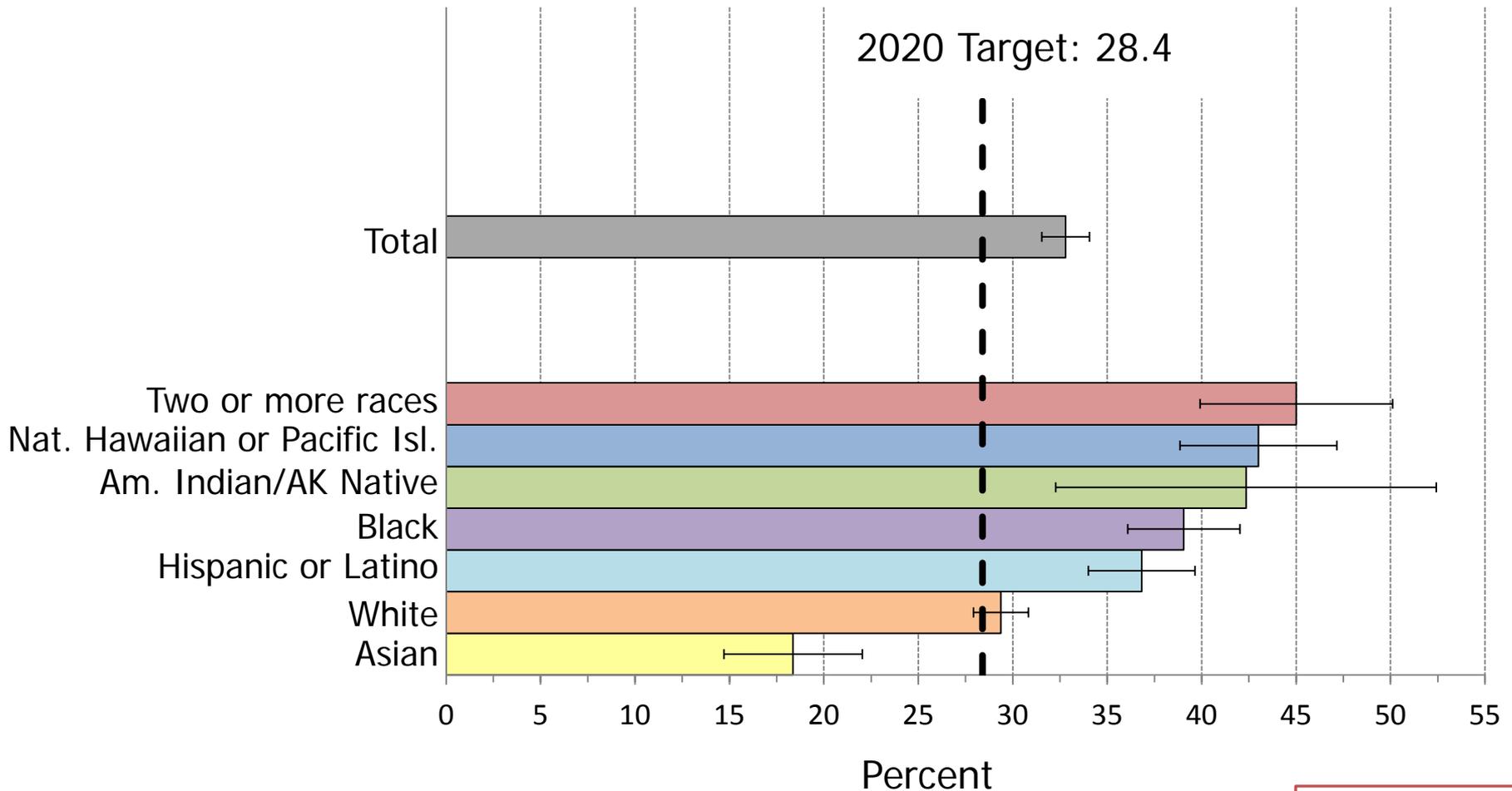


Proportion of students in grades 9–12 who report that they engaged in physical fighting in the previous 12 months.

I = 95% confidence interval.

SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP.

Physical Fighting by Race and Ethnicity, Grades 9-12, 2011



Obj. IVP-34
Decrease desired

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.

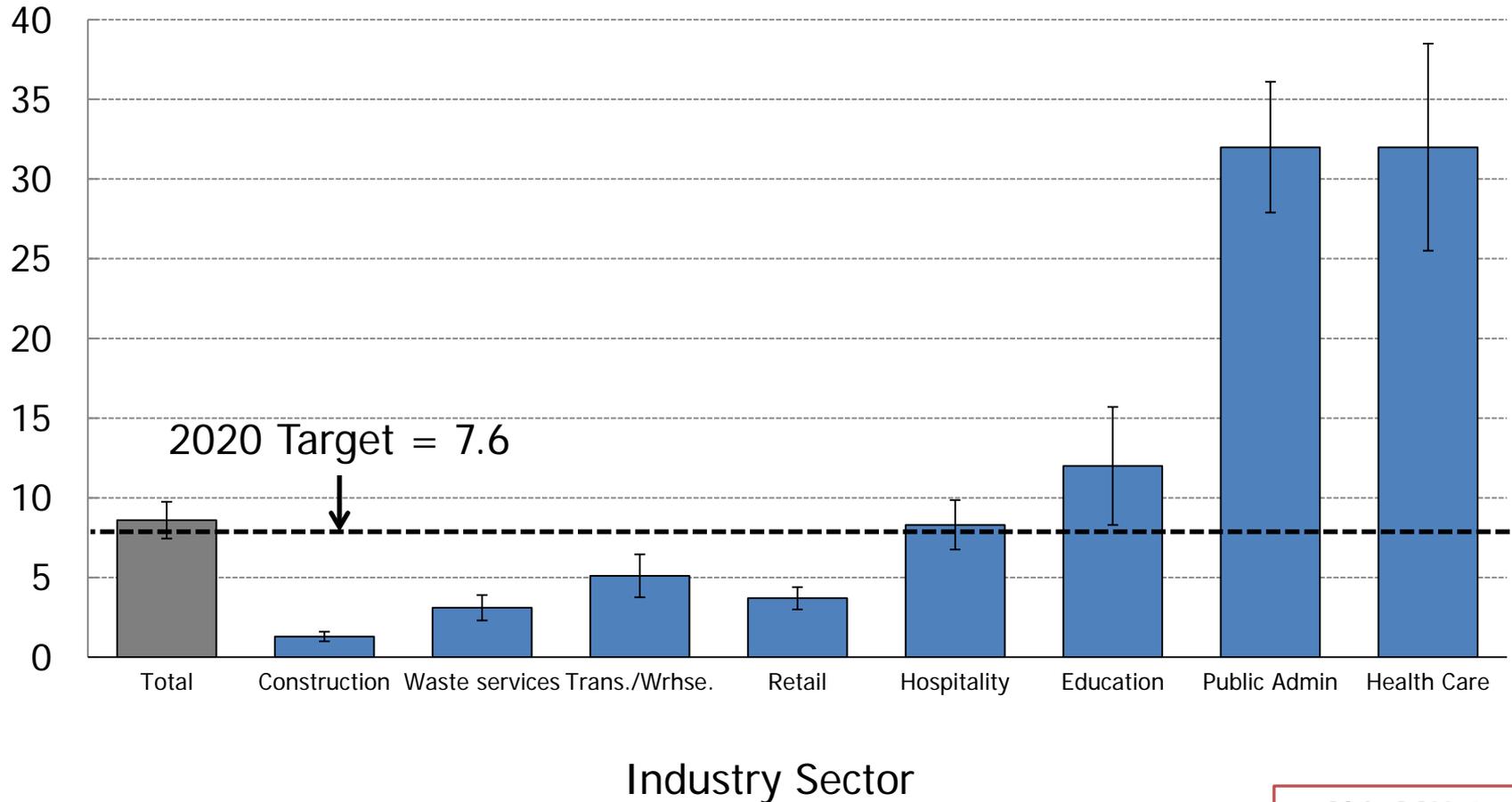




Work-related Violence: Assaults and Homicides

Work-related Assault Injuries Treated in Emergency Departments by Industry , 2007

Rate per 10,000 full-time equivalent workers



Obj. OSH-6
Decrease desired

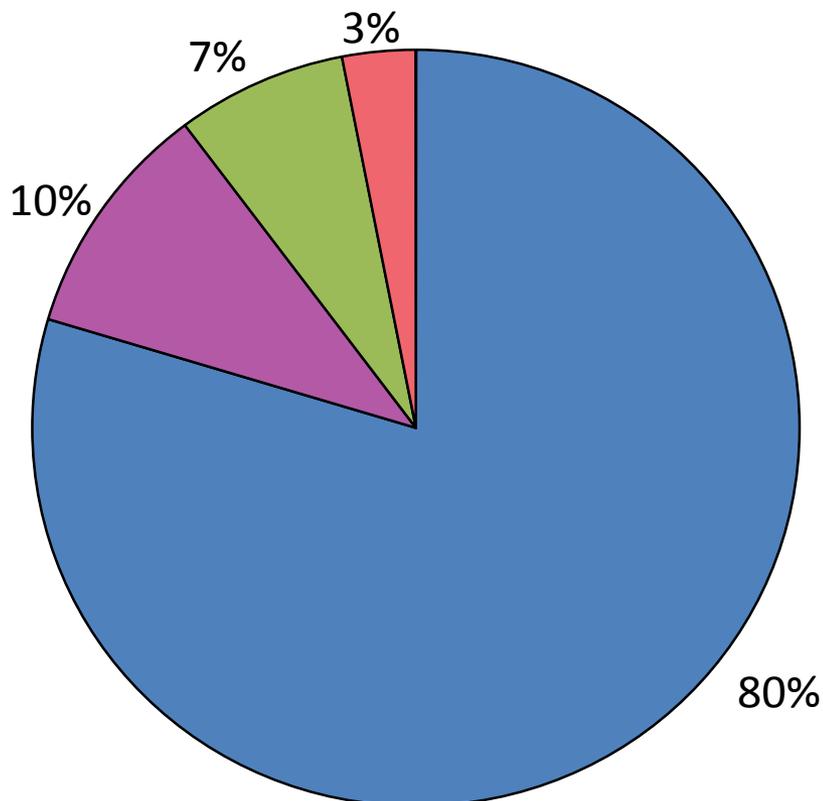
I = 95% confidence interval.

SOURCE: National Electronic Injury Surveillance System–Work Supplement (NEISS-Work), CDC, NIOSH and CPSC.

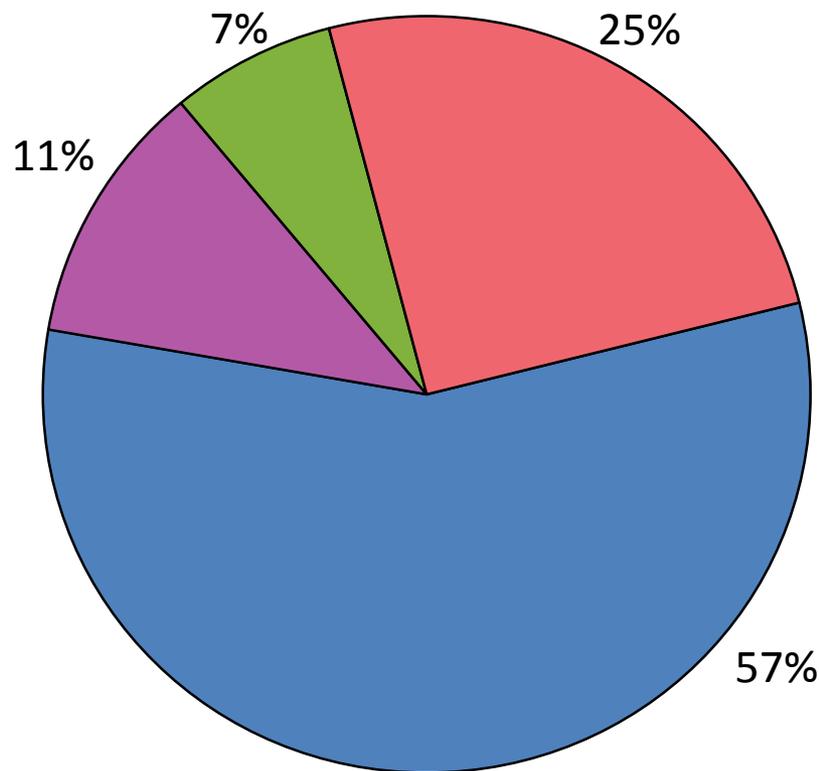


Percent Distribution of Work-related Homicides by Perpetrator Type, 1997-2010

Robbers Relatives Customers Co-workers



Male = 7,008



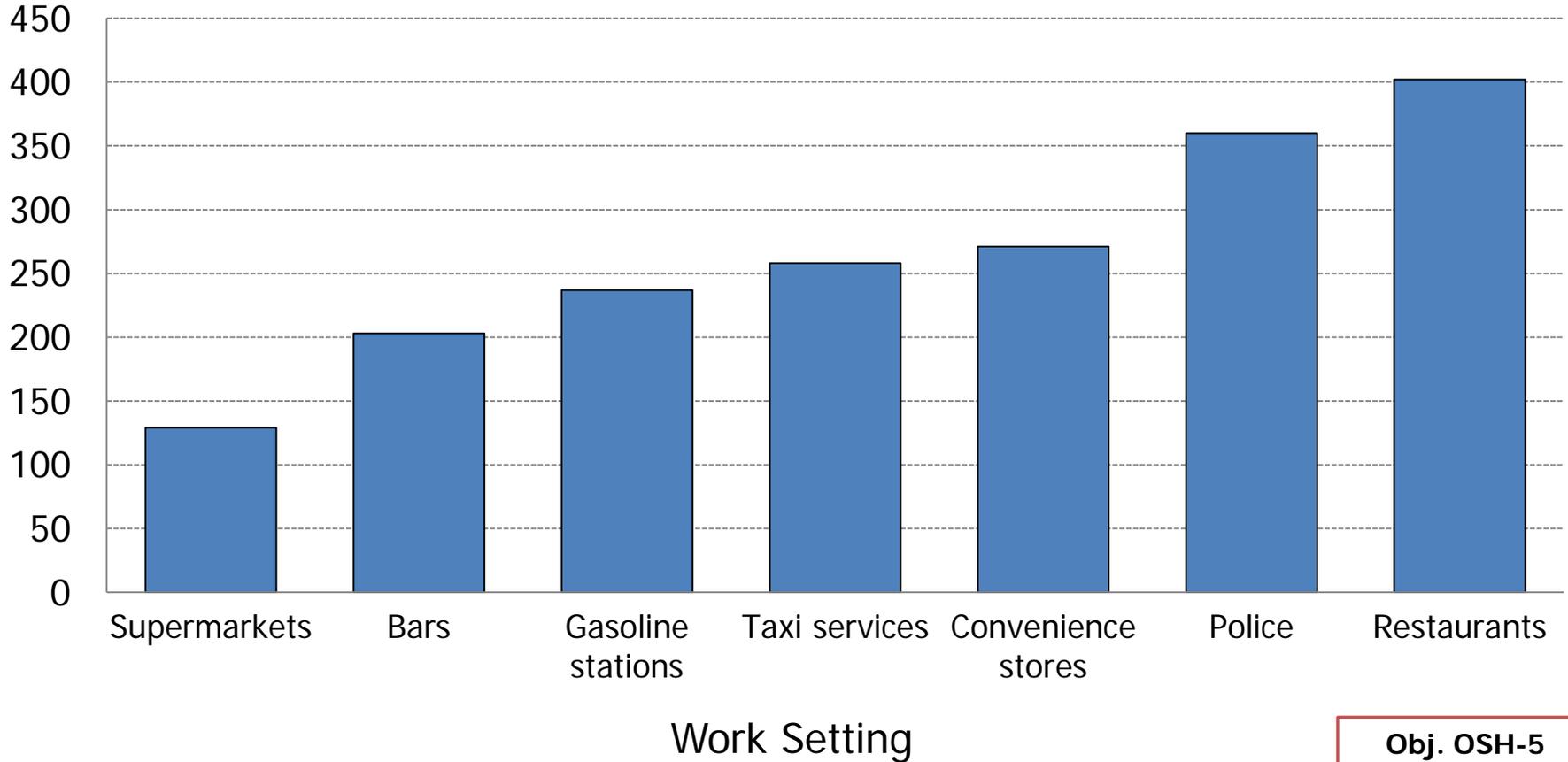
Female = 1,658

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

Total (Number)



Obj. OSH-5
Decrease desired

SOURCE: Census of Fatal Occupational Injuries (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

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental



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

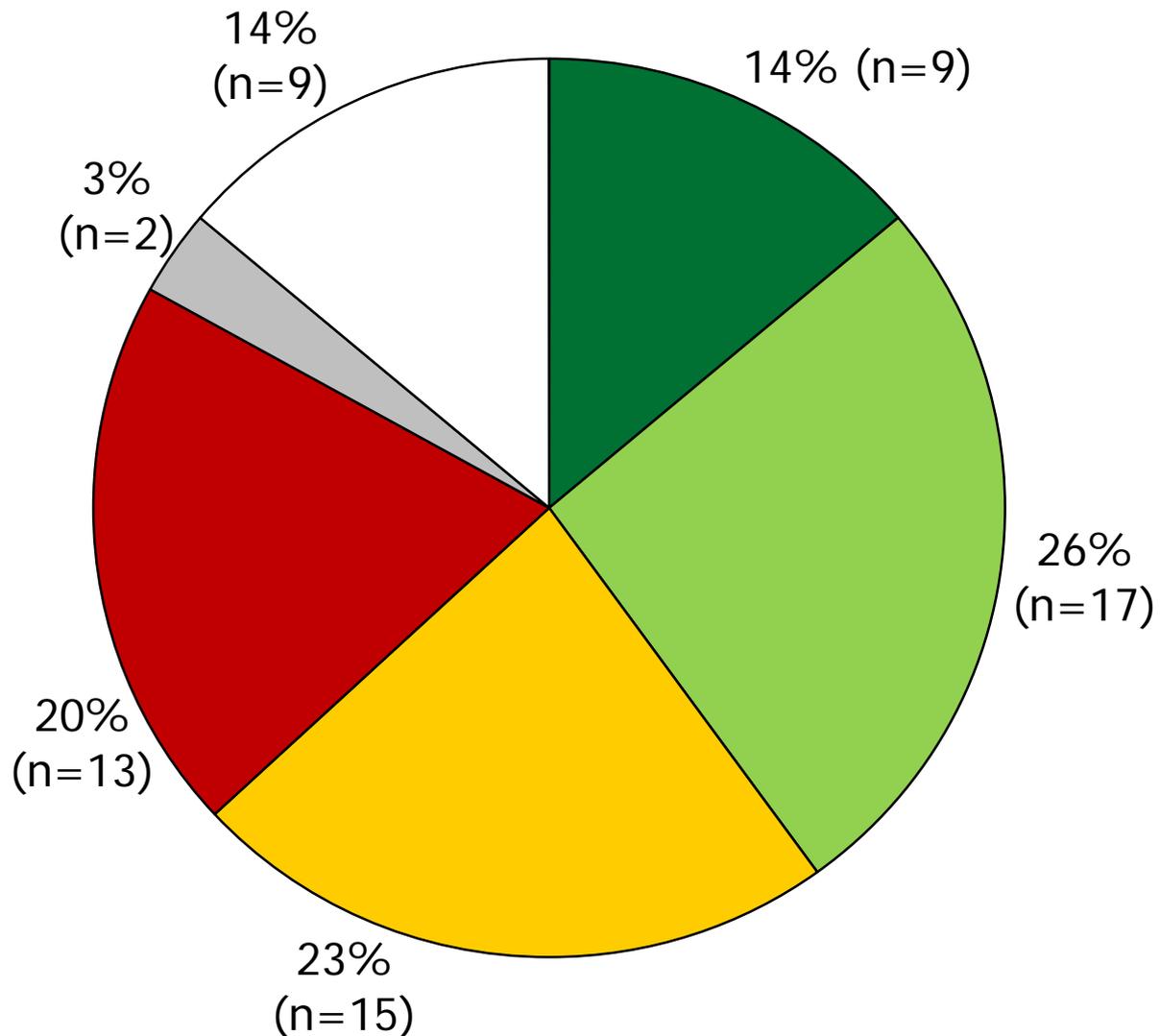
● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental

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

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental

Current HP2020 Objective Status: Injury and Violence Prevention



Total number of objectives: 65





Objective Status: Occupational Safety and Health

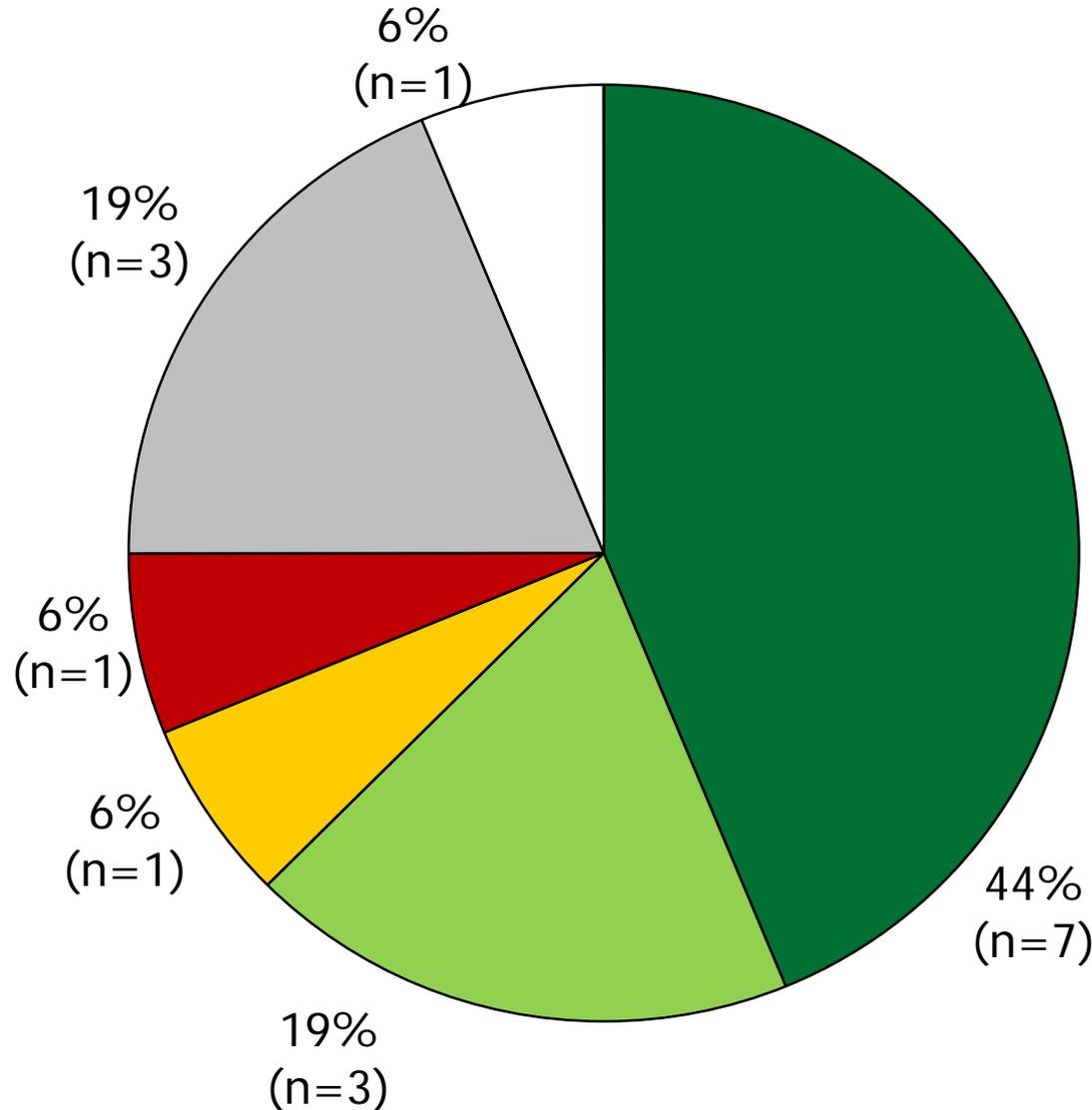
- OSH-1.1 Reduce deaths from work-related injuries (All industry).
- OSH-1.2 Reduce deaths from work-related injuries (Mining).
- OSH-1.3 Reduce deaths from work-related injuries (Construction).
- OSH-1.4 Reduce deaths from work-related injuries (Transportation and warehousing).
- OSH-1.5 Reduce deaths 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 injuries
- 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

● Target met ● Improving ● Little/No change ● Getting worse ● Baseline only ○ Developmental



Current HP2020 Objective Status: Occupational Safety and Health

**Total number
of objectives:
16**





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**



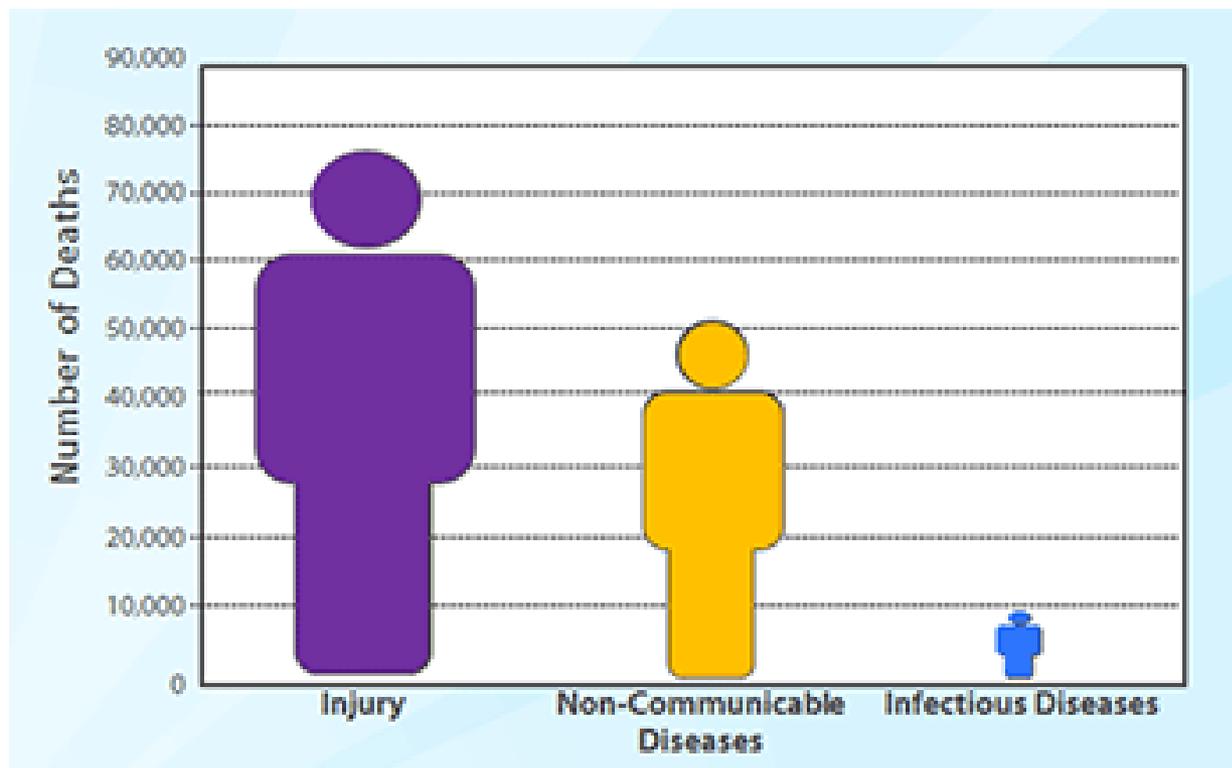
Public Health Impact: Occupational Safety and Health

- 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

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

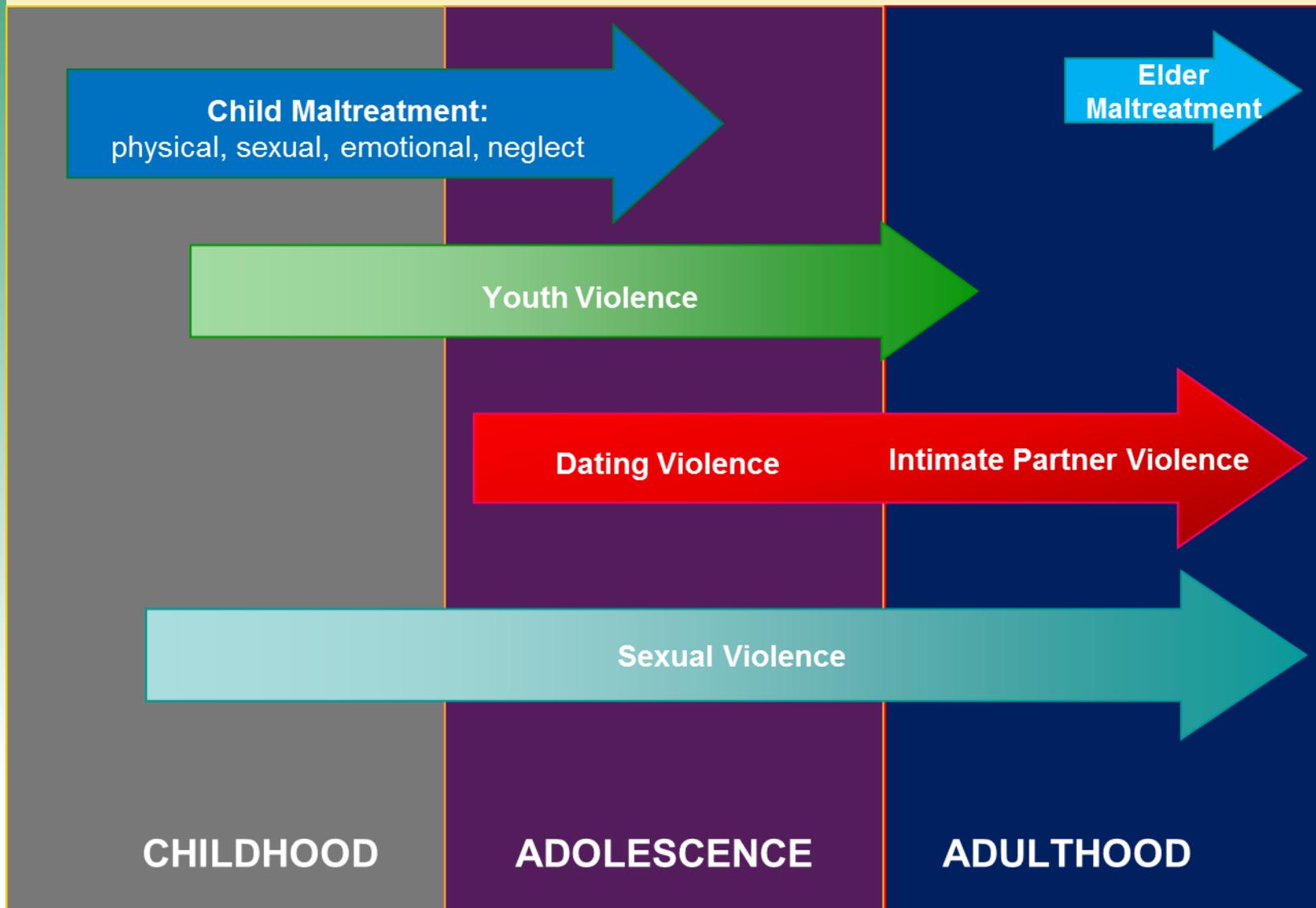


Traumatic Brain Injury



Violence Against Children and Youth

Violence Across the Lifespan



Violence Against Children and Youth



Injury or death

Life-long consequences

Subsequent violence

Linked to chronic diseases

Obesity

Alcohol/Drug abuse

HIV risk

Depression

Asthma

Financial costs

Eating disorders

Striving to Reduce Youth Violence Everywhere (STRYVE)



Decrease risk factors & increase protective factors

Build Capacity
of Local Health
Department

Convene Multi-
Sector Coalition

Evidence-Based
Prevention



STRYVE Online: www.VetoViolence.org/STRYVE

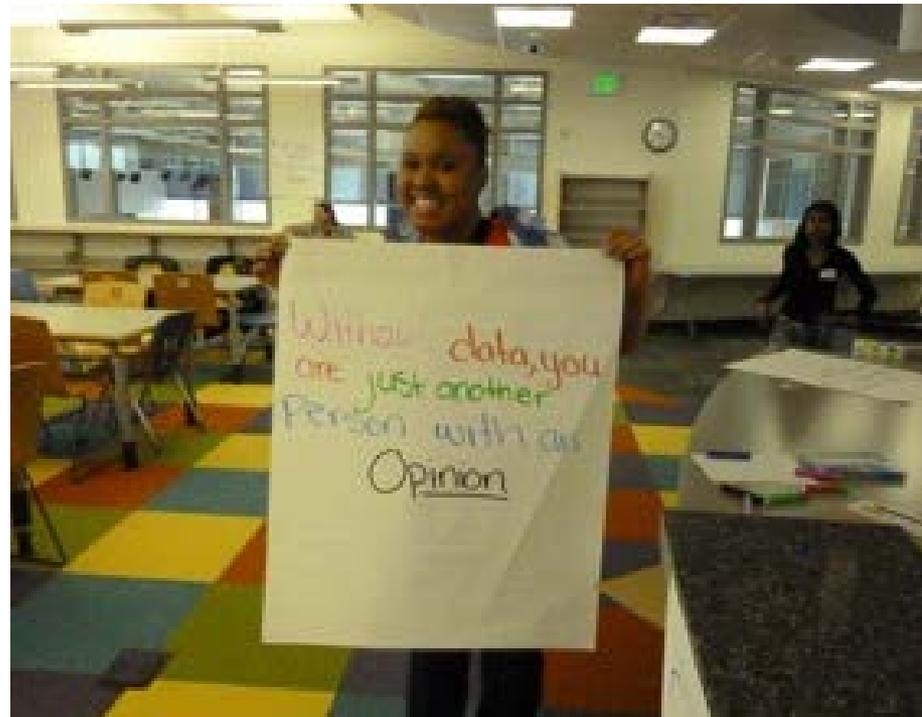
Objectives: IVP-33 reduce physical assaults, IVP- 34 reduce physical fighting among adolescents, IVP-29 reduce homicides





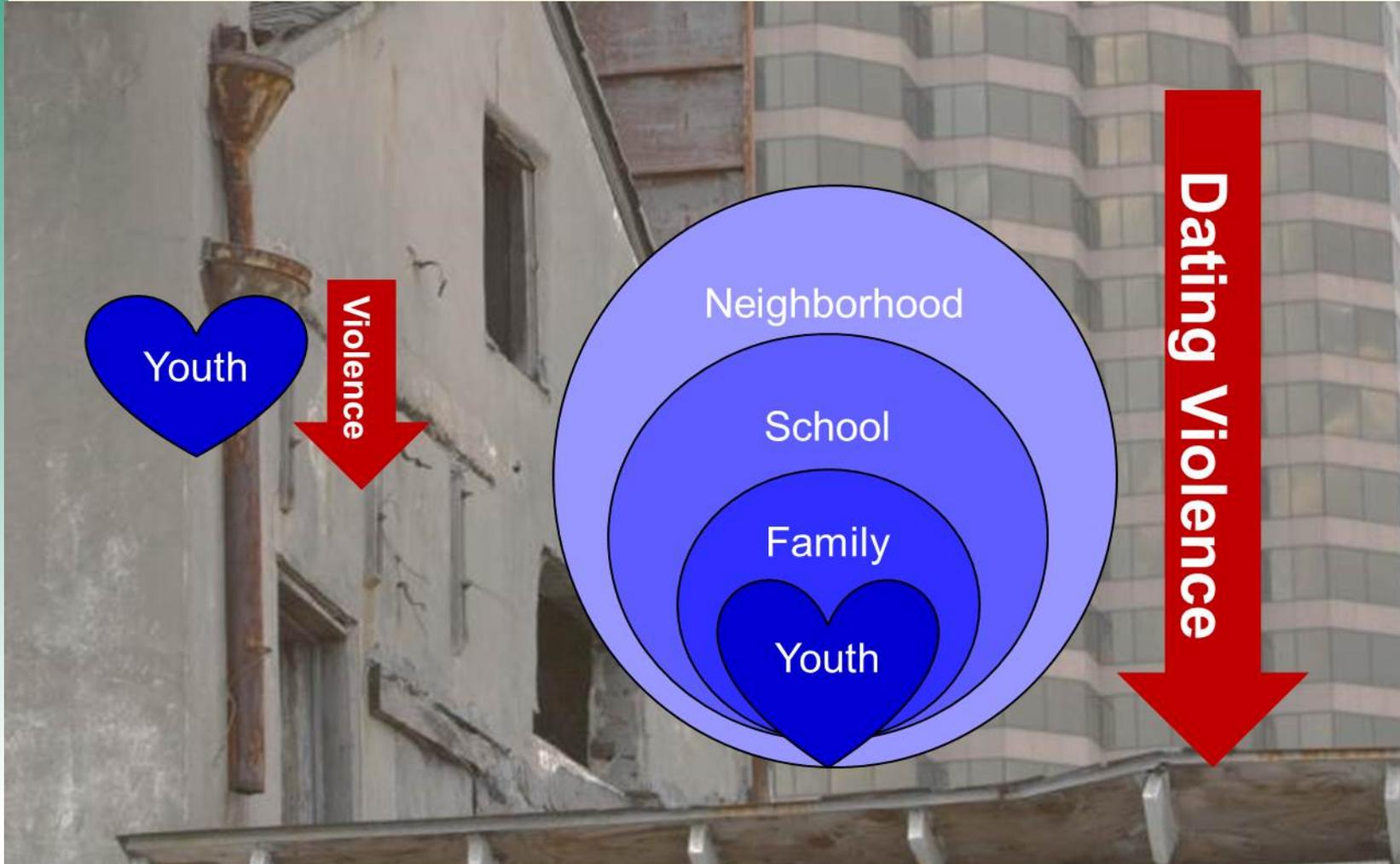
Academic Centers of Excellence in Youth Violence Prevention

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

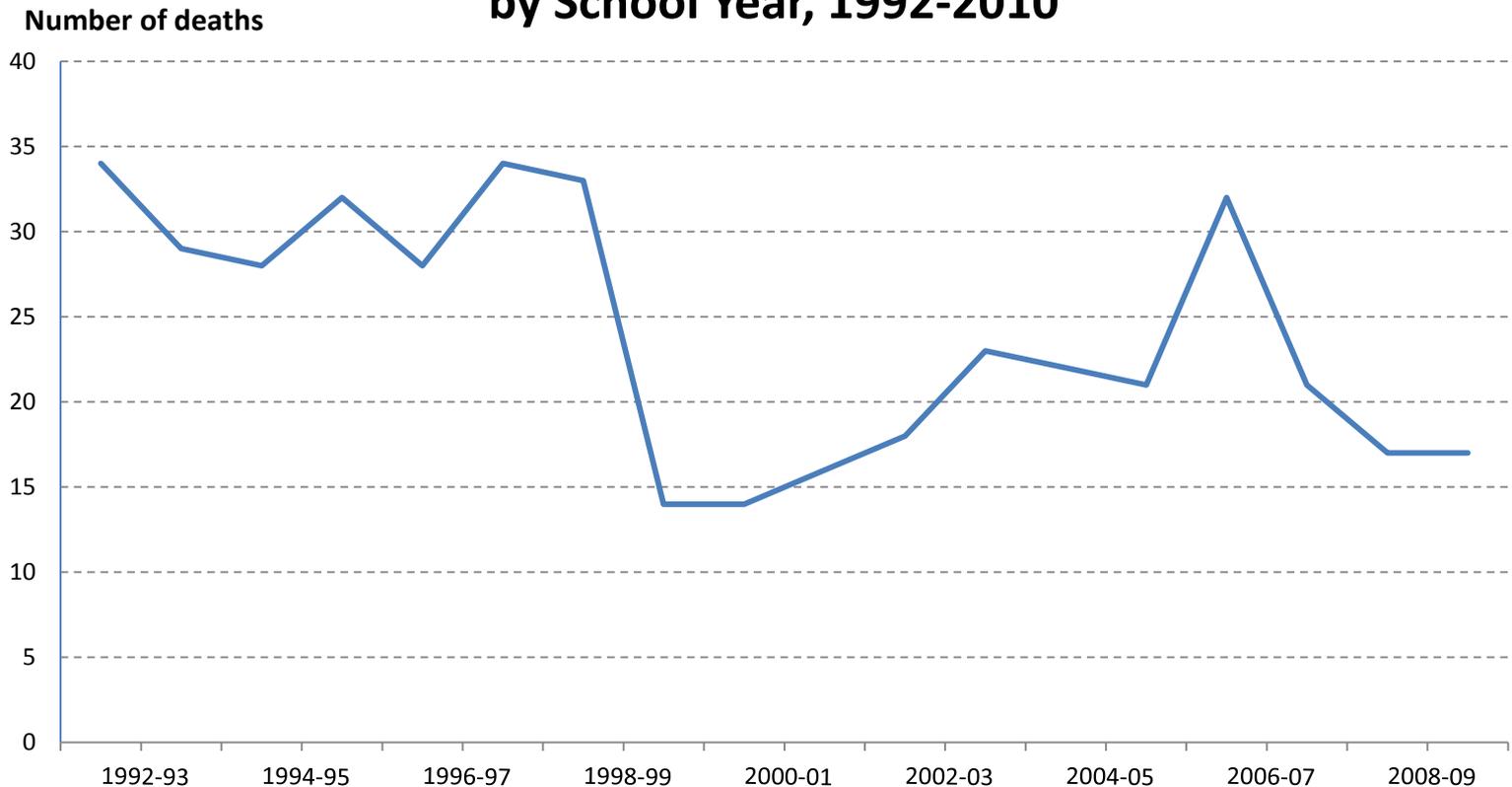


Objective: IVP-39 reduce violence by current or former intimate partners



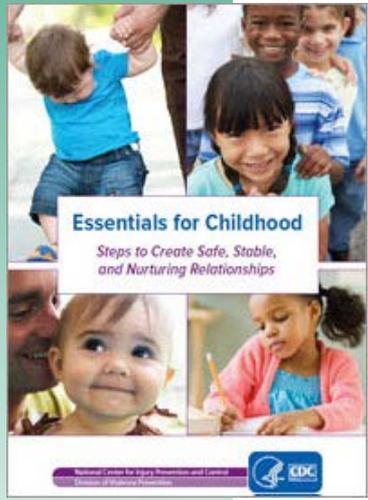
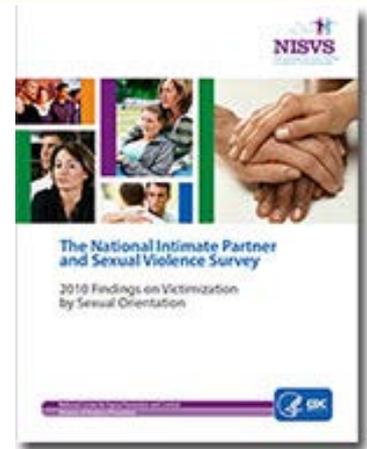
School Associated Violent Death Surveillance System (SAVD)

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

NCIPC Resources for Preventing Violence Across the Lifespan



www.cdc.gov/injury





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

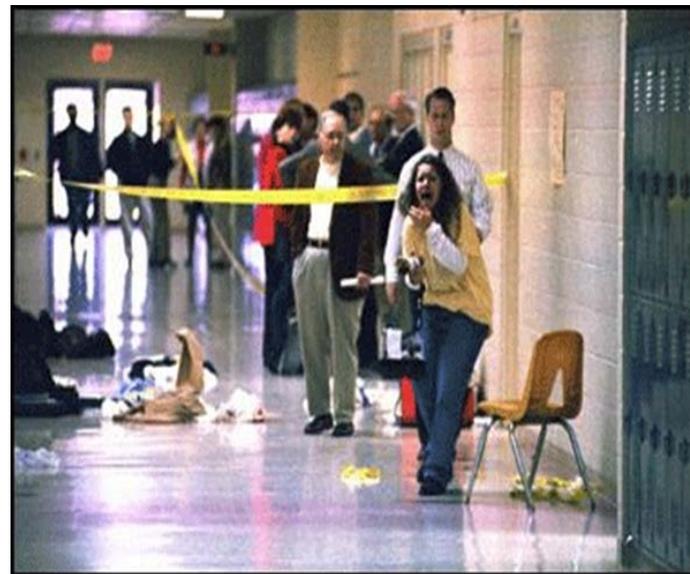


Advancing Occupational Safety and Health HP 2020 Objectives

- 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

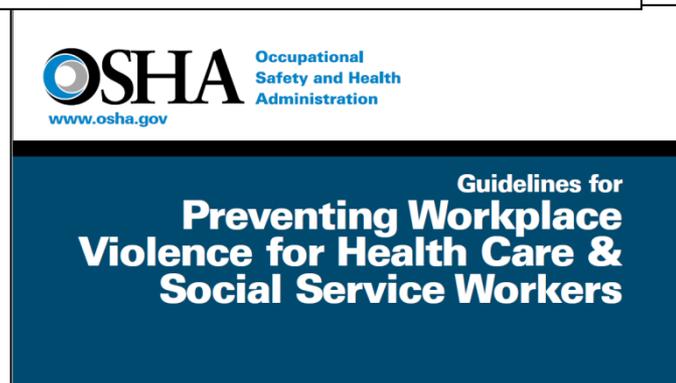
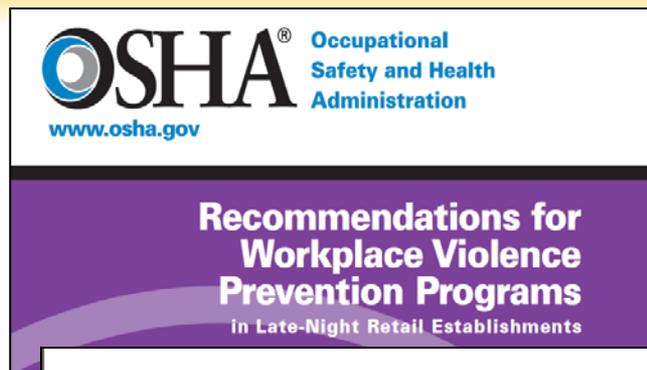


**Risks and Prevention Strategies Vary by
Violence Type and Industry**



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

NIOSH Resources for HP 2020 Workplace Violence Objectives



Workplace Safety & Health Topics



Workplace Safety and Health Topics

Industries & Occupations

Hazards & Exposures

Diseases & Injuries

► Violence

Publications

US Government Occupational Violence Links

Other Workplace Violence Related Links

Research on Occupational Violence and Homicide

Safety & Prevention

Chemicals

Emergency Preparedness & Response

Podcast

Workplace Safety and Women

(Includes a section on workplace violence)

NIOSH > Workplace Safety and Health Topics > Diseases & Injuries

Recommend 29 Tweet 9 Share

OCCUPATIONAL VIOLENCE

The magnitude of workplace violence in the United States is measured with fatal and nonfatal statistics from several sources. The Bureau of Labor Statistics' Census of Fatal Occupational Injuries (CFOI) reported 13,827 workplace homicide victims between 1992 and 2010. Averaging over 700 homicides per year, the largest number of homicides in one year (n=1080) occurred in 1994, while the lowest number (n=518) occurred in 2010.

From 2003 to 2010 over half of the workplace homicides occurred within three occupation classifications: sales and related occupations (28%), protective service occupations (17%), and transportation and material moving occupations (13%).

The Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII) reported an estimated 130,920 nonfatal occupational injuries and illnesses involving days away from work during the 2003 to 2010 time period. The Healthcare and Social Assistance Industry accounted for 63% of these injuries and illnesses each year.

Data collected by the Consumer Product Safety Commissions' National Electronic Injury Surveillance System (NEISS) that is collected in collaboration with NIOSH (NEISS-Work Supplement) estimated more than 137,000 workers were treated in emergency departments for nonfatal assaults in 2009.

The Bureau of Justice Statistics' National Crime Victimization Survey (NCVS) estimated the number of nonfatal violent crimes occurring against persons 16 or older while they were at work in 2009 at 572,000.



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Contact Us:

[National Institute for Occupational Safety and Health \(NIOSH\)](#)

Centers for Disease Control and Prevention

800-CDC-INFO

(800-232-4636)

TTY:

(888) 232-6348

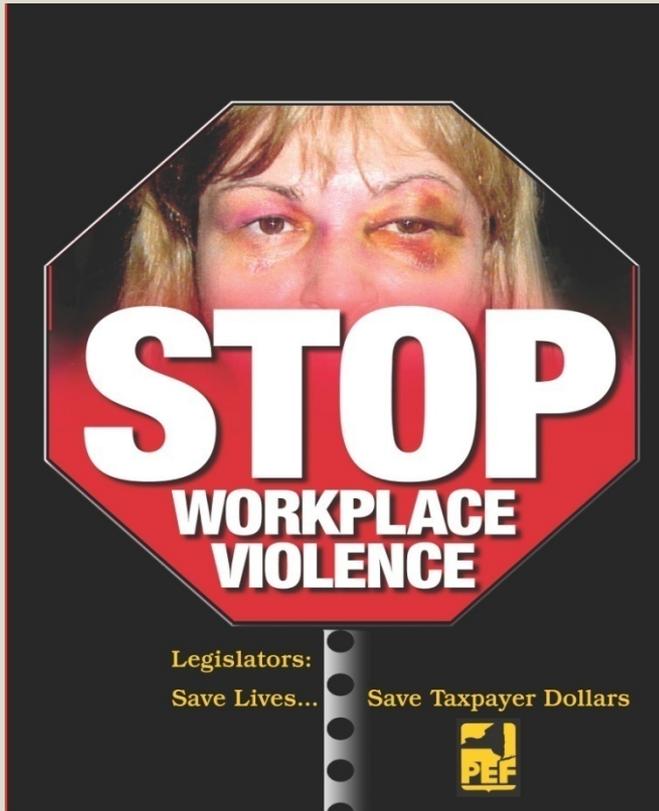
New Hours of Operation
8am-8pm ET/Monday-Friday
Closed Holidays

[Contact CDC-INFO](#)

www.cdc.gov/niosh/topics/violence/

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

<u>Occ Group</u>	<u>FTEs</u>	<u># Incid.</u>	<u>Rate</u>
Therapy Aides	2890	1052	36.4%
Secure Aides	939	778	82.9%
Nurses	1616	379	23.5%
Overall	5445	2209	40.6%



Jill D., RN - Psychiatric Nurse

November 1996



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

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- Tom Simon (NCIPC)
- Gwen Cattledge (NCIPC)
- Jane Bigham (NIOSH)
- DeKeely Hartsfield (NIOSH)
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YOUTUBE

[ODPHP\(search “healthy people”\)](https://www.youtube.com/watch?v=)