

# Injuries

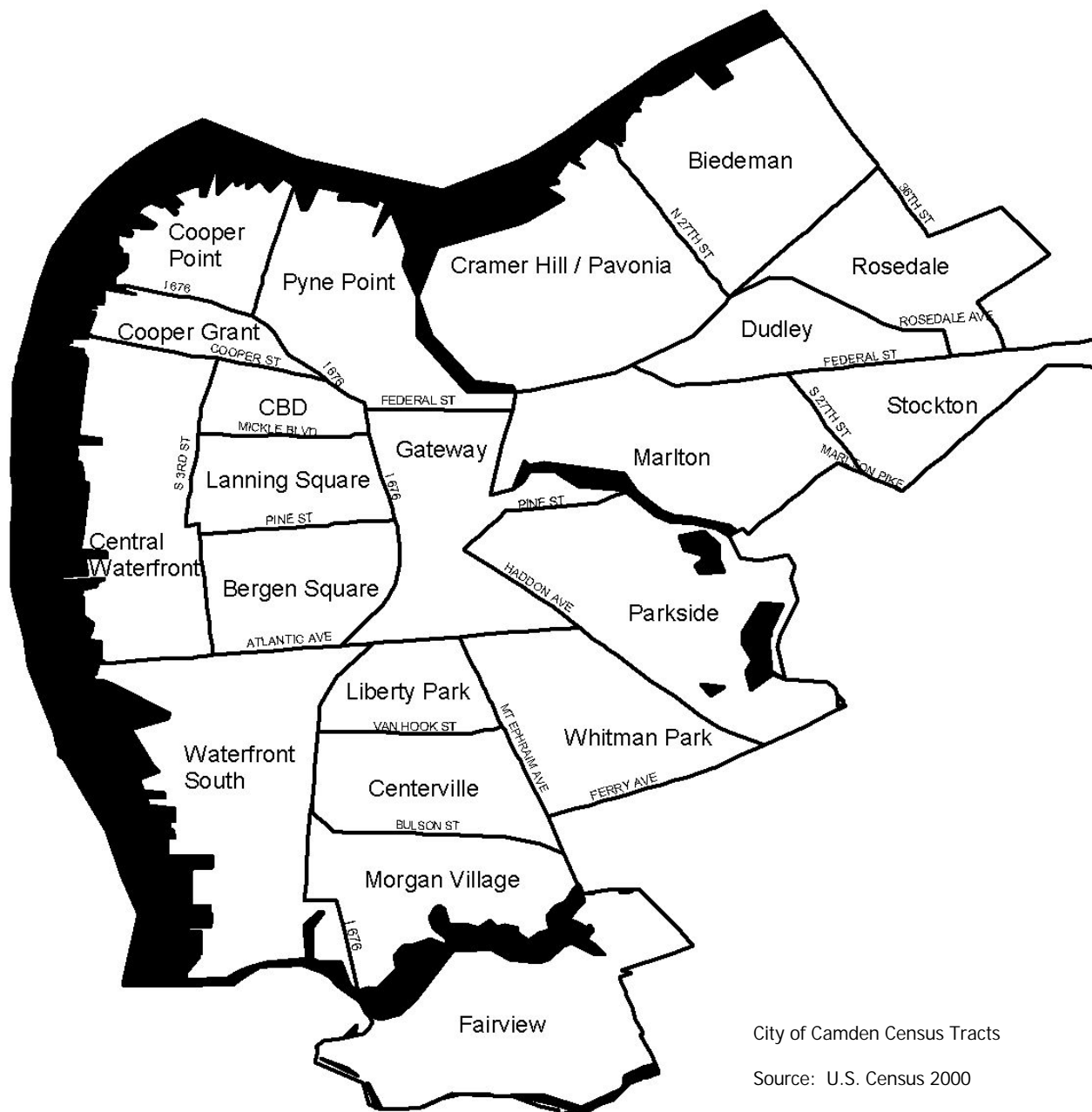
## Camden Reports 2004



SECTOR	HEALTH
PHASE—II	UPDATE
YEAR	2001-2003



# Camden Reports 2004: Injuries



**CAMConnect** is a partnership committed to sharing and using information that will lead to informed decisions and better policy making to improve the quality of life of all Camden citizens. CAMConnect is based on a model for the use of advanced neighborhood level information systems in policy making and local capacity building. Our partnership includes community and neighborhood groups, government, community-based organizations, hospitals, educational institutions, businesses, and other organizations that use and collect information.



## TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
Executive Summary	4
Introduction	5
Injury Surveillance	6
Assaults	7
Falls	13
Injury Discharges by Age	17



## EXECUTIVE SUMMARY

The following report is based on patient discharge data obtained from the Cooper Hospital Emergency Room for 2001 through 2003. This dataset provides information about a patient's address and the cause of the injury, but not necessarily about the location of the injury. In many cases, the data presented in this report are presented as rates per 100,000 population in order to allow for some means of comparison between different Camden Census tracts. In other words, while Tract A may not have as many instances of assaults or falls as Tract B, the likelihood of an injury to a resident of Tract A may be higher because the population in Tract A is smaller.

CAMConnect's analysis of the Cooper patient discharge data from 2001 to 2003 showed the following:

- ➔ The rate of hospitalizations for assaults increased by over 20 percent in 2003 compared to 2002. This finding tracks the data presented in the FBI Uniform Crime Reports (UCR), which showed a jump of similar magnitude in aggravated assaults.
- ➔ Young adults ages 15 to 24 are the most likely to be hospitalized for assaults. In some neighborhoods, people of this age had greater than a 1 in 25 chance of being treated in the Cooper Emergency Room for an assault in 2003.
- ➔ Among all Camden residents, falls are the most common reason for emergency room visits. Rates of hospitalization are higher in particular neighborhoods that have high-rise housing with many seniors.
- ➔ Reasons for hospitalization change with age. Very young children and seniors are the most likely to be hospitalized for falls. People in their late teens and twenties are more likely to be hospitalized for assaults than for any other cause.

This report updates a previous study released by CAMConnect in May 2003 that analyzed Cooper ER Discharge data for 2001. CAMConnect will continue to update this study in 2005 with data from the other hospitals in the City and with additional analysis of hospitalizations for ambulatory care sensitive conditions such as asthma, diabetes, and hypertension.



## INTRODUCTION

**Purpose:** To map Camden health information at a neighborhood level.

**Data Source:** Cooper Hospital Emergency Room discharge data, 2001-2003

**Future Work:** CAMConnect has received approval to obtain similar discharge data from other hospitals in Camden. The neighborhood-level analysis available in this report will be expanded in 2005 to include diagnosis codes related to ambulatory-care sensitive hospitalizations for conditions such as asthma, hypertension, and diabetes.

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The following report is based on data collected from the Cooper Hospital Emergency Room for the years 2001-2003. Data was collected, reviewed and analyzed by Derek Ziegler, Program Manager at CAMConnect, Ian Hoffman, a medical resident at Robert Wood Johnson Medical School, and by Jeffrey Brenner, MD. This report updates a previous report released by CAMConnect in May 2003, which contained only 2001 Cooper ER data.

Information was collected regarding the reason for being seen in the emergency room through the hospital records system (discharges). Data was selected by home address, recorded in the Cooper records system. Address data was used to better understand the reasons Camden City residents are seen in the emergency room, and to determine the neighborhood, and age categories which are the most important mechanisms of injury for particular groups.

Although many non-residents of Camden are seen in the Cooper Emergency Room each day, this data only represents information regarding residents of Camden. It is presented both by age categories for the entire City of Camden, and by individual neighborhoods.

Rates of injury are provided as discharges per 100,000 residents so that easy comparison can be made between neighborhoods and to Camden City as a whole. Please note that most neighborhoods have only a few thousand residents, and that Camden as a whole has just under 80,000 residents (based on 2000 census population figures). Each category is also classified by intent (unintentional, assault, self-inflicted, etc.) as indicated.

Each of the several categories of injury were created based on a national emergency room surveillance system, the National Electronic Injury Surveillance System (NEISS). The NEISS was developed by grouping similar injury codes in the International Classification of Diseases, 9th edition (ICD-9). It should be noted; however, that current data is not intended for statistical comparison to national data.

# INJURY SURVEILLANCE



## NEISS 1997 - Explanation of Categories

The following table describes the categories that were used to in looking at the Cooper Emergency Room Discharge data. These categories are based on the National Electronic Injury Surveillance System (NEISS). Each category is a compilation of several similar discharge codes.

Category	Definition
<b>Cause</b>	
Cut/pierce	Injury caused by a cutting and piercing instrument or object including fall on an edged, pointed, or sharp object
Dog bite	Injury caused by dog bite
Fall	Injury caused by fall associated with various mechanisms such as steps or stairs, ladders and scaffolds, and other falls on one level, or from one level to another
Fire/burn	Injury from fire and flames and from contact with hot objects and substances
Foreign body	Injury from foreign body entering the eye, ear, or other orifices, excluding aspiration, inhalation, or ingestion of foreign body
Machinery	Injury from machinery used in various industrial and occupational activities, such as agricultural, mining, lifting, or metal work, and earth-moving machinery wood
Motor vehicle, traffic	Injury involving automobiles, vans, trucks, motorcycles, and other motorized cycles known or assumed to be traveling in public roads or highways excluding nontraffic or off-road injuries
Natural/environmental	Injury from adverse environmental conditions such as excess heat or cold, natural disasters, and bites (other than dog bites) and stings
Other, specified	Injury from submersion, firearms, BB or pellet guns, toxic substances, or electric current
Overexertion	Injury caused by excessive physical exercise, strenuous movements, lifting, pulling, or pushing (would include sprains or strains if mechanism of injury not apparent)
Pedal cyclist, other	Injury to a pedal cyclist not involving motor vehicle traffic incidents
Pedestrian, other	Injury to a pedestrian hit by a train, a motor vehicle where the collision did not occur in traffic (not on a public road or highway), or another means of transportation
Poisoning	Injury from overdose of a drug, wrong drug given or taken in error, and drug taken inadvertently, excluding adverse effect of correct drug properly administered in therapeutic or prophylactic dosage
Struck by/against	Injury from being struck by or striking against object(s) or person(s)
Suffocation	Injury from the inhalation or ingestion of food or other objects that block respiration, or other mechanical means that hinder breathing
Transport, other	Injury associated with various other means of transportation such as railway, off-road, and other motor vehicles not in traffic, other surface transportation, water and aircraft, animal-drawn vehicle, and animal being ridden
Unspecified	Injury from causes not specified as being caused by a category in the above list
<b>Intent</b>	
Unintentional	Injury not purposely inflicted by one's self or another person
Assault	Injury purposely inflicted by another person
Self-inflicted	Injury purposely inflicted by one's self
Legal intervention	Injury inflicted by the police or other law-enforcing agency in the course of legal action
Unknown intent	Injury undetermined whether unintentionally or purposely inflicted

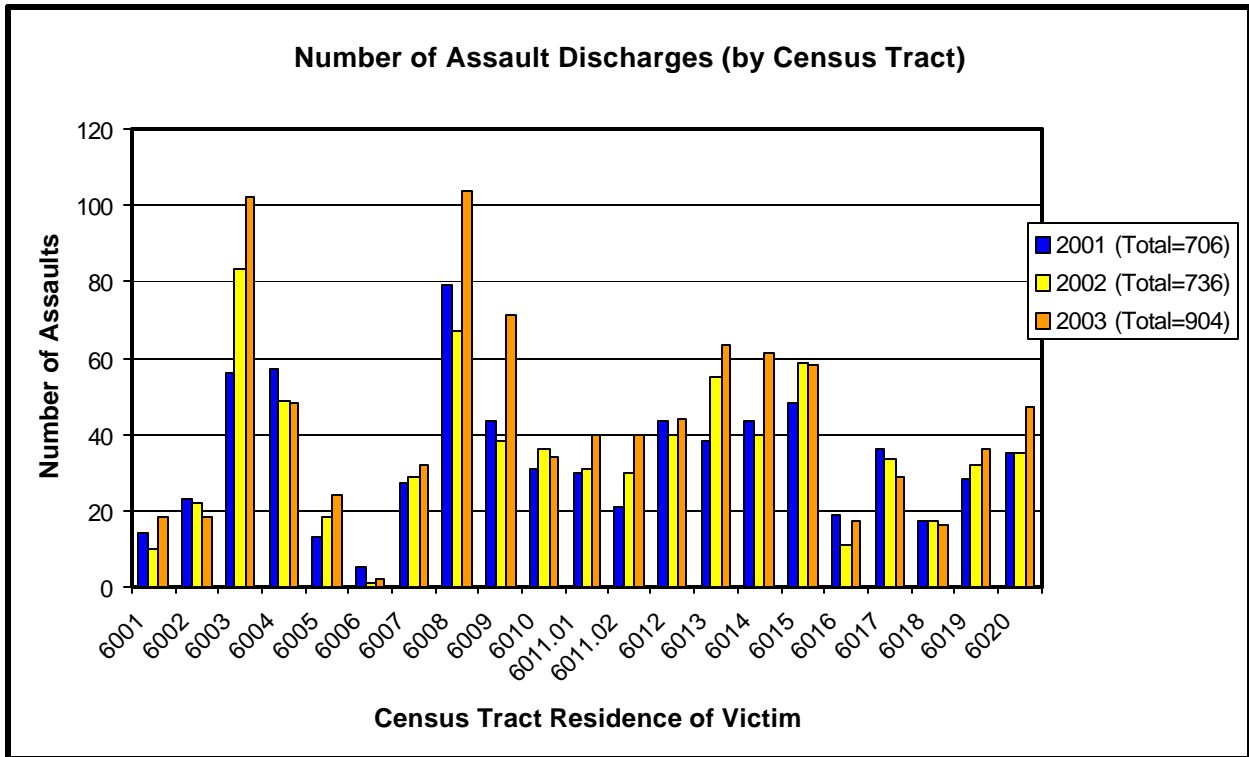
# ASSAULTS



Injury surveillance of hospital discharge data is valuable as a means of comparison to official crime statistics. Many assaults are not reported to Police but require an emergency room visit. Tracking changes in hospitalizations attributable to assaults can add an additional neighborhood-level dimension to official Uniform Crime Report (UCR) data that is reported by local police departments to the FBI.

According to UCR data for 2003, Camden has the third highest rate of aggravated assaults in the United States. The rate of aggravated assaults known to the Camden Police Department increased nearly 22 percent from 2002, to a level where 1 in 82 Camden residents was known by the Police to have been assaulted in 2003..

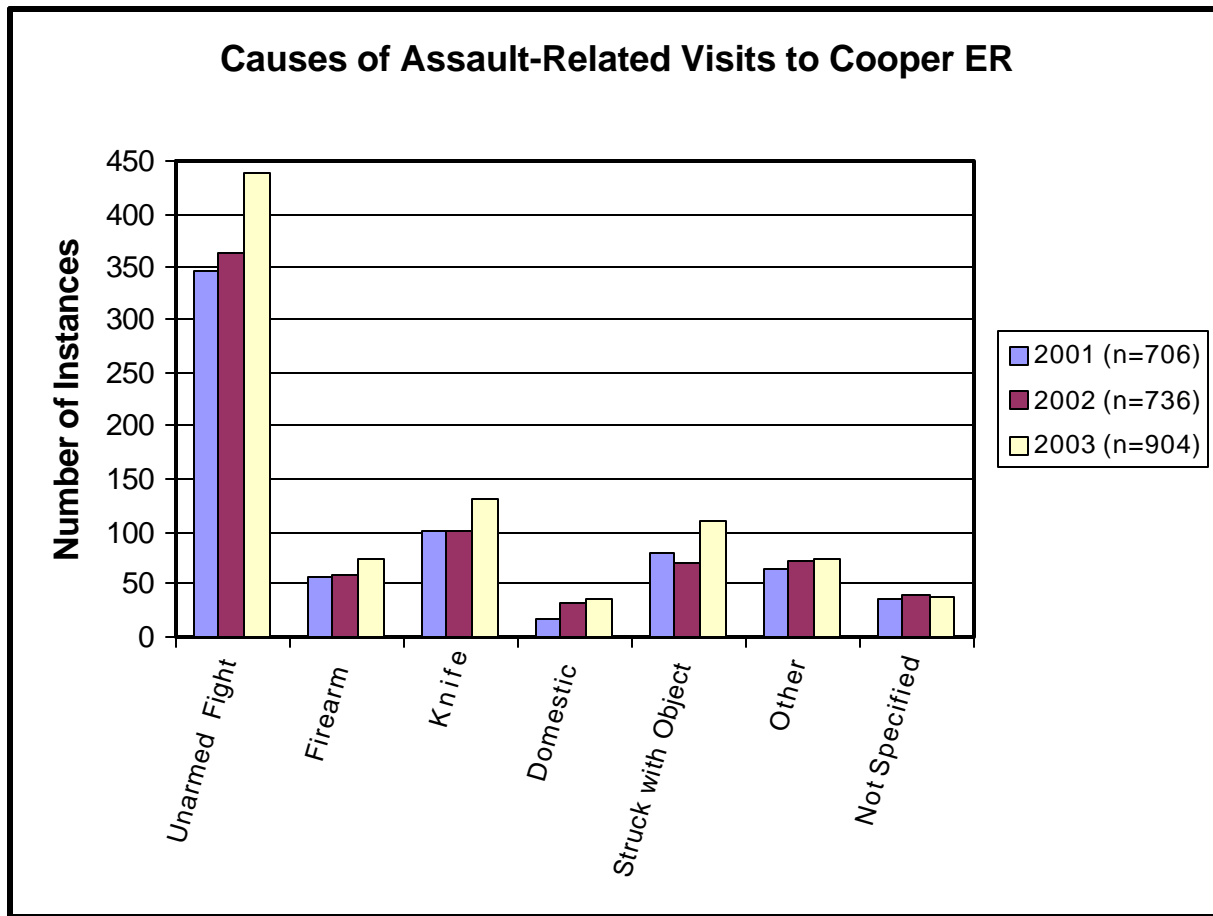
Review of Cooper Hospital patient discharge data found similar trends, as the number of patients treated for assaults climbed 23 percent between 2002 and 2003. The chart below and the discussion on the following pages provide more details about the rate of assaults found through analysis of the hospital discharge data.



Source: Cooper Hospital Emergency Room Discharge Data, 2001-2003

6001—CBD	6007—Cooper Poynt	6012—Stockton	6018—Waterfront South
6002—Gateway	6008—Pyne Poynt	6013—Marlton	6019—Morgan Village
6003—Lanning Square	6009—Cramer Hill	6014—Parkside	6020—Fairview
6004—Bergen Square	6010—Biedeman	6015—Whitman Park	
6005—Central Waterfront	6011.01—Dudley	6016—Liberty Park	
6006—Cooper Grant	6011.02—Rosedale	6017—Centerville	

# ASSAULTS: CAUSES



Type of Assault	ICD-9 Codes	Includes
Unarmed fight	E960.0	Unarmed fight or brawl
Firearm	E965.0, E965.1, E965.3, E965.4, E968.6	Assault—handgun, shotgun, military weapon, firearm, or air gun
Knife	E966	Assault—cutting instrument
Domestic	E967.0, E967.2, E967.3, E967.4, E967.9	Abuse by father, mother, spouse, partner, or person not otherwise specified
Struck with Object	E968.2	Assault—striking with object
Other	E963, E965.9, E968.1, E968.7, E969	Assault—hanging, explosive not otherwise specified, push from high place, human bite
Not Specified	E968.8, E968.9	Assault non otherwise specified

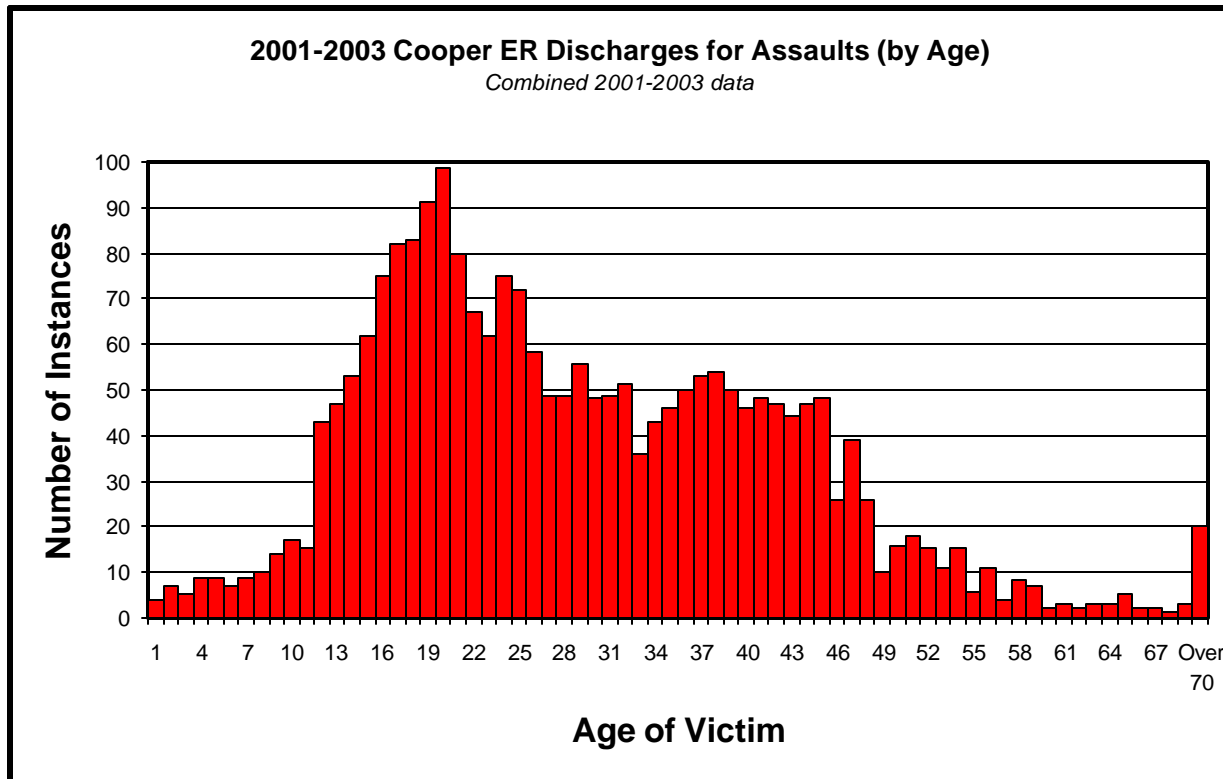
Source: Cooper Hospital Emergency Room Discharge Data, 2001-2003



# ASSAULTS BY AGE



Other studies have shown that a plurality of Camden assault victims are between the ages of 15 to 24. For instance, in a 2004 study of aggravated assaults with a gun, the Camden Safer Cities Initiative determined that victims and suspects had very similar profiles, and that over half of suspects were between 18 and 24. This concentration of violence among young adults is also reflected in hospital discharge data from Cooper,

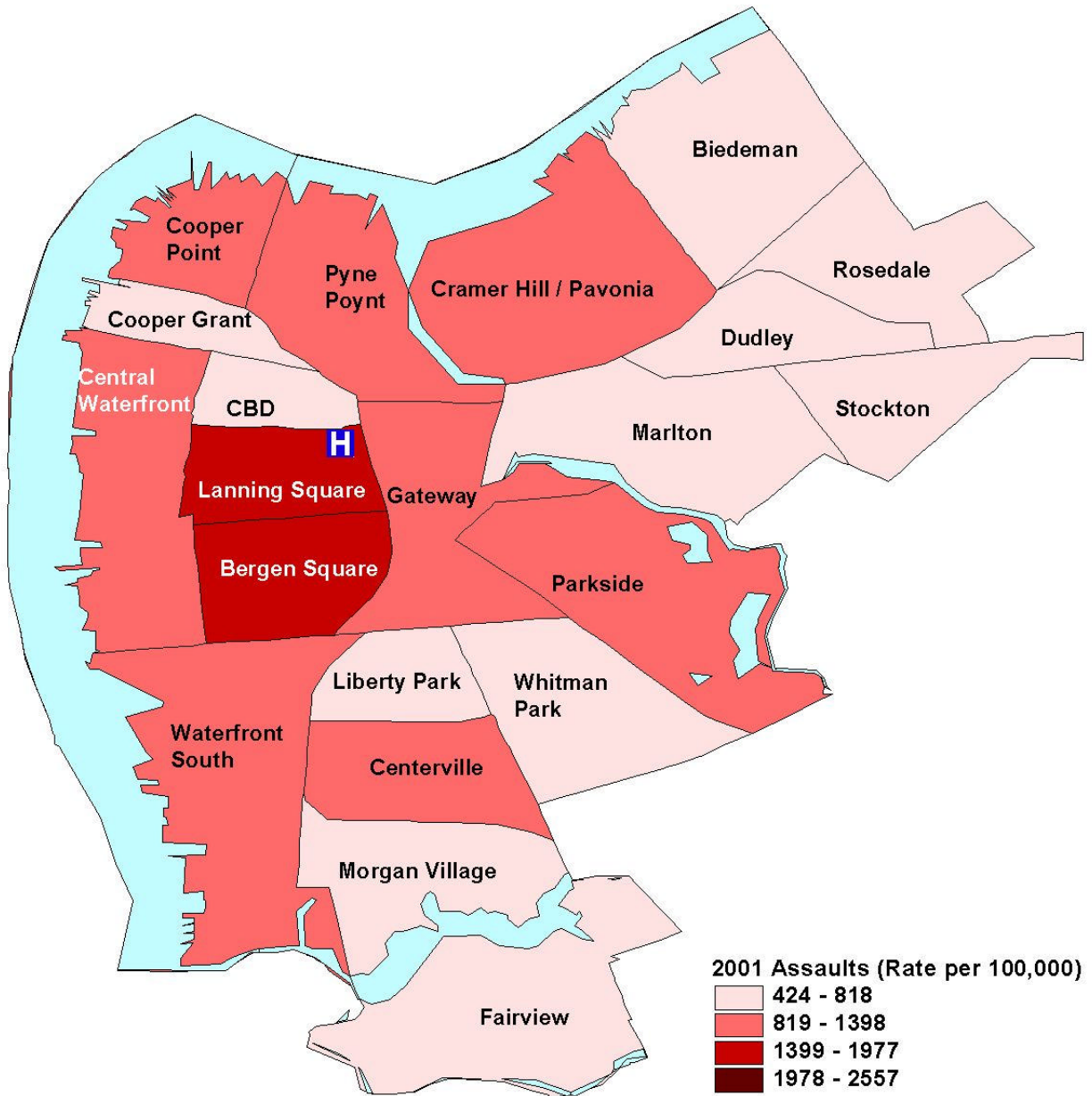


In the three years that were studied, young people in certain neighborhoods had a very high chance of becoming an assault victim and requiring ER attention. Some findings from 2003 are in the table below. More information on the rate of assaults by neighborhood is provided in the following pages.

For Camden City residents ages 15 to 24	Census Tract	Chance of being treated for an assault at Cooper Hospital in 2003 if you were between 15 and 24
<b>Highest Rates</b>	Lanning Square	1 in 19
	Central Waterfront	1 in 22
	Pyne Poynt	1 in 26
<b>Lowest Rate</b>	Cooper Grant	1 in 444
<b>Total Rate</b>	Camden City	1 in 46

Source: Cooper Hospital Emergency Room Discharge Data, 2003; U.S. Census 2000

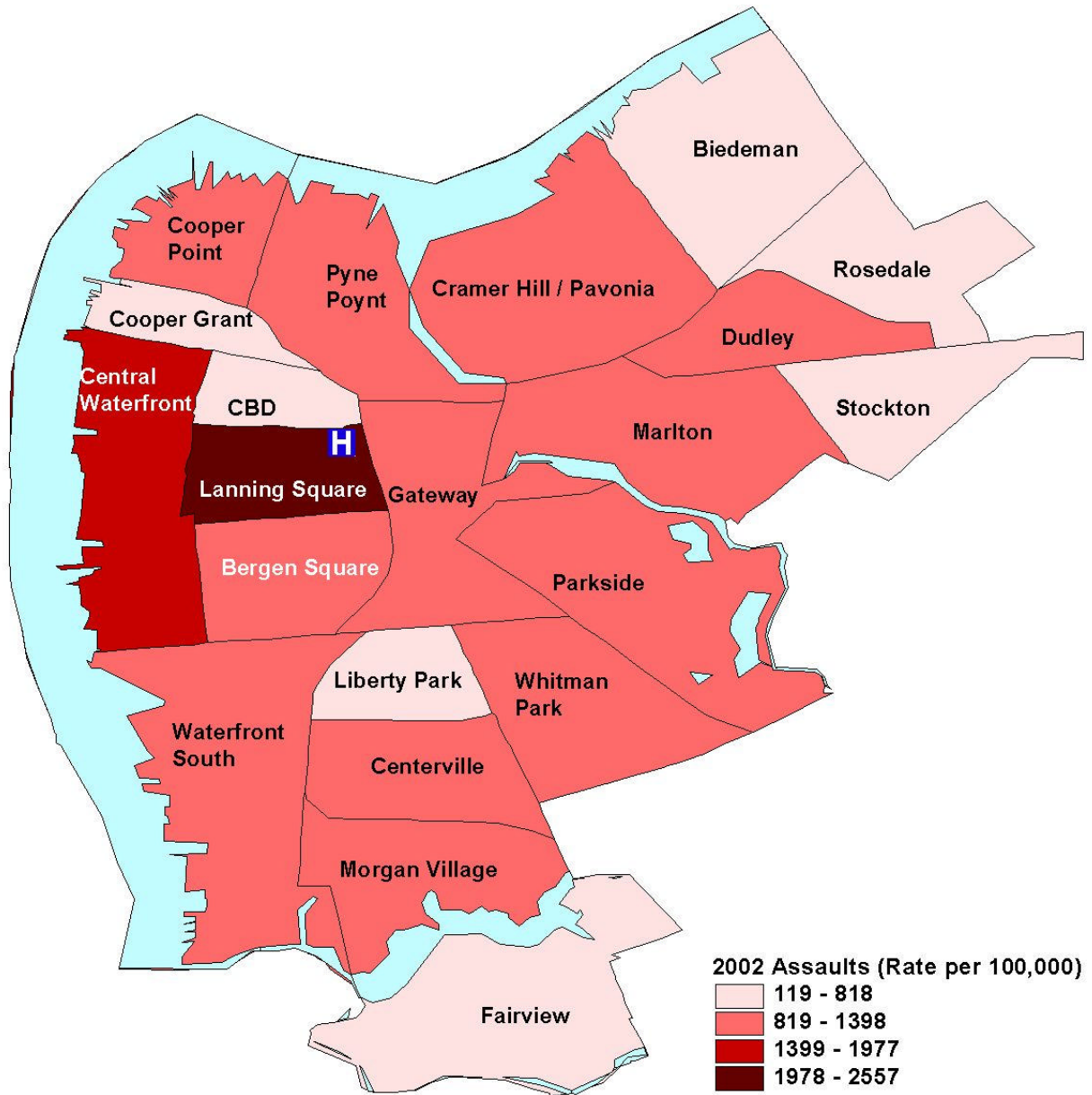
# ASSAULTS 2001



	Census Tract	Rate per 100,000 population
Highest Rate	Bergen Square	1469
Lowest Rate	Rosedale	424

Source: Cooper Hospital Emergency Room Discharge Data, 2001

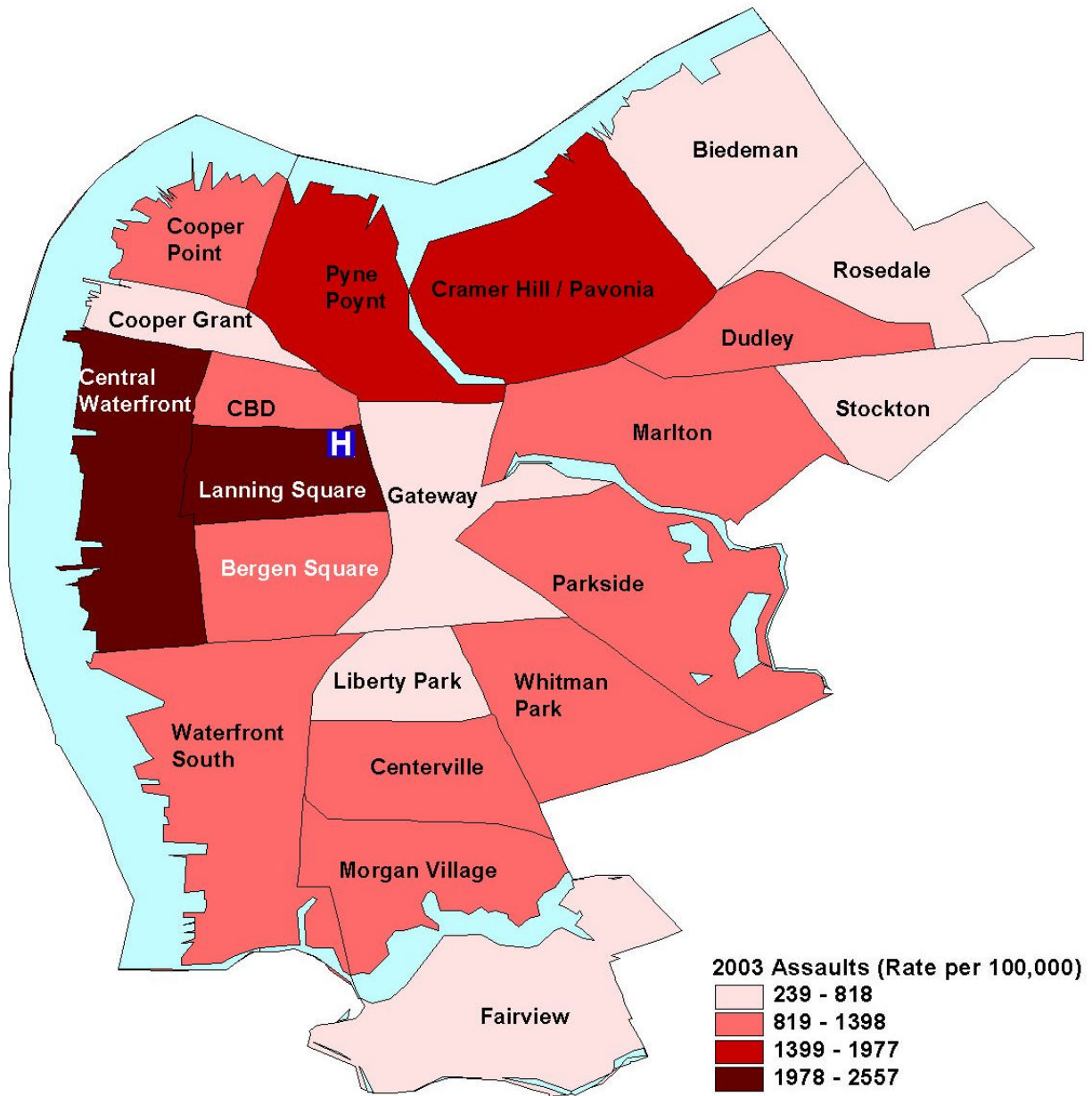
# ASSAULTS 2002



	Census Tract	Rate per 100,000 population
Highest Rate	Lanning Square	2081
Lowest Rate	Cooper Grant	119

Source: Cooper Hospital Emergency Room Discharge Data, 2002

# ASSAULTS 2003



	Census Tract	Rate per 100,000 population
Highest Rate	Lanning Square	2557
Lowest Rate	Cooper Grant	239

Source: Cooper Hospital Emergency Room Discharge Data, 2003

# FALLS



Falls are the most common cause of hospitalizations for injuries at Cooper Hospital. According to the National Electronic Injury Surveillance System (NEISS), this classification includes "injury caused by fall associated with various mechanisms such as steps or stairs, ladders and scaffolds, and other falls on one level, or from one level to another."

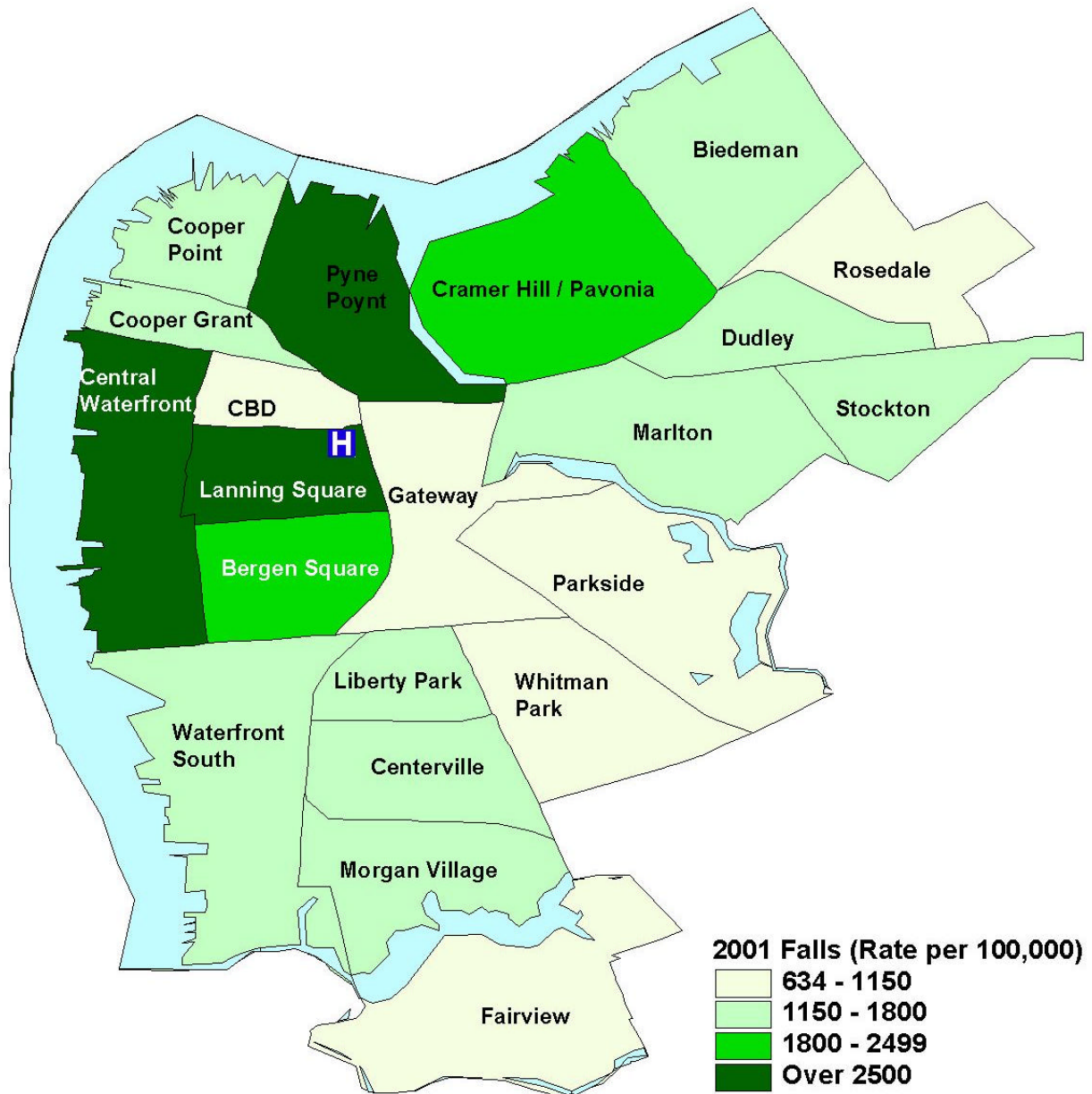
In Camden, the most common types of falls in 2003 that resulted in ER visit were:

2003 Rank	ICD-9 Code	Type of Fall	Number of Instances
1	E888.9	Fall—Not Otherwise Specified	501
2	E885.9	Fall from tripping	285
3	E880.9	Fall on stairs or steps	262
4	E888.1	Falls that resulted in striking an object	75
5	E884.4	Falls from bed	58
<b>Total Falls (2003)</b>			1,423
<b>Rate of Falls per 100,000 Population (2003)</b>			1,781
<b>Probability of a Camden resident being hospitalized for a fall at Cooper Hospital in 2003</b>			1 in 56

Source: Cooper Hospital Emergency Room Discharge Data, 2003

As the maps on the following pages will show, certain areas of Camden have a higher rate of hospitalizations attributable to falls. In particular, these areas are clustered around certain high-rise buildings where many seniors live (Northgate I and II, River-view Towers, Mickle Towers), located in the Central Waterfront and Pyne Poynt census tracts. Further investigation is needed to determine the relationship between the vulnerability of the population that resides in these buildings and the conditions of the buildings themselves.

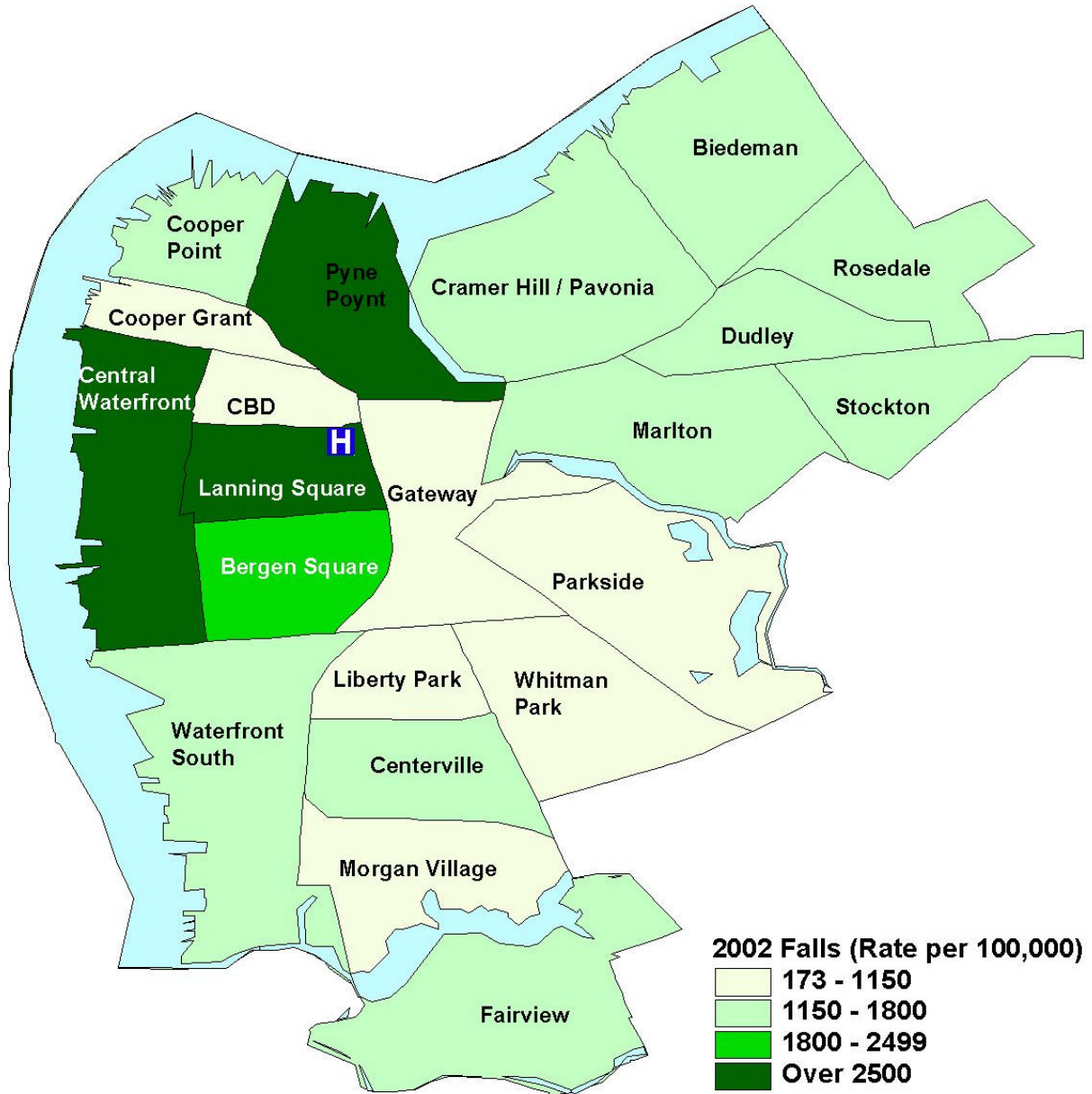
# FALLS 2001



	Census Tract	Rate per 100,000 population
Highest Rate	Central Waterfront	3015
Lowest Rate	CBD	634

Source: Cooper Hospital Emergency Room Discharge Data, 2001

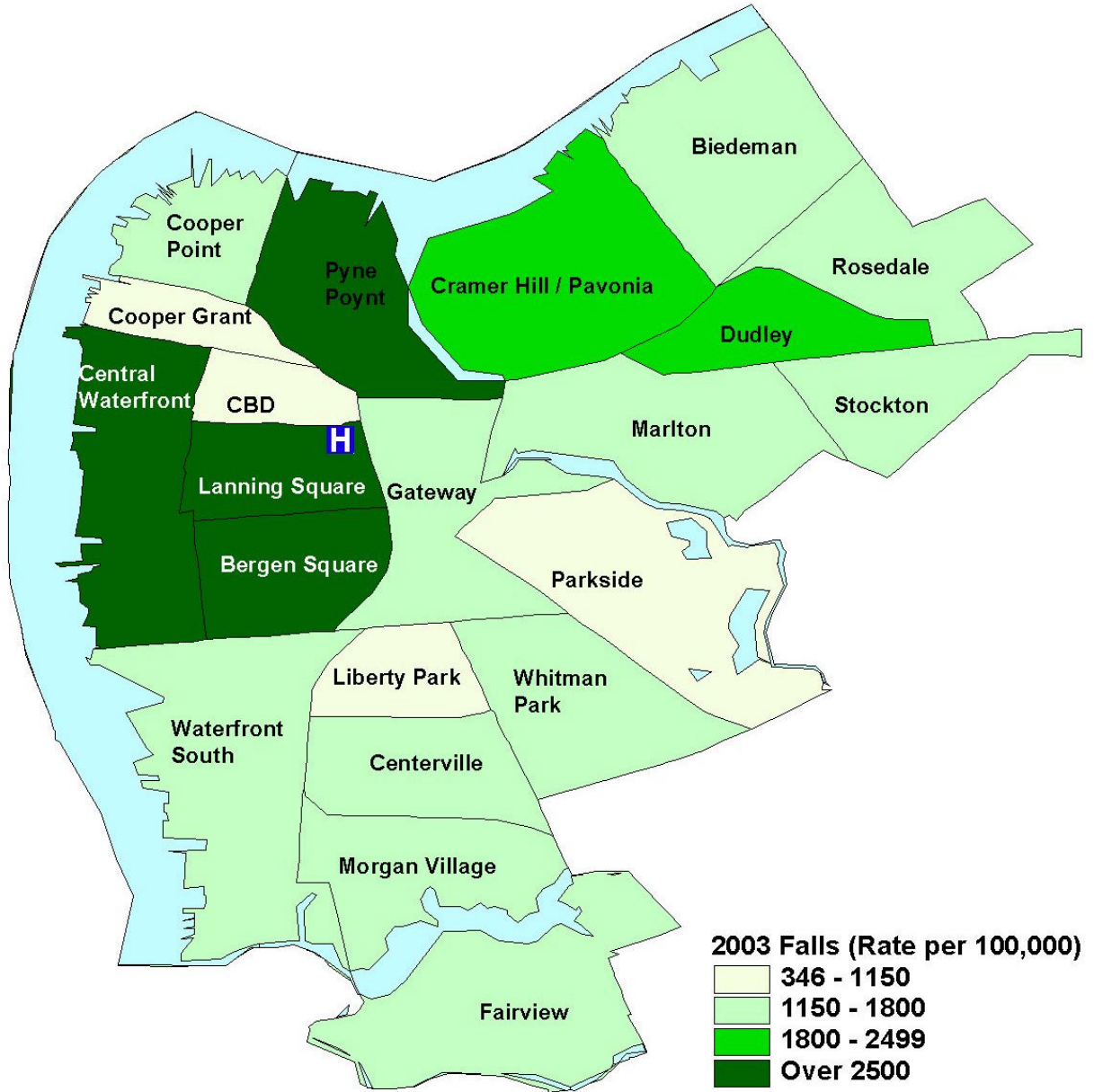
# FALLS 2002



	Census Tract	Rate per 100,000 population
Highest Rate	Lanning Square	2758
Lowest Rate	CBD	173

Source: Cooper Hospital Emergency Room Discharge Data, 2002

# FALLS 2003



	Census Tract	Rate per 100,000 population
Highest Rate	Central Waterfront	4054
Lowest Rate	CBD	346

Source: Cooper Hospital Emergency Room Discharge Data, 2003



# INJURY DISCHARGES BY AGE

Different age groups in Camden are susceptible to different types of injuries. For instance, teens and young adults are most likely to be hospitalized for assaults, while infants and the elderly are most likely to be hospitalized for falls. The tables below and on the following page rank five of the most common injuries for different age groups. The rankings are based on the number of discharges for each injury type from the Cooper Hospital Emergency Room for 2001 to 2003.

Category / Overall Rank	Definition
1. Falls	Injury caused by fall associated with various mechanisms such as steps or stairs, ladders and scaffolds, and other falls on one level, or from one level to another
2. Struck By / Against	Injury from being struck by or striking against object(s) or person(s) (unintentional)
3. Assaults	Injury purposely inflicted by another person
4. Overexertion	Injury caused by excessive physical exercise, strenuous movements, lifting, pulling, or pushing (would include sprains or strains if mechanism of injury not apparent)
5. Motor Vehicle - Traffic	Injury involving automobiles, vans, trucks, motorcycles, and other motorized cycles known or assumed to be traveling in public roads or highways excluding nontraffic or off-road injuries

0-4 Years Old	5-9 Years Old	10-14 Years Old
1. Falls	1. Falls	1. Struck By / Against
2. Struck By / Against	2. Struck By / Against	2. Falls
3. Overexertion	3. Motor Vehicle - Traffic	3. Overexertion
4. Motor Vehicle - Traffic	4. Overexertion	4. Motor Vehicle - Traffic
5. Assaults	5. Assaults	5. Assaults

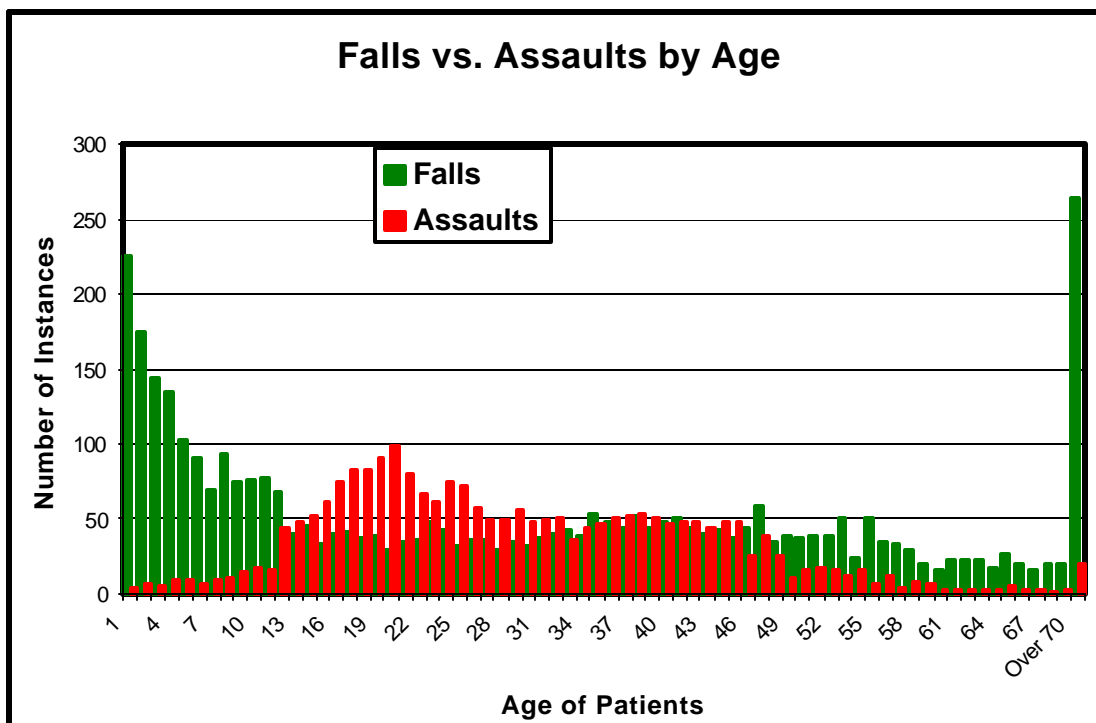
15-19 Years Old	20-24 Years Old	25-29 Years Old
1. Assaults	1. Assaults	1. Assaults
2. Struck By / Against	2. Motor Vehicle - Traffic	2. Motor Vehicle - Traffic
3. Motor Vehicle - Traffic	3. Struck By / Against	3. Struck By / Against
4. Overexertion	4. Overexertion	4. Overexertion
5. Falls	5. Falls	5. Falls

# INJURY DISCHARGES BY AGE (CONTINUED)



30-34 Years Old	35-39 Years Old	40-44 Years Old
1. Assaults	1. Assaults	1. Assaults
2. Motor Vehicle - Traffic	2. Falls	2. Falls
3. Overexertion	3. Struck By / Against	3. Struck By / Against
4. Falls	4. Motor Vehicle - Traffic	4. Overexertion
5. Struck By / Against	5. Overexertion	5. Motor Vehicle - Traffic

45-54 Years Old	55-64 Years Old	65+ Years Old
1. Falls	1. Falls	1. Falls
2. Assaults	2. Motor Vehicle - Traffic	2. Struck By / Against
3. Struck By / Against	3. Struck By / Against	3. Motor Vehicle - Traffic
4. Motor Vehicle - Traffic	4. Overexertion	4. Overexertion
5. Overexertion	5. Assaults	5. Assaults



Source: Cooper Hospital Emergency Room Discharge Data, 2001-2003



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CAMConnect welcomes all organizations who share our mission and who have a presence in Camden City or can share or use information about Camden City. If you would like to join CAMConnect, or would like more information about our partnership, please contact us.

To obtain copies of this report and other Camden Reports, become a member or visit us at [www.camconnect.org](http://www.camconnect.org). For non-subscribers, the cost of this color report is \$15.00.

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- Businesses
- Policy makers
- Foundations
- Non-profit and social service providers

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- Camden Neighborhood Renaissance
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- Cooper Lanning Civic Association, Inc.
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- Health Visions/CPAC
- Hopeworks 'N Camden
- Medical Mission Sisters
- Neighborhood Housing Services of Camden
- Our Lady of Lourdes Health Systems
- Parkside Business and Community in Partnership (PBCIP)
- Rowan University
- Rutgers University, Center for Children and Childhood Studies
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- St. Joan of Arc Church
- Southern New Jersey Perinatal Cooperative
- United Way of Camden County
- University of Medicine and Dentistry of NJ

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