



## Delaware 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, Delaware 2004-2008

Age Groups							
Rank	<1	1 - 4		5 - 9	10 - 14	15-19	20-24
1	Short Gestation 118	Unintentional Injury 22		Unintentional Injury 13	Unintentional Injury ****	Unintentional Injury 94	Unintentional Injury 115
2	Congenital Anomalies 66	Malignant Neoplasms ****		Malignant Neoplasms ****	Heart Disease ****	Homicide 34	Homicide 52
3	Maternal Pregnancy Comp. 43	Congenital Anomalies ****		Congenital Anomalies ****	Malignant Neoplasms ****	Suicide 19	Suicide 31
4	SIDS 43	Heart Disease ****		Cerebro-vascular ****	Homicide ****	Malignant Neoplasms 10	Malignant Neoplasms 12
5	Placenta Cord Membranes 26	Cerebro-vascular ****	Influenza & Pneumonia ****	Homicide ****	Suicide ****	Heart Disease ****	Septicemia ****
							Heart Disease 10

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, Delaware, 2004-2008

Age Groups									
Rank	<1		1 - 4		5 - 9	10 - 14	15-19	20-24	
1	Suffocation ****		MV Traffic 10		MV Traffic ****	MV Traffic ****	MV Traffic 75	MV Traffic 74	
2	Homicide ****		Drowning ****	Fire/Burn ****	Drowning ****	Homicide ****	Homicide 34	Homicide 52	
3	Drowning ****	MV Traffic ****	Homicide ****		Three Tied* ****	Suicide ****	Suicide 19	Poisoning 31	Suicide 31
4	Pedestrian, other ****		Fall ****		Pedestrian, Other ****	Fire/Burn ****	Poisoning ****	Undetermined Poisoning ****	
5	Undetermined Suffocation ****		Struck by/against ****		Other Land Transport ****	Other transport 8	Drowning ****	Other land transport ****	

Note. \*For ages 5-9, three mechanisms were tied for the third ranking including *Fire/burn*, *Suffocation* and *Homicide*. Each of these mechanisms had 10 or fewer cases. 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:

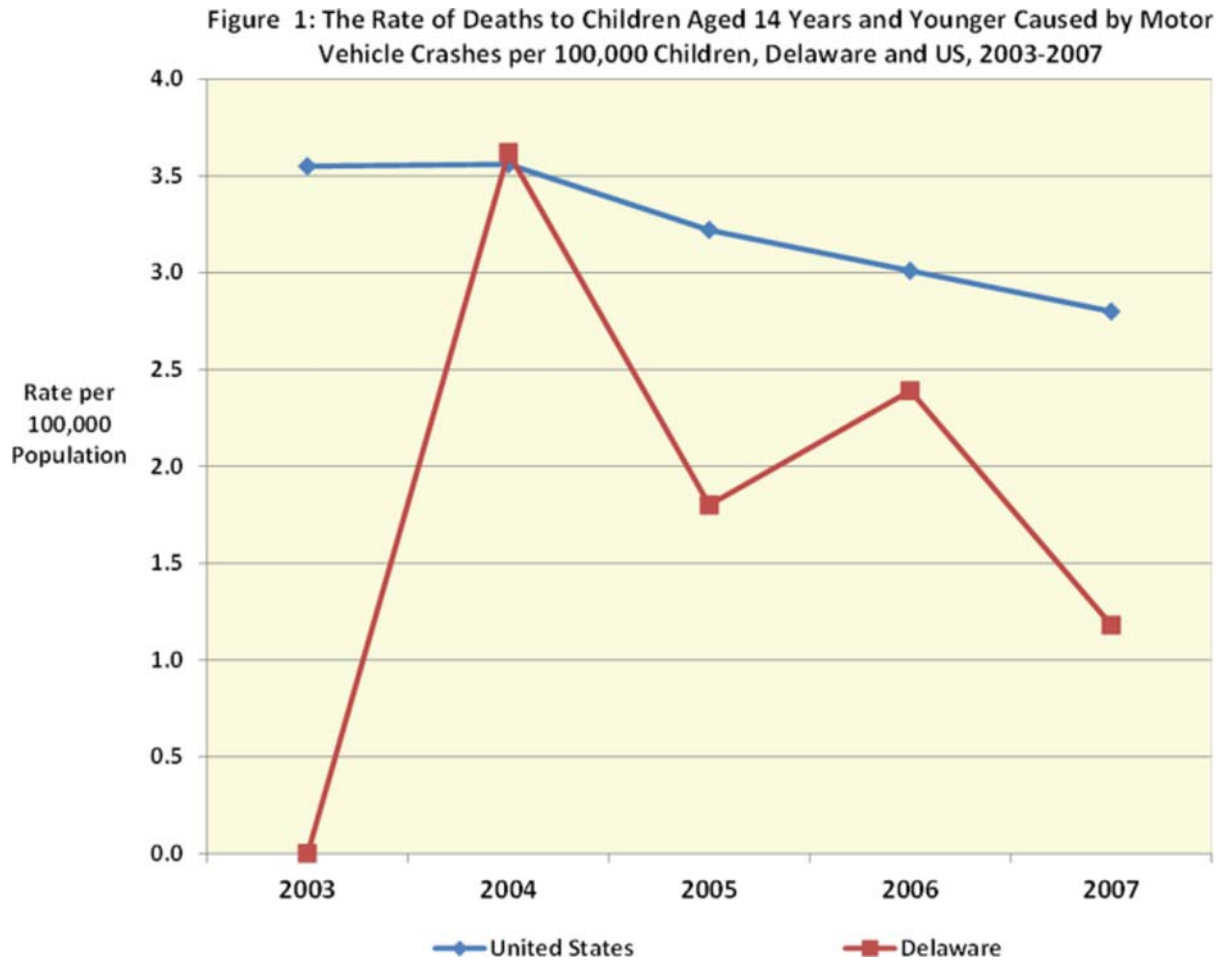
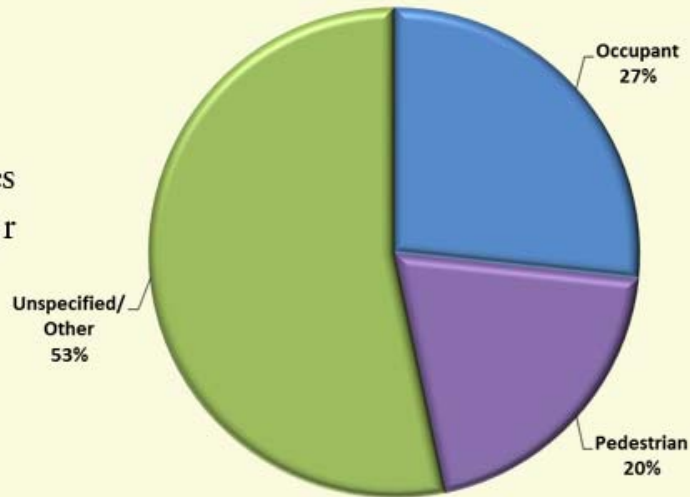


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for Delaware, 2003-2007

27% 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.

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 Delaware, 2003-2007

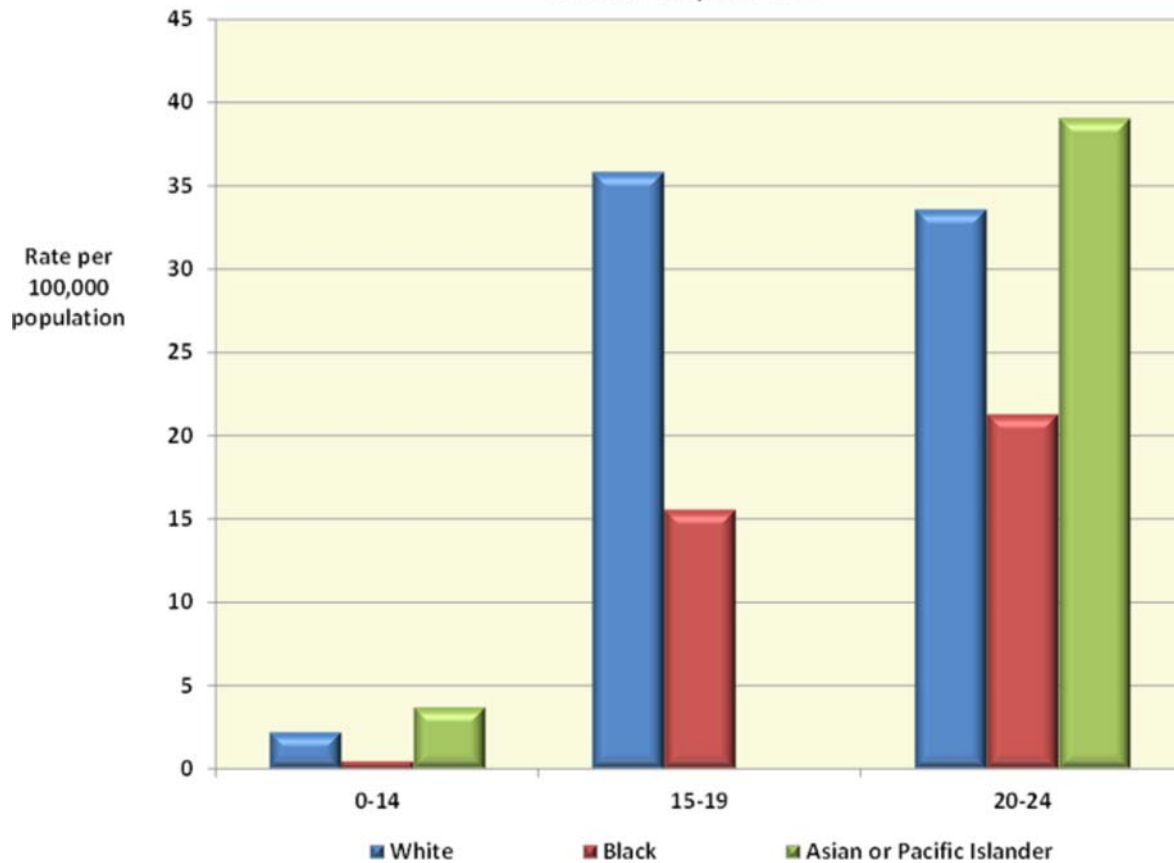
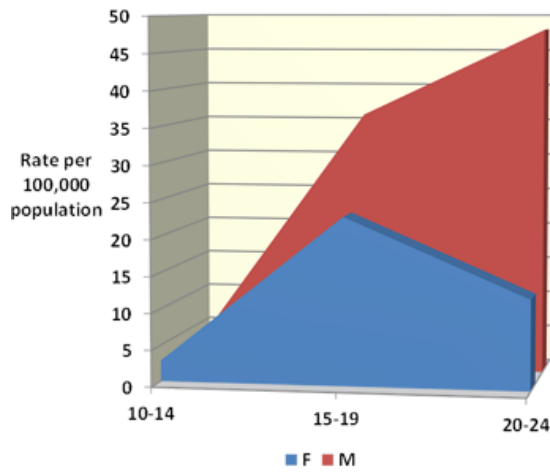


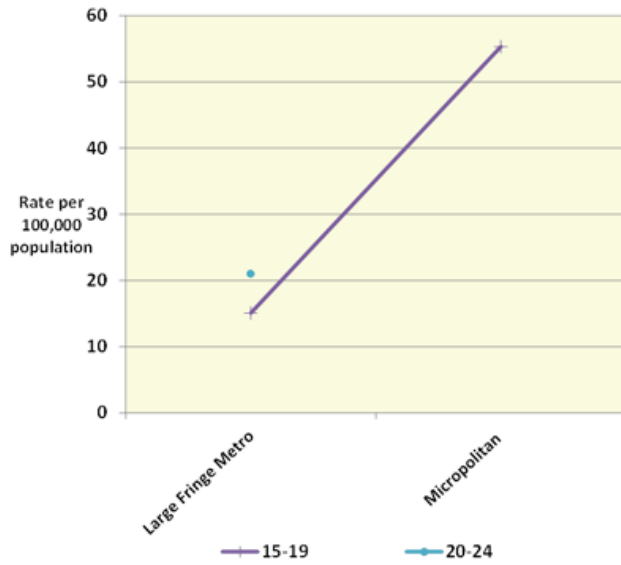
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Delaware, 2003-2007



In the state of Delaware from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 65 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 Delaware, 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, Delaware and US, 2003-2007

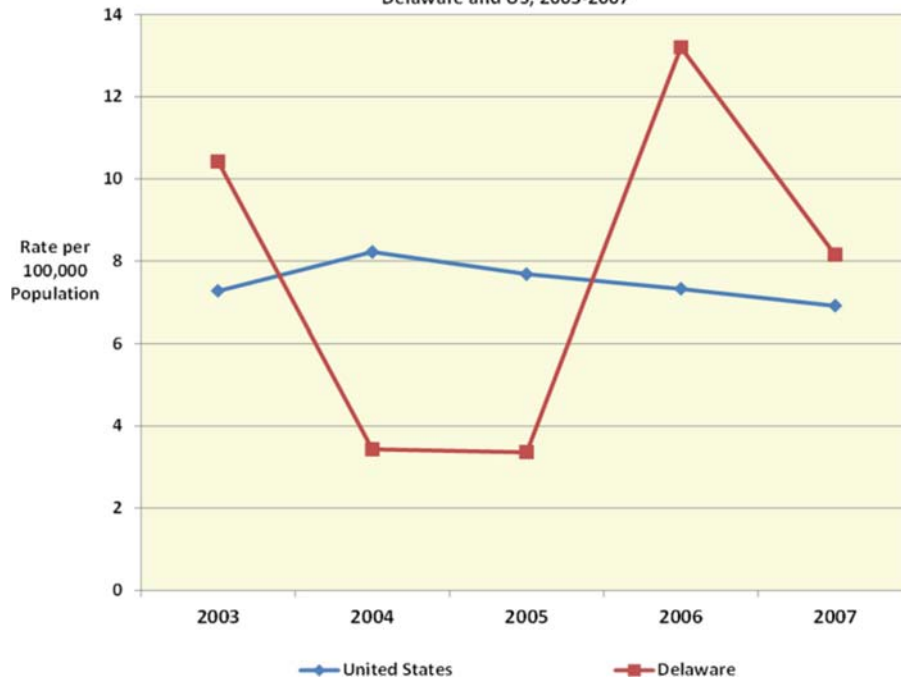
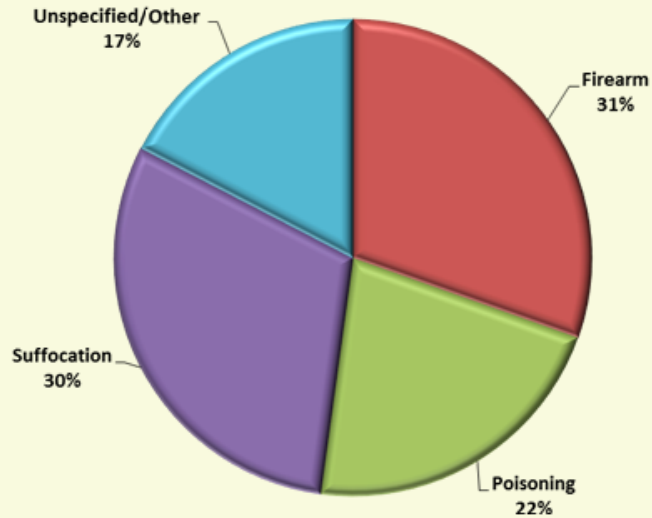


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, Delaware, 2003-2007

31% of youth ages 15-19 completed suicide by using a firearm.



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: Percentage of High School Aged Children with Suicide Ideation, Delaware and US, 2003-2009

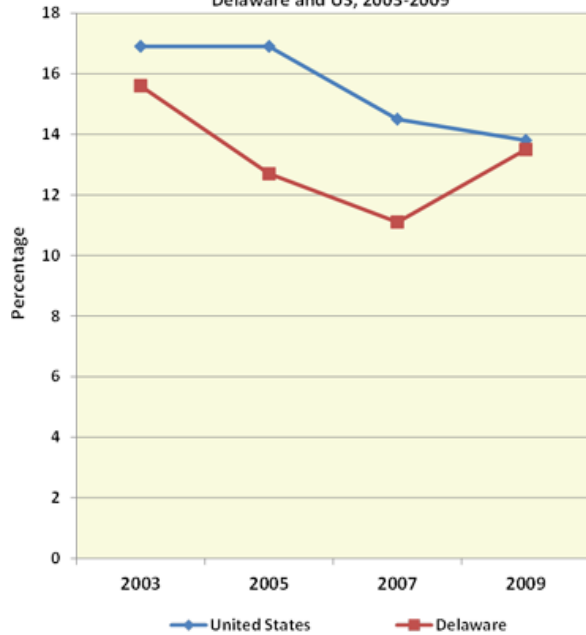
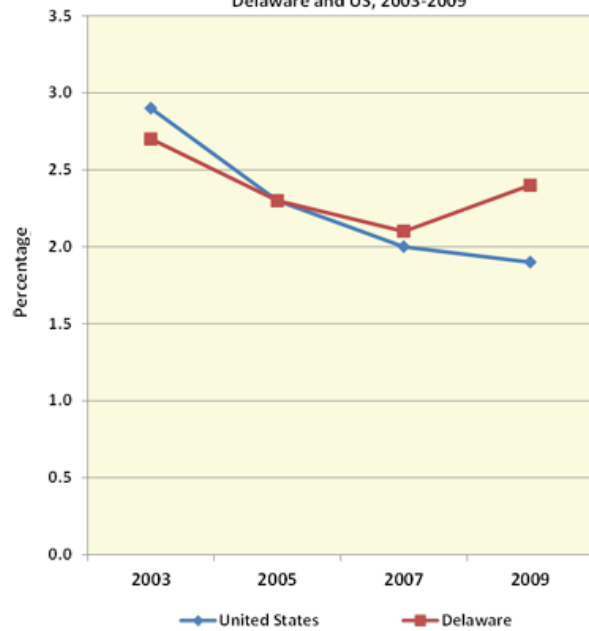
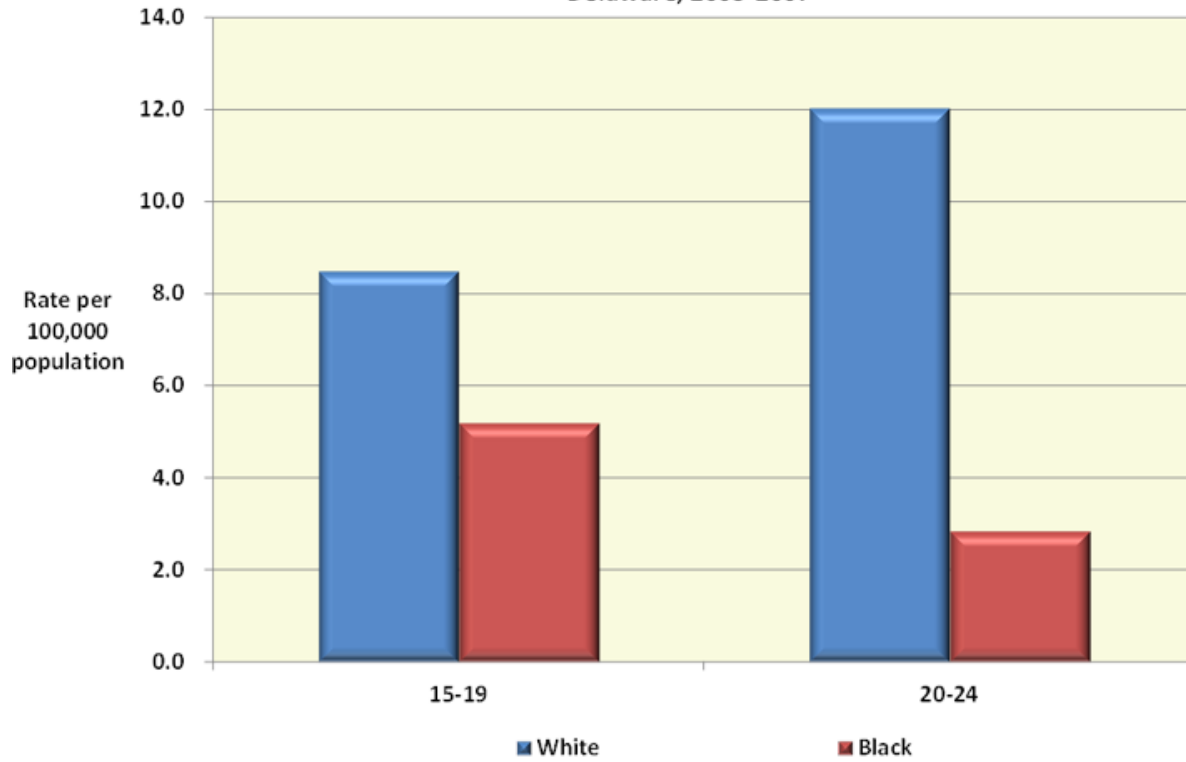


Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, Delaware and US, 2003-2009



Figures 8 & 9 Source: [Youth Online: High School Youth Risk Behavior Survey \(YRBS\), 2003-2009](#)

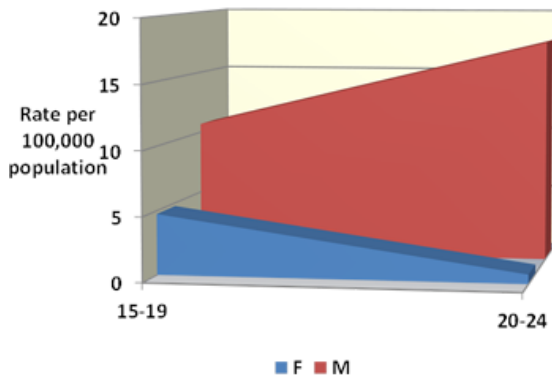
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Delaware, 2003-2007



Note: Rates based on two or fewer deaths were excluded.

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, Delaware, 2003-2007



Data for Figure 12:  
The Rate (per 100,000) of Completed Suicides by Urbanicity is not available.

In the state of Delaware from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.6 times higher than for females age 15-19.

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

Figure 13: Nonfatal Injury Health Status Indicators, Delaware 2008-2010

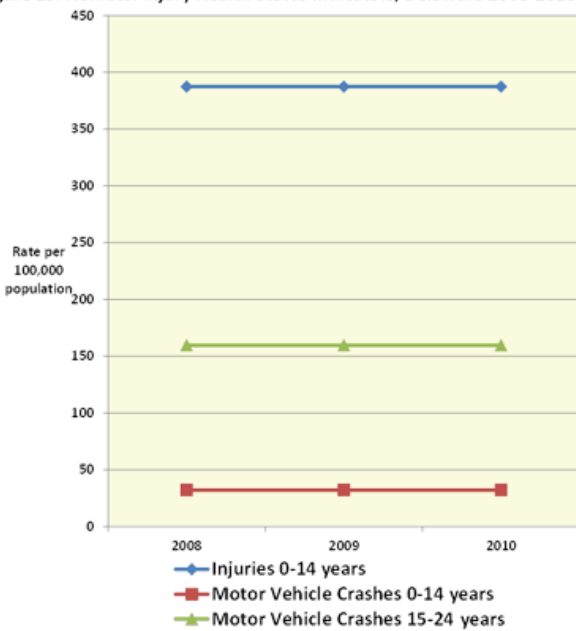
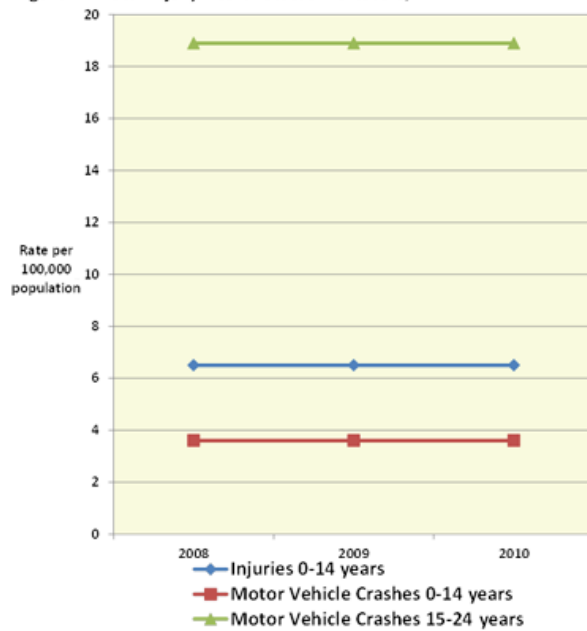


Figure 14: Fatal Injury Health Status Indicators, Delaware 2008-2010



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:

Delaware has the following injury-related State Performance Measure:

- To reduce the mortality rate among children and youth (0-21 years) due to unintentional injuries.

### Priority Needs:

Delaware has one injury-related priority need:

- The incidence of unintentional injury and the mortality rate among children and youth should be reduced.

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](mailto:csninfo@edc.org).

## State Contact Information

**MCH Director:** Alisa Olshefsky, [alisa.olshefsky@state.de.us](mailto:alisa.olshefsky@state.de.us)

**IVP Director:** MarySue Jones, [marysue.jones@state.de.us](mailto:marysue.jones@state.de.us)

**PRAMS Coordinator:** George Yocher, [george.yocher@state.de.us](mailto:george.yocher@state.de.us)

**EMSC Contact:** Raj Maskay, [raj.maskay@state.de.us](mailto:raj.maskay@state.de.us)

**CDR Coordinator:** Anne Pedrick, [anne.pedrick@state.de.us](mailto:anne.pedrick@state.de.us)

### Connect with the Children's Safety Network

43 Foundry Avenue Waltham, MA 02453-8313

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

CSN on Facebook: <http://www.facebook.com/childrenssafetynetwork>

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](mailto: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