

**Society for Public Health Education  
Strengthening the Role of Health Education  
And Health Promotion in Unintentional Injury Prevention**

*Whereas the Society for Public Health Education (SOPHE) acknowledges that...*

The definition of injury is physical damage to the body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials such as heat or oxygen.<sup>1,2</sup>

Many unintentional injuries are similar to diseases, in that injuries do not occur at random and have identified risk factors making them preventable.<sup>3</sup> Unintentional injuries can occur from a variety of causes, such as: traffic incidents, both pedestrian and motor vehicle crashes, fires, falls, drownings, suffocation, poisonings, recreational and sports-related activities.<sup>2</sup>

Unintentional injuries are the leading cause of death in the United States for people 1- 44 years old, and are the fifth leading cause of death overall.<sup>4,5</sup> In 2002, 161,269 deaths occurred from all injuries<sup>6</sup> with 106,742 deaths being from unintentional injuries alone.<sup>7</sup>

In 2002, 81% of all injury deaths were due to five mechanisms: motor vehicle traffic (27%), firearms (19%), poisonings (16%), falls (11%), and suffocation (8%). All motor vehicle traffic related deaths, nearly all of fall-related deaths, 67% of poisoning deaths, and 43% of suffocation deaths were from unintentional injury.<sup>8</sup>

Death from unintentional injury is only the “tip of the iceberg.” In 2002, there were 58.7 million visits to office-based physicians, 5.6 million hospital outpatient department visits<sup>7</sup> and, in 2003, there were 113.9 million emergency department visits due to unintentional injuries.<sup>7</sup>

Because it affects so many young people, unintentional injury the leading cause of Years of Potential Life Lost (YPLL) before the age of 65, with 2,159,266 years of potential life lost.<sup>9</sup>

The financial burden of unintentional injury in 2001 was \$516.9 billion, including medical expenses, property damages, employer costs, wage losses, fire losses and other expenses.<sup>10</sup>

To effectively prevent unintentional injuries, a more comprehensive integrated approach must be executed by combining health education, policy implementation, and environmental change.<sup>11</sup> Many injury prevention campaigns must be targeted to high-risk groups related to: age group, ethnicity, gender, geographic location, or setting. Appropriate supervision, a more “active” preventive approach, of children and impaired older adults is “considered one of the strongest yet least understood protective factors against many types of home and community injuries.”<sup>12</sup>

Injury prevention strategies are very cost effective. For example, on average, total benefits to society (medical costs, other resource costs- police, fire services, property damage, etc., work loss, and quality of life costs) of \$570 is achieved when utilizing a \$10 bicycle helmet.<sup>13</sup> In general, injury prevention counseling by pediatricians costs \$10 per child ages 0-4 and generates \$86 in total benefits to society.<sup>13</sup> Especially when combined with other health education strategies, behavioral safety counseling from health care providers has proven to be effective in increasing certain preventive safety behaviors.<sup>14</sup>

Many environmental or product modifications used to prevent unintentional injuries also require behavioral change.<sup>11</sup> By incorporating health education and promotion theories and strategies, there is an additive effect to these prevention approaches.<sup>15,16,17,18,19,20,21,22,23,24</sup> For instance, a bike helmet cannot be effective unless a person is taught how to wear it properly. Safety seats must be installed correctly in order to protect children in car crashes.<sup>25</sup>

To effectively prevent unintentional injuries a comprehensive, ecological approach is needed that targets multiple levels - individuals, communities, manufacturers, policy makers – and combines individual behavior modification, product or agent modification, physical environment modification, and sociocultural and economic environment modification.<sup>26</sup>

Epidemiology, behavioral science, biomechanics, biomedicine, economics, criminology, sociology, engineering, law, and molecular biology are all disciplines that could be involved in unintentional injury prevention strategies.<sup>26</sup> Clinicians, health

education and promotion professionals, policy makers, advocates, lawyers, and law enforcement need to work together to prevent unintentional injuries.<sup>3</sup>

Health educators employ various individual- and population-based theories, behavioral change strategies and health communication theories and strategies to strengthen the effectiveness of injury prevention interventions and educate the public, legislators, manufacturers, and regulators on the importance of product or environmental changes.

By incorporating behavior change strategies and theories, health educators can determine “cognitive, attitudinal, perceptual, and psychosocial factors,” such as risk perceptions, health beliefs, and social support that could explain why safety behaviors are accepted or ignored.<sup>11</sup> Variables such as intentions, environmental barriers, skills, outcome expectancies, social norms, self-standards, emotional reactions, and self-efficacy can be better understood when developing injury prevention interventions.<sup>27</sup>

SOPHE has a long history of recognizing the importance of injury prevention through resolutions, publications, testimony, and programs.<sup>19, 28, 29, 30,31,32</sup>

**THEREFORE BE IT RESOLVED that the Society for Public Health Education shall:**

*External Activities*

1. Advocate for increased funding of injury prevention research and programs and educate policymakers and legislators at the national, state and local levels on the importance of preventing unintentional injuries through testifying and acting as resources for legislators.
2. Collaborate with injury prevention groups and coalitions, such as SAFE USA and Home Safety Council, to increase programs and funding for injury prevention.

*Internal Activities*

3. Sponsor sessions at SOPHE mid-year and annual meetings to educate National SOPHE and chapter members on the extent of the injury issue and health promotion and education strategies that can be utilized to prevent injuries.
4. Distribute this resolution broadly, particularly to members of the Coalition of National Health Education Organizations (CNHEO), and make a formal request with members of CNHEO to have injury prevention as a priority in future Health Education Advocacy Summits.
5. Promote the role of health education and behavioral sciences as part of a comprehensive approach to injury prevention by expanding and updating the SOPHE injury web site and developing other resources.
6. Develop a listserv of SOPHE members that have interests in injury prevention and provide ways for them to communicate.
7. Submit articles and updates on unintentional injury prevention in SOPHE publications and newsletters.

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