Colorado 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, Colorado, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</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>Congenital Anomalies</td>
<td>485</td>
<td>Unintentional Injury</td>
<td>93</td>
<td>Unintentional Injury</td>
<td>64</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation</td>
<td>365</td>
<td>Homicide</td>
<td>43</td>
<td>Malignant Neoplasms</td>
<td>37</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>SIDS</td>
<td>210</td>
<td>Malignant Neoplasms</td>
<td>34</td>
<td>Congenital Anomalies</td>
<td>19</td>
<td>Suicide</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>147</td>
<td>Congenital Anomalies</td>
<td>31</td>
<td>Heart Disease</td>
<td>11</td>
<td>Homicide</td>
</tr>
<tr>
<td>5</td>
<td>Placenta Cord Membranes</td>
<td>116</td>
<td>Heart Disease</td>
<td>15</td>
<td>Homicide ****</td>
<td></td>
<td>Congenital Anomalies</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, Colorado, 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 42</td>
<td>Homicide 43</td>
<td>MV Traffic 39</td>
<td>MV Traffic 44</td>
<td>MV Traffic 340</td>
<td>MV Traffic 397</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 32</td>
<td>MV Traffic 36</td>
<td>Homicide 24</td>
<td>Suicide 34</td>
<td>Suicide 216</td>
<td>Suicide 335</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic 14</td>
<td>Drowning 17</td>
<td>Drowning 24</td>
<td>Homicide 12</td>
<td>Homicide 91</td>
<td>Poisoning 152</td>
</tr>
<tr>
<td>4</td>
<td>Drowning 24</td>
<td>Suffocation 12</td>
<td>Natural/Environment 24</td>
<td>Undet. Poisoning 24</td>
<td>Drowning 10</td>
<td>Poisoning 60</td>
</tr>
<tr>
<td>5</td>
<td>Fire/Burn 24</td>
<td>Pedestrian Other 24</td>
<td>Fall 24</td>
<td>Other Land Transport 24</td>
<td>Drowning 24</td>
<td>Fall 24</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, Colorado Residents, 2009.**

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
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<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Other Specified, NEC 44</td>
<td>Unintentional Fall 110</td>
<td>Unintentional Fall 126</td>
<td>Unintentional Fall 129</td>
<td>Self-Inflicted 372</td>
<td>Unintentional MVT 443</td>
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<tr>
<td>2</td>
<td>Unintentional Fall 34</td>
<td>Unintentional Poisoning 50</td>
<td>Unintentional MVT 50</td>
<td>Self-Inflicted 88</td>
<td>Unintentional MVT 334</td>
<td>Self-Inflicted 395</td>
</tr>
<tr>
<td>3</td>
<td>Assault 31</td>
<td>Unintentional Bites &amp; Stings 48</td>
<td>Unintentional Struck By/Against 32</td>
<td>Unintentional MVT 83</td>
<td>Unintentional Fall 228</td>
<td>Unintentional Fall 308</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Suffocation 30</td>
<td>Unintentional Other Specified, NEC 42</td>
<td>Unintentional Other Specified, NEC 31</td>
<td>Unintentional Struck By/Against 62</td>
<td>Assault 136</td>
<td>Assault 224</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Poisoning 30</td>
<td>Unintentional MVT 32</td>
<td>Unintentional Pedestrian Other 22</td>
<td>Unintentional Transport, Other 22</td>
<td>Unintentional Struck By/Against 91</td>
<td>Unintentional Poisoning 95</td>
</tr>
</tbody>
</table>

Note. MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. * = indicates that the cell value ranges from 1-10. Source: Children's Safety Network; Economics and Data Analysis Resource Center (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 Colorado 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 mishap/ventures, and/or who suffered non-acute injuries. All counts were based on the patient’s 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
29% of children ages 0-14 involved in a motor vehicle fatality were occupants.

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 pedalist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.
In the state of Colorado from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 44 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
50% 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. Self-inflicted Poisonings that were fewer than 10 and from years 2004-2008 were collapsed into this category.

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

Figure 8 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009

Figure 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, Colorado, 2003-2007

![Bar chart showing rates of completed suicides by race among youths aged 15-24 in Colorado, 2003-2007. The chart includes data for White, Black, Asian or Pacific Islander, and American Indian populations. 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, Colorado, 2004-2008

![Bar chart showing rates of completed suicides by gender among youths aged 15-24 in Colorado, 2004-2008. The chart includes data for males and females.]

In the state of Colorado from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.2 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, Colorado, 2003-2007

![Line graph showing rates of completed suicides by urbanicity among youths aged 15-24 in Colorado, 2003-2007. The graph includes data for various urban classifications such as Large Central Metro, Large Fringe Metro, Medium Metro, Small Metro, Metropolitan, and Noncore.]

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, as indicated by a dotted line.

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

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:
Colorado has the following injury-related State Performance Measure:
• To reduce the motor vehicle death rate for teens ages 15–19 years old.

Priority Needs:
Colorado has the following injury-related priority needs:
• Improve motor vehicle safety among all youth ages 15-19.
• Improve screening, referral and support for perinatal depression.

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 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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