



Rhode Island 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, Rhode Island, 2004-2008

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Short Gestation 86	Unintentional Injury 12	Unintentional Injury ---	Malignant Neoplasms 14	Unintentional Injury 77	Unintentional Injury 109
2	Placenta Cord Membranes 60	Congenital Anomalies ****	Malignant Neoplasms ****	Unintentional Injury 13	Homicide 20	Homicide 34
3	Congenital Anomalies 57	Malignant Neoplasms ****	Homicide ****	Heart Disease ****	Suicide 20	Suicide 34
4	SIDS 25	Heart Disease ****	Benign Neoplasms ****	Septicemia ****	Malignant Neoplasms 11	Malignant Neoplasms 14
5	Maternal Pregnancy Comp. 15	Homicide ****	*Four Tied ****	Homicide ****	Congenital Anomalies ****	Heart Disease ****

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes. * For ages 5-9, four mechanisms were tied for the fifth through eighth ranking including Chronic Lower Respiratory Disease, Heart Disease, Liver Disease, and Nephritis. Each of these mechanisms had fewer than 10 deaths.

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

Age Groups										
Rank	<1	1 - 4		5 - 9	10 - 14		15-19		20-24	
1	Suffocation ****	Drowning ****		MV Traffic ****	MV Traffic 8		MV Traffic 58		MV Traffic 67	
2	Homicide ****	Homicide ****		Homicide ****	Drowning ****	Homicide ****	Suicide 20	Homicide 20	Suicide 34	Homicide 34
3	MV Traffic ****	Fall ****		Suffocation ****	Cut/pierce ****	Fire/Burn ****	Poisoning ****		Poisoning 18	
4	Natural/ Environmental ****	Machinery ****	MV Traffic ****	Fire/Burn ****	Other transport ****		Fall ****		Undetermined Poisoning 17	
5		Struck by/against ****		Unspecified ****	Poisoning ****		Drowning ****		Drowning ****	

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, Rhode Island Residents, 2009

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Unintentional Fall 16	Unintentional Fall 39	Unintentional Fall 41	Unintentional Fall 44	Self-Inflicted 94	Unintentional MVT 90
2	Unintentional Other Specified, NEC 12	Unintentional Poisoning 18	Unintentional Struck By/Against 18	Unintentional Struck By/Against 34	Unintentional MVT 59	Self-Inflicted 80
3	Unintentional Fire/Burn *	Unintentional Fire/Burn 13	Unintentional Other Specified, NEC 12	Self-Inflicted 32	Unintentional Fall 52	Unintentional Fall 49
4	Assault *	Unintentional Struck By/Against 11	Unintentional Bites & Stings *	Unintentional Other Specified, NEC 16	Assault 45	Assault 41
5	Unintentional Suffocation *	Unintentional Bites & Stings *	Unintentional Pedal Cyclist, Other *	Unintentional MVT *	Unintentional Struck By/Against 35	Unintentional Poisoning 19

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. 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 Rhode Island 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:

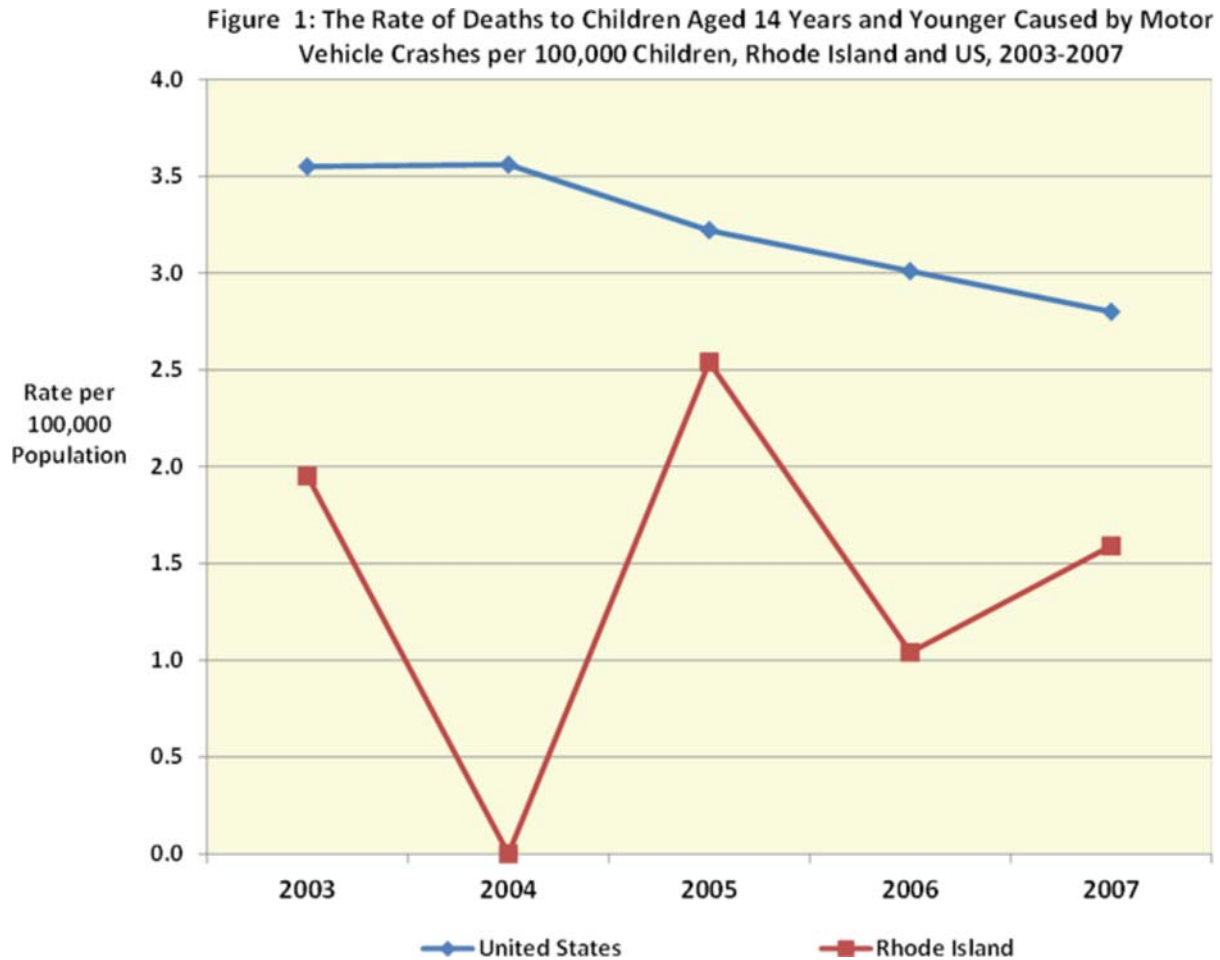
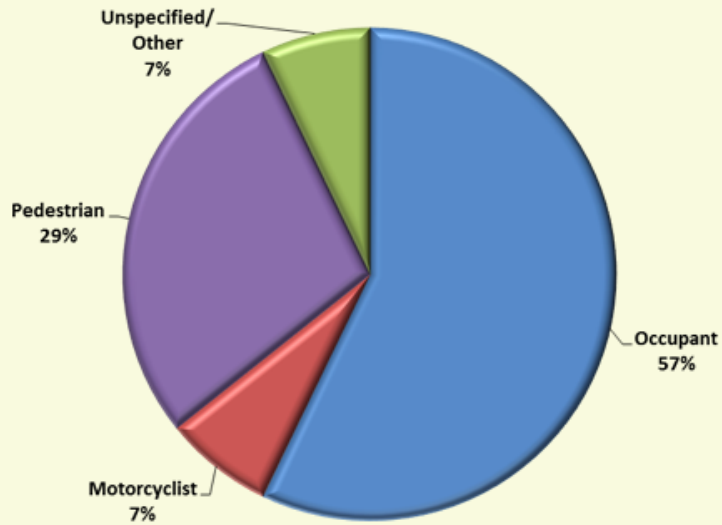


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



57% of children ages 0-14 involved in a motor vehicle fatality were occupants.

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



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.

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 Rhode Island, 2003-2007

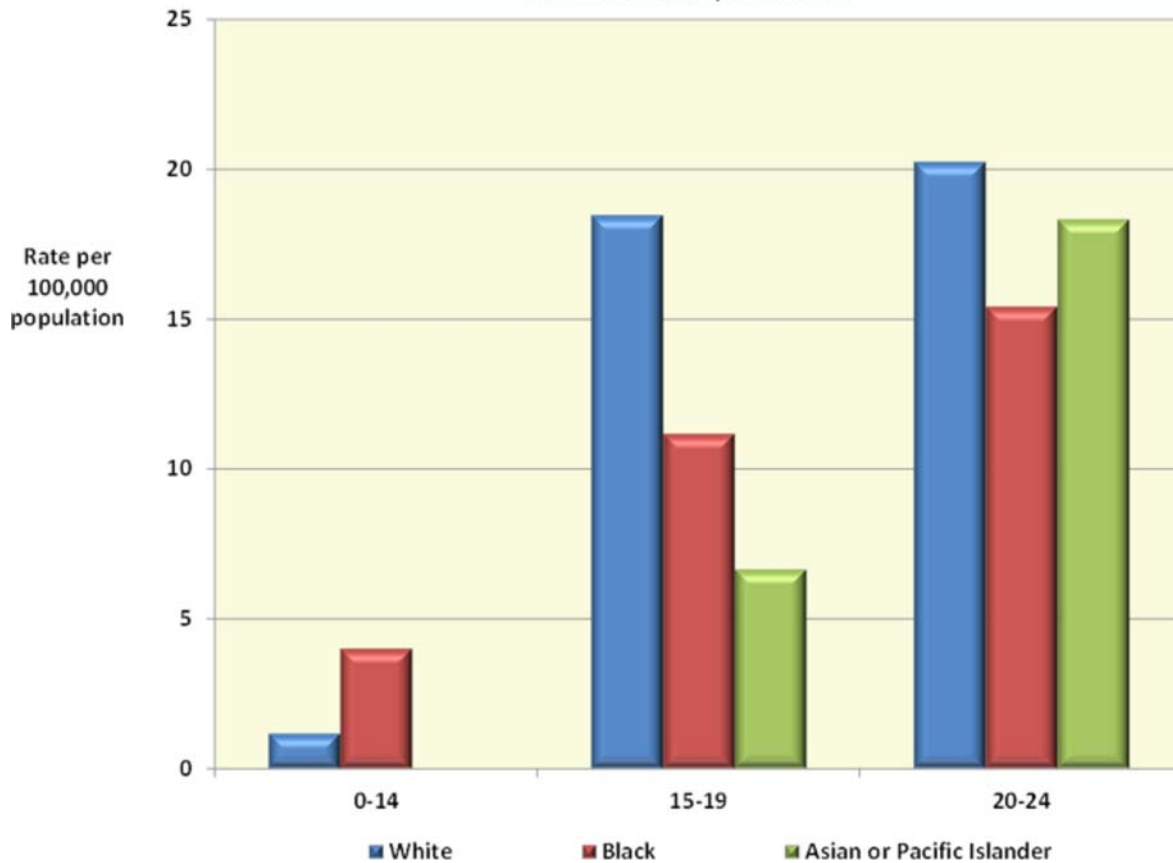
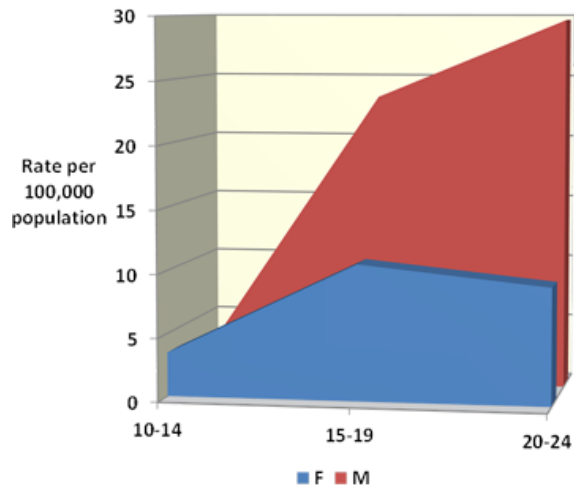


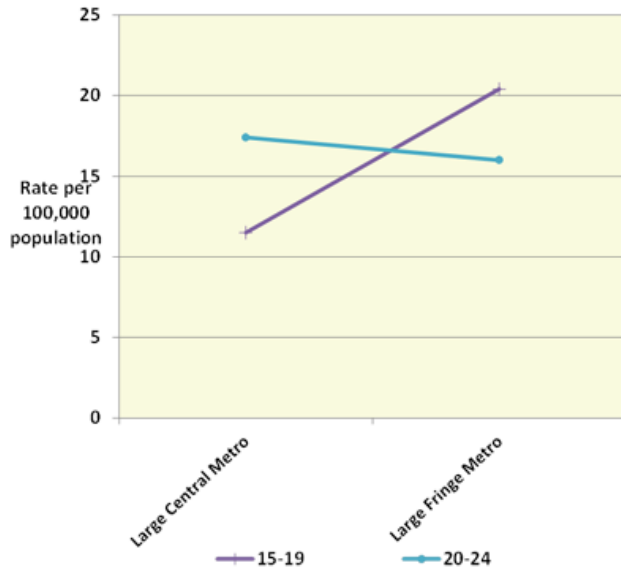
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Rhode Island, 2003-2007



In the state of Rhode Island from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 71 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 Rhode Island, 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, Rhode Island and US, 2004-2008

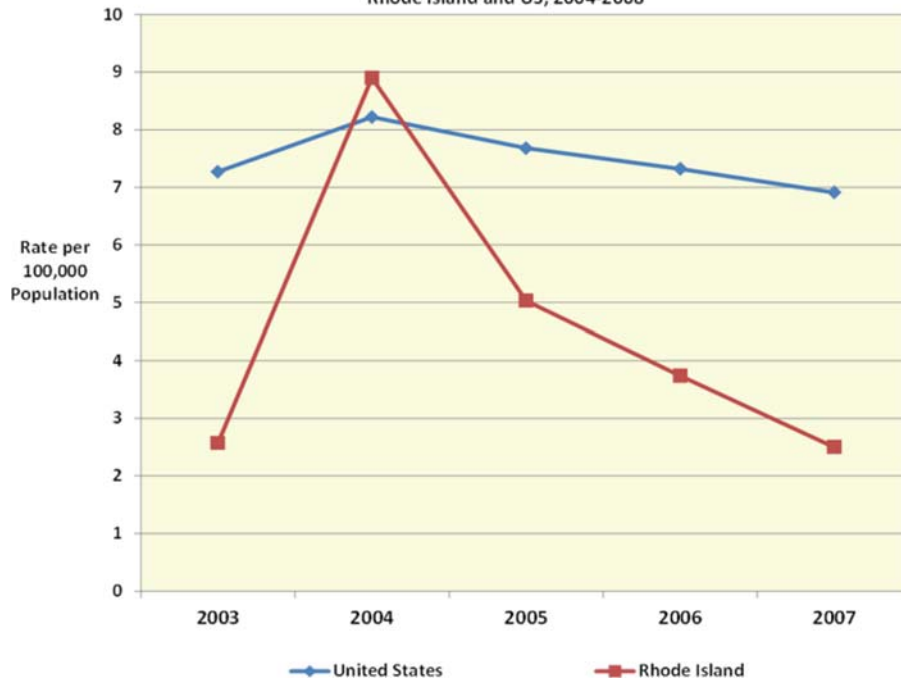


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, Rhode Island, 2003-2007

67% of youth ages 15-19 completed suicide by using suffocation.

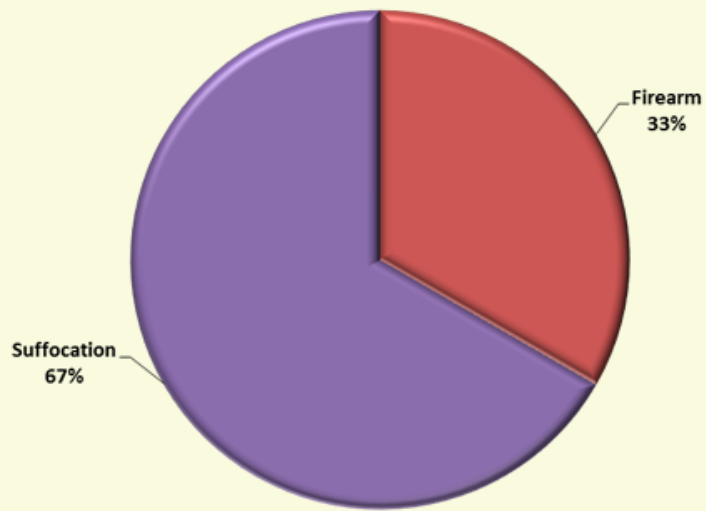


Figure 7 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 8: Percentage of High School Aged Children with Suicide Ideation, Rhode Island and US, 2003-2009

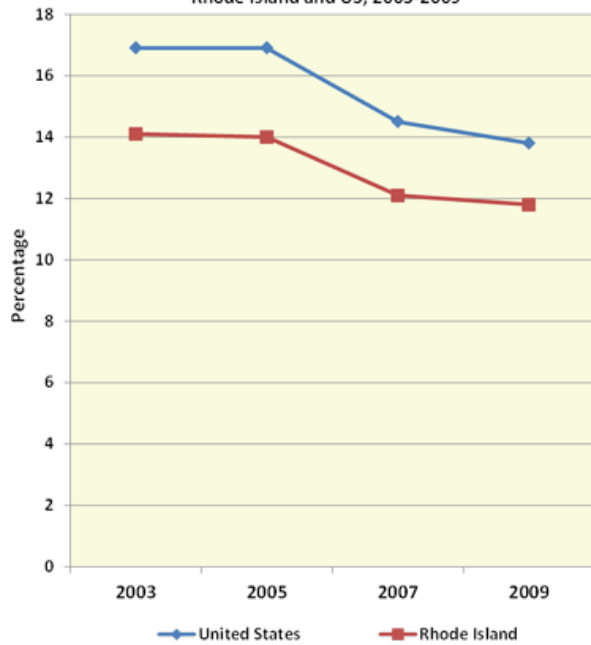
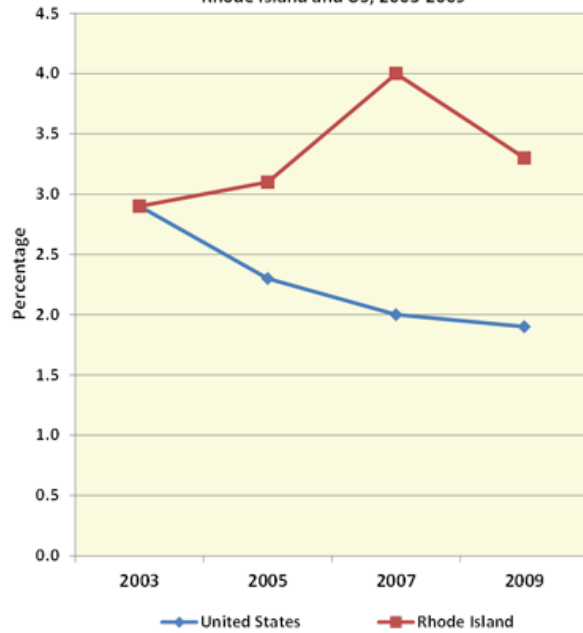
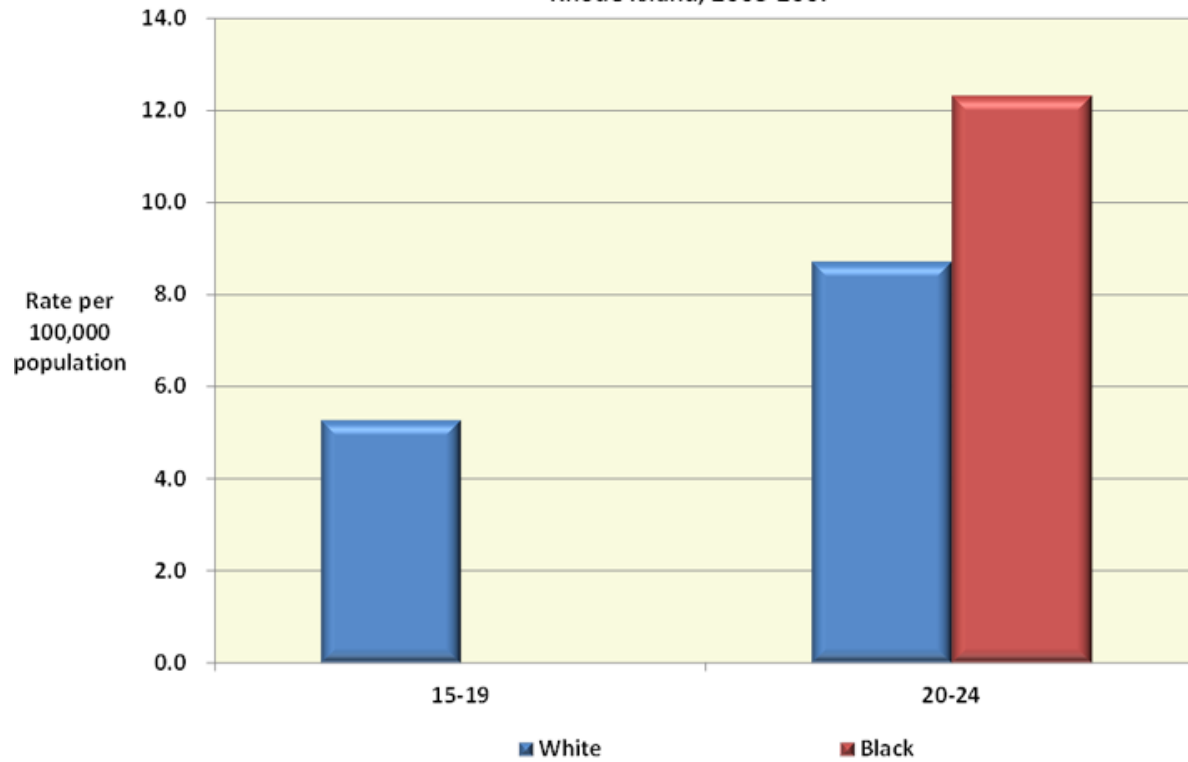


Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, Rhode Island and US, 2003-2009



Figures 8 & 9 Source: [Youth Online: High School Youth Risk Behavior Survey \(YRBS\), 2003-2009](#)

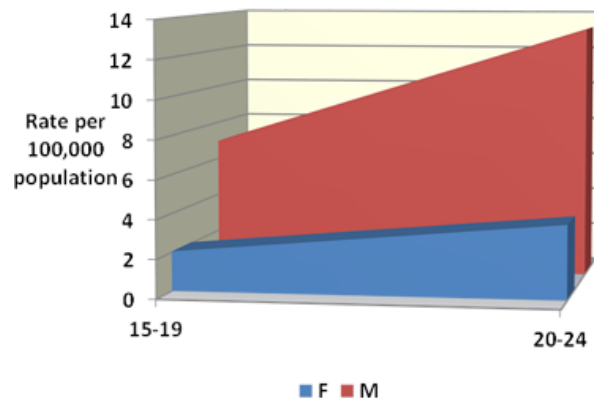
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Rhode Island, 2003-2007



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, Rhode Island, 2003-2007



Data for Figure 12:
The Rate (per 100,000) of
Completed Suicides by
Urbanicity is not available.

In the state of Rhode Island from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.8 times higher than for females age 15-19.

Figure 11 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

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, Rhode Island 2005-2010

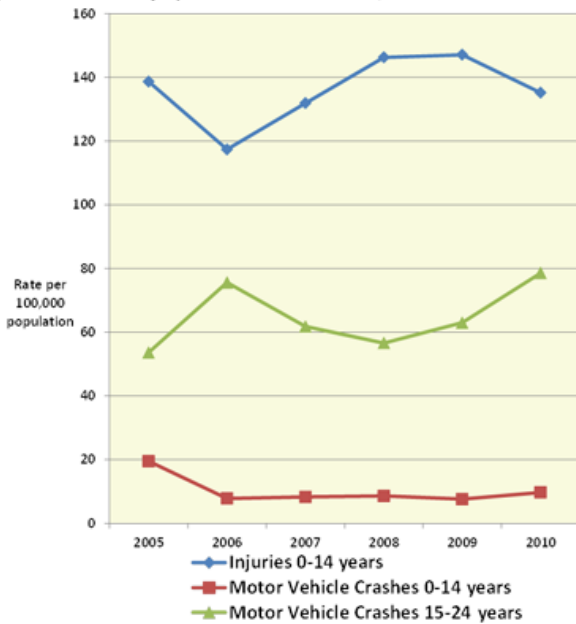
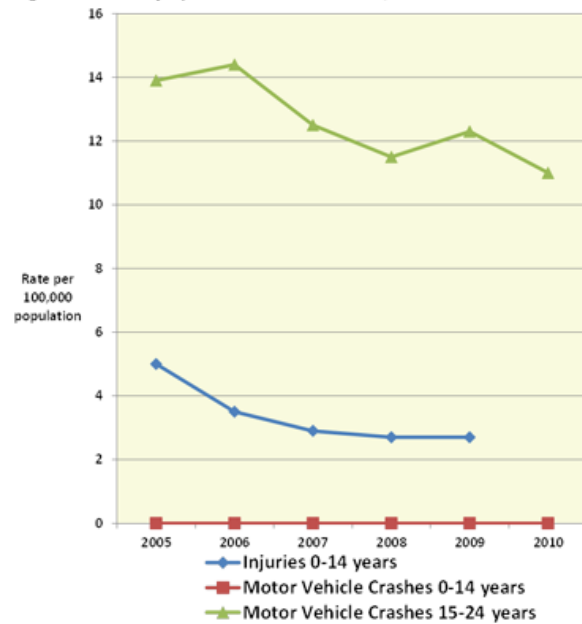


Figure 14: Fatal Injury Health Status Indicators, Rhode Island 2005-2010



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:

Rhode Island has the following injury-related State Performance Measures:

- To reduce the percent of high school students with special needs who report feeling sad or hopeless.
- To increase the number of parents with children in early childhood that enroll in parenting education/support programs.
- To increase the percent of Rhode Island resident families with at-risk newborns that receive a home visit during the newborn period (≤ 90 days).

Priority Needs:

Rhode Island has the following injury-related priority needs:

- Improve family involvement and support by increasing capacity and access to evidence-based parent education and family support programs.
- Promote health and wellness by decreasing the percentage of high school students with disabilities who report feeling sad or hopeless.

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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