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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Congenital Anomalies</th>
<th>Unintentional Injury</th>
<th>Suicide</th>
<th>Malignant Neoplasms</th>
<th>Homicide</th>
<th>Short Gestation</th>
<th>Unintentional Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Congenital Anomalies</td>
<td>26</td>
<td>Unintentional Injury</td>
<td>12</td>
<td>60</td>
<td>88</td>
<td>26</td>
</tr>
<tr>
<td>2</td>
<td>1 - 4</td>
<td>Placenta Cord Membranes</td>
<td>20</td>
<td>Congenital Anomalies</td>
<td>16</td>
<td>Suicide</td>
<td>Suicide</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>5 - 9</td>
<td>Maternal Pregnancy Comp.</td>
<td>18</td>
<td>Homicide</td>
<td>34</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>28</td>
</tr>
<tr>
<td>4</td>
<td>10 - 14</td>
<td>Short Gestation</td>
<td>17</td>
<td>*Five Tied</td>
<td>**Five Tied</td>
<td>***Three Tied</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>5</td>
<td>15 - 19</td>
<td>Unintentional Injury</td>
<td>*Five Tied</td>
<td>**Five Tied</td>
<td>**Five Tied</td>
<td>**Five Tied</td>
<td>Congenital Anomalies</td>
<td>Congenital Anomalies</td>
</tr>
<tr>
<td></td>
<td>20 - 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
</tbody>
</table>
### Table 2: Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Vermont, 2006-2010

<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>Homicide</td>
<td>Suffocation</td>
<td>*Three Tied</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
</tr>
<tr>
<td>2</td>
<td>MV Traffic</td>
<td>Other land transport</td>
<td>Suffocation</td>
<td>Other land transport</td>
<td>Homicide</td>
<td>Suicide</td>
</tr>
<tr>
<td>3</td>
<td>Other spec &amp; classifiable</td>
<td>Undetermined Suffocation</td>
<td>Fire/Burn</td>
<td>Poisoning</td>
<td>Poisoning</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Three Tied</td>
<td>Other land transport</td>
<td>Homicide</td>
<td>Drowning</td>
<td>Homicide</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Three Tied</td>
<td>Other land transport</td>
<td>Fall</td>
<td></td>
<td></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 1-9 and are suppressed for data confidentiality purposes. *For ages 1-4, three mechanisms were tied for the first ranking including Drowning, Homicide, and MV Traffic. Each of these mechanisms had fewer than 10 deaths. **For ages 10-14, three mechanisms were tied for the fourth ranking including Homicide, Poisoning, Suffocation, and Undetermined Suffocation. Each of these mechanisms had fewer than 10 deaths. ***For ages 15-19, three mechanisms were tied for the fifth ranking including Fire/Burn, Suffocation, and Undetermined Firearm. Each of these mechanisms had fewer than 10 deaths.

### Major Causes of Hospital-Admitted Injuries

### Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Vermont Residents, 2010

<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>Other Specified, NEC</td>
<td>Fall</td>
<td>Fall</td>
<td>Fall</td>
<td>Self-Inflicted</td>
<td>Self-Inflicted</td>
</tr>
<tr>
<td>2</td>
<td>Fall</td>
<td>Poisoning</td>
<td>Pedal Cyclist, Other</td>
<td>Transport, other</td>
<td>Fall</td>
<td>MV Traffic</td>
</tr>
<tr>
<td>3</td>
<td>Three Tied</td>
<td>Other Specified, NEC</td>
<td>Transport, other</td>
<td>MV Traffic</td>
<td>MV Traffic</td>
<td>Fall</td>
</tr>
<tr>
<td>4</td>
<td>Seven Tied</td>
<td>Five Tied</td>
<td>Fire/Burn</td>
<td>Struck By/Against</td>
<td>Struck By/Against</td>
<td>Assault</td>
</tr>
<tr>
<td>5</td>
<td>—</td>
<td>—</td>
<td>Five Tied</td>
<td>Transport, other</td>
<td>Poisoning</td>
<td></td>
</tr>
</tbody>
</table>

Note: MV = Motor Vehicle. NEC = Not Elsewhere Classifiable. *Three mechanisms were tied for the third ranking among infants younger than 1 including Cut/Pierce, Suffocation, and Assault. **Seven mechanisms were tied for the fourth ranking among children between the ages 1 and 4 including Drowning/Submersion, Fire/Burn, Transport, other, Bites & Stings, Struck By/Against, Suffocation, and Undetermined, other. ***Five mechanisms were tied for the fourth ranking among children between the ages 5 and 9 including Cut/Pierce, Fire/Burn, Poisoning, Struck By/Against, and Assault. ****Five mechanisms were tied for the fifth ranking among adolescents and teens between the ages 10 and 14 including Firearm, Pedal Cyclist, Other, Other Natural/Environmental, Assault, and Undetermined Poisoning. Source: Children’s Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at the Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013. Incidence based on 2010 data obtained from the Vermont Association of Hospitals and Health Systems. State Inpatient Data (SID) from the Healthcare Cost and Utilization Project (HCUP) developed by the 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 (per 100,000) of suicide deaths among youths aged 15 through 19.

The following figures provide information related to NPMs #10 and #16.

NPM 10: Reducing Unintentional Motor Vehicle Deaths to Children Ages 0-14

Motor vehicle-related deaths remain a major cause of death for children 14 and under. Figure 1 shows the change in the rate of state motor vehicle-related deaths compared to the US rate from 2003-2007. 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 3 breaks out the fatalities by race and age group. There are considerable differences between races suggesting variations in social norms, safety practices, and the presence of risk factors, including child restraint system (CRS) or safety belt usage, alcohol involved crashes, and the use of helmets. Many factors may affect this variation. 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.
38% of children ages 0 through 14 involved in a motor vehicle fatality were occupants of the vehicle.

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 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 2003-2007 for 15-19 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 15-19 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.

**53%** of youth ages 15 through 19 completed suicide by using a firearm.
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 2003-2011, respectively. This information and other information available in the YRBSS can help states understand how behaviors are changing within this age group.

Figure 10 shows how the rate differs by race for 15-19 and 20-24 year olds from 2003-2007. 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, 2012.

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 2013 injury-related performance measures and priority needs.

Vermont has the following injury-related State Performance Measures:
• Increase the percent of youth who feel like they matter to people.
• Increase the percent of one year old children who are screened for blood lead poisoning.
• Increase the percent of youth grades 8-12 who report always wearing a bicycle helmet when riding a bicycle.
• Decrease the rate per 1,000 of substantiated cases of child abuse and neglect for the population of children ages 0-17 years.

Vermont has the following injury-related Priority Needs:
• Communities provide safety and support for families.
• Children live in stable and supported families.

State Contact Information

MCH Director: Breena Holmes, breena.holmes@state.vt.us
IVP Director: Sally Kerschner, sally.kerschner@state.vt.us
PRAMS Coordinator: John Gauthier, john.gauthier@state.vt.us
EMSC Contact: Emily Lubell, emily.lubell@state.vt.us
CDR Coordinator: Patrick Malone, patrick.malone@med.uvm.edu

State Fact Sheets Figure & Table Source Data

Table 1 Source: WISQARS Leading Causes of Death Reports, 2006-2010
Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2006-2010
Table 3 Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013.
Table 4 Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013.

Figure 1 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 2 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 3 Source: WISQARS Injury Mortality Reports, 2006-2010

Figure 4 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 5 Source: CDC WONDER Multiple Cause of Death data, 2006-2010 and Urban-Rural Definition Classification System

The classification scheme can be found at: http://wonder.cdc.gov/wonder/help/CMF/Urbanization-Methodology.html. 2006 NCHS Urban-Rural Classification Scheme for Counties, by Deborah D. Ingram and Sheila Franco.

Figure 6 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 7 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2011

Figure 10 Source: WISQARS Injury Mortality Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 11 Source: WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2006-2010 and Urban-Rural Definition Classification System

Figures 13 & 14 Source: HRSA, Title V Information System Multi-Year Report. Some states may have changed their method of calculation.

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
43 Foundry Avenue Waltham, MA 02453-8313

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

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 2013