Florida 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>&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 1,556</td>
<td>Unintentional Injury 660</td>
<td>Unintentional Injury 305</td>
<td>Unintentional Injury 340</td>
<td>Unintentional Injury 2,245</td>
<td>Unintentional Injury 3,607</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation 1,253</td>
<td>Congenital Anomalies 179</td>
<td>Malignant Neoplasms 127</td>
<td>Malignant Neoplasms 127</td>
<td>Homicide 595</td>
<td>Homicide 1,030</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 641</td>
<td>Malignant Neoplasms 114</td>
<td>Congenital Anomalies 51</td>
<td>Congenital Anomalies 65</td>
<td>Suicide 367</td>
<td>Suicide 710</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injury 538</td>
<td>Homicide 112</td>
<td>Homicide 41</td>
<td>Homicide 64</td>
<td>Malignant Neoplasms 193</td>
<td>Malignant Neoplasms 266</td>
</tr>
<tr>
<td>5</td>
<td>SIDS 427</td>
<td>Heart Disease 43</td>
<td>Heart Disease 22</td>
<td>Suicide 52</td>
<td>Heart Disease 90</td>
<td>Heart Disease 196</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 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Florida 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 375</td>
<td>Unintentional Fall 658</td>
<td>Unintentional Fall 698</td>
<td>Unintentional Fall 576</td>
<td>Unintentional MVT 1,416</td>
<td>Unintentional MVT 1,922</td>
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<tr>
<td>2</td>
<td>Unintentional Fall 296</td>
<td>Unintentional Poisoning 337</td>
<td>Unintentional MVT 248</td>
<td>Unintentional MVT 299</td>
<td>Self-inflicted 1,284</td>
<td>Self-inflicted 1,378</td>
</tr>
<tr>
<td>3</td>
<td>Assault 69</td>
<td>Unintentional Other Specified, NEC 313</td>
<td>Unintentional Other Specified, NEC 178</td>
<td>Self-inflicted 275</td>
<td>Assault 662</td>
<td>Assault 984</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Suffocation 51</td>
<td>Unintentional Bites &amp; Stings 283</td>
<td>Unintentional Bites &amp; Stings 155</td>
<td>Unintentional Other Specified, NEC 205</td>
<td>Unintentional Fall 610</td>
<td>Unintentional Fall 737</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn 46</td>
<td>Unintentional Fire/Burn 189</td>
<td>Unintentional Struck By/Against 107</td>
<td>Unintentional Struck By/Against 195</td>
<td>Unintentional Other Specified, NEC 336</td>
<td>Unintentional Poisoning 516</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDRAC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD. January 2012. Incidence based on 2003 data from the state and obtained from the Florida 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: The Rate of Deaths to Children Aged 14 Years and Younger Caused by Motor Vehicle Crashes per 100,000 Children, Florida and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
60% of children aged 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 the state of Florida from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 112 percent higher than for females age 15-19.

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 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
45% 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

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, Florida, 2003-2007

![Graph showing the rate of completed suicides by race among youths aged 15-24 in Florida from 2003 to 2007.](image)

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, Florida, 2004-2008

![Graph showing the rate of completed suicides by gender among youths aged 15-24 in Florida from 2004 to 2008.](image)

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

![Graph showing the rate of completed suicides by urbanicity among youths aged 15-24 in Florida from 2003 to 2007.](image)

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, Florida 2005-2010

Figure 14: Fatal Injury Health Status Indicators, Florida 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:
Florida has the following injury-related State Performance Measures:
• To increase the percentage of infants not bed sharing.
• To increase the percentage of infants back sleeping.

Priority Needs:
Florida has the following injury-related priority need:
• Promote safe and healthy infant sleep behaviors and environments.

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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EMSC Contact: Melia Jenkins, melia_jenkins@doh.state.fl.us or Melissa Keahey, melissa_keahey@doh.state.fl.us
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