



California 2012 State Fact Sheet

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

Age Groups						
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](#).

Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, California, 2004-2008

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Suffocation 204	Drowning 302	MV Traffic 286	MV Traffic 386	MV Traffic 2,137	MV Traffic 2,923
2	Homicide 152	MV Traffic 272	Homicide 64	Homicide 167	Homicide 2,015	Homicide 2,517
3	MV Traffic 64	Homicide 189	Drowning 52	Suicide 91	Suicide 699	Suicide 1,269
4	Undetermined Unspecified 30	Pedestrian Other 83	Fire/Burn 26	Drowning 48	Poisoning 254	Poisoning 743
5	Drowning 28	Suffocation 55	Suffocation 15	Suffocation 28	Drowning 125	Drowning 155

Note. All mechanisms of suicide and homicide were combined according to intent. Each listed mechanism is unintentional except those otherwise noted.

Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 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 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, California Residents, 2009

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Unintentional Fall 484	Unintentional Fall 1,819	Unintentional Fall 1,757	Unintentional Fall 1,254	Unintentional MVT 2,385	Unintentional MVT 3,403
2	Unintentional Other Specified, NEC 386	Unspecified 753	Unspecified 540	Unspecified 737	Self-Inflicted 2,122	Assault 2,439
3	Unspecified 201	Unintentional Other Specified, NEC 593	Unintentional MVT 503	Unintentional MVT 605	Assault 2,087	Self-Inflicted 1,845
4	Unintentional Suffocation 161	Unintentional Poisoning 547	Unintentional Other Specified, NEC 284	Unintentional Struck By/Against 435	Unintentional Fall 1,551	Unintentional Fall 1,611
5	Assault 156	Unintentional Fire/Burn 513	Unintentional Struck By/Against 226	Self-Inflicted 386	Unspecified 1,110	Unspecified 753

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, 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:

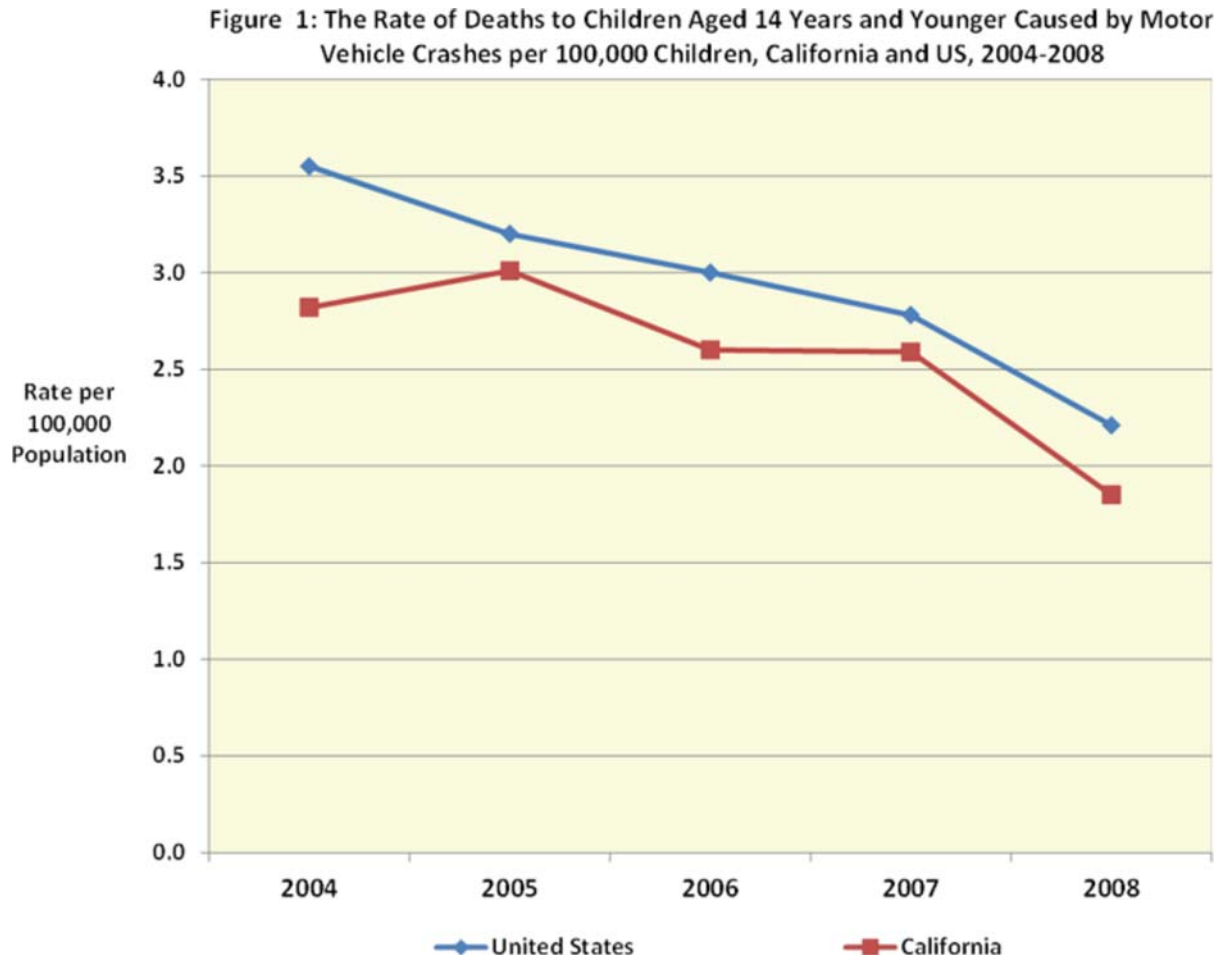
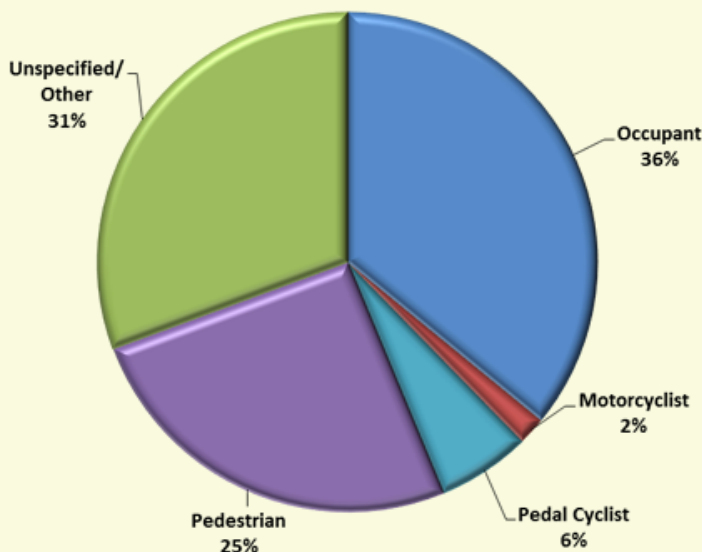


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



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

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: Motor Vehicle Traffic Fatality Rates by Race among Children and Youths Aged 0-24 for California, 2003-2007

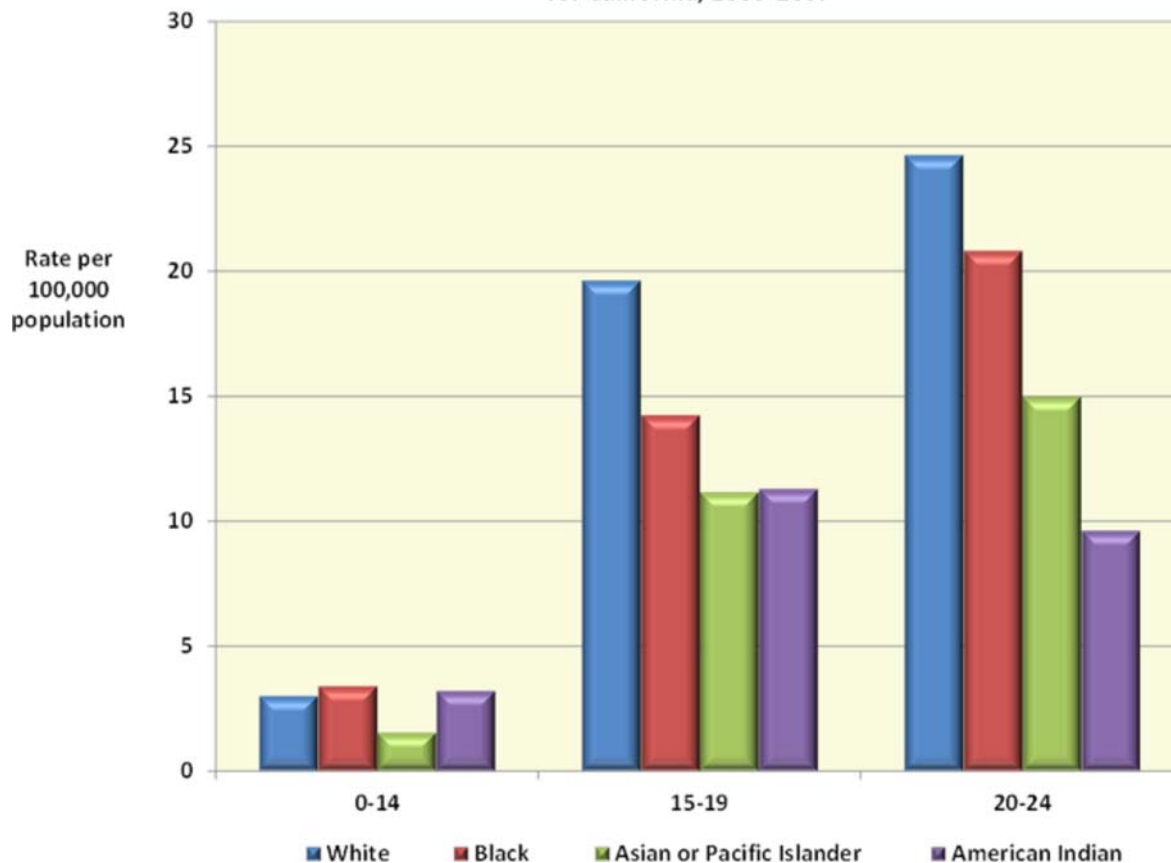
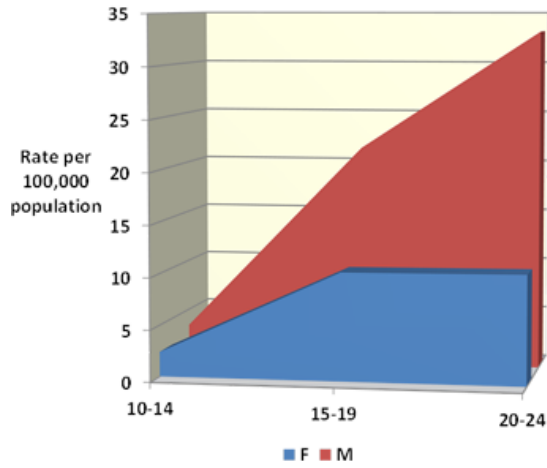


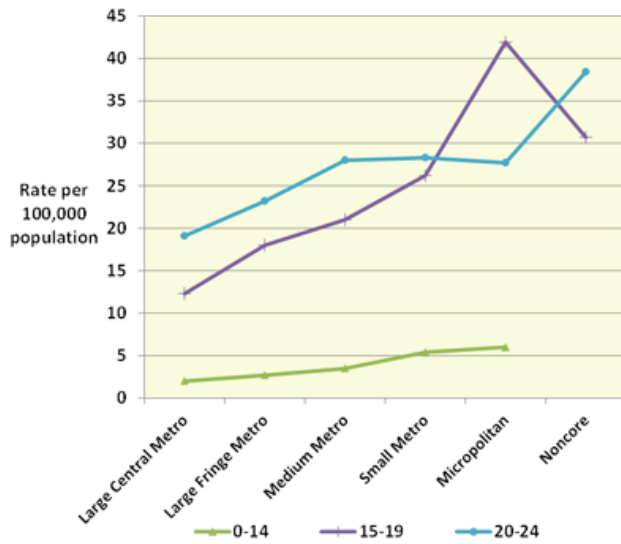
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for California, 2004-2008



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 5: Motor Vehicle Traffic Fatality Rates by Urbanicity among Children and Youths Aged 0-24 for California, 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 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: The Rate (per 100,000) of Suicide Deaths among Youths Aged 15 to 19, California and US, 2004-2008

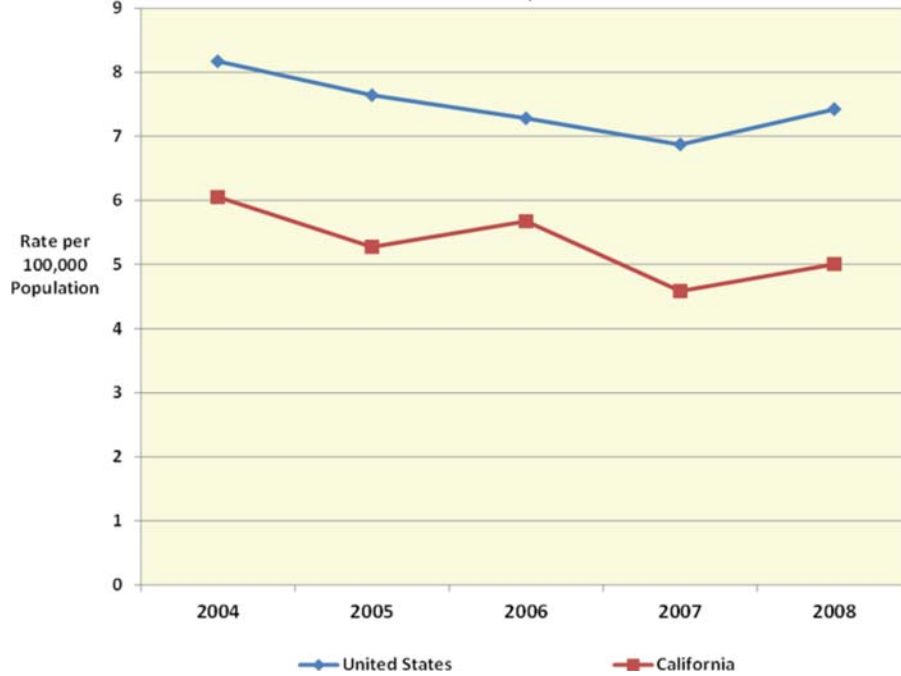
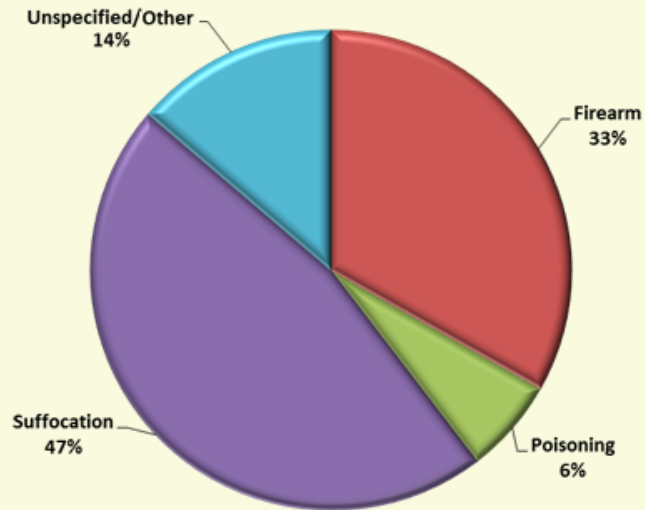


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, California, 2004-2008

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.

Figure 7 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figures 8 & 9: California does not have YRBS data.

Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, California, 2003-2007

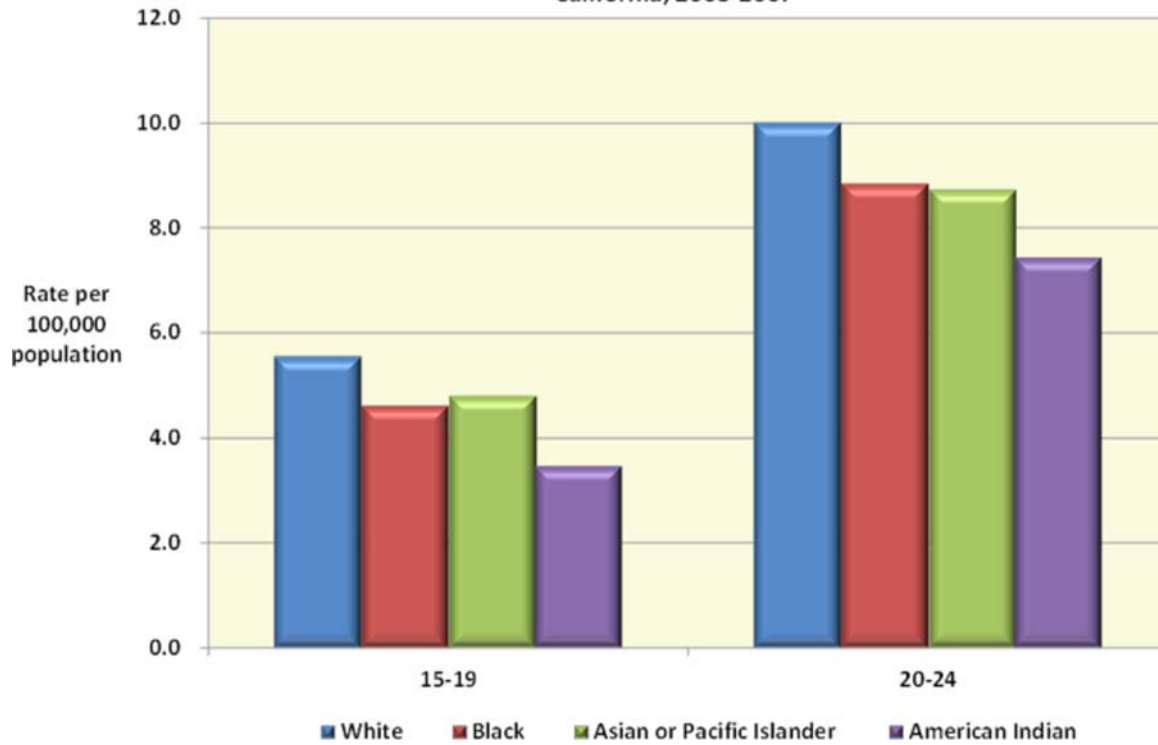
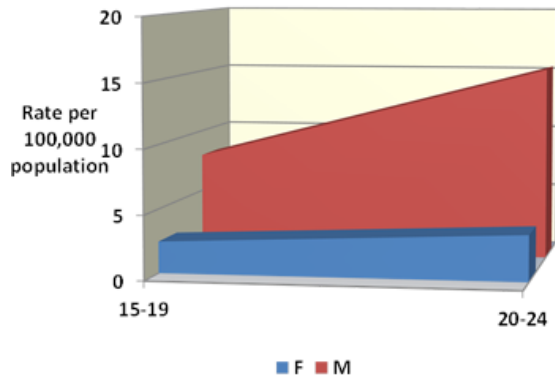


Figure 10 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

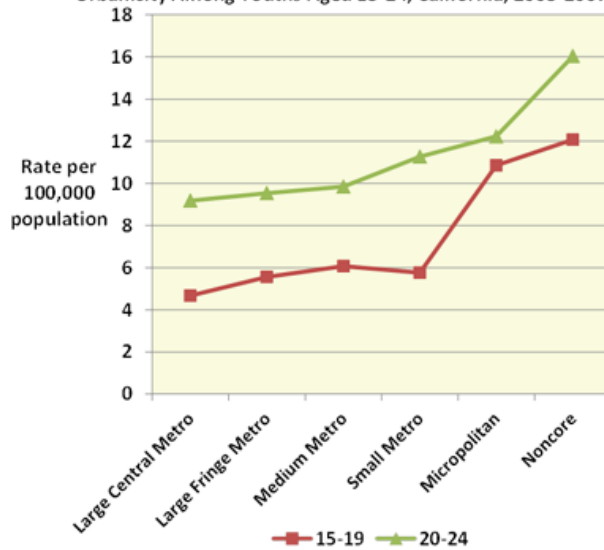
Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, California, 2004-2008



In the state of California from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.3 times higher than for females age 15-19.

Figure 11 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, California, 2003-2007



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 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.

Figure 13: Nonfatal Injury Health Status Indicators, California 2005-2010

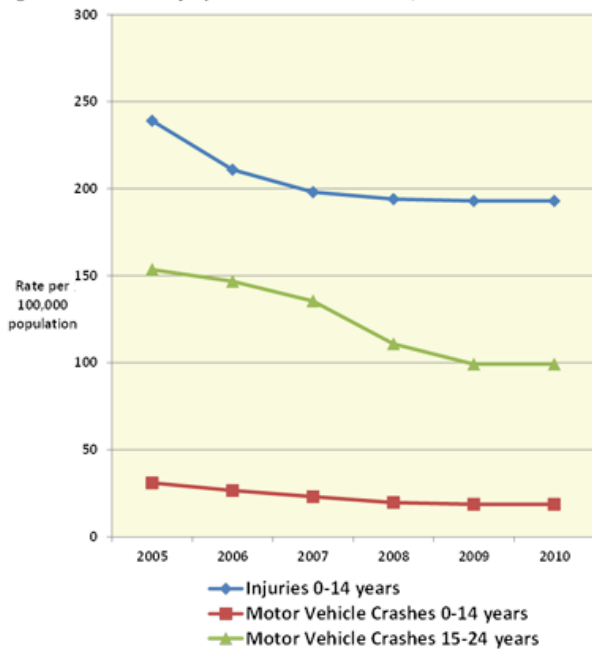
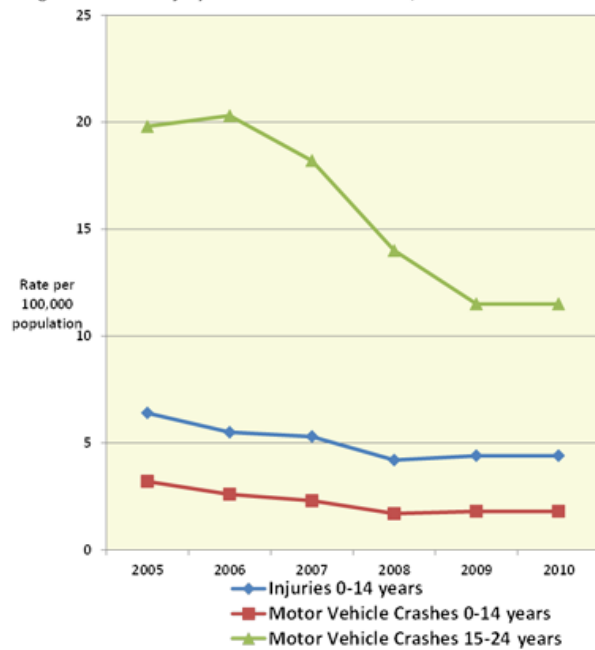


Figure 14: Fatal Injury Health Status Indicators, California 2005-2010



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:

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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CSN's website: <http://www.ChildrensSafetyNetwork.org>

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CSN on Twitter: <http://www.twitter.com/childrenssafety>

Register for the CSN newsletter: <http://go.edc.org/csn-newsletter>

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

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