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 341</td>
<td>Unintentional Injury 94</td>
<td>Unintentional Injury 48</td>
<td>Unintentional Injury 86</td>
<td>Unintentional Injury 328</td>
<td>Unintentional Injury 434</td>
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<tr>
<td>2</td>
<td>Short Gestation 237</td>
<td>Congenital Anomalies 36</td>
<td>Malignant Neoplasms 23</td>
<td>Malignant Neoplasms 25</td>
<td>Suicide 99</td>
<td>Suicide 181</td>
</tr>
<tr>
<td>3</td>
<td>SIDS 233</td>
<td>Malignant Neoplasms 17</td>
<td>Congenital Anomalies 10</td>
<td>Suicide 11</td>
<td>Homicide 69</td>
<td>Homicide 102</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp. 85</td>
<td>Homicide 15</td>
<td>Heart Disease ****</td>
<td>Congenital Anomalies ****</td>
<td>Malignant Neoplasms 31</td>
<td>Malignant Neoplasms 52</td>
</tr>
<tr>
<td>5</td>
<td>Placenta Cord Membranes 72</td>
<td>Influenza &amp; Pneumonia 12</td>
<td>Benign Neoplasms ****</td>
<td>Homicide ****</td>
<td>Heart Disease 23</td>
<td>Heart Disease 37</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, Kansas, 2004-2008

<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>Suffocation 40</td>
<td>Drowning 30</td>
<td>MV Traffic 24</td>
<td>MV Traffic 59</td>
<td>MV Traffic 261</td>
<td>MV Traffic 313</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 15</td>
<td>MV Traffic 29</td>
<td>Suffocation ****</td>
<td>Suicide 11</td>
<td>Suicide 99</td>
<td>Suicide 181</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic ****</td>
<td>Homicide 15</td>
<td>Other land transport ****</td>
<td>Homicide ****</td>
<td>Homicide 69</td>
<td>Homicide 102</td>
</tr>
<tr>
<td>4</td>
<td>Fall ****</td>
<td>Fire/Burn 10</td>
<td>Fire/Burn ****</td>
<td>Homicide ****</td>
<td>Poisoning 20</td>
<td>Poisoning 57</td>
</tr>
<tr>
<td>5</td>
<td>Drowning ****</td>
<td>Suffocation ****</td>
<td>Drowning ****</td>
<td>Drowning 12</td>
<td>Drowning 10</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 3. Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Kansas 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>Assault 43</td>
<td>Unintentional Fall 84</td>
<td>Unintentional Fall 67</td>
<td>Self-Inflicted 90</td>
<td>Self-Inflicted 352</td>
<td>Self-Inflicted 336</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Fall 37</td>
<td>Unintentional Poisoning 73</td>
<td>Unintentional MVT 28</td>
<td>Unintentional Fall 70</td>
<td>Unintentional MVT 243</td>
<td>Unintentional MVT 263</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Other Specified, NEC 28</td>
<td>Unintentional Fire/Burn 38</td>
<td>Unintentional Transport, Other 19</td>
<td>Unintentional MVT 37</td>
<td>Assault 80</td>
<td>Assault 115</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Poisoning 14</td>
<td>Unintentional Other Specified, NEC 22</td>
<td>Unintentional SB/A 16</td>
<td>Unintentional OS, NEC 16</td>
<td>Unintentional Transport, Other 27</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn *</td>
<td>Unintentional Bites &amp; Stings 16</td>
<td>Unintentional Bites &amp; Stings 13</td>
<td>Unintentional Struck By/Against 26</td>
<td>Unintentional Fall 68</td>
<td>Unintentional Poisoning 73</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. SB/A = Struck By/Against. OS = Other Specified. * = indicates that the cell value ranges from 1-10. 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 Kansas 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, Kansas and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
76% 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 pedal cyclist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.

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

Figure 3 Source: WISQARS Injury Mortality Reports, 2003-2007
In the state of Kansas from 2004 to 2008, the rate of motor vehicle crash-involved fatalities for males age 15-19 was 53 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, as indicated by a dotted line.

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
46% 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. Self-Inflicted Poisonings that were fewer than 10 and from years 2004-2008 were collapsed into this category.
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Kansas, 2003-2007

- White
- Black
- American Indian

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

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

In the state of Kansas from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 7.6 times higher than for females age 15-19.

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Kansas, 2004-2008

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, Kansas, 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

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

Priority Needs:
Kansas has the following injury-related priority need:
• Child and adolescent risk behaviors relating to alcohol, tobacco, and other drugs 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.

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CDR Coordinator: Angela Nordhus, angela.nordhus@ksag.org

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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