New York 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, New York, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</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</td>
<td>1,318</td>
<td>Unintentional Injury</td>
<td>236</td>
<td>Unintentional Injury</td>
<td>174</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation</td>
<td>1,142</td>
<td>Congenital Anomalies</td>
<td>154</td>
<td>Malignant Neoplasms</td>
<td>160</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>Respiratory Distress</td>
<td>309</td>
<td>Malignant Neoplasms</td>
<td>102</td>
<td>Congenital Anomalies</td>
<td>66</td>
<td>Congenital Anomalies</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>305</td>
<td>Homicide</td>
<td>88</td>
<td>Heart Disease</td>
<td>28</td>
<td>Homicide</td>
</tr>
<tr>
<td>5</td>
<td>SIDS</td>
<td>250</td>
<td>Influenza &amp; Pneumonia</td>
<td>46</td>
<td>Homicide</td>
<td>24</td>
<td>Suicide</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 York, 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 117</td>
<td>Homicide 88</td>
<td>MV Traffic 77</td>
<td>MV Traffic 121</td>
<td>MV Traffic 700</td>
<td>MV Traffic 934</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 75</td>
<td>MV Traffic 67</td>
<td>Fire/Burn 40</td>
<td>Homicide 42</td>
<td>Homicide 509</td>
<td>Homicide 905</td>
</tr>
<tr>
<td>3</td>
<td>Undetermined, Unspecified 17</td>
<td>Drowning 50</td>
<td>Homicide 24</td>
<td>Suicide 41</td>
<td>Suicide 272</td>
<td>Suicide 498</td>
</tr>
<tr>
<td>4</td>
<td>Fire/Burn 10</td>
<td>MV Traffic 10</td>
<td>Fire/Burn 43</td>
<td>Drowning 20</td>
<td>Drowning 31</td>
<td>Poisoning 127</td>
</tr>
<tr>
<td>5</td>
<td>Drowning **</td>
<td>Suffocation 30</td>
<td>Suffocation 13</td>
<td>Fire/Burn 26</td>
<td>Drowning 65</td>
<td>Drowning 59</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 York 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 370</td>
<td>Unintentional Fall 888</td>
<td>Unintentional Fall 871</td>
<td>Unintentional Fall 1,429</td>
<td>Assault 1,666</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC 240</td>
<td>Unintentional Fire/Burn 381</td>
<td>Unintentional MV Traffic 235</td>
<td>Unintentional MV Traffic 393</td>
<td>Self-Inflicted 1,254</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Fire/Burn 106</td>
<td>Unintentional Other Specified, NEC 371</td>
<td>Unintentional Other Specified, NEC 215</td>
<td>Unintentional Struck By/Against 247</td>
<td>Unintentional MV Traffic 1,126</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Assault 90</td>
<td>Unintentional Poisoning 306</td>
<td>Unintentional Bites &amp; Stings 175</td>
<td>Unintentional Other Specified, NEC 203</td>
<td>Unintentional Fall 968</td>
<td>Self-Inflicted 1,303</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Suffocation 54</td>
<td>Unintentional Bites &amp; Stings 257</td>
<td>Unintentional Struck By/Against 140</td>
<td>Unintentional Struck By/Against 407</td>
<td>Unintentional Other Specified, NEC 463</td>
<td></td>
</tr>
</tbody>
</table>

Note. MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. Source: Children’s Safety Network Economies 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 York 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 hospitals), 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 York and US, 2004-2008

[Graph showing the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children, with a downward trend from 2004 to 2008 for both the United States and New York.]

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
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 fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.
In the state of New York from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 102 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
47% 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.

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, New York, 2003-2007

<table>
<thead>
<tr>
<th>Race</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Black</td>
<td>3.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2.5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

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, New York, 2004-2008

In the state of New York 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, New York, 2003-2007

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.

*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:
New York has the following injury-related State Performance Measure:
• To increase the percentage of children who were tested for lead two or more times before the age of three.

Priority Needs:
New York has the following injury-related priority need:
• Eliminate childhood lead poisoning.

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: Martha Gohlke, mag20@health.state.ny.us
CDR Coordinator: Anne Johnson, anne.johnson@ocfs.state.ny.us

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Register for the CSN newsletter: http://go.edc.org/csn-newsletter
Need TA? Have Questions? E-mail: csninfo@edc.org

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