



Puerto Rico 2014 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 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.

This 2014 state fact sheet includes data that was available as of May 2014. The fact sheet will be updated as new data is made available at the federal level.

Major Causes of Injury Death

Data for Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group is not available.

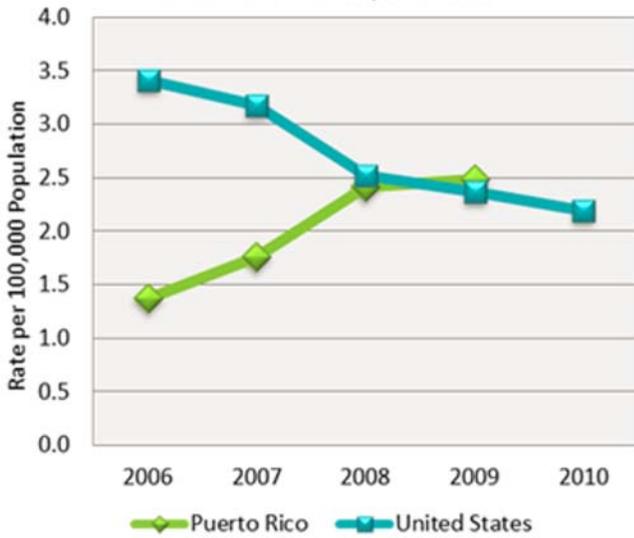
Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Puerto Rico 2006-2010

Rank	Age Groups								
	<1		1 - 4	5 - 9		10 - 14	15-19	20-24	
1	Homicide ****		MV Traffic 18	MV Traffic 15		Homicide 23	Homicide 422	Homicide 1018	
2	MV Traffic ****	Suffocation ****	Homicide 13	*Three Tied ****		MV Traffic 18	MV Traffic 189	MV Traffic 280	
3	Drowning ****	Unspecified ****	Drowning ****	Fire/ Burn ****	Struck by/ against ****	Drowning ****	Suicide 45	Suicide 91	
4			Pedestrian, other ****	Fall ****	Pedestrian, other ****	Unspecified ****	Suicide ****	Drowning 23	Poisoning 52
5			Struck by/against ****				Suffocation ****	Firearm 15	Firearm 33

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 1-9 and are suppressed for data confidentiality purposes. *For age 5-9, three mechanisms were tied for the second ranking including Drowning, Fall, and Homicide. Each of these mechanisms had fewer than 10 deaths.

Motor Vehicle-Related Deaths for Children 0-14 Years of Age

Figure 1: Rate of Deaths Caused by Motor Vehicle Crashes, Children Aged 0 through 15, Puerto Rico and US, 2006-2010



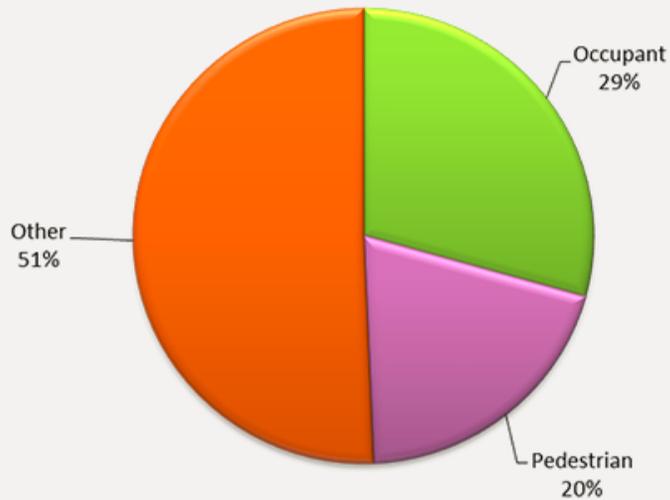
Reducing unintentional motor vehicle deaths to children ages 0-14 is a Maternal and Child Health Block Grant National Performance Measure (Number 10). Motor vehicle-related deaths remain a major cause of death for this age group. Figure 1 shows the change in the rate of state motor vehicle-related deaths compared to the US rate from 2006-2010. Overall, the rate of death per 100,000 population declined steadily across the US during this period. Figure 2 provides a breakout of the fatalities by type distinguishing motor vehicle occupant deaths (of any vehicle type) from pedestrian and pedal cyclist fatalities. This information allows states to understand which types are responsible for most of the fatalities.

Figure 4 provides a breakdown of fatalities by gender and, although there is little variability between males and females for the 10-14 age group, there is an increasing difference in the 15-24 age group. Figure 4 suggests that the female rate decreased for 20-24 year olds compared with the 15-19 year

olds while male fatalities increased for 20-24 year olds.

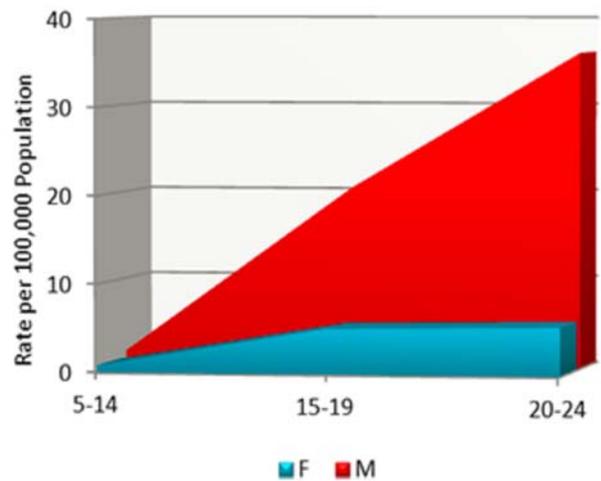
Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type, Children Aged 0 through 15, Puerto Rico, 2006-2010

29% of children ages 0 through 14 involved in a motor vehicle fatality were occupants of the vehicle.



Data for Figure 3: Motor Vehicle Traffic Fatality Rates by Race is not available.

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender, Children and Youths Aged 5 through 24, Puerto Rico, 2006-2010

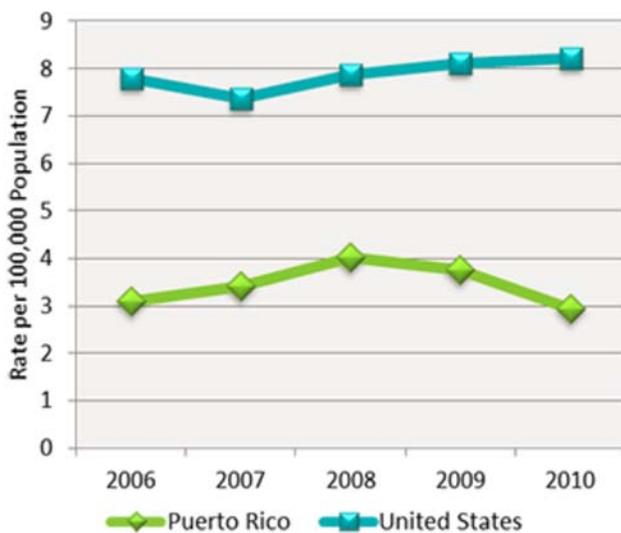


Data for Figure 5: Motor Vehicle Traffic Fatality Rates by Urbanicity is not available.

Many of these motor vehicle related deaths can be prevented through the implementation of a broad range of evidence-informed interventions and programs. These data are intended to provide a broad overview of the magnitude of the problem and to highlight possible disparities which may exist by race, gender, and urbanicity.

Suicide Deaths for Youths 15-19 Years of Age

Figure 6: Rate of Suicide Deaths, Youths Aged 15 through 20, Puerto Rico and US, 2006-2010



Reducing suicide deaths in youth 15 to 19 years of age is a Maternal and Child Health National Performance Measure (Number 16). Suicide is the 4th leading cause of death and the 3rd leading cause of injury-related death among US youth 10-24 years of age. According to the 2011 Youth Risk Behavior Surveillance Survey (YRBSS), 15.8% of students seriously considered attempting suicide and 7.8% of students attempted suicide one or more times in the 12 months prior to the survey. Although progress has been made over the past decade in reducing the rate of completed suicides nationally, this reduction has leveled off in the last few years. The following figures provide state-specific data related to suicide. Figure 6 shows the state rate from 2006-2010 for 15-20 year olds in comparison to the US rate for the same age group and time period. Figure 7 provides information on the means used by the 15-20 year olds for completed suicides. It is important to note that the actual number of suicides is often quite small thus resulting in considerable variation when looking at year

to year rates.

Figure 7: Percentage Distribution of Completed Suicides by Means, Youths Aged 15 through 20, Puerto Rico, 2006-2010

75% of youth ages 15 through 19 completed suicide by using suffocation.

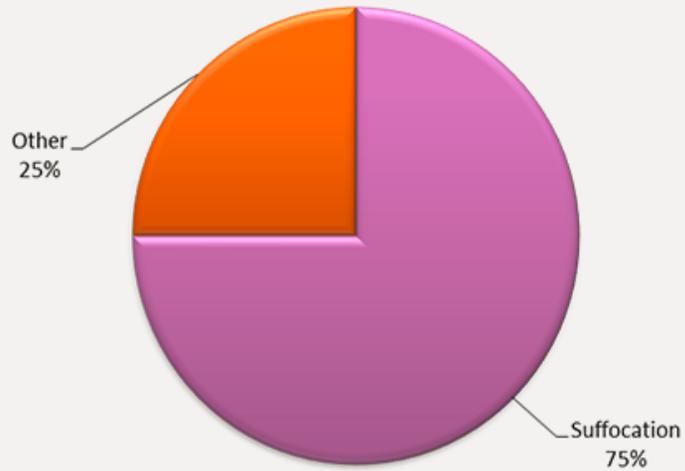


Figure 8: Percentage of High School-Aged Children with Suicide Ideation, Puerto Rico, and US, 1991-2011

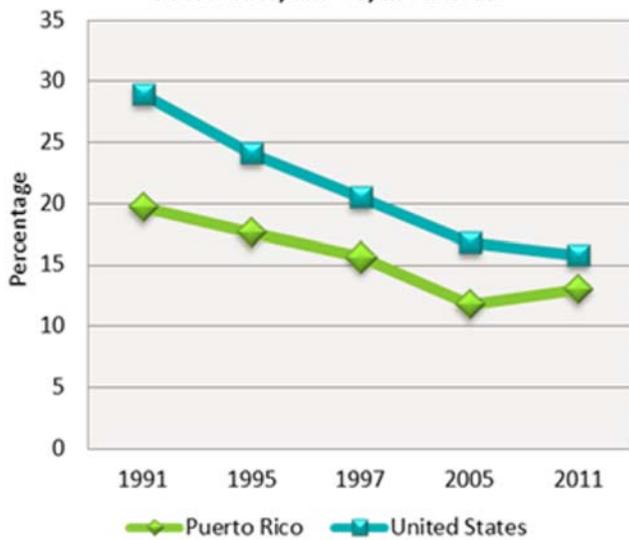
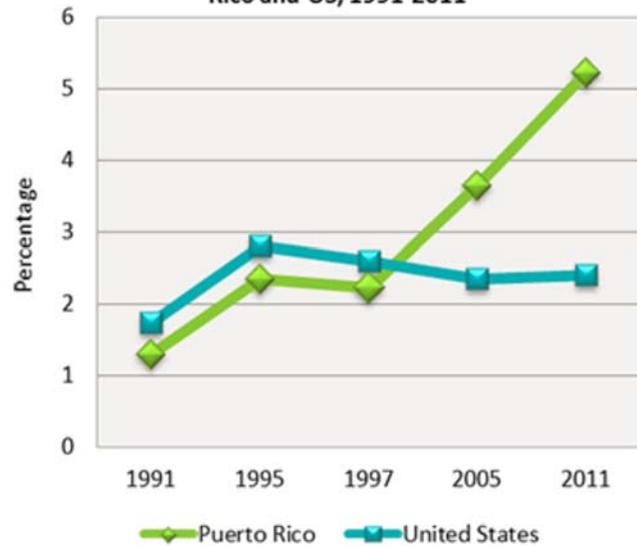
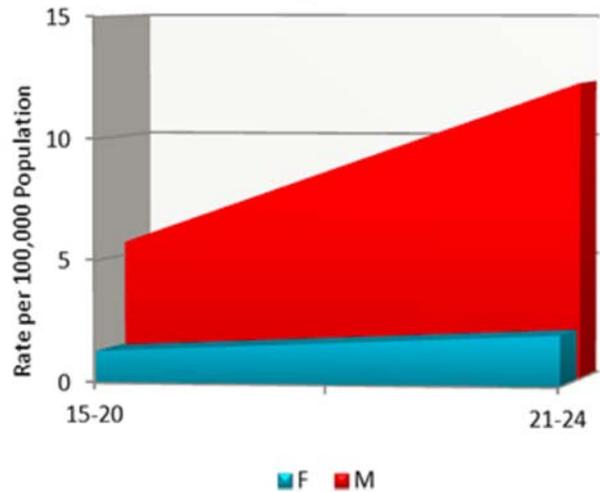


Figure 9: Percentage of High School-Aged Children Treated for Suicide Attempt, Puerto Rico and US, 1991-2011



Data for Figure 10: Rate of Completed Suicides by Race is not available.

Figure 11: Rate of Completed Suicides by Gender among Youths Aged 15 through 24, Puerto Rico, 2006-2010



Data for Figure 12: Rate of Completed Suicides by Urbanicity is not available.

The YRBSS provides information about behaviors that contribute to unintentional and intentional violence among youth. Figures 8 and 9 provide information on the percentage of high school students with suicide ideation and the percentage who reported being medically treated for a suicide attempt from 1991-2011, respectively. This information and other information available in the YRBSS can help states understand how behaviors are changing within this age group.

Figure 11 shows the difference by gender for the same age group and time period with the male rate for both age groups exceeding the female rate.

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, 2013.

Figure 13: Nonfatal Injury Health Status Indicators, Puerto Rico, 2008-2012

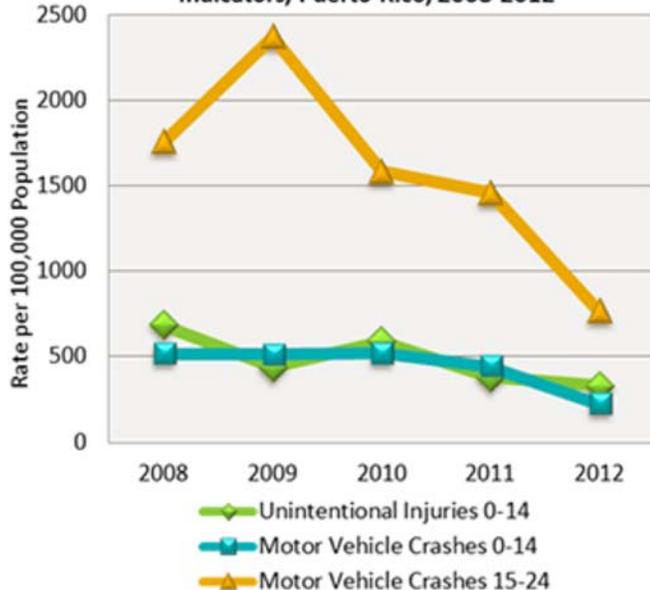
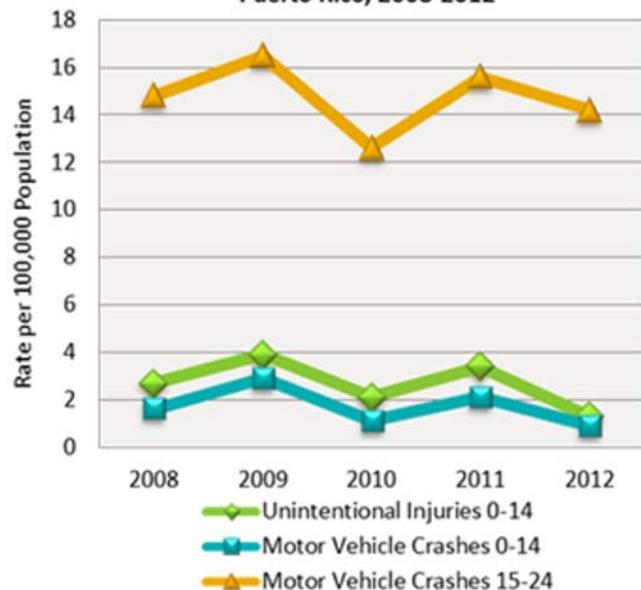


Figure 14: Fatal Injury Health Status Indicators, Puerto Rico, 2008-2012



State Specific Performance Measures and Priority Needs

Each state develops up to 10 State Performance Measures and Priority Needs. The following provides information about the states' selected 2014 injury-related Performance Measures and Priority Needs.

Puerto Rico has the following injury-related State Performance Measure:

- Reduce the rate per 100,000 of emergency room visits due to all unintentional injuries among children aged 1 to 14 years.

Puerto Rico has the following injury-related Priority Need:

- Reduce unintentional injuries among children and adolescents.

State Contacts

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About Children's Safety Network

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.

In this fact sheet CSN provides 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.

Connect with the Children's Safety Network

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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? E-mail: csninfo@edc.org

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