Injury Prevention and Control: Mitigating Risk, Adopting Protective Strategies

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Injury has a dominant role in our nation’s health. It is the leading cause of death in ages 1–44 and is one of the top ten causes of death in all age groups. In 2021, the Centers for Disease Control and Prevention (CDC) reported there were 306,086 fatal injuries nationally, but the scope of the injury problem is much greater, with approximately 40 million emergency department visits for injury and additionally over 57 million physician office visits. In 2019, the cost of caring for injury was estimated to be 4.2 trillion dollars. The CDC reports that our small state had 1,044 fatal injuries and the Rhode Island Department of Health reported 62,845 injury-related emergency department visits in 2022.

Injuries are frequently referred to as accidents, but that gives the impression that they are random events or bad luck that cannot be managed. Instead, like other diseases, injury has risk and protective factors to its occurrence. Although difficult to be immune from any injury, it can be controlled with mitigation of risk and adopting protective strategies that can stop its occurrence or minimize the resultant injury. For over 25 years, the Injury Prevention Center at Rhode Island Hospital has utilized community outreach, education, and research to control injury in Rhode Island. In April 2022, we were awarded NIH funding to create the Rhode Island Hospital Injury Control Center of Biomedical Research Excellence (COBRE). This augmented our ongoing research in allowing us to develop early career faculty researchers across the spectrum of injury control research that includes prevention, optimal treatment of injury, and rehabilitation and post-injury sequelae.

This issue of the Rhode Island Medical Journal addresses several topics of injury-control research across the lifecycle. DR. DANIEL ANTONSON et al examine using a frailty tool for older fall trauma patients in predicting inpatient mortality. DR. JILLIAN E BEVERIDGE et al discuss a new procedure for repair of anterior cruciate ligament (ACL) injury, and novel tools for the measuring of neurovascular function that could aid clinical decision-making. DR. MARTHA ORMANOSKI and DR. SUSAN DUFFY discuss the importance of safe sleep practices in preventing sudden infant death syndrome with the youngest members of the community. Unfortunately, some injuries are intentionally inflicted and ALEKSA M. KAYE et al reports on emergency department nursing screening for potential child abuse. DR. MARY KATHRYN CANCILLIERE et al explore the acceptability and feasibility of a navigator program with text messages in connecting self-injurious youths discharged from the emergency department to outpatient mental health care. DR. J. AUSTIN LEE’s team research takes us to Kenya and presents data on interpersonal violence among those seeking emergency care.

The burden of injury is substantial but through research we will continue to seek improved strategies for prevention, treatment, and rehabilitation to control injury’s impact on us.

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