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, South Carolina, 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>438</td>
<td>Unintentional Injury</td>
<td>156</td>
<td>Unintentional Injury</td>
<td>79</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation</td>
<td>412</td>
<td>Congenital Anomalies</td>
<td>43</td>
<td>Malignant Neoplasms</td>
<td>32</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>SIDS</td>
<td>221</td>
<td>Malignant Neoplasms</td>
<td>34</td>
<td>Congenital Anomalies</td>
<td>16</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp.</td>
<td>197</td>
<td>Homicide</td>
<td>31</td>
<td>Homicide</td>
<td>15</td>
<td>Homicide</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury</td>
<td>162</td>
<td>Heart Disease</td>
<td>12</td>
<td>Chronic Low. Respiratory Disease</td>
<td>****</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, South Carolina, 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 133</td>
<td>MV Traffic 47</td>
<td>MV Traffic 35</td>
<td>MV Traffic 88</td>
<td>MV Traffic 540</td>
<td>MV Traffic 673</td>
</tr>
<tr>
<td>2</td>
<td>Homicide 35</td>
<td>Drowning 34</td>
<td>Fire/Burn 17</td>
<td>Suicide 18</td>
<td>Homicide 162</td>
<td>Homicide 297</td>
</tr>
<tr>
<td>3</td>
<td>Undetermined Suffocation 11</td>
<td>Homicide 31</td>
<td>Homicide 15</td>
<td>Drowning 15</td>
<td>Suicide 109</td>
<td>Suicide 220</td>
</tr>
<tr>
<td>4</td>
<td>MV Traffic ****</td>
<td>Fire/Burn 23</td>
<td>Drowning ****</td>
<td>Suffocation ****</td>
<td>Poisoning 56</td>
<td>Poisoning 123</td>
</tr>
<tr>
<td>5</td>
<td>Drowning ****</td>
<td>Suffocation 21</td>
<td>Other Land Transport ****</td>
<td>Fire/Burn 32</td>
<td>Drowning 21</td>
<td></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, South Carolina 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 50</td>
<td>Unintentional Fall 119</td>
<td>Unintentional Fall 109</td>
<td>Unintentional Fall 99</td>
<td>Unintentional MVT 421</td>
<td>Unintentional MVT 518</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Fall 47</td>
<td>Unintentional Fire/Burn 73</td>
<td>Unintentional MVT 46</td>
<td>Unintentional MVT 83</td>
<td>Self-Inflicted 255</td>
<td>Self-Inflicted 301</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Suffocation 16</td>
<td>Unintentional Other Specified, NEC 61</td>
<td>Unintentional Other Specified, NEC 38</td>
<td>Self-Inflicted 59</td>
<td>Unintentional Fall 121</td>
<td>Unintentional Fall 242</td>
</tr>
<tr>
<td>4</td>
<td>Assault 13</td>
<td>Unintentional Poisoning 52</td>
<td>Unintentional Bites &amp; Stings 27</td>
<td>Unintentional Other Specified, NEC 58</td>
<td>Unintentional MVT 47</td>
<td>Unintentional Fall 130</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Other N/E 12</td>
<td>Unintentional MVT 44</td>
<td>Unintentional Struck By/Against 23</td>
<td>Unintentional Transport, Other 96</td>
<td>Unintentional Specified, NEC 84</td>
<td></td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classified, N/E = Natural/Environmental. Source: Children’s Safety Network Economics and Data Analysis Resource Center (CSN EDRAC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2012. Incidence based on 2009 data from the state and obtained from the South Carolina 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 an other 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: The Rate of Deaths to Children Aged 14 Years and Younger Caused by Motor Vehicle Crashes per 100,000 Children, South Carolina and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
33% 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 South Carolina from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 97 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.

**NPM 16: Reducing Suicide Deaths Among Teens Ages 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

Figure 6 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
55% of youth ages 15-19 completed suicide by using a firearm.
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, South Carolina, 2003-2007

![Graph showing suicide rates by race and age.]

- White
- Black
- Asian or Pacific Islander

Note: Rates based on two or fewer deaths were excluded.

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007

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

![Graph showing suicide rates by gender and age.]

- F
- M

In the state of South Dakota from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3.3 times higher than for females age 15-19.

Figure 11 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

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Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, South Dakota, 2004-2006

![Graph showing suicide rates by urbanicity and age.]

- Small Metro
- Non-Care

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 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:
South Carolina has the following injury-related State Performance Measure:
• To reduce the percent of combined infant deaths due to SIDS and accidents due to unsafe sleeping environments.

Priority Needs:
South Carolina has the following injury-related priority need:
• Reduce the number of infant deaths due to SIDS/positional asphyxiation.

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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Need TA? Have Questions? E-mail: csninfo@edc.org

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