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 1,119</td>
<td>Unintentional Injury 248</td>
<td>Unintentional Injury 189</td>
<td>Unintentional Injury 204</td>
<td>Unintentional Injury 1,099</td>
<td>Unintentional Injury 1,432</td>
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<tr>
<td>2</td>
<td>Short Gestation 1,029</td>
<td>Congenital Anomalies 108</td>
<td>Malignant Neoplasms 87</td>
<td>Malignant Neoplasms 96</td>
<td>Suicide 366</td>
<td>Suicide 521</td>
</tr>
<tr>
<td>3</td>
<td>SIDS 462</td>
<td>Homicide 84</td>
<td>Congenital Anomalies 39</td>
<td>Suicide 62</td>
<td>Homicide 328</td>
<td>Homicide 489</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp. 411</td>
<td>Malignant Neoplasms 60</td>
<td>Homicide 37</td>
<td>Homicide 37</td>
<td>Malignant Neoplasms 111</td>
<td>Malignant Neoplasms 198</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury 329</td>
<td>Heart Disease 43</td>
<td>Heart Disease 18</td>
<td>Congenital Anomalies 35</td>
<td>Heart Disease 60</td>
<td>Heart Disease 138</td>
</tr>
</tbody>
</table>

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, Ohio, 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 277</td>
<td>Homicide 84</td>
<td>MV Traffic 72</td>
<td>MV Traffic 99</td>
<td>MV Traffic 766</td>
<td>MV Traffic 764</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 65</td>
<td>Drowning 70</td>
<td>Fire/Burn 42</td>
<td>Suicide 62</td>
<td>Suicide 366</td>
<td>Suicide 521</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic 16</td>
<td>MV Traffic 51</td>
<td>Homicide 37</td>
<td>Homicide 37</td>
<td>Homicide 328</td>
<td>Homicide 489</td>
</tr>
<tr>
<td>4</td>
<td>Undetermined Suffocation 13</td>
<td>Fire/Burn 45</td>
<td>Drowning 22</td>
<td>Drowning 22</td>
<td>Poisoning 146</td>
<td>Poisoning 442</td>
</tr>
<tr>
<td>5</td>
<td>Drowning ****</td>
<td>Suffocation 29</td>
<td>Suffocation 14</td>
<td>Suffocation 15</td>
<td>Drowning 51</td>
<td>Drowning 46</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, Ohio 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>Unspecified 1/8</td>
<td>Unspecified 364</td>
<td>Unspecified 315</td>
<td>Unspecified 425</td>
<td>Self-Inflicted 949</td>
<td>Unspecified 980</td>
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<tr>
<td>2</td>
<td>Unintentional Fall 87</td>
<td>Unintentional Fall 290</td>
<td>Unintentional Fall 266</td>
<td>Unintentional Fall 205</td>
<td>Unspecified 936</td>
<td>Self-Inflicted 932</td>
</tr>
<tr>
<td>3</td>
<td>Assault 81</td>
<td>Unintentional Poisoning 173</td>
<td>Unintentional MVT 122</td>
<td>Self-Inflicted 142</td>
<td>Unintentional MVT 537</td>
<td>Unintentional MVT 606</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Other Specified, NEC 58</td>
<td>Unintentional Fire/Burn 104</td>
<td>Unintentional Pedal Cyclist, Other 66</td>
<td>Unintentional MVT 119</td>
<td>Assault 279</td>
<td>Assault 518</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn 30</td>
<td>Unintentional Other Specified, NEC 102</td>
<td>Unintentional Other Specified, NEC 64</td>
<td>Unintentional Struck By/Against 111</td>
<td>Unintentional Fall 288</td>
<td>Unintentional Fall 349</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), Colverton, MD, January 2012. Incidence based on 2009 data from the state and obtained from the Ohio 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
25% 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 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 Ohio from 2004 to 2008, the rate of motor vehicle crash-involved fatalities for males age 15-19 was 100 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.

**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
50% 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, Ohio, 2003-2007

Figure 11 Source: WISQARS Injury Mortality Reports, 2003-2007

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

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, Ohio, 2003-2007

In the state of Ohio from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.5 times 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.
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:
Ohio has the following injury-related State Performance Measure:
• To reduce deaths of adolescents (age 10-19) due to intentional and unintentional injuries.

Priority Needs:
Ohio does not have any 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.

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