



Nevada 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, Nevada, 2004-2008

| Age Groups | | | | | | |
|------------|--------------------------------|-------------------------------|------------------------------|----------------------------|-----------------------------|-----------------------------|
| Rank | <1 | 1 - 4 | 5 - 9 | 10 - 14 | 15-19 | 20-24 |
| 1 | Congenital Anomalies 257 | Unintentional Injury 89 | Unintentional Injury 32 | Unintentional Injury 75 | Unintentional Injury 276 | Unintentional Injury 424 |
| 2 | Short Gestation 111 | Congenital Anomalies 26 | Malignant Neoplasms 14 | Suicide 19 | Homicide 117 | Homicide 153 |
| 3 | Maternal Pregnancy Comp. 79 | Homicide 20 | Congenital Anomalies **** | Malignant Neoplasms 16 | Suicide 91 | Suicide 152 |
| 4 | Unintentional Injury 73 | Malignant Neoplasms 14 | Heart Disease **** | Congenital Anomalies 12 | Malignant Neoplasms 27 | Heart Disease 50 |
| 5 | SIDS 56 | Influenza & Pneumonia **** | Homicide **** | Homicide 12 | Heart Disease 13 | Malignant Neoplasms 31 |

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Nevada, 2004-2008

| Age Groups | | | | | | | |
|------------|--------------------|-------------------------------|-------------------|-------------------|---------------------|-------------------|------------------|
| Rank | <1 | 1 - 4 | 5 - 9 | 10 - 14 | 15-19 | 20-24 | |
| 1 | Suffocation 52 | Drowning 35 | MV Traffic 19 | MV Traffic 48 | MV Traffic 175 | MV Traffic 213 | |
| 2 | Homicide 25 | MV Traffic 22 | Drowning **** | Suicide 19 | Homicide 117 | Homicide 153 | |
| 3 | MV Traffic **** | Homicide 20 | Homicide **** | Homicide 12 | Suicide 91 | Suicide 152 | |
| 4 | Drowning **** | Pedestrian Other 11 | Fire/Burn **** | Poisoning **** | Suffocation **** | Poisoning 57 | Poisoning 137 |
| 5 | Fall **** | Struck by/ Against **** | Fall **** | Fall **** | Drowning 12 | Drowning 14 | |

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.

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, Nevada Residents, 2009

| Age Groups | | | | | | |
|------------|---|---|---|--|----------------------------------|----------------------------------|
| Rank | <1 | 1 - 4 | 5 - 9 | 10 - 14 | 15-19 | 20-24 |
| 1 | Unintentional Fall 41 | Unintentional Fall 83 | Unintentional Fall 76 | Unintentional Fall 55 | Self-Inflicted 157 | Unintentional MVT 178 |
| 2 | Unintentional Other Specified, NEC 30 | Unintentional Poisoning 49 | Unintentional MVT 29 | Unintentional MVT 48 | Unintentional MVT 122 | Self-Inflicted 126 |
| 3 | Three Tied** * | Unintentional Other Specified, NEC 33 | Unintentional Struck By/Against 20 | Unintentional Transport, Other 25 | Assault 91 | Assault 97 |
| 4 | Unintentional Suffocation * | Unintentional Fire/Burn 29 | Unintentional Bites & Stings 19 | Unintentional Struck By/Against 23 | Unintentional Fall 70 | Unintentional Fall 96 |
| 5 | Unintentional Poisoning * | Unintentional Drowning/Submersion 27 | Unintentional Pedal Cyclist, Other 11 | Self-Inflicted 22 | Unintentional Poisoning 51 | Unintentional Poisoning 71 |

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. * = indicates that the cell value ranges from 1-10 and is suppressed for data confidentiality purposes. **Three mechanisms were tied for the third ranking among infants younger than 1 including *Assault*, *Unintentional Fire/Burn*, and *Unspecified*. 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 Nevada 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:

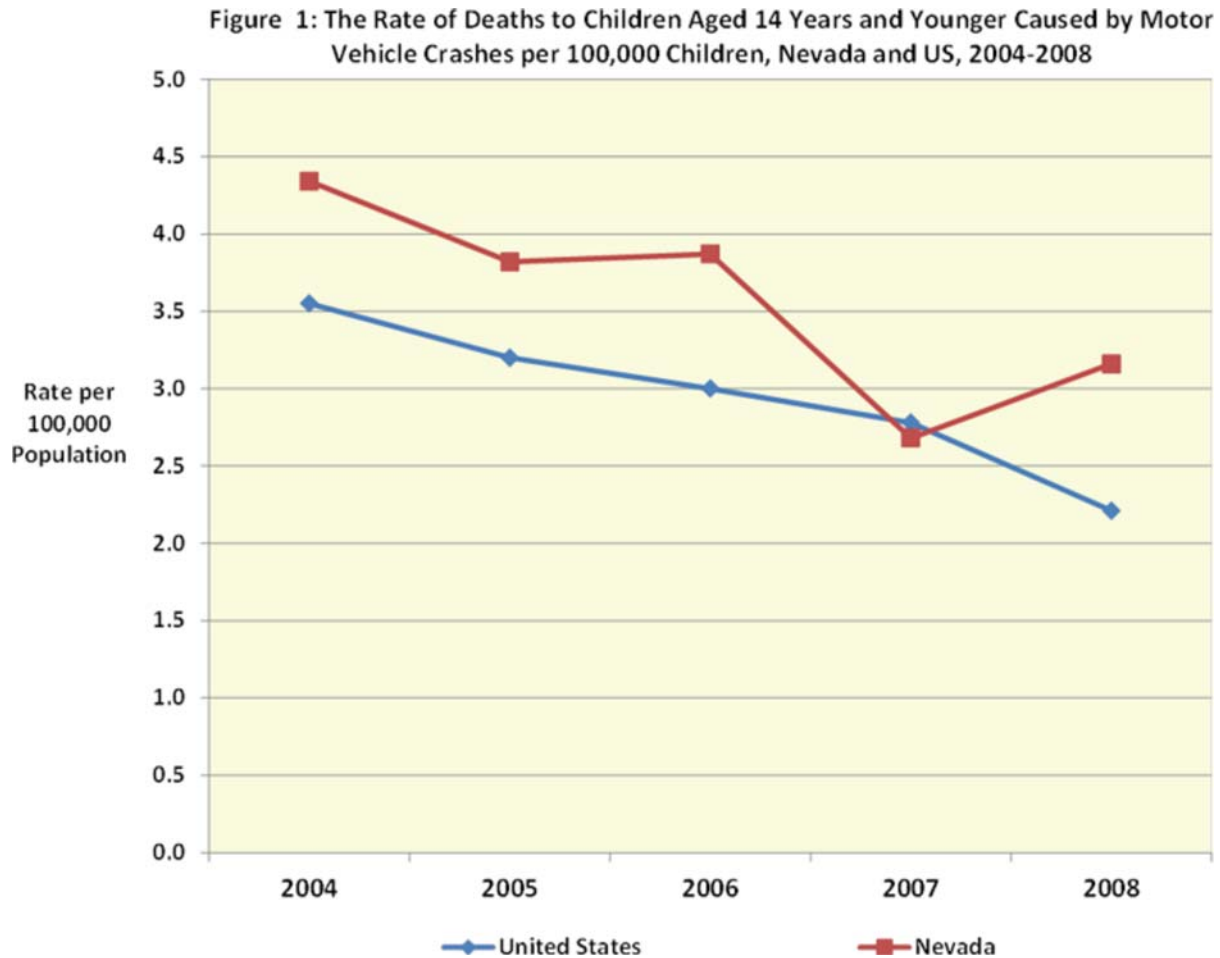
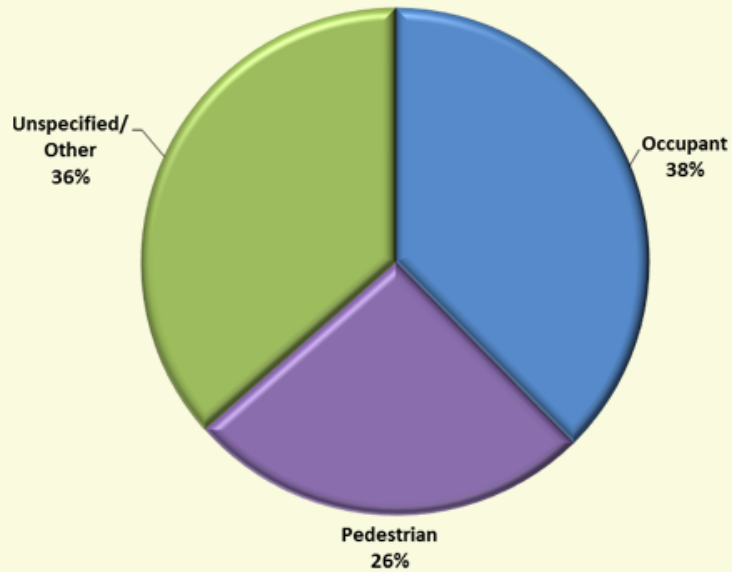


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for Nevada, 2004-2008

38% 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: Motor Vehicle Traffic Fatality Rates by Race among Children and Youths Aged 0-24 for Nevada, 2003-2007

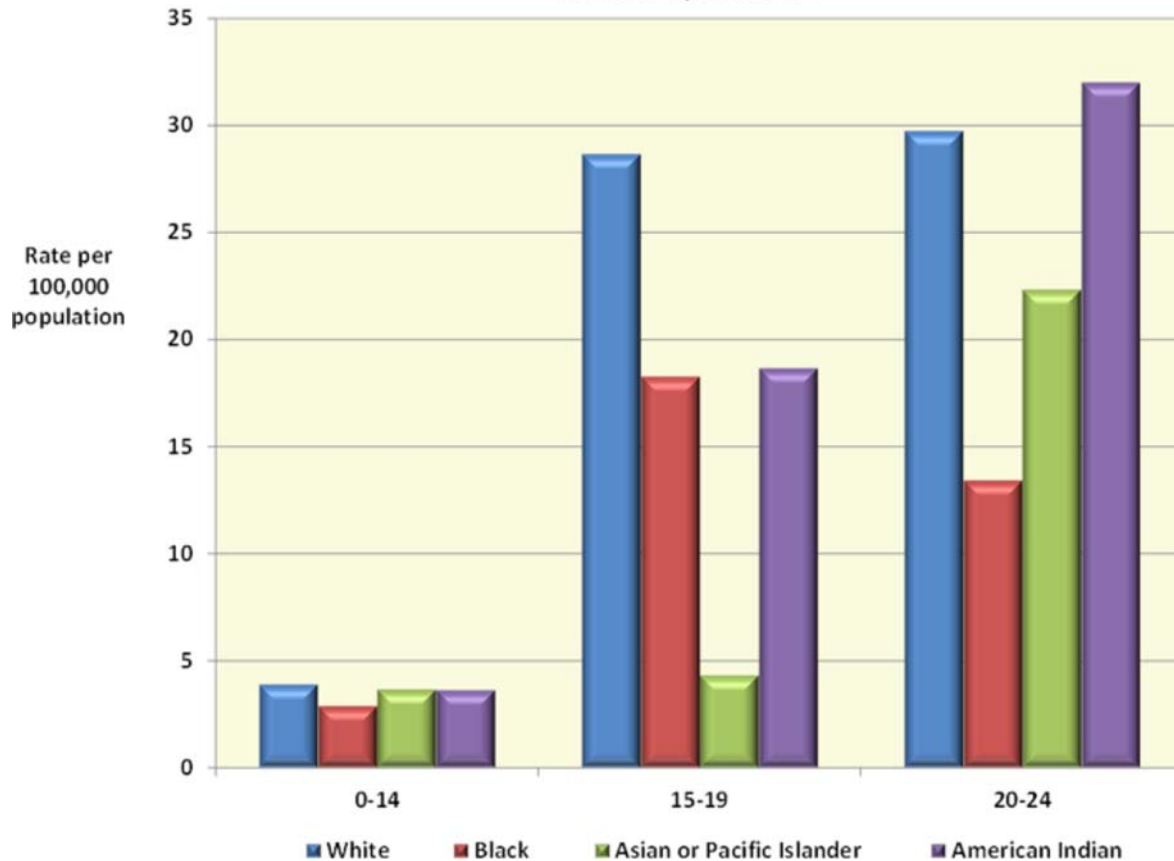
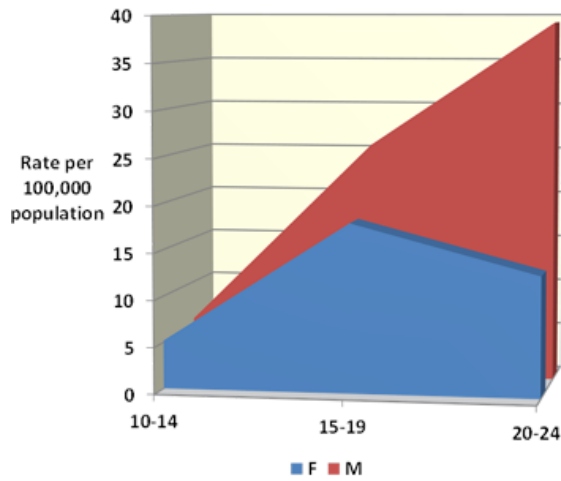


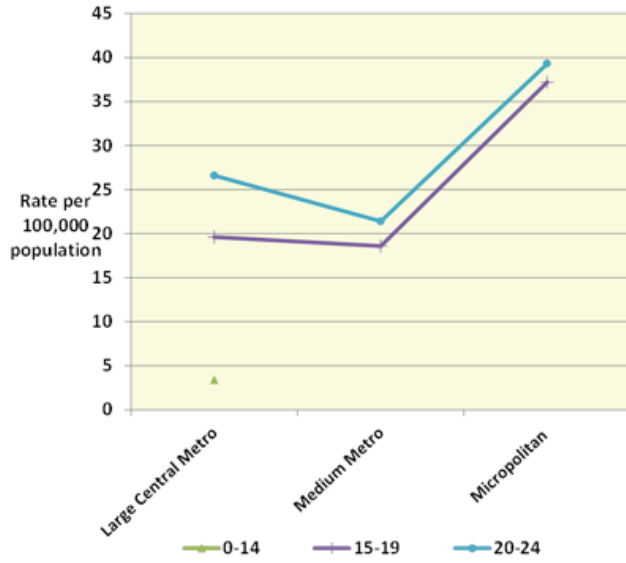
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Nevada, 2004-2008



In the state of Nevada from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 41 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 Nevada, 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, Nevada and US, 2004-2008

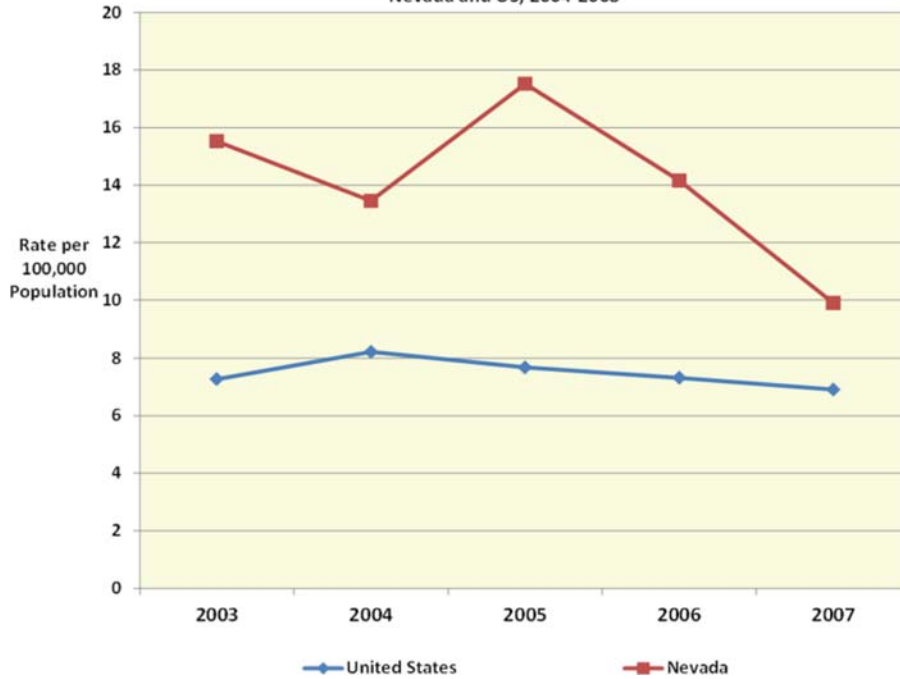
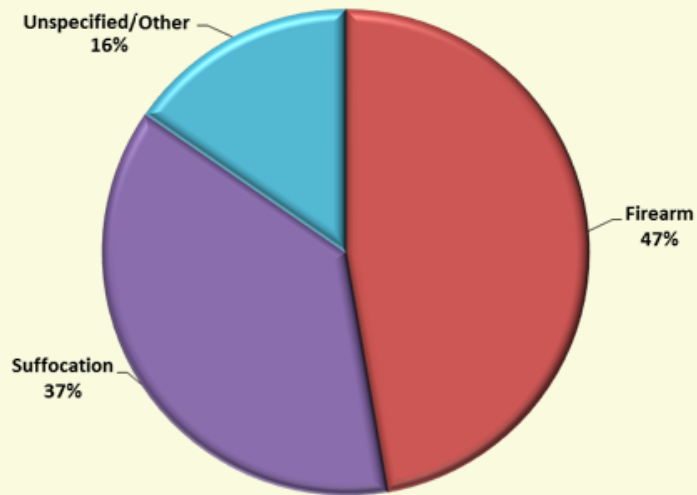


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, Nevada, 2004-2008

47% 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 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, Nevada and US, 2003-2009

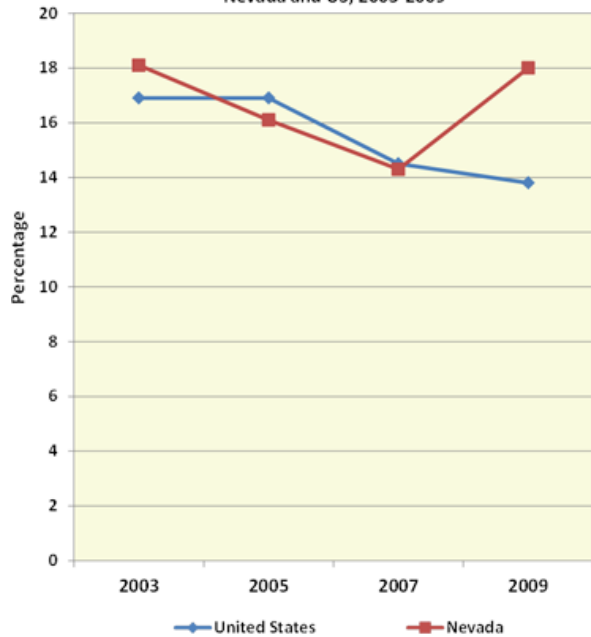
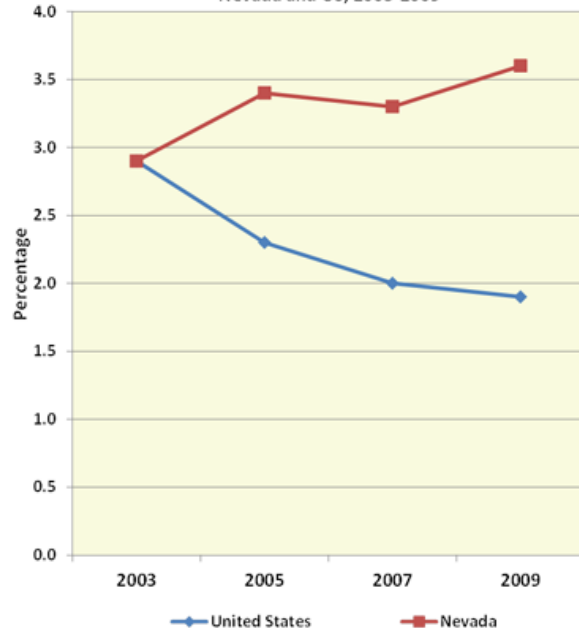


Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, Nevada and US, 2003-2009



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, Nevada, 2003-2007

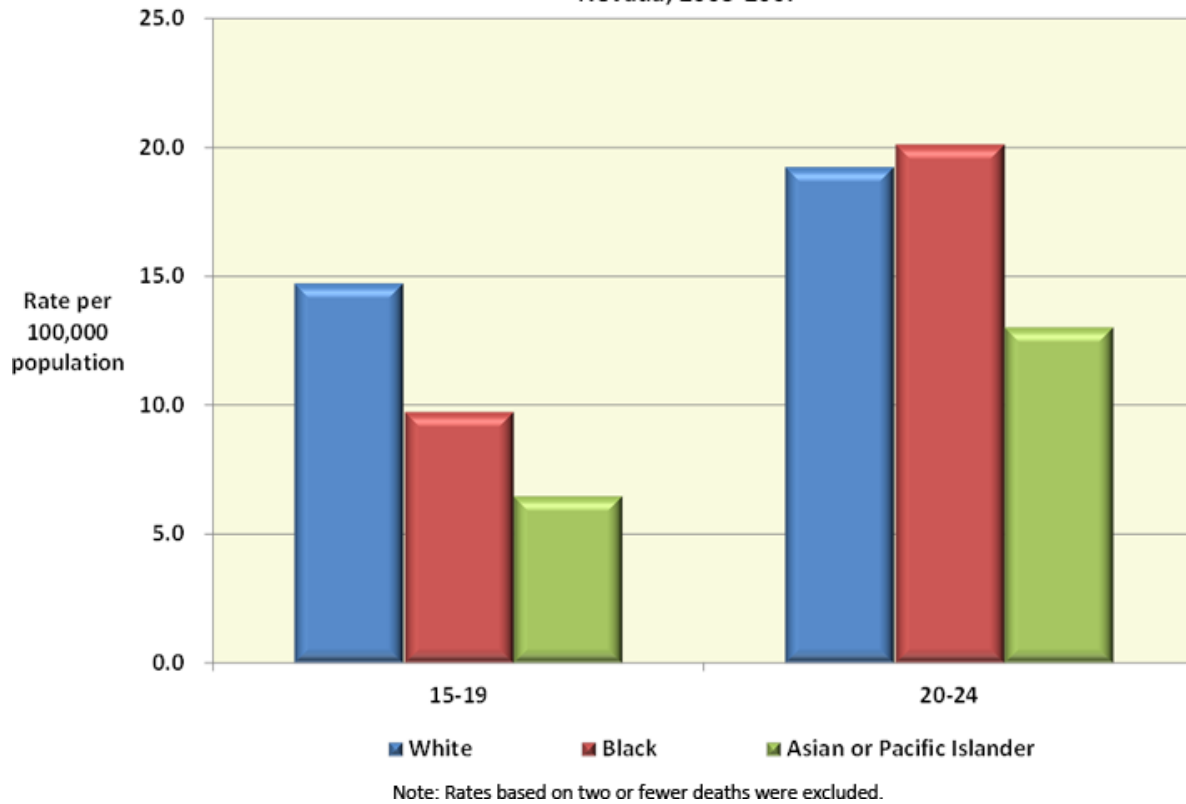
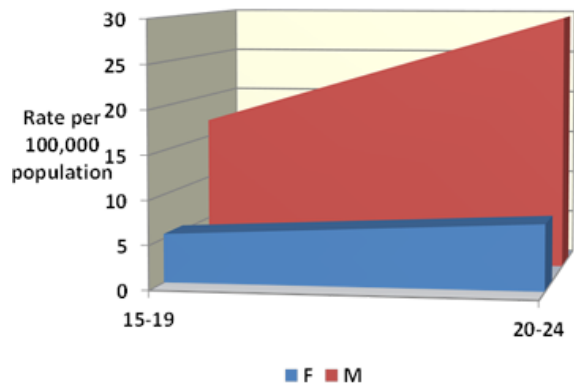


Figure 10 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

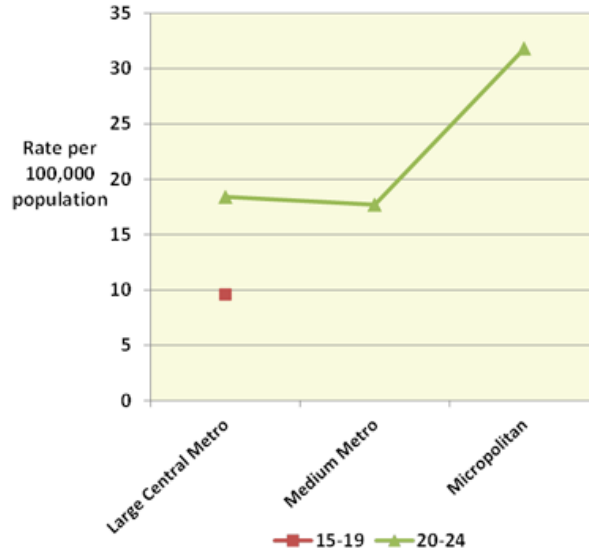
Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Nevada, 2004-2008



In the state of Nevada from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.2 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, Nevada, 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 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, Nevada 2005-2010

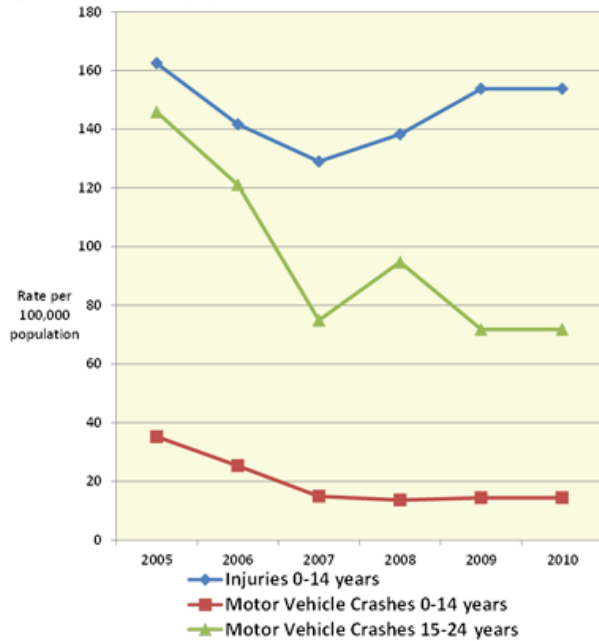
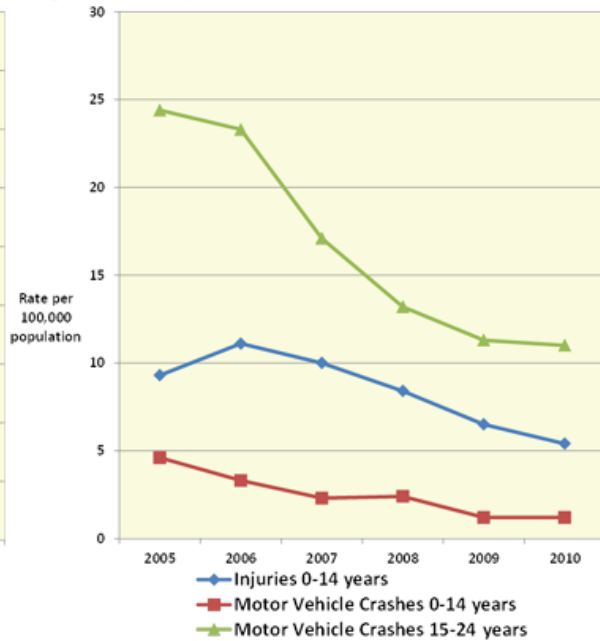


Figure 14: Fatal Injury Health Status Indicators, Nevada 2005-2010



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:

Nevada has the following injury-related State Performance Measures:

- To decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.
- To increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

Priority Needs:

Nevada has no injury-related priority needs.

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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Connect with the Children's Safety Network

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Need TA? Have Questions? E-mail: csninfo@edc.org

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