

A RESOURCE GUIDE FOR DECISION MAKERS

# Violence & Injury Prevention

*In the Mid-Atlantic Region*



# **ABOUT THE GREAT LAKES AND MID-ATLANTIC VIOLENCE & INJURY PREVENTION REGIONAL NETWORK**

The Great Lakes and Mid-Atlantic (GLMA) Violence and Injury Prevention Regional Network is a component under the Core Injury and Violence Prevention Program (Core VIPP) funded by the Centers for Disease Control and Prevention.

The purpose of the regional network is to:

- Provide structured assistance to all States within Federal Health and Human Services Regions 3 and 5 (Mid-Atlantic and Great Lakes Region, respectively);
- Build capacity, increase competency and regional sharing of data and best practices; and
- Increase research to practice collaboration to support and enhance the sustainability of injury prevention programs.

## **MEMBERS OF THE GLMA IN THE MID-ATLANTIC REGION:**

Delaware Division of Public Health

Government of the District of Columbia Department of Health

Maryland Department of Health and Mental Hygiene

Pennsylvania Department of Health

Virginia Department of Health

West Virginia Department of Health

Johns Hopkins Center for Injury Research and Policy

Penn Injury Science Center

West Virginia University Injury Control Research Center

## **WHAT IS THE PURPOSE OF THE MID-ATLANTIC REGION RESOURCE GUIDE?**

This resource guide represents an inaugural, collaborative effort to analyze data on the scope and cost of injury at a regional level for key decision-makers and stakeholders in the Mid-Atlantic region. There are ten topics in this guide, chosen by the GLMA Regional Network.

Each topic in the guide has its own section that includes the following information:

- Data on how that injury issue affects the United States.
- Data on how that injury issue affects the Mid-Atlantic Region.
- Recommendations on how States and Regions can address these injury issues.
- State- or GLMA-selected resources to highlight efforts to address each injury issue.
- References on data sources cited in these reports.

We hope that this guide will be a useful tool to help move injury prevention forward, so that citizens within this region can live safe and injury free.

# ALCOHOL AND INJURY

ALCOHOL AND INJURY





# Alcohol and Injury

## HOW DOES IT AFFECT THE UNITED STATES?

- From 2006-2010, on average every year 49,544 persons died from injuries as a result of excessive alcohol use.<sup>1</sup>
- On average, 4,358 children under the age of 21 died each year from 2006-2010 as a result of excessive alcohol use. The vast majority of these deaths (96%) were from injury.<sup>1</sup>
- In 2012, 10,322 persons died in alcohol-related motor vehicle crashes\*.<sup>2</sup>
- In 2006, the cost of alcohol consumption to society was estimated at \$223.5 billion, which is equal to \$746 per person or \$1.90 per drink. This includes approximately \$161 billion in lost work productivity (72%), \$25 billion in healthcare expenses (11%), \$21 billion in criminal justice costs (9%), and \$14 billion in motor vehicle crash costs (6%).<sup>3</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- From 2006-2010, an average of 7,811 people died each year as a result of excessive alcohol use; more than half were injuries.<sup>1</sup>
- In 2012, 912 persons died in alcohol-related motor vehicle crashes\*.<sup>2</sup>
- Alcohol consumption costs the Mid-Atlantic region an estimated \$16.8 billion annually; over half of this amount is in productivity losses.<sup>4</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- Increasing the price of alcohol is associated with reduced drinking among adults and adolescents,<sup>5</sup> as well as fewer youth traffic fatalities,<sup>6,7</sup> suicides,<sup>8</sup> and homicides.<sup>8,9</sup>
- In addition to raising alcohol taxes, the Community Preventive Services Task Force recommends limiting the hours and days when alcohol can be purchased, strengthening commercial host liability laws, and increasing enforcement of minimum legal drinking age laws to curb underage drinking.<sup>9</sup>
- The Institute of Medicine recommends reducing adolescent exposure to alcohol advertising.<sup>10</sup> At the local or state level, this can be done by restricting outdoor advertising, retail signage and alcohol sponsorships or promotions on public property and in places frequented by youth.<sup>11</sup>
- Ignition interlock devices prevent drivers who have measurable alcohol (set to a predetermined level) in their system from driving an interlock-equipped car. They reduce repeat drunk driving offenses by an average of 64 percent as long as the device remains on the vehicle.<sup>12</sup> Other alcohol-sensing technologies show promise for the future.<sup>13</sup>
- Decreasing the density of alcohol outlets is also a strategy for reducing excessive alcohol consumption and its related harms.<sup>14</sup>
- Another effective measure includes requiring mandatory substance abuse assessment and treatment, if needed, for Driving While Impaired offenders.<sup>15</sup>

\*Motor vehicle crashes are considered alcohol-related when the driver is alcohol impaired, i.e., when their blood alcohol concentration (BAC) is 0.08 g/dL or higher.<sup>2</sup>

# Alcohol and Injury

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## RESOURCES

- **Delaware:** Delaware Department of Health and Social Service, Division of Substance Abuse and Mental Health. <http://www.dhss.delaware.gov/dsamh/>. The DE Division of Alcohol and Tobacco Enforcement (DATE) partner in multi-faceted underage drinking enforcement campaigns to help reduce the number of incidents and injuries related to underage consumption and binge drinking in and around the Delaware beaches. <http://date.delaware.gov>
- **Maryland:** Johns Hopkins Center for Injury Research and Policy: The Johns Hopkins Center for Injury Research & Policy is dedicated to closing the gap between injury research and practice to reduce and prevent the fires, poisonings, drowning, car crashes, domestic violence and other causes of injury that kill, disable and inflict pain in alarming numbers. [www.jhsph.edu/InjuryCenter](http://www.jhsph.edu/InjuryCenter)
- **Pennsylvania:** The Council, founded in 1975, is a member of a nationwide affiliate network of [The National Council on Alcoholism and Drug Dependence](http://www.councilsepa.org). Our services for prevention, education, advocacy, assessment and intervention help to reduce or eliminate the stigma of addiction, which prevents people from seeking treatment. <http://www.councilsepa.org>
- **Virginia:** Virginia Department of Behavioral Health & Developmental Services, SPF-SIG (Strategic Prevention Framework-State Incentive Grant) works to reduce alcohol-related traffic accidents and deaths among 18-25 year olds. <http://www.dbhds.virginia.gov/individuals-and-families/behavioral-health-wellness/community-wellness>
- **Washington D.C. (District of Columbia):** nationwide affiliate network of [The National Council on Alcoholism and Drug Dependence](http://www.dcrca.org). Our services for prevention, education, advocacy, assessment and intervention help to reduce or eliminate the stigma of addiction, which prevents people from seeking treatment. <http://dcrca.org>
- **West Virginia:** Department of Health and Human Resources: Division on Alcoholism and Drug Abuse. <http://www.dhhr.wv.gov/bhht/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Pages/default.aspx>

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A person wearing a blue and white motocross suit and helmet is riding a blue Yamaha ATV on a dirt path. The ATV has 'YAMAHA' branding on the front and side. The background is a blurred green forest.

# ALL-TERRAIN VEHICLE (ATV) SAFETY

ALL-TERRAIN  
VEHICLE SAFETY





# All-Terrain Vehicle (ATV) Safety

## HOW DOES IT AFFECT THE UNITED STATES?

- From 1982-2009, 10,828 people died as a result of ATV-related injuries. Of these deaths, in 2009, 13% were children younger than 16 years of age (96).<sup>1</sup>
- In 2013, an estimated 99,600 people were treated in United States Emergency Departments (ED) for ATV-related injuries. About 25% of those treated for injuries were children younger than 16 years of age.<sup>1</sup>
- Eighty-four percent of ATV riders who were fatally injured in 2013 were not wearing helmets.<sup>2</sup>
- From 1982-2013, deaths of ATV riders on public roadways have increased nearly nine fold; from 35 deaths in 1982 to 319 deaths in 2013.<sup>2</sup>
- In 2013, 89% of the 319 ATV riders killed on public roads were on rural roads.<sup>2</sup>
- From 2001-2010, the number of ATVs in use in the United States doubled; from 4.9 million in 2001 to 10.6 million in 2010.<sup>3</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- From 1982-2009, ATV-related crashes accounted for 1,354 deaths in the Mid-Atlantic Region.<sup>1</sup>
- Table 1 shows the rates of ATV rider deaths in the Mid-Atlantic Region from 2007-2011.<sup>4</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- Helmet use reduces the risk of fatal head injury by 42 percent and the risk of non-fatal head injury by 64 percent.<sup>5</sup> In the event of a crash, compared to helmeted ATV riders, unhelmeted ATV riders are much more likely to suffer a serious traumatic brain injury and are much more likely to receive significant injuries to the face and neck.<sup>6</sup>
- The American Academy of Pediatrics (AAP) recommends that children younger than 16 years of age not be allowed to operate ATVs.<sup>7</sup>
- Laws vary from state to state regarding ATV use on public roads. Delaware, Pennsylvania and West Virginia prohibit the use of ATVs on public roads. There is no specific law regarding use of ATVs on public roads in Maryland or DC. ATV use on public highways is prohibited in Virginia, with some exceptions.<sup>8</sup>

## RESOURCES

### Delaware:

- All-Terrain Vehicle (ATV) Safety Coalition. Nemours Health and Prevention Services have established an ATV Safety Coalition aimed at decreasing ATV-related injuries to children in Delaware. <http://www.nemours.org/service/health/safety-injury-prevention/kohlsinjuryprevention/atv-safety.html>. This group was successful in having new legislation passed and signed into law (July 2015) to increase safety measures related to children and youth and ATVs. [http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/SB+69/\\$file/legis.html?open](http://legis.delaware.gov/LIS/lis148.nsf/vwLegislation/SB+69/$file/legis.html?open)

### Maryland:

- The Department of Transportation Motor Vehicle Administration has information regarding ATVs, Off-Road Motorcycles and Snowmobiles. <http://www.mva.maryland.gov/about-mva/info/27300/27300-76T.htm>

### Pennsylvania:

- The Pennsylvania Department of Conservation and Natural Resources lists safety information for ATV riders. <http://www.dcnr.state.pa.us/forestry/recreation/atv/index.htm>

### West Virginia:

- West Virginia Injury Control Research Center has conducted and published numerous research on the topic. <http://publichealth.hsc.wvu.edu/icrc/injury-topics/motor-vehicle-related-injuries>  
<http://publichealth.hsc.wvu.edu/icrc/home>

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# CHILD MALTREATMENT

CHILD  
MALTREATMENT



# Child Maltreatment

Child maltreatment is any act of commission or omission by a parent or other caregiver (e.g., clergy, coach, or teacher) that results in harm, potential for harm, or threat of harm to a child. Acts of omission (child neglect) are the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm.<sup>1</sup>

## HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, 1,484 children ages 0-17 years died in the United States as a result of child maltreatment; 79% were killed by one or both of their parents. Most (74%) of these victims were less than 3 years old.<sup>2</sup>
- In 2013, there were an estimated 3.2 million referrals screened in for investigation for child maltreatment to Child Protective Service (CPS) agencies across the United States.<sup>2</sup>
- In 2013, 678,932 children were identified to be victims of child abuse or neglect. Eighty percent of these children suffered from neglect; 18% were victims of physical abuse, and 9% were sexual abuse victims.<sup>2</sup>
- The lifetime estimated cost of new fatal and non-fatal child maltreatment cases in 2008 was \$124 billion.<sup>3</sup>
- In 2010, the estimated average lifetime cost of child maltreatment was \$210,012 per non-fatal victim and \$1.3 million per death.<sup>3</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- In 2013, CPS received reports about 30,180 children (unique victims\*) who were being maltreated in the Mid-Atlantic Region.<sup>2</sup>
- Table 1 shows 2013 CPS referrals, percentage of referrals screened in for investigation, and number of unique victims\* in the Mid-Atlantic Region.<sup>2</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- The Centers for Disease Control and Prevention (CDC) provides references to multiple evidence-based strategies to prevent child maltreatment.<sup>4</sup>
- The United States Department of Health and Human Services Children's Bureau provides funding to states and tribes to help them strengthen families and prevent child abuse and neglect.<sup>5</sup>
- The California Evidence-Based Clearinghouse for Child Welfare provides online access to information about evidence-based child welfare practices in a simple, straightforward format. The effectiveness of these practices is supported by empirical research.<sup>6</sup>
- The Child Welfare Information Gateway connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families.<sup>7</sup>

# Child Maltreatment

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## RESOURCES

### Delaware:

- The Department of Services for Children, Youth and their Families (The Delaware Children's Department). Professionals are required by law to report child abuse or neglect; trainings are offered. Parents and caregivers are offered community support and resources through the program, Help Me Grow, and by calling 2-1-1. [http://kids.delaware.gov/fs/\\_iseethesigns.shtml](http://kids.delaware.gov/fs/_iseethesigns.shtml)

### Maryland:

- The Child Abuse Medical Provider Program network is a group of medical professionals (physicians and nurses), expert in the area of child maltreatment. They provide training and support to medical professionals, consultation to Child Protective Services (CPS), law enforcement, state's attorney's offices, pediatricians and other professionals, and develop policies and practice guidelines to improve the systems' response to children and families with concerns of possible abuse or neglect. <http://mdchamp.org>

### Pennsylvania:

- Integrate Strengthening Families Framework into community-based programs. <http://www.pa-strengthening-families.org>
- Recently enacted enhanced CPS laws. <http://keepkidssafe.pa.gov>

### Virginia:

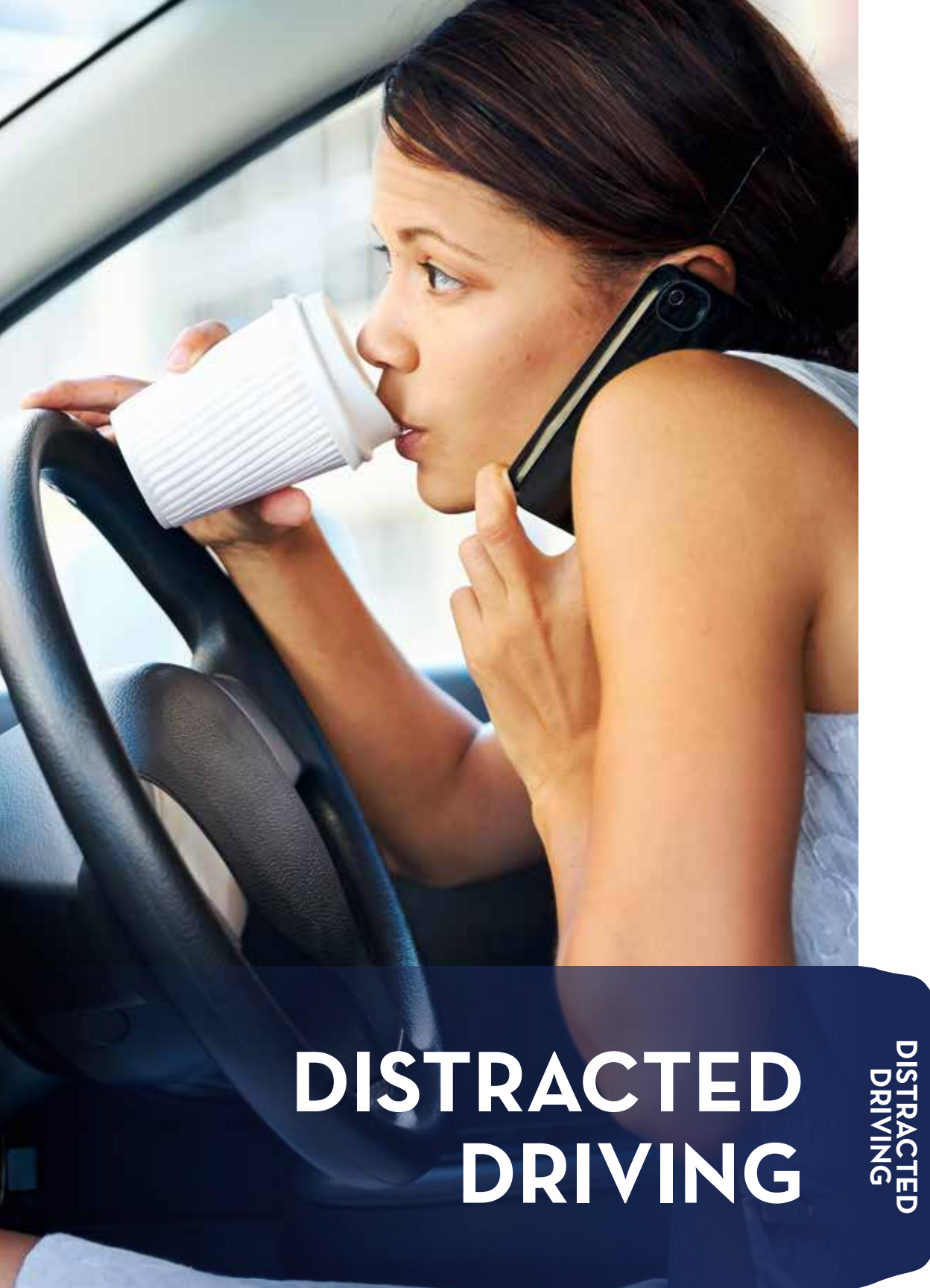
- The Virginia Department of Social Services operates a CPS Hotline 24/7 to support local departments of social services by receiving reports of child abuse and neglect and referring them to the appropriate local department of social services. The CPS Hotline is staffed by trained Protective Services Hotline Specialists. <http://www.dss.virginia.gov/abuse/index2.cgi>

### West Virginia:

- The West Virginia Department of Health and Human Resources, Bureau for Children and Families, oversees West Virginia's community based child abuse awareness and prevention grants. <http://www.dhhr.wv.gov/bcf/Pages/default.aspx>

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# **DISTRACTED DRIVING**

**DISTRACTED  
DRIVING**

**Table 1: State laws to prevent distracted driving (As of April 2015)<sup>7</sup>**

<b>State</b>	<b>Hand-held Ban</b>	<b>Young Drivers All Cell phone Ban</b>	<b>Texting Ban</b>	<b>Enforcement</b>
<b>Delaware</b>	all drivers	learner's permit and intermediate license holders	all drivers	primary
<b>District of Columbia</b>	all drivers	learner's permit holders	all drivers	primary
<b>Maryland</b>	all drivers	drivers younger than 18	all drivers	primary
<b>Pennsylvania</b>	no	no	all drivers	primary
<b>Virginia</b>	no	drivers younger than 18	all drivers	primary; secondary for drivers younger than 18
<b>West Virginia</b>	all drivers	drivers younger than 18 who hold either a learner's permit or an intermediate license	all drivers	primary

***NOTES***

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<sup>7</sup>Note: A primary law means that an officer can ticket the driver for the offense without any other traffic violation taking place. A secondary law means an officer can only issue a ticket if a driver has been pulled over for another violation (like speeding).  
<sup>8</sup>"Primary" enforcement in this column refers to both cell phone use and texting, unless otherwise specified.



# Distracted Driving

Distracted driving includes any activity that diverts a driver's attention from driving, such as texting, eating, applying makeup or reading billboards on the side of the road.

## HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, 3,154 people were killed and 424,000 people were injured in crashes where the driver was distracted.<sup>1</sup>
- In 2013, law enforcement reported distracted driving as a factor in 16% of all motor vehicle crashes, 18% of crashes resulting in injury, and 10% of crashes resulting in death.<sup>1</sup>
- Distraction is more likely to be a factor in fatal crashes among teen drivers than any other age group. In 2013, 10% of all teen drivers involved in fatal crashes were distracted at the time of the crash.<sup>1</sup>
- Almost one third (31%) of drivers between the ages of 18 and 64 years old reported texting or emailing at least once while driving in the last 30 days.<sup>2</sup>
- Information about cell phone use is underreported in the data about fatal crashes. A recent study of a sample of fatal crashes in 2011 where there was evidence of cell phone use found that only 52% of cases had been coded in Fatality Analysis Reporting System (FARS) as involving a cell phone.<sup>3</sup>
- In 2010, distracted driving cost the nation \$46 billion, an average of \$148 for every person in the United States.<sup>4</sup>

## HOW DOES IT AFFECT MID-ATLANTIC REGION?

- In 2013, 353 drivers in the Mid-Atlantic Region were involved in fatal crashes associated with distracted driving.<sup>5</sup>

## HOW DO WE ADDRESS THE PROBLEM?

- Many states are enacting laws—such as banning texting while driving, or using graduated driver licensing systems for teen drivers—to help raise awareness about the dangers of distracted driving and to keep it from occurring. However, the effectiveness of cell phone and texting laws on decreasing distracted driving-related crashes requires further study.<sup>2</sup>
- Currently, 46 states, DC, Puerto Rico, Guam, and the United States Virgin Islands ban text messaging for all drivers. All but 5 states have primary enforcement.<sup>6</sup> See Table 1 for laws restricting cellphone use and texting (as of April 2015).<sup>7</sup>
- Thirteen states including Delaware, Maryland, West Virginia and D.C. ban hand-held cell phone use for all drivers. In addition, 37 states and DC ban all cell phone use by novice or teen drivers, and 20 states and DC prohibit any cell phone use for school bus drivers.<sup>8</sup>
- Survey data indicates support for banning cell phone use while driving and even stronger support for banning text messaging and emailing while driving.<sup>9</sup>
- Highway engineering to make roadways with distracted drivers safe is a promising strategy. Specific strategies include providing safe stopping and resting areas and installing rumble strips.<sup>10</sup>
- Changing social norms to make distracted driving less socially acceptable is a promising strategy.<sup>10</sup>
- Model High Visibility Enforcement (HVE) programs in Connecticut and New York have been shown to reduce hand-held cell phone use and texting while driving. HVE combines law enforcement during specified periods and paid/earned media that addresses high enforcement methods.<sup>11</sup>

# Distracted Driving

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## RESOURCES

### Delaware:

- The Office of Highway Safety conducts campaigns and a yearly highway safety conference on a variety of topics. <http://ohs.delaware.gov>

### Maryland:

- Maryland's traffic safety community has a clear, unified mission – to move the state Toward Zero Deaths. <http://towardzerodeathsmd.com/distracted-driving/>

### Pennsylvania:

- The Pennsylvania Department of Transportation. <http://www.justdrivepa.org/Traffic-Safety-Information-Center/Distracted-Driving/>

### Virginia:

- DRIVE SMART Virginia is a non-profit organization charged with raising awareness and changing behavior in order to improve the safety of the roadways of the Commonwealth. <http://www.drivesmartva.org/current-projects/distracted-driving>

### Washington, D.C.:

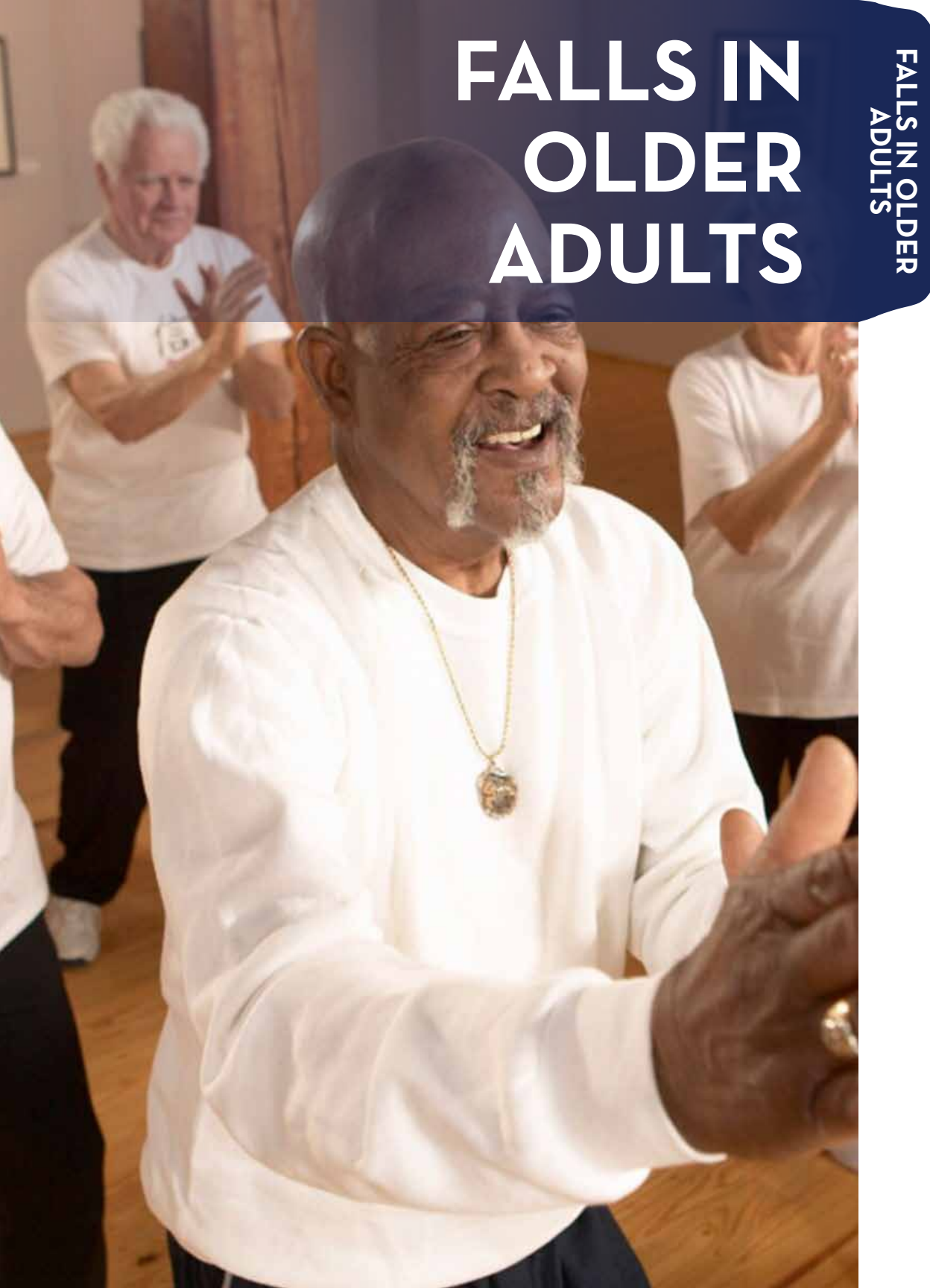
- The United States Department of Transportation is leading the effort to stop texting and cell phone use behind the wheel. <http://www.distraction.gov>

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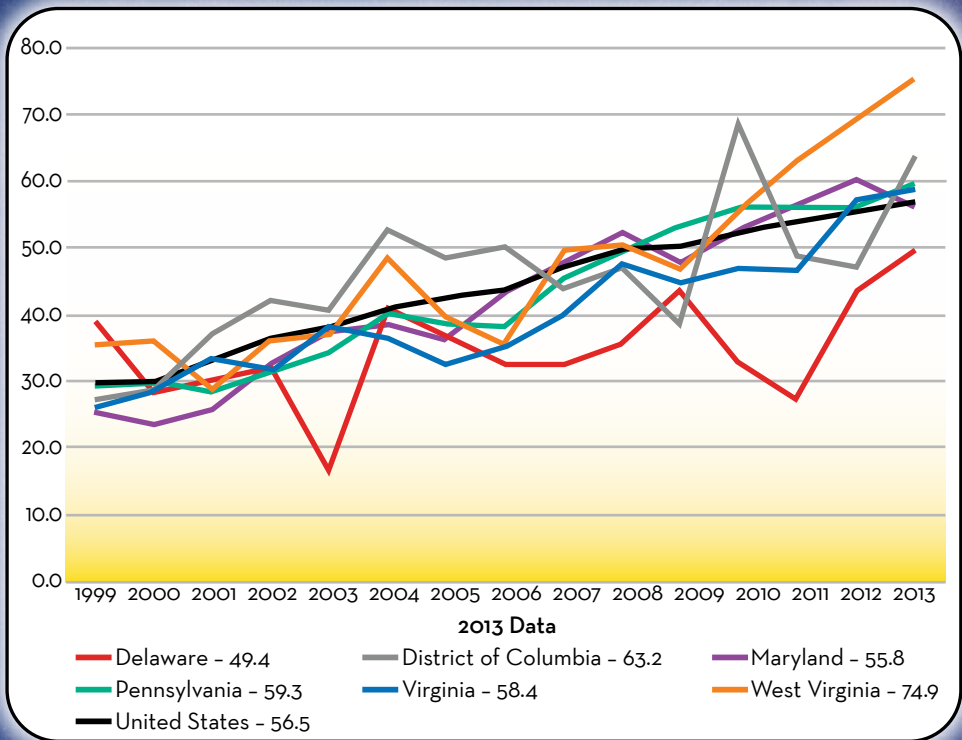
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# FALLS IN OLDER ADULTS

FALLS IN OLDER  
ADULTS



**Figure 1: Death rates in older adults due to falls in the Mid-Atlantic Region, per 100,000 (1999-2013).<sup>1</sup>**



***NOTES***

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# Falls In Older Adults

For the purpose of this section, an "older adult" is defined as an individual aged 65 years and older, unless otherwise specified.

## HOW DOES IT AFFECT THE UNITED STATES?

- From 1999-2013, the number of deaths due to falls among older adults in the United States increased by 90%, from 30 deaths per 100,000 (10,227) to 57 deaths per 100,000 (25,593).<sup>1</sup>
- In 2013, falls among older adults accounted for nearly 2.5 million ED visits, resulting in over 1.7 million treat and release visits and 657,843 hospitalizations.<sup>1</sup>
- Older adults will make up about 20 percent of the United States population by 2029; in 2012 older adults comprised almost 14 percent of the population.<sup>2</sup>
- In 2013, falls among older adults cost the United States an estimated \$34 billion in direct medical costs.<sup>3</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- From 1999-2013, falls among older adults accounted for more than 26,350 deaths in the Mid-Atlantic Region.<sup>1</sup>
- From 1999-2013, the rate of fatal falls among older adults in the Mid-Atlantic Region increased by 118%, from about 28 deaths per 100,000 in 1999 to about 61 deaths per 100,000 in 2013.<sup>1</sup>
- Figure 1 displays the death rates in older adults due to falls in the Mid-Atlantic Region, per 100,000 (1999-2013).<sup>1</sup>

## HOW DO WE ADDRESS THE PROBLEM?

- The CDC provides resources about effective strategies in primary care settings including their STEADI toolkit, that:
  - o Assess and address known risk factors, such as severely low blood pressure and visual and/or foot problems;
  - o Discuss effective medication management, home hazard modification, and exercise programs that address strength, gait, and balance;
  - o Assess calcium and Vitamin D consumption (via food and/or supplements) and;
  - o Screen older adults for falls risk and osteoporosis.<sup>4</sup>
- As of 2014, eleven states had enacted laws to address falls in older adults: CA, CT, FL, HI, IL, MA, MN, NM, OR, TX, and WA. These laws establish commissions, coalitions, and/or programs to identify and/or implement fall prevention strategies.<sup>5</sup>
- Forty-eight states and DC promote National Falls Prevention Awareness Day and have implemented Safe Steps for Seniors, a fall prevention program.<sup>6</sup>
- The Federal Affordable Care Act<sup>7</sup> provides free annual wellness visits that include screening for fall risks. The ability of health care providers to screen for fall risk will be important for providing this service.

# Falls In Older Adults

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## RESOURCES

### Delaware:

- The Fall Prevention Team is part of the Delaware Coalition for Injury Prevention. The Fall Prevention team's statewide activities for Fall Prevention Awareness Week and its partnership with the National Council on Aging Falls Prevention Workgroup is listed on their website.  
<http://www.dhss.delaware.gov/dhss/dph/ems/ipfall.html>
- The State of Delaware and its partners offer free fall-prevention classes, A Matter of Balance, and Tai Ji Quan: Moving for Better Balance. <http://www.volunteerdelaaware.org>

### Maryland:

- With funds from CDC, the Maryland Department of Health and Mental Hygiene is able to support fall prevention activities for older adults. Stepping On and Tai Ji Quan: Moving for Better Balance are the two evidence-based programs being implemented in the state.  
[http://phpa.dhmh.maryland.gov/ohpetup/SitePages/eip\\_falls.aspx](http://phpa.dhmh.maryland.gov/ohpetup/SitePages/eip_falls.aspx)

### Pennsylvania:

- An annual legislative breakfast is held to recognize National Falls Prevention Awareness Day.

### Virginia:

- The Northern Virginia Fall Prevention Coalition (NVFPC) is a 501(c)3, non-profit organization committed to educating our community on fall prevention. Our members are local professionals and fall prevention experts who work with the aging population and their families every day and have witnessed firsthand how devastating falls can be physically, emotionally and financially.  
<http://www.nvfpc.org>

### Washington, D.C.:

- Washington DC has a Chapter in the National Council on Aging.  
<http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/district-of-columbia.html>

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# INTIMATE PARTNER VIOLENCE (IPV)

INTIMATE PARTNER  
VIOLENCE

**Table 1:** Percentages of women and men who reported being a victim of rape, physical violence, and/or stalking by an intimate partner during their lifetime, in the Mid-Atlantic Region, 2010<sup>4</sup>

State	% of Women	% of Men
Delaware	35%	37%
District of Columbia	n/a*	24%
Maryland	42%	27%
Pennsylvania	38%	28%
Virginia	31%	22%
West Virginia	34%	41%

\*Data not available

## *NOTES*

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# Intimate Partner Violence

“Intimate Partner Violence (IPV)” refers to behavior by a current or former intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviors. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.<sup>1,2</sup>

## HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, 992 women and 245 men were killed by their intimate partner (current spouse, ex-spouse, or dating partner).<sup>3</sup> These murders represent 37% of all female homicide victims and 3% of all male homicide victims.
- In 2010, 1 in 3 women (36%) and 1 in 4 men (29%) reported being the victim of IPV in their lifetime.<sup>4</sup>
- Eighty-one percent of women and 35% of men who were victims of rape, stalking, or physical violence by an intimate partner, reported at least one negative impact on their daily activities as a result of this violence.<sup>4</sup>
- Strangulation is one of the most lethal forms of violence in IPV and sexual assault cases. Studies show that anywhere from 43 to 53 percent of domestic homicide victims had experienced at least one incident of attempted strangulation prior to a lethal event.<sup>5</sup>
- Victims of prior attempted strangulation are seven times more likely to become a homicide victim.<sup>6</sup>
- In 2008, 53% of women murdered by an intimate partner were killed with a gun.<sup>7</sup>
- In 2003, the estimated cost of IPV against women exceeded \$8.3 billion, including \$6.2 billion associated with physical assault, \$1.2 billion in the value of lost lives, \$461 million associated with stalking, and \$460 million associated with rape.<sup>8</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- In 2010, 4.23 million women and 2.97 million men in the Mid-Atlantic Region reported being victims of rape, physical violence, and/or stalking by an intimate partner in their lifetime.<sup>4</sup>
- Table 1 details the percentages of women and men who reported being a victim of rape, physical violence, and/or stalking by an intimate partner during their lifetime in the Mid-Atlantic Region in 2010.<sup>4</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- Evidence-based programs that encourage healthy and safe relationships in teens can reduce dating violence, and can reduce the risk of future IPV. Incorporating these programs into school curricula would expand their reach and impact.<sup>9</sup>
- Currently, 44 states, the District of Columbia, the Federal government and two territories have some form of strangulation or impeding breathing statute. Of these, 7 specifically make strangulation a felony crime.<sup>10</sup>

# Intimate Partner Violence

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## RESOURCES

### Delaware:

- DELTA FOCUS (Domestic Violence Prevention Enhancements and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) is a five-year cooperative agreement funding 10 state domestic violence coalition grantees to engage in primary prevention of IPV. Primary prevention means stopping IPV before it occurs. <http://www.cdc.gov/violenceprevention/deltafocus>
- The YWCA Delaware offers multiple programs, services, to support victims of violence. <http://www.ywcade.org>

### Maryland:

- Department of Health and Mental Hygiene provides IPV resources, training, referrals, hotlines and assessment to professionals working in IPV field. Maryland was one of six states selected by Futures Without Violence for a competitive grant to fund Project Connect, which focuses on helping health care providers play a role in helping to protect women from domestic violence. <http://phpa.dhmh.maryland.gov/mch/SitePages/IPV.aspx>

### Pennsylvania:

- Project Connect is an organization with a goal to "promote adolescent health through school connectedness." The project focuses on engaging school nurses to increase the capacity of their school-based health settings to identify and respond to Adolescent Relationship Abuse in schools. <http://www.futureswithoutviolence.org/health>

### Virginia:

- The IPV Prevention Council was formed in 2011 as a voluntary association of domestic violence coalitions working in partnership with allied national organizations. <http://www.preventipv.org/materials/author/virginia-sexual-and-domestic-violence-action-alliance>

### West Virginia:

- The West Virginia Foundation for Rape Information and Services (FRIS) is West Virginia's state sexual assault coalition. Established in 1982 and comprised of the state's nine rape crisis centers, FRIS works with all allied professionals to strengthen services and develop intervention and prevention programs to address sexual violence, stalking, and dating violence. <http://www.fris.org/Prevention/Prevention.html>

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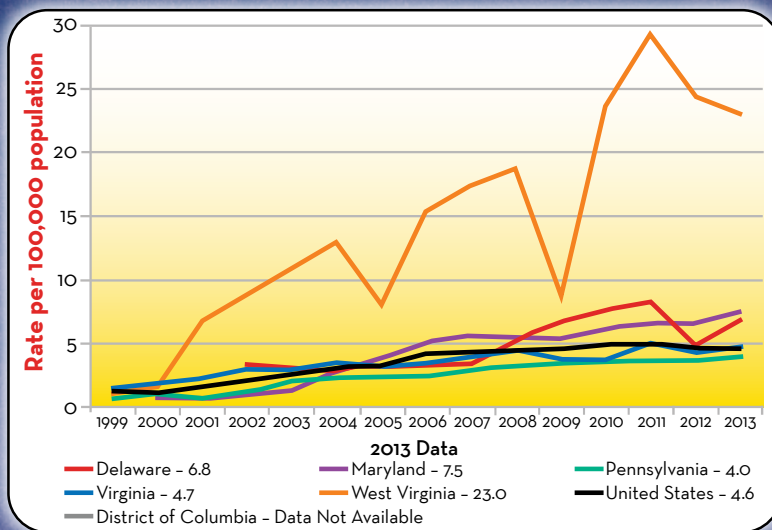
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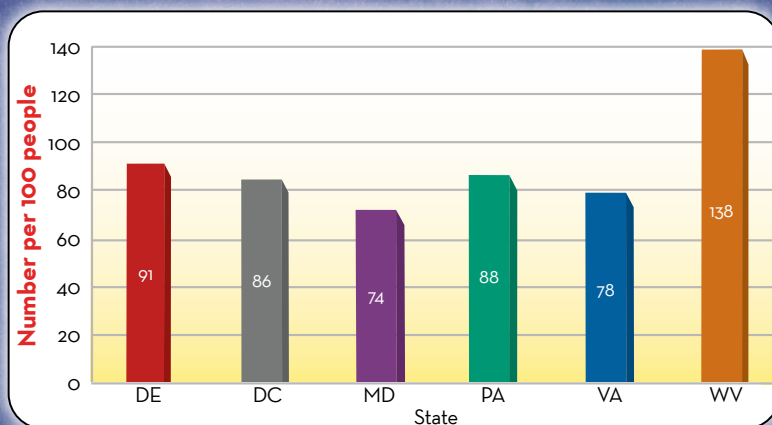
# PRESCRIPTION DRUG OVERDOSE

PRESCRIPTION DRUG  
OVERDOSE

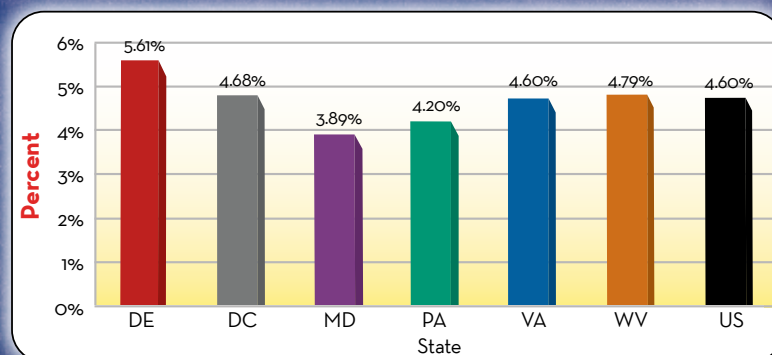
**Figure 1: Age-adjusted prescription opioid overdose death rates, Mid-Atlantic Region & United States, unintentional & undetermined intent, 1999-2013<sup>5</sup>**



**Figure 2: Mid-Atlantic Region - number of painkiller prescriptions prescribed per 100 people.<sup>14</sup>**



**Figure 3: Mid-Atlantic Region & United States - percent of non-medical use of prescription pain relievers in the past year among persons aged 12 or older: 2010-2011<sup>15</sup>**



# Prescription Drug Overdose

**Prescription drug abuse** is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited, (i.e., taking medication to “get high”).<sup>1</sup>

**Prescription drug misuse** may involve not following medical instructions, but the person taking the drug is not looking to “get high”.<sup>2</sup>

**Nonmedical use of prescription drugs** is use without a prescription or use for the feeling or experience the drug causes.<sup>3</sup>

## HOW DOES IT AFFECT THE UNITED STATES?

- In 2013, there were 43,982 overdose deaths in the United States. Of those, 52% or 22,767 were related to prescription drugs. The majority of these deaths involved opioid pain relievers.<sup>4</sup>
- In 2013, there were 14,672 prescription opioid overdose deaths in the United States, a rate of 4.6 deaths per 100,000 people. This number represents a 329% increase in the total number of prescription opioid overdose deaths from 1999 to 2013.<sup>5</sup>
- Every day in the United States, 44 people die as a result of prescription opioid overdose.<sup>4</sup>
- In 2013, an estimated 6.5 million individuals (or 2.5% of Americans) age 12 or older were nonmedical users of all prescription drugs; most within this group (4.5 million) were using prescription pain relievers.<sup>6</sup>
- Most nonmedical users of prescription drugs obtain their supply from friends and family. In 2011, one survey of nonmedical users of prescription drugs revealed that most (54%) reported receiving their prescription drugs for free from a friend or relative; 18% reported obtaining them from a doctor; and 17% bought or took them from a friend or relative.<sup>7</sup>
- In a 2012 survey, 24% of teens reported having abused or misused all prescription drugs in their lifetime; 20% of them reported using before age 14.<sup>8</sup>
- From 2004-2011, the number of ED visits involving the misuse or abuse of all prescription drugs in the United States increased more than 125% from 626,470 visits in 2004 to over 1.4 million visits in 2011.<sup>9</sup>
- In 2007, prescription opioid misuse and abuse cost the United States an estimated \$56 billion in workplace, healthcare, and criminal justice costs.<sup>10</sup>

**Figure 1:**

Deaths were classified using the International Classification of Disease, 10th Revision (ICD-10). Drug-poisoning deaths were defined as having an ICD-10 underlying cause-of-death code of X40-X44 (unintentional) or Y10-Y14 (undetermined intent). Drug-poisoning deaths involving opioid analgesics include those with a multiple cause-of-death code of T40.2, T40.3, or T40.4. Rates were age-adjusted to the 2000 United States Census population.

# Prescription Drug Overdose

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## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- In 2013, there were 3,141 overdose deaths in the Mid-Atlantic region. Of those, 71.1% (2,234 deaths) were caused by prescription drugs. The majority of these deaths (82%) involved opioid pain relievers (1,834 deaths).<sup>11</sup>
- In 2013, there were 1,834 prescription opioid overdose deaths in the Mid-Atlantic region, a rate of 6.1 deaths per 100,000 people. This number represents a 680% increase in the total number of prescription opioid overdose deaths from 1999 to 2013.<sup>11</sup>
- In 2013 in the Mid-Atlantic region, on average, 5 people died each day from overdose of prescription opioid pain relievers.<sup>11</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- The CDC is developing evidence-based guidelines for prescription opioid prescribing.<sup>12</sup>
- All states in the Mid-Atlantic region have prescription drug monitoring programs (PDMPs) that collect data about all opioids (and other drugs) prescribed. These data are available to identify potential cases of misuse and abuse. Some states mandate that prescribers input their prescriptions into the PDMP and check against the database when prescribing opioids. Some states mandate reporting of PDMP data for proactive law enforcement and education use.
- Assuring communities within states provide mechanisms for people to safely dispose of their prescription medications can reduce the availability of these drugs. Safe disposal sites and take back programs have been led by law enforcement, pharmacies, and other community partners.
- Naloxone is an overdose-reversing drug that some states make available to first responders, and friends and family of people at risk of overdose. Assuring naloxone is available and affordable is an opportunity to reduce deaths.
- Given the large number of people addicted to prescription pain relievers, evidence-based treatment is critical. Effective treatment options exist, but many with addiction issues do not have access to effective, affordable care.
- Summaries of state laws enacted to address prescription drug misuse, abuse, and overdose are available.<sup>13</sup>

*Parameters used to pull regional data points from CDC Wonder database:*

In this report, drug poisoning deaths, also referred to as overdose deaths, were defined as those with an underlying cause of death identified using the ICD-10 external cause of injury codes X40-X44 (unintentional) and Y10-Y14 (undetermined intent). Among deaths with drug overdose as the underlying cause, we identified the type of drug involved based on ICD-10 codes for prescription drugs (T36-39, T40.2-T40.4, T41-T43.5 and T43.8-T50.8), prescription OPR (T40.2-40.4), heroin (T40.1) and cocaine (T40.5). The codes used to classify prescription drugs might capture some over-the-counter medications. Please note that testing varies by State for drug specificity.

# Prescription Drug Overdose

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## RESOURCES

### Delaware:

- Delaware has a Prescription Drug Monitoring Program. <http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml>
- Legislation authorizing Delaware law enforcement officers to carry Naloxone, has been signed. The Prescription Drug Action Committee enables multiple stakeholders to work collaboratively to address the prescription drug abuse problem in Delaware. <http://dhss.delaware.gov/dhss/dph/pdachome.html>

### Maryland:

- Maryland's state agencies have engaged in comprehensive, cross-agency efforts to reduce opioid overdose deaths. These efforts include educating the public and implementing new medical practices. [http://bha.dhmh.maryland.gov/overdose\\_prevention/SitePages/Home.aspx](http://bha.dhmh.maryland.gov/overdose_prevention/SitePages/Home.aspx)

### Pennsylvania:

- The Department of Drug and Alcohol Programs (DDAP) is focused on addressing the overdose problem in Pennsylvania, while ensuring that our prevention programs are robust, well-resourced and evidence-based, and that all Pennsylvanians struggling with the disease of drug and alcohol addiction can get the level and duration of treatment and recovery supports they need to live a healthy and productive life. <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1773570&mode=2>

### Virginia:

- REVIVE! is a pilot program of the Commonwealth of Virginia which makes naloxone (Narcan®) available to lay rescuers to reverse opioid overdoses. A collaborative effort with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) taking the lead, the project includes the Virginia Department of Health, the Virginia Department of Health Professions, recovery community organizations such as the McShin Foundation, OneCare of Southwest Virginia, the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA), and other stakeholders. <http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>

### Washington, D.C.:

- The Office of National Drug Control Policy is committed to restoring balance to U.S. drug-control efforts by coordinating an unprecedented government-wide public health and public safety approach to reduce drug use and its consequences. <https://www.whitehouse.gov/ondcp>
- The report below reflects significant trends, data, and major issues relating to drugs in the District of Columbia. [https://www.whitehouse.gov/sites/default/files/docs/state\\_profile-district\\_of\\_columbia.pdf](https://www.whitehouse.gov/sites/default/files/docs/state_profile-district_of_columbia.pdf)

### West Virginia:

- The Division on Alcoholism and Drug Abuse, an operating division of the Bureau for Behavioral Health and Health Facilities (BBHF) within the West Virginia Division of Health and Human Services is charged in code with being the Single State Authority (SSA) primarily responsible for prevention, control, treatment, rehabilitation, educational research and planning for substance abuse related services. <http://www.dhhr.wv.gov/bhhf/Sections/Programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Pages/default.aspx>

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**SUICIDE**

**SUICIDE**

Figure 1: Suicide rates – Mid-Atlantic Region – 1999 to 2012<sup>1</sup>

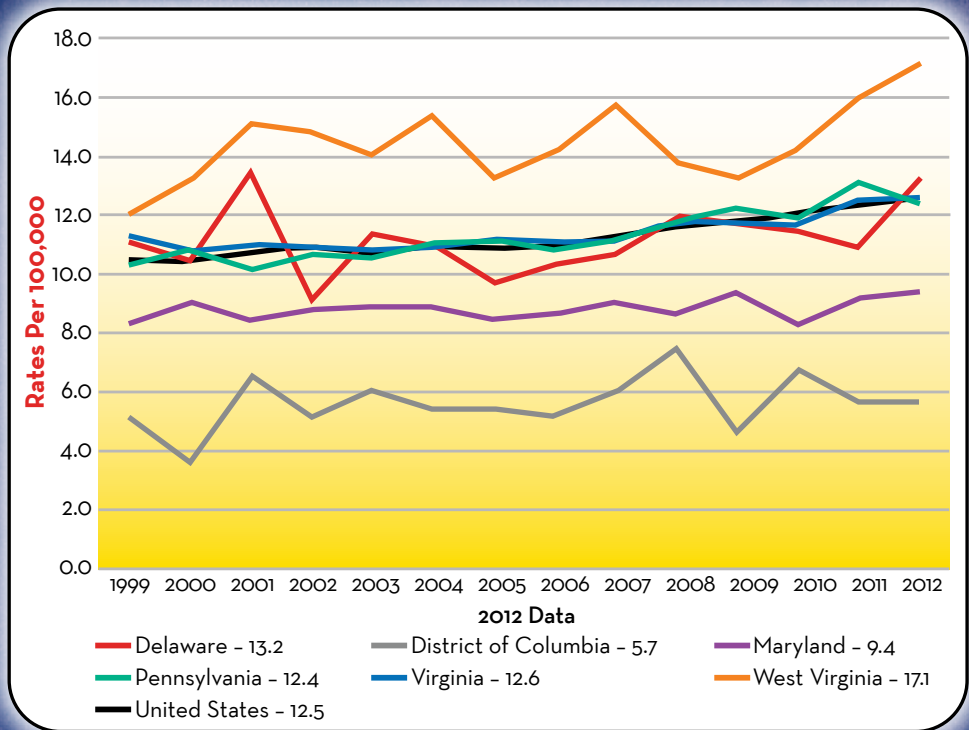


Table 1: Suicide deaths in the Mid-Atlantic Region, 2013<sup>1</sup>

State	Number of Deaths	Age-adjusted Rate per 100,000
Delaware	122	12.4
District of Columbia	38	5.8
Maryland	569	9.1
Pennsylvania	1,788	13.3
Virginia	1,072	12.5
West Virginia	323	16.4
United States	41,149	12.6

# Suicide

**Suicide:** Death caused by self-directed injurious behavior with any intent to die.

**Suicide attempt:** A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Suicidal ideation:** Thinking about, considering, or planning for suicide.

## HOW DOES IT AFFECT THE UNITED STATES?

- From 2000-2013, the rate of suicide in the U.S. rose from 10.43 per 100,000 (29,350 deaths) to 13.02 per 100,000 (41,149 deaths).<sup>1</sup>
- In 2013, 494,169 people in the U.S. were treated in EDs for non-fatal self-inflicted injuries.<sup>1</sup>
- In 2012, on average, there was a suicide death every 13 minutes in the U.S., and a hospitalization for a self-inflicted injury every 65 seconds.<sup>1</sup>
- In 2013, suicide cost the U.S. an estimated \$44.6 billion, including medical expenses and work loss.<sup>2</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- In 2013, there were 3,912 suicide deaths in the Mid-Atlantic Region.<sup>1</sup>
- Figure 1 shows the suicide rates in the Mid-Atlantic region from 1999-2012 and Table 1 shows the number of deaths in the Mid-Atlantic region in 2013.<sup>1</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- The CDC provides resources on effective and promising practices for preventing suicide.<sup>3</sup>
- Recognizing that educators and other school personnel are in a prime position to identify the warnings signs of youth suicide and help prevent it, 24 states either mandate or encourage suicide prevention training and screening programs in schools.<sup>4</sup> In the Mid-Atlantic region, Delaware has an annual state mandated training. Maryland, Pennsylvania, and West Virginia all have state mandated training, but not annually. Virginia encourages training.<sup>4</sup>
- A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. This has been demonstrated in a number of areas: bridge barriers, detoxification of domestic gas, pesticides, medication packaging, and others.<sup>5</sup>
- Research indicates that health care providers report receiving little training on the assessment and management of suicidal behavior.<sup>6</sup> Policies aimed at training health care providers on evidence-based assessment and treatment approaches can decrease this knowledge gap and potentially save lives. Currently, Washington State is the only state to adopt a law requiring mandatory training requirements for health care professionals.

# Suicide

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## RESOURCES

### Delaware:

- The Suicide Prevention Resource Center is the nation's only federally supported center devoted to advancing the National Strategy for Suicide Prevention. <http://www.sprc.org/states/delaware>
- The Delaware Suicide Prevention Coalition has developed a statewide action plan for suicide prevention, 2013 to 2018.

### Maryland:

- The Mental Health Association of Maryland (MHAMD) is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. <https://www.mhamd.org>

### Pennsylvania:

- The Pennsylvania Youth Suicide Prevention Initiative is a multi-system collaboration to reduce youth suicide. <http://payspi.org/>
- The Pennsylvania Adult/Older Adult Suicide Prevention Coalition located in Harrisburg, is the only statewide, nonprofit organization solely dedicated to preventing suicide in Pennsylvania. <http://www.preventsuicidepa.org/>

### Virginia:

- The Suicide Prevention Program coordinates statewide training for school personnel, human service providers, faith communities and others on suicide prevention and intervention, including identification of persons at-risk of suicide, screening, counseling and referral. <http://www.vdh.virginia.gov/ofhs/prevention/preventsuicideva>

### Washington, D.C.:

- Washington D.C., has a chapter in the The American Foundation for Suicide Prevention (AFSP). AFSP is the leader in the fight against suicide. AFSP funds research, creates educational programs, advocates for public policy, and supports survivors of suicide loss. <http://www.afsp.org/local-chapters/local-chapters-listed-by-state/district-of-columbia/afsp-national-capital-area>

### West Virginia:

- On September 30, 2006, West Virginia Department of Health and Health Facilities, in collaboration with West Virginia Council for the Prevention of Suicide and Prestera Center, was awarded approximately 1.4 million dollars for a three-year period through SAMHSA's Garrett Lee Smith Memorial grant in order to fund the Adolescent Suicide Prevention and Early Intervention (ASPEN) Project. The project was specifically developed to provide a comprehensive base support for sustainability of suicide awareness, prevention and early intervention efforts. <http://preventsuicidewv.org/about-us/>

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# TEEN DRIVER SAFETY

TEEN DRIVER  
SAFETY





# Teen Driver Safety

For the purposes of this section, "teen" and "teenager" are defined as an individual between the ages of 16 to 19 years old, unless otherwise specified.

## HOW DOES IT AFFECT THE UNITED STATES?

- From 2008-2013, motor vehicle crashes were the second leading cause of injury deaths for teenagers nationwide, accounting for 66% of injury-related deaths in this age group.<sup>1</sup>
- In 2013, 4,141 teen drivers were involved in fatal crashes in the United States; alcohol and drug use were a factor in 16% of these crashes.<sup>2</sup>
- In 2013, 52% of teen passenger deaths in the United States occurred in motor vehicle crashes involving cars driven by a teen.<sup>3</sup>
- From 2008-2013, 1.7 million teenagers were injured in motor vehicle crashes in the United States. As a result of their injuries, 1.6 million of these teenagers were treated and released from the ED, while 97,728 were hospitalized.<sup>1</sup>
- In 2010, motor vehicle crashes involving teen drivers cost the United States more than \$22 billion in total lifetime costs (medical costs and work loss).<sup>1</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- In 2013, 458 teen drivers were involved in fatal crashes in the Mid-Atlantic Region, accounting for about 8% of teen fatal crashes in the nation.<sup>1</sup>
- In 2012, 202 people were killed in motor vehicle crashes involving a young driver (i.e., between the ages of 15 and 20 years old) in the Mid-Atlantic Region. Of those killed, 47% were the young drivers, 19% were passengers in the young drivers' vehicles, 25% were occupants of other vehicles, and 8% were non-occupants.<sup>4</sup>
- Investigative reports link 14% of fatal crashes involving teen drivers in the Mid-Atlantic region to alcohol and drugs.<sup>4</sup>
- Table 1 displays 2013 high school students' driving behaviors.<sup>5</sup>
- In 2005, fatal motor vehicle crashes cost the Mid-Atlantic region \$3.3 billion in total medical and work loss costs. Teen drivers accounted for over 15% at a cost of \$508 million.<sup>6</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- Enforcement of underage purchase, possession, and provision laws for youth access to alcohol can reduce alcohol-related crash involvement.<sup>7</sup>
- Graduated Driver Licensing (GDL) has consistently been shown to substantially reduce crashes of 16 and 17-year-old drivers.<sup>8</sup> Strengthening and enforcement of GDL systems that contain passenger limits, night restrictions, and other components are effective measures.<sup>7,9</sup> The National Highway Traffic Safety Administration (NHTSA) recommends 16 years as the age for receiving a learner's permit.<sup>2</sup>
- Enforcement of primary seat belt laws is important: primary seat belt laws are associated with increased seat belt utilization<sup>10</sup> and a decreased risk of fatalities.<sup>11</sup>
- Driver education on its own has not been demonstrated to reduce crashes among high school-aged drivers.<sup>12</sup>
- Model High Visibility Enforcement (HVE) programs and work to change social norms to make distracted driving less socially acceptable are both promising strategies. Please see the section on Distracted Driving for more information.

# Teen Driver Safety

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## RESOURCES

### Delaware:

- Delaware Teen Driving is a site full of information, resources, and tips to help you stay safe while enjoying your newfound freedom in the driver's seat.  
[http://www.dmv.de.gov/services/driver\\_services/teen/index.shtml](http://www.dmv.de.gov/services/driver_services/teen/index.shtml)  
An online Graduated Driver License Parent orientation is available.  
<http://ohs.delaware.gov/TeenDriving.shtml>

### Maryland:

- The Maryland Teen Safe Driving Coalition, in partnership with The Allstate Foundation and the National Safety Council, is working to help teens build skill and minimize risk through the proven principles of Graduated Driver Licensing (GDL). <https://sites.google.com/site/mdteensafedrivingcoalition/>
- Meritus Health Trauma and Emergency Services in Hagerstown, MD is partnering with community organizations to raise awareness of the dangers of distracted driving in the public service campaign, "Stay Alive. Don't Text and Drive." [www.meritushealth.com/Our-Services/Meritus-Medical-Center/Trauma-Emergency-Services/Stay-Alive-Don't-Text-and-Drive.aspx](http://www.meritushealth.com/Our-Services/Meritus-Medical-Center/Trauma-Emergency-Services/Stay-Alive-Don't-Text-and-Drive.aspx)

### Pennsylvania:

- Encourage high schools to adopt policies aligned with or surpassing the Graduated Driver Licensing Law. Included in these policies should be passenger restrictions, a ban on texting, and mandatory seatbelt use.  
<http://www.dmv.state.pa.us/centers/TeenDriversCenter.shtml>

### Virginia:

- Partners for Safe Teen Driving is an economical, systematic, and easily implemented program that enables school divisions and communities to give parents the information and tools they need to help their teens become safer drivers. It is a community health initiative that involves all aspects of your community with the goal of preventing serious crashes, injuries and fatalities.  
<http://www.safeteendriving.org/>

### Washington, D.C.:

- Originally, the mission of the SADD chapter was to help young people say "No" to drinking and driving. Today, the mission has expanded. Students have told us that positive peer pressure, role modeling and environmental strategies can prevent other destructive decisions and set a healthier, safer course for their lives <http://sadd.org/states/dc.htm>

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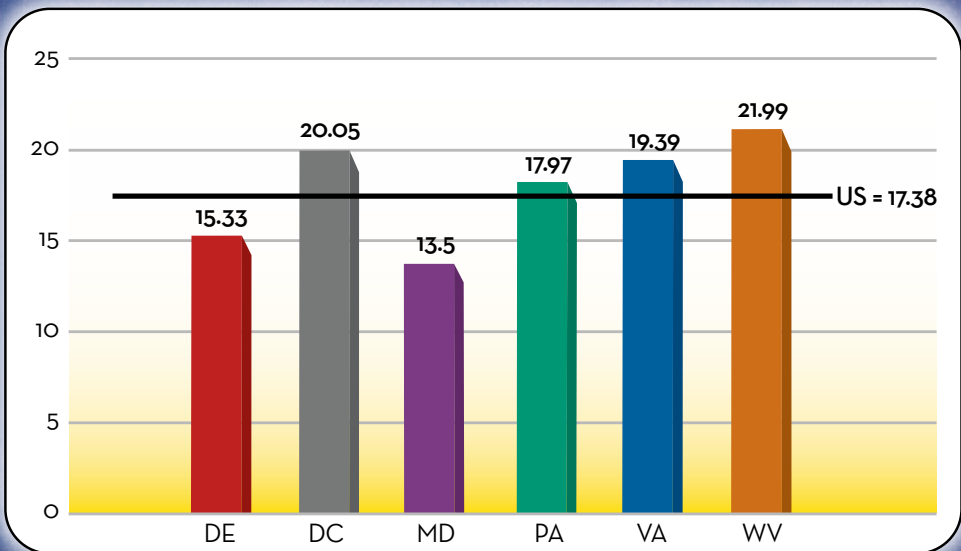
# TRAUMATIC BRAIN INJURY (TBI)

TRAUMATIC  
BRAIN INJURY

**Table 1: Cost of medical expenses and lost work due to TBI in 2010.<sup>3</sup>**

State	Cost
Delaware	\$73.8 million
District of Columbia	\$22.6 million
Maryland	\$524.7 million
Pennsylvania	\$1.5 billion
Virginia	\$1 billion
West Virginia	\$241.4 million

**Figure 1: Annualized TBI fatality rates per 100,000 in the Mid-Atlantic Region & United States from 2004-2010.<sup>3</sup>**



# Traumatic Brain Injury

A Traumatic Brain Injury (TBI) is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or memory loss). Most TBIs are mild, and are commonly known as concussions.<sup>1</sup>

## HOW DOES IT AFFECT THE UNITED STATES?

- Every year in the United States, approximately 53,000 people die and 284,000 people are hospitalized as a result of TBI.<sup>2</sup>
- TBI accounts for approximately 2 million ED visits every year.<sup>1</sup>
- Most TBI deaths result from car crashes (29%), suicide (29%) and falls (21%). Falls are the leading cause of TBI-related hospitalizations (40%) and ED visits (44%).<sup>2</sup>
- In 2010, TBI cost the United States \$141.7 billion in medical expenses and lost work. Of that amount, \$35.9 billion was related to TBI deaths.<sup>3</sup>

## HOW DOES IT AFFECT THE MID-ATLANTIC REGION?

- From 2004-2010, annualized TBI fatality rates per 100,000 in the Mid-Atlantic region ranged from 15.33 in Delaware to 21.99 in West Virginia. See Figure 1.<sup>3</sup>
- In 2010, TBI cost the Mid-Atlantic Region an estimated \$3.4 billion in medical expenses and lost work, as shown in Table 1.<sup>3</sup>

## HOW DO WE ADDRESS THIS PROBLEM?

- From 2009-2014, all 50 states and DC passed laws to address TBI; most targeted youth sports-related concussions through Return to Play laws.<sup>4</sup>
- For TBI management, the American Academy of Neurology recommends immediate removal from play, an individual evaluation, and treatment tailored to the symptoms. Return to play is recommended only after a licensed health care professional with head injury experience clears the athlete. States without Return to Play laws could consider incorporating these recommendations into new policies; those with such laws could consider amending their policies to include these recommendations.<sup>5</sup>
- Implementation and evaluation of Return to Play laws is important. Information about how states can improve implementation of Return to Play and Return to School (Learn) is available from CDC.<sup>6,7,8</sup>
- Other recent TBI legislation addressed TBI in veterans; provided funding for TBI prevention or treatment programs; and required insurers, hospitals and health maintenance organizations to provide insurance coverage for TBI survivors.<sup>4</sup>
- TBI surveillance is needed. CDC recommends surveillance efforts including: out-patient clinics, urgent care facilities, and other non-hospital settings.<sup>2</sup>
- Policies and programs to prevent motor vehicle crashes, suicide, and falls can also be effective in addressing TBI. Please see the sections of this guide related to those injury issues for additional information.

# Traumatic Brain Injury

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## RESOURCES

### Delaware:

- The Brain Injury Association of Delaware is an affiliate of the Brain Injury Association of America. A not-for-profit organization that focuses on providing support, education and advocacy to traumatic brain injury survivors, their families and caregivers throughout the state of Delaware and Salisbury, Maryland. <http://www.biaofde.org>
- The Delaware Coalition for Injury Prevention's TBI / SCI team offers information on TBI. <http://www.dhss.delaware.gov/dhss/dph/ems/iptbi.html>

### Maryland:

- The Brain Injury Association of Maryland serves as the voice of those affected by brain injury through advocacy, education, and research. <http://www.biamd.org/Home.html>

### Pennsylvania:

- The Comprehensive Concussion Program of Bucks County, Pennsylvania uses Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT), a standardized tool used in comprehensive clinical management of concussions for athletes of all ages. ImPACT is the first, most widely used, and most scientifically validated computerized concussion evaluation system. [www.stmaryhealthcare.org/impact](http://www.stmaryhealthcare.org/impact)

### Virginia:

- The Brain Injury Services Coordination (BISC) manages multiple programs, contracts, and federal/state grants that provide brain injury services throughout the state. <http://www.vadrs.org/cbs/biscis.htm>

### Washington, D.C.:

- The Brain Injury Association of the District of Columbia (BIADC) was founded in 2007, by a group of individuals dedicated to the improvement of the lives of persons impacted by brain injury. <http://www.biadc.org/about.html>

### West Virginia:

- The TBI Program at the Center for Excellence in Disabilities is proud to serve as the state's designated lead agency for the coordination of services for West Virginians with TBI. <http://tbi.cedwvu.org>

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Falls Among Older Adults: <http://washingtoninhomecare.com/try-tai-chi-to-fight-arthritis/>

Traumatic Brain Injury: <http://www.atvcourse.com/blog/2011/06/kids-and-atvs-getting-them-started-right/>

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