

## Fatal and Non-Fatal Unintentional Injury

*Residents 65 years and older were most at risk for unintentional injuries.*

- The most common cause of unintentional injury deaths was motor vehicle accidents.
- The leading cause of unintentional injury hospitalizations was falls.
- African Americans were most likely to die from unintentional injuries.
- Whites were most likely to be hospitalized for unintentional injuries.
- Residents 65 years and older were most likely to die from and be hospitalized for unintentional injury.

Unintentional injuries are unplanned injuries that are not caused by a person's intent to harm.<sup>1</sup> They include injuries from a wide assortment of causes including but not limited to: motor vehicle collisions, poisonings, falls, drowning, burns, cutting/piercing, firearms, choking and suffocations. The leading causes of unintentional injuries vary by age.

### Unintentional Injury Deaths

There were 827 Contra Costa residents who died from unintentional injuries between 2005 and 2007, which means that on average 276 residents died from unintentional injuries each year. During this time, unintentional injuries accounted for 4.1% of all deaths, making it the sixth leading cause of death in the county.

The crude death rate from unintentional injuries for Contra Costa (26.7 per 100,000) was lower than the crude rate for California (29.5 per 100,000).

**Table 1 ■ Unintentional injury deaths by race/ethnicity**  
Contra Costa County, 2005–2007

	Deaths	Percent	Rate
White	509	61.5%	31.5*
Hispanic	129	15.6%	19.6**
African American	121	14.6%	43.2*
Asian/Pacific Islander	53	6.4%	13.3**
<b>Total</b>	<b>827</b>	<b>100.0%</b>	<b>26.7</b>

These are crude rates per 100,000 residents.

Total includes racial/ethnic groups not listed above.

\*Significantly higher rate than the county overall.

\*\* Significantly lower rate than the county overall.

The greatest number of deaths from unintentional injuries in Contra Costa occurred among whites (509), followed by Hispanics (129), African Americans (121) and Asians/Pacific Islanders (53).

Even though African Americans died in fewer numbers from unintentional injuries, they had the highest death rate from unintentional injuries (43.2 per 100,000); higher than the rates for the county overall (26.7 per 100,000) and all other racial/ethnic groups listed. Whites (31.5 per 100,000) had a significantly higher death rate from unintentional injuries compared to the county overall. Hispanic (19.6 per 100,000) and Asians/Pacific Islanders (13.3 per 100,000) had significantly lower death rates from unintentional injuries than the county overall.

**Table 2 ■ Unintentional injury deaths by gender**

Contra Costa County, 2005-2007

	Deaths	Percent	Rate
Men	540	65.30%	35.6*
Women	287	34.70%	18.2
<b>Contra Costa Total</b>	<b>827</b>	<b>100.00%</b>	<b>26.7</b>

These are crude rates per 100,000 residents.

\*Significantly higher rate compared to county women overall.

Almost twice as many males (540) died from unintentional injuries as females (287). Males also had a significantly higher unintentional injury death rate (35.6 per 100,000) than females (18.2 per 100,000).

**Table 3 ■ Unintentional injury deaths by selected cities**

Contra Costa County, 2005-2007

	Deaths	Percent	Rate
Concord	108	13.10%	29.2
Richmond	95	11.50%	30.8
Antioch	94	11.40%	31.5
Walnut Creek	73	8.80%	37.2*
Pittsburg	62	7.50%	33
Martinez	44	5.30%	40.6*
San Pablo	36	4.40%	38.8
Brentwood	35	4.20%	24.9
Pleasant Hill	25	3.00%	25.2
Oakley	24	2.90%	26
El Cerrito	23	2.80%	33.1
Bay Point	22	2.70%	32.4
Pinole	18	2.20%	NA
Hercules	13	1.60%	NA
<b>Contra Costa Total</b>	<b>827</b>	<b>100.00%</b>	<b>26.7</b>

These are crude rates per 100,000 residents.

Contra Costa Total includes cities not listed above.

\*Significantly higher rate than the county overall.

The greatest number of unintentional injury deaths occurred among residents of Concord (108), Richmond (95), Antioch (94) and Walnut Creek (73). The unintentional injury death rate for residents of Martinez (40.6 per 100,000) and Walnut Creek (37.2 per 100,000) were significantly higher than the county overall (26.7 per 100,000). In Walnut Creek, falls accounted for the greatest percentage (41%) of unintentional injury deaths. In Martinez, poisonings accounted for the greatest percentage (34%) of unintentional injury deaths.

**Table 4 ■ Unintentional injury deaths by cause**

Contra Costa County, 2005–2007

	Cases	Percent	Rate
Motor vehicle traffic	264	31.9%	8.5
Poisoning	239	28.9%	7.7
Fall	152	18.4%	4.9
Choking/suffocation	32	3.9%	1.0
Drowning	24	2.9%	0.8
<b>Total</b>	<b>827</b>	<b>100.0%</b>	<b>26.7</b>

These are crude rates per 100,000 residents.

Total includes causes not listed above.

In Contra Costa, the leading cause of unintentional injury death was motor vehicle accidents (264), followed by poisonings (239), falls (152), choking/suffocation (32) and drowning (24).

**Table 5 ■ Unintentional injury deaths by age**

Contra Costa County, 2005–2007

	Cases	Percent	Rate
0–20 years	90	10.9%	10.1**
21–44 years	269	32.5%	26.8
45–64 years	256	31.0%	31.1
65 years and older	212	25.6%	57.3*
<b>Total</b>	<b>827</b>	<b>100.0%</b>	<b>26.7</b>

These are age-specific rates per 100,000 residents.

\*Significantly higher rate than the county overall.

\*\* Significantly lower rate than the county overall.

The greatest number of unintentional injury deaths occurred among Contra Costa residents ages 21 to 44 years (269), followed by 45–64 years (256), 65 years and older (212) and 0-20 years (90).

Residents ages 65 years and older had the highest rate (57.3 per 100,000) of unintentional injury death in the county; significantly higher than the rates for the county overall (26.7 per 100,000) and all other age groups listed. Residents 0–20 years had the lowest rate (10.1 per 100,000); significantly lower than the county overall and all other age groups.

The leading causes of unintentional injury death vary by age group. The exposure to injury risk changes over a person's lifetime, as does the body's ability to recover from injury. Motor vehicle accidents are the leading cause of unintentional injury death for younger age groups whereas falls are the leading cause among the elderly.

**Residents 0–20 years**

The death rate due to unintentional injuries was lowest among residents 0–20 years (10.1 per 100,000). More than half (53.3%) of the unintentional deaths within this age group were due to motor vehicle accidents.

**Residents 21–44 years**

The unintentional injury death rate for residents 21–44 years (26.8 per 100,000) was similar to the county rate. Motor vehicle accidents (108) and poisonings (107) were the leading causes of unintentional injury death for this age group.

**Residents 45–64 years**

The unintentional injury death rate for residents 45–64 years (31.1 per 100,000) was similar to the county rate. Almost half (45.7%) of the unintentional injury deaths among residents of this age group were due to poisonings. Residents of this age had a higher death rate from poisonings (14.2 per 100,000) than the county overall (7.7 per 100,000).

**Residents 65 years and older**

Residents 65 years and older had the highest unintentional injury death rate (57.3 per 100,000) in the county. More than half (56.1%) of all unintentional injury deaths in this age group were due to falls, and almost one-fifth (18.4%) were due to motor vehicle accidents. Residents of this age group had the highest death rate due to falls (32.1 per 100,000); significantly higher than the rates for the county overall (4.9 per 100,000) and all other age groups.

## Unintentional Injury Hospitalizations

To understand the impact of unintentional injury it is important to assess hospitalizations in addition to deaths. Death data indicate the ultimate toll that unintentional injury takes on people's lives, but more people experience unintentional injuries than die from them. Non-fatal unintentional injuries, though not severe enough to cause death, can have lasting consequences in terms of physical, mental, and emotional health. Those that result in hospitalization are the most severe. Other less-severe unintentional injuries are treated at home, in emergency departments and/or outpatient clinics.

Between 2005–2007, there were 16,613 unintentional injury hospitalizations among Contra Costa residents. This means that on average, there were 5,538 hospitalizations in Contra Costa due to unintentional injuries each year. The crude hospitalization rate from unintentional injuries for Contra Costa (537.1 per 100,000) was lower than California's crude rate (552.1 per 100,000).

**Table 6 ■ Unintentional injury hospitalizations**

By Race/Ethnicity Contra Costa County, 2005–2007

	Cases	Percent	Rate
White	11,708	70.5%	723.7*
Hispanic	1,636	9.8%	248.5**
African American	1,441	8.7%	514.0
Asian/Pacific Islander	791	4.8%	199.0**
<b>Total</b>	<b>16,613</b>	<b>100.0%</b>	<b>537.1</b>

These are crude rates per 100,000 residents.

Total includes racial/ethnic groups not listed above.

\*Significantly higher rate than the county overall.

\*\*Significantly lower rate than the county overall.

The greatest number of unintentional injury hospitalizations was among whites (11,708), followed by Hispanics (1,636), African Americans (1,441) and Asians/Pacific Islanders (791).

Whites had the highest rate of hospitalizations due to unintentional injuries (723.7 per 100,000); significantly higher than the rates for the county overall (537.1 per 100,000) and all other racial/ethnic groups listed. More than half (59.2%) of all unintentional injury hospitalizations among whites were caused by falls. Hispanics (248.5 per 100,000) had a significantly lower unintentional injury hospitalization rate compared to the county overall. Asians/Pacific Islanders (199.0 per 100,000) had the lowest rate, significantly lower than the county overall and all other racial/ethnic groups listed.

**Table 7 ■ Unintentional injury hospitalizations by gender**

Contra Costa County, 2005–2007

	Cases	Percent	Rate
Females	8,685	52.3%	550.9*
Males	7,928	47.7%	522.7
<b>Total</b>	<b>16,613</b>	<b>100.0%</b>	<b>537.1</b>

These are crude rates per 100,000 residents.

\*Significantly higher rate than county males overall.

The number of unintentional injury hospitalizations was significantly higher among females (8,685) than males (7,928). Females had a higher unintentional injury hospitalization rate (550.9 per 100,000) than males (522.7 per 100,000).

**Table 8 ■ Unintentional injury hospitalizations by age**  
Contra Costa County, 2005–2007

	Cases	Percent	Rate
0-14 years	1,097	6.6%	172.3**
15-24 years	1,204	7.2%	294.4**
25-34 years	1,012	6.1%	260.2**
35-44 years	1,382	8.3%	297.1**
45-54 years	1,875	11.3%	394.6**
55-64 years	1,845	11.1%	530.4
65 years and older	8,198	49.3%	2,214.7*
<b>Total</b>	<b>16,613</b>	<b>100.0%</b>	<b>537.1</b>

These are age-specific rates per 100,000 residents.

\*Significantly higher rate than the county overall.

\*\* Significantly lower rate than the county overall.

Almost half (49.3%) of the county's unintentional injury hospitalizations occurred among residents 65 years and older and more than three-quarters (75.9%) of these hospitalizations were due to falls. Residents 65 years and older had the highest unintentional injury hospitalization rate (2,214.7 per 100,000); significantly higher than the rates for the county overall (537.1 per 100,000) and all other age groups listed. Residents 0-14 years (172.3 per 100,000) had the lowest unintentional injury hospitalization rate; significantly lower than the county overall and all other age groups.

**Table 9 ■ Unintentional injury hospitalizations by cause**  
Contra Costa County, 2005–2007

	Cases	Percent	Rate
Fall	8,880	53.5%	287.1
Motor vehicle traffic	2,244	13.5%	72.5
Poisoning	1,245	7.5%	40.3
Natural/environmental	436	2.6%	14.1
Struck by object	404	2.4%	13.1
Overexertion	351	2.1%	11.3
<b>Total</b>	<b>16,613</b>	<b>100.0%</b>	<b>537.1</b>

These are crude rates per 100,000 residents.

Total includes causes not listed above.

More than half (53.5%) of unintentional injury hospitalizations were due to falls, followed by motor vehicle traffic accidents (13.5%) and poisonings (7.5%). Falls were the leading cause of unintentional injury hospitalizations for all racial/ethnic groups included in this section.

Twelve ZIP codes comprised more than half (56.7%) of the unintentional injury hospitalizations in the county: 94565, 94509, 94595, 94553, 94806, 94520, 94521, 94513, 94523, 94598, 94804 and 94549. Each of these ZIP codes accounted for more than 500 cases. (See Table 10)

Ten ZIP codes had significantly higher unintentional injury hospitalization rates than the county overall: 94509, 94595, 94520, 94523, 94598, 94549, 94548, 94596, 94563 and 94525. Falls among white residents 65 years and older were the predominant cause of unintentional injury hospitalizations in the red-shaded ZIP codes in Central County. Sixteen ZIP codes had significantly lower unintentional injury hospitalization rates than the county overall (see table and map of rates by ZIP code).

A stable rate could not be calculated for ZIP codes with fewer than 20 cases. If denominator data was available, statistical testing generated a confidence interval for these ZIP codes to determine whether the rate range was lower, higher or similar to the county rate.

**Table 10 ■ Unintentional injury hospitalizations by ZIP codes**  
Contra Costa County, 2005–2007

	Cases	Percent	Rate
94505 <sup>a+</sup>	22	0.1%	NA
94506	211	1.3%	240.8**
94507	241	1.5%	519.6
94509	1263	7.6%	640.4*
94511 <sup>a+</sup>	82	0.5%	NA
94513	653	3.9%	471.0**
94514	185	1.1%	461.8**
94517	212	1.3%	483.0
94518	487	2.9%	574.8
94519	297	1.8%	502.7
94520	687	4.1%	597.9*
94521	670	4.0%	517.0
94522 <sup>+</sup>	7	0.0%	NA
94523	649	3.9%	632.7*
94524 <sup>+</sup>	7	0.0%	NA
94525	72	0.4%	719.6*
94526	493	3.0%	540.4
94528	20	0.1%	848.9
94530	414	2.5%	576.7
94531	383	2.3%	315.1**
94547	204	1.2%	302.7**
94548	21	0.1%	3818.2*
94549	524	3.2%	618.7*
94553	831	5.0%	562.9
94556	265	1.6%	528.7

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	Cases	Percent	Rate
94561	455	2.7%	448.3**
94563	349	2.1%	634.2*
94564	258	1.6%	466.0**
94565	1265	7.6%	493.3**
94569	6	0.0%	NA
94572	149	0.9%	584.1
94575+	6	0.0%	NA
94582	122	0.7%	231.4**
94583	449	2.7%	443.5**
94595	983	5.9%	1913.7*
94596	465	2.8%	774.0*
94597	263	1.6%	387.4**
94598	600	3.6%	754.5*
94801	441	2.7%	468.2**
94802+	10	0.1%	NA
94803	374	2.3%	460.0**
94804	549	3.3%	453.8**
94805	184	1.1%	434.3**
94806	753	4.5%	415.0**
94807+	11	0.1%	NA
<b>Total</b>	<b>16,613</b>	<b>100.0%</b>	<b>537.1</b>

These are crude rates per 100,000 residents.

Total includes ZIP codes not listed above.

\*Significantly higher rate compared to the county overall.

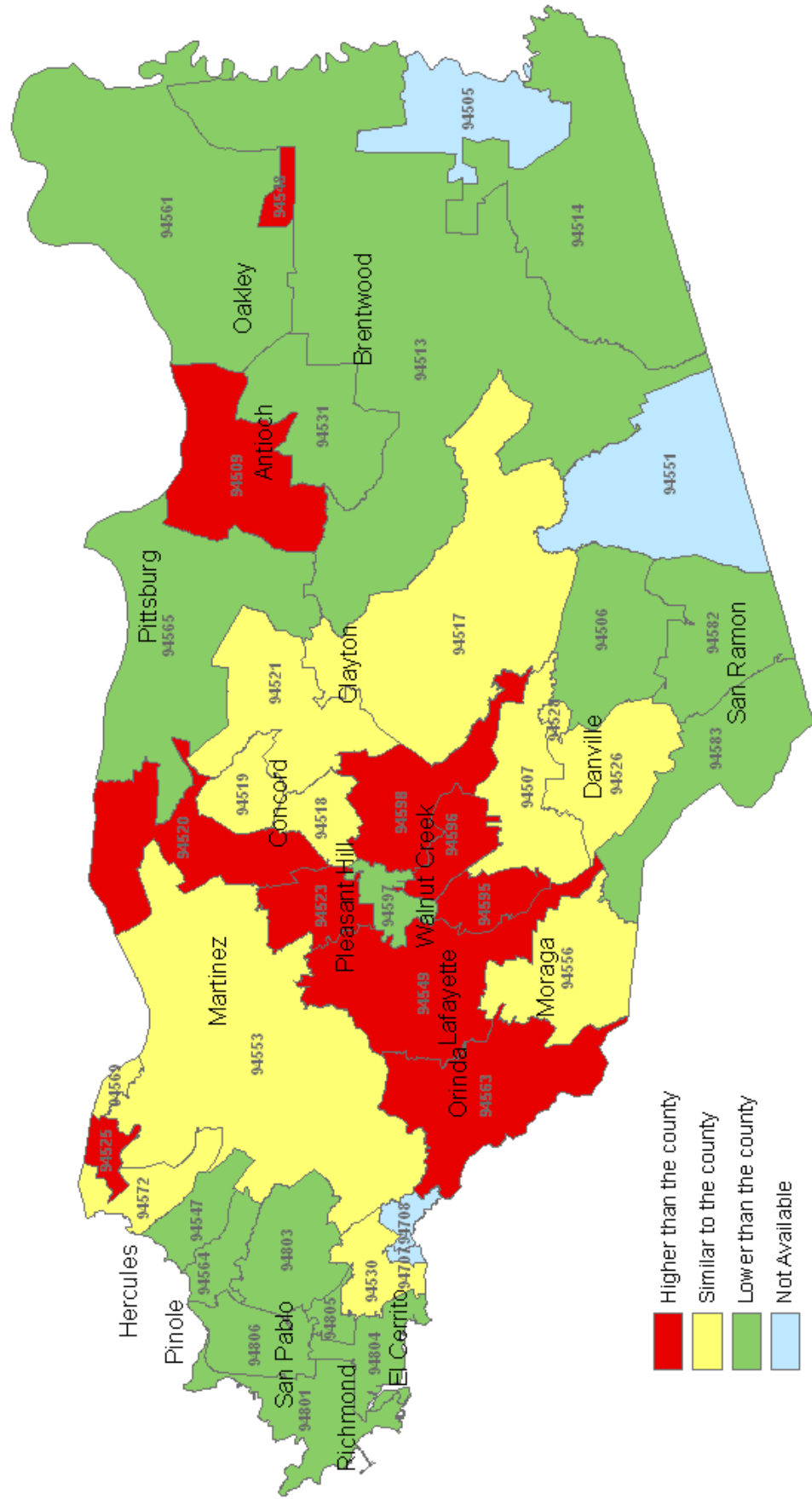
\*\*Significantly lower rate compared to the county overall.

<sup>a</sup> Rate unavailable due to lack of denominator.

+ ZIP code not mapped.



Unintentional Injury Hospitalization Rates by Zip Code



### What is unintentional injury?

Injuries are characterized as intentional or unintentional. Unintentional injuries are unplanned injuries that are not caused by a person's intent to harm.<sup>1</sup> Although often labeled as "accidents", unintentional injuries are preventable and sometimes predictable.<sup>2</sup> They include motor vehicle crashes, poisonings, falls, drowning, burns, cuts, choking and suffocations.

Intentional injuries including homicides, assaults, suicides and self-inflicted injuries are presented in other sections of this report.

### Why is it important?

Between 2005–2007, unintentional injuries accounted for 4.1% of all deaths, making it the 6th leading cause of death in the county. Unintentional injury was the number one cause of death among residents 1–34 years old, accounting for approximately 30% of all deaths among this age group.

Injury deaths represent only a small portion of the people affected by unintentional injury. For each of the 179,065 U.S. deaths due to injuries (both intentional and unintentional) in 2006, there were nearly 11 times as many hospitalizations and 179 times as many emergency department visits.<sup>3</sup> There were 34 million outpatient visits in the United States due to unintentional injuries<sup>3</sup> and an undetermined number of people never seek treatment for their injuries.

Injuries that occurred in 2000 will ultimately cause an estimated \$326 billion in productivity losses, as those injured often lose part or all of their productivity potential.<sup>4</sup>

### Who does it impact the most?

In Contra Costa, African Americans were most likely to die from and whites were most likely to be hospitalized for unintentional injuries. Men were more likely to die from unintentional injuries and women were more likely to be hospitalized from them. Adults 65 years and older had the highest rates of death and hospitalizations from unintentional injuries, most of which were caused by falls. Although the number of unintentional injuries to American Indian and Alaska Native people in Contra Costa were too small to calculate a stable rate, these groups have some of the highest injury rates of any racial group nationwide. Unintentional injuries are the leading cause of death for American Indians and Alaska Natives 1–44 years old.<sup>5</sup>

### What can we do about it?

Although unintentional injuries are not intended, they may be prevented. Knowing where injuries take place and what people are doing when they are injured is important for designing prevention programs. Almost half (47%) of non-fatal injuries took place at home, and more than one-third occurred while a person was engaged in leisure activities, including sports.<sup>3</sup> It is also important to know the most frequent causes of injury in order to guide prevention efforts. Motor vehicle collisions, falls and increasingly, poisonings/overdoses, are responsible for most injury deaths and hospitalizations.<sup>6, 7</sup>

Prevention efforts include traditional forms of health education around these and other causes of un-

intentional injuries. Programs and campaigns can encourage people to adopt and maintain behaviors that may reduce unintentional injuries like turning their cell phone off while driving, wearing seat belts and bike helmets, enrolling in safe-driving programs, putting up fences around pools and labeling medications.<sup>6</sup>

Some of the most effective injury prevention strategies are the result of public health policy change at the local, state and national level. For example, seat belt laws help to reinforce public health safety messages and the laws that led to the beeping seat belt warnings and airbags, now standard in all new cars, have saved many lives.

Recent Contra Costa efforts to prevent injuries have turned their focus to transportation and land-use interventions. For example, redesigning a neighborhood's roadways to slow traffic ("traffic calming") has been proven to reduce motor vehicle-related bicycle and pedestrian injuries because it changes the environment in which people travel.<sup>8</sup>

## Data Sources: Unintentional Injury

### TABLES AND MAP

Tables 1-10: Any analyses or interpretations of the data were reached by the Community Health Assessment, Planning and Evaluation (CHAPE) Unit of Contra Costa Health Services and not the California Department of Public Health (CDPH) or California Office of Statewide Health Planning and Development (OSHPD). Data presented for Hispanics include Hispanic residents of any race. Data presented for whites, Asians/Pacific Islanders and African Americans include non-Hispanic residents. Not all race/ethnicities are shown but all are included in totals for the county and for each gender, age, cause and city. Rates were not calculated for any group with fewer than 20 cases due to unstable estimates.

Population estimates for Contra Costa and its subpopulations (by age, gender, race/ethnicity, city/census place) for 2005-2007 were provided by the Urban Strategies Council, Oakland, CA. January, 2010. Data sources used to create these estimates included: U.S. Census 2000, Neilsen Claritas 2009, Association of Bay Area Governments (ABAG) 2009 Projections, and California Department of Finance Population Estimates for Cities, Counties and the State 2001-2009, with 2000 Benchmark.

California population estimate for state level rate from the State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001–2009, with 2000 Benchmark. Sacramento, California, May 2009.

Tables 1–5: These tables include total deaths due to unintentional injury and crude or age-specific average annual death rates per 100,000 residents for 2005 through 2007. Unintentional injury mortality data from the California Department of Public Health (CDPH), <http://www.cdph.ca.gov/>, Center for Health Statistics' Death Statistical Master File, 2005-2007.

ICD10 coding for unintentional injuries (ICD V01-X59) found at the CDHS Brand EPICenter California Injury Data Online at <http://www.applications.dhs.ca.gov/epicdata/default.htm>, modified from the Centers for Disease Control and Prevention National Center for Health Statistics, available online at: [http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf). Poisonings includes drug overdose. Late effects are not included.

Tables 6–10: These tables include total hospitalizations due to non-fatal unintentional injury and crude or age-specific average annual hospitalization rates per 100,000 residents for 2005 through 2007. Non-fatal unintentional hospitalization data from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data files

2005-2007, <http://www.oshpd.ca.gov/>, Healthcare Quality and Analysis Division, Health Care Information Resource Center.

OSHPD data includes only those hospitalizations for which an unintentional injury was listed as the primary diagnoses (ICD E800-E928.9). They do not include treatment that takes place in a doctor's office, health clinic or emergency room. A single person can be counted multiple times for multiple injury hospitalizations. Poisonings includes overdose.

Table 10:

The rates for several ZIP codes are marked "NA" in the table. This is due to any one of the following reasons:

- The ZIP code has fewer than 20 cases
- A denominator for the ZIP code is not available (including P.O. box only ZIP codes)
- ZIP codes marked "+" indicate that the ZIP code is not mapped. This is due to one of the following reasons:
- The ZIP code has no denominator available: 94505
- The ZIP code is PO box only: 94511, 94522, 94524, 94575, 94802, 94807

ZIP codes with fewer than five cases and those that are shared with another county are not shown in the table.

Non-fatal Unintentional Injury Hospitalization map:

The shading for some ZIP codes indicates that the rate is not available. This is due to the following reasons:

- A denominator for the ZIP code is not available: 94505
- The ZIP code extends to areas outside of Contra Costa county: 94551, 94707, 94708

Although rates were not calculated for ZIP codes with fewer than 20 cases, statistical testing generated a confidence interval for the ZIP code 94569 to determine that the rate range was similar to the county rate and it was shaded appropriately on the map.

ZIP codes that are assigned to P.O. boxes only could not be shown on the map.

ZIP code population estimates for ZIP code level rates provided by the Environmental Health Investigations Branch (EHIB) from the Environmental Systems Research Institute (ESRI) Community Sourcebook of ZIP Code Demographics. Data was not available for all ZIP codes.

Healthy People 2010 objectives from the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at <http://www.healthypeople.gov/>

## TEXT

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2. Prevention Institute "Reducing Injury" webpage. Retrieved August 12, 2010 from the Prevention Institute website:  
<http://www.preventioninstitute.org/focus-areas/preventing-violence-and-reducing-injury/reducing-injury.html>
3. National Center for Injury Prevention and Control, Centers for Disease Control. (2009)NCHS Data on Injuries: Information Sheet. Retrieved April 10, 2010 at the CDC website:  
[http://www.cdc.gov/nchs/data/infosheets/infosheet\\_injury.htm](http://www.cdc.gov/nchs/data/infosheets/infosheet_injury.htm)
4. Finkelstein E.A., Corso, P.S. and Miller, T.R. (2006). The Incidence and Economic Burden of Injury in the United States: Fact Sheet. Retrieved April 10, 2010 at the CDC website: [http://www.cdc.gov/NCIPC/factsheets/Economic\\_Burden\\_of\\_Injury.htm](http://www.cdc.gov/NCIPC/factsheets/Economic_Burden_of_Injury.htm)
5. Centers of Disease Control and Prevention. "Injuries among Native Americans: Fact Sheet". Retrieved August 19, 2010 from <http://www.cdc.gov/ncipc/factsheets/nativeamerican>
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8. Baer, N., Rattray, T. (2007). Planning Communities: What Health Has to Do With It. Contra Costa Health Services, Community Wellness & Prevention Program. Retrieved April 10, 2010 at the CCHS website: [http://cchealth.org/groups/injury\\_prevention/pdf/planning\\_healthy\\_communities.pdf](http://cchealth.org/groups/injury_prevention/pdf/planning_healthy_communities.pdf)