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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>2</td>
<td>1 - 4</td>
</tr>
<tr>
<td>3</td>
<td>5 - 9</td>
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<td>4</td>
<td>10 - 14</td>
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<tr>
<td>5</td>
<td>15 - 19</td>
</tr>
<tr>
<td>6</td>
<td>20 - 24</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, Oklahoma, 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>Drowning 48</td>
<td>MV Traffic 59</td>
<td>MV Traffic 62</td>
<td>MV Traffic 450</td>
<td>MV Traffic 461</td>
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<tr>
<td>2</td>
<td>Homicide 23</td>
<td>Homicide 35</td>
<td>Drowning 20</td>
<td>Suicide 19</td>
<td>Suicide 125</td>
<td>Suicide 221</td>
</tr>
<tr>
<td>3</td>
<td>Undetermined Suffocation 17</td>
<td>MV Traffic 34</td>
<td>Fire/Burn 15</td>
<td>Homicide 18</td>
<td>Homicide 111</td>
<td>Poisoning 186</td>
</tr>
<tr>
<td>4</td>
<td>MV Traffic 14</td>
<td>Fire/Burn 23</td>
<td>Homicide 12</td>
<td>Drowning 12</td>
<td>Poisoning 90</td>
<td>Homicide 166</td>
</tr>
<tr>
<td>5</td>
<td>Drowning ****</td>
<td>Pedestrian Other 11</td>
<td>Other Land Transport ****</td>
<td>Fire/Burn ****</td>
<td>Drowning 31</td>
<td>Drowning 22</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, Oklahoma 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 Other Specified, NEC 25</td>
<td>Unintentional Poisoning 111</td>
<td>Unintentional Fall 121</td>
<td>Unspecified 105</td>
<td>Unintentional MVT 368</td>
<td>Unintentional MVT 373</td>
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<tr>
<td>2</td>
<td>Assault 23</td>
<td>Unintentional Fall 105</td>
<td>Unintentional MVT 57</td>
<td>Unintentional Fall 95</td>
<td>Self-Inflicted 288</td>
<td>Self-Inflicted 327</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Fall 13</td>
<td>Unintentional Other Specified, NEC 47</td>
<td>Unintentional Bites &amp; Stings 46</td>
<td>Unspecified 45</td>
<td>Unintentional MVT 61</td>
<td>Unspecified 120</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Poisoning *</td>
<td>Unintentional Bites &amp; Stings 41</td>
<td>Unintentional Transport, Other 35</td>
<td>Unintentional Transport, Other 60</td>
<td>Unintentional Fall 109</td>
<td>Assault 109</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional N/E *</td>
<td>Unintentional MVT 32</td>
<td>Unintentional Other Specified, NEC 33</td>
<td>Self-Inflicted 38</td>
<td>Unintentional Transport, Other 83</td>
<td>Unintentional Poisoning 104</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable, N/E = Natural/Environmental, * = indicates that the cell value ranges from 1-10 and is suppressed for data confidentiality purposes. 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 Oklahoma 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-acutes 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:

![Graph showing the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children in Oklahoma and the US from 2004 to 2008.]

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
20% 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.
In the state of Oklahoma from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 84 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
51% 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, Oklahoma, 2003-2007

![Bar chart showing suicide rates by race and age group, with notes about rates based on two or fewer deaths being 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, Oklahoma, 2004-2008

![Area chart showing suicide rates by gender and age group, with notes about the rate for males age 15-19 being 4.8 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, Oklahoma, 2003-2007

![Line chart showing suicide rates by urbanicity and age group, with notes about data only being reported for urban areas within the state. Some age groups and areas are not reported due to few or no deaths, as indicated by a dotted line.]

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:
Oklahoma has the following injury-related State Performance Measure:
• To increase the percentage of infants who are put to sleep on their backs.

Priority Needs:
Oklahoma has the following injury-related priority needs:
• Improve infant safe sleep practices.
• Reduce motor vehicle injuries among children and youth.

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: Suzannah Dooley, suzannad@health.ok.gov
IVP Director: Sheryll Brown, sherylls@health.ok.gov
PRAMS Coordinator: Alicia Lincoln, alicial@health.ok.gov
EMSC Contact: Tom Cody, tom-cody@ohhsc.edu
CDR Coordinator: Lisa Rhoades, lrhoades@okkids.org

Connect with the Children’s Safety Network
43 Foundry Avenue Waltham, MA 02453-8313

CSN’s website: http://www.ChildrensSafetyNetwork.org
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Need TA? Have Questions? E-mail: csninfo@edc.org

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