Unintentional injuries and violence are the leading cause of death, hospitalization, and disability for children ages 1-18. CSN has prepared this fact sheet to provide a state snapshot of injury and violence prevention data, resources, and activities. 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 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 provides 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, California, 2004-2008 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Rank | <1 | 1 - 4 | 5 - 9 | 10 - 14 | 15-19 | 20-24 |
| 1 | Congenital Anomalies 3,590 | Unintentional Injury 841 | Unintentional Injury 461 | Unintentional Injury 598 | Unintentional Injury 2,901 | Unintentional Injury 4,347 |
| 2 | Short Gestation 2,045 | Congenital Anomalies 338 | Malignant Neoplasms 337 | Malignant Neoplasms 352 | Homicide 2,015 | Homicide 2,517 |
| 3 | SIDS 851 | Malignant Neoplasms 263 | Congenital Anomalies 127 | Homicide 167 | Suicide 699 | Suicide 1,269 |
| 4 | Maternal Pregnancy Comp. 792 | Homicide 189 | Homicide 64 | Congenital Anomalies 143 | Malignant Neoplasms 529 | Malignant Neoplasms 715 |
| 5 | Placenta Cord Membranes 537 | Heart Disease 80 | Heart Disease 50 | Suicide 91 | Heart Disease 158 | Heart Disease 309 |

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, California, 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 204</td>
<td>Drowning 302</td>
<td>MV Traffic 286</td>
<td>MV Traffic 386</td>
<td>MV Traffic 2,137</td>
<td>MV Traffic 2,923</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 152</td>
<td>MV Traffic 272</td>
<td>Homicide 64</td>
<td>Homicide 167</td>
<td>Homicide 2,015</td>
<td>Homicide 2,517</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic 64</td>
<td>Homicide 189</td>
<td>Drowning 52</td>
<td>Suicide 91</td>
<td>Suicide 699</td>
<td>Suicide 1,269</td>
</tr>
<tr>
<td>4</td>
<td>Undetermined Unspecified 30</td>
<td>Pedestrian Other 83</td>
<td>Fire/Burn 26</td>
<td>Drowning 48</td>
<td>Poisoning 254</td>
<td>Poisoning 743</td>
</tr>
<tr>
<td>5</td>
<td>Drowning 28</td>
<td>Suffocation 55</td>
<td>Suffocation 15</td>
<td>Suffocation 28</td>
<td>Drowning 125</td>
<td>Drowning 155</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.

Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, California 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 Fall 484</td>
<td>Unintentional Fall 1,819</td>
<td>Unintentional Fall 1,757</td>
<td>Unintentional MVT 1,254</td>
<td>Unintentional MVT 2,385</td>
<td>Unintentional MVT 3,403</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC 386</td>
<td>Unspecified 753</td>
<td>Unspecified 540</td>
<td>Unspecified 737</td>
<td>Self-Inflicted 2,122</td>
<td>Assault 2,439</td>
</tr>
<tr>
<td>3</td>
<td>Unspecified 201</td>
<td>Unintentional Other Specified, NEC 593</td>
<td>Unintentional MVT 503</td>
<td>Unintentional MVT 605</td>
<td>Assault 2,087</td>
<td>Self-Inflicted 1,845</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Suffocation 161</td>
<td>Unintentional Poisoning 547</td>
<td>Unintentional Other Specified, NEC 284</td>
<td>Unintentional Struck By/Against 435</td>
<td>Unintentional Fall 1,551</td>
<td>Unintentional Fall 1,611</td>
</tr>
<tr>
<td>5</td>
<td>Assault 156</td>
<td>Unintentional Fire/Burn 513</td>
<td>Unintentional Struck By/Against 226</td>
<td>Self-Inflicted 386</td>
<td>Unspecified 1,110</td>
<td>Unspecified 758</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSEN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calvert MD, January 2012. Incidence based on 2009 data from the state and obtained from the California 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, California and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
36% of children ages 0-14 involved in a motor vehicle fatality were occupants of the vehicle.

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.

Figure 2 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 3 Source: WISQARS Injury Mortality Reports, 2003-2007
In the state of California from 2004 to 2008, the rate of motor vehicle crash-involved fatalities for males age 15-19 was 106 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:

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 6 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
47% of youth ages 15-19 completed suicide by using suffocation.

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: California does not have YRBS data.

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007
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.
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:
California does not have any injury-related State Performance Measures.

Priority Needs:
California has the following injury-related priority needs:

- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy.
- Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies.

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

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