



**Department
of Health**

Prevention Agenda 2019-2024

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Prevention Agenda Priorities 2019-2024

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment 
3. Promote Healthy Women, Infants and Children
4. Promote Well-being and Prevent Mental And Substance Use Disorders
5. Prevent Communicable Diseases

Promote a Healthy and Safe Environment

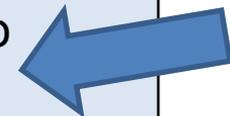
Focus Area: 1 Injuries, Violence and Occupational Health

Goal 1.1 Reduce falls among vulnerable populations

Goal 1.2 Reduce violence by targeting prevention programs particularly to highest risk populations

Goal 1.3 Reduce occupational injuries and illness

Goal 1.4 Reduce traffic related injuries for pedestrians and bicyclists

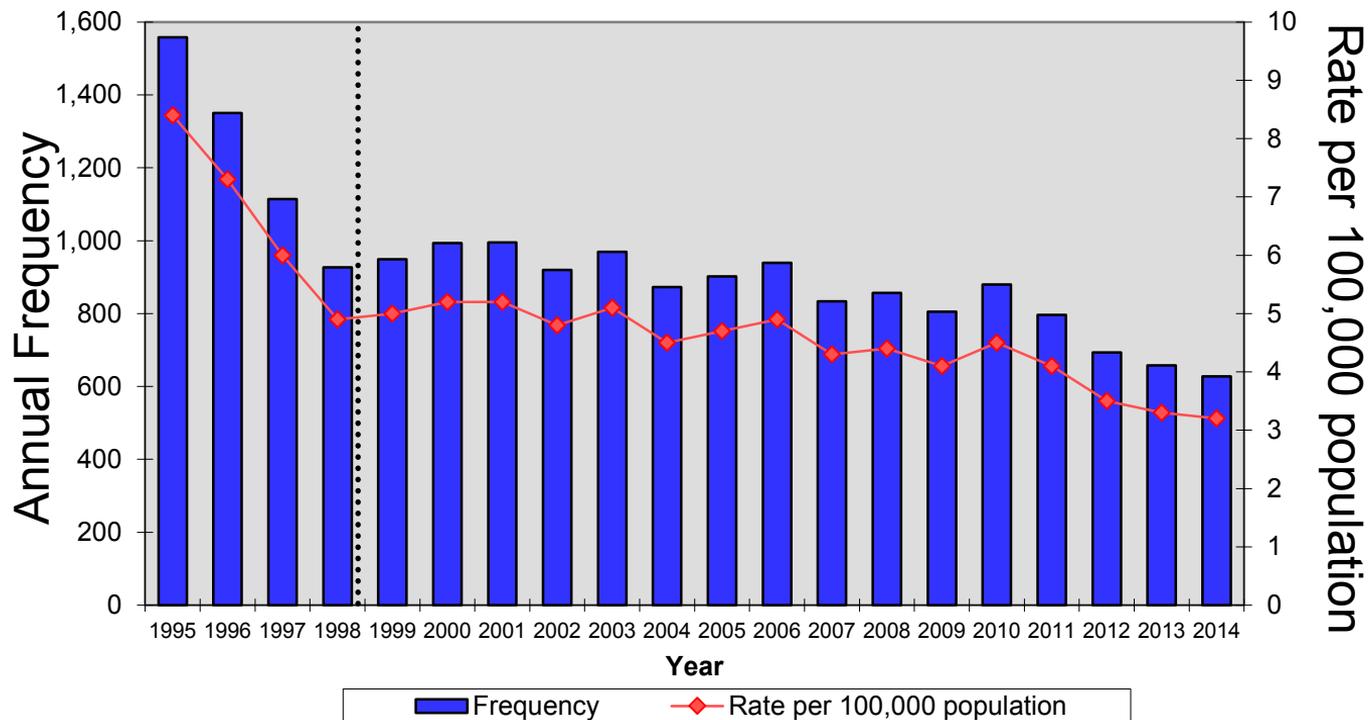


Focus Area

Injuries, Violence and Occupational Health

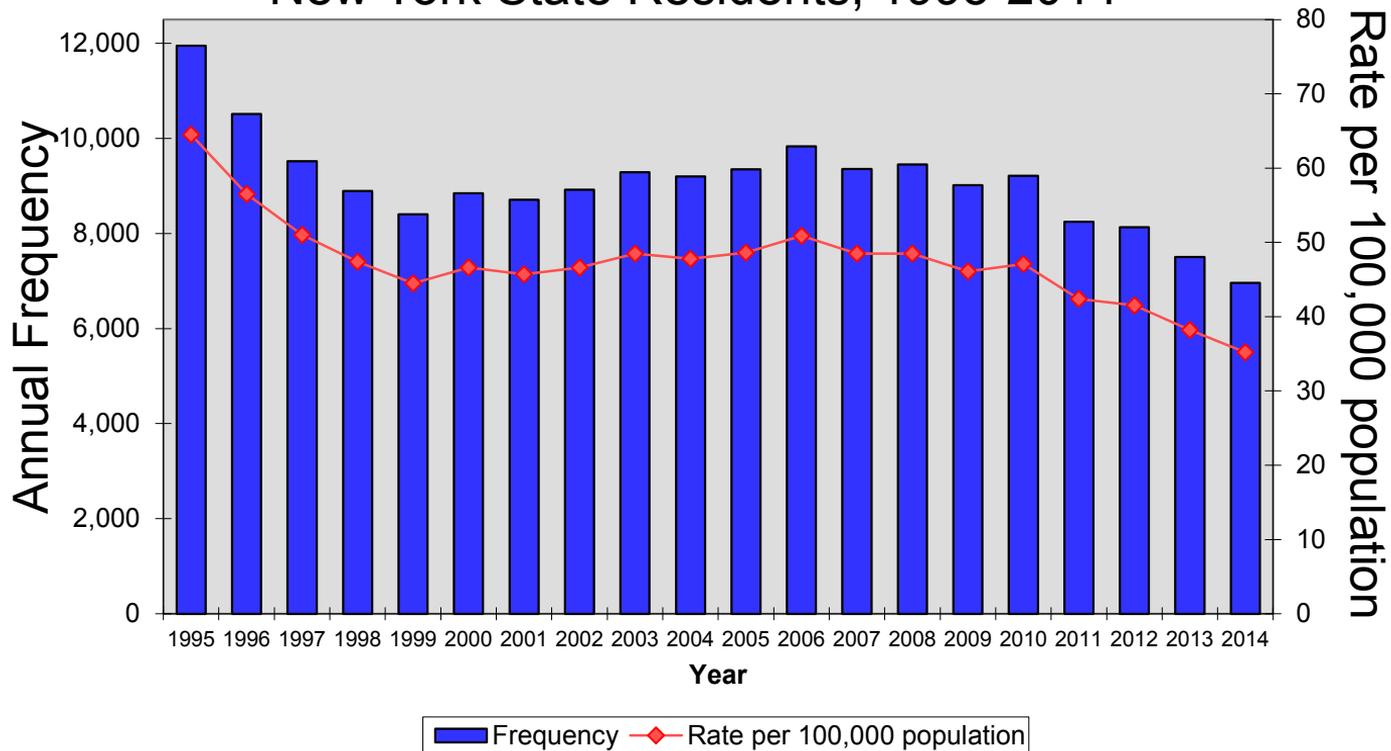
Incidence of Homicide

New York State Residents, 1995-2014



*In 1999 the United States began using the World Health Organization's revised International Classification of Diseases coding book (ICD 10) for mortality data. Differences seen between data coded using the 9th revision (ICD 9) and ICD 10 may be due to coding changes and not actual differences in injury causes.

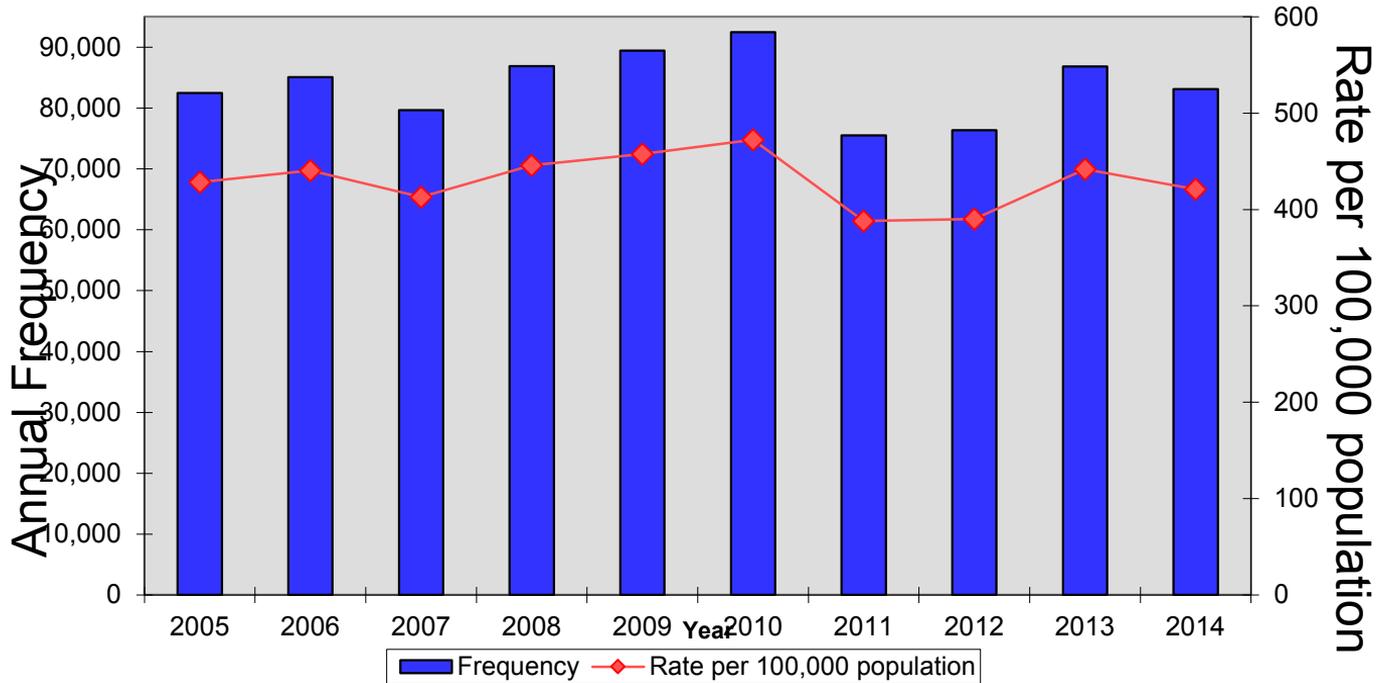
Incidence of Assault Injury Hospitalizations New York State Residents, 1995-2014



Incidence of Assault Injury

Emergency Department† (ED) Visits

New York State Residents, 2005-2014



†The incidence of ED visits does not include patients who were subsequently admitted into the hospital.

| | Deaths | | Hospitalizations | | ED Visits | |
|-----------|-----------------------|----------------------------|-----------------------|----------------------------|-----------------------|----------------------------|
| | Mean Annual Frequency | Rate per 100,000 Residents | Mean Annual Frequency | Rate per 100,000 Residents | Mean Annual Frequency | Rate per 100,000 Residents |
| Total | 660 | 3.4 | 7,531 | 38.3 | 82,115 | 417.8 |
| Age Group | 0<1 | 10 | 82 | 34.3 | 89 | 37.3 |
| | 1-4 | 17 | 59 | 6.3 | 523 | 55.9 |
| | 5-9 | 7 | 32 | 2.8 | 1,157 | 100.8 |
| | 10-14 | 5 | 122 | 10.3 | 4,176 | 354.0 |
| | 15-19 | 55 | 830 | 64.6 | 11,010 | 857.8 |
| | 20-24 | 138 | 1,348 | 93.5 | 15,079 | 1,045.2 |
| | 25-44 | 268 | 3,142 | 59.0 | 34,667 | 651.0 |
| | 45-64 | 122 | 1,605 | 30.4 | 14,022 | 266.0 |
| | 65+ | 36 | 312 | 11.0 | 1,392 | 49.2 |
| Gender | Male | 531 | 6,146 | 64.5 | 49,878 | 523.1 |
| | Female | 129 | 1,385 | 13.7 | 32,235 | 318.5 |
| | Unknown | 0 | 0 | n/a | 2 | n/a |

Incidence of Homicide and Assault Injuries

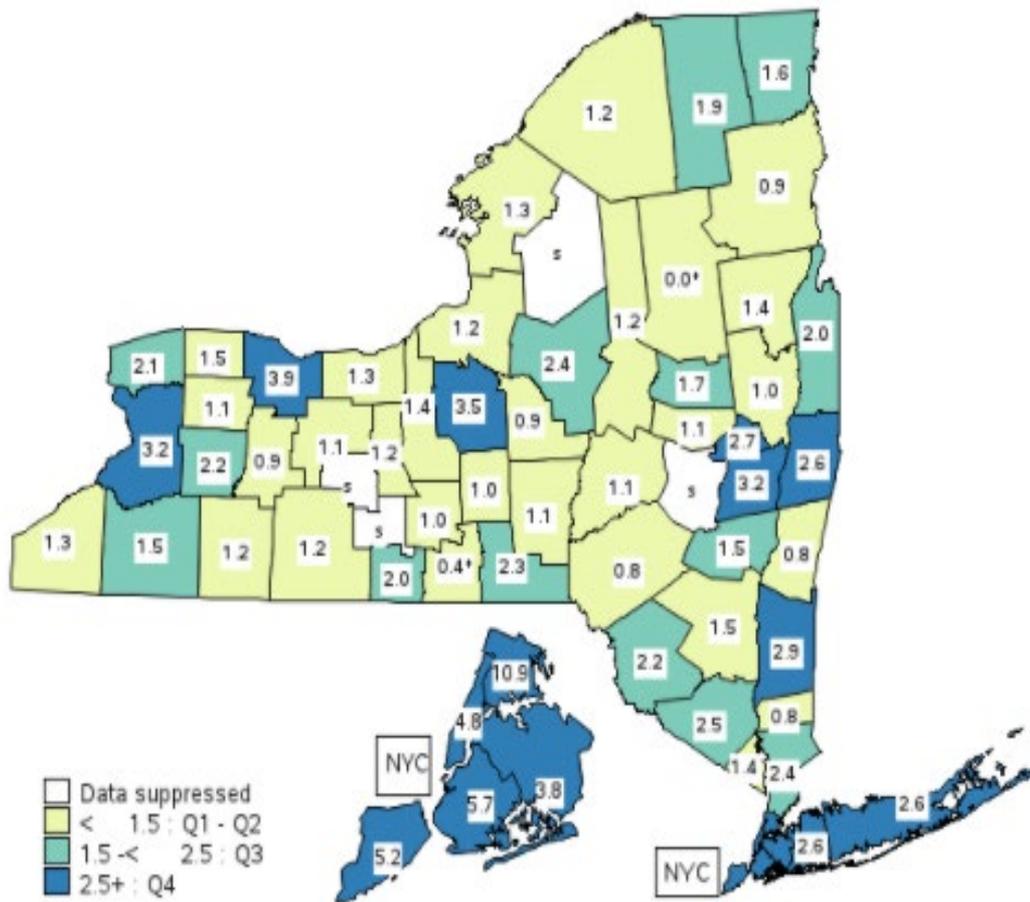
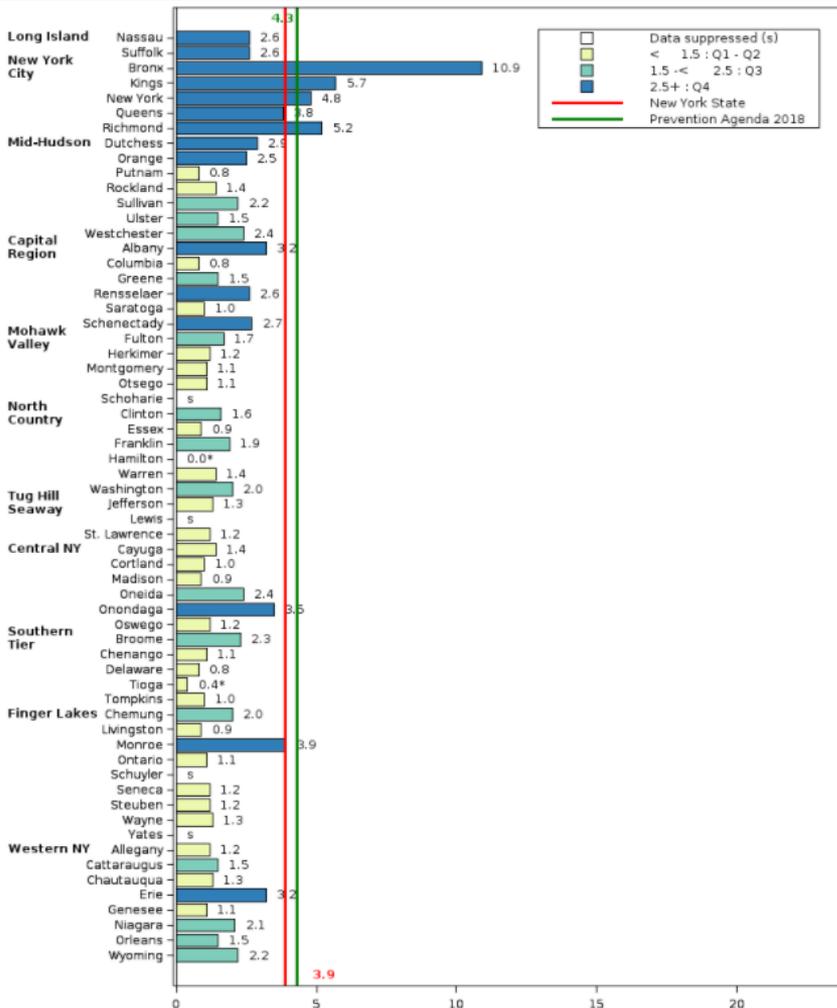
Deaths, Hospitalizations, and Emergency Department[†] (ED) Visits

New York State Residents, 2012-2014

[†]The incidence of ED visits does not include patients who were subsequently admitted into the hospital

Rate = Frequency / Population * 100,000

**Caution: Rates calculated using frequencies of less than 20 are unstable



Data Source: New York State SPARCS

Firearm Injuries and Deaths

United States

- Over 38,658 deaths annually (12.0 per 100,000 total population)¹
 - 22,938 suicides (7.1 per 100,000 total population)
 - 14,415 homicides (4.5 per 100,000 total population)
- An annual societal cost firearm injuries and deaths is over \$45 billion¹

1. Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2016) National Center for Injury Prevention and Control, CDC (producer). Available from: <https://wisqars.cdc.gov:8443/costT/>



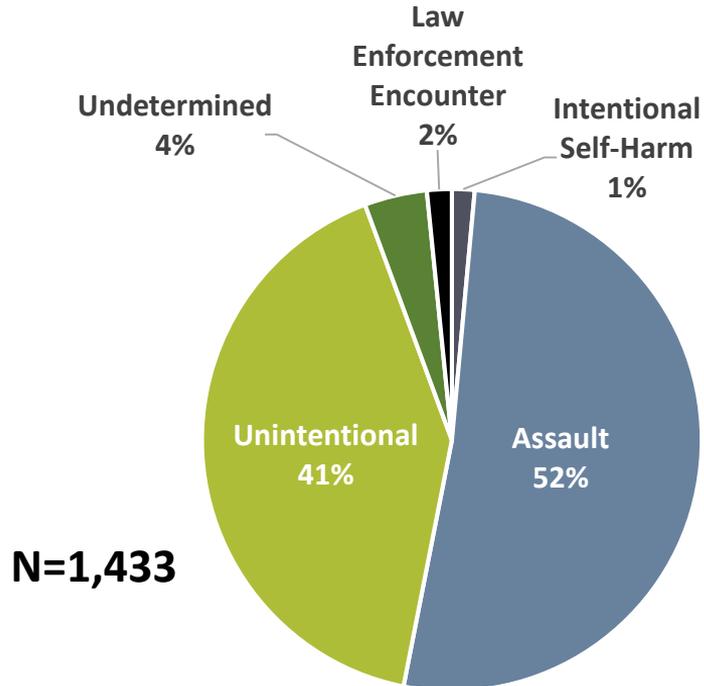
Firearm Injuries and Deaths

New York State

- 1,433 emergency department (ED) visits in 2016
- 1,181 hospitalizations in 2016
- 852 deaths in 2016
- \$88.7 million in hospital (ED visits and hospitalizations) charges in 2016
- Third **lowest** death rate nationally (4.4 per 100,000 total population)²

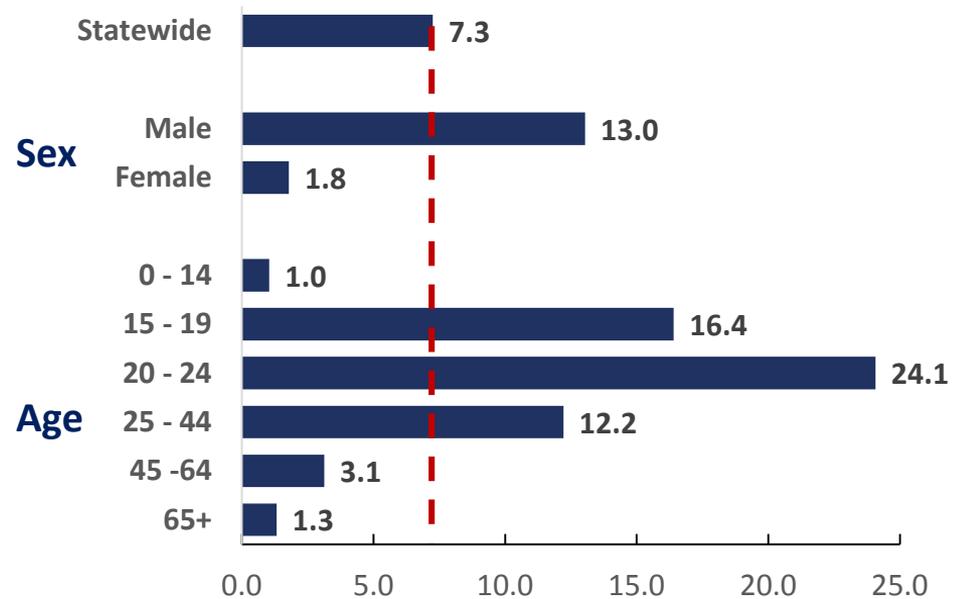
2. Centers for Disease Control and Prevention (CDC). Firearm Mortality by State [Online]. (2016) National Center for Health Statistics. Available from: https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm

Emergency Department Visits Firearm Injuries, New York State 2016

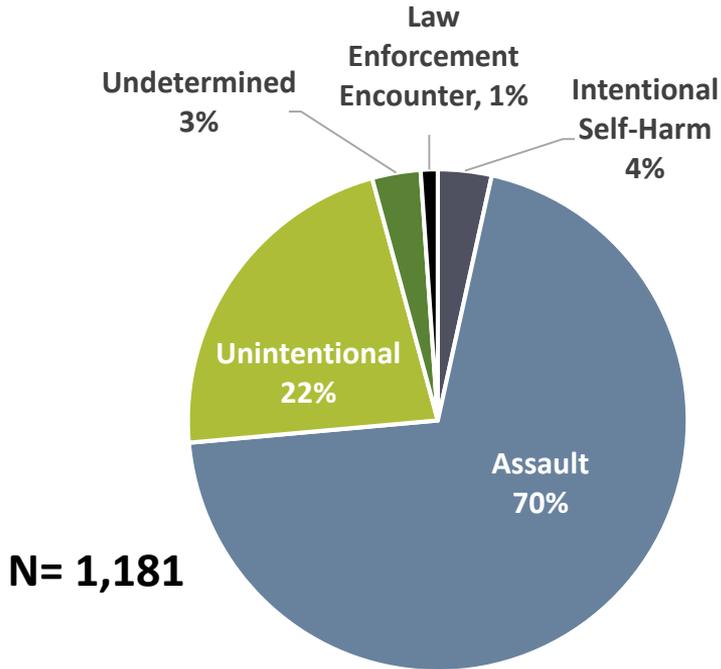


†Emergency department visits do not include those admitted to the hospital

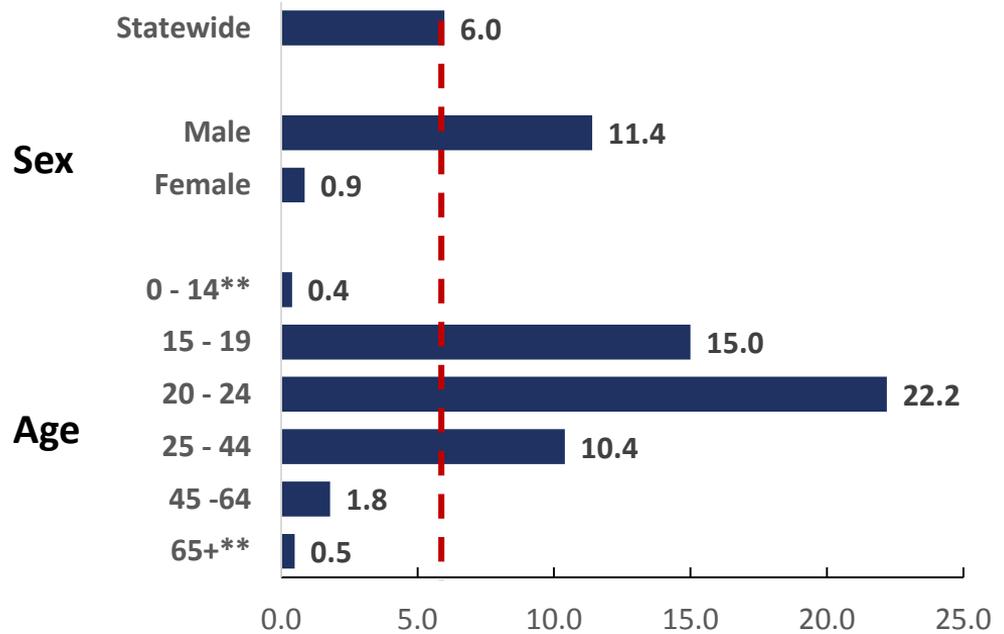
Rate per 100,000 New York Residents



Hospitalizations Firearm Injuries, New York State 2016



Rate per 100,000 New York Residents

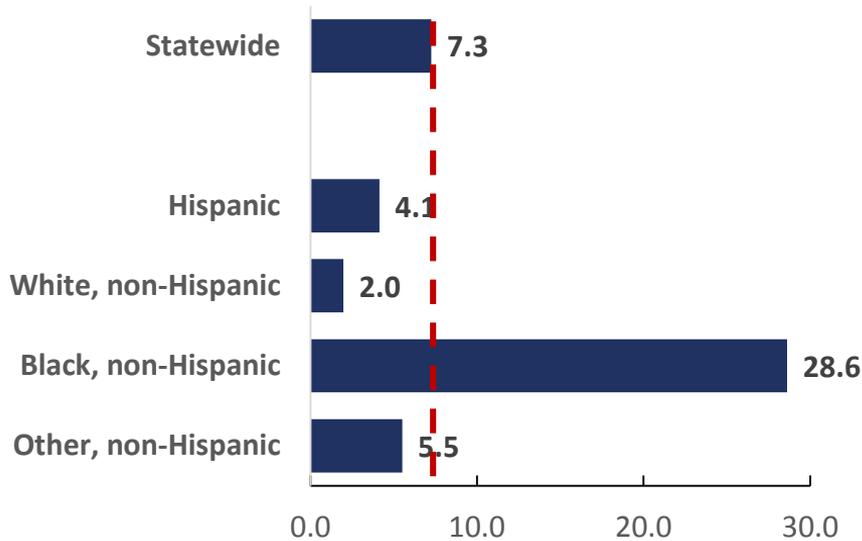


**Rates are based on counts of less than 20, and therefore may be unreliable estimates.

Firearm Injuries by Race and Ethnicity, New York State 2016

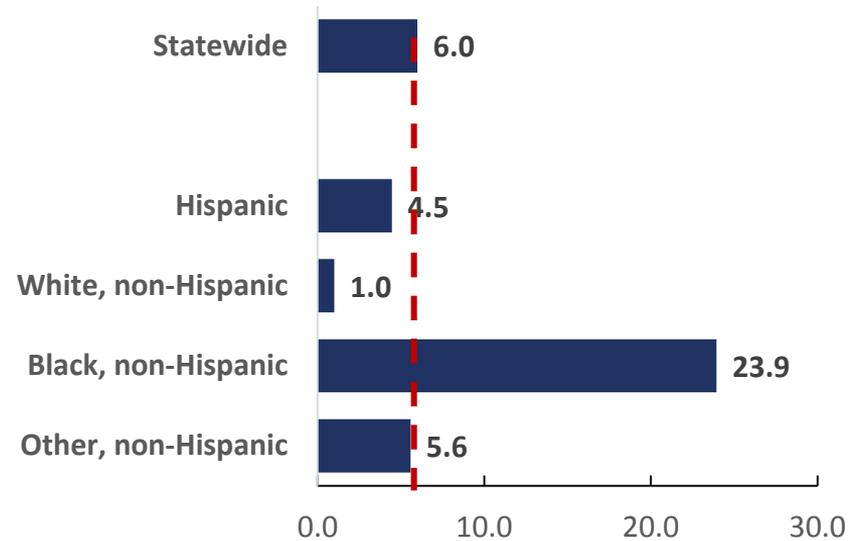
Emergency Department Visit[†]

Rates per 100,000 New York Residents



Hospitalizations

Rates per 100,000 New York Residents

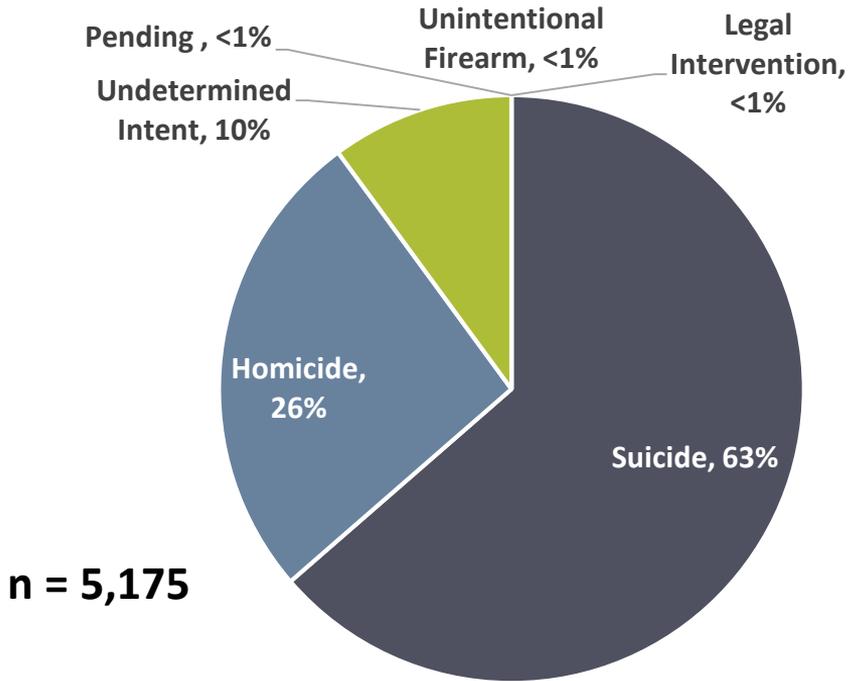


[†]Emergency department visits do not include those admitted to the hospital

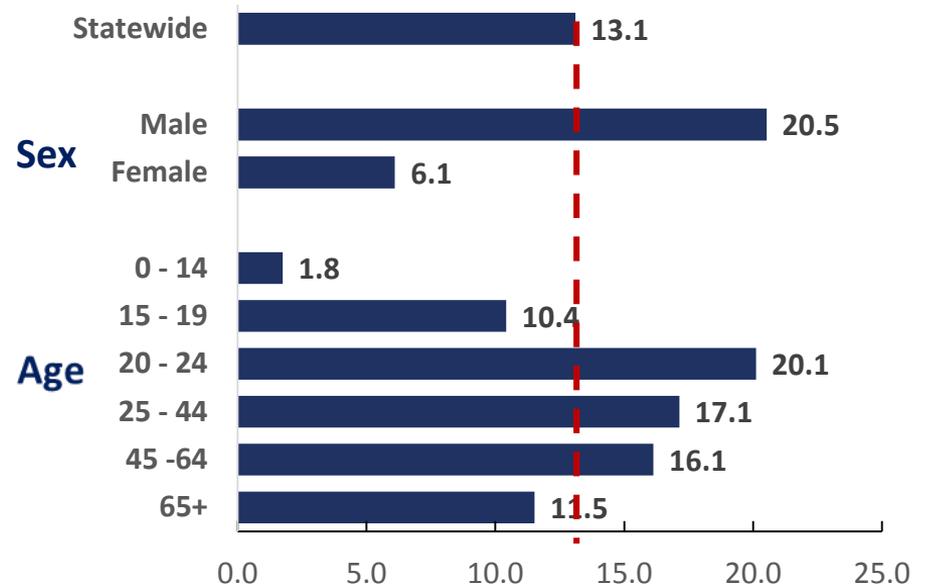


New York Violent Death Reporting System 2015-2016 Data

Violent Deaths in New York State NYVDRS, 2015-2016

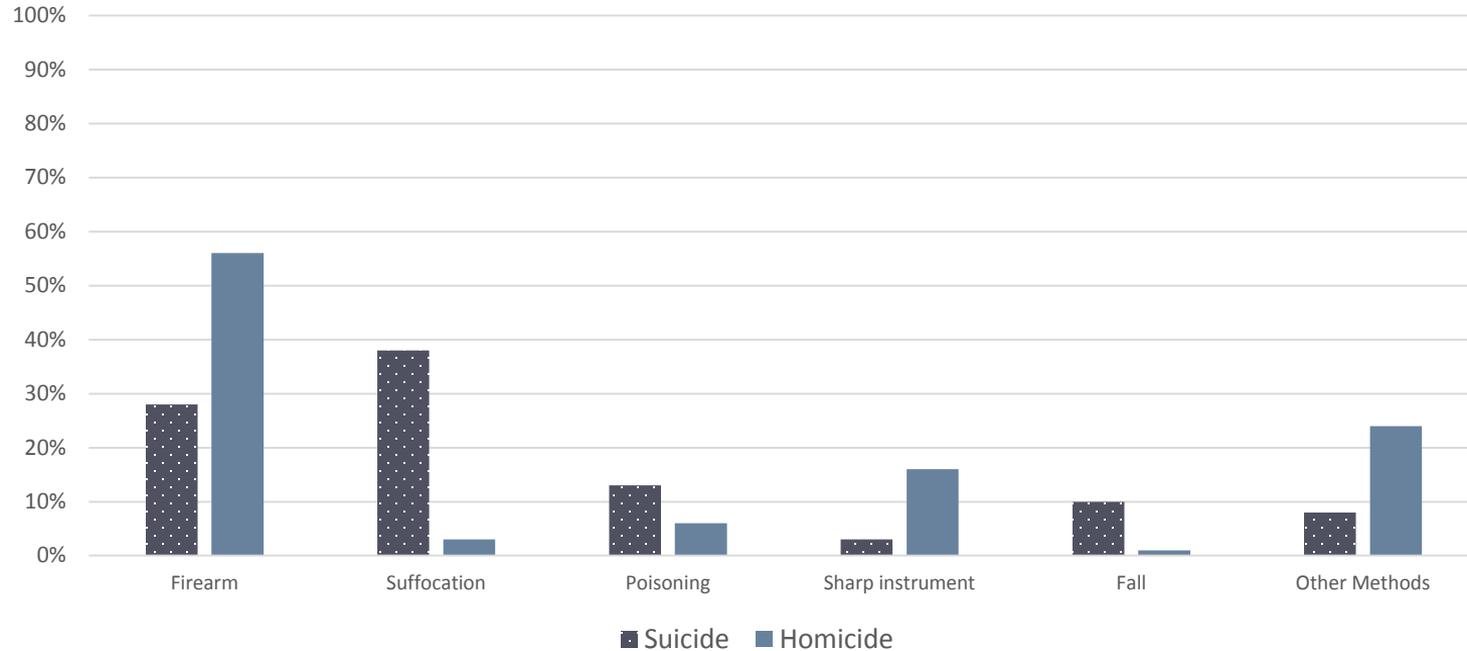


Rate per 100,000 New York Residents



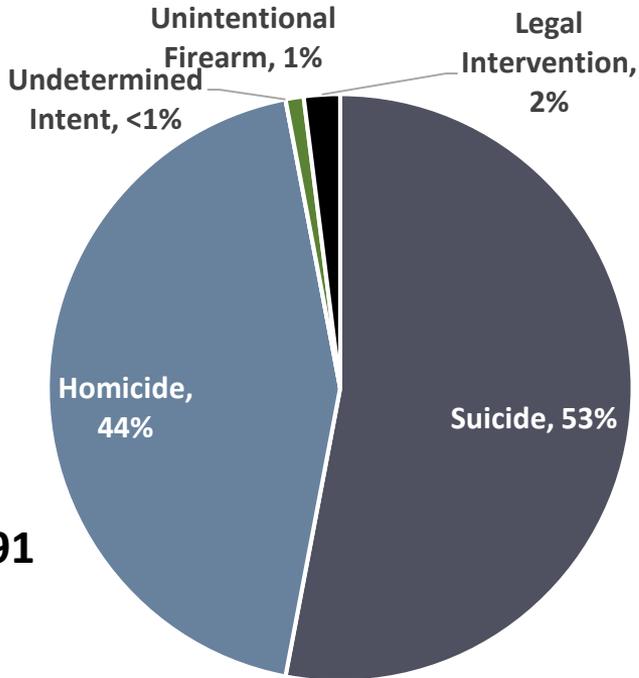
Violent Death Mechanisms by Death Manner

NYVDRS, 2015-2016



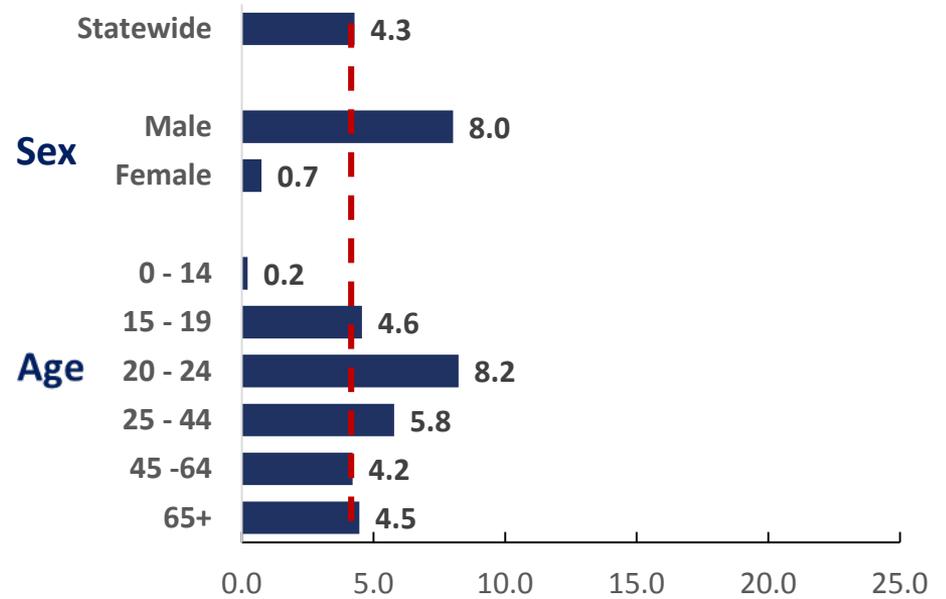
Firearm-Related Violent Deaths in New York State

NYVDRS, 2015-2016



n = 1,691

Rate per 100,000 New York Residents

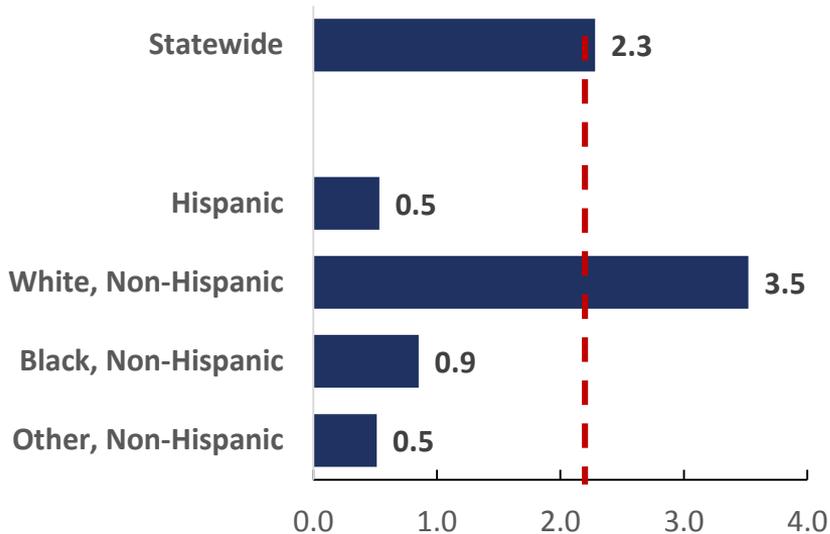


Firearm-Related Violent Deaths: Demographic Information

NYVDRS, 2015-2016

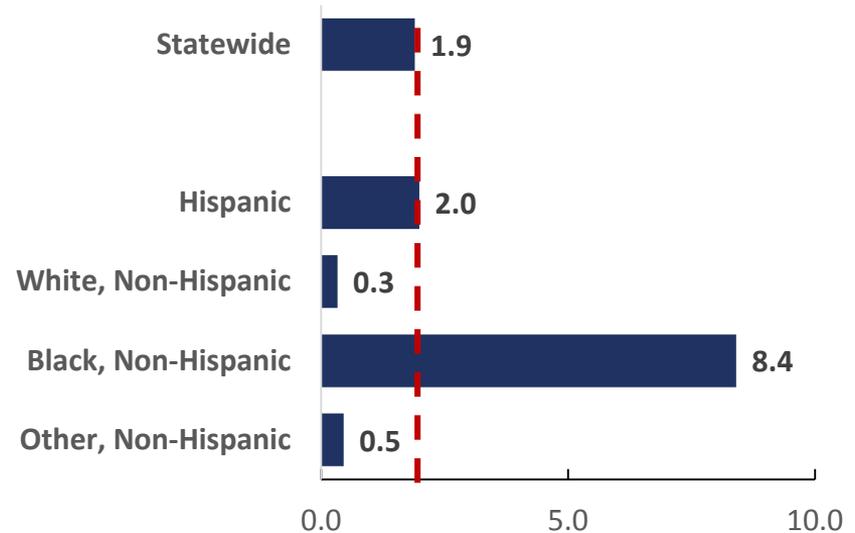
Suicides

Rates per 100,000 New York Residents



Homicides

Rates per 100,000 New York Residents



Firearm-Related Violent Deaths: Circumstances Preceding Homicide

NYVDRS, 2015-2016

| Homicide Circumstance | Frequency | Percent [†] |
|-------------------------------|-----------|----------------------|
| Argument | 140 | 39% |
| Precipitated by another crime | 92 | 26% |
| Drug involvement | 50 | 14% |
| Intimate partner violence | 38 | 11% |
| Other crime in progress | 32 | 9% |

[†]Percentages based off number of cases with documented circumstances; cases may have multiple circumstances



Goals and Objectives

Goal 1.2:

Reduce Violence by targeting prevention programs particularly to highest risk populations

Objectives:

- Objective 1.2.a. Reduce rate of homicide deaths from 0.35 to 0.32 per 10,000.
- Objective 1.2.b. Reduce the rate of assault-related hospitalizations from 3.3 to 3.0 per 10,000. (*Dashboard Measure*)
 - Reduce disparity (Ratio=1 means no disparity) by 10%
- Objective 1.2.c. Reduce the rate of ED visits due to assault from 42.3 to 38.1 per 10,000.
- Objective 1.2.d. Reduce the rate of hospitalization due to assault by firearm from 0.42 to 0.38 per 10,000. (*Dashboard Measure*)

Goals and Objectives (continued)

Objective 1.2.b.:

Reduce the rate of assault-related hospitalizations from 3.3 to 3.0 per 10,000.

- Reduce disparity (Ratio=1 means no disparity) by 10%:
 - Ratio of Black non-Hispanic rate of assault-related hospitalizations to White non-Hispanic rate of assault-related hospitalizations
 - Ratio of Hispanic rate of assault-related hospitalizations to White non-Hispanic rate of assault-related hospitalizations
 - Ratio of assault-related hospitalization rate in low income ZIP codes to assault-related hospitalization rate in non-low income ZIP codes

Dashboard Measure

Interventions

Intervention 1.2.1:

*Implement multi-sector (e.g., local health departments, criminal justice, hospitals, social services, job training, community based organizations) violence prevention programs such as **SNUG**, also known as **Cure Violence**, in high-risk communities, **including those where gangs are prevalent**. These programs work best when they include wraparound services to support victims, families, and other community members impacted by crime.*

Interventions (continued)

Intervention 1.2.2:

Increase school based and community programs in conflict resolution, bystander interventions, and healthy relationship building.

Intervention 1.2.3:

Reduce access to firearms for children and individuals at high-risk for violence.

Interventions (continued)

Intervention 1.2.4:

Reduce neighborhood environmental risks (e.g., abandoned buildings, no lighting, deserted streets).

Intervention 1.2.5:

Increase educational, recreational and employment opportunities for potentially at-risk youth through after school and summer work experience programs or youth apprenticeship initiatives.

Ad Hoc Committee to Lead the Prevention Agenda

Comments shared during Ad Hoc meeting requesting focus on violence prevention with specific attention to firearms and gangs



Process for Plan Development and Review

The Department's Center for Environmental Health (CEH) subject matter experts drafted the objectives and interventions and engaged stakeholders in a variety of ways to amend and refine the Plan.

- Attended Department Hosted Stakeholder Meetings (CGHS Steering Committee, **Injury Community Implementation Group**, etc)
- Shared Focus Area Specific Draft Plans for review and comment
 - Key non-governmental Partners
 - Partner Agencies (Federal, State, Local)
 - Other Centers/Offices in the Department
 - Volunteers
- Calls and Conference Calls

Provided the Plan to
70+ stakeholders

We want your feedback!

Questions

Contact Information

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