New Jersey 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 Groups</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>Short Gestation</td>
<td>590</td>
<td>Unintentional Injury 92</td>
<td>Unintentional Injury 71</td>
<td>Unintentional Injury 98</td>
<td>Unintentional Injury 552</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Anomalies</td>
<td>507</td>
<td>Congenital Anomalies 54</td>
<td>Malignant Neoplasms 43</td>
<td>Malignant Neoplasms 71</td>
<td>Homicide 263</td>
</tr>
<tr>
<td>3</td>
<td>SIDS</td>
<td>195</td>
<td>Malignant Neoplasms 50</td>
<td>Congenital Anomalies 23</td>
<td>Suicide 23</td>
<td>Suicide 122</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>177</td>
<td>Homicide 19</td>
<td>Homicide 15</td>
<td>Homicide 22</td>
<td>Malignant Neoplasms 106</td>
</tr>
<tr>
<td>5</td>
<td>Respiratory Distress</td>
<td>149</td>
<td>Heart Disease 17</td>
<td>Cerebrovascular Disease 19</td>
<td>Heart Disease 19</td>
<td>Heart Disease 41</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, New Jersey, 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 38</td>
<td>MV Traffic 24</td>
<td>MV Traffic 23</td>
<td>MV Traffic 58</td>
<td>MV Traffic 347</td>
<td>MV Traffic 445</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 37</td>
<td>Drowning 23</td>
<td>Fire/Burn 17</td>
<td>Suicide 23</td>
<td>Homicide 263</td>
<td>Homicide 412</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic ****</td>
<td>Unspecified ****</td>
<td>Homicide 19</td>
<td>Homicide 15</td>
<td>Homicide 22</td>
<td>Suicide 122</td>
</tr>
<tr>
<td>4</td>
<td>Drowning ****</td>
<td>Suffocation 16</td>
<td>Drowning 10</td>
<td>Poisoning 97</td>
<td>Suicide 222</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Natural/Environmental ****</td>
<td>Fire/Burn 14</td>
<td>Suffocation ****</td>
<td>Poisoning ****</td>
<td>Drowning 26</td>
<td>Drowning 28</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, New Jersey 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 140</td>
<td>Unintentional Fall 288</td>
<td>Unintentional Fall 303</td>
<td>Unintentional Fall 334</td>
<td>Self-Inflicted 544</td>
<td>Unintentional MVT 612</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC 92</td>
<td>Unintentional Poisoning 135</td>
<td>Unintentional MVT 97</td>
<td>Unintentional MVT 164</td>
<td>Unintentional MVT 529</td>
<td>Self-Inflicted 596</td>
</tr>
<tr>
<td>3</td>
<td>Unspecified 30</td>
<td>Unintentional Other Specified, NEC 108</td>
<td>Unintentional Other Specified, NEC 64</td>
<td>Unintentional Struck By/Against 122</td>
<td>Assault 352</td>
<td>Assault 476</td>
</tr>
<tr>
<td>4</td>
<td>Assault 26</td>
<td>Unintentional Bites &amp; Stings 94</td>
<td>Unintentional Bites &amp; Stings 57</td>
<td>Unintentional Pedal Cyclist, Other 85</td>
<td>Unintentional Fall 339</td>
<td>Unintentional Fall 393</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn 18</td>
<td>Unintentional Fire/Burn 67</td>
<td>Unintentional Struck By/Against 42</td>
<td>Self-Inflicted 83</td>
<td>Unintentional Struck By/Against 191</td>
<td>Unintentional Poisoning 166</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 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 New Jersey 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, New Jersey and US, 2004-2008](source)

*Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007*
42% 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 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 New Jersey from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 86 percent 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
58% 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.

Figures 8 & 9: New Jersey does not have YRBS data.

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

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

**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 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*

**Figure 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:

New Jersey has the following injury-related State Performance Measures:

• To increase the number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.
• To reduce the percentage of children with elevated blood lead levels (>=20 ug/dL).

Priority Needs:

New Jersey has the following injury-related priority need:

• Reduction of adolescent risk taking behaviors.

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

MCH Director: Lakota Kruse, lakota.kruse@doh.state.nj.us
IVP Director: Bretta Jacquemin, bretta.jacquemin@doh.state.nj.us
PRAMS Coordinator: Ingrid Morton, ingrid.morton@doh.state.nj.us
EMSC Contact: Eric Hicken, eric.hicken@doh.state.nj.us
CDR Coordinator: Lisa Kay Hartmann, lisa.hartmann@DCF.state.nj.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? Email: 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