

CHAPTER 24

Injury and Violence Prevention (IVP)

Lead Agency

Centers for Disease Control and Prevention

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Goal: Prevent unintentional injuries and violence, and reduce their consequences.

This chapter includes objectives related to injuries and violence, including fatal and nonfatal injuries, relevant behaviors, the availability of injury surveillance systems, and state laws for unintentional injury prevention. The Reader's Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

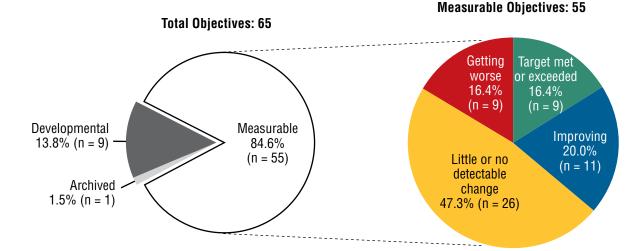


Figure 24–1. Midcourse Status of the Injury and Violence Prevention Objectives

Of the 65 objectives in the Injury and Violence Prevention Topic Area, 1 was archived,² 9 were developmental,³ and 55 were measurable⁴ (Figure 24–1, Table 24–1). The midcourse status of the measurable objectives (Table 24–2) was as follows:

- 9 objectives had met or exceeded their 2020 targets,⁵
- 11 objectives were improving,⁶
- 26 objectives had demonstrated little or no detectable change,⁷ and
- 9 objectives were getting worse.⁸

Selected Findings

INJURY PREVENTION

Injuries

The age-adjusted rate of injury deaths (IVP-1.1) per 100,000 population decreased from 59.7 in 2007 to 58.8 in 2013, moving toward the 2020 target (Table 24–2).

- » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted injury death rate (IVP-1.1, Table 24–3).
- The age-adjusted rate of nonfatal injury hospitalizations (IVP-1.2) per 100,000 population demonstrated little or no detectable change between 2007 (617.6) and 2010 (598.6) (Table 24–2).
 - » In 2010, there was a statistically significant disparity by race in the age-adjusted rate of nonfatal injury hospitalizations (IVP-1.2, Table 24–3). The disparity by sex was not statistically significant.
- The age-adjusted rate of emergency department visits for nonfatal injuries (IVP-1.3) per 100,000 population increased from 8,370.4 in 2007 to 10,163.7 in 2011, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2011, there were statistically significant disparities by sex and race and ethnicity in the age-adjusted emergency department visit rate for nonfatal injuries (IVP-1.3, Table 24–3).

The disparity by provider's geographic location was not statistically significant.

- The age-adjusted rate of traumatic brain injury deaths (IVP-2.1) per 100,000 population decreased from 17.4 in 2007 to 16.3 in 2013, moving toward the 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted traumatic brain injury death rate (IVP-2.1, Table 24–3).
- The age-adjusted rate of nonfatal traumatic brain injury hospitalizations (IVP-2.2) per 100,000 population demonstrated little or no detectable change between 2007 (85.6) and 2010 (96.6) (Table 24–2).
 - In 2010, there were statistically significant disparities by sex and race in the age-adjusted rate of nonfatal traumatic brain injury hospitalizations (IVP-2.2, Table 24–3).
- The age-adjusted rate of emergency department visits for nonfatal traumatic brain injuries (IVP-2.3) per 100,000 population increased from 407.2 in 2007 to 770.3 in 2011, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2011, there was a statistically significant disparity by sex for the age-adjusted rate of emergency department visits for nonfatal traumatic brain injuries (IVP-2.3, Table 24–3). The disparities by race and ethnicity and provider's geographic location were not statistically significant.
- The age-adjusted rate of spinal cord injury deaths (IVP-3.1) per 100,000 population decreased from 0.53 in 2007 to 0.48 in 2013, meeting the 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted spinal cord injury death rate (IVP-3.1, Table 24–3).

Access to Care

- The proportion of statewide emergency department data systems collecting external-cause-of-injury codes (IVP-6) increased from 67.9% in 2008 to 82.8% in 2012, moving toward the 2020 target (Table 24–2).
- The proportion of statewide hospital discharge data systems collecting external-cause-of-injury codes (IVP-7) increased from 64.3% in 2008 to 73.3% in 2012, moving toward the 2020 target (Table 24–2).

- The proportion of persons in the continental United States who lived within 1 hour of a trauma center (IVP-8.1) increased from 83.1% in 2009 to 90.7% in 2010, moving toward the 2020 target (Table 24–2).
- The percentage of the continental United States land mass that was within 1 hour of a trauma center (IVP-8.2) increased from 28.7% in 2009 to 40.9% in 2010, exceeding the 2020 target (Table 24–2).

Poisonings

- The age-adjusted rate of **poisoning deaths** (IVP-9.1) per 100,000 population increased from 13.2 in 2007 to 15.2 in 2013, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2013, 13 states had met the national 2020 target (IVP-9.1, Map 24–1).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of poisoning deaths (IVP-9.1, Table 24–3).
- The rate of poisoning deaths among persons aged 35–54 (IVP-9.2) per 100,000 population increased from 25.6 in 2007 to 28.0 in 2013, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the rate of poisoning deaths among persons aged 35–54 (IVP-9.2, Table 24–3).
- The age-adjusted rate of poisoning deaths of unintentional or undetermined intent (IVP-9.3) per 100,000 population increased from 11.1 in 2007 to 13.2 in 2013, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of poisoning deaths of unintentional or undetermined intent (IVP-9.3, Table 24–3).
- The rate of poisoning deaths of unintentional or undetermined intent among persons aged 35–54 (IVP-9.4) per 100,000 population increased from 21.6 in 2007 to 24.3 in 2013, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in poisoning deaths of unintentional or undetermined intent among persons aged 35–54 (IVP-9.4, Table 24–3).

- The age-adjusted rate of **emergency department visits for nonfatal poisonings** (IVP-10) per 100,000 population increased from 304.8 in 2008 to 414.6 in 2013, moving away from the baseline and 2020 target (Table 24–2).
 - » In 2013, there was a statistically significant disparity by sex in the age-adjusted emergency department visit rate for nonfatal poisonings (IVP-10, Table 24–3).

UNINTENTIONAL INJURY PREVENTION

Unintentional Injuries

- The age-adjusted rate of unintentional injury deaths (IVP-11) per 100,000 population decreased from 40.4 in 2007 to 39.4 in 2013, moving toward the 2020 target (Table 24–2).
 - In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted unintentional injury death rate (IVP-11, Table 24–3).
- There was little or no detectable change in the ageadjusted rate of emergency department visits for nonfatal unintentional injuries (IVP-12) per 100,000 population between 2008 and 2013 (9,233.5 and 9,149.8, respectively) (Table 24–2).
 - In 2013, there was a statistically significant disparity by sex in the age-adjusted rate of emergency department visits for nonfatal unintentional injuries (IVP-12, Table 24–3).

Motor Vehicle, Pedestrian, and Cyclist Injuries

- The age-adjusted rate of motor vehicle crash deaths (IVP-13.1) per 100,000 population declined from 13.8 in 2007 to 10.5 in 2013, exceeding the 2020 target (Table 24–2).
 - » In 2013, 33 states and the District of Columbia had achieved the national 2020 target for motor vehicle crash deaths (IVP-13.1, Map 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of motor vehicle crash deaths (IVP-13.1, Table 24–3).
- The rate of motor vehicle crash deaths on public roads (IVP-13.2) per 100 million miles driven declined from 1.3 deaths in 2008 to 1.1 deaths in 2013, exceeding the 2020 target (Table 24–2).

- The rate of nonfatal motor vehicle crash injuries on public roads (IVP-14) per 100,000 population demonstrated little or no detectable change from 2008 to 2013 (771.4 and 731.6, respectively) (Table 24–2).
 - In 2013, the disparity by sex in nonfatal motor vehicle crash injuries (IVP-14) was not statistically significant (Table 24–3).
- The proportion of persons who wore safety belts while driving or riding in a car (IVP-15) increased from 84% in 2009 to 87% in 2014, moving toward the 2020 target (Table 24–2).
 - In 2014, the disparity by geographic location in the proportion of persons who wore safety belts while driving or riding in a car (IVP-15) was not statistically significant (Table 24–3).
- Between 2008 and 2013, the rate of pedestrian deaths on public roads (IVP-18) per 100,000 population demonstrated little or no detectable change (1.5 and 1.5, respectively), as did the rate of nonfatal pedestrian injuries on public roads (IVP-19) per 100,000 population (22.6 and 20.9, respectively); and the rate of pedalcyclist deaths on public roads (IVP-20) per 100,000 population (0.24 and 0.24, respectively) (Table 24–2).
 - » In 2013, the disparity by sex in pedestrian deaths on public roads (IVP-18) was not tested for statistical significance (Table 24–3).
 - » In 2013, there was a statistically significant disparity by sex in nonfatal pedestrian injuries on public roads (IVP-19, Table 24–3).
 - » In 2013, the disparity by sex in pedalcyclist deaths on public roads (IVP-20) was not tested for statistical significance (Table 24–3).
- The proportion of motorcycle operators and passengers who use helmets (IVP-22) demonstrated little or no detectable change from 2009 to 2014 (67% and 64%, respectively) (Table 24–2).
 - » In 2014, the disparity by geographic location in helmet use by motorcycle operators and passengers (IVP-22) was not statistically significant (Table 24–3).

Other Unintentional Injuries

Between 2007 and 2013, the age-adjusted rate of deaths from unintentional falls (IVP-23.1) per 100,000 population increased from 7.2 to 8.5, moving away from the baseline and 2020 target (Table 24–2).

- » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted death rate from unintentional falls (IVP-23.1, Table 24–3).
- Between 2007 and 2013, the age-adjusted rate of deaths from unintentional falls among persons aged 65 and over (IVP-23.2) per 100,000 population increased from 47.0 to 56.7, moving away from the baseline and 2020 target (Table 24–2).
 - In 2013, there were statistically significant disparities by sex and race and ethnicity in the ageadjusted death rate from unintentional falls among persons aged 65 and over (IVP-23.2, Table 24–3). The disparity by geographic location was not statistically significant.
- The age-adjusted rate of unintentional suffocation deaths (IVP-24.1) per 100,000 population demonstrated little or no detectable change between 2007 and 2013 (2.0 and 2.0, respectively) (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted unintentional suffocation death rate (IVP-24.1, Table 24–3).
- The rate of unintentional suffocation deaths among infants aged 0–12 months (IVP-24.2) per 100,000 population demonstrated little or no detectable change between 2007 and 2013 (23.1 and 24.8, respectively) (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in unintentional suffocation deaths among infants aged 0–12 months (IVP-24.2, Table 24–3).
- The age-adjusted rate of unintentional suffocation deaths among adults aged 65 and over (IVP-24.3) per 100,000 population demonstrated little or no detectable change between 2007 and 2013 (8.3 and 8.1, respectively) (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted rate of unintentional suffocation deaths among adults aged 65 and over (IVP-24.3, Table 24–3).
- The age-adjusted rate of **deaths due to drowning** (IVP-25) per 100,000 population declined from 1.2 in 2007 to 1.1 in 2013, meeting the 2020 target (Table 24–2).

- In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted death rate due to drowning (IVP-25, Table 24–3).
- There was little or no detectable change in the ageadjusted rate of sports and recreation injuries that required medical consultation (IVP-26) per 1,000 population between 2008 and 2014 (46.6 and 45.0, respectively) (Table 24–2).
 - » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, and family income in the age-adjusted rate of sports and recreation injuries that required medical consultation (IVP-26, Table 24–3). The disparities by disability status and geographic location were not statistically significant.
- Between 2006 and 2014, the proportion of public and private schools that required students to use appropriate protective gear during physical education classes (IVP-27.1) increased from 76.8% to 84.2%; and the proportion that required use of appropriate protective gear for intramural activities and physical activity clubs (IVP-27.2) increased from 85.8% to 93.1%, moving toward their respective 2020 targets (Table 24–2).
- The age-adjusted rate of residential fire deaths (IVP-28) per 100,000 population declined from 0.95 in 2007 to 0.70 in 2013, exceeding the 2020 target (Table 24–2).
 - In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted residential fire death rate (IVP-28, Table 24–3).

VIOLENCE PREVENTION

- The age-adjusted rate of homicides (IVP-29) per 100,000 population declined from 6.1 in 2007 to 5.2 in 2013, exceeding the 2020 target (Table 24–2).
 - In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted homicide rate (IVP-29, Table 24–3).
- There was little or no detectable change in the ageadjusted rate of firearm-related deaths (IVP-30) per 100,000 population between 2007 and 2013 (10.3 and 10.4, respectively) (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted firearmrelated death rate (IVP-30, Table 24–3).

- There was little or no detectable change in the rate of emergency department visits for nonfatal firearmrelated injuries (IVP-31) per 100,000 population between 2007 and 2013 (20.7 and 23.8, respectively) (Table 24–2).
 - » In 2013, there was a statistically significant disparity by sex in emergency department visits for nonfatal firearm-related injuries (IVP-31, Table 24–3).
- There was little or no detectable change in the ageadjusted rate of emergency department visits for nonfatal physical assault injuries (IVP-32) per 100,000 population between 2008 and 2013 (512.5 and 508.9, respectively) (Table 24–2).
 - » In 2013, there was a statistically significant disparity by sex in the age-adjusted rate of emergency department visits for nonfatal physical assault injuries (IVP-32, Table 24–3).
- The rate of physical assaults among persons aged 12 years and over (IVP-33) per 1,000 population demonstrated little or no detectable change between 2008 and 2013 (21.3 and 19.6, respectively) (Table 24–2).
 - » In 2013, there were statistically significant disparities by race and ethnicity, education, and family income in physical assaults among persons aged 12 years and over (IVP-33, Table 24–3). The disparity by sex was not statistically significant.
- The proportion of adolescents in grades 9–12 who engaged in physical fighting during the past 12 months (IVP-34) decreased from 31.5% in 2009 to 24.7% in 2013, exceeding the 2020 target (Table 24–2).
 - » In 2013, there were statistically significant disparities by sex and race and ethnicity in the proportion of adolescents in grades 9–12 who engaged in physical fighting during the past 12 months (IVP-34, Table 24–3).
- Bullying among adolescents in grades 9–12 (IVP-35) demonstrated little or no detectable change between 2009 and 2013 (19.9% and 19.6%, respectively) (Table 24–2).
 - In 2013, there were statistically significant disparities by sex and race and ethnicity in bullying among adolescents in grades 9–12 (IVP-35, Table 24–3).
- Weapon carrying on school property by adolescents in grades 9–12 (IVP-36) demonstrated little or no detectable change between 2009 and 2013 (5.6% and 5.2%, respectively) (Table 24–2).

- » In 2013, there was a statistically significant disparity by sex in weapon carrying on school property by adolescents in grades 9–12 (IVP-36, Table 24–3). The disparity by race and ethnicity was not statistically significant.
- The rate of child maltreatment deaths⁹ among children and youth under age 18 (IVP-37) per 100,000 population declined from 2.3 in 2008 to 2.1 in 2013, meeting the 2020 target (Table 24–2).
 - » In 2013, the disparity by sex in child maltreatment deaths among children and youth under age 18 was not tested for statistical significance (IVP-37, Table 24–3).
- The rate of nonfatal maltreatment of children and youth under age 18 (IVP-38) per 1,000 population decreased from 9.4 in 2008 to 9.1 in 2013, moving toward the 2020 target (Table 24–2).
 - » In 2013, the disparity by sex in nonfatal maltreatment of children and youth under age 18 was not tested for statistical significance (IVP-38, Table 24–3).
- The age-adjusted rate of emergency department visits for nonfatal intentional self-harm injuries (IVP-41) per 100,000 population demonstrated little or no detectable change from 2008 to 2013 (124.9 and 160.5, respectively) (Table 24–2).
 - » In 2013, the disparity by sex in the age-adjusted rate of emergency department visits for nonfatal intentional self-harm injuries was not statistically significant (IVP-41, Table 24–3).
- There was little or no detectable change in the proportion of children aged 17 years and under who were exposed to violence (IVP-42) from 2008 to 2013–2014 (58.9% and 56.6%, respectively) (Table 24–2).
 - » In 2013–2014, there was a statistically significant disparity by disability status in the proportion of children aged 17 years and under who were exposed to violence (IVP-42, Table 24–3). The disparities by sex, race and ethnicity, and family income were not statistically significant.
- Between 2009 and 2015, the number of states (including the District of Columbia) that linked data on violent deaths from death certificates, law enforcement, and medical examiner reports (IVP-43) increased from 16 to 32, moving toward the 2020 target (Table 24–2, Map 24–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: https://www.healthypeople.gov/2020/ topics-objectives/topic/injury-and-violence-prevention
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: https://www. healthypeople.gov/2020/topics-objectives/topic/ injury-and-violence-prevention/objectives Select an objective, then click on the "Data Details" icon.
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: https://www.healthypeople.gov/2020/topicsobjectives/topic/injury-and-violence-prevention/ objectives

Select an objective, then click on the "Data2020" icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Bicycle Helmet Safety Institute: http://www.helmets.org/
- Bridged-race Population Estimates: http://www.cdc.gov/nchs/nvss/bridged_race.htm
- Fatality Analysis Reporting System: http://www.nhtsa.gov/Data/ Fatality-Analysis-Reporting-System-(FARS)
- National Automotive Sampling System General Estimates System: http://www.nhtsa.gov/Data/ National-Automotive-Sampling-System-(NASS)/ NASS-General-Estimates-System
- Healthcare Cost and Utilization Project–State Emergency Department Databases: https://www.hcup-us.ahrq.gov/seddoverview.jsp
- Healthcare Cost and Utilization Project–State Inpatient Databases: https://www.hcup-us.ahrq.gov/sidoverview.jsp
- National Child Abuse and Neglect Data System: http://www.acf.hhs.gov/programs/cb/ research-data-technology/reporting-systems/ncands
- National Crime Victimization Survey: http://www.bjs.gov/index.cfm?ty=dcdetail&iid=245

- National Electronic Injury Surveillance System: http://www.cpsc.gov/en/Research--Statistics/ NEISS-Injury-Data/
- National Electronic Injury Surveillance System–All Injury Program: https://www.healthypeople.gov/2020/ data-source/national-electronic-injury-surveillancesystem-all-injury-program
- National Health Interview Survey: http://www.cdc.gov/nchs/nhis.htm
- National Hospital Ambulatory Medical Care Survey: http://www.cdc.gov/nchs/ahcd.htm
- National Hospital Discharge Survey: http://www.cdc.gov/nchs/nhds.htm
- National Occupant Protection Use Surveys: http://www-nrd.nhtsa.dot.gov/Cats/listpublications. aspx?ld=7&ShowBy=Category
- National Survey of Children's Exposure to Violence: https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf
- National Survey on the Use of Booster Seats: https://crashstats.nhtsa.dot. gov/#/?Id=49&ShowBy=Category
- National Violent Death Reporting System: http://www.cdc.gov/violenceprevention/nvdrs/
- National Vital Statistics System–Mortality: http://www.cdc.gov/nchs/deaths.htm
- School Health Policies and Practices Study: http://www.cdc.gov/healthyyouth/data/shpps/index. htm
- Trauma Information Exchange Program: http://www. amtrauma.org/?page=TIEP&hhSearchTerms=%22traum a+and+information+and+exchange+and+program%22
- Youth Risk Behavior Surveillance System: http://www. cdc.gov/healthyyouth/data/yrbs/index.htm

Footnotes

¹The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

²**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

³**Developmental** objectives did not have a national baseline value.

⁴Measurable objectives had a national baseline value.

⁵Target met or exceeded—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

⁶Improving—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁷Little or no detectable change—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁸Getting worse—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

⁹Child fatality due to maltreatment is defined as the death of a child as a result of abuse or neglect, because either (a) an injury resulting from the abuse or neglect of a child was the cause of the death, or (b) abuse and/or neglect were contributing factors to the cause of death. Fatalities among children of an unknown age, including unborn children, are excluded.

Suggested Citation

National Center for Health Statistics. Chapter 24: Injury and Violence Prevention. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

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Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number Objective Statement		Data Sources	Midcourse Data Availability	
njury Prevention				
IVP-1.1	Reduce fatal injuries	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-1.2	Reduce hospitalizations for nonfatal injuries	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census		
IVP-1.3	Reduce emergency department (ED) visits for nonfatal injuries	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census		
IVP-2.1	Reduce fatal traumatic brain injuries	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-2.2	Reduce hospitalizations for nonfatal traumatic brain injuries	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census		
IVP-2.3	Reduce emergency department (ED) visits for nonfatal traumatic brain injuries	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census		
IVP-3.1	Reduce fatal spinal cord injuries	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-3.2	Reduce hospitalizations for nonfatal traumatic spinal cord injuries	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census		
IVP-4	(Developmental) Increase the number of states and the District of Columbia where 90 percent	(Potential) National Center for Child Death Review, Michigan Public Health Institute	Not Applicable	
	of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team	(MPHI); National Vital Statistics System– Mortality (NVSS–M), CDC/NCHS		
IVP-5	(Developmental) Increase the number of states and the District of Columbia where 90 percent	(Potential) National Center for Child Death Review, Michigan Public Health Institute	Not Applicable	
	of sudden and unexpected deaths to infants are reviewed by a child fatality review team	(MPHI); National Vital Statistics System– Mortality (NVSS–M), CDC/NCHS		

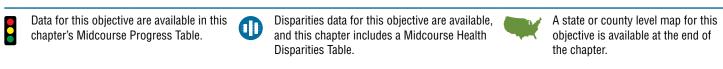
LEGEND Data for this objective are available in this Disparities data for this objective are available, A state or county level map for this ጠ ĕ chapter's Midcourse Progress Table. and this chapter includes a Midcourse Health objective is available at the end of Disparities Table. the chapter. Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not Not Applicable have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. **Midcourse Data Objective Number Objective Statement Data Sources** Availability Injury Prevention—Continued

IVP-6 Increase the proportion of states and the District of Columbia with statewide emergency department data systems that routinely collect external-cause-of-injury codes for 90 percent or more of injury-related visits		Healthcare Cost and Utilization Project–State Emergency Department Databases (HCUP–SEDD), AHRQ			
IVP-7	Increase the proportion of states and the District of Columbia with statewide hospital discharge data systems that routinely collect external-cause-of-injury codes for 90 percent or more of injury-related discharges	Healthcare Cost and Utilization Project–State Inpatient Databases (HCUP–SID), AHRQ			
IVP-8.1	Increase the proportion of the population residing within the continental United States with access to trauma care	Trauma Information Exchange Program (TIEP), American Trauma Society (ATS)			
IVP-8.2	Increase the proportion of the land mass of the continental United States with access to trauma care	Trauma Information Exchange Program (TIEP), American Trauma Society (ATS)			
IVP-9.1	Prevent an increase in poisoning deaths among all persons	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	🚦 🕕 🐃		
IVP-9.2	Prevent an increase in poisoning deaths among persons aged 35 to 54 years	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census			
IVP-9.3	Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among all persons	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census			
IVP-9.4	Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among persons aged 35 to 54 years	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	ed-race 8 U		
IVP-10	Prevent an increase in nonfatal poisonings	National Electronic Injury Surveillance System– All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census		0	

LEGEND Data for this objective are available in this chapter includes a for this objective are available, and this chapter includes a Midcourse Health Disparities Table. A state or county level map for this objective is available at the end of the chapter. Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. A state or county level map for this objective are available. Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability		
Jnintentional Injury	Prevention				
IVP-11	Reduce unintentional injury deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census			
IVP-12	Reduce nonfatal unintentional injuries	National Electronic Injury Surveillance System– All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census			
IVP-13.1	Reduce motor vehicle crash-related deaths per 100,000 population	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	8 🕕 🐃		
IVP-13.2	Reduce motor vehicle crash-related deaths per 100 million vehicle miles traveled	Fatality Analysis Reporting System (FARS), DOT/NHTSA	8		
IVP-14	Reduce nonfatal motor vehicle crash-related injuries	General Estimates System (GES), DOT/NHTSA; Population Estimates, Census			
IVP-15	Increase use of safety belts	National Occupant Protection Use Survey (NOPUS), DOT/NHTSA			
IVP-16.1	Increase age-appropriate vehicle restraint system use in children aged 0 to 12 months	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA			
IVP-16.2	Increase age-appropriate vehicle restraint system use in children aged 1 to 3 years	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA	8		
IVP-16.3	Increase age-appropriate vehicle restraint system use in children aged 4 to 7 years	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA	8		
IVP-16.4	Increase age-appropriate vehicle restraint system use in children aged 8 to 12 years	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA			
IVP-17	(Archived) Increase the number of states and the District of Columbia with "good" graduated driver licensing (GDL) laws	Licensing Systems for Young Drivers, Insurance Institute for Highway Safety (IIHS)	Not Applicable		
IVP-18	Reduce pedestrian deaths on public roads	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census			

LEGEND



Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability				
Unintentional Injury Prevention—Continued							
IVP-19	Reduce nonfatal pedestrian injuries on public roads	General Estimates system (GES), DOT/NHTSA; Population Estimates, Census					
IVP-20	Reduce pedalcyclist deaths on public roads	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census					
IVP-21	Increase the number of states and the District of Columbia with laws requiring bicycle helmets for bicycle riders	Bicycle Helmet Safety Institute (BHSI)					
IVP-22	Increase the proportion of motorcycle operators and passengers using helmets	National Occupant Protection Use Survey (NOPUS), DOT/NHTSA					
IVP-23.1	Prevent an increase in fall-related deaths among all persons	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-23.2	Prevent an increase in fall-related deaths among adults aged 65 years and older	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-24.1	Reduce unintentional suffocation deaths among all persons	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-24.2	Reduce unintentional suffocation deaths among infants aged 0 to 12 months	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-24.3	Reduce unintentional suffocation deaths among persons aged 65 years and older	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-25	Reduce drowning deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census					
IVP-26	Reduce sports and recreation injuries	National Health Interview Survey (NHIS), CDC/NCHS					

Not Applicable

LEGEND Data for this objective are available in this Disparities data for this objective are available, A state or county level map for this ᠓ P chapter's Midcourse Progress Table. and this chapter includes a Midcourse Health objective is available at the end of Disparities Table. the chapter. Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not Not Applicable have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. **Midcourse Data Objective Number Objective Statement Data Sources** Availability

Unintentional Injury Prevention—Continued

	Increase the presention of multiple and private	Calcal Haalth Daliaisa and Durations Ctudy	_	
IVP-27.1	Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school–sponsored physical education	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP		
IVP-27.2	Increase the proportion of public and private schools that require students to wear appropriate protective gear when engaged in school–sponsored intramural activities or physical activity clubs	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP		
IVP-28	Reduce residential fire deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		
liolence Preven	tion			
IVP-29	Reduce homicides	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		•
IVP-30	Reduce firearm-related deaths	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-31	Reduce nonfatal firearm-related injuries	National Electronic Injury Surveillance System (NEISS), CPSC; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-32	Reduce nonfatal physical assault injuries	National Electronic Injury Surveillance System– All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census		
IVP-33	Reduce physical assaults	National Crime Victimization Survey (NCVS), DOJ/BJS		0
IVP-34	Reduce physical fighting among adolescents	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP		0
IVP-35	Reduce bullying among adolescents	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP		

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LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability		
Violence Prevention-	—Continued				
IVP-36	Reduce weapon carrying by adolescents on school property	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP			
IVP-37	Reduce child maltreatment deaths	National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates, Census			
IVP-38	Reduce nonfatal child maltreatment	National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates, Census			
IVP-39.1	(Developmental) Reduce physical violence by current or former intimate partners	To be determined	Not Applicable		
IVP-39.2	(Developmental) Reduce sexual violence by current or former intimate partners	To be determined	Not Applicable		
IVP-39.3	(Developmental) Reduce psychological abuse by current or former intimate partners	To be determined	Not Applicable		
IVP-39.4	(Developmental) Reduce stalking by current or former intimate partners	To be determined	Not Applicable		
IVP-40.1	(Developmental) Reduce rape or attempted rape	To be determined	Not Applicable		
IVP-40.2	(Developmental) Reduce abusive sexual contact other than rape or attempted rape	To be determined	Not Applicable		
IVP-40.3	(Developmental) Reduce non-contact sexual abuse	To be determined	Not Applicable		
IVP-41	Reduce nonfatal intentional self-harm injuries	National Electronic Injury Surveillance System– All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census			
IVP-42	Reduce children's exposure to violence	National Survey of Children's Exposure to Violence (NatSCEV), DOJ/OJJDP			

levels

Table 24–1. Injury and Violence Prevention Objectives—Continued

from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the state and local

LEGEND Data for this objective are available in this Disparities data for this objective are available, A state or county level map for this ጠ R chapter's Midcourse Progress Table. and this chapter includes a Midcourse Health objective is available at the end of Disparities Table. the chapter. Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not Not Applicable have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. **Midcourse Data Objective Statement Data Sources Objective Number** Availability Violence Prevention—Continued IVP-43 Increase the number of states and the District National Violent Death Reporting System of Columbia that link data on violent deaths (NVDRS), CDC/NCIPC

Table 24–2. Midcourse Progress for Measurable¹ Injury and Violence Prevention Objectives

\checkmark	Target met or exceeded ^{2,3}	Improving ^{4,5}	• Little or no detectable ch	ange ^{6–10}	Getting wors	6e ^{11,12}	Baseline only	13	nformational ¹⁴
		Objective Descrip	lion	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Injur	y Prevention								
 4	IVP-1.1 Fata population)	al Injuries (age-adjusted	, per 100,000	59.7 (2007)	58.8 (2013)	53.7	15.0%		Yes
O		nfatal injury hospitalizati population)	ons (age-adjusted,	617.6 (2007)	598.6 (2010)	555.8	30.7%		No
1		ergency department visi e-adjusted, per 100,000		8,370.4 (2007)	10,163.7 (2011)	7,533.4		21.4%	Yes
-}		umatic brain injury deat population)	ns (age-adjusted,	17.4 (2007)	16.3 (2013)	15.7	64.7%		Yes
O		nfatal traumatic brain inj ed, per 100,000 populat		85.6 (2007)	96.6 (2010)	77.0		12.9%	No
1		ergency department visi ain injuries (age-adjuste		407.2 (2007)	770.3 (2011)	366.5		89.2%	Yes
\checkmark		nal cord injury deaths (a population)	ige-adjusted,	0.53 (2007)	0.48 (2013)	0.48	100.0%		Yes
O	IVP-3.2 Nor (age-adjuste	nfatal spinal cord injury ed, per 100,000 populat	hospitalizations ion)	3.6 (2007)	4.2 (2009)	3.2		16.7%	No
 5	collecting ex	wide emergency departr kternal-cause-of injury c ates and D.C.)		67.9% (2008)	82.8% (2012)	85.0%	87.1%		
 5		wide hospital discharge ise-of injury codes (perc		64.3% (2008)	73.3% (2012)	85.0%	43.5%		
-		sons residing within 1 h ent, continental U.S.)	our of a trauma	83.1% (2009)	90.7% (2010)	91.4%	91.6%		
\checkmark		d mass within 1 hour of ntinental U.S.)	f a trauma center	28.7% (2009)	40.9% (2010)	31.6%	420.7%		
1		soning deaths (age-adju population)	sted,	13.2 (2007)	15.2 (2013)	13.2		15.2%	Yes
 1	¹ IVP-9.2 Pois 35–54 years	soning deaths (per 100, s)	000 population,	25.6 (2007)	28.0 (2013)	25.6		9.4%	Yes

LEGEN					_				
\checkmark	Target met or exceeded ^{2,3}	Improving ^{4,5}	O Little or no detectable ch	ange ^{6–10}	Getting wors	6 ^{11,12}	Baseline only	13	nformational ¹
		Objective Description	n	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹
Injury	y Prevention—	Continued							
1		soning deaths of unintent d intent (age-adjusted, p		11.1 (2007)	13.2 (2013)	11.1		18.9%	Yes
1		coning deaths of unintent d intent (per 100,000 po)		21.6 (2007)	24.3 (2013)	21.6		12.5%	Yes
1		rgency department visits age-adjusted, per 100,00		304.8 (2008)	414.6 (2013)	304.8		36.0%	Yes
Unint	tentional Injury	Prevention							
4	IVP-11 Unin per 100,000	tentional injury deaths (a population)	ge-adjusted,	40.4 (2007)	39.4 (2013)	36.4	25.0%		Yes
O		rgency department visits I injuries (age-adjusted, p		9,233.5 (2008)	9,149.8 (2013)	8,310.1	9.1%		No
\checkmark^2	IVP-13.1 Mo per 100,000	otor vehicle crash deaths population)	(age-adjusted,	13.8 (2007)	10.5 (2013)	12.4	235.7%		Yes
\checkmark		otor vehicle crash deaths lion vehicle miles)	on public roads	1.3 (2008)	1.1 (2013)	1.2	200.0%		
O		atal motor vehicle crash 00,000 population)	njuries on public	771.4 (2008)	731.6 (2013)	694.3	51.6%		No
•	IVP-15 Pers	ons using safety belts (pe	ercent)	84% (2009)	87% (2014)	92%	37.5%		Yes
O	IVP-16.1 Re (percent, 0–	ar-facing child safety sea 12 months)	t use in children	86% (2008)	90% (2013)	95%	44.4%		No
O	IVP-16.2 Fro (percent, 1–	ont-facing child safety sea 3 years)	at use in children	72% (2008)	73% (2013)	79%	14.3%		No
O		gh-backed or backless bo rcent, 4–7 years)	oster seat use in	43% (2008)	46% (2013)	47%	75.0%		No
O	IVP-16.4 Se	at belt use in children (pe	ercent, 8–12 years)	78% (2008)	79% (2013)	86%	12.5%		No
0		strian deaths on public r) population)	bads	1.5 (2008)	1.5 (2013)	1.4		0.0%	

LEGEN									
Target met or exceeded ^{2,3} Improving ^{4,5} O Little or no detectable ch				ange ^{6–10}	Getting wors	e ^{11,12}	Baseline only	¹³ II	nformational ¹⁴
		Objective Description	n	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Unin	tentional Injury	Prevention—Continued							
O		atal pedestrian injuries of D population)	n public roads	22.6 (2008)	20.9 (2013)	20.3	73.9%		No
		llcyclist deaths on public i) population)	oads	0.24 (2008)	0.24 (2013)	0.22		0.0%	
0		cle helmet laws for riders states and D.C.)	<15 years	19 (2009)	19 (2014)	27	0.0%		
O	IVP-22 Helm passengers	net use by motorcycle ope (percent)	erators and	67% (2009)	64% (2014)	74%		4.5%	No
1	¹ IVP-23.1 De per 100,000	aths from unintentional f population)	alls (age-adjusted,	7.2 (2007)	8.5 (2013)	7.2		18.1%	Yes
1	IVP-23.2 Deaths from unintentional falls (age-adjusted, per 100,000 population, 65+ years)			47.0 (2007)	56.7 (2013)	47.0		20.6%	Yes
0	⁰ IVP-24.1 Unintentional suffocation deaths (age-adjusted, per 100,000 population)			2.0 (2007)	2.0 (2013)	1.8		0.0%	
O		intentional suffocation de D population, 0–12 month		23.1 (2007)	24.8 (2013)	20.8		7.4%	No
O		intentional suffocation de d, per 100,000 populatio		8.3 (2007)	8.1 (2013)	7.5	25.0%		No
\checkmark	IVP-25 Drov per 100,000	vning deaths (age-adjuste population)	d,	1.2 (2007)	1.1 (2013)	1.1	100.0%		Yes
O		ically consulted sports an -adjusted, per 1,000 pop		46.6 (2008)	45.0 (2014)	41.9	34.0%		No
		hools requiring students protective gear for physic		76.8% (2006)	84.2% (2014)	84.5%	96.1%		Yes
-}	appropriate	hools requiring students protective gear for intram l activity clubs (percent)		85.8% (2006)	93.1% (2014)	94.4%	84.9%		Yes
\checkmark	IVP-28 Resident per 100,000	dential fire deaths (age-ad population)	ljusted,	0.95 (2007)	0.70 (2013)	0.86	277.8%		Yes

\checkmark	Target met or exceeded ^{2,3}	Improving ^{4,5}	O Little or no detectable cha	ange ^{6–10}	Getting wors	e ^{11,12}	Baseline only	13	nformational ¹⁴
		Objective Descripti	on	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
Viole	ence Prevention						- -		
\checkmark	² IVP-29 Homi population)	cides (age-adjusted, pe	r 100,000	6.1 (2007)	5.2 (2013)	5.5	150.0%		Yes
O	³ IVP-30 Fireat per 100,000	rm-related deaths (age-a population)	adjusted,	10.3 (2007)	10.4 (2013)	9.3		1.0%	No
O		gency department visits ed injuries (per 100,000		20.7 (2007)	23.8 (2013)	18.6		15.0%	No
O	⁵ IVP-32 Emer physical assa per 100,000	gency department visits ault injuries (age-adjuste population)	for nonfatal d,	512.5 (2008)	508.9 (2013)	461.2	7.0%		No
O	⁶ IVP-33 Physical assaults (per 1,000 population, 12+ years)			21.3 (2008)	19.6 (2013)	19.2	81.0%		No
\checkmark	² IVP-34 Physical fighting among adolescents (percent, grades 9–12)			31.5% (2009)	24.7% (2013)	28.4%	219.4%		Yes
O		IVP-35 Bullying among adolescents (percent, grades 9–12)			19.6% (2013)	17.9%	15.0%		No
O		oon carrying by adolesco rcent, grades 9–12)	ents on school	5.6% (2009)	5.2% (2013)	4.6%	40.0%		No
\checkmark	² IVP-37 Child population, <	maltreatment deaths (p 18 years)	er 100,000	2.3 (2008)	2.1 (2013)	2.1	100.0%		
5	⁵ IVP-38 Nonfa population, <	atal child maltreatment (18 years)	per 1,000	9.4 (2008)	9.1 (2013)	8.5	33.3%		
<mark>0</mark> °		gency department visits elf-harm injuries (age-ac population)		124.9 (2008)	160.5 (2013)	112.4		28.5%	No
O	³ IVP-42 Child (percent, ≤17	ren exposed to violence ⁷ years)		58.9% (2008)	56.6% (2013–2014)	53.0%	39.0%		No
5	certificates, l	ge of violent death data aw enforcement, corone orts (number of states ;	er and medical	16 (2009)	32 (2015)	51	45.7%		

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

FOOTNOTES

¹Measurable objectives had a national baseline value. Target met or exceeded:

- ²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- ³The baseline and midcourse values were equal to or exceeded the target.

(The percentage of targeted change achieved was not assessed.) Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant. ⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant. ⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change. ⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline. ¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³Baseline only: The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴Informational: A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

Percentage of targeted
change achieved =
$$\frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that moved away from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

Magnitude of percentage _	Midcourse value – Baseline value × 100
change from baseline	Baseline value

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURC	ES
IVP-1.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-1.2	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
IVP-1.3	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census
IVP-2.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-2.2	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
IVP-2.3	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population Estimates, Census
IVP-3.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-3.2	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
IVP-6	Healthcare Cost and Utilization Project-State Emergency Department Databases (HCUP-SEDD), AHRQ
IVP-7	Healthcare Cost and Utilization Project-State Inpatient Databases (HCUP-SID), AHRQ
IVP-8.1 IVP-8.2	Trauma Information Exchange Program (TIEP), American Trauma Society (ATS) Trauma Information Exchange Program (TIEP), American Trauma
IVP-9.1	Society (ATS) National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
IVP-9.2	Bridged-race Population Estimates, CDC/NCHS and Census National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
IVP-9.3	Bridged-race Population Estimates, CDC/NCHS and Census National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
IVP-9.4	Bridged-race Population Estimates, CDC/NCHS and Census National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged race Depulation Estimates, CDC/NCHS and Capava
IVP-10	Bridged-race Population Estimates, CDC/NCHS and Census National Electronic Injury Surveillance System–All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-11	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-12	National Electronic Injury Surveillance System–All Injury Program (NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-13.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-13.2	Fatality Analysis Reporting System (FARS), DOT/NHTSA
IVP-14	General Estimates System (GES), DOT/NHTSA; Population Estimates, Census National Occupant Protection Use Survey (NOPUS), DOT/NHTSA
IVP-15 IVP-16.1	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA
IVP-16.2	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA
IVP-16.3	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA
IVP-16.4	National Survey on the Use of Booster Seats (NSUBS), DOT/NHTSA
IVP-18	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census
IVP-19	General Estimates System (GES), DOT/NHTSA; Population Estimates, Census
IVP-20	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census
IVP-21	Bicycle Helmet Safety Institute (BHSI)
IVP-22	National Occupant Protection Use Survey (NOPUS), DOT/NHTSA
IVP-23.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
IVP-23.2	Bridged-race Population Estimates, CDC/NCHS and Census National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged race Depulation Estimates, CDC/NCHS and Capava
IVP-24.1	Bridged-race Population Estimates, CDC/NCHS and Census National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

DATA SOURCES—Continued

IVP-24.2	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
101 24.2	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-24.3	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-25	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-26	National Health Interview Survey (NHIS), CDC/NCHS
IVP-27.1	School Health Policies and Practices Study (SHPPS),
IVP-27.2	CDC/NCHHSTP
IVP-27.2	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
IVP-28	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
101 20	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-29	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
101 20	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-30	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS;
	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-31	National Electronic Injury Surveillance System (NEISS), CPSC;
	Bridged-race Population Estimates, CDC/NCHS and Census
IVP-32	National Electronic Injury Surveillance System–All Injury Program
	(NEISS-AIP), CDC/NCIPC and CPSC; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-33	National Crime Victimization Survey (NCVS), DOJ/BJS
IVP-34	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
IVP-35	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
IVP-36 IVP-37	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP National Child Abuse and Neglect Data System (NCANDS), ACF;
105-37	Population Estimates, Census
IVP-38	National Child Abuse and Neglect Data System (NCANDS), ACF:
101 00	Population Estimates. Census
IVP-41	National Electronic Injury Surveillance System–All Injury Program
	(NEISS–AIP), CDC/NCIPC and CPSC; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-42	National Survey of Children's Exposure to Violence (NatSCEV),
	DOJ/OJJDP
IVP-43	National Violent Death Reporting System (NVDRS), CDC/NCIPC

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND At the midcourse data point Group with the most favorable Group with the least favorable Data are available, but this group did Data are not available for this group because (least adverse) rate (most adverse) rate not have the highest or lowest rate. the data were statistically unreliable, not collected, or not analyzed. Characteristics and Groups Sex Race and Ethnicity Education⁴ Family Income⁵ Disability Location Native Hawaiian or other Pacific Islander American Indian or Alaska Native Persons without disabilities Summary Disparity Ratio² Summary Disparity Ratio² Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio² Persons with disabilities Less than high school High school graduate 4-year college degree At least some college White, not Hispanic Black, not Hispanic Associate's degree Two or more races Hispanic or Latino Advanced degree Nonmetropolitan Metropolitan Near-poor Near-high Female Middle Asian Male Poor High Population-based Objectives **Injury Prevention** IVP-1.1 Injury deaths (age-adjusted, per 100,000 population) (2013) 1.366* 2.473 **IVP-1.2** Nonfatal injury hospitalizations (age-adjusted, per 100,000 population) (2010) 38 IVP-1.3 Emergency department visits for nonfatal injuries (age-adjusted, per 100,000 population) (2011) 1.098 66 **IVP-2.1** Traumatic brain injury deaths (age-adjusted, per 100,000 population) (2013) .554* IVP-2.2 Nonfatal traumatic brain injury hospitalizations (age-adjusted, per 100,000 population) (2010) .64 IVP-2.3 Emergency department visits for nonfatal traumatic brain injuries (age-adjusted, per 100,000 1.248 population) (2011) **IVP-3.1** Spinal cord injury deaths (age-adjusted, per 100,000 population) (2013) 1.324* IVP-9.1 Poisoning deaths (age-adjusted, per 100,000 population) (2013) 1.609 .090

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND At the midcourse data point Group with the most favorable Group with the least favorable Data are available, but this group did Data are not available for this group because (least adverse) rate (most adverse) rate not have the highest or lowest rate. the data were statistically unreliable, not collected, or not analyzed. Characteristics and Groups Sex Race and Ethnicity Education⁴ Family Income⁵ Disability Location Native Hawaiian or other Pacific Islander American Indian or Alaska Native Persons without disabilities Summary Disparity Ratio² Summary Disparity Ratio² Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio² Persons with disabilities Less than high school High school graduate At least some college 4-year college degree White, not Hispanic Black, not Hispanic Two or more races Hispanic or Latino Associate's degree Advanced degree Nonmetropolitan Metropolitan Near-high Near-poor Female Middle Asian Male Poor High Population-based Objectives Injury Prevention—Continued IVP-9.2 Poisoning deaths (per 100,000 population, 35-54 years) (2013) 5.504 .164* IVP-9.3 Poisoning deaths of unintentional or undetermined intent (age-adjusted, 1.091* 200 5 50 per 100,000 population) (2013) IVP-9.4 Poisoning deaths of unintentional or undetermined intent (per 100,000 population, .154* 35-54 years) (2013) **IVP-10** Emergency department visits for nonfatal poisonings (age-adjusted, per 100.000 population) .420 (2013) Unintentional Injury Prevention **IVP-11** Unintentional injury deaths (age-adjusted, per 100,000 population) (2013) .432* 2.503 **IVP-12** Emergency department visits for nonfatal unintentional injuries (age-adjusted, per 100,000 population) (2013) IVP-13.1 Motor vehicle crash deaths (age-adjusted, per 100,000 population) (2013) .50 .994*

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND																														
At the midcourse data point Group with the most favorable (least adverse) rate						Group with the least favorable (most adverse) rate Data are available, but this group did not have the highest or lowest rate. Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.															use									
													Ch	aracte	eristic	s and	d Grou	ips												
		Sex	[Γ		Rac	ce and	l Ethr	nicity						ucatio					Fa	mily I	Incom	1e⁵		Di	isabili	ity	L	ocatio	n
Population-based Objectives	Male	Female	Summary Disparity Ratio ²	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary Disparity Ratio ³	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	Summary Disparity Ratio ³	Poor	Near-poor	Middle	Near-high	High	Summary Disparity Ratio ³	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio ²	Metropolitan	Nonmetropolitan	Summary Disparity Ratio ²
Unintentional Injury Prevention—Continued							· ·													_						_				
IVP-14 Nonfatal motor vehicle crash injuries on pur roads (per 100,000 population) (2013)	blic		1.091																											
IVP-15 Persons using safety belts (percent) (2014)																											d	e	1.036
IVP-18 Pedestrian deaths on public roads (per 100,000 population) (2013)			2.259†																											
IVP-19 Nonfatal pedestrian injuries on public roads (per 100,000 population) (2013)	6		1.315*																											
IVP-20 Pedalcyclist deaths on public roads (per 100,000 population) (2013)			6.856†																											
IVP-22 Helmet use by motorcycle operators and passengers (percent) (2014)																												d	е	1.320
IVP-23.1 Deaths from unintentional falls (age-adju per 100,000 population) (2013)	sted,		1.532*		a	a					1.582*																			1.040*

HEALTHY PEOPLE 2020 MIDCOURSE REVIEW

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND At the midcourse data point Group with the most favorable Group with the least favorable Data are available, but this group did Data are not available for this group because (least adverse) rate (most adverse) rate not have the highest or lowest rate. the data were statistically unreliable, not collected, or not analyzed. Characteristics and Groups Race and Ethnicity Sex Education⁴ Family Income⁵ Disability Location Native Hawaiian or other Pacific Islander American Indian or Alaska Native Persons without disabilities Summary Disparity Ratio² Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio² Summary Disparity Ratio² Persons with disabilities Less than high school 4-year college degree High school graduate At least some college White, not Hispanic Black, not Hispanic Associate's degree Two or more races Hispanic or Latino Advanced degree Nonmetropolitan Metropolitan Near-poor Near-high Female Middle Asian Male Poor High Population-based Objectives Unintentional Injury Prevention—Continued IVP-23.2 Deaths from unintentional falls (age-adjusted, per 100,000 population, 65+ years) (2013) 1.010 383 а 735 **IVP-24.1** Unintentional suffocation deaths (age-adjusted, per 100,000 population) (2013) 1.418* 2.15 IVP-24.2 Unintentional suffocation deaths (per 100,000 population, 0–12 months) (2013) 1.321* **IVP-24.3** Unintentional suffocation deaths (age-adjusted, per 100,000 population, 65+ years) 393 1.211* 598 (2013) IVP-25 Drowning deaths (age-adjusted, per 100,000 population) (2013) 1.445* 3 67 а 56 IVP-26 Medically consulted sports and recreation injuries (age-adjusted, per 1,000 population) (2014) 1.020 IVP-28 Residential fire deaths (age-adjusted. per 100,000 population) (2013) 2.325* .509 .128

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND At the midcourse data point Group with the most favorable Group with the least favorable Data are available, but this group did Data are not available for this group because (least adverse) rate (most adverse) rate not have the highest or lowest rate. the data were statistically unreliable, not collected, or not analyzed. Characteristics and Groups Sex Race and Ethnicity Education⁴ Family Income⁵ Disability Location Native Hawaiian or other Pacific Islander American Indian or Alaska Native Ratio³ Persons without disabilities Summary Disparity Ratio² Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio² Summary Disparity Ratio² Persons with disabilities Less than high school 4-year college degree High school graduate At least some college **Summary Disparity** White, not Hispanic Black, not Hispanic Associate's degree Two or more races Hispanic or Latino Advanced degree Nonmetropolitan Metropolitan Near-high Near-poor Female Middle Asian Male Poor High Population-based Objectives Violence Prevention IVP-29 Homicides (age-adjusted, per 100,000 population) (2013) 5.052* .189* IVP-30 Firearm-related deaths (age-adjusted, per 100,000 population) (2013) .368 4.30 **IVP-31** Emergency department visits for nonfatal firearm-related injuries (per 100,000 population) (2013) **IVP-32** Emergency department visits for nonfatal physical assault injuries (age-adjusted, per 100,000 population) (2013) **IVP-33** Physical assaults (per 1,000 population, 12+ years) (2013) 5 618 873 **IVP-34** Physical fighting among adolescents (percent, grades 9-12) (2013) 669 IVP-35 Bullving among adolescents (percent, grades 9-12) (2013)

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND At the midcourse data point Group with the most favorable Group with the least favorable Data are available, but this group did Data are not available for this group because (least adverse) rate (most adverse) rate not have the highest or lowest rate. the data were statistically unreliable, not collected, or not analyzed. Characteristics and Groups Race and Ethnicity Family Income⁵ Sex Education⁴ Disability Location Native Hawaiian or other Pacific Islander American Indian or Alaska Native Persons without disabilities Summary Disparity Ratio² Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio³ Summary Disparity Ratio² Summary Disparity Ratio² Persons with disabilities Less than high school 4-year college degree High school graduate At least some college White, not Hispanic Black, not Hispanic Associate's degree Two or more races Hispanic or Latino Nonmetropolitan Advanced degree Metropolitan Near-poor Near-high Female Middle Asian Male Poor High Population-based Objectives Violence Prevention—Continued IVP-36 Weapon carrying by adolescents on school property (percent, grades 9-12) (2013) .425 **IVP-37** Child maltreatment deaths (per 100,000 population, <18 years) (2013) IVP-38 Nonfatal child maltreatment (per 1,000 population, <18 years) (2013) **IVP-41** Emergency department visits for nonfatal intentional self-harm injuries (age-adjusted, per 100,000 population) (2013) IVP-42 Children exposed to violence (percent, ≤17 years) (2013-2014) 1 038 118 1.217

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

FOOTNOTES

¹Health disparities were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events. ²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate. ³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate $(R_{\rm e})$ was the highest rate, the summary disparity ratio was calculated as $R_{\rm e}/R_{\rm e}$, where R_{1} = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_{a}/R_{b} . ⁴Unless otherwise footnoted, data do not include persons under age 25 years. ⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%-199%, 200%-399%, 400%-599%, and at or above 600% of the poverty threshold, respectively. *The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale. [†]The summary disparity ratio was not tested for statistical significance because standard errors of the data were not available or normality on the natural logarithm scale could not be assumed. ^aData are for Asian or Pacific Islander persons. ^bData include persons of Hispanic origin. ^cLocation of the healthcare provider. ^dData are for urban locations and exclude suburban locations. ^eData are for rural locations. [†]Data do not include persons under age 18 years. ⁹Data are for persons whose families earned less than \$20,000. ^hData are for persons whose families earned \$20,000 to \$34,999. ⁱData are for persons whose families earned \$35,000 to \$49,999. Data are for persons whose families earned \$50,000 to \$74,999. ^kData are for persons whose families earned \$75,000 or more. ¹Data are for persons whose family income was 400% or more of the poverty threshold.

DATA SOURCES

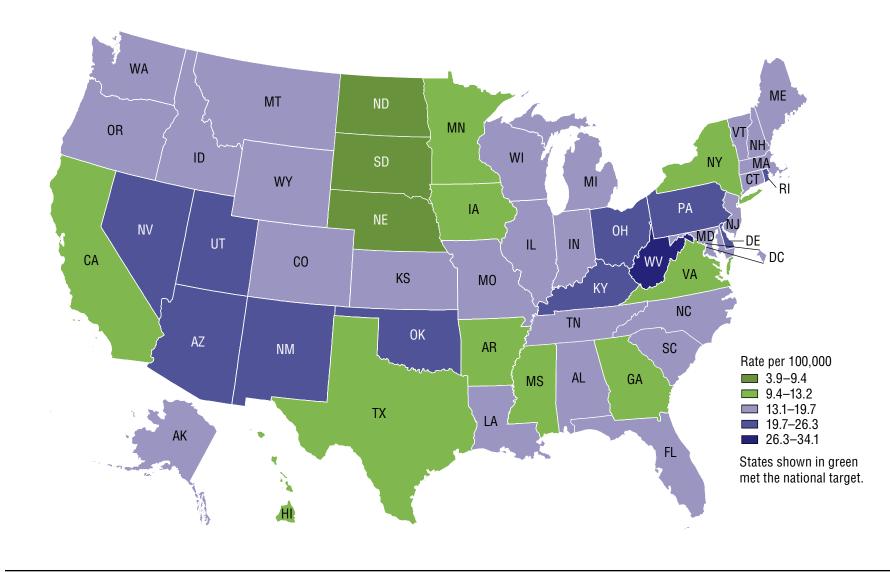
IVP-1.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates. CDC/NCHS and Census
IVP-1.2	National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
IVP-1.3	National Hospital Discharge Survey (MIDS), SDO/NONS, Fopulation Estimates, Census National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population
171-1.0	Estimates. Census
IVP-2.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
IVF=2.1	
IVP-2.2	Estimates, CDC/NCHS and Census National Hospital Discharge Survey (NHDS), CDC/NCHS; Population Estimates, Census
IVP-2.3	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS; Population
	Estimates, Census
IVP-3.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-9.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-9.2	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-9.3	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-9.4	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-10	National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP),
	CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-11	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-12	National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP),
	CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-13.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-14	General Estimates System (GES), DOT/NHTSA; Population Estimates, Census
IVP-15	National Occupant Protection Use Survey (NOPUS), DOT/NHTSA
IVP-18	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census
IVP-19	General Estimates System (GES), DOT/NHTSA; Population Estimates, Census
IVP-20	Fatality Analysis Reporting System (FARS), DOT/NHTSA; Population Estimates, Census
IVP-22	National Occupant Protection Use Survey (NOPUS), DOT/NHTSA
IVP-23.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-23.2	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-24.1	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-24.2	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-24.3	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-25	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-26	National Health Interview Survey (NHIS), CDC/NCHS
IVP-28	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates. CDC/NCHS and Census

DATA SOURCES—Continued

IVP-29	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-30	National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-31	National Electronic Injury Surveillance System (NEISS), CPSC; Bridged-race Population
	Estimates, CDC/NCHS and Census
IVP-32	National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP),
	CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
IVP-33	National Crime Victimization Survey (NCVS), DOJ/BJS
IVP-34	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
IVP-35	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
IVP-36	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
IVP-37	National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates,
	Census
IVP-38	National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates,
101 00	Census
IVP-41	National Electronic Injury Surveillance System–All Injury Program (NEISS–AIP),
	CDC/NCIPC and CPSC; Bridged-race Population Estimates, CDC/NCHS and Census
	obornon o and or oo, bridged race r optiation Estimates, obornons and offisus

IVP-42 National Survey of Children's Exposure to Violence (NatSCEV), DOJ/OJJDP

Healthy People 2020 Objective IVP-9.1 • National Target = 13.2 per 100,000 population • National Rate = 15.2 per 100,000 population

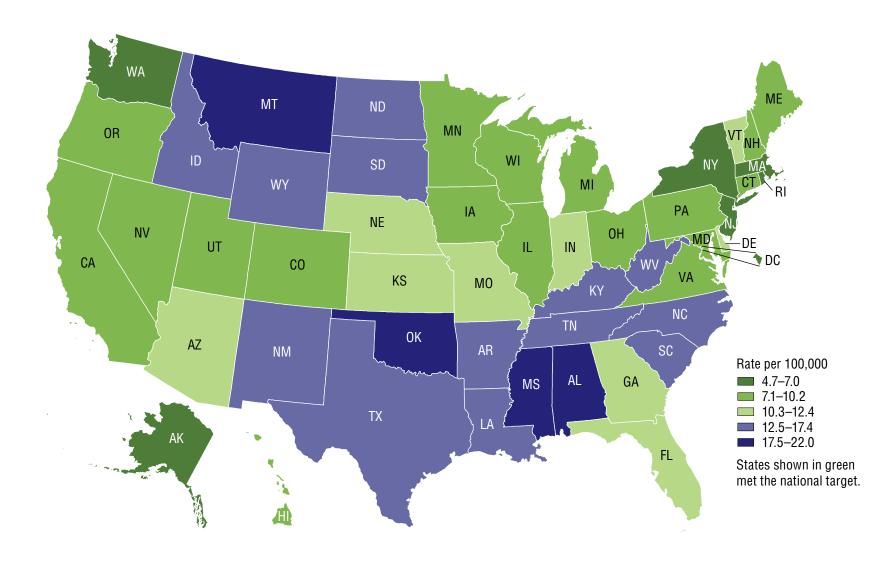


NOTES: Data are for ICD-10 codes *U01.6-*U01.7, X40-X49, X60-X69, X85-X90, Y10-Y19, and Y35.2 reported as the underlying cause of death and are age-adjusted to the 2000 standard population. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCES: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Map 24–2. Motor Vehicle Crash Deaths, by State: 2013

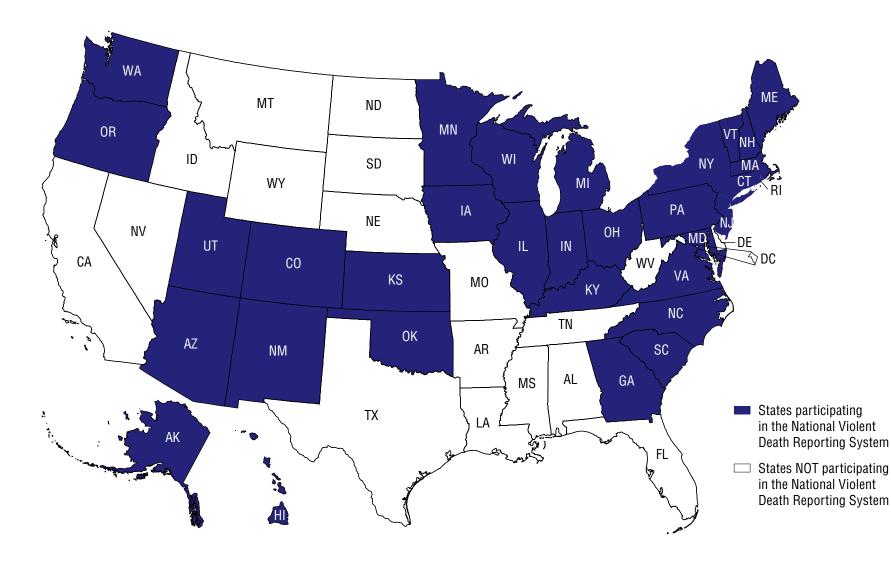
Healthy People 2020 Objective IVP-13.1 • National Target = 12.4 per 100,000 population • National Rate = 10.5 per 100,000 population



NOTES: Data are for ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82-1, V83-V86 (.0-.3), V87 (.0-.80), and V89.2 reported as the underlying cause of death and are age-adjusted to the 2000 standard population. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCES: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

Healthy People 2020 Objective IVP-43 • National Target = 51 (states and the District of Columbia) • National Total = 32 states



NOTES: Data are for states and the District of Columbia that link data on violent deaths from death certificates, law enforcement, and coroner and medical examiner reports to inform prevention efforts at the state and local levels. Data are displayed by a Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCE: National Violent Death Reporting System (NVDRS), CDC/NCIPC