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, District of Columbia, 2004-2008**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>Causes</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>Maternal Pregnancy Comp.</td>
<td>Homicide</td>
<td>106</td>
<td>Unintentional Injury 12</td>
<td>Homicide 11</td>
<td>Homicide 131</td>
<td>Homicide 179</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation</td>
<td>Malignant Neoplasms</td>
<td>74</td>
<td>Homicide</td>
<td>Unintentional Injury 26</td>
<td>Unintentional Injury 44</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Congenital Anomalies</td>
<td>Unintentional Injury</td>
<td>69</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Suicide 14</td>
</tr>
<tr>
<td>5</td>
<td>SIDS</td>
<td>Influenza &amp; Pneumonia</td>
<td>37</td>
<td>Septicemia</td>
<td>HIV</td>
<td>Heart Disease</td>
<td>HIV 12</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.
Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, District of Columbia, 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>Homicide  ****</td>
<td>Homicide  ****</td>
<td>Homicide  ****</td>
<td>Homicide 11</td>
<td>Homicide 131</td>
<td>Homicide 179</td>
</tr>
<tr>
<td>2</td>
<td>Suffocation  ****</td>
<td>Fire/Burn  ****</td>
<td>MV Traffic  ****</td>
<td>MV Traffic  ****</td>
<td>MV Traffic 15</td>
<td>MV Traffic 25</td>
</tr>
<tr>
<td>3</td>
<td>Fall  ****</td>
<td>Fall  ****</td>
<td>Pedestrian, other  ****</td>
<td>Suicide  ****</td>
<td>Unspecified  ****</td>
<td>Suicide 14</td>
</tr>
<tr>
<td>4</td>
<td>Fire/Burn  ****</td>
<td>Pedestrian, other  ****</td>
<td>Suffocation  ****</td>
<td>Fire/Burn  ****</td>
<td>Fall  ****</td>
<td>Suicide  ****</td>
</tr>
<tr>
<td>5</td>
<td>Poisoning  ****</td>
<td>Undetermined Suffocation  ****</td>
<td>Firearm  ****</td>
<td>Legal/Military  ****</td>
<td>Poisoning  ****</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 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2004-2008.
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, District Of Columbia and US, 2003-2007

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
53% of children ages 0-14 involved in a motor vehicle fatality were pedestrians.

Note: Unspecified/Other primarily includes cases where a child fatality was coded as an unspecified motor-vehicle accident or a collision between specific motor vehicles, among others.

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

Figure 4: Within the District of Columbia, too few Motor Vehicle Traffic deaths occurred from 2004-2008 to make accurate comparisons by gender.
Figure 5: DC does not have urbanicity data.
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, District of Columbia and US, 2003-2007

Figure 7: Within the District of Columbia, too few Suicide deaths occurred from 2004-2008 to make accurate comparisons by means.

Figure 8: Percentage of High School Aged Children with Suicide Ideation, District of Columbia and US, 2003-2009

Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, District Of Columbia and US, 2003-2009

Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
Figure 11: Within the District of Columbia, too few completed Suicides occurred from 2004-2008 to make accurate comparisons by gender.

Figure 12: DC does not have urbanicity data.

**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:
The District of Columbia has two injury-related State Performance Measures:
• To reduce the rate of physical violence towards and by youth in DC.
• To reduce the prevalence of elevated blood lead among children less than 6 years of age.

Priority Needs:
The District of Columbia has two injury-related priority needs:
• Reduce intentional injuries among children and youth.
• Increase lead screening for children under six years of age.

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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EMSC Contact: Elva Anderson, eanderso@cnmc.org or Cynthia Lightfoot, clightfo@cnmc.org
CDR Coordinator: Tracie Martin, tracie.martin@dc.gov

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CSN’s website: http://www.ChildrensSafetyNetwork.org
CSN on Facebook: http://www.facebook.com/childrenssafetynetwork
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Register for the CSN newsletter: http://go.edc.org/csn-newsletter
Need TA? Have Questions? E-mail: csninfo@edc.org

CSN is funded by the Health Resources and Services Administration’s Maternal and Child Health Bureau (U.S. Department of Health and Human Services). A project of the Education Development Center, Inc.

January 2012