Connecticut 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>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Cause</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Short Gestation</td>
<td>294</td>
</tr>
<tr>
<td>2</td>
<td>1-4</td>
<td>Unintentional Injury</td>
<td>39</td>
</tr>
<tr>
<td>3</td>
<td>5-9</td>
<td>Unintentional Injury</td>
<td>31</td>
</tr>
<tr>
<td>4</td>
<td>10-14</td>
<td>Unintentional Injury</td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td>15-19</td>
<td>Unintentional Injury</td>
<td>268</td>
</tr>
<tr>
<td>6</td>
<td>20-24</td>
<td>Unintentional Injury</td>
<td>464</td>
</tr>
</tbody>
</table>

Table 1 Source: WISQARS Leading Causes of Death Reports, 2004-2008.

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes. *For ages 5-9, three mechanisms were tied for the fifth through seventh ranking including Chronic Lower Respiratory Disease, Congenital Anomalies, and Septicemia. Each of these mechanisms had fewer than 10 deaths.
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, Connecticut, 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 12</td>
<td>Homicide ***</td>
<td>MV Traffic 12</td>
<td>MV Traffic 24</td>
<td>MV Traffic 173</td>
<td>MV Traffic 231</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 12</td>
<td>MV Traffic ***</td>
<td>Drowning ***</td>
<td>Suicide 19</td>
<td>Homicide 69</td>
<td>Poisoning 155</td>
</tr>
<tr>
<td>3</td>
<td>Poisoning ***</td>
<td>Unsuspected ***</td>
<td>Drowning ***</td>
<td>Fire/Burn ***</td>
<td>Poisoning ***</td>
<td>Drowning ***</td>
</tr>
<tr>
<td>4</td>
<td>Drowning ***</td>
<td>MV Traffic ***</td>
<td>Suffocation ***</td>
<td>Struck by/Against ***</td>
<td>Homicide ***</td>
<td>Poisoning 56</td>
</tr>
<tr>
<td>5</td>
<td>Other land transport ***</td>
<td>Pedestrian, other ***</td>
<td>Fall ***</td>
<td>Fire/Burn ***</td>
<td>Drowning 14</td>
<td>Drowning 17</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, Connecticut 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 67</td>
<td>Unintentional Fall 107</td>
<td>Unintentional Fall 121</td>
<td>Unintentional Fall 128</td>
<td>Self-Inflicted 248</td>
<td>Unintentional MVT 359</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC 47</td>
<td>Unintentional Poisoning 62</td>
<td>Unintentional MVT 20</td>
<td>Unintentional MVT 46</td>
<td>Unintentional MVT 217</td>
<td>Self-Inflicted 297</td>
</tr>
<tr>
<td>3</td>
<td>Assault 14</td>
<td>Unintentional Other Specified, NEC 33</td>
<td>Unintentional PCO 19</td>
<td>Unintentional OS, NEC 19</td>
<td>Self-Inflicted 43</td>
<td>Unintentional Fall 164</td>
</tr>
<tr>
<td>4</td>
<td>Undetermined Other Specified, NEC 13</td>
<td>Unintentional Fire/Burn 91</td>
<td>Unintentional Struck By/Against 16</td>
<td>Unintentional Pedal Cyclist, Other 35</td>
<td>Assault 130</td>
<td>Assault 153</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn 12</td>
<td>Unintentional Struck By/Against 16</td>
<td>Unintentional Transport, Other 11</td>
<td>Unintentional Other Specified, NEC 27</td>
<td>Unintentional Struck By/Against 68</td>
<td>Unintentional Poisoning 87</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable, PCO = Pedal Cyclist, Other, OS = Unspecified, SBI/SA = Struck By/Against. 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 Connecticut State Hospital 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, Connecticut and US, 2003-2007

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
22% of children ages 0-14 involved in a motor vehicle fatality were occupants of the vehicle, and 22% were pedestrians.

Note: Unspecified/Other primarily includes 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 Connecticut from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 2.2 times 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
65% 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

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

Data for Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt is not available.

Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
In the state of Connecticut from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 4.2 times higher than for females age 15-19.

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

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:
Connecticut does not have any injury-related State Performance Measures.

Priority Needs:
Connecticut has one injury-related priority need:
• Improve the health status of women, particularly related to 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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Need TA? Have Questions? E-mail: csninfo@edc.org

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