Unintentional injuries and violence are the leading causes of death, hospitalization, and disability for children ages 1-18. This fact sheet provides a state snapshot of data on the injury-related Maternal and Child Health Block Grant National Performance Measures and Health Status Indicators, with a special focus on disparities based on race, gender, and rural/urban residence. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, program development, and presentations.

The Children’s Safety Network (CSN) National Injury and Violence Prevention Resource Center, funded by the Maternal and Child Health (MCH) Bureau, works with states to utilize a science-based, public health approach for injury and violence prevention (IVP). CSN is available to provide information and technical assistance on injury surveillance and data; needs assessments; best practices; and the design, implementation, and evaluation of programs to prevent child and adolescent injuries.

**Major Causes of Injury Death**

Understanding injury rankings among other causes of death is important in determining their physical and economic role in each state. Knowing what types of injuries cause the majority of deaths and hospitalizations can inform program planning and development efforts. Table 1 shows the top 5 causes of death by age group in the state. Unintentional and intentional injury deaths are highlighted. Table 2 shows the top 5 causes of injury death by age group in the state. Intentional injury deaths are highlighted.

![Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Alaska, 2004-2008](image)

Table 1 Source: WISQARS Leading Causes of Death Reports, 2004-2008.
### Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Alaska, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suffocation 43</td>
<td>Homicide ****</td>
<td>Drowning ****</td>
<td>MV Traffic 16</td>
<td>Suicide 80</td>
<td>Suicide 108</td>
</tr>
<tr>
<td>2</td>
<td>Homicide ****</td>
<td>Fire/Burn ****</td>
<td>MV Traffic ****</td>
<td>Suicide 12</td>
<td>MV Traffic 53</td>
<td>MV Traffic 50</td>
</tr>
<tr>
<td>3</td>
<td>Undetermined Suffocation ****</td>
<td>Suffocation ****</td>
<td>Fire/Burn ****</td>
<td>Three Tied* ****</td>
<td>Homicide 23</td>
<td>Poisoning 44</td>
</tr>
<tr>
<td>4</td>
<td>Drowning ****</td>
<td>Fall ****</td>
<td>Pedestrian, other ****</td>
<td>Firearm ****</td>
<td>Other Transport ****</td>
<td>Firearm ****</td>
</tr>
<tr>
<td>5</td>
<td>Fire/Burn ****</td>
<td>Drowning ****</td>
<td>Suffocation ****</td>
<td>Other Land Transport ****</td>
<td>Drowning 11</td>
<td>Other Land Transport 15</td>
</tr>
</tbody>
</table>

Note. *For ages 10-14, three mechanisms were tied for the third ranking including Drowning, Poisoning and Homicide. Each of these mechanisms had 10 or fewer cases. All mechanisms of suicide and homicide were combined according to intent. Each listed mechanism is unintentional except those otherwise noted. **** = indicates that the cell values range from 1-10 and are suppressed for data confidentiality purposes.

Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2004-2008.
**National Performance Measures**

The Federal Maternal and Child Health Bureau Block Grant program requires State MCH programs to report on 18 National Performance Measures (NPM), two of which directly address injuries. NPM #10 addresses the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. NPM #16 addresses the rate of suicide deaths among youths aged 15-19.

The following figures provide information related to NPMs #10 and #16.

**NPM 10: Reducing Unintentional Motor Vehicle Deaths to Children Ages 0-14:**

![Figure 1: The Rate of Deaths to Children Aged 14 Years and Younger Caused by Motor Vehicle Crashes per 100,000 Children, Alaska and US, 2003-2007](image)

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
23% of children ages 0-14 involved in a motor vehicle fatality were occupants of the vehicle and 23% were pedestrians.

Note: Unspecified/Other primarily includes cases where a child fatality was coded as an unspecified motor-vehicle accident or a collision between specified motor vehicles, among others.
In the state of Alaska from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 25 percent higher than for females age 15-19.

Figure 4 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 5 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System

NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:

Figure 6 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
60% of youth ages 15-19 completed suicide by using a firearm.

Note: Unspecified/Other includes all self-inflicted fatal injuries in which the mechanism was not identified or the coded mechanism was other than those named in the pie chart.

Figure 7 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
Figure 10: The Rate (per 100,000) of Completed Suicides by Race among Youths Aged 15-24, Alaska, 2003-2007

Note: Rates based on two or fewer deaths were excluded.

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Alaska, 2004-2006

In the state of Alaska from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.5 times higher than for females age 15-19.

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, Alaska, 2004-2008

Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

Figure 11 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System
IVP Health Status Indicators

The Maternal and Child Health Bureau requires every state to report on 12 Health Status Indicators. Six of the indicators are related to IVP. The two figures below reflect the data reported for the IVP Health Status Indicators by the state in their Maternal and Child Health Block Grant Application Form 17, 2011.

Figures 13 & 14 Source: HRSA Title V Information System Multi-Year Report
State Specific Performance Measures and Priority Needs

Each state develops up to 7 – 10 State Performance Measures and priority needs. The following provides information about the states’ selected 2012 injury-related performance measures and priority needs.

State Performance Measures:
Alaska has the following injury-related State Performance Measures:
• To reduce the rate of reports of maltreatment per thousand children age 14 years or younger.
• To reduce the percent of high school students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the previous 12 months.
• Reduce the percent of women who recently delivered a live-born infant and experienced intimate partner violence 12 months before pregnancy.
• Percent of women who recently had a live-born infant and reported having one or more environmental factors in the home that are associated with SIDS/unexplained asphyxia.
• Percent of women who delivered a live birth and had a provider talk to them about post partum depression since their new baby was born.

Priority Needs:
Alaska has the following injury-related priority needs:
• Reduce child maltreatment and bullying.
• Reduce intimate partner violence (IPV), including teen dating violence.
• Reduce risk factors associated with preventable post-neonatal mortality due to SIDS/asphyxia.
• Increase universal screening for postpartum depression in women.

This fact sheet presents a cursory review of the injury morbidity and mortality data available for the state. The figures and tables in this fact sheet can help you understand the state’s progress in addressing motor vehicle traffic injuries and suicide. To target and address these and other injury issues, it is critical to understand this data. CSN can assist you in conducting detailed data analyses, utilizing surveillance systems, and undertaking needs assessments. For assistance, contact the Children's Safety Network at csninfo@edc.org.

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CSN’s website: http://www.ChildrensSafetyNetwork.org
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Register for the CSN newsletter: http://go.edc.org/csn-newsletter
Need TA? Have Questions? E-mail: csninfo@edc.org

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