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**
Understandings 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, Vermont, 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>Congenital Anomalies 29</td>
<td>Unintentional Injury</td>
<td>Malignant Neoplasms</td>
<td>Unintentional Injury 18</td>
<td>Unintentional Injury 77</td>
<td>Unintentional Injury 89</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation 18</td>
<td>Homicide</td>
<td>Unintentional Injury</td>
<td>Malignant Neoplasms</td>
<td>Suicide 17</td>
<td>Suicide 23</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 17</td>
<td>Influenza &amp; Pneumonia</td>
<td><strong>Five Tied</strong></td>
<td>Suicide</td>
<td>Malignant Neoplasms</td>
<td>Homicide</td>
</tr>
<tr>
<td>4</td>
<td>Placenta Cord Membranes 17</td>
<td><em>Six Tied</em>*</td>
<td><strong>Five Tied</strong></td>
<td>*<strong>Four Tied</strong></td>
<td>Heart Disease</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Injury</td>
<td><em>Six Tied</em>*</td>
<td><strong>Five Tied</strong></td>
<td>*<strong>Four Tied</strong></td>
<td>Homicide</td>
<td>Heart Disease &amp; Influenza</td>
</tr>
</tbody>
</table>

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes. *For ages 1-4, six mechanisms were tied for the fourth through ninth ranking including Acute Bronchitis, Anemias, Cerebrovascular Disease, Congenital Anomalies. Liver Disease, and Meningococcal Infection. Each of these mechanisms had fewer than 10 deaths. **For ages 5-9, five mechanisms were tied for the third through seventh ranking including Acute Bronchitis, Anemias, Cerebrovascular Disease, Congenital Anomalies, Liver Disease, and Meningococcal Infection. Each of these mechanisms had fewer than 10 deaths. ***For ages 10-14, four mechanisms were tied for the fourth through seventh ranking including Diabetes Mellitus, Heart Disease, Homicide, and Nephritis. Each of these mechanisms had fewer than 10 deaths.

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, Vermont, 2004-2008.

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
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<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suffocation</td>
<td>Homicide</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
</tr>
<tr>
<td>2</td>
<td>Homicide</td>
<td>Drowning</td>
<td>Fire/Burn</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Suicide</td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
<td>Other Land Transport</td>
<td>Drowning</td>
<td>Poisoning</td>
<td>Poisoning</td>
</tr>
<tr>
<td>4</td>
<td>Other spec &amp; clasbl</td>
<td>Suffocation</td>
<td>Homicide</td>
<td>Fire/Burn</td>
<td>Other Land Transport</td>
<td>Drowning</td>
</tr>
<tr>
<td>5</td>
<td>Undetermined Suffocation</td>
<td>Undetermined Fall</td>
<td>Fall</td>
<td>Drowning</td>
<td>Fall</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, Vermont 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 Fall</td>
<td>Unintentional Fall</td>
<td>Unintentional Fall</td>
<td>Unintentional Fall</td>
<td>Self-Inflicted</td>
<td>Self-Inflicted</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Suffocation</td>
<td>Unintentional Poisoning</td>
<td>Unintentional MVT</td>
<td>Unintentional PCO</td>
<td>T/O</td>
<td>Unintentional MVT</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional OS, NEC</td>
<td>Assault</td>
<td>Unintentional Other Specified, NEC</td>
<td>Unintentional PCO</td>
<td>B &amp; S</td>
<td>Unintentional Fall</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional B &amp; S</td>
<td>Other N/E</td>
<td>Unintentional Bites &amp; Stings</td>
<td>Unintentional C/P</td>
<td>T/O</td>
<td>Unintentional Transport, Other</td>
</tr>
<tr>
<td>5</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note. MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable, PCO = Pedal Cyclist, Other, T/O = Transport, Other, OS = Other Specified, B & S = Bites & Stings, C/P = Cut/Pierce, N/E = Natural/Environmental, F/B = Fire/Burn. **** = indicates that the cell values range 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 Vermont 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 nonacute 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, Vermont and US, 2003-2007](image)

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
38% 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.

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 Vermont from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 107 percent higher than for females age 15-19.

Figure 4 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

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
53\% of youth ages 15-19 completed suicide by using a firearm.

Figures 8 & 9: Vermont does not have YRBS data.

Figure 7 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 10 Source: 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.
**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:**

Vermont has the following injury-related State Performance Measures:

- To increase the percent of youth who feel like they matter to people.
- To increase the percent of youth grades 8-12 who report always wearing a bicycle helmet when riding a bicycle.
- To increase the percent of one year old children who are screened for blood lead poisoning.
- To reduce the rate per 1,000 of substantiated cases of child abuse and neglect for the population of children ages 0-17 years.

**Priority Needs:**

Vermont has the following injury-related priority needs:

- Children and families live in stable and supported families.
- Communities provide safety and support for families.

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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**Connect with the Children’s Safety Network**

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

CSN is funded by the Health Resources and Services Administration’s Maternal and Child Health Bureau (U.S. Department of Health and Human Services). A project of the Education Development Center, Inc.

January 2012