Data Sources IVPB Uses for Injury Surveillance

NCDHHS Division of Public Health, Injury and Violence Prevention Branch (IVPB), Epidemiology, Surveillance, and Informatics (ESI) Unit

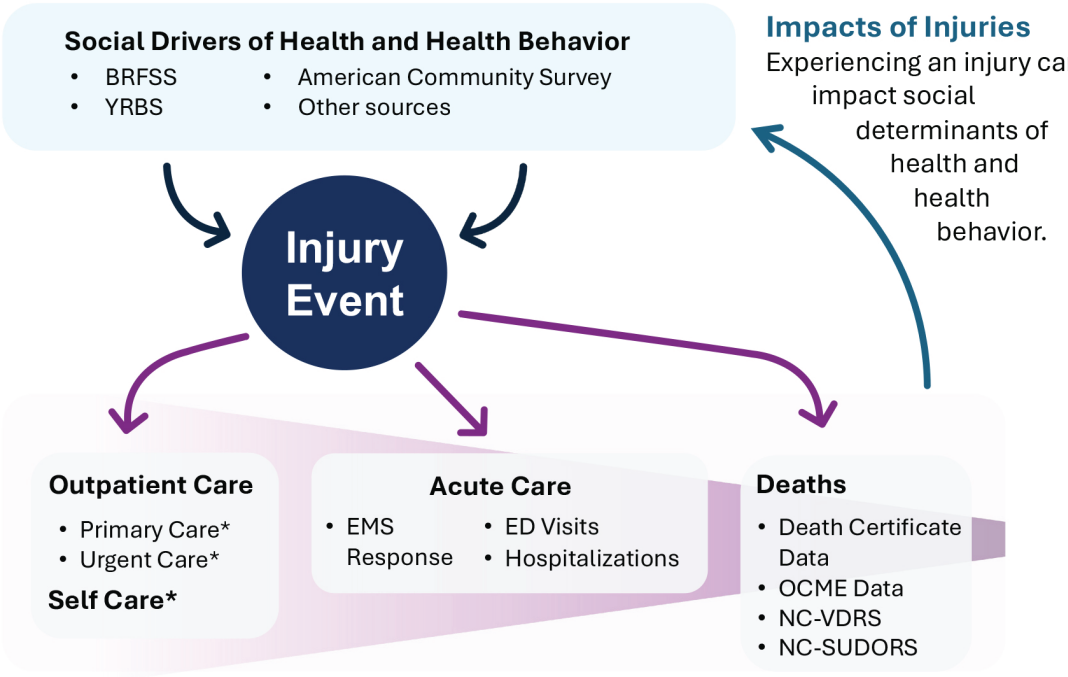
Overview

IVPB uses death data, morbidity data (data on health problems caused by injuries), and survey data to understand the burden of injury in North Carolina (NC), as well as risk and protective factors for injuries. Each source helps to understand how different injuries impact North Carolinians and how severe those injuries are. These data sources and systems are described below.

- For more information on how injuries are identified using these data sources, visit Understanding Injury Surveillance Case Definitions.
- For more information on provisional data and when data become available, visit Using Provisional Data to Monitor Injuries.

Using Data to Understand Injuries

Risk and Protective Factors
Understanding factors that contribute to or help to reduce the risk of an injury.



Impacts of Injuries
Experiencing an injury can impact social determinants of health and health behavior.

Injury Outcomes
Understanding the severity and impact of an injury on the health and wellbeing of North Carolinians.

* Not available for injury surveillance or not currently used by IVPB.
BRFSS – Behavioral Risk Factor Surveillance System, YRBS – Youth Risk Behavior Survey, EMS – Emergency Medical Services, ED – Emergency Department, OCME – Office of the Chief Medical Examiner, NC-VDRS – North Carolina Violent Death Reporting System, NC-SUDORS – North Carolina State Unintentional Drug Overdose Reporting System

The figure above shows the types of data IVPB uses and how each data source relates to an injury event, from the risk and protective factors that can contribute to or help prevent an injury, to injury outcomes, and then the long-term impacts from an injury that can affect future health behaviors and injury risk.

Death Data

Death Certificate Data

DATA OWNER

NC State Center for Health Statistics (SCHS), Vital Records

DESCRIPTION

Death certificate data include records for deaths that happened in NC and for deaths of NC residents that died out of state.

- Each record includes International Classification of Diseases, 10th Revision (ICD-10) codes to describe the causes of death.
- These codes are used to identify deaths with injury as an underlying cause of death (what started the chain of events that led directly to death).
- Death certificate data are among the four main datasets IVPB uses for surveillance.

TIMEFRAME

Death certificate data used by IVPB are available starting in 1999.

- **Final Year-End Data:** When the most recent full year of data is finalized varies slightly with each data year but is usually around 14 months after the end of the calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around February of 2027.
- **Provisional Data:** IVPB receives provisional death certificate data monthly and uses these data about six months after the month of death to ensure as many records as possible are assigned a specific ICD-10 code for the underlying cause of death.
    - For example, provisional data on deaths from January 2025 will be used around June of 2025.

KEY VARIABLES

- IVPB uses the ICD-10 codes to create mechanism and intent variables to summarize and describe the cause of injury deaths.
    - For more information on injury mechanism and intent, visit Injury Mechanism and Intent.
- Death certificate data include demographic information about the decedent's sex, race, ethnicity, age, veteran status, and marital status.
    - Death certificate data provide the most detailed information on race and ethnicity compared with other data sources used for surveillance.
    - There are 15 options for race and five for ethnicity, with the ability to select all that apply. This includes tribe specific information for American Indian/Alaskan Native (AI/AN) individuals, although this information is not always complete, especially with older years of data.
    - IVPB summarizes race and ethnicity information into one variable where each person falls into a single racial/ethnic category. This field first categorizes people using Hispanic/non-Hispanic ethnicity and then assigns them to racial groups recognizing the smallest populations first (any Hispanic, non-Hispanic [NH] AIAN, NH Asian, NH Black, then NH White).
        - For more information, visit Using Injury Data by Race and Ethnicity.

- Place-based information on the resident address and the address of where the death occurred (death location) are also available and can be used at the census tract and zip code levels as well as county level.
    - Location of death tends to be more incomplete than resident address.
- Occupation and industry are available; however, these fields describe where someone usually worked during their life, not the most recent position they held.

INFORMATION THAT IS NOT AVAILABLE

Disability status, gender identity, sexual orientation, or housing status.

Office of the Chief Medical Examiner (OCME) Data

DATA OWNER

OCME

DESCRIPTION

Every month, IVPB gets an updated file with information on deaths handled by the OCME.

- This information is used to make monthly reports on overdose deaths and help identify cases for the NC Violent Death Reporting System (NC-VDRS) and the NC State Unintentional Drug Overdose Reporting System (NC-SUDORS).
    - The OCME data are used along with other data sources to compile information for NC-VDRS and NC-SUDORS.
- IVPB cannot share OCME data publicly.
    - Any requests for information not included in NC-VDRS, NC-SUDORS, or the overdose death reports should be made directly to OCME.

TIMEFRAME

IVPB started using OCME data in 2004 to populate NC-VDRS.

KEY VARIABLES

NC-VDRS, NC-SUDORS, and the overdose reports IVPB creates use data on demographics (sex, race, ethnicity, age), manner of death, county of residence, county of death, along with investigation notes, autopsy reports, and toxicology results.

INFORMATION THAT IS NOT AVAILABLE

Disability status, gender identity, sexual orientation, and housing status are not directly collected, but may be available in the investigation notes.

North Carolina Violent Death Reporting System (NC-VDRS)

DATA OWNER

IVPB maintains NC-VDRS after combining data from other sources.

DESCRIPTION

NC-VDRS is a population-based, public health reporting system with information on violent deaths including homicides, suicides, unintentional firearm deaths, deaths from legal intervention (excluding death penalty executions), and deaths where the intent and cause are undetermined.

- NC-VDRS combines data from death certificates, medical examiner reports, and police reports to get detailed information about how and why violent deaths happen, and the circumstances surrounding these deaths.
    - Circumstances are events that happened before or that were related to a victim's death. Circumstance variables are what makes NC-VDRS stand out from other systems.
- By putting all the information together, NC-VDRS data help us to understand violent deaths better than if we looked at each data source by itself.
    - NC-VDRS data are used to inform state violence prevention activities.
    - Deidentified data are reported to the Centers for Disease Control and Prevention (CDC) to be included in the National VDRS.

TIMEFRAME

NC-VDRS data are available starting in 2004.

- **Final Year-End Data:** Due to the time it takes to collect and process the data, the most recent complete year of data is usually available 16 months after the end of the previous calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around April of 2027.
- **Provisional Data:** IVPB uses provisional NC-VDRS data once essential information has been added to the system and is complete for variables like manner of death, weapon type, and victim demographics.
    - Circumstance data come from police reports or medical examiner reports and can take longer than other information in the system to collect.

KEY VARIABLES

- NC-VDRS includes information on the victim, suspect(s), weapon(s), and the circumstances surrounding the death.
    - Circumstances include information on mental health and substance use, interpersonal problems like intimate partner violence, life stressors like a physical health problem or financial problem, and circumstances specific to suicide, homicide, and firearm events.
- The manner (intent) and method (mechanism) of violent death are key variables that help describe the cause of death, as well as the type of weapon involved.
- Because death certificate data are one of the sources used to populate NC-VDRS, the system includes all the same detailed demographic information about the decedent's biological sex, race, ethnicity, age, veteran status, and marital status and place-based information from the resident address and death location address.
- NC-VDRS does include information on sexual orientation when that information is available in the source data.
- Transgender status was collected in NC-VDRS from August 2013 to February 2025 and is available for those years of data only.
    - This information is often incomplete and only included if it was an important circumstance to the death.
- The system includes a field to indicate if the victim was experiencing homelessness or unstable housing.
    - This information is often incomplete and only included if it was an important circumstance to the death.

INFORMATION THAT IS NOT AVAILABLE

Disability status is not collected. However, in some cases circumstance fields and information from the narrative may be used to understand if a mental or physical health condition contributed to the death.

For more information on NC-VDRS, visit the NC-VDRS About Us page on the IVPB website.

North Carolina State Unintentional Overdose Reporting System (NC-SUDORS)

DATA OWNER

IVPB maintains NC-SUDORS after combining data from other sources.

DESCRIPTION

NC-SUDORS collects comprehensive data on overdose deaths of unintentional and undetermined intent.

- NC-SUDORS combines data from death certificates, medical examiner reports, and toxicology results.
- The system is a critical tool for understanding the overdose epidemic and providing high quality data to guide public health interventions.
    - NC-SUDORS data are used to inform state overdose prevention activities.
    - Deidentified data are reported to the CDC to be included in the National SUDORS.

TIMEFRAME

NC-SUDORS data are available starting in 2018.

- **Final Year-End Data:** Due to the time it takes to collect and process the data, the most recent complete year of data is usually available 16 months after the end of the previous calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around April of 2027.
- **Provisional Data:** IVPB uses provisional NC-SUDORS data once essential information has been added to the system and is complete for variables like manner of death, substance type, and victim demographics.
    - Circumstance data come from medical examiner reports and can take longer than other information in the system to collect. This is because overdose investigations tend to take more time than investigations for other causes of death.

KEY VARIABLES

- NC-SUDORS includes information on the cause and manner of death, how the overdose occurred, place of death, drugs involved, and the circumstances surrounding the death.
    - Circumstances are events that happened before or that were related to a victim's death, like overdose and substance abuse treatment history, routes of drug use, and if naloxone was given.
    - Circumstance variables are what makes NC-SUDORS stand out from other systems.
- Because death certificate data are one of the sources used to populate NC-SUDORS, the system includes all the same detailed demographic information about the decedent's biological sex, race, ethnicity, age, veteran status, and marital status and place-based information from the resident address and death location address.
- NC-SUDORS does include information on sexual orientation when that information is available in the source data.

- Transgender status was collected in NC-SUDORS from August 2013 to February 2025 and is available for those years of data only.
    - This information is often incomplete and only included if it was an important circumstance to the death.
- The system includes a field to indicate if the victim was experiencing homelessness or unstable housing.
    - This information is often incomplete and only included if it was an important circumstance to the death.

INFORMATION THAT IS NOT AVAILABLE

Disability status is not collected. However, in some cases circumstance fields and information from the narrative may be used to understand if a mental or physical health condition contributed to the death.

For more information on NC-SUDORS, visit the NC-SUDORS section of the NC Overdose Epidemic Data website.

Injury Morbidity Data

Injury morbidity data, or non-fatal injury data, help describe the health problems caused by injuries.

These systems are visit-based rather than patient-based.

- Each record represents a health care interaction, or visit, rather than a unique person.
    - A single person can be seen multiple times over a given year.
    - The data are deidentified. IVPB cannot determine repeat visits for a single person.
- There are a small number of visits that result in a death. These are not excluded from the injury morbidity data.

Hospital Discharge Data (HDD)

DATA OWNER

NC Healthcare Association via the NC SCHS

DESCRIPTION

The HDD include records for each of the inpatient hospital visits that occurred in the state during a given data year. Each record has a primary ICD-10-CM diagnosis code followed by additional ICD-10-CM codes.

- These codes describe medical diagnoses and reasons for the health care visit and are used to identify injury-related hospitalizations.
- ICD-10-CM codes are intended for administrative and billing purposes, not public health surveillance.
    - ICD-10-CM codes that describe external causes, including injuries, and codes for non-illness-related factors such as social drivers of health are not required to be completed for billing purposes.
    - This may cause injury coding to be incomplete for some records and can affect which hospitalizations are identified as being related to an injury.
- Codes that are listed after the primary diagnosis field are not included in any specific order.

HDD are among the four main datasets IVPB uses for surveillance.

TIMEFRAME

HDD used by IVPB are available starting in 2006. However, data from before 2015 should not be compared to data collected later, and data for 2015 are often not shared. This is because of the transition that happened in October 2015 from ICD-9-CM to ICD-10-CM, which significantly changed the codes used to identify injury events in ICD-10-CM coded morbidity data.

- **Final Year-End Data:** When the most recent full year of data is finalized varies slightly each data year but is usually around six to eight months after the end of the calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around August of 2026.
- **Provisional Data:** IVPB receives provisional HDD every three months (quarterly) and uses these data after about 6 months to be sure the information is as complete as possible.
    - For example, provisional data on hospital discharges from December 2025 will be used around June of 2026.

KEY VARIABLES

- Demographic information about the person's sex, race, ethnicity, and age.
    - There are five options for race which IVPB summarizes along with Hispanic/NH ethnicity into a single mutually exclusive variable (Hispanic, NH AI/AN, NH Asian, NH Black, NH White).
- County of residence.
- Charges for each visit to understand financial cost of injury as well as the primary payer source to help measure insurance coverage.

INFORMATION THAT IS NOT AVAILABLE

Disability status, gender identity, sexual orientation, and housing status are not included in the dataset. There is an ICD-10-CM code to indicate if someone is experiencing homelessness, but it is not commonly used.

North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) Emergency Department (ED) Visit Data

DATA OWNER

NC DETECT

DESCRIPTION

NC DETECT serves as NC's statewide syndromic surveillance system and provides ED visit data to the CDC's National Syndromic Surveillance Program (NSSP).

NC DETECT ED visit data include records for each of the ED visits that occurred in the state during a given data year.

- Each record is assigned ICD-10-CM codes to describe medical diagnoses and reasons for the health care visit. These are used to identify ED visits related to an injury.
    - ICD-10-CM codes are intended for administrative and billing purposes, not public health surveillance.
    - ICD-10-CM codes that describe external causes, including injuries, and codes for non-illness-related factors such as social drivers of health are not required to be completed for billing purposes.
    - This may cause injury coding to be incomplete for some records and can affect which ED visits are identified as being related to an injury.

- There is no specific order to how ICD-10-CM codes are listed in an NC DETECT ED visit record.
- Syndromes, or case definitions that also consider key words or phrases mentioned in free text data (chief complaint and triage notes), are also used to identify ED visits for specific injuries and related events.

NC DETECT ED visit data are among the four main datasets IVPB uses for surveillance.

TIMEFRAME

ED visit data used by IVPB are available starting in 2008. However, data from before 2015 should not be compared to data collected later, and data for 2015 are often not shared. This is because of the transition that happened in October 2015 from ICD-9-CM to ICD-10-CM, which significantly changed the codes used to identify injury events in ICD-10-CM coded morbidity data.

- **Final Year-End Data:** When the most recent full year of data is finalized varies slightly but is usually around six months after the end of the calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around June of 2026.
- **Provisional Data:** IVPB receives provisional ED visit data every month and uses these data after about one month to ensure the information is as complete as possible.
    - For example, provisional data on ED visits from December 2025 will be used around January of 2026.

KEY VARIABLES

- Demographic information about the person's biological sex, race, ethnicity, and age.
    - There are five options for race which IVPB summarizes along with Hispanic/NH ethnicity into a single mutually exclusive variable (Hispanic, NH AI/AN, NH Asian, NH Black, NH White).
    - Information on race and ethnicity is available for 2017 forward in the ED visit data. For more information, visit How IVPB analyzes Data by Race and Ethnicity.
- County of residence and resident zip code.

INFORMATION THAT IS NOT AVAILABLE

Disability status, gender identity, sexual orientation, and cost/charges for each visit are not included in the dataset.

There is not a specific field for housing status, although there is an ICD-10-CM code to indicate if someone is experiencing homelessness, but it is not commonly used.

- A case definition has been created to attempt to identify individuals experiencing homelessness in the ED visit data using this code and other information in the record.

Emergency Medical Services (EMS) Records

DATA OWNER

The NC Office of EMS (OEMS) via NC DETECT

DESCRIPTION

EMS data include information for all EMS responses conducted throughout the state by local EMS agencies.

- These data are reported to the state and follow the National Emergency Medical Services Information System (NEMSIS) guidelines.
    - NC began using NEMSIS version 3.5 in June 2023, which impacted what information was collected and how it was collected.

- Each record includes information on the reason for the emergency call, patient disposition, and the provider's impressions.
- EMS data are among the four main datasets IVPB uses for surveillance.

TIMEFRAME

EMS data used by IVPB are available for 2020 forward. Earlier years of data may be requested from the NC OEMS.

- Final Year-End Data: When the most recent full year of data is finalized varies slightly for each data year but is usually around six months after the end of the calendar year.
    - For example, data from January-December of 2025 (2025 data year) will be available around June of 2026.
- Provisional Data: IVPB receives provisional EMS data every month and uses these data after about one month to ensure the information is as complete as possible.
    - For example, provisional data on EMS responses from December 2025 would be used around January of 2026.

KEY VARIABLES

- Demographic information for individuals receiving emergency care, including sex, race, and age.
- Disposition, or the outcome for the patient, to know if the injured person was transported to the ED, died at the scene, refused transport, etc.
- Medications administered (used for overdose surveillance)
- Location (e.g. house/apartment, car, park) of where EMS responded to the injury incident (usually where the injury occurred).
- Geographic information is available based on the location EMS responded to (specific location, zip, county) and for the residence of the patient (zip, county).

INFORMATION THAT IS NOT AVAILABLE

Disability status, gender identity, sexual orientation, housing status, and cost/charges for each EMS response are not included in the dataset.

Survey Data

NC Behavioral Risk Factor Surveillance System (BRFSS)

DATA OWNER

NC SCHS

DESCRIPTION

The NC BRFSS is a random telephone survey of NC residents ages 18 and older with telephones. BRFSS is a national survey; NC has participated in BRFSS since 1987.

- The survey compiles information at the state level on health behaviors and preventive health practices related to the leading causes of death and disability, including injuries.
- The core survey is conducted every year; however, different state questions are included in any given year.

TIMEFRAME

IVPB has used BRFSS data since 2013. NC BRFSS data are available publicly on the SCHS BRFSS website, and include earlier years of data.

KEY VARIABLES

- Demographic information on race/ethnicity, sex, age, education level, disability status, employment status, household income, poverty level, rurality, and housing status.
    - Race and ethnicity are summarized into a single mutually exclusive field with five categories race (NH AI/AN, NH Black, NH White, Hispanic and other NH)
- BRFSS has included the Reactions to Race module which is made up of questions about how people perceive race and feel they are treated based on their race.
- Several questions related to injury and violence are included, capturing information on falls, seat belt use, gun ownership and storage, alcohol use, and other substance use.
- There are questions IVPB uses to understand the relationship between injuries and social drivers of health, like social and emotional support, food security, housing stability, and other life stressors.
- BRFSS data can be analyzed statewide and by specific regions of the state (e.g., Medicaid regions, NC Association of Local Health Director regions).

INFORMATION THAT IS NOT AVAILABLE

- Data are not available at the county level.
- State questions included in the survey alternate and may change over time.
    - Some questions may need to be removed as new questions are added to the survey.

NC Youth Risk Behavior Survey (YRBS)

DATA OWNER

NC Department of Public Instruction (DPI), NC Healthy Schools

DESCRIPTION

The NC YRBS is a survey of youth in NC that is implemented in the spring of every odd numbered year (2021, 2023, 2025, etc.).

- The NC YRBS collects information to help understand youth behaviors and how these behaviors impact youth health now and in the future.
- The survey includes questions about violence, personal safety, physical activity, nutrition, mental health, tobacco use, drug and alcohol use, protective factors, and sexual behavior.
- The survey questions differ slightly for high school and middle school students to make sure questions are appropriate for the age of the students participating in the survey.

TIMEFRAME

IVPB uses YRBS analysis files starting in 2013 to present. However, earlier years of data are available and summarized by NC DPI here.

KEY VARIABLES

- Demographic information on race, ethnicity, sex, sexual orientation, age, grade, and disability status.
    - Race includes five categories race (AI/AN, Asian, Black, White, Native Hawaiian/ Pacific Islander) which IVPB summarizes along with Hispanic/NH ethnicity into a single mutually exclusive variable.
- YRBS asks high schoolers about how they feel they are treated based on their race.
- The survey includes several questions related to violence and mental health, including weapons at school, school safety, physical fights, suicidal ideation and behavior, and bullying.
- Other questions IVPB uses to understand injuries and social drivers of health include:
    - Questions on drug and alcohol use
    - Questions on food security
    - Questions on housing and family support
- YRBS data can be analyzed by specific areas of the state (e.g. county) if enough students are surveyed in that area.

INFORMATION THAT IS NOT AVAILABLE

- Although DPI tries to keep questions the same from survey to survey to understand trends, some questions asked previously may not be asked again in another year.
    - Some questions may need to be removed as new questions are added to the survey.
- There is not a question included to capture experiences for transgender students.

Other Data Sources

Population Data

DATA OWNER

National Center for Health Statistics (NCHS)

DESCRIPTION

NC population estimates for key demographic groups are obtained from the U.S. Census. IVPB receives a file with these estimates from NCHS.

- Population estimates for race and ethnicity were updated in 2020. IVPB received updated estimates for historical data for consistency in race/ethnicity population estimates over time.
    - For more information, visit IVPB's Using Injury Data by Race and Ethnicity, or Updates to Office of Management and Budget's Race/Ethnicity Standards.
- IVPB does not use NC State Demographer population data.
    - IVPB uses NCHS population estimates to align with CDC reporting requirements. NCHS data also include population estimates for smaller groups of people (i.e. data by county and sex and age).
- IVPB gets additional population estimates by veteran status from the U.S. Census American Community Survey website using Table S2101.

TIMEFRAME

IVPB uses NCHS population estimate files starting in 2000 to present. However, earlier years of data are available directly from the U.S. Census, here.

- Final Year-End Data: A full year of NC population estimates usually become available around seven months after the end of the calendar year.
    - For example, data for January-December of 2025 (2025 data year) will be available around July of 2026.
- Provisional Data: IVPB does not receive provisional population estimates. Instead, the previous year's population estimates are used as a proxy for the current year until updated population estimates become available.

KEY VARIABLES

- NCHS Population estimates are classified by year, county, race, gender, age, and Hispanic origin to support the calculation of rates by these groups.
- Additional population estimates from the U.S. Census are available here.

INFORMATION THAT IS NOT AVAILABLE

Population estimates for other factors like disability status, gender identity, and sexual orientation are not available in the NCHS file.

Homelessness Management Information System (HMIS)

DATA OWNER

NC Coalition to End Homelessness (NCCEH)

DESCRIPTION

HMIS collects client-level data on housing services that are provided to people experiencing homelessness or that are at risk of homelessness.

- HMIS captures data from three of the 12 Continuums of Care in NC, covering 81 counties across the state (as of 2025).
- IVPB links HMIS data to other injury data to understand the burden of injury among those experiencing homelessness and to identify opportunities for prevention.
- Past collaborations with HMIS include vaccine penetration efforts during the COVID-19 pandemic.

TIMEFRAME

IVPB has received HMIS data for 2016 onward. However, the U.S. Department of Housing and Urban Development (HUD) requires that data older than seven years are deleted.

- NCCEH shares updated data with IVPB two times a year.

KEY VARIABLES

The HMIS dataset has over 70 tables that contain client demographics and service details.

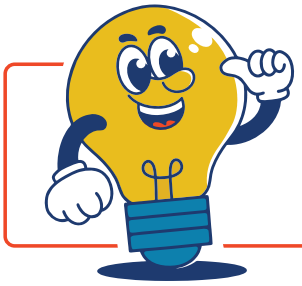
    - For more information about data collected in the HUD system, see in the HUD system, visit HMIS Data Standards.
- For a NCCEH-specific overview for researchers, see this collaboratively maintained document.

INFORMATION THAT IS NOT AVAILABLE

HMIS does not contain data on unhoused people not receiving services. The system does not directly collect any medical information but does have limited accessory tables and variables on topics including disability, health, veteran status, and income information.

Other Data IVPB Uses to Understand Injuries

- **NC Controlled Substances Reporting System (CSRS):** NC's Prescription Drug Monitoring System
  - CSRS provides IVPB summary data on patients receiving buprenorphine and patients receiving opioids. These data are included in the Interactive Overdose Data Dashboard.
- **Division of Mental Health (DMH)**
  - DMH provides IVPB with summary data on Medicaid beneficiaries and uninsured individuals receiving opioid use disorder treatment services that are used in the Interactive Overdose Data Dashboard.
- **Department of Social Services (DSS)**
  - DSS provides IVPB with summary data on children in foster care due to parental substance use. These data are used in the Interactive Overdose Data Dashboard.
- **Motor Vehicle Crash Data**
  - NC Department of Motor Vehicles maintains police-reported crash data that involve a motor vehicle on a public roadway that meet one of the following criteria:
    - at least $1,000 property damage,
    - an injury or fatality,
    - or a vehicle seizure.
  - These data are used in the NC Vision Zero Safety Dashboard run by the NC State University Institute for Transportation Research and Education in collaboration with the University of North Carolina Highway Safety Research Center.
- **Social Vulnerability Index (SVI)**
  - SVI is a tool developed by the CDC to help measure how well a community can withstand various hazards based on social, economic, and demographic factors, and can help identify areas that may benefit from additional resources or focused support.
  - IVPB uses SVI alongside injury data to understand the relationship between risk factors like social vulnerability and injuries.



FOR MORE RESOURCES:

Visit our Injury Data Users Toolkit