Arkansas 2012 State Fact Sheet

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, Arkansas, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Total Incidence (Deaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1</td>
<td>1-4</td>
</tr>
<tr>
<td>1</td>
<td>Congenital Anomalies</td>
<td>310</td>
</tr>
<tr>
<td>2</td>
<td>SIDS</td>
<td>236</td>
</tr>
<tr>
<td>3</td>
<td>Short Gestation</td>
<td>177</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>64</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury</td>
<td>64</td>
</tr>
</tbody>
</table>

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Table 1 Source: WISQARS Leading Causes of Death Reports, 2004-2008.
Childhood injury is also a leading cause of morbidity. Table 3 provides information from the state’s hospital discharge data on the leading causes and incidence of hospital admissions by age group.

### Table 2: Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Arkansas, 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>MV Traffic 45</td>
<td>MV Traffic 49</td>
<td>MV Traffic 51</td>
<td>MV Traffic 444</td>
<td>MV Traffic 432</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 24</td>
<td>Homicide 35</td>
<td>Fire/Burn 14</td>
<td>Suicide 14</td>
<td>Homicide 14</td>
<td>Suicide 96</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic 15</td>
<td>Drowning 34</td>
<td>Drowning 12</td>
<td>Drowning 12</td>
<td>Homicide 84</td>
<td>Suicide 140</td>
</tr>
<tr>
<td>4</td>
<td>Other Specified, Classifiable</td>
<td>Fire/Burn 29</td>
<td>Homicide 44</td>
<td>Other Land Transport 44</td>
<td>Drowning 36</td>
<td>Poisoning 82</td>
</tr>
<tr>
<td>5</td>
<td>Undetermined Poisoning</td>
<td>Suffocation</td>
<td>Other Land Transport</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. 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 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Arkansas Residents, 2009

<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>Unintentional Other Specified, NEC 36</td>
<td>Unintentional Fall 45</td>
<td>Unintentional Fall 69</td>
<td>Assault 151</td>
<td>Unintentional MVT 232</td>
<td>Self-Inflicted 284</td>
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<tr>
<td>2</td>
<td>Unintentional Fall * 43</td>
<td>Unintentional Poisoning 55</td>
<td>Assault 63</td>
<td>Self-Inflicted 224</td>
<td>Unintentional MVT 254</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Assault *</td>
<td>Unintentional Other Specified, NEC 35</td>
<td>Unintentional MVT 21</td>
<td>Self-Inflicted 60</td>
<td>Assault 179</td>
<td>Unintentional Fall 103</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Fire/Burn * 24</td>
<td>Unintentional MVT 19</td>
<td>Unintentional Other Specified, NEC 19</td>
<td>Unintentional Transport, Other 32</td>
<td>Unintentional Fall 85</td>
<td>Assault 96</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Other Natural/Env *</td>
<td>Unintentional Fire/Burn 13</td>
<td>Unintentional Bites &amp; Stings 17</td>
<td>Unintentional Struck By/Against 30</td>
<td>Unintentional Transport, Other 84</td>
<td>Poisoning 67</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable, Env = Environmental. * = indicates that the cell value ranges from 1-10. Source: Children’s Safety Network; Economics and Data Analysis Resource Center (OSN EDARC), at Pacific Institute for Research and Evaluation (PIRE). Calverton, MD. January 2012. Incidence based on 2005 data from the state and obtained from the Arkansas State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These injuries exclude patients who were dead at the time of discharge, readmission cases, transfers (e.g., from another short or long-term care facility, different acute care hospital), medical misadventures, and/or who suffered non-acute injuries. All counts were based on the patients’ state of residence.
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, Arkansas and US, 2004-2008

43% of children ages 0-14 involved in a motor vehicle fatality were occupants.

Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for Arkansas, 2004-2008

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 addition, motorcyclist and pedalcyclist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.
Figure 3 Source: WISQARS Injury Mortality Reports, 2003-2007

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

In the state of Arkansas from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 52 percent higher than for females age 15-19.

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

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.
62% 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.
Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007

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

[Graphs showing data for nonfatal and fatal injury health status indicators in Arkansas from 2005 to 2010, with separate lines for injuries 0-14 years, motor vehicle crashes 0-14 years, and motor vehicle crashes 15-24 years.

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:
Arkansas has the following State Performance Measure:
• The proportion of children aged 0-14 years with an Injury Severity Score (ISS) of greater than 15 who receive definitive treatment in a Level I or II trauma center.

Priority Needs:
Arkansas has the following injury-related priority need:
• Improve trauma care for children.

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.

State Contact Information

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Need TA? Have Questions? E-mail: csninfo@edc.org

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